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RAPID ASSESSMENT OF HIGH-YIELD/HIGH-VOLUME POLICE AND PRISON HEALTH FACILITIES

AIDSFree TANZANIA STRENGTHENING POLICE
AND PRISON COMPREHENSIVE HIV SERVICES
(SPPCHS) PROJECT



DECEMBER 2015



AIDSFree

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ACRONYMS

AFB	acid-fast bacilli
ANC	antenatal care
ART	antiretroviral therapy
CHMT	council health management team
CPT	cotrimoxazole preventive therapy
CTC	care and treatment clinic
HBC	home-based care
HCP	health care provider
HIV	human immune deficiency virus
HTC	HIV testing and counseling
HTS	HIV testing services
IMAI	integrated management of adult illness
IMAI-CTC	integrated management of adult illness in care and treatment clinics
IPC	infection prevention control
LED	light-emitting diode
LLAPLA	lifelong ART for pregnant and lactating women
LTFU	lost to follow-up
MISSAP	missed appointment
MOHSW	Ministry of Health and Social Welfare
NACP	National AIDS Control Programme
OI	opportunistic infection
OPD	outpatient department
OVC	orphans and other vulnerable children
PAI	PharmAccess International
PEP	post-exposure prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PITC	provider-initiated testing and counseling
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission of HIV
RCH	reproductive and child health
SOP	standard operating procedure

SPPCHS	Strengthening Police and Prison Comprehensive HIV Services
SPSS	Statistical Package for Social Sciences
SSAP	site-specific action plan
TA	technical assistance
TANESCO	Tanzania National Electric Supply Company
TB	tuberculosis
TPPI	Tanzania Police, Prisons, and Immigration Project
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
USAID	U.S. Agency for International Development
VCT	voluntary counseling and testing
WHO	World Health Organization

EXECUTIVE SUMMARY

The United Nations Office on Drugs and Crime (UNODC) rapid situational assessment conducted in 2013 showed that HIV prevalence among prisoners in mainland Tanzania is higher (6.7%) than in the general population (5.3%). The UNODC study highlighted the limited capacity of prison health facilities to deliver HIV services. To further understand the capacity of police and prison health facilities to deliver HIV and tuberculosis (TB) services, AIDSFree through its Strengthening Police and Prison Comprehensive HIV Services (SPPCHS) conducted a yield and volume analysis to identify health facilities with a high burden of HIV and TB. This analysis was followed by a health facility assessment to determine the capacity of selected facilities to provide comprehensive HIV and TB services.

Specific objectives of the rapid assessment were: (1) to determine the availability of HIV and TB services in selected police and prison health facilities, (2) to identify gaps and bottlenecks that hinder the provision of quality HIV and TB services, and (3) to develop site-specific recommendations for improving the quality of HIV and TB services.

The selection of sites for the rapid assessment was informed by a yield and volume analysis of police and prison health facilities. From this analysis, 33 police and prison health facilities (13 police and 20 prisons) were selected for a detailed health facility assessment. Data were collected using the Ministry of Health and Social Welfare (MOHSW) accreditation tool. The tool helps ascertain the availability and quality of HIV and TB services, including all resources required for the provision of comprehensive HIV services. Data collectors were trained to use the tool during the pilot assessment at Kilwa Road Hospital (a police facility) in Dar es Salaam. Shortfalls in the tool were identified and addressed immediately after the pilot assessment. Field visits for data collection were conducted during June and July 2015. All data were entered into SPSS (Statistical Package for Social Sciences) version 16. Dummy tables were prepared using SPSS output, analyzed using Microsoft Excel, and presented in tabular and graphic formats.

Key Findings

The assessment identified the following gaps and weaknesses:

1. Close to half (48%) of all facilities (43% prison and 58% police) were accredited by the MOHSW to provide comprehensive HIV services. Three accredited facilities were not providing a full range of HIV services, while five non-accredited facilities were providing a full range of services.
2. There was a shortage of health care providers (HCPs) across all levels. Only 72 percent of positions were filled (81% for police and 64% for prison health facilities). In both police and prison health facilities the most affected cadres were auxiliary nurses (medical attendants) where 77 percent of positions were vacant, pharmaceutical personnel (67% vacant), and nurses (45% vacant).

3. Less than 20 percent of clinicians and nurses employed in these facilities had received HIV-related training and all training had occurred before 2013. Of those trained, 19 percent were trained in integrated management of adult illness in care and treatment clinics (IMAI-CTC), while only 5 percent were trained in pediatric HIV. Police facilities and prisons had similar training rates, with 24 percent trained in elimination of mother-to-child transmission (eMTCT) of HIV and only 5 percent trained in HIV testing services in police; while in the prisons, 21 percent were trained in IMAI-CTC and 5 percent trained in pediatric HIV care.
4. Regarding HIV- and TB-related infrastructure, 73 percent of health facilities had desktop computers; Internet access was available in a little more than a quarter (27%) of the facilities.
5. Only 24 percent of health facilities had documented patient flow plans.
6. Eighty-eight percent of facilities reported having received supportive supervision (SS); however, 93 percent of facilities had no copy of the SS report.
7. All facilities had at least one microscope. Only six health facilities (one police and five prisons) had CD4 and GeneXpert machines, although there was an inadequate supply of the requisite reagents and no maintenance service. Some equipment was found to be broken. None of the facilities had viral load machines for monitoring HIV treatment.
8. All laboratories could diagnose HIV through rapid finger-prick tests; however, only 36 percent of health facilities could do sputum for acid-fast bacilli (AFB) to diagnose tuberculosis.
9. Sixty percent of facilities had no internal or external quality assurance mechanisms in place; while 70 percent experienced stockouts of HIV rapid test kits for six months preceding the assessment.
10. TB/HIV committees were in place and functional in only 21 percent of health facilities.
11. Sixty percent of the assessed facilities had a health care provider responsible for delivering home-based care services to HIV-positive people; however, only 16 percent of the facilities had home-based care guidelines in place.
12. The Tanzania Strengthening Police and Prison Comprehensive HIV Services project will use these findings to inform the development of SSAPs and will design the project's overall approach to providing technical support to the facilities. Monitoring the implementation of these plans will be a critical component of the project's approach and will be used not only to update the SSAPs but also to build the capacity of facilities to use data for their own decision-making. Ultimately, SPPCHS aspires to have all the facilities accredited or re-accredited by the MOHSW.

INTRODUCTION

In 2014 USAID/Tanzania started the AIDSFree Tanzania Strengthening Police and Prison Comprehensive HIV Services (SPPCHS) Project as an initiative under the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project. The primary aim of SPPCHS is to strengthen the capacity of selected high-volume/high-yield police and prison health facilities to provide comprehensive, high-quality HIV and tuberculosis (TB) services on the Tanzania mainland and the island of Zanzibar. JSI Research & Training Institute, Inc. (JSI) is the lead organization for SPPCHS.

The assessment described in this report was conducted to determine the capacity of 33 selected police and prison health facilities to provide comprehensive, high-quality HIV and TB services. The findings of this assessment will inform the development of a responsive project workplan to improve the quality of services and contribute to key programmatic issues and ambitious targets as identified in the Joint United Nations Programme on HIV and AIDS (UNAIDS) “90-90-90” strategy (UNAIDS 2014), as well as the Tanzanian Government’s *2015 National Guidelines for Management of AIDS* and the *National Multisectoral Framework for HIV and AIDS 2013–2017* (UNAIDS 2014; United Republic of Tanzania 2013). The assessed 33 high-volume facilities were selected during an initial desk review and volume yield analysis of police and prison facilities.

BACKGROUND

HIV and AIDS in Tanzania

Since the first three AIDS cases in Tanzania were identified in 1983, the HIV epidemic has affected all sectors of the society, making it not only a major public health concern but also a socioeconomic and developmental problem. In 2012 between 1.3 and 1.6 million people were estimated to be living with HIV (UNAIDS 2013), with approximately 450,000 (30%) in need of antiretroviral therapy (ART). Household surveys estimate the seroprevalence of HIV in adults aged 15–49 years in Tanzania is 5.1 percent, with a wide variation among regions (THMIS 2012). Heterosexual intercourse is the main mode of transmission, and women are at a higher risk of infection than men.

On the island of Zanzibar HIV prevalence is far lower among the general population (0.6%) and the epidemic is more concentrated, primarily affecting female sex workers, men who have sex with men, and people who inject drugs (TACAIDS 2010). Tanzania ranks 19th among 22 high tuberculosis (TB)-burden countries (WHO 2013). TB prevalence in the Tanzania is 295 cases per 100,000 people and more prevalent in men than in women. HIV prevalence among those suspected of having TB is 4.8 percent, and among TB patients, 6.5 percent (NTLP 2013). In 2013 a total of 65,732 cases of all forms of TB were notified in Tanzania. Among those notified, new cases were 62,952 (95.8%); of the new TB cases, 24,565 (39%) were smear-positives, 21,393 (37%) smear negatives, and 14,595 (23%) extra-pulmonary (NTLP 2013).

With regard to TB/HIV coinfection, the NTLP 2013 report shows that of 65,732 TB cases notified, 54,504 (83%) were counseled and tested for HIV status. Among those tested, 20,072 (37%) were found to be co-infected with HIV. Furthermore, analysis showed that of the co-infected cases, 18,354 (91%) were registered for services at HIV CTCs. Among those cases, 19,596 (98%) people were put on cotrimoxazole preventive therapy (CPT), while 14,679 (73%) were given ART in both TB clinics and CTCs within the three-month reporting period after a two-week period to test the subjects' TB drug tolerability.

HIV and TB in Police and Prisons in Tanzania

According to the Legal and Human Rights Centre's report (LHRC 2008) in 2008 Tanzania had more than 45,000 prison inmates, although the maximum capacity of prison facilities was only 22,669. A 2012 survey (LHRC 2012) showed that prisoner numbers in some prisons far exceeded the authorized capacity although total prisoners for the country had decreased. Prison overcrowding leads to a number of health risks.

The prevalence of HIV among prisoners (6.7%) is higher than in the national population (5.1%), according to the 2011–2012 *Tanzania HIV/AIDS and Malaria Indicator Survey* (THMIS 2012). Similar to the trend observed in the general population, HIV prevalence among

women is considerably higher than among men: while about 5.2 percent of male prisoners are infected with the disease, some 15 percent of female prisoners are HIV positive (Karomba 2010).

The overall 6.7 percent prevalence suggests that around 2,291 prison inmates of the estimated 34,196 total population of prisoners are living with HIV in Tanzania. Currently, only 710 prisoners are enrolled in ART care, suggesting that the majority of prisoners are unaware of their HIV status. Although behavioral and surveillance data on HIV in prisons is inadequate, the factors that drive the epidemic can be expected to be similar to those in other African countries. For example, unsafe sex, sharing of sharp objects, and injection of drugs are commonly-seen behaviors among prisoners. A study conducted in Temeke district in Dar es Salaam among drug users found that 58 percent of respondents who admitted to being drug users reported having been arrested in the past 12 months, while more than a third reported having been imprisoned at one time (Bowring et al. 2011). Furthermore, 31 percent of those who had been incarcerated reported using drugs while in prison, of which 5 percent injected drugs (Bowring, Gemert, Dietze et al. 2011). While HIV prevention interventions inside Tanzania prisons are limited, the *National Policy on HIV/AIDS* (URT 2001) mandates that prisoners be provided access to HIV and AIDS information, HIV testing services, and care and treatment of sexually transmitted infections.

The UNODC rapid situational assessment conducted in 2013 highlighted the limited capacity of prison health facilities to deliver HIV services and described realities such as cohabitation of juvenile and adult prisoners—which contributes to coerced and transactional sex—as well as a lack of basic information about how HIV is transmitted, and its social stigma, all of which increase the risk of infection. Congestion in prisons further precipitates transmission of TB due to inadequate natural light and cross ventilation (Karomba 2010; PharmAccess 2013.)

Tuberculosis (TB) is the most common presenting illness among people with HIV. Fatal if undetected or untreated, TB is the leading cause of death among people with HIV, responsible for about one of every four HIV-associated deaths. Early detection and prompt treatment of TB, along with ART can prevent these deaths (WHO 2015; MOHSW 2012).

The World Health Organization (WHO) recommends a set of interventions that aim to reduce the burden of HIV and TB using the approach, *“Two diseases, one patient, one response.”* Such a coordinated response requires collaboration between HIV and TB programs, which can be facilitated by establishing a TB/HIV committee at the facility.

To further understand the capability of police and prison health facilities to deliver HIV and TB services, AIDSFree, through its SPPCHS project, conducted a rapid assessment of selected facilities to identify gaps and weaknesses in HIV and TB service delivery.

PURPOSE AND OBJECTIVES OF THE ASSESSMENT

The purpose of the assessment was to determine the capacity of selected police and prison health facilities to provide comprehensive HIV and TB services. Specific objectives were:

1. To determine the availability of HIV and TB service delivery in selected police and prison health facilities.
2. To identify gaps and bottlenecks that hinder the provision of quality HIV and TB services.
3. To provide site-specific recommendations for improving quality of HIV and TB services.

METHODOLOGY AND LIMITATIONS

Selection of sites for the rapid assessment was informed by a yield and volume analysis of police and prison health facilities that identified those with the highest HIV and TB caseloads based on an 80/20 split rule as per PEPFAR guidance (OGAC 2013). The project team assessed 33 (13 police, 20 prisons) health facilities that (1) identified 80 percent of new HIV-positive clients, (2) provided HIV care and treatment to 80 percent, and (3) treated 80 percent of all TB cases, to determine their capacity to provide comprehensive HIV services (Tables 1 and 2). Twenty-nine out of 33 (83%) health facilities were located in *Scale-up Saturation*¹ and *Scale-up Aggressive*² districts. Only six facilities (17%) were located in *Sustained*³ districts (Passive Enrollment).

Table 1. Number of Health Facilities Included in Rapid Assessment, by Type and Function

	Tanzania Mainland			Zanzibar			All
	Hospital	Health Center	Dispensary	Hospital	Health Center	Dispensary	Total
Police	1	1	9	0	0	1	12
Prisons	0	4	16	0	0	1	21
Total	1	5	25	0	0	2	33

¹ Scale-up Saturation Districts: districts where PEPFAR will achieve 80% coverage of people living with HIV (PLHIV) on ART by FY 2017.

² Scale-up Aggressive Districts: districts where PEPFAR will achieve 80% coverage of PLHIV on ART by FY 2018 or FY 2019.

³ Sustained Districts: districts where PEPFAR will maintain passive enrollment of PLHIV on ART.

Table 2. Names and Ownership of Health Facilities Assessed

S/N	Region	District	Facility	Ownership	PEPFAR Classification
1	Dar es Salaam	Ilala MC	Ukonga Magereza Dispensary	Prisons	Scale-up Saturation
2	Dar es Salaam	Ilala MC	Ukonga Dispensary	Prisons	Scale-up Saturation
3	Dar es Salaam	Ilala MC	FFU Dispensary	Police	Scale-up Saturation
4	Dar es Salaam	Ilala MC	Segerea Prison Dispensary	Prisons	Scale-up Saturation
5	Dar es Salaam	Kinondoni MC	Oyster bay Police Dispensary	Police	Scale-up Aggressive
6	Dar es Salaam	Temeke MC	Kilwa Road Police Dispensary	Police	Scale-up Aggressive
7	Dar es Salaam	Temeke MC	Keko Prison Dispensary	Prisons	Scale-up Aggressive
8	Dodoma	Dodoma MC	Police Central Health Centre	Police	Scale-up Saturation
9	Dodoma	Dodoma MC	Isanga Prison Dispensary	Prisons	Scale-up Saturation
10	Iringa	Iringa MC	Police Dispensary	Police	Scale-up Saturation
11	Iringa	Iringa MC	Magereza Dispensary	Prisons	Scale-up Saturation
12	Lindi	Lindi MC	Magereza Dispensary	Prisons	Scale-up Saturation
13	Manyara	Mbulu DC	Magereza Dispensary	Prisons	Sustained
14	Mbeya	Mbeya CC	Ruanda Prison Dispensary	Prisons	Scale-up Saturation
15	Mbeya	Mbeya CC	FFU Dispensary	Police	Scale-up Saturation
16	Mjini Magharibi	Mjini	Ziwani Police PHCU	Police	Scale-up Aggressive
17	Mjini Magharibi	Mjini	Mafunzo Dispensary	Prisons	Scale-up Aggressive
18	Morogoro	Morogoro MC	FFU Dispensary	Police	Scale-up Saturation
19	Morogoro	Morogoro MC	Magereza Dispensary	Prisons	Scale-up Saturation
20	Morogoro	Morogoro DC	Kihonda Magereza Dispensary	Prisons	Sustained
21	Mwanza	Nyamagana MC	Mabatini Police Dispensary	Police	Scale-up Saturation
22	Mwanza	Nyamagana MC	Butimba Prison Dispensary	Prisons	Scale-up Saturation
23	Njombe	Njombe TC	Magoda Dispensary	Prisons	Scale-up Saturation
24	Njombe	Njombe DC	Police Dispensary	Police	Sustained
25	Pwani	Bagamoyo DC	Ubena Prison Dispensary	Prisons	Sustained
26	Ruvuma	Songea MC	Magereza Health Centre	Prisons	Scale-up Saturation
27	Ruvuma	Songea MC	FFU Dispensary	Police	Scale-up Saturation
28	Shinyanga	Shinyanga MC	Kambarage Police Dispensary	Police	Scale-up Saturation
29	Singida	Kiomboi DC	Kiomboi Prison Dispensary	Prisons	Sustained
30	Tabora	Nzega DC	Budushi Dispensary	Prisons	Scale-up Saturation
31	Tabora	Tabora MC	Police Dispensary	Police	Scale-up Saturation
32	Tabora	Tabora MC	Uyui Dispensary	Prisons	Scale-up Saturation
33	Tanga	Tanga CC	Maweni Prison Dispensary	Prisons	Scale-up Saturation

Data Collection and Processing

The MOHSW uses a version of the National HIV/AIDS Care and Treatment Plan Checklist to accredit health care facilities to provide HIV and AIDS services. The SPPCHS project adapted this checklist for the rapid assessment. The modifications included replacing the old HIV testing algorithm with the current one and incorporating the National AIDS Control Programme (NACP) HIV training programs and HIV/TB collaboration.

Information was collected on staffing, training status of staff, availability of medical equipment and supplies, management of patient records, and specific questions pertaining to HIV testing services (HTS), TB, ART, laboratory, and pharmacy services. Enumerators were trained on the application of the checklist (Appendix 1) while pilot testing it at the Kilwa Road Police Hospital in Dar es Salaam. Data collection was conducted May 21–June 5, 2015,

and SPSS version 16 was used for data management and analysis. Analysis included descriptive statistics and cross-tabulations of the entire dataset. Dummy tables were prepared using SPSS output, analyzed using Microsoft Excel, and presented in tabular and graphic formats.

Limitations of the Assessment

The assessment of the quality of HIV and TB services provided was limited to the information collected in the checklist and the health care providers' (HCPs') perspectives. Where possible, responses were verified (e.g., if the site had received a supervisory visit, a report of the visit was requested). However, an assessment of providers' knowledge or skills was not included in the study because it would have required additional data collection, such as observation of staff during service delivery or retesting of staff. Client interviews were not undertaken because of the ethical complications they would have raised. Although the sample was only 33 sites, the authors believe that the findings are likely to be representative of other police and prison health facilities in the country.

KEY FINDINGS

Health Facility Accreditation and HIV/TB-related Services

The MOHSW assesses and accredits health facilities to provide HIV and AIDS care and treatment services. The tool used for this purpose, the National Care and Treatment Plan Checklist (Appendix 2), takes into account the minimum requirements a health facility must meet to be able to provide HIV care and treatment. Accreditation is on an ad hoc basis and usually based on the need to establish care and treatment outlets.

Of the 33 facilities included in the rapid assessment, 16 were accredited by the MOHSW to provide comprehensive HIV care and treatment (CTC) services. Of the accredited 16 health facilities, 14 were providing the full range of HIV services—HIV testing services (HTS), reproductive and child health/prevention of mother-to-child transmission of HIV (RCH/PMTCT), TB/opportunistic infection (TB/OI), and care and support. Five facilities in the survey had not yet been accredited by the MOHSW despite the fact that they were providing a full range of HIV-related services.

Availability of HIV-related Services

The study found that all the police health facilities were providing a number of HIV-related services, ranging from 83 percent for TB/OI to 100 percent for HTS and eMTCT. For the prison facilities, HIV-related service provision ranged from 48 percent for eMTCT to 100 percent for HTS. It is not known why over 50 percent of prison health facilities were not providing eMTCT services, though lack of training in eMTCT Option B+ was cited as one of the reasons. The percentage of police health facilities providing various HIV and TB services is higher than that of prison health facilities (see Figure 1).

Figure 1. Percentage of Health Facilities Providing HIV-related Services

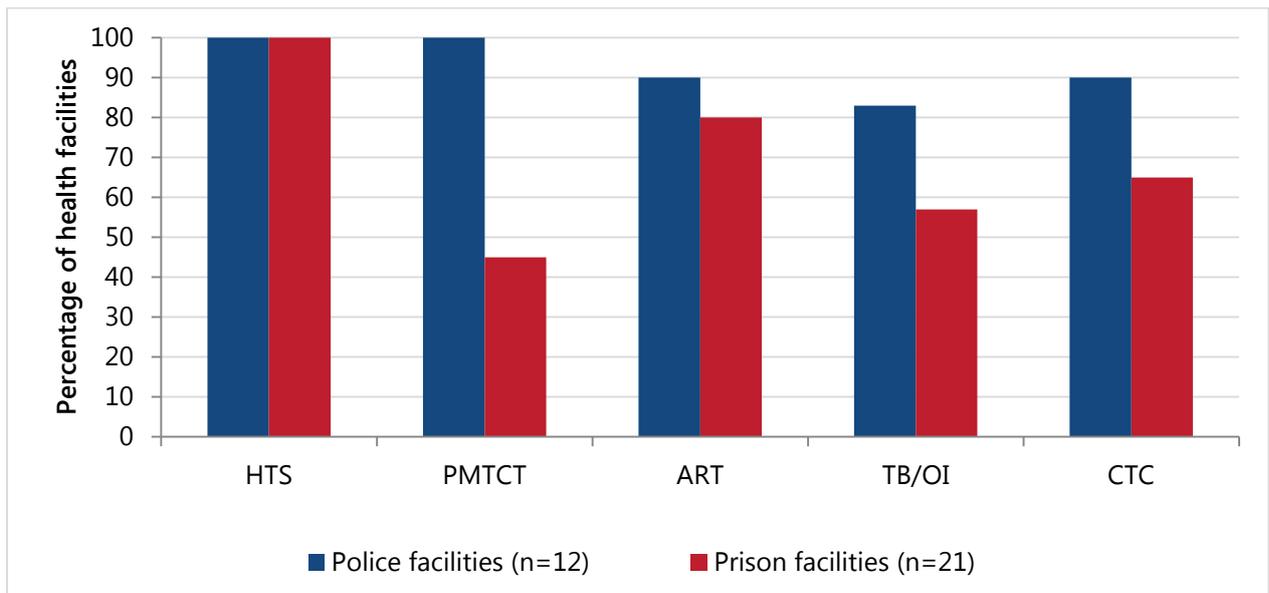
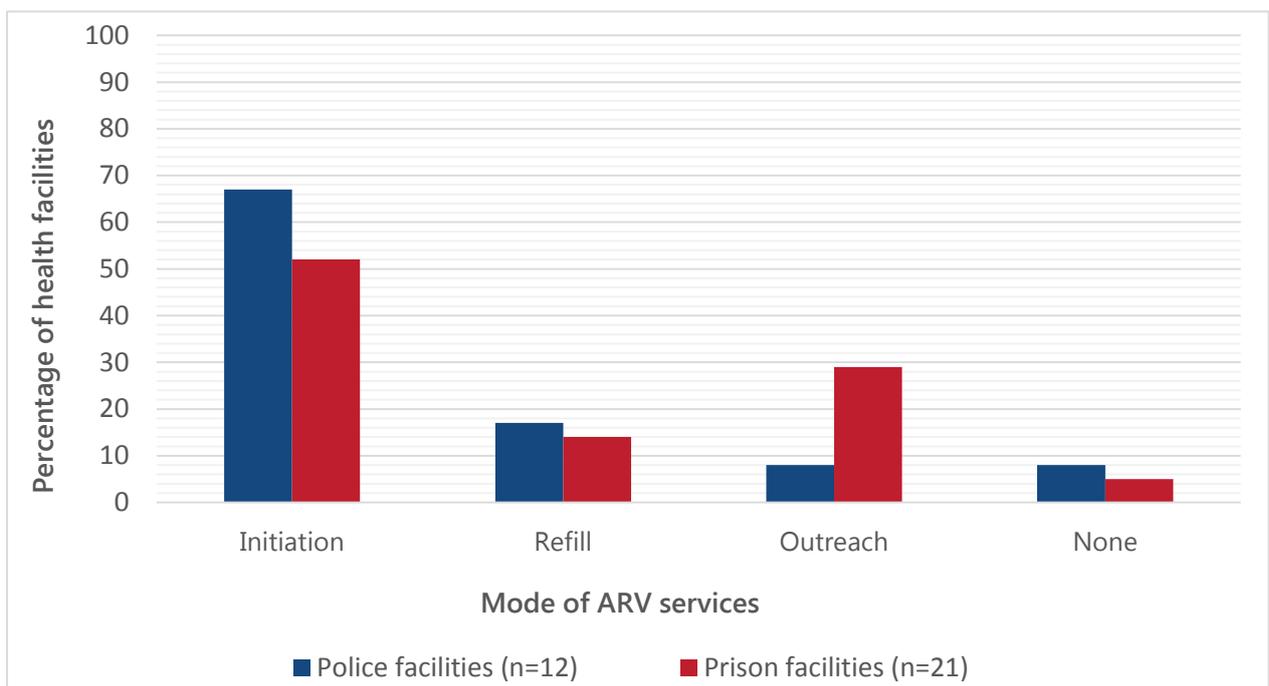


Figure 2 shows that the majority of police and prison health facilities that offer antiretroviral (ARV) services were ARV initiation sites. It also shows that more prison than police health facilities have outreach ART sites.

Figure 2. Mode of ARV Service Provision



Human Resources

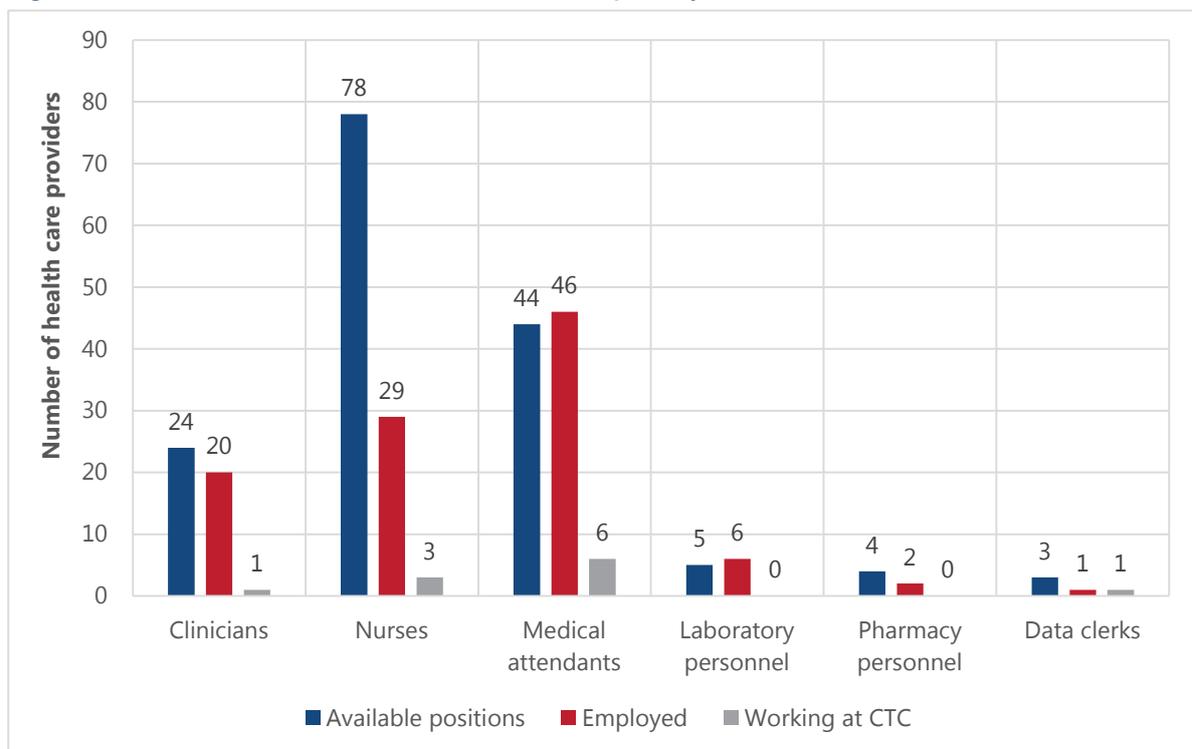
The analysis of human resources examined the percent of available positions that were filled by the time of data collection. The proportion of employed staff that were currently working at CTCs was also established. The current MOHSW staffing structure provided data for the positions available for each facility level.

In accordance with the MOHSW staffing structure (MOHSW 2014), the 33 health facilities assessed were assumed to have a total of 688 staff (333 for police and 355 for prisons). Staff included clinicians; nurses; medical attendants; and laboratory, pharmacy, and data clerks. Of 333 positions in police health facilities, 270 were filled, while in the prisons only 228 of the 355 were filled.

Staffing at the Hospital Level: Kilwa Road Hospital

Figure 3 illustrates the number of health care provider positions available and filled, by cadre, at Kilwa Road Hospital, the only hospital included in the rapid assessment. For most cadres, the difference between available positions and those filled was minor, with the exception of nurses: only 37 percent (29 out of 78) of nursing positions were filled.

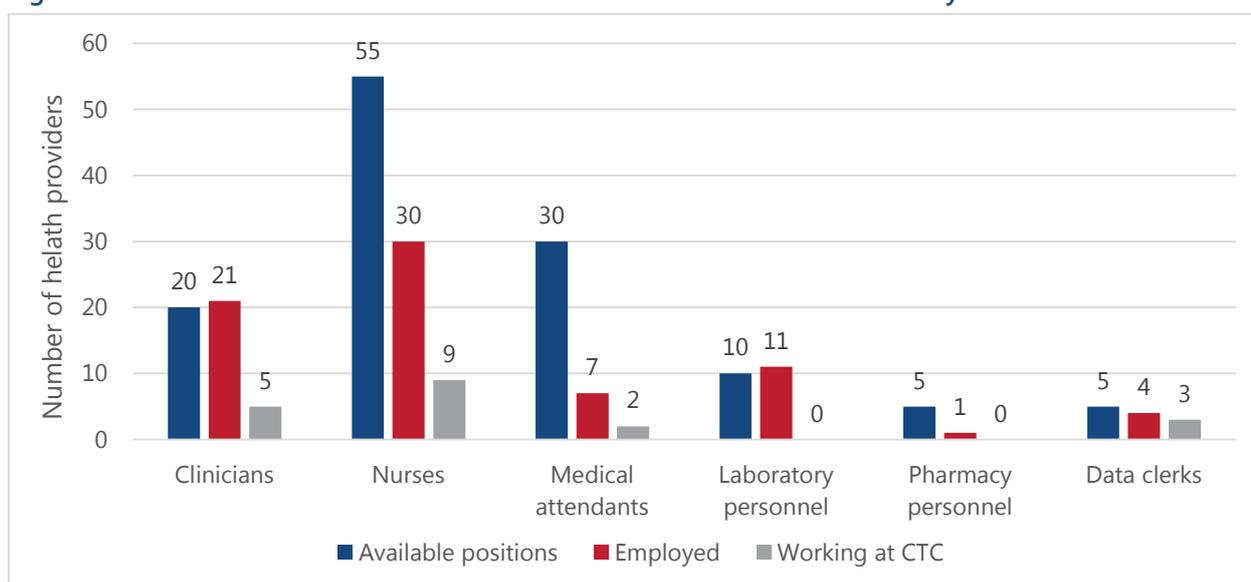
Figure 3. Health Care Providers at Kilwa Road Hospital by Cadre



Staffing at the Health Center Level

Figure 4 shows the staffing at the five health centers (one police and four prison health centers) that were assessed. The major differences between available and filled positions occur in the nursing, medical attendant, and pharmacy cadres: only 55 percent of nursing positions, 23 percent of medical attendant positions, and 20 percent of pharmacy positions were filled. The gap in service provision is further compounded by the fact that, of those positions filled, a small proportion are full time providing HIV services, with the biggest gap observed in nursing: 9 out of 30 nursing positions are located in HIV care and treatment sections. As a result of these shortages, drugs were mostly dispensed by untrained medical attendants and occasionally by nurse assistants.

Figure 3. Health Care Providers at the Five Police and Prison Health Centers by Cadre



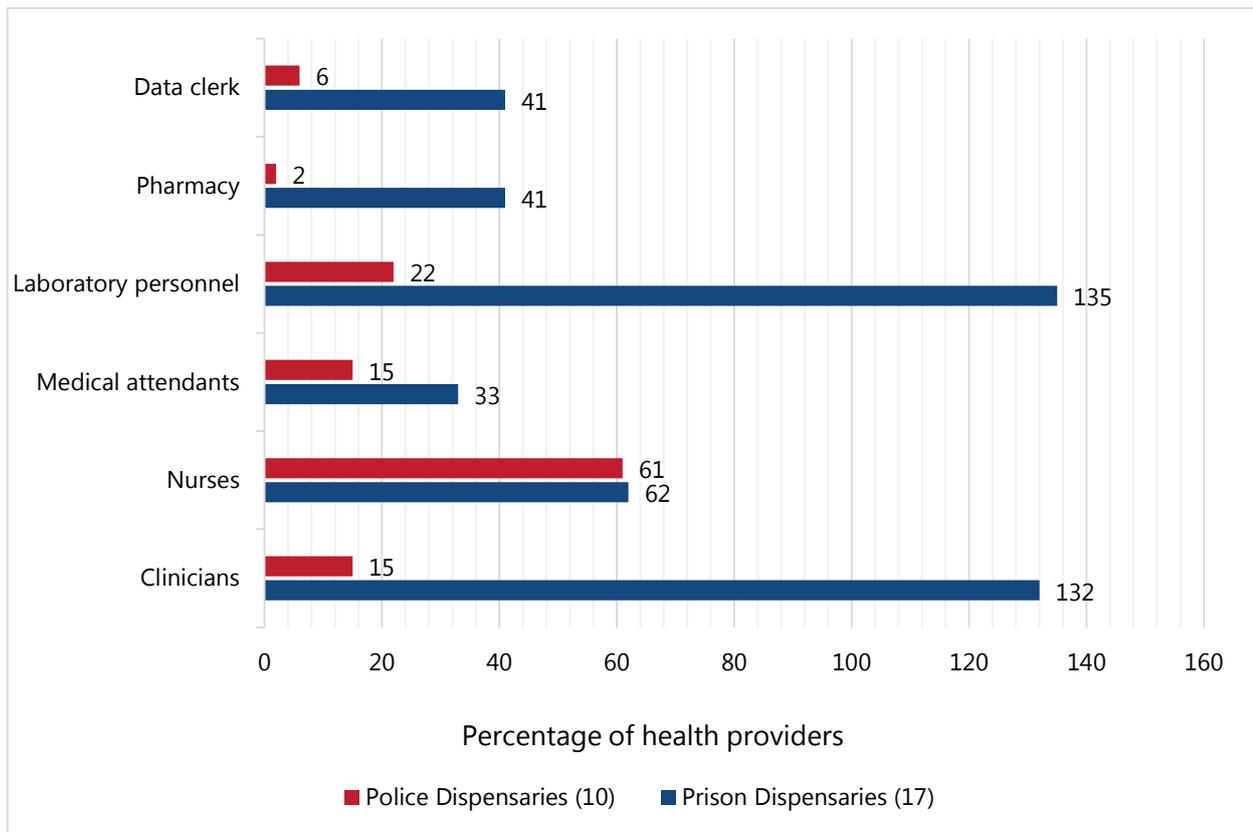
Staffing at the Dispensary Level

Figure 5 summarizes the staffing levels of different HCPs by cadre for the 27 dispensaries included in the assessment. The main observations are as follows:

- Clinicians:** This cadre was found to be in excess supply at the dispensaries: 75 clinicians were employed despite the fact that officially only 54 positions were available. However, only 19 percent of these clinicians were working in the HIV sections of the facilities. None of the dispensaries had a dedicated clinician at the HIV section of the facilities. The unexpected large number of clinicians observed in dispensaries could be because some of the dispensaries are widening their capacity to attain health center status.
- Nurses and medical attendants:** Close to two-thirds (117 out of 189) of the required nurses were employed. Of these, only 19 percent (22 out of 117) were working at CTCs on a full-time basis. Of the medical attendant positions, 77 percent (62 out of 81) were filled, and of these 18 percent (11 out of 62) were working at the CTC.

- Laboratory and pharmacy personnel:** Laboratory personnel were overstaffed by 67 percent (27 available positions, but 45 positions were filled). Although none of these staff reported working at the CTC directly, they did process samples for HIV and TB patients. While the laboratories were overstaffed, the pharmacies were understaffed: only 33 percent (9 out of 27) of the pharmacy positions were filled, and of these, 22 percent (2 out of 9) were working in the CTC dispensing room. In some dispensaries nurses were assuming the pharmacy role to address this gap.
- Data clerks:** Only 48 percent of data clerks (13 out of 27) were in place, with most of them (85%, 11 out of 13) working at the CTC.

Figure 4. Percentage of Health Provider Positions Filled at 27 Police and Prison Dispensaries



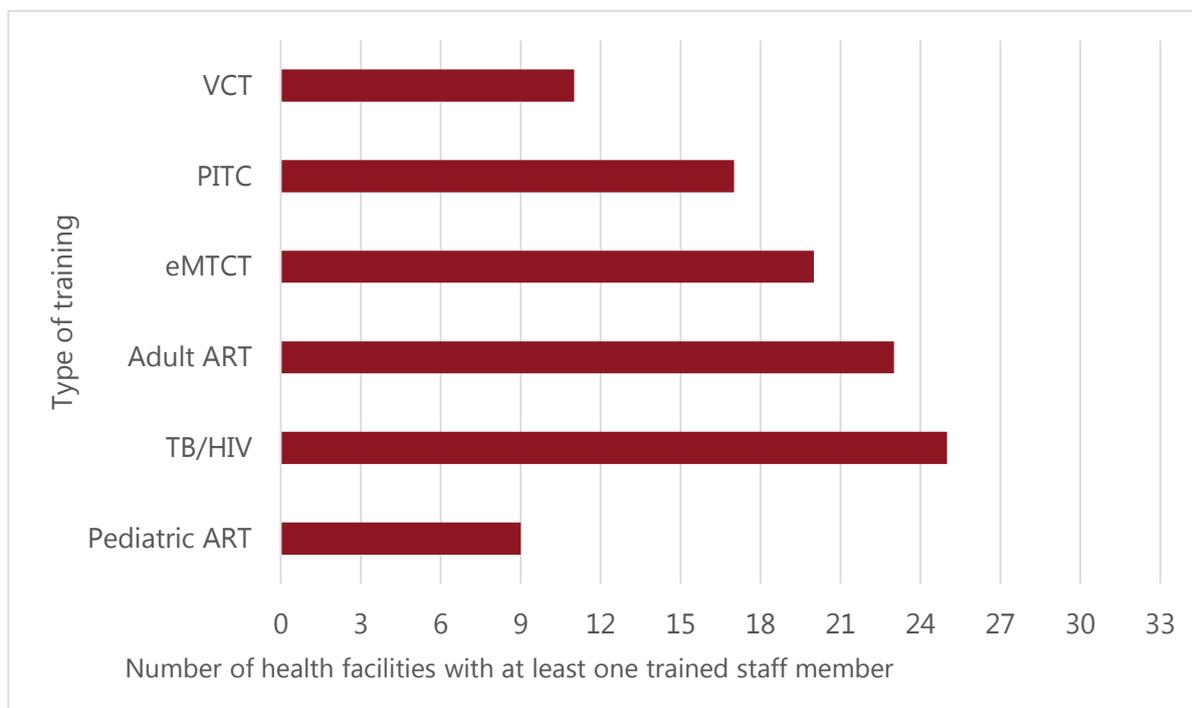
Training of Health Care Providers in HIV-related Topics

The training status of all cadres responsible for delivering HIV and TB care and treatment (clinicians, nurses, and medical attendants) was assessed. Providers were asked if they had received training in any of the following areas: (1) provider-initiated testing and counseling (PITC), (2) elimination of mother-to-child transmission of HIV (eMTCT), (3) integrated management of adult illnesses (IMAI), (4) tuberculosis and HIV coinfection (TB/HIV), and (5) pediatric HIV. The study team asked if health providers were trained only to ascertain training status; quality of training and use of skill/knowledge gained during training were not explored.

Generally only 19 percent (56 out of 292) of HCPs (clinicians and nurses) were trained in adult ART, while only 5 percent (16 out of 292) received pediatric HIV training. All received their training before 2013. However, in 2013 the MOHSW updated several HIV policies and standards. Although the MOHSW had revised the national training modules to comply with the *National Guidelines for the Management of HIV and AIDS* (MOHSW 2015), none of the HCPs included in the assessment had received training on the new national guidelines.

For police health facilities staff, training status ranged from as high as 24 percent (32 out of 134) in eMTCT to as low as 5 percent (7 out of 134) in voluntary counseling and testing (VCT). For prison health facilities staff, as high as 21 percent (33 out of 158) received adult ART training, while only 5 percent (8 out of 158) received pediatric HIV training. All the training occurred before 2013. Facilities were also assessed as to whether they had at least one staff member trained per each HIV component, VCT, PITC, prevention of mother-to-child transmission (eMTCT), adult ART, pediatric ART, and TB/HIV coinfection. Results for police facilities and prisons were similar, with few facilities having staff trained in pediatric ART and VCT, while the majority of facilities had staff trained in adult ART and TB/HIV. Only nine health facilities had at least one staff member trained in each of the HIV components (pediatric ART, TB/HIV, adult ART, eMTCT, PITC, and VCT). Facilities that had at least one health provider trained per HIV component are shown in Figure 6.

Figure 5. Police and Prison Health Facilities with at Least One Staff Member Trained in Each Type of Training (n = 3)



Infrastructure

The rapid assessment team investigated the number of rooms available for particular services, availability of power supply, method medical waste disposal, type of biosafety procedures in place and being followed, and method for managing data. The PharmAccess International (PAI) Tanzania Police, Prisons, and Immigration (TPPI) project had supported renovation and construction in most of the facilities assessed; however, less than 40 percent (13 out of 33) of them had functional incinerators. All facilities where PAI supplied computers employed data clerks dedicated in the care and treatment sections, though most of them had not received any formal training for data entry and management. All facilities had a reliable power supply from the Tanzania Electric Supply Company (TANESCO).

Seventy-three (24 out of 33) health facilities had a desktop computer. However, slightly more prison health facilities lacked a functional computer than did police health facilities. Internet access was available in a little more than a quarter (27%; 9 out of 33) of the assessed facilities. Records and registers of persons living with HIV were available and seen in 73 percent (24 out of 33) and 79 percent (26 out of 33) of health facilities, respectively. Internet access remains critical in ensuring project reports are sent within agreed timelines. Only 24 percent of the facilities had an information management system rated “satisfactory” by the assessment team.

Management of HIV and TB Services

In each of the facilities the assessment team looked at supervisory personnel in charge of HIV services, patient flow, and medical record systems, as well as supportive supervision from higher levels.

Coordination of HIV Services

All the health facilities had a person in charge of HIV services; however, this person was fully dedicated to overseeing the provision of HIV services in only 18 percent of the facilities. In all other cases the HIV coordinator was also the person in charge of the health facility, except for the five health centers and the hospital.

Patient Flow and Supportive Supervision

The MOHSW developed a generic patient flow plan for managing service delivery for HIV clients. The rapid assessment team reviewed the availability and adherence to the facility-specific patient flow plan and the use of supportive supervision. Only 24 percent of the 33 health facilities had a documented patient flow plan. Patient flow plans varied depending on the type of facility and existing infrastructure. Eighty-eight percent of the facilities reported having received quarterly supportive supervision from council health management teams (CHMS). However, such support was inconsistent across facilities, and in almost all facilities (30 out of 33) there was no supportive supervision reporting or documentation. The only piece of evidence of supportive supervision was a signed visitors' book.

Sixty-seven percent of laboratories and 73 percent of CTCs reported receiving supportive supervision during the past three months. The laboratory supportive supervision was mainly for checking and distributing laboratory reagents. As with general supervision, there was no copy of supportive supervision reports or action plans available in any of the facilities.

Laboratory Services

The laboratory infrastructure, types of tests available, equipment, and capacity to diagnose HIV, TB and other opportunistic infections, along with baseline investigations (e.g., liver and renal function tests, CD4 counts, and full blood picture) were assessed. All the surveyed health facilities provided HIV tests; however, challenges were limited laboratory capacities, including inadequate laboratory equipment, and frequent stockout of consumables and supplies. Most laboratory capacities were inadequate to meet the health facilities' needs.

Laboratory Infrastructure

In Tanzania a typical health facility laboratory usually has three rooms (general laboratory tests, specialized tests, and a phlebotomy room) and a waiting area for patients. Laboratory infrastructure was generally found to be good. Sixty-four percent of the facilities had a room for specimen collection and sufficient working space. However, almost all laboratories had either insufficient waiting areas or no waiting area at all.

Available Laboratory Tests

All health facilities assessed had at least one microscope. Only 12 percent of the surveyed health facilities were able to do differential and total white blood cell count. Only six health facilities (one police and five prisons) had CD4 and GeneXpert machines, although these had inadequate supplies of reagents, no service maintenance, and some broken equipment. None of the facilities had viral load machines for monitoring HIV treatment. Table 3 shows the available laboratory services in the assessed health facilities.

Table 3. Laboratory Tests Available in Police and Prison Health Facilities

	Laboratory tests	% of facilities with laboratory tests
1	Rapid HIV testing (Allere Determine and Uni-Gold)	100
2	Pregnancy testing	88
3	Malaria blood smear/test	88
4	Urine analysis (proteins, sugar, sediments)	85
5	Stool (direct microscopy, worm eggs, and occult blood)	85
6	Syphilis screening	82
7	Hemoglobin	79
8	Working microscope	79
9	Blood sugar	76
10	Functional mechanisms for specimen transportation to referral site	55
11	Blood safety screening	49
12	Mechanisms for temporary storage of specimens	46
13	Sputum smears for AFB	36
14	Gram stain	18
15	WBC differential	12
16	WBC total	9

Most of the health facilities did not adhere to quality assurance and control procedures, and even those that conducted quality control did so inconsistently. Most of the dispensaries (25 out of 29) had experienced a stockout of supplies within the past six months, particularly parasitology and microbiology tests. Health centers and hospitals, however, experienced fewer stockouts of supplies than did dispensaries.

Laboratory Equipment

The rapid assessment team reviewed the availability and functionality of various types of laboratory equipment; the results were 21 percent of equipment was found to be fully functional. Laboratory SOPs were not available in most of the laboratories. About half the facilities assessed (17 out of 33) experienced stockouts of microbiology reagents.

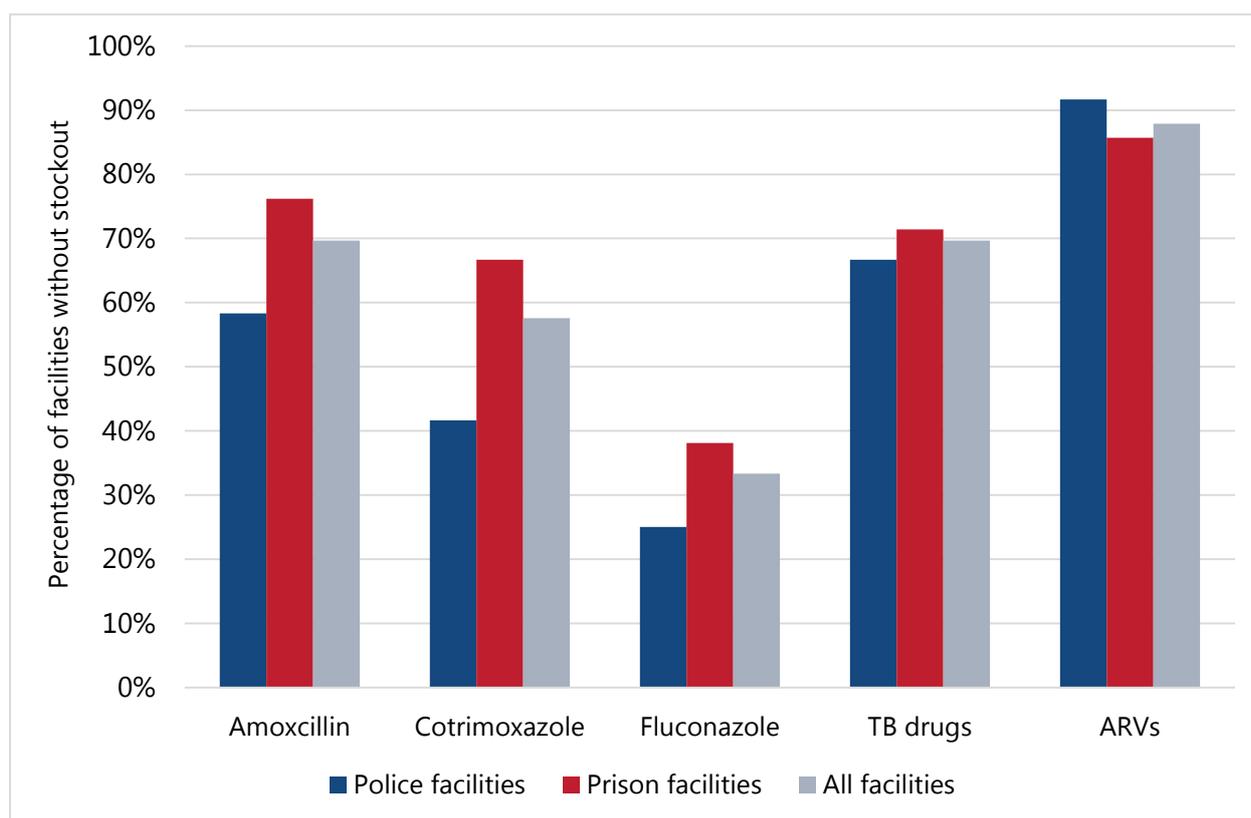
Table 4. Status of Laboratory Equipment

Equipment	Number available	Number functional
Hematology	12	1
Biochemistry	9	2
Microbiology	46	1
Microscope	33	33
LED microscope	0	0

Pharmacy Stockout Status of Essential HIV and TB Medicines

Figure 7 shows the percentage of facilities that experienced stockouts during the past six months by drug type. In facilities that had stockouts of ARVs and anti-TB drugs, it was reported that those sites were not primarily providing those drugs; rather, HCPs were given a list of patients using those medications and were responsible to ensure that the patients did not run out of their medicines.

Figure 7. Percentage of Health Facilities without Essential Drug Stockouts in Past 6 Months



National HIV and TB Guidelines

The majority of the facilities had no guidelines or SOPs in place or had only outdated ones. The *National Guidelines for Clinical Management of HIV/AIDS* (2012) was found in the majority of sites; however, this document was updated in 2015 to *National Guidelines for the Management of HIV and AIDS* (MOHSW 2015).

Table 5. Status of Policy Guidelines at Police and Prison Health Facilities

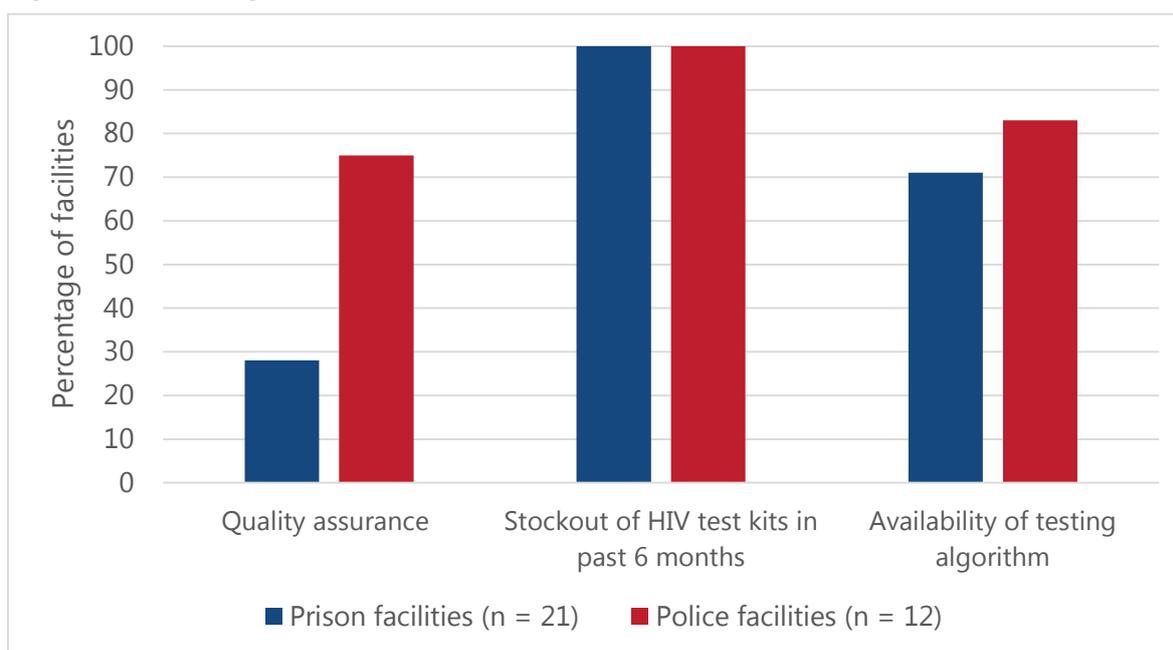
	National HIV and TB Policy Guidelines	# of facilities surveyed	#/% of facilities with guidelines
1	National guidelines for clinical management of HIV/AIDS (2012)	33	21/64
2	National guidelines on PMTCT (2013)	33	15/46
3	PEP guidelines and/or PEP protocol	33	7/21
4	National guidelines on home-based care (HBC) (2010)	32	5/16
5	National HTC guidelines (2013)	33	4/13
6	National manual for the management of tuberculosis and leprosy (2013)	33	4/12

Specific HIV Programs

HIV Testing Services

A quarter of all assessed facilities did not have a 2013 HIV testing algorithm. Around 60 percent of facilities had neither internal nor external quality assurance mechanisms in place. Seventy percent of facilities experienced stockout of HIV rapid test kits within the six months preceding the assessment. Figure 8 summarizes the HTS findings.

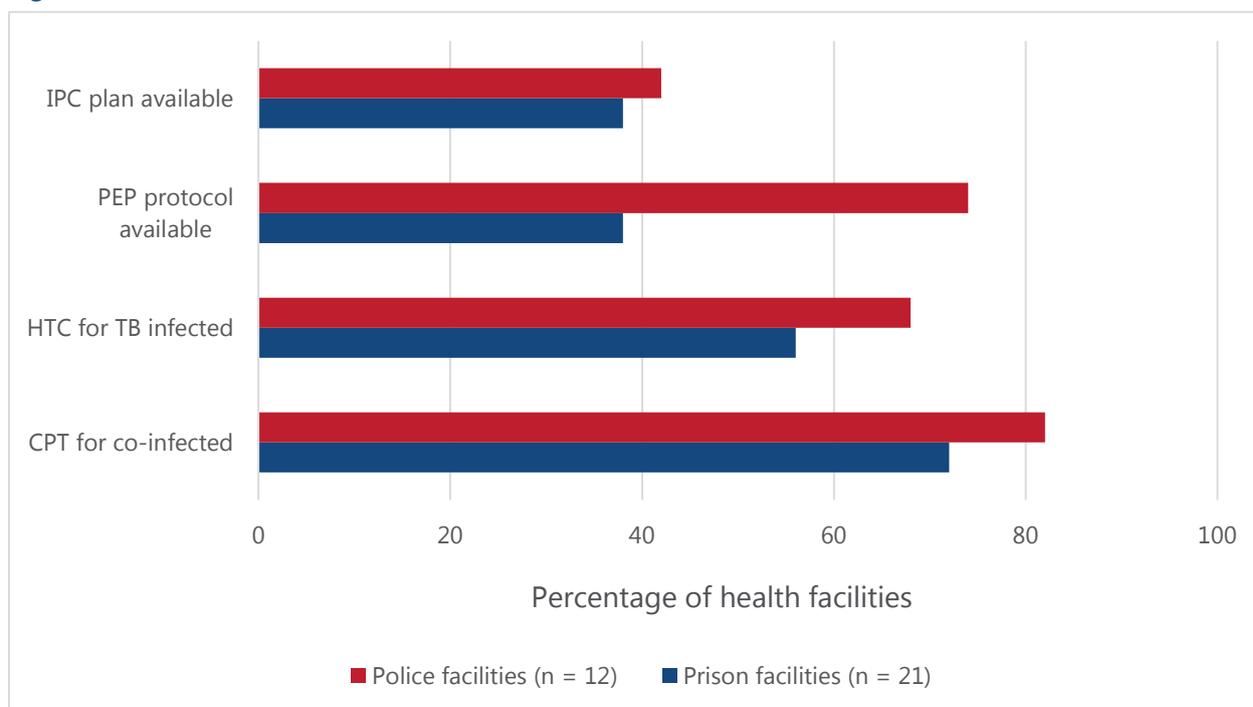
Figure 8. HIV Testing in Prison and Police Health Facilities



HIV and TB Collaboration (TB/HIV)

Management of TB/HIV coinfection differed slightly between police and prison health facilities. The majority of police facilities (82%) offered CPT to TB/HIV co-infected patients, while only 72 percent of prison health facilities did so. A similar pattern was observed regarding the offering of HTS to TB-infected patients: 68 percent of police facilities compared to 56 percent of prison facilities provided such a referral. Most police health facilities (72%) had a post-exposure prophylaxis (PEP) protocol, while less than 40 percent of prison facilities had such a plan. However, prison and police facilities equally lacked an infection prevention control (IPC) plan: only about a third of the facilities had such a plan. TB/HIV coordinating committees are one means of strengthening the collaboration between TB and HIV services at a facility. Interestingly, more prison health facilities had such committees than did police health facilities.

Figure 9. TB/HIV Services in Police versus Prison Health Facilities

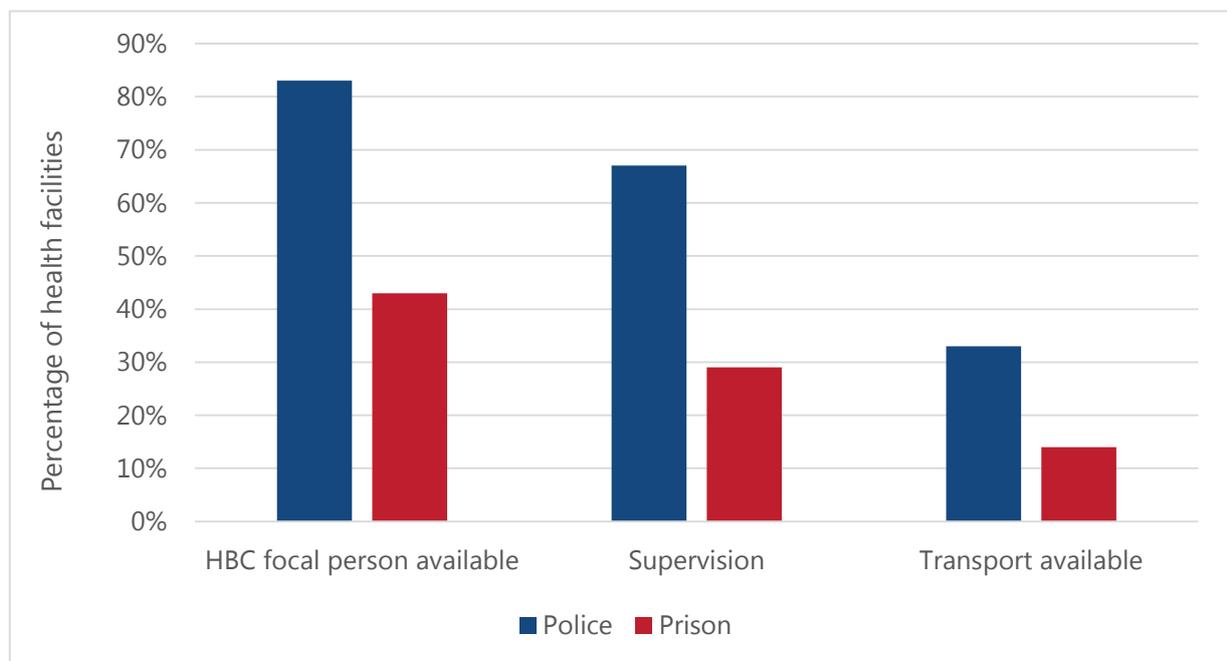


Two-thirds of the facilities surveyed reported providing eMTCT services. However, the majority of HCPs had not received any training in this service area, in particular those at prison health facilities (32% of HCPs at police facilities trained compared to 16% of providers at prison facilities). A quarter of police health facilities did not have the latest national eMTCT guidelines, while 70 percent of prison health facilities lacked this guidance.

Home-based Care Services

Almost 60 percent of the facilities had a HCP responsible for delivering HBC services to HIV-positive people. A comparison between police and prison health facilities, however, revealed that gaps in HBC service provision were higher in prison health facilities: while 83 percent of police health facilities had an HBC focal point, only 43 percent of prison health facilities had such staff. Only 21 percent of facilities provided transport for providing HBC services (Figure 10).

Figure 10. Percentage of Health Facilities with Essential Components of HBC System



RECOMMENDATIONS

The findings of the rapid assessment resulted in a number of recommendations. These recommendations will be used to inform the development of the project's second year workplan and SSAP. The recommendations are as follows.

Management of HIV and TB Services

- Provide technical assistance (TA) to health facilities to identify and train a dedicated person to oversee provision of HIV services.
- Provide regular supportive supervision jointly with CHMTs and the Ministry of Home Affairs (MOHA) representative with focus on knowledge transfer and identifying corrective actions to address gaps and bottlenecks in service delivery.
- Provide onsite TA to all health facilities to develop and implement patient flow plans.

General Human Resources

- Train and provide TA to relevant HCPs on all components of HIV and TB services to enhance their knowledge and skills in management of HIV (such as clinical assessment, initiation of ARVs, screening, diagnosing, and treating opportunistic infections); build capacity and confidence of HCPs to handle and manage pediatric HIV (such as identification, initiation, and retention of patients into HIV care).
- Initiate a multitasking approach at the health center and dispensary level to accommodate provision of integrated health services.
- Advocate for secondment of staff to police and prison health facilities (nurses, medical attendants, and pharmaceutical personnel) from district authority through quarterly meetings with district and health facilities in charge and during joint supportive supervision.
- Discuss the issue of staff reallocation with police and prison leadership, focusing on increasing the number of trained staff working full- or part-time on HIV-related services.

Adult and Pediatric Care and Treatment

- Train, coach, and mentor HCPs on current national guidelines, SOPs, and other learning resources pertaining to HIV and AIDS service delivery.
- Assist health facilities to implement the 2015 *National Guidelines for Management of HIV and AIDS*.
- Provide onsite training and coaching of health facility providers on pediatric ART according to current 2015 national guidelines for management of HIV and AIDS.
- Facilitate an accreditation process by engaging MOHSW in assessing the readiness of facilities to provide care and treatment clinic services.

Provider-initiated Testing and Counseling and Voluntary Counseling and Testing Services

- Train VCT and PITC providers on 2013 national HIV testing and counseling guidelines and the newly released HIV testing algorithm.
- Assist facilities with strengthening internal and external quality assurance for HIV testing.
- Provide TA in commodity management (quantification, forecasting, and ordering) as needed.
- Conduct scheduled HTC services to prisoners, police, and prison staff with major aim of contributing to the goals listed by UNAIDS in *90-90-90: An ambitious treatment target to help end the AIDS epidemic* (2014).

TB/HIV Services

- Train health providers on the national TB/HIV guidelines, infection control procedures, and other TB prevention tools.
- Facilitate the establishment of TB/HIV committees, mentor them on their roles and responsibilities, and coach them to conduct monthly TB/HIV information exchange meetings.
- Provide TA to facilities to ensure that all confirmed and presumptive TB cases are offered HTS, and that TB/HIV co-infected patients are initiated on ART, in accordance with national guidelines.

Elimination of Mother-to-child Transmission of HIV Services

- Identify facilities that provide antenatal care services that can be upgraded to offer eMTCT services.
- Provide TA to above facilities to deliver eMTCT Option B+ services.
- Train HCPs on the guidelines and other eMTCT resources available.

Home-based Care

- Train facility-based, community-based, and home-based care focal persons on their roles and responsibilities, including patient tracking.
- Build capacity of district-level HBC supervisors to conduct consistent and effective supportive supervision and use data for planning and monitoring.

Strengthening Information Management Systems

- Provide facilities with computers and Internet access as needed.
- Train relevant facility staff on how to use the care and treatment services database for case management, for example, by identifying cases that were lost to follow-up or cases eligible for ART.

- Link the care and treatment services database and pharmacy module to improve the tracking, quantification and ordering of medical commodities.

Laboratory Services

- Conduct laboratory inventory assessment to identify gaps in laboratory equipment and compile a list of equipment needs.
- Support acquisition of basic laboratory equipment for HIV and TB through direct purchase or donation.
- Develop service and maintenance plans for laboratory equipment.
- Provide TA to laboratory staff to develop, maintain, and use appropriate SOPs.

Pharmacy Services

- Provide facilities with shelves and cabinets to improve drug storage.
- Provide facilities with TA on improving management of drugs, e.g., how to use bin cards, ledgers, and computers to monitor drug stock and how to quantify and order medicines.
- Undertake minor infrastructure improvements like purchasing refrigerators and air conditioners to ensure that medical commodities are stored at proper temperatures.

CONCLUSION

This rapid assessment identified several organizational and technical challenges at prison and police health facilities that impair their ability to deliver quality, comprehensive HIV and TB services to prisoners, police staff and their families, and the surrounding communities. Perhaps the most important findings pertained to the availability—or lack thereof—of human resources. The facilities simply did not have enough HCPs adequately trained and dedicated to provide HIV and TB services. Not only was the vacancy rate of critical health care positions (clinicians, nurses, and medical attendants) high (20% at police health facilities and 36% at prison health facilities), but of those positions filled, only 20 percent were working in HIV care and treatment sections. And of all the providers surveyed, less than 20 percent had received training on the latest national guidelines. Most facilities did not even have the current national guidelines on ART, HTS, eMTCT, and PITC.

Another problem the assessment identified was the availability of functioning equipment and commodities. CD4 and GeneXpert machines were found in only in 6 of the 33 facilities, and none of the facilities had a viral load machine. The supply of reagents was also inadequate. Facilities did not have service maintenance contracts, and some equipment was broken or not functioning. The majority of the facilities (70%) had experienced stockouts of ARV drugs in the six months prior to the assessment. And while 73 percent of the facilities had at least one computer, only 24 percent had internet access.

A comparison revealed that prison health facilities had fewer resources for and capacities in HIV and AIDS service delivery than police health facilities. Prisons experienced almost twice the amount of vacancies in key positions than the police (36% versus 19%), had more staff lacking training, and more stockouts of essential drugs.

This rapid assessment was conducted in collaboration with Tanzania MOHA and MOHSW, and recommendations were jointly discussed and agreed upon as a way forward toward improving quality of care in the health facilities. AIDSFree is committed to continuing the close coordination and collaboration with the ministries, and the recommendations will inform development of the SPPCHS project workplan. Finally, the assessment provides a basis for developing SSAPs to assist health facilities identify service quality and delivery gaps and design responses to improve the capacity of the health facilities to provide comprehensive HIV and TB services.

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APPENDIX 1. EXAMPLE OF SITE-SPECIFIC REPORT

Facility Profile

1	Facility name:	Ziwani police dispensary	Target beneficiaries: Police staff, their families, and surrounding community			
2	Ownership:	Police				
3	Location:	Region: Mjini	District: Mjini Magharibi			
4	Date of assessment:	Month: May	Day: 25 th	Year: 2015		
5	Accreditation status:	NOT ACCREDITED TO PROVIDE HIV CARE AND TREATMENT SERVICES				
6	HIV-related services offered:	HTS and Reproductive and Child Health Services (RCHS)				
7	Available staff by cadre	Clinicians: 4	Nurses: 8	Laboratory: 4	Pharm: 2	Data Clerk: 1 Others: N/A

Background

AIDSFree, through its SPPCHS project, will work in collaboration with MOHSW, MOHA, and police and prison health facilities to improve the quality of comprehensive HIV and TB prevention, care, and treatment, and support services for the police, prisons, and civilian populations surrounding the police forces in Tanzania. AIDSFree engaged police and prisons health facilities in conducting a rapid assessment to determine the capacity of health facilities and identify priority challenges and implementation actions required to ensure provision of quality and comprehensive HIV and TB services.

The specific objectives of the assessment were to:

1. Determine availability and quality of the HIV and TB services in selected police and prisons health facilities
2. Assess current capacity of selected health facilities for providing quality HIV and TB services
3. Identify gaps and bottlenecks that hinder the provision of quality HIV and TB services
4. Provide site-specific recommendations to improve quality of HIV and TB services.

Methodology

A rapid assessment was done using the MOHSW facility accreditation tool. Police and prison health facilities staff provided data and information to complete the tool, identified priority challenges, and proposed some priority actions required to improve the quality of HIV and TB services provision. Thirty-three police and prisons health facilities were selected. This summary report represents findings from **Ziwani police dispensary**.

Key Findings

HIV- and TB-related services provided July to December 2014

Performance Indicator	July–Dec 2014
Number of clients counseled, tested, and received test results for HIV	761
Number of HIV-positive identified (and HIV prevalence based on facility level data)	4 (0.5%)
Number of adults and children with HIV infection receiving ART	0
Number of HIV-positive adults and children who received at least one clinical care service during the reporting period	0
Number of new TB cases identified and treated during the reporting period	0
Number of PLHIV received ART through HBC	13
Number of PLHIV received clinical care through HBC	21

Source: Routine data reported by the facility

Capacity of Ziwani Dispensary to Provide HIV and TB Services

The assessment team in collaboration with Ziwani dispensary staff identified the following facility strengths in provision of HIV and TB services:

1. Have extended new infrastructure building to carter for laboratory, RCHS and office space
2. RCHS services are available, there is one delivery bed, and plans are underway to construct maternity building
3. Laboratory is spacious, with new equipment purchased—Hematology and Biochemistry machines
4. There is a good patient flow though it is not documented
5. The facility receives quarterly supervision from district health management team (DHMT) but supervision reports could not be verified
6. Prepares reports from routine data and reports to the national monitoring and evaluation system through the District Medical Officer (DMO) on monthly and quarterly basis
7. The facility is providing HTS at RCHS and outpatient department (OPD)
8. There is a staff member trained on ART management, but the training was in 2009
9. The facility has a well functional national health insurance fund (NHIF) and user fee funds which are used to ensure availability of essential medicines
10. There is adequate health care workforce, and there are plans for staff development, for both in-service and pre-service education at various levels
11. The facility has a HBC program in place with a focal person who links the facility with the community.

Challenges that Hinder Provision of Quality Comprehensive HIV and TB Services

The assessment team and Ziwani dispensary staff identified the following key challenges that currently hinder provision of quality comprehensive HIV and TB services. SPPCHS

understands that health service provision in Tanzania faces a number of challenges. SPPCHS, in collaboration with Ziwani dispensary, is working toward addressing these challenges to ensure quality comprehensive HIV and TB services. A few of these challenges identified and the facility is working on them include:

1. HIV care and treatment services and elimination of mother-to-child transmission of HIV (eMTCT) have not been established on site—those found HIV positive through HTS are referred to care and treatment (CTC) in other nearby health facilities
2. TB services (screening, diagnosis, management, and TB/HIV collaboration) are inadequately implemented, hindering provision of quality TB and HIV services
3. PITC services were not being offered on routine basis in all consultation rooms
4. The current national guidelines and SOPs for HIV and TB-related services were not available onsite
5. There is inadequate system for internal and external quality assurance for HIV rapid testing
6. There is inadequate data collection, management, reporting, proper storage and use of data for program improvement, planning and decision-making
7. Inadequate laboratory equipment for monitoring HIV treatment, specifically a CD4 machine
8. There is inadequate implementation of quality improvement systems at the facility
9. There is no incinerator in place.

Site-specific Recommendations

The assessment team engaged the Ziwani health facility staff from all departments in a dialogue about the assessment findings and jointly proposed the following recommendations to address the identified challenges:

1. Due to limited access to eMTCT and HIV care and treatment services around Ziwani dispensary, the facility should consider establishing an integrated⁴ eMTCT and care prevention and treatment services using the available platforms by:
 - a. Identifying HCPs who will be providing eMTCT and HIV care and treatment services
 - b. Training the identified HCPs on eMTCT and HIV care and treatment services
 - c. Identifying rooms/ space for provision of eMTCT and HIV care and treatment services and furnishing them accordingly; OR integrate provision of eMTCT and HIV care and treatment services in routine RCHS and OPD services
 - d. Ensuring availability and use of the national eMTCT and HIV care and treatment guidelines and SOPs
 - e. Ensuring availability of HIV rapid test kits, ARVs, and opportunistic infection drugs through the use of national integrated logistic system.

⁴ Integrated eMTCT and care prevention and treatment services—HIV services to be provided by all clinicians as routine clinical management of clients without identification of a specific room (to address stigma and improve clients' access).

2. Since HIV and TB are related disease conditions, the presence of either increases the chance of contracting/worsens the other; Ziواني police dispensary should consider establishing TB services (screening, diagnosis, and management and TB/HIV collaboration). This could be done through:
 - a. Identifying a TB/HIV focal person
 - b. Identifying HCPs who will be providing TB services
 - c. Training the identified HCPs on TB services
 - d. Identifying rooms/space for provision of TB services and furnishing them accordingly
 - e. Ensuring availability and use of the national TB guidelines and SOPs
 - f. Ensuring availability and use of the national TB screening tools
 - g. Identifying a facility-based TB/HIV committee
 - h. Training the identified TB/HIV committee members on the roles and responsibilities
 - i. Screening all people living with HIV attending HIV care and treatment services for TB symptoms and signs using the national TB screening tool
 - j. Developing and implementing a TB infection control plan.

Laboratory infrastructure and capacity remains critical to aid provision of quality HIV and TB services. Ziواني dispensary had inadequate laboratory equipment and quality assurance systems to ensure reliability of laboratory test results. It is thus recommended to:

- a. Secure two light-emitting diode (LED) microscopes and a CD4 machine
 - b. Develop/adopt SOPs for conducting HIV and TB-related laboratory tests, e.g. sputum processing for AFB, HIV testing, etc.
 - c. Establish and implement internal and external quality assurance systems for HTS
 - d. Engage in dialogue with Council Health Management Team (CHMT) to ensure the site is included in the list as TB diagnosis center so that it can receive TB- and HIV-related laboratory supplies.
3. Proper data collection, management, reporting, and use were noted to be an important challenge at Ziواني dispensary. To strengthen this component, Ziواني should:
 - a. Identify a focal person (data clerk) for overseeing data collection, management, reporting and use
 - b. Develop and assign clear roles and responsibilities for data collection and management
 - c. Train a data clerk on data collection, management, storage and use
 - d. Procure a desktop, modem, printer and uninterruptible power supply
 - e. Install CTC2 database on the computers and update it accordingly
 - f. Train the data clerk on CTC2 database (data entry, management, navigation, reports, etc.)
 - g. Procure lockable cabinets to secure patient medical records and client tracking
 - h. Construct an incinerator to improve waste management system.

Proposed Next Steps

- Dialogue with facility staff to confirm findings
- Obtain any further inputs from Zanzibar police commissioner of Ziwani health facility staff
- Engage facility staff to prioritize recommendations and actions
- Support health facilities to prepare their SSAP based on the findings and recommendations
- Support facilities to monitor, review, and update their SSAP on quarterly basis.

APPENDIX 2. NATIONAL HIV/AIDS CARE AND TREATMENT PLAN CHECKLIST

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE



National HIV/AIDS Care and Treatment Plan

Rapid Assessment of High-Volume and -Yield Police and Prison Sites

(Hospital) Health Center and Dispensary Assessment Tool

Version 2, 14 December 2007⁵

A1. Name of Health Facility: _____	A2. Type of facility:
A3. Other name (if often used): _____	<input type="checkbox"/> Hospital <input type="checkbox"/> Health Center <input type="checkbox"/> Dispensary
A4. Address: _____	<input type="checkbox"/> Police <input type="checkbox"/> Prison
A5. P.O. Box: _____	
6. City/Town/Village _____	
A7. Ward: _____	A8. Health Service Population: _____
A9. District: _____	A10. Nearest referral facility: _____
A11. Telephone number: _____	A12. and is a: <input type="checkbox"/> Hospital <input type="checkbox"/> Health Centre
A13. Fax number: _____	
A14. Email: _____	A15. CTC NACP Code number: _____
A16. Key contact person: _____	A17. Function: _____ A18. Mobile: _____
A19. Name of medical staff member in charge of health facility (HF): _____	
A20. Date of assessment (dd/mm/yy): _____/_____/_____	
A21. Assessment team members (name, organization, expertise):	
A21.1 _____	
A21.2 _____	
A21.3 _____	

⁵ Adapted from: National HIV/AIDS Care and Treatment Plan, Health Centre and Dispensary Assessment Tool, Version 2, 14 December 2007.

Introduction

In December, 2014, AIDSFree was requested by USAID/Tanzania to continue the provision of support for comprehensive HIV and TB service delivery to police and prisons system in the country, building on what PAI had achieved. With funding from USAID, AIDSFree is conducting a rapid assessment of some police and prisons health facilities which have the highest volume and yield of HIV and TB cases to determine their capacity gaps for providing high-quality clinical services to be addressed by the project in the next two years.

Assessment Objectives

- Determine availability and quality of the essential elements in high-volume and high-yield police and prison health facilities.
- Assess the current capacity of selected health facilities for provision of HIV and TB care and treatment.
- Identify areas for strengthening or improving the performance of the health facility in the provision of quality and comprehensive HIV and TB care and treatment to police and prison health facility clients.
- Recommend actions for improving each health facility for the provision of quality and comprehensive HIV and TB care and treatment.

Instructions to Interviewer

1. Make sure the respondent is informed of the objectives of the assessment, expected role and gave a free consent to participate in the interview.
2. Complete this assessment tool by visiting the relevant units of the hospital, health center or dispensary; conduct an interview with the in charge/representative of the facility, observe and assess the infrastructure and equipment/supplies.
3. All the questions in the tool need to be asked and the answers filled in as completely as possible.
4. No sections are to be skipped.
5. Try to be brief when writing comments. Use only keywords if possible. If the space to write comments is not enough, write on the back of the previous page.
6. Progressively share, with the facility, your impressions on a strengthening plan and discuss the ideas with the heads of units and the in-charge at the health facility.
7. Before leaving the facility, compile and analyze the data using the Minimum Criteria and the Assessment Report.

1. Organization of HIV and AIDS Care Services within Facility

1.1 General		
1.1.1 For the six-month period of June–December 2014, how many OPD patients seen?		patients
1.1.2 For the six-month period of June–December 2014, how many OPD patients attended?		patients
1.1.3 How many in-patients have been admitted in December 2014?		patients
1.1.4 How many in-patients have been admitted in December 2014?		patients
1.1.5 Is public transport available to reach your facility?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.1.6 Does the area have special accessibility difficulties?	<input type="checkbox"/> yes	<input type="checkbox"/> no

1.2 HIV Care Services	Observed	Reported Not Seen	At Nearby Referral HF	Outreach From Referral HF	Not Available
1.2.1 HIV counseling and testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.2 Care and support for PLHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.3 ARV therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.4 eMTCT services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.5 Reproductive and child health care (RCHC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.6 STI diagnosis and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.7 Supplemental feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.8 Orphans and other vulnerable children services (OVC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2.9 If ART provided the HF is	Initiation site	<input type="checkbox"/>	Refill	<input type="checkbox"/>	Outreach site

1.3 Functional plan for patient flow		
1.3.1 Is there a clearly described patient flow plan for the facility in general?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.3.2 Assess the patient flow plan, with an emphasis on Care and Treatment team (C&T) services	P Score:	

1.4 Supervision		
	1	2
1.4.1 Does the CHMT supervise your HF quarterly?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.4.1.1 If yes, how many months ago was the last visit?		months
1.4.1.2 Is there a written report of this CHMT visit in de HF?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.4.2 Is there a dedicated district referral CTC team which visits your facility regularly for supervision/coaching/mentoring/outreach?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.4.2.1 If yes, how many months ago was the last visit?		months
1.4.2.2 Is there a written report of this referral CTC visit in de HF?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.4.3 Does the region or district provide laboratory support to your facility?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.4.3.1 If yes, is the visit aimed for lab supervision?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.4.3.2 Is the visit for maintenance/repairs?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.4.3.3 Is the visit meant to bring supplies?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.4.3.4 Is the visit for another purpose? (if yes specify:)	<input type="checkbox"/> yes	<input type="checkbox"/> no

1.5 Infrastructural capacity		
1.5.1 Does the Dispensary/Health Center have the following rooms:		
	1	2
1.5.1.1 Reception and medical records room	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.1.2 Consultation room (if > 1 room, see 1.5.3)	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.1.3 Laboratory room (main working room)	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.1.4 Dressing room	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.1.5 Injection room	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.1.6 Dispensing room/drug store	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.1.7 Store	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.1.8 RCHC room	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.1.9 Delivery room (with waiting beds[s] and post-delivery beds)	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.2 Does the Health Center have the following additional rooms/services:		
1.5.2.1 Minor theater	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.2.2 Major theater	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.2.3 RCHC room	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.2.4 Female wards	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.2.5 Male wards	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.2.6 Delivery room with maternity ward	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.2.7 X-ray block	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.2.8 Office of I/C health center	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.2.9 Office of I/C nursing service	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.5.3 How many consultation rooms are available at the facility?		rooms
1.5.4 How many service providers share a consultation room?		clinicians

1.6 Manager HIV/AIDS services		
1.6.1 Is a functional manager/coordinator/focal officer appointed to coordinate HIV/AIDS care and treatment services at the facility (C&T members see next section, Human Resources)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.6.2 Name: _____ Title _____		

1.7 Referral linkage		
	1	2
1.7.1 Does the HF provide C&T services?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.7.2 Does the facility refer PLHIV to a nearby (referral) HF with a CTC?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.7.3 What is the distance in km from the nearest referral HF with a CTC?		Kms
1.7.4 Is public transport available to reach the referral facility?	<input type="checkbox"/> yes	<input type="checkbox"/> no
1.7.5 How many referrals to the referral CTC took place in the last quarter?		referrals

1.8 Space for registration of HIV patients			
1.8.1 Is there a separate register for PLHIV at the facility?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.8.2 Is there a separate room for reception and registration of PLHIV attending the HF for C&T?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.8.3 Assess the registration process and location	P Score:		

1.9 Medical waste disposal and sanitation			
1.9.1 Do consultation rooms and C&T rooms have sharps disposal containers?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.9.2 Does the facility have a functioning incinerator?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.9.3 Does the HF have functional toilets or latrines?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.9.4 Is the sewage system operational?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.9.5 Assess sanitation, incinerator and medical waste disposal in general	P Score:		

1.10 Biosafety at health facility			
	1	2	3
1.10.1 Waiting area for CTC spacious and well ventilated?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.10.2 Waiting area for OPD spacious and well ventilated?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.10.3 Does the HF have an Infection Control Plan?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.10.4 Spacious and well ventilated waiting area for lab?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.10.5 Are gloves available in sufficient quantity?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.10.6 Is the laboratory well ventilated?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.10.7 Does the lab have a safety cabinet (hood)?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.10.8 Is there a ward or section for isolation of infectious TB patients?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.10.9 Are (<i>Hepa</i>) masks for lab staff or for infective TB patients available?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.10.10 Assess the overall biosafety status at HF	P Score:		

1.11 Information Technology			
	1	2	3
1.11.1 Does the facility have a functional computer for data entry related to care and treatment?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.11.2 Are CTC data entered and analyzed electronically?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.11.3 Does the HF have access to internet?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.11.4 Assess the overall IT capacity of the HF	P Score:		

1.12 Power Supply			
	1	2	3
1.12.1 Does the facility have a TANESCO power supply?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.12.2 Does the HF have a functional generator?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.12.3 Does the HF have one or more functioning fridges (if there is no TANESCO or working generator)?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.12.4 Is solar energy available, e.g., for fridges?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
1.12.5 Assess the overall availability of power	A Score:		

2. Human Resource Capacity and Training

2.1 Staff currently employed at facility and their involvement in C&T	Staff establishment	Actual number currently employed	Number of these staffs working at CTC	Total working hours per week for this category of staff at CTC	
Medical Officer					hours
Assistant Medical Officer					hours
Clinical Officer					hours
Public Health Nurse					hours
Registered Nurse					hours
Enrolled Nurse					hours
Laboratory Technologist					hours
Laboratory Technician					hours
Laboratory Assistant					hours
Pharmacist					hours
Pharmacy Technician/Assistant					hours
Radiographer					hours
Data clerk for CTC M&E cards					hours
VCT Counselor					hours
HBC staff					hours
Admin/finance staff					hours
Medical records staff					hours
IT staff – other data clerks					hours
Medical Attendants					hours
Nutritionist					hours
Other					hours

2.2 Staff currently employed at facility and their training status	Received national (IMAI) C&T training		Received other full C&T training		Last training for one of these staff members	
	Number	Institute	Number	Institute	No. of months ago	
Medical Officer						Months ago
Assistant Medical Officer						Months ago
Clinical Officer						Months ago
Public Health Nurse						Months ago
Registered Nurse						Months ago
Enrolled Nurse						Months ago
Laboratory Technologist						Months ago
Laboratory Technician						Months ago
Laboratory Assistant						Months ago
Pharmacist						Months ago
Pharmacy Technician/Assistant						Months ago
Radiographer						Months ago
Data clerk for CTC M&E cards						Months ago
VCT Counselor						Months ago
HBC staff						Months ago
Admin/finance staff						Months ago
Medical records staff						Months ago
IT staff – Data clerks						Months ago
Medical Attendants						Months ago
Nutritionist						Months ago
Other						Months ago

2.3 Dedicated C&T		
	1	2
2.3.1 Assessing/prescribing clinician (MO or AMO or CO)	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.3.2 Triage nurse	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.3.3 Adherence counselor (treatment counseling)	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.3.4 Laboratory technologist/laboratory technician/lab attendant	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.3.5 Pharmaceutical technician/attendant	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.3.6 Data clerk (ARV data entry)	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.3.7 Other(describe) _____	<input type="checkbox"/> yes	<input type="checkbox"/> no

2.4 C&T Training according to the IMAI HIV Care Training Programme for Primary Level (no. of days: 9)				
Members of the C&T team who have been trained:		How long ago		
2.4.1 Assessing/Prescribing Clinician (MO or AMO)	<input type="checkbox"/> yes		months	<input type="checkbox"/> no
2.3.2 Triage Nurse	<input type="checkbox"/> yes		months	<input type="checkbox"/> no
2.3.3 Adherence Counselor (treatment counseling)	<input type="checkbox"/> yes		months	<input type="checkbox"/> no
2.4.4 Laboratory Technician/Laboratory Technologist	<input type="checkbox"/> yes		months	<input type="checkbox"/> no
2.4.5 Pharmaceutical Technician/Pharmacist	<input type="checkbox"/> yes		months	<input type="checkbox"/> no
2.4.6 Data Clerk (ARV data entry)	<input type="checkbox"/> yes		months	<input type="checkbox"/> no
2.4.7 Other	<input type="checkbox"/> yes		months	<input type="checkbox"/> no
2.4.8 Conclusion: A dedicated C&T Team is in place, consisting of at least three appropriately trained staff members		<input type="checkbox"/> yes		<input type="checkbox"/> no

2.5 Guidelines Available and Easily Accessible for Use	Yes		No
	Seen	Not Seen	
	1	2	3
2.5.1 National Guidelines for Clinical Management of HIV/AIDS (2005)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.2 National VCT guidelines (2005)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.3 National guidelines on PMTCT (2004)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.4 National guidelines on HBC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.5 National standard guidelines for health laboratory services (2003)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.6 PITC guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.7 National TB/HIV guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.8 Pocket handbook for HF Infection Prevention and Control in Tanzania (MOHSW 2007)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.9 National TB/leprosy manual (NTLP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.10 National STI guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.11 IMAI HIV care primary booklets (acute, chronic, palliative, TB/HIV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.12 PEP guidelines and/or PEP protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.13 National guidelines for nutritional care and support for PLWHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.14 Others (mention): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5.15 Assess the overall availability of relevant guidelines	A Score:		

3. Counseling and Testing Services

3.1 VCT services		
Does the facility:		
	1	2
3.1.1 Provide VCT services?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3.1.2 Provide pre-test counseling?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3.1.3. Provide post-test counseling?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3.1.4 Provide ART counseling (drug intake prescriptions, adherence, side effects and new HIV-related episodes or complications)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3.1.5 Provide nutritional counseling?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3.1.6 Refer persons or patients for counseling and testing to another site?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>How many referrals took place:</i>		
3.1.7 from the VCT services to the CTC within the last reported quarter?		referrals
3.1.8 from the CTC to the VCT services within the last reported quarter?		referrals
3.1.9 Assess the VCT capacity of the facility in general	P score:	

3.2 Counseling Room			
3.2.1 Number of separate rooms available for counseling			
	Observed	Reported available, but not seen	Not available
3.2.2 Means of visual privacy of rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.3 Auditory privacy of rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.4 Assess the overall quality of the counseling room(s)	A Score:		

3.3 VCT Counselor		
3.3.1 How many counselors followed national VCT curriculum of 4–6 weeks?		counselors
3.3.2 How many trained VCT counselors are employed?		counselors
3.3.3 How many trained VCT counselors are actually working as a VCT counselor?		counselors
3.3.4 How many counselors received other training (by AMREF, nongovernmental organizations [NGOs] etc.)?		counselors
3.3.5 Assess the overall availability of counselors and their training status	P Score:	

3.4 Provider-Initiated Testing and Counseling		
3.4.1 Is PITC practiced at the health facility OPD?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3.4.2 Is PITC practiced at the health facility TB clinic?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3.4.3 Is PITC practiced at the health facility inpatient wards?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3.4.4 How many patients were referred for C&T after undergoing PITC during the last reported quarter?		Patients
3.4.5 How many health workers received the 5-day PITC training?		HWs
3.4.6 Assess the practice of PITC in general	P Score:	

4. Clinical HIV/AIDS Care and Treatment Services

4.1 Staffing currently working at the CTC	Number	No. trained	Category
4.1.1 Medical Officers (MO)			MO
4.1.2 Assistant Medical Officers (AMO)s			AMO
4.1.3 Clinical Officers (CO)			CO
4.1.4 Adherence Counselors (C)			C
4.1.5 Nurses			N
4.1.6 Other auxiliary nursing staff			O

4.2 Consultation room	Number	Category	
4.2.1 How many clinical consultation rooms are available in the OPD?		rooms	
4.2.2 How many clinicians share one room at the same time?		clinicians	
4.2.3 How many dedicated rooms for C&T activities only?		rooms	
Privacy and outfit of consultation rooms	Observed	Reported, not seen	Not available
	1	2	3
4.2.4 Means of visual privacy in consultation rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2.5 Auditory privacy in consultation rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2.6 Water and handwashing utensils available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2.7 Weighing scale present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2.8 Assess capacity and quality of examination rooms	A Score:		

4.3 HIV Testing	Observed	Reported, Not Seen	Not Available
	1	2	3
4.3.1 Rapid HIV test algorithm 2007 available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.2 First test SD Bioline (or Capillus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.3 Second test Determine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.4 Tiebreaker used is Uni-Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.5 Internal quality assurance (QA) system for rapid algorithm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.3 HIV Testing	Observed	Reported, Not Seen	Not Available
	1	2	3
4.3.6 External QA system for rapid algorithm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.7 Does the supply chain system for HIV tests function?	<input type="checkbox"/> adequate	<input type="checkbox"/> inadequate	
4.3.8 Did the HF experience stockouts of any of the test kits in the past 6 months?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
4.3.9 Assess the status of HIV equipment and supply chain	A Score:		

4.4 C&T at the ward		
4.4.1 Does the facility provide PITC at the ward?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.4.2 How many patients diagnosed with HIV at the ward were registered at the CTC within the last 3 months?		referrals
4.4.3 How many referrals took place from the CTC for admission at the ward within the last 3 months?		referrals
4.4.4 Assess the referral and registration system between the ward and the C&T and vice versa	P Score:	

4.5 Opportunistic Infections and TB diagnosis and treatment		
	1	2
4.5.1 Are opportunistic infections in general treated at your health facility?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.5.2 Can you treat pneumocystis pneumonia?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.5.3 Can you treat fungal infections?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.5.4 Do you provide cotrim prophylaxis (CPT) for eligible HIV-positive patients?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.5.5 Does your health facility participate in the national TB control program?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.5.6 Is this a TB diagnosis (AFB) and treatment (DOTS) health facility?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.5.7 Is this a TB treatment only (DOTS) health facility?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.5.8 Is there an active TB/HIV coordination structure (e.g. committee) in the HF?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.5.9 Do all HIV-positive TB patients receive Cotrim prophylaxis (CPT)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.5.10 Assess overall status of OI and TB diagnosis and treatment at HF	P Score:	

4.6 Referral pattern between TB and CTC		
4.6.1 How many referrals took place from the TB services to the CTC (in the HF or at the referral HF for CTC) within the last reported quarter?		referrals
4.6.2 How many referrals took place from the CTC (in the HF or at the referral HF for CTC) to the TB services within the last reported quarter?		referrals
4.6.3 Does CTC staff check with TB registers if all referred TB patients have arrived for C&T and vice versa?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.6.4 Are all identified PLHIV at C&T site and at VCT site screened for TB?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.6.5 Assess overall status of TBHIV collaborative activities in HF	P Score:	

4.7 STI diagnosis and treatment		
4.7.1 Does the facility provide STI diagnosis?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.7.2 Does the facility provide STI treatment?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.7.3 How many referrals took place from the STI services to the CTC (in the HF or at the referral HF for CTC) within the last reported quarter?		referrals
4.7.4 How many referrals took place from the CTC to the STI services within the last reported quarter?		referrals

4.7.5 Assess overall status of STI services in HF	P Score:	
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4.8 PMTCT services		
4.8.1 Does the facility provide PMTCT services?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.8.2 No. of referrals from the PMTCT services to the CTC within last 3 months?		referrals
4.8.3 No. of referrals from the CTC to the PMTCT services within last 3 months?		referrals
4.8.4 Assess the implementation status of PMTCT	P Score:	

4.9 Post-exposure prophylaxis	Observed	Reported available, not seen	Not available
4.9.1 Is a PEP protocol available at the HF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9.2 Is the PEP protocol correctly implemented at the HF?		<input type="checkbox"/> yes	<input type="checkbox"/> no
4.9.3 Assess PEP practice		P Score:	

5. Patient Records and Administration

5.1 Medical record system			
	1	2	3
5.1.1 Does the facility keep clinical records (any patient chart/file system or ILS/MTUHA) for all patients?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
5.1.2 Does the HF keep clinical records for C&T patients?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
5.1.3 Are these records computerized at the HF?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
5.1.4 Assess completeness/correctness and management of these records		P Score:	

5.2 Accessibility of medical records		
5.2.1 How many staff members have access to the medical records department?		
5.2.2 Has staff on call access to medical records during evening and nights?	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.2.3 Are medical records stored in a place that can be locked?	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.2.4 Assess how medical records are kept (locked area, access, filing system)		P Score:

5.3 Current number of PLHIV registered at the CTC		
5.3.1 Start date of ART at the facility	____/____/____	
5.3.2 Number of HIV-positive persons registered for care		
5.3.3 Number of HIV-positive persons who are eligible for ART, but did not start ART		
5.3.4 Number of patients to date who ever started ART		
5.3.5 Number of patients who started ART, who visited at least once during the last quarter and were on treatment during the last visit date		
5.3.6 Assess data recording process at C&T Clinic		P Score:

5.4 Reasons for not starting eligible patients on ART		
	1	2
5.4.1 Patient does not want ART	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.4.2 Patient cannot come back every month	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.4.3 Shortage of ARVs	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.4.4 Shortage of patient cards	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.4.5 Patient is on TB treatment	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.4.6 Patient is pregnant	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.4.7 Other reason (if yes, specify: _____)	<input type="checkbox"/> yes	<input type="checkbox"/> no

5.5.6 Assess effectiveness of HF in initiation of ART for eligible patients	P Score:	
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5.5 System for patient tracking		
	1	2
5.5.1 Do patients keep their appointments for follow-up visits?	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.5.2 Are your patients easily located when not showing up for visits?	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.5.3 Do you work together with HBC staff and/or other NGOs to track patients?	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.5.4 Is there a system to identify, contact, locate and schedule patients	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.5.5 Is there an accurate appointment book, where patients can be found?	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.5.6 Assess system for patient follow-up and tracking	P Score:	

6. Continuum of Care

6.1 Referral system and linkage with community, HBC, NGOs, FBOs and other community-based organization			
6.1.1 Partnerships: Are there any formal partnerships (any correspondence, MOU, meeting minutes, etc.) with HBC, NGOs, CBOs, FBOs, patient support groups etc.? Please indicate below with whom:			
Specify name of organization:	Organization type (HBC, NGO, CBO, FBO etc.)	Documentation on partnership seen	
		1	2
		<input type="checkbox"/> yes	<input type="checkbox"/> no
		<input type="checkbox"/> yes	<input type="checkbox"/> no
		<input type="checkbox"/> yes	<input type="checkbox"/> no
		<input type="checkbox"/> yes	<input type="checkbox"/> no
6.1.2 Indicate whether it is formal (written) referral		<input type="checkbox"/> yes	<input type="checkbox"/> no
6.1.3 In case referral system is formalized, documentation/referral slips seen?		<input type="checkbox"/> yes	<input type="checkbox"/> no
6.1.4 Do FBOs, NGOs, CBOs, and HBCs provide information about care services and how to access these services?		<input type="checkbox"/> yes	<input type="checkbox"/> no
6.1.5. Does the facility work with a ward or a council AIDS committee?		<input type="checkbox"/> yes	<input type="checkbox"/> no
6.1.6 How long ago did the DACC come for a supervisory visit?			Months
6.1.7 How long ago did the facility have contact with the CHAC?			Months
6.1.8 Assess the referral system		P Score:	

6.2 Home-based Care		
	1	2
6.2.1 Is there a HBC contact person at the facility?	<input type="checkbox"/> yes	<input type="checkbox"/> no
6.2.2 If no, does the facility refer PLHIV to a home care program?	<input type="checkbox"/> yes	<input type="checkbox"/> no
6.2.3 How many families on average are visited by a HBC provider per day?	<input type="checkbox"/> yes	<input type="checkbox"/> no
6.2.4 Are facility-based HBC providers supervised?	<input type="checkbox"/> yes	<input type="checkbox"/> no
6.2.5 Are community-based HBC providers supervised?	<input type="checkbox"/> yes	<input type="checkbox"/> no
6.2.6 Does the HBC provider have his/her own transportation system (car/bicycle and transport money)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
6.2.7 How many families on average are visited by a HBC provider per day?		families
6.2.8 Assess the HBC services for the HF	P Score:	

7. Laboratory

7.1 Staffing		
7.1.1 How many laboratory technologists, lab technicians, lab assistants, and lab attendants work in the laboratory?		Technologist
		Technicians
		Assistants
		Attendants

7.2 Laboratory space		
7.2.1 How many rooms does the laboratory have?		Rooms
7.2.2 Is there a separate section/room for specimen taking	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.2.3 Is the available space sufficient to carry out the lab work	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.2.4 Assess general condition of laboratory building	A Score:	

7.3 Test capacity of laboratory	Available		If not available, referred to where?
	1	2	
7.3.1 HIV testing (rapid)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.2 Syphilis screening	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.3 Blood safety screening	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.4 Hemoglobin	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.5 WBC - total	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.6 WBC - differential	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.7 Blood sugar	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.8 Urinalysis (glucose, proteins, sediment)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.9 Pregnancy testing	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.10 Is there a working microscope in the lab (<i>if no, go to 7.3.14</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.11 Stool (direct microscopy for organisms, worm eggs, occult blood)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.12 Sputum smears (TB)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.13 Gram stains (e.g. for STI)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.14 Malaria blood smear/test	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.15 Does the lab have a method for preservation and temporarily storage of specimens	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.16 Is a functioning mechanism for transportation of specimens to another referral CTC in place?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
7.3.17 If other tests are available, specify:			

7.4 Laboratory record management and storage		
7.4.1 Is there a lockable room or cabinet for record storage?	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.4.2 Assess status of laboratory record management	P Score:	

7.5 Hematology						
Class of equipment		Available?				Remarks
		yes	Operating?		Not seen	
			yes	no		
1	2	3	4			
Hematology	7.5.1 Manual hematology + diff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7.5.2 Automated hematology counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.5.3 Is the availability of supplies for hematology equipment regular?					<input type="checkbox"/> yes	<input type="checkbox"/> no
7.5.4 Stockout for hematology supplies in the past 6 months seen?					<input type="checkbox"/> yes	<input type="checkbox"/> no
7.5.5 Assess the status of hematology equipment and supply chain					A Score:	

7.6 Biochemistry						
Class of equipment		Available?				Remarks
		yes	Operating?		Not seen	
			yes	no		
1	2	3	4			
Blood Chemistry	7.6.1 Manual (spectrophotometer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7.6.2 Automated chemistry analyzer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7.6.3 Water bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					1	2
7.6.4 Is the availability of supplies for biochemistry equipment regular?					<input type="checkbox"/> yes	<input type="checkbox"/> no
7.6.5 Stockout for biochemistry supplies in the past 6 months seen?					<input type="checkbox"/> yes	<input type="checkbox"/> no
7.6.6 Assess the status of biochemistry equipment and supply chain					A Score:	

7.7 Microbiology/parasitology						
Class of equipment		Available				Remarks
		yes	Operating?		Not seen	
			yes	no		
1	2	3	4			
Urine, stool, malaria, TB	7.7.1 Routine testing stool (microscopy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7.7.2 Routine test urine (manual sticks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7.7.3 Malaria blood smears (microscopy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7.7.4 TB sputum (microscopy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7.7.5 Pregnancy testing (manual sticks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					1	2
7.6.6 Is the availability of supplies for microbiology/parasitology regular?					<input type="checkbox"/> yes	<input type="checkbox"/> no
7.6.7 Stockout for microbiology/parasitology supplies in the past 6 months?					<input type="checkbox"/> yes	<input type="checkbox"/> no
7.6.8 Assess status of microbiology/parasitology equipment and supply chain					A Score:	

7.8 Refrigeration and storage			
	1	2	3
7.8.1 4°C refrigerator with a compartment for samples?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
7.8.2 4°C refrigerator and freezer compartment for reagents?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
7.8.3 Are thermometers in place and temperature logs kept	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
7.8.4 Lockable store?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
7.8.5 Is an itemized inventory of the store available?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
7.8.6 Assess refrigeration and storage capacity	P Score:		

7.9 Laboratory Quality Assurance			
	1	2	3
7.9.1 Does the laboratory have and use SOPs for all the tests performed?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
7.9.2 Are any <i>internal quality control</i> arrangements in place	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
If yes, specify:	monthly	weekly	daily
7.9.2.1 HIV tests:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.9.2.2 Hematology:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.9.2.3 Biochemistry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.9.3 Are any external quality control arrangements and/or assessments in place?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
If yes, specify:	From where:	How often per year:	
7.9.3.1 HIV tests:			
7.9.3.2 Hematology:			
7.9.3.3 Biochemistry:			
7.9.4 Assess QA system for lab	P Score:		

7.10 Back-up capacity for laboratory			
	1	2	3
7.10.1 Emergency water reserve (1000 liter) for lab?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
7.10.2 Electricity power back-up (generator/solar)?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
7.10.3 Assess back-up capacity for lab	A Score:		

8. Pharmacy

8.1 Staffing		
8.1.1 How many pharmacists, pharmaceutical technicians, assistants and attendants work in the pharmacy?		Pharmacist
		Pharmacy technician
		Pharmacy attendant
		Nurse
		Medical attendant
		Other staff
8.1.2 Assess the staff situation at the pharmacy	A Score:	

8.2 Functional ARV tracking system			
	1	2	3
8.2.1 Are dispensing records used to track drugs dispensed to patients?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.2.2 Are there stock/bin cards for each drug?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.2.3 Is there a first-in first-out and FEFO system?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.2.4 Is there a system to manage nearly expired ARVs?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.2.5 Assess the pharmacy ARV management system	P Score:		

8.3 Dispensing Practices			
	1	2	3
8.3.1 Does pharmacy staff in general provide information on use of medicines to the patient?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.3.2 Does pharmacy have a system to check drug prescriptions, and detect potential harmful interactions?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.3.3 Are ARVs dispensed by a pharmacy staff at CTC?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.3.4 Are ARVs dispensed at the general pharmacy?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.3.5 If pharmacy dispenses ARVs, assess the practice	P Score:		

8.4 Pharmacy Supplies			
Did the facility in the last half year have stockouts of any of the following drugs? (NB: tick in the 1 st column if this drug is part of the essential drugs list for the facility)			
	1	2	3
8.4.1 Amoxicillin	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.4.2 Cotrimoxazole	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.4.3 Furantoin	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.4.4 Prednisolone	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.4.5 Fluconazole	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.4.6 Isoniazid	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.4.7 RHEZ (Rifampicin/Isoniazid/Ethambutol/Pyrazinamide) FDC TB intensive phase	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.5.8 RH (Rifampicin/Isoniazid) FDC for continuation phase TB	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.5.9 Streptomycin for TB retreatment	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.4.10 ARVs for standard first-line treatment	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.4.11 ARVs for alternative first-line treatment	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.4.12 ARVs for second-line treatment	<input type="checkbox"/>	<input type="checkbox"/> yes	<input type="checkbox"/> no
8.4.13 Assess the effectiveness of the supply chain system	P Score:		

8.5 Availability of Policy and SOPs			
	1	2	3
8.5.1 Does the pharmacy have a written key policy on who has access to the ARVs?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.5.2 Are the SOPs complete?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.5.3 Does the pharmacy have and use national ARV pharmacy instructions?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.5.4 Assess the status and quality of SOPs and policy	P Score:		

8.6 Storage Capacity for 1-month supply of ARVs			
	1	2	3
8.6.1 Is there storage space for a 1-month supply of ARVs?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.6.2 Does the storage room have a refrigerator?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.6.3 Is the storage room cool, well ventilated?	<input type="checkbox"/> yes, seen	<input type="checkbox"/> yes, not seen	<input type="checkbox"/> no
8.6.4 Assess storage capacity for ARVs in the facility	A Score:		

Scoring Guide for Assets, Processes and Summaries

	0	1	2	3	4	5
Assets	Asset not available but not required in the health facility. No score indicated. Fill out a zero	Not available but required or <ul style="list-style-type: none"> Not functioning Operated by unauthorized staff 	Constant availability but <ul style="list-style-type: none"> Not functioning at all required times (unreliable) Structural capacity shortage Not operated by authorized or skilled staff Periodical capacity shortage In moderate condition 	Constant availability and <ul style="list-style-type: none"> Operated by authorized personnel Functioning at all required times (reliable) Sufficient capacity In proper condition (meeting requirements) but <ul style="list-style-type: none"> No maintenance 	Constant availability and <ul style="list-style-type: none"> Functioning at all times Sufficient capacity Periodically maintained but <ul style="list-style-type: none"> No periodical monitoring and evaluation (M&E) or replacement plan 	Constant availability and <ul style="list-style-type: none"> Sufficient capacity Functioning at all times Periodically maintained Structural M&E and replacement plan
Processes	Process not performed but not required in the health facility. No score indicated. Fill out a zero	Process not performed but required or <ul style="list-style-type: none"> Inconsistent performance Unpredictable activities Ad hoc approach 	Process performed and <ul style="list-style-type: none"> consistent/uniform approach but <ul style="list-style-type: none"> Process unreliable, Inefficiently organized. or <ul style="list-style-type: none"> No routine No tasks/responsibilities appointed Process not documented 	Written protocol available and <ul style="list-style-type: none"> Division of tasks Process predictable Responsible staff member appointed and sufficiently available Admin/documentation of results but <ul style="list-style-type: none"> Protocol not structurally available or applied Protocol not monitored and evaluated 	Protocols implemented and <ul style="list-style-type: none"> Protocols available to staff Staff trained in use Consistently applied but <ul style="list-style-type: none"> Protocol not structurally updated No process data/indicators available 	Protocol structurally monitored and updated and <ul style="list-style-type: none"> Supported by outcome data Structured analysis of data Continuous focus on quality improvement
Summary	0	1	2	3	4	5
	Not required	Not available	Shortage No system (unpredictable) Not up-to-date	Available System (predictable) Up-to-date	Systematically organized Maintained Kept up-to-date	Systematically evaluated Continuously improved

APPENDIX 3. LIST OF PARTICIPANTS

All health facilities providers participated in the data collection exercises. The names listed here are the contact people for each of the health facilities assessed.

	Health Facility	Health Facility Respondent
1	Kilwa Road Police Hospital	Dr. Nyanda Mshinda
2	Kiomboi Prisons Dispensary	Medi Raphael Mtambindi
3	Dodoma Police Health Center	Leonidas Nestory
4	M/Simba Prisons Health Center	Elias Mwinuka
5	Kihonda Prisons Dispensary	Martin Kizito
6	Kambarage Police Dispensary	Bibi Titi Mohamed
7	Isanga Prisons Dispensary	Dr. Alex Buhinu
8	Morogoro Police Dispensary	Thomas Kawala
9	Nzega Prisons Dispensary	Msauka Mtani
10	Maweni Prisons Dispensary	Prosper Temba
11	Ukonga Police Dispensary	Rukia Kilonzo
12	Segerea Prisons Dispensary	Dr. Amisa Mangala
13	Ukonga Prisons Dispensary	Dr. Richard Mwamkina
14	Songea Police Dispensary	Dr. Christian Hingi
15	Makete Prison Dispensary	Dr. Aloyce Kayera
16	Songea Prisons Dispensary	Dr. Andrew Mosses
17	Iringa Police Dispensary	Dr. Juma J. Sangila
18	Iringa Prisons Dispensary	Dr. Mwasi Maira
19	Keko Prisons Dispensary	Eliud Mwakawago
20	Oysterbay Police Dispensary	Exebia Mrope
21	Ukonga Prisons Health Center	Dr. Wilson Rugaba
22	Ubena Prisons Dispensary	Dr. Christina Gunzu
23	Uyui Prisons Health Center	Hashim Msuya
24	Butimba Prisons Health Center	Dr. Kingu
25	Urambo Prisons Dispensary	Dr. Nyamhanga
26	Police Medical Unit	Dr. Juma Mtulia
27	Mbeya FFU Dispensary	Dr. Limwata Mganga
28	Mpanda Remand Prison Dispensary	Mary Mshoti
29	Ruanda Prisons Dispensary	Dr. Mwasi Maira
30	Lindi Prisons Dispensary	Dr. Rashid Mohamed
31	Mwanza Police Dispensary	Dr. Magessa
32	Ziwani Police Dispensary	Dr. Mohamed
33	Mafunzo Prisons Dispensary	Dr. Rashid



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