Guyana

HIV/AIDS Service Provision Assessment Survey

2004

Guyana HIV/AIDS Service Provision Assessment Survey 2004

Ministry of Health
Georgetown, Guyana, SA

Guyana Responsible Parenthood Association
Georgetown, Guyana, SA

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This report summarizes the findings of the 2004 Guyana HIV/AIDS Service Provision Assessment (Guyana HIV/AIDS SPA) survey carried out by the Guyana Responsible Parenthood Association and the Guyana Ministry of Health. ORC Macro provided technical assistance and the U.S Agency for International Development (USAID) provided funding. The opinions expressed herein are those of the authors and do not necessarily reflect the view of USAID.

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Contents

Tables and Figures v
Preface vii
Acknowledgments ix
Key Findings and Recommendations xi
Abbreviations xv

Chapter 1 Overview of the Health System in Guyana 1

1.1 Background 1
1.2 HIV/AIDS Epidemic in Guyana 1
1.3 Demographic and Health Characteristics 2
1.4 General Organization of the Health System 2
1.5 Funding of the Health Sector 3
1.6 Health Insurance Organizations 3
1.7 Organization of Public Health Sector 4
1.8 Organization of the Parastatal and the Nongovernmental Health Sector 4
1.9 Human Resources 5
1.10 Health Education 5
1.11 Ministry of Health HIV/AIDS Programs 7

Chapter 2 Survey Methodology 9

2.1 Institutional Framework and Objectives of the 2004 Guyana HIV/AIDS SPA 9
2.2 Content of the Survey and Data Collection Instruments 9
2.3 Sample Design of the 2004 Guyana HIV/AIDS SPA 11
2.3.1 Sample of Facilities 11
2.3.2 Sample of Health Service Providers 12
2.4 Study Implementation 13
2.4.1 Adaptation of Data Collection Instruments 13
2.4.2 Training and Supervision of Data Collectors 13
2.4.3 Methods for Data Collection 13
2.4.4 Data Analysis and Conventions Followed in Developing the Indicators 14
2.4.5 Process for Data Management and Report Writing 14

Chapter 3 Capacity to Provide Services for HIV/AIDS 17

3.1 HIV/AIDS in Guyana 17
3.2 Availability of Services for HIV/AIDS 17
3.3 Basic-Level Services for HIV/AIDS 19
3.3.1 Testing and Counseling 19
3.3.2 Services and Service Conditions Relevant to HIV/AIDS Care and Support 21
3.3.2.1 Tuberculosis 21
3.3.2.2 Sexually Transmitted Infections 24
3.3.2.3 Malaria 26

3.3.2.4 Infection Control 28
3.3.3 Basic-Level Treatment of Opportunistic Infections and Palliative Care for HIV/AIDS Clients 30
3.4 Advanced Care and Support Services for HIV/AIDS Clients 34
3.4.1 Availability of Services 34
3.4.2 Advanced-Level Treatment of Opportunistic Infections and Palliative Care for HIV/AIDS Clients 35
3.4.3 Antiretroviral Therapy 36
3.4.4 Post-Exposure Prophylaxis (PEP) 38
3.5 Prevention of Mother-to-Child Transmission (PMTCT) 39

References 43

Appendix A Additional Tables 45

Appendix B An Example of the Use of Weighted Data 81

Appendix C Survey Staff 83

Appendix D Survey Instruments 85

Tables and Figures

Table 1.1 Health training institutions and programs in Guyana 6
Table 2.1 Distribution of facilities by type of facility and region 12
Table 2.2 Unweighted and weighted numbers of facilities offering HIV/AIDS services 12
Table 3.1 Service statistics for facilities having records for antiretroviral clients 37
Figure 3.1 Availability of services for HIV/AIDS 18
Figure 3.2 HIV testing services 20
Figure 3.3 TB services in facilities with HIV/AIDS care and support services (CSS) and offering any TB services 22
Figure 3.4 TB diagnostic practices in facilities offering care and support for HIV/AIDS clients 23
Figure 3.5 STI treatment services 25
Figure 3.6 Testing related to STI diagnoses 26
Figure 3.7 Items to support malaria services in facilities providing care and support for HIV/AIDS clients and providing malaria services 27
Figure 3.8 Antimalarial medicines in facilities providing care and support for HIV/AIDS clients and malaria treatment services 28
Figure 3.9 Items for infection control among facilities 29
Figure 3.10 Percentage of facilities providing CSS for HIV/AIDS clients and offering treatment for OIs 31
Figure 3.11 Items to support treatment for opportunistic infections 32
Figure 3.12 Items available in all relevant service sites for monitoring and supporting quality of care and support services 33
Figure 3.13 HIV/AIDS services offered by facilities 34
Figure 3.14 Availability of medicines to treat common HIV/AIDS-related conditions 35
Figure 3.15 Available laboratory testing capacity 36
Figure 3.16 Percentage of facilities offering PMTCT services 40
Figure 3.17 Among facilities offering any PMTCT services, percentage with indicated items 41

Appendix Tables

Table A-3.1 System for testing and for providing results for HIV test 45
Table A-3.2 Systems and qualified staff for pre- and post-test counseling 46
Table A-3.3.1 Tuberculosis treatment and/or followup using Directly Observed Treatment Short-course (DOTS) 47
Table A-3.3.2 Tuberculosis services 48
Table A-3.3.3 Resources and supplies for diagnosing tuberculosis 49
Table A-3.3.4 Diagnosis and treatment of sexually transmitted infections 50
Table A-3.3.5 Diagnosis and treatment of malaria 51

Table A-3.3.6 Supportive management practices for health service providers who treat infections relevant to HIV/AIDS ... 52
Table A-3.4.1 Elements at service site for preventing nosocomial infections ... 53
Table A-3.4.2 Elements for preventing nosocomial infections ... 54
Table A-3.4.3 Additional items for prevention of nosocomial infections ... 55
Table A-3.5.1 Treatment for opportunistic infections and palliative care ... 56
Table A-3.5.2 Basic medicines for opportunistic infections and palliative care ... 57
Table A-3.5.3 Isoniazid (INH) for preventing tuberculosis in HIV/AIDS clients ... 58
Table A-3.5.4 Cotrimoxazole treatment for preventing pneumonia in HIV/AIDS clients ... 59
Table A-3.5.5 Records for HIV/AIDS services ... 60
Table A-3.6.1 Tuberculosis treatment and/or followup using Directly Observed Treatment Short-course (DOTS) ... 61
Table A-3.6.2 Tuberculosis treatment, and/or followup for facilities participating in the national DOTS program ... 62
Table A-3.6.3 Resources and supplies for diagnosing tuberculosis ... 63
Table A-3.6.4 Diagnosis and treatment for sexually transmitted infections ... 64
Table A-3.6.5 Diagnosis and treatment of malaria ... 65
Table A-3.6.6 Supportive management practices for health service providers who treat infections relevant to HIV/AIDS ... 66
Table A-3.7.1 Medicines for advanced care for HIV/AIDS clients ... 67
Table A-3.7.2 Laboratory diagnostics for advanced care for HIV/AIDS clients ... 68
Table A-3.7.3 Protocols and guidelines to support advanced care for HIV/AIDS clients ... 69
Table A-3.7.4 Systems and items to support advanced care for HIV/AIDS clients ... 70
Table A-3.8.1 Protocols and guidelines for antiretroviral combination therapy services ... 71
Table A-3.8.2 Systems and items to support antiretroviral combination therapy services: medicines and laboratory ... 72
Table A-3.8.3 Systems and items to support antiretroviral combination therapy services: records and staff training ... 73
Table A-3.9 Services and conditions for inpatient care for people living with HIV/AIDS needing advanced services ... 74
Table A-3.10 Post-exposure prophylaxis (PEP) ... 75
Table A-3.11 Facilities with recordkeeping systems for monitoring HIV/AIDS care and support ... 76
Table A-3.12 Youth-friendly services ... 77
Table A-3.13 Facilities with community-based care and support services ... 78
Table A-3.14 Availability of services for prevention of mother-to-child transmission of HIV/AIDS ... 79
Table A-3.15 Availability of service records for PMTCT services ... 80
Table B-1.1 Description of facility sample frame and final sample selection and weight standards, by type of facility, Guyana HIV/AIDS SPA 2004 ... 81
Table B-1.2 Facilities offering PMTCT services ... 82

Preface

The 2004 Guyana HIV/AIDS Service Provision Assessment (Guyana HIV/AIDS SPA) survey was undertaken as part of the President's Emergency Plan for AIDS Relief initiative and was designed to collect baseline information on the status of HIV/AIDS services in the formal health sector in Guyana. The survey collected information on the preparedness of health facilities to provide high-quality preventive services as well as care to people living with HIV/AIDS. Information on availability of services and components of services relevant to quality was collected from a representative sample of 155 public and nongovernmental facilities, of all types.

The information collected in the 2004 Guyana HIV/AIDS SPA on HIV/AIDS services and HIV/AIDS health service providers will assist policymakers and program administrators in developing effective strategies for improving the utilization and coverage of services and to prioritize resources in ways that will ensure better health outcomes.

The information included in this report is also important for identifying areas of intervention that will help improve the quality of the HIV/AIDS services provided to clients and improve treatment and care and support for people living with HIV/AIDS.

The Ministry of Health will ensure that activities in the proposed areas of intervention are implemented.

I am deeply indebted and grateful to all of the 2004 Guyana HIV/AIDS SPA field and office staff members for their dedicated efforts to make these highly important data available in such a timely fashion.

Finally, I would like to take this opportunity to thank the U.S. Agency for International Development for its financial support for the 2004 Guyana HIV/AIDS SPA.

Dr. Leslie Ramsammy
Minister of Health

Acknowledgments

The 2004 Guyana HIV/AIDS Service Provision Assessment (Guyana HIV/AIDS SPA) survey was undertaken under the President's Emergency Plan for AIDS Relief initiative and is the first survey based on a nationally representative sample of health facilities. The survey was designed to collect baseline information on outpatient and inpatient facility-based services related to the needs of persons infected or living with HIV/AIDS. Drawing on a representative sample of public facilities and nongovernmental organization facilities, the survey gathered information to provide a picture of the strengths and weaknesses of the service delivery environment. The information from the 2004 Guyana HIV/AIDS SPA will assist policymakers and program administrators develop effective strategies to improve the utilization and coverage of services and to prioritize resources in ways that will ensure better health outcomes.

The 2004 Guyana HIV/AIDS SPA was carried out through the collaborative efforts of many individuals and institutions. The Ministry of Health (MOH), under the leadership Dr. Leslie Ramsammy, contributed to the success of the survey implementation. I would like to acknowledge the contributions of various technical committees at the Ministry of Health, and the Ministry of Health staff who individually and collectively gave comments and advice during the design and development of questionnaires as well as during training and report writing.

Technical assistance was provided by ORC Macro through the worldwide MEASURE DHS project. Its contribution throughout the design, implementation, and analysis stages of the 2004 Guyana HIV/AIDS SPA is appreciated.

Furthermore, I would like to thank the staff of the U.S. Agency for International Development mission in Guyana for the financial and technical support they provided to the 2004 Guyana HIV/AIDS SPA.

This survey could not have been conducted in such timely fashion without the combined efforts of the senior office staff of the Guyana Responsible Parenthood Association and the researchers who collected the data from clinics.

Finally, I would like to express my appreciation to all of the facilities, providers, and clients who responded to the survey. Without their cooperation, this project would not have been possible.

Frederick A.S. Cox
Executive Director,
Guyana Responsible Parenthood Association

Key Findings and Recommendations

The 2004 Guyana HIV/AIDS Service Provision Assessment (Guyana HIV/AIDS SPA) survey provides baseline information on the status of HIV/AIDS services in the formal health sector in Guyana. The survey was conducted in a representative sample of 155 facilities including hospitals, health centers, health posts, and laboratories throughout Guyana and among those managed by government, nongovernmental organizations (NGOs), private for-profit, and faith-based organizations (FBOs).

The HIV/AIDS-related services that were assessed include voluntary counseling and testing (VCT/CT), care and support services (CSS), antiretroviral therapy (ART), post-exposure prophylaxis (PEP), prevention of mother-to-child transmission (PMTCT), and youth-friendly services (YFS). Information was also collected for tuberculosis (TB), sexually transmitted infections (STIs), and malaria services.

HIV/AIDS services are relatively new in Guyana, with counseling and testing, and PMTCT services the most developed.

Along with documentation of which types of facilities are offering HIV/AIDS and related services, a few systemic issues were identified:

- An HIV testing system[1], available in 17 percent of facilities, is more likely to be found in Regions 4 and 6 and least likely to be found in facilities in Regions 1 and 8. Fifteen percent of facilities with a testing system rely on external, nonaffiliated facilities to conduct the test and provide feedback. One in five facilities with an HIV testing system has a written informed consent policy for HIV testing in all relevant service sites, and about 80 percent have registers with test results and records of clients receiving test results. Protocols and guidelines specifying the content of counseling and that address issues of confidentiality are rarely present in service sites. About 90 percent of facilities with an HIV testing system have a trained counselor. Eighty-four percent of facilities offer counseling under conditions where there is visual and auditory privacy in all sites where counseling for HIV testing is provided.

- Availability of care and support services for HIV/AIDS clients shows regional differentials, with facilities in Region 4 most likely to offer CSS for HIV/AIDS clients, followed by those in Regions 9 and 10. These services are more available in hospitals. Among facilities offering CSS, two-thirds offer TB diagnostic or treatment services and malaria treatment services, 81 percent offer STI services, and 85 percent offer treatment for some opportunistic infections (OIs). All first line TB medicines are available in 41 percent of the facilities offering both CSS for HIV/AIDS clients and any TB services, and in 87 percent of the facilities actually following Directly Observed Treatment Short-Course (DOTS) strategy, with hospitals most likely to have all TB medicines available. Medicines for treating the most common STIs are widely available, with treatment for gonorrhea being the most likely to be unavailable. Chloroquine is the most readily available antimalarial medicine in stock (82 percent). Treatment guidelines for TB, STIs, OIs, and malaria, and the relevant diagnostic capacities are wanting nationally.

- Advanced care and support services, including ART, home-based services, PMTCT, and staff access to PEP are available in less than 10 percent of facilities nationally. Implementation of ART

[1] A facility that conducts the test, has an affiliated laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility, was defined as having an HIV testing system.

services is still in the early stage, with only 23 percent of hospitals (N = 7, unweighted), and no other facilities offering any ART services. The service is only offered in coastal Regions 2, 3, 4, 6 and 10. Seven out of ten facilities offering antiretroviral medicines (ARV) have a staff member trained in adherence counseling and/or nutrition rehabilitation, but only one in ten have a staff member trained on other aspects of ART services. Guidelines and protocols for care of people living with HIV/AIDS and for diagnosis and treatment of OIs commonly associated with HIV/AIDS were available at the time of the survey in only one facility.

- Post-exposure prophylaxis is not widely available (8 percent of all facilities) except in hospitals (55 percent). Where PEP is available, records that allow monitoring of full compliance are not routinely maintained.

- PMTCT services are less widely available than general counseling and testing services. In total, 23 percent of hospitals and 14 percent of health centers offer PMTCT services. PMTCT services are only offered in Regions 4, 6, and 10. Only 7 percent of facilities offer at least some components of PMTCT services, with 41 percent of these providing ARV prophylaxis as a part of their PMTCT services and 91 percent reporting they routinely offer infant feeding counseling and family planning counseling to HIV-positive women.

- Youth-friendly services with VCT or PMTCT services are available in 11 percent of facilities with an HIV testing system.

- Infection control practices for prevention of nosocomial infection are weak. Slightly more than half of all facilities have functioning equipment for sterilization or high-level disinfection (HLD). Running water is available in all relevant service areas in 56 percent of all facilities, in 74 percent of hospitals, 72 percent of health centers, and in only 38 percent of health posts. Soap in hospitals and sharps boxes in health centers are the least commonly available elements for infection control. Only one in ten facilities have infection control guidelines in any location in the facility, with hospitals (31 percent) more likely to have any infection control guidelines in at least one location.

Recommendations:

- HIV/AIDS services are offered in a variety of sites within one facility, particularly large facilities. When planning training and interventions for improving and monitoring quality of services, all service sites need to be included. At present, it is common that attention is focused on the main service site.

- Recordkeeping to allow monitoring and evaluation of quality needs to be strengthened.

- Protocols and guidelines that specify the content of counseling and that address issues of confidentiality need to be developed and widely disseminated.

- The newly developed National Guidelines for HIV/AIDS need to be disseminated, and service providers' adherence to national standards needs to be reinforced through supervision. This is particularly relevant for lower-level facilities, such as health posts or rural health centers, which may be the first point of contact with the formal health sector for clients needing information, testing, and treatment for opportunistic infections.

- Ensuring running water in health posts should be a priority. This can be provided using a bucket with a tap if a piped system is not feasible.

- Expected infection control practices should be reinforced, through written guidelines, and made available in all service sites within a facility.

- All hospitals and laboratories should be able to sterilize or HLD process equipment. An assessment of need in other facility types is needed to ensure that all eligible facilities can safely provide their basic services.

Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral medicines
BUCEN	United States Census Bureau
CH&PA	Central Housing and Planning Authority
CPT	Cotrimoxazole preventive treatment
CSS	Care and support services
CT	Counseling and testing
DHS	Demographic Health Surveys
DOTS	Directly Observed Treatment Short-course
EPI	Expanded Programme on Immunization
FBO	Faith-based organization
GAHEF	Guyana Agency for Health Science Education, Environment and Food Policy
GHARP	Guyana HIV/AIDS Reduction and Prevention Project
GPHC	Georgetown Public Hospital Corporation
GRPA	Guyana Responsible Parenthood Association
GUM	Genito-Urinary Medicine Clinic (Ministry of Health)
Guyana HIV/AIDS SPA	Guyana HIV/AIDS Service Provision Assessment survey
HIV	Human immunodeficiency virus
HLD	High-level disinfection
IDB	Inter-American Development Bank
INH	Isoniazid
MEDEX	Medical Extension workers
MOH	Ministry of Health
MOLG	Ministry of Local Government
NAP	National AIDS Program
NAPS	National AIDS Program Secretariat
NGO	Nongovernmental organization
NIS	National Health Insurance Scheme
NLID	National Laboratory for Infectious Diseases (Ministry of Health)
OIs	Opportunistic infections
ORC	Opinion Research Corporation
ORS	Oral rehydration salts
PAHO	Pan American Health Organization
PCP	Pneumocystis carinii pneumonia

PEP	Post-exposure prophylaxis
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PSC	Public Sector Commission
RPR	Rapid plasma reagin (syphilis test)
SIMAP	Social Amelioration Programme
SPA	Service Provision Assessment
STD	Sexually transmitted disease
STIs	Sexually transmitted infections
TB	Tuberculosis
TWG	Technical working group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization
YFS	Youth-friendly services

Chapter 1 Overview of the Health System in Guyana

1.1 Background

Guyana is located in the northwestern shoulder of South America and has a population of 751,223 according to the 2002 Guyana Population and Housing Census (Bureau of Statistics, 2005). The country covers about 215,000 square kilometers and is divided into ten administrative regions. Regions along the coastal line are densely populated and include Guyana's major cities. Guyana is one of the poorest countries in the Caribbean and in the world, ranking 104 in the 2004 Human Development Index Report (UNDP, 2004). According to the 1999 Guyana Survey of Living Conditions, 36 percent of the population was living in absolute poverty (US$1.40 per day), 78 percent of whom were living in rural interior areas (UNDP, 1999). Guyana is the only English-speaking country on the mainland of South America.

The 2002 Population and Housing census shows that from 1980 to 1990, the negative growth rate of the Guyanese population was reversed, but emigration remains a significant factor in the Guyana demographic profile. Guyana is still in an expansive phase of demographic transition, but there are signs of an aging population. There has been a decline in the proportion of the population age 0-4 and 5-9 years (indicating fertility decline, and/or migration of young children or high child mortality), and the population 65 years of age and over has risen from 3.9 percent in 1980 to 4.3 percent in 2002. Approximately 36 percent of the population is under age 15 and about 7 percent is over 60. The estimated rate of population growth for 2004 was 0.61 percent and the total fertility rate was estimated at 2.1 (USAID, 2004).

1.2 HIV/AIDS Epidemic in Guyana

The first case of AIDS in Guyana was diagnosed in 1987. The reported incidence of AIDS is estimated to have increased from 1.3/100,000 population in 1987 to 58/100,000 population in 2001 (Persaud, 2001). By the end of 2003, the estimated prevalence of HIV/AIDS was 2.5 percent among adults age 15-49 (ranging from 0.8 to 7.7 percent) (UNAIDS/WHO, 2004). The prevalence of HIV/AIDS in Guyana is estimated to be the second highest in the Caribbean, after Haiti. AIDS has become a leading cause of death among the 25-44 year age group and a second cause of death overall (PAHO/WHO, 2003).

HIV/AIDS is now considered a generalized epidemic, no longer primarily among high-risk groups. The main mode of transmission is reported to be related to heterosexual activity, accounting for more than 80 percent of all AIDS cases. The rate of HIV/AIDS infections is growing faster among women than among men, specifically in the age group 15-24 years (Persaud, 2001). The highest HIV prevalence was reported among female sex workers tested in Georgetown (45 percent in 1997), followed by patients attending STD clinics. In 2002, 18 percent of male STD clinic patients and 12 percent of female STD clinic patients tested in Georgetown were HIV positive. This is an increase of about a 40 percent among men and more than 70 percent among women since 1992-1993 when 13 percent of men and 7 percent of women tested positive (Persaud, 2001). HIV prevalence among pregnant women tested in antenatal clinics ranged from 4 to 7 percent between 1992 and 1997 and 0-12 percent in 2002/2003 (Persaud, 2001).

The incidence of HIV/AIDS varies by region with the highest found in the densely populated coastal urban settings. Approximately 80 percent of HIV/AIDS cases in Guyana were reported in Region 4. At the end of 2003, the estimated number of adults and children living with HIV/AIDS was 11,000 (ranging from 3,500 to 35,000), including all HIV-infected people whether or not they have developed symptoms of AIDS. The estimated number of AIDS deaths in 2003 was 1,100 (ranging from 500 to 2,600) (UNAIDS/WHO, 2004). There are more than 4,000 orphans estimated in Guyana, who have lost one or both parents to AIDS (Ministry of Labor, Human Services and Social Security and UNICEF, 2004).

1.3 Demographic and Health Characteristics

The health care system of Guyana faces multiple challenges in improving and ensuring the health and well-being of its people. There is not only the burden of combating illnesses associated with poverty, but also the need to respond to emerging diseases and illnesses associated with a modern, urban lifestyle. Emerging access to global communications and commerce is raising the expectations of the population for more and better care and for advanced health care technology.

According to BUCEN-IDB demographic indicators for 2004, life expectancy at birth is 63 years and the infant mortality rate is 37.2 per 1000 live births. Guyana's burden of morbidity combines emerging chronic noncommunicable diseases, continuation of existing communicable diseases, the HIV/AIDS epidemic, and injuries, in addition to widely spread protein-energy malnutrition, iron deficiency anemia and obesity, indicating that the country is in the early stages of epidemiological transition. The World Health Organization (WHO) reports increases in the incidence of major communicable diseases such TB, malaria, and Hansen's disease in Guyana. According to WHO, the four leading causes of death for all age groups in Guyana in 2000 were, in descending order: ischemic heart disease, HIV/AIDS, cerebrovascular disease, and diabetes mellitus (PAHO, 2001).

The government of Guyana is committed to the global initiatives, Roll Back Malaria and Directly Observed Treatment Short-course (DOTS) for tuberculosis.

This chapter provides a brief overview of the health system in Guyana as it relates to health facilities and outpatient services. It provides a context in which to view the findings of the 2004 Guyana HIV/AIDS Service Provision Assessment survey.

Information is presented with respect to the—

- General organization of the health system
- Package of health services provided at different facility levels
- Issues related to the health system and quality of care.

1.4 General Organization of the Health System

The health sector is operated through government ministries, mainly the Ministry of Health (MOH), the Ministry of Local Government (MOLG), the Ministry of Public Works, Communication and Regional Development, and regional authorities. The MOH is responsible for the regulation of health policy and legislation, accreditation of facilities, setting standards of care, provision and training of human resources, and overall monitoring, evaluation, and supervision of public and private health sectors. The MOH also funds and runs the vertical health care programs, including those for HIV/AIDS, TB, Malaria, the Expanded Programme on Immunization (EPI), and others. The Central Board of Health, the Central Nursing Council, and the Pharmacy and Poison Board are the regulating bodies, reviewing developments of the health system.

To decentralize the health system, the Regional Democratic Councils were formed in 1986 to give more responsibility and authority to regions. Health services are delivered through the management of the Regional Democratic Councils, funded by the Ministry of Local Government (MOLG). The Ministry of Health is a major provider of the human and technological resources for national and regional health care services. Recruitment of health sector staff, however, is conducted by the Public Sector Commission (PSC), responsible for all public sector recruitments, except teachers and police.

Various other government agencies, such as the Guyana Agency for Health Science Education, Environment and Food Policy (GAHEF), the Social Amelioration Programme (SIMAP), the Central Housing and Planning Authority (CH&PA), the National Nutrition Council, the Guyana Water Authority, and the Guyana Sewage and Water Commission are also involved in health care delivery. The Ministry of Labor is responsible for the Geriatric Hospital and the Leprosarium, and Region 6 manages the National Psychiatric Hospital.

Parastatal or quasi-public institutions such as the Guyana Sugar Corporation (GUYSUCO) and the LINMINE and BERMINE bauxite companies provide health care for their employees and their families.

Health care services are also delivered through nongovernmental organizations (NGOs), mainly faith-based and not-for-profit, but also by the fast-growing private sector.

International donors play an important part in health care delivery and technical cooperation.

1.5 Funding of the Health Sector

The public sector provided funds for almost 70 percent of health care expenses in 1994, compared with 22 percent and 8 percent covered by the private and parastratal sectors, respectively (Ministry of Finance, 1996).

The public health system is funded mainly by the governmental budget and partially through client out-of-pocket expenditures (user fees), by insurance systems, and by international donors. In 1999, more than 5 percent of government health spending came from international donors, with most of the funding in the form of external grants from United Nations agencies, USAID, Inter-American Development Bank, German Technical Cooperation, and others (PAHO, 2001). The National Health Insurance Scheme (NIS) covers some portion of health care and contribution to this insurance is mandatory for all employed and self-employed persons.

The Ministry of Finance disburses money to the MOLG, which in turn funds the Regional Democratic Councils that deliver health services in each region. Each Regional Democratic Council has a Regional Chairman and a Regional Executive Officer who is a chief accounting officer, responsible for administrative control over regional health resources. In each region there is a Regional Health Officer reporting to the MOH on health-related matters, both technical and professional. The MOLG sometimes limits health expenditure budgets in favor of other sectors. The MOH has no authority to set the budgets for the regional administrations. The Ministry of Public Works, Communication, and Regional Development also funds different level health facilities. The National Referral Hospital in Georgetown is funded by the MOH.

1.6 Health Insurance Organizations

The National Health Insurance Scheme (NIS) is a parastatal government-owned entity. In 2000 there were 121,423 active registrants. The NIS is mandatory for all publicly and privately employed or self-employed persons age 16-60. The insurance does not cover dependents and people outside of formal sector, and there is no provision for the uninsured population. The NIS provides benefits for sickness, maternity, medical care, and job-related injury (PAHO/WHO, 2003).

There are three types of private insurance: commercial health insurance, insurance provided by companies (which either hire health providers or build the health facilities to provide health care for employees), or companies pay directly to the private health sector serving their employees.

Private insurance is minimal and covers the employee and the family members: No data are available on the number of covered population. There is a self-regulatory Insurance Association of Guyana. However, there is no statutory regulatory mechanism for private insurance companies.

1.7 Organization of Public Health Sector

The public health services are delivered through five levels of care:

- Level 1 Health Posts provide preventive care, simple curative care, promote proper health practices, and are staffed by community health workers.
- Level II Health Centers provide preventive and rehabilitative care and promotional activities, and are staffed by a public health nurse, nursing assistant, midwife, and dental nurse.
- Levels III District Hospitals serve geographical areas with a population of 10,000 or more, providing basic inpatient and outpatient care, with capacity to provide selected diagnostic lab and radiological services and basic preventive and curative dental care.
- Levels IV Regional Hospitals (Regions 2, 3, 6, and 10), provide emergency services, routine surgery, specialized diagnostic and care services for general medicine and pediatrics, obstetrics and gynecology, dental care, and dietetics. This level of facility is equipped with X-ray facilities and pharmacies.
- Level V National Referral Hospital in Georgetown provides a wide range of inpatient and outpatient specialized diagnostic and care services.

There are 321 health facilities in Guyana, with 5 national hospitals, 4 regional hospitals, 18 district hospitals, 112 health centers, and 182 health posts. There are also 12 laboratories. A total of 1,631 hospitals beds are in the public sector, with 37 percent of them in Region 4 where the capital city Georgetown is located. The distribution of hospital beds is uneven, with more than 80 percent of them located in the coastal regions (MOH, 2003a).

Referral mechanisms from the lowest to the highest levels of care are well defined, but patients often bypass them and directly attend the highest levels of care, such as regional or national referral hospitals.

1.8 Organization of the Parastatal and Nongovernmental Health Sector

The parastatal sector is composed of quasi-governmental organizations in which government ministries, the mayor and councilors of the city, or major companies such as the NIS, Guyana Sugar Corporation, and the LINMINE and BERMINE bauxite companies have a controlling share for decisionmaking. Although the distinction between the government sector and the parastatal or quasi-governmental sector is usually made when describing the Guyanese health sector, both sectors are run by the state. From an operational and a financial perspective, the parastatal sector is governed by its own set of rules and regulations, has separate budgets, and exercises more autonomy in daily operations. However, from a political perspective, the Ministry of Health has a controlling share for decisionmaking in parastatal organizations.

The fast growing private sector, predominantly in Regions 4 and 6, includes for-profit and nonprofit organizations and covers everything from traditional midwives, private pharmacies, private doctors, private hospitals, diagnostic facilities, clinics, and dispensaries. The private sector provides half of all curative services, complementing preventive, secondary, and tertiary services that are offered mainly by the public sector. The main source of funds come from fees paid by patients for the services.

The Ministry of Health monitors private hospitals through the Private Hospitals Act.

There are also a number of NGOs, primarily religiously affiliated and other charitable organizations, providing health care services mainly in deep hinterland areas.

1.9 Human Resources

The main health providers in Guyana are physicians, nurses, Medical Extension Workers (MEDEX), and community health workers.

There were 366 medical doctors and 1,738 nurses and midwives in Guyana in 2000-2004 according to the WHO Global Atlas of the Health Workforce (WHO, 2006). Because of manpower shortages, the doctors work primarily on a visiting basis in hospitals and mainly in big cities along the coastal line.

MEDEX have 18 months of clinical training and work in health centers or district hospitals. Community health workers are the main service providers in health posts in rural areas, operating through outreach and home visits. Selected by the community, community health workers receive 16 weeks of basic training on health promotion, first aid, managing malaria, common respiratory and diarrheal infections, and all stages of pregnancy. In 2002 there were 57 MEDEX workers and 236 community health workers working in the primary health services in the country's public sector (MOH, 2003a)

Existing staff are unevenly distributed throughout rural and urban regions, with 70 percent of physicians located in Georgetown, where only a quarter of the population resides. There is a shortage of manpower, due in large part to emigration of skilled health workers from Guyana. Manpower is augmented by using foreign-trained health providers.

1.10 Health Education

The University of Guyana and GAHEF are the main institutions training health care providers. Table 1.1 below provides detailed information on health education available in Guyana.

Table 1.1 Health training institutions and programs in Guyana

Training program	Period of training
Georgetown Sschool of Nursing	
Professional Nurse Training Program	36 months (full-time)
Nursing Assistant Program	24 months (full-time)
Single-trained Midwifery Program	18 months (full-time)
Nurse Aides Training Program	12 months
Post-basic Midwifery Program	12 months (full-time)
New Amsterdam School of Nursing	
Professional Nurse-training	36 months
Nursing Assistant-Program	24 months (full-time)
Post-basic Midwifery Program	12 months (full-time)
Charles Roza School of Nursing	
Professional Nurse Training Program	36 months (full-time)
Nursing Assistant Training Program	24 months (full-time)
Post-basic Midwifery Program	12 months (full-time)
Private Sector Nurse Training School, St. Joseph's Mercy Hospital	
Professional Nurse Training Program	36 months (full-time)
Other Clinical Training Programs Financed by the Ministry of Health	
Community Health Worker	4 months (residential)
Multipurpose Technician	18 months (full-time)
Pharmacy Assistant	9 months
Environmental Health Assistant	12 months
Dentex	24 months
Community Dental Therapist	12 months
Rehabilitation Assistant	18 months
Laboratory Assistant	9 months
Medex	18 months (full-time) Accredited by the University of Guyana
X-ray Technician	12 months (full-time)
Public Health Nurse/Health Visitor	12 months Accredited by the University of Guyana
University of Guyana	
Medicine - MBBS Degree	5 years
Pharmacy - Associate in Science Degree	3 years
Medical Technology - Associate in Science Degree	3 years
Radiography - Associate in Science Degree	3 years
Health Services Managers	(Certificate) 0-1 year
Health Sciences Tutors	(Certificate) 1 year
Nursing/Public Health Bachelor of Science Degree	2 years

Source: PAHO/WHO. 2003. Health sector analysis, Guyana (draft version).

1.11 Ministry of Health HIV/AIDS Programs

In 1989, to address the HIV/AIDS epidemic in the country, the government of Guyana, through the Ministry of Health, established the National AIDS Program (NAP) with the following objectives:

- Prevention and control of transmission of STDs and HIV infections
- Reducing morbidity and mortality from STD/HIV infections
- Promoting sexual health
- Reducing the social and economic impact of HIV/AIDS

The NAC and the National AIDS Program Secretariat (NAPS) were created in 1989 and 1992, respectively, to coordinate efforts to control the epidemic. From 1992-1997, NAPS implemented the Guyana's Medium Term Plan. In 1999, the Parliament approved an HIV/AIDS policy paper and a Strategic Plan was developed for the period 1999-2002. A Presidential Commission on HIV/AIDS was established to coordinate national efforts in 2004.

The government of Guyana is implementing a National Strategic Plan for HIV/AIDS (2002-2006) seeking to 1) reduce the risk of and vulnerability to infection through prevention and control of the transmission of STIs, 2) promote sexual health, and 3) save, prolong, and improve the quality of life of persons living with STIs/HIV/AIDS.

The national program includes the following elements:

- Increasing awareness through information, education, and communication
- Condom social marketing for high-risk groups
- Voluntary counseling and testing services
- Programs targeting youth
- Syndromic management of sexually transmitted infections
- Treatment of opportunistic infections
- Blood safety and tuberculosis control

There are multiple HIV/AIDS projects and activities being funded and implemented by international agencies and donors. These include projects to increase public awareness of AIDS, to strengthen current surveillance and information systems, and to expand HIV/AIDS and related services. Key participants in developing and funding HIV/AIDS initiatives include Canadian IDA (CIDA), USAID, WHO, Pan American Health Organization (PAHO), UNAIDS, the Inter-American Development Bank (IDB), and the Global Fund to Fight AIDS, TB, and Malaria.

Information on specific HIV/AIDS activities is provided in Chapter 3.

Chapter 2 Survey Methodology

2.1 Institutional Framework and Objectives of the 2004 Guyana HIV/AIDS SPA

The 2004 Guyana HIV/AIDS SPA was undertaken jointly by the Guyana Responsible Parenthood Association (GRPA) and the Guyana Ministry of Health (MOH), with technical assistance from ORC Macro under the MEASURE DHS project. The survey is a part of the President's Emergency Plan for AIDS Relief initiative and was funded by the U.S. Agency for International Development (USAID).

An international technical working group (TWG), comprising representatives from WHO, UNAIDS, USAID, and other organizations, including nongovernmental organizations (NGOs) that implement HIV/AIDS services, developed common indicators for measuring the quality of HIV/AIDS services that are provided through the formal health sector.

The primary objective of the 2004 Guyana HIV/AIDS SPA is to provide a base-line measurement of the indicators defined for monitoring the President's Emergency Plan for AIDS Relief. These indicators are—

- Capacity to provide basic-level services for HIV/AIDS
- Capacity to provide advanced-level services for HIV/AIDS
- Availability of recordkeeping systems for monitoring HIV/AIDS care and support
- Capacity to provide PMTCT and PMTCT+ services
- Availability of youth-friendly services

Additional objectives were to—

- Provide base-line information on the extent to which specific HIV/AIDS services are offered
- To describe the processes used in providing HIV/AIDS services and the extent to which accepted standards for quality service provision are followed
- To provide comparisons of findings at a national level between different types of facilities
- To identify gaps in the support services, resources, or the processes used in providing client services that may affect the ability of facilities to provide quality services

In addition to collecting information for the above objectives, the survey teams were requested to observe PMTCT services, using a structured checklist for quality elements of counseling, and to conduct exit interviews of PMTCT clients. The objectives, methodology, and results for this component of the survey are reported separately.

2.2 Content of the Survey and Data Collection Instruments

The international technical working group (TWG) defined the following specific elements for each indicator to be measured.

Indicator 1: Capacity to provide basic-level HIV/AIDS services

1) Availability of a system for testing and providing results for HIV infection; 2) systems and qualified staff for pre- and post-test counseling; 3) resources and supplies for providing specific health services relevant to HIV/AIDS (TB, malaria, STI); 4) elements for preventing nosocomial infections; and 5) trained staff and resources for providing basic interventions for prevention and treatment, for people living with HIV/AIDS (PLHA).

Indicator 2: Capacity to provide advanced-level HIV/AIDS services

1) Systems and items to support the management of opportunistic infections (OIs) and the provision of palliative care (symptomatic treatment) for the advanced care of PLHA; 2) systems and items to support advanced services for the care of PLHA; 3) systems and items to support services for antiretroviral combination therapy (ART); 4) conditions to provide advanced inpatient care for PLHA; 5) conditions to support home care services; and 6) post-exposure prophylaxis.

Indicator 3: Availability of recordkeeping systems for monitoring HIV/AIDS care and support

Availability of adequate recordkeeping and reporting systems for all services offered by the facility. Adequate recordkeeping and reporting systems are those defined for basic- and advanced-HIV/AIDS services and for PMTCT.

Indicator 4: Capacity to provide prevention of mother-to-child transmission (PMTCT) services

Offering counseling and testing, antiretroviral (ARV) prophylaxis, infant feeding counseling, family planning counseling to pregnant women, and maintaining an adequate record system for these services. The availability of PMTCT as well as ARV therapy for HIV+ women and their families (PMTCT+), is also assessed.

Indicator 5: Availability of youth-friendly services (YFS)

Offering services that focus on the special needs of youth, specifically for HIV counseling and testing and PMTCT services, having a provider trained for youth-friendly services, and having guidelines for youth-friendly services.

Information was also collected on the basic infrastructure of each facility and the existence of support systems that may contribute to a better standard of services or increase clients' utilization. Infrastructure elements assessed included the presence of electricity and water, as well as the availability of client amenities, adequate levels of privacy, days of service availability, and staffing levels. Support systems assessed were those related to general management, quality assurance, logistics for medicines, infection control, and those to aid clients in receiving services (appointment and referral systems).

The 2004 Guyana HIV/AIDS SPA used two types of structured, printed, survey instruments—a facility resources audit and health worker interviews. These instruments were based on generic HIV/AIDS SPA questionnaires developed in the MEASURE DHS project.

The facility resources audit consisted of various modules to be used depending on the services offered in the facility. The modules covered 1) the overall management systems and infrastructure for the facility, 2) outpatient care and support services, 3) inpatient care and support services, 4) health information systems, 5) laboratory services, 6) pharmaceutical and consumable supplies, 7) tuberculosis services, 8) HIV counseling and testing services, 9) ARV services, and 10) PMTCT services. The modules collected

information on service available and availability of systems, infrastructure, and resources to support quality services, using key informant interviews and observation.

The health worker interviews collected information on the qualifications, training, and experiences of service providers, using personal interviews with selected service providers.

2.3 Sample Design for the 2004 Guyana HIV/AIDS SPA

Data were collected from a representative sample of facilities providing HIV/AIDS-related services and from a sample of health service providers at each facility.

2.3.1 Sample of Facilities

The sample consists of 155 health facilities selected to provide national-level estimates for health facilities offering HIV/AIDS health services. The total sample size was determined on the basis of funding and logistic considerations, as well as the minimum sample size required for the levels of analysis desired.

The 2004 Guyana HIV/AIDS SPA sample include the following:

- The national referral hospital
- All private hospitals
- All regional hospitals
- All district hospitals
- All health centers where PMTCT is provided
- Sample of non-PMTCT health centers
- Sample of health posts
- All private labs

Private pharmacies were not included.

A list of facilities (the sampling frame) was supplied by the Ministry of Health. To ensure an adequate sample for ARV services and services for PMTCT, all facilities offering these services were included in the sample. This resulted in the selection of all laboratories and hospitals, and selecting all health centers offering PMTCT. The remaining health centers with no PMTCT and the health posts were stratified by the ten regions of Guyana, and a systematic selection made, selecting one in two health centers with no PMTCT and one in four health posts.

In selecting all facilities with HIV/AIDS services, hospitals, laboratories, and health centers offering PMTCT are over-represented in the sample, when compared with their proportion among all facilities in the nation. To correct for this, when presenting national-level data, the data were weighted during analysis. Weighted numbers indicate the proportional representation that each type of facility has at the national level. It is important to understand that, though weighted numbers may be quite small, when analyzing weighted data, all eligible facilities (e.g., the unweighted number) are used for the analysis.

Table 2.1 presents information on the total sampling frame, and the weighted number of facilities (the number of facilities that represent the proportional representation for the analyses) and the unweighted number of facilities (the total number of facilities used for data analysis).

Table 2.1 Distribution of facilities by type of facility and region

Percent distribution of facilities (weighted) and weighted and unweighted number of facilities, by type of facility and region, Guyana HIV/AIDS SPA 2004

Type of facility/region	Percent distribution of facilities (weighted)	Number of facilities in sample		Number of facilities in sampling frame
		Weighted	Unweighted	
Type of facility				
Hospital	8.3	13	25	27
Private hospital	2.1	3	5	7
Health center with PMTCT	8.3	13	27	27
Health center with no PMTCT	26.4	41	42	86
Health post	51.2	79	47	167
Laboratory	3.7	6	9	12
Total	100.0	155	155	326
Region				
Barima/Waini	9.6	15	12	28
Pomeroon/Supenaam	13.9	21	19	38
Essequibo Islands/West Demerara	8.7	13	14	33
Demerara/Mahaica	16.4	25	33	61
Mahaica/Berbice	6.8	11	11	18
East Berbice/Corentyne	8.3	13	19	25
Cuyuni/Mazaruni	7.5	12	9	28
Potaro/Suparuni	6.4	10	7	19
Upper Takutu/Upper Essequibo	11.7	18	13	45
Upper Demerara/Berbice	10.8	17	18	31
Total	100.0	155	155	326

Table 2.2 shows the weighted and unweighted numbers of facilities by specific HIV/AIDS services. Although the numbers are quite small, all hospitals in the country are included in the survey, thus the information presented for hospitals has no margin of error resulting from sampling.

Table 2.2 Unweighted and weighted numbers of facilities offering HIV/AIDS services

Number of facilities offering HIV/AIDS services (unweighted and weighted) by type of facility, Guyana HIV/AIDS SPA 2004

Type of facility	HIV testing system		Any care and support services for HIV/AIDS clients		Antiretroviral therapy		Prevention of mother-to-child transmission	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Hospital	14	8	21	12	7	4	7	4
Health Center	23	12	15	10	0	0	16	8
Health Post	0	0	2	3	0	0	0	0
Laboratory	9	6	3	2	0	0	0	0
All facilities	46	26	41	27	7	4	23	12

2.3.2 Sample of Health Service Providers

The sample of health service providers was selected from providers who were present in the facility on the day of the survey and who provide services that were assessed by the 2004 Guyana HIV/AIDS SPA. In facilities with fewer than eight health providers, all of the providers present on the day of the visit were interviewed. In those facilities where there were more than eight providers, a selection of the providers was interviewed to compile a minimum of eight provider interviews. The selection was carried out to

ensure that, if available, at least one provider from each service was interviewed, with a maximum of three providers for any given service interviewed. A provider was defined as a physician or a nurse who actually provides client services of some type (e.g., counseling, health education, or consultation services). Thus, a nurse who only completes registers and who never provides any type of professional client services was not eligible for the 2004 Guyana HIV/AIDS SPA interview. In total, 337 health care providers were interviewed, from a total staffing of 2,125 providers.[1]

To ensure that the relevant providers were interviewed in each facility, providers were selected without consideration of their representativeness of the qualification and number of staff who were assigned to the facility. Thus, the sample is potentially biased because the staff who were present the day of the survey may not be representative of the staff who normally provide the services of interest in the facility. To correct for this, data were weighted during analysis to account for the differentials caused by oversampling or undersampling of a particular qualification of provider in a facility type. See Appendix B for a more detailed explanation of weighting.

2.4 Study Implementation

2.4.1 Adaptation of Data Collection Instruments

Operational definitions were developed for the health system components that were measured, and data collection instruments were adapted for Guyana through consultation with technical specialists from the MOH, USAID, and NGOs knowledgeable about the health services and service program priorities covered by the 2004 Guyana HIV/AIDS SPA, with final adaptation after pretesting the instruments.

A training manual was developed for use in training, and distributed to all data collectors to support standardized data collection.

Researchers from GRPA, the MOH and ORC Macro trained five nurses to pretest the survey instruments. The pretest was conducted from July 28 until August 11, 2004, with the instruments pretested in four health facilities.

2.4.2 Training and Supervision of Data Collectors

Data collectors for the main survey were primarily recruited from nurses experienced as nursing supervisors. Training of data collectors took place from September 27 until October 12, 2004, and included practical experience completing all questionnaires in health facilities of different types.

2.4.3 Methods for Data Collection

A total of six teams of two people each participated in the data collection. Data collection began on October 13, 2004 and ended March 8, 2005. The fieldwork was temporarily suspended in December because of the Christmas holidays and in January when some of the outlying regions were not accessible because of flooding. Each team received a list of facilities to be visited. Data collection took one day in most facilities, with two days being allocated to hospitals, if required. If one of the services, such as VCT or PMTCT was not being offered the day of the survey, or the health facility was closed for training or any other scheduled activity, the teams returned on a day when the service was offered or the facility was open for clients.

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[1] This number represents assigned staff who may or may not have been present the day of the survey.

The team leader was instructed to ensure that the informant for each component of the facility survey was the most knowledgeable person for the particular health service or system component being addressed. Where relevant, the data collector indicated whether a specific item being assessed was observed, reported available but not observed, or not available, or whether it was uncertain if the item was available. Equipment, supplies, and resources for specific services were required to be in the relevant service delivery area or in an immediately adjacent room to be accepted as available. Informed consent was taken from the facility director and from all other interviewed respondents and interviewed providers. Data collection teams were supervised throughout the field activities. Completed questionnaires were reviewed in the field by supervisors.

2.4.4 Data Analysis and Conventions Followed in Defining the Indicators

The following conventions were observed during the analysis of the 2004 Guyana HIV/AIDS SPA data:

- Assessing the availability of items in relevant service sites: Unless specifically indicated, the 2004 Guyana HIV/AIDS SPA considers only observed items as available. HIV/AIDS services are frequently offered in more than one service site within large facilities. Elements for each indicator were assessed for each different location in a facility where the client can receive the service (the service site). To meet the definition for the indicator, relevant elements had to be available in the service site, or in a location where it is reasonable to assume the provider could access the item if needed. For example, the most common items required to be in each service site to support quality services are protocols and guidelines, and soap and water for hand washing. Other items, such as records and medicines, can reasonably be kept elsewhere in the facility without affecting service quality, so long as the providers at a service site know where they can be accessed. Data were collected and analyzed for each service site within a facility, and then aggregated to present facility-level data.

- Provider information: Providers sometimes indicate that they “personally provided” a service that the facility does not offer. This may be providers indicating services they provide outside the facility. For the 2004 Guyana HIV/AIDS SPA, only providers from facilities that offer the service in question are included in the analysis.

- Development of aggregate variables: Aggregating the data into subsets makes it possible to analyze many pieces of information and to see how they relate to the overall capacity to provide services. It also enables monitoring changes in capacity to provide services and changes in adherence to standards, because there may be improvements in some items but not in others. The aggregate variables presented in this report are based on definitions of the common indicators developed for the President’s Emergency Plan for AIDS Relief initiative for measuring the quality of HIV/AIDS services that are provided through the formal health sector by an international technical working group. These indicators and their components are an initial phase in the process of defining useful health information aggregates. They will be refined as users provide feedback on the aggregate variables found useful (or not useful) to policymakers and program implementers.

2.4.5 Process for Data Management and Report Writing

Data management and analysis were carried out according to the following steps:

- Management of questionnaires: Completed and verified questionnaires were collected by supervisors and sent to the GRPA office for editing. Two supervisors reviewed all “other” responses and recoded responses into categories relevant for data analysis.

- Data entry: Data entry was conducted by GRPA staff. CSPro software developed by ORC Macro and the U.S. Census Bureau was used for data entry. Double entry of all questionnaires was carried out to catch errors. This operation took place from November 22, 2004 through March 2005.

- Data analysis: The design of the tabulation plan and the preparation of the programs for the production of statistical tables were carried out from September 2004 through July 2005. Data analysis and clarification of questionable results were carried out during July-August 2005. During the data analysis, revisions were made to the analysis plan on the basis of feedback from the MOH and the 2004 Guyana HIV/AIDS SPA technical advisors to ensure that the analysis was appropriate for the Guyanese health system.

- Development of final report: The final report was written with input from ORC Macro technical staff, GRPA, GHARP, and MOH officials responsible for the programs included in the survey.

After the draft report was finalized, it was reviewed in country by the GRPA staff, with the technical staff of the GHARP and the MOH, to present findings and make any corrections, changes, or additional explanations that were required before final publication. This took place September through December 2005.

Chapter 3 Capacity to Provide Services for HIV/AIDS

HIV/AIDS is a global problem, with an estimated 39.4 million persons infected worldwide and 4.9 million newly infected in 2004 (UNAIDS, 2004). In response to improved treatment options and commitment from donors and international health experts, a variety of initiatives are underway to expand the scope and quality of services for HIV/AIDS. The services needed for prevention and optimal maintenance of HIV/AIDS-infected persons are multidimensional and include preventive measures, care and support for infected persons, and social and economic support.

3.1 HIV/AIDS in Guyana

The prevalence of HIV/AIDS in Guyana is estimated to be 2.5 percent among adults age 15-49 (ranging from 0.8 to 7.7 percent) (UNAIDS/WHO, 2004) and is considered a generalized epidemic among the general population. The main mode of transmission is heterosexual activity. The rate of HIV/AIDS infections is growing faster among women than among men, specifically in the 15-24 age group (Persaud 2001). The highest HIV prevalence was reported among female sex workers in Georgetown (45 percent in 1997), followed by patients at sexually transmitted disease (STD) clinics. Programs for the prevention of HIV/AIDS coordinated by the national AIDS program (NAP) first started in 1989. Voluntary counseling and testing (VCT) services were first offered in 1996, with the government as the primary service provider. Antiretroviral treatment was first introduced in 2002 in the Genito-Urinary Medicine (GUM) clinic of the Ministry of Health in Georgetown and is now being expanded to other hospitals.

3.2 Availability of Services for HIV/AIDS

HIV/AIDS-related services that were assessed include the following:

- Counseling and testing (CT): The survey defines a facility as having an HIV testing system (and thus eligible for offering counseling and testing) if clients are offered the HIV test, and then either the facility conducts the test or there is a system for the facility to receive results back and to followup clients after testing. A facility where clients are simply referred elsewhere and it is expected that the other location counsels and follows up on test results, was not defined as having an HIV testing system, and was not assessed for counseling and testing services. The acronyms VCT and CT are used interchangeably because all counseling and testing should be voluntary. VCT implies that the client initiated the test, while CT implies that the test was externally initiated (either by the provider, or as a system requirement such as for a visa or for a job).

- Care and support services (CSS). Care and support services include any services that are directed toward improving the life of an HIV-infected person. These most often include treatment for opportunistic infections (OIs), including treatment for illnesses commonly associated with or worsened by HIV infection, such as tuberculosis (TB) and sexually transmitted infections (STIs). Other care and support services may include palliative care and socioeconomic and psychological support services. Along with care and support services, infection control measures were assessed for all service sites assessed in the facility.

- Antiretroviral therapy (ART): This refers to providing antiretroviral (ARV) medicines for treatment of HIV-infected persons.

- Post-exposure prophylaxis (PEP): This refers to provision of ARV medicines for preventing infection in persons at risk. Because PEP requires access to ARVs, it is not surprising that this is available most often in facilities where ART services are available.

- Prevention of mother-to-child transmission (PMTCT): A facility is defined as offering PMTCT services if any activities related to prevention of transmission are offered. This may include only counseling about exclusive breastfeeding for PMTCT, or may include all components of PMTCT services, including provision of antiretroviral medicines during labor.

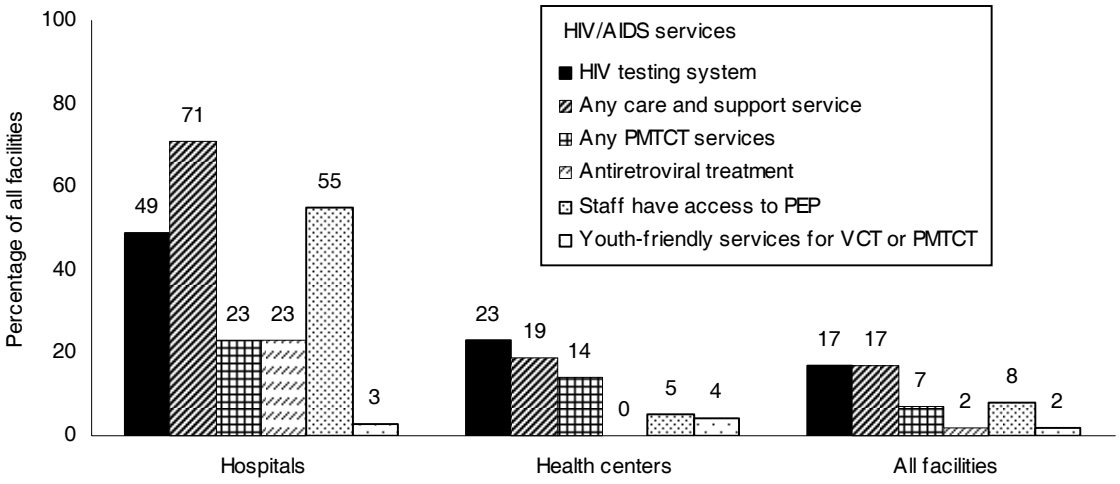
- Youth-friendly services (YFS): This refers to specific program strategies to encourage utilization of services by adolescents. Youth-friendly services were assessed where either VCT or PMTCT services are offered.

Findings:

The majority of HIV/AIDS-related services in Guyana are being offered in the hospital setting, with HIV testing and care and support services the most commonly available services (Figure 3.1). PMTCT and PEP services are the next most commonly available. ART services have only recently been introduced, and at present, are available in a small proportion of facilities (2 percent), primarily in hospitals (23 percent).[1]

Youth-friendly services are not widely available, with only 2 percent of all facilities[2] having YFS associated with VCT or PMTCT (Figure 3.1). Details for each service follow.

Figure 3.1 Availability of services for HIV/AIDS (N=155)



[1] Seven hospitals (actual/unweighted number) offer ART services.
[2] Youth-friendly services are only available in 6 facilities throughout the country, 2 in Region 10 (Upper Demerara/Berbice), 3 facilties in Region 6 (East Berbice/Corentyne), and 1 in Region 4 (Demerara/Mahaica), and among them in 5 health centers and 1 hospital (these are actual/unweighted numbers of facilities).

3.3 Basic-Level Services for HIV/AIDS

3.3.1 Testing and Counseling

Structured and coordinated programs for the prevention of HIV/AIDS first started in 1989 with the establishment of NAP, with VCT services first offered in 1996. Initially the HIV testing services were primarily in government facilities. Program information indicates that, in Guyana, HIV test confirmation is primarily performed at the MOH National Laboratory for Infectious Diseases (NLID) and in private laboratories.

Generally accepted definitions for voluntary counseling and testing services VCT or CT for HIV include the following key elements:

- The test must be provided only after an informed consent has been received from the client, and the test must be voluntary
- The client must be assured that test results are confidential and that no one will be told the results without the explicit consent of the client
- The client must receive pre-test counseling to ensure an understanding of the meaning of the test
- Clients with both positive and negative results should be counseled for preventive measures, as well as more thorough counseling related to HIV infection for positive clients

The Technical Working Group defined elements important for supporting the quality of VCT services. Guidelines and protocols should be available in all VCT service delivery areas to reinforce expected standards of practice and for reference if needed. Records and documentation of services provided should be kept to monitor the quality of VCT services.

Elements for quality VCT services were assessed for all facilities having an HIV testing system. A facility is defined as having an HIV testing system if the HIV test is provided in the facility, or if the facility has a system for receiving results of tests conducted outside, so that post-test services can be provided.

VCT services may be provided in a special VCT unit, where clients come on their own accord and request an HIV test. They may also, however, be provided in almost any service setting, where either the client or the service provider determines that an HIV test is advisable (CT). Thus, data were collected from all service sites within a facility where it was indicated that providers from that service site had any responsibility for counseling and/or testing for HIV.

Details for HIV testing and counseling services are provided in Appendix Tables A-3.1 and A-3.2.

HIV testing (either conducted at the facility or through referral, with results returned to the facility) is available in all types of facilities, except health posts, with half of hospitals (49 percent), around one in five health centers, and all laboratories having a testing system (Figure 3.2 and Appendix Table A-3.1). Only 17 percent of health facilities across the country reported having an HIV testing system.[3] Although scarce, testing services are not evenly distributed throughout the country and are more commonly found in Region 4 (Demerara/Mahaica) and Region 6 (East Berbice/Corentyne), and are not found at all in

[3] The actual number (unweighted) of facilities with an HIV testing system is 47.

Regions 1 and 8. Fifteen percent of facilities with a testing system rely on nonaffiliated facilities to conduct the test and provide feedback (Appendix Table A-3.1).

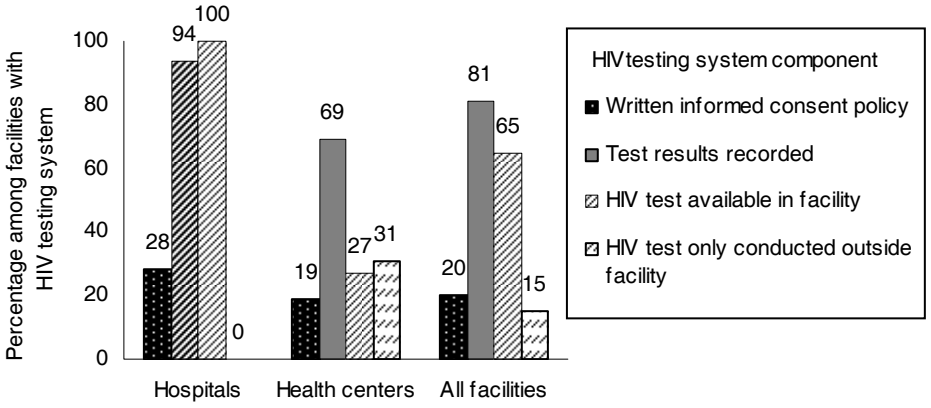
When looking at elements to support quality VCT/CT services, recordkeeping is strong, with around 80 percent having records of test results and records showing that the client received the results, for all eligible service sites (Figure 3.2). Each hospital offers HIV testing services from an average of two different sites.

Protocols and guidelines are the weakest component of quality HIV testing systems, with one in five facilities having a written informed consent policy at all sites offering VCT/CT.

Although 90 percent of facilities with HIV testing systems have a trained counselor assigned, only 24 percent have a written policy for routine provision of pre- and post-test counseling. Counseling conditions are reasonable, with 84 percent of facilities offering counseling under conditions where there is visual and auditory privacy in all sites where HIV test counseling is provided. Guidelines or policies for confidentiality and for the content of pre- and post-test counseling are available in all relevant service areas for only around 20 percent of the facilities (24 and 18 percent, respectively). "National guidelines for management of HIV-infected and HIV-exposed adults and children" have just recently become available (December 2004, after most data collection was completed for this survey), however, these guidelines do not provide guidelines for the content of counseling.

Client counseling records that can be linked with test results are available in all sites in only one in three facilities. One reason for this is that for some facilities using the rapid test, records are only being kept of client identifiers and test results, with no record of counseling that is provided. The explanation is that "all clients receive pre- and post-test counseling and all clients receive their test results." The 2004 Guyana HIV/AIDS SPA accepted these records for the test results and assumed clients received their results, but did not accept the implied response that all clients received counseling.

Figure 3.2 HIV testing services (N=26)



Observations and Recommendations:

- Guidelines for quality HIV testing services and records of services provided should be available in all sites where the relevant services are offered.

- Records of counseling services need to be maintained. It cannot be assumed that every client who receives the rapid test stays for post-test counseling once results are provided.

- Systems for making HIV testing with counseling more widely available geographically are needed. Blood screening and HIV testing are mainly available in Regions 4 and 6. Even with streamlining the logistics for HIV testing, it might take a week for the sample from the hinterland to reach Georgetown to be processed in the lab and even longer to get the results back to the patient.

3.3.2 Services and Service Conditions Relevant to HIV/AIDS Care and Support

Tuberculosis (TB) and sexually transmitted infections (STIs) are both illnesses associated with HIV/AIDS. Programs to "Roll Back Malaria" are being addressed in conjunction with those addressing HIV/AIDS, TB, and STIs, in an effort to decrease the most serious underlying causes of death and disease. Facilities that provide care and support for HIV/AIDS clients should also be able to offer services for TB, STIs, and malaria. The following is information on services for each of these illnesses. Appendix Table A-3.3.6 provides details on training and supervision for providers of these services.[4]

3.3.2.1 Tuberculosis

Tuberculosis is one of the most common opportunistic infections associated with HIV/AIDS and is one of the leading causes of death in HIV-infected persons. With the pandemic of HIV/AIDS, the incidence of TB was noted to increase, and with this came an increased risk of drug resistance. It is estimated that one-third of the 40 million people living with HIV/AIDS worldwide are co-infected with TB. People who are both HIV-positive and infected with TB are up to 50 times more likely to develop active TB in a given year than HIV-negative people (WHO, 2005).

TB diagnosis and treatment is considered an essential component of care for HIV/AIDS clients. WHO advocates the use of the directly observed treatment short-course (DOTS) strategy for TB treatment to improve compliance with full treatment.

Generally accepted standards for quality of TB services include the following key elements:

- Diagnosis based on sputum smear, with backup or confirmation using X-ray

- Records that indicate newly identified cases, and that monitor the course of treatment and client adherence to the treatment protocol

- Standard guidelines and protocols for the TB diagnostic and treatment regime

- A continuous supply of the TB treatment regime for each patient

In addition to providing quality treatment for diagnosed cases of TB, it is advocated that all newly diagnosed HIV-infected persons be screened for TB (and that all newly diagnosed TB patients be screened for HIV). Preventive treatment for TB, using isoniazid (INH) in HIV-infected persons who might not yet have TB but who may have been infected is advocated in some instances, but is not, at present, advocated as a routine intervention. These services will be discussed in a subsequent section of the report.

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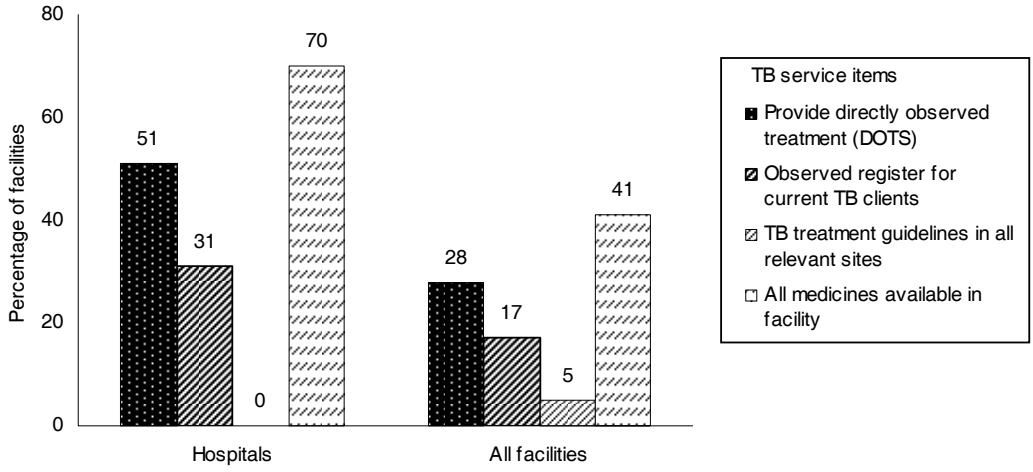
[4] Information on TB, STI, and malaria services for all facilities is provided in Appendix Tables A-3.6.1 through A-3.6.6.

Findings:

Details for services related to tuberculosis are in Appendix Tables A-3.3.1 through A-3.3.3.

Among 27 (weighted number) facilities offering any care and support services (CSS) for HIV/AIDS clients, 67 percent provide some type of TB services, with 11 percent reporting they are part of the national direct observed treatment strategy program and 19 percent reporting that they follow DOTS treatment strategy (Appendix Table A-3.3.1). Among facilities providing CSS for HIV/AIDS clients and offering any TB services, only hospitals (51 percent) follow the DOTS strategy. Among all facilities offering CSS and TB services, half have service sites reporting they offer follow up treatment only, and one-third have service sites reporting no direct observation component in place, although they do provide initial treatment (Appendix Table A-3.3.2). As shown in Figure 3.3, around one in five facilities (17 percent) offering any TB services have a client register for current clients, and only 5 percent have the TB treatment protocol at all sites reporting they diagnose and prescribe TB treatment. Similarly, one in five facilities (20 percent) actually providing the directly observed treatment short-course strategy have a client register for persons currently under DOTS (Appendix Table A-3.3.1). Within the same facility different strategies with regards to TB treatment may be used, depending on the service site. It is not uncommon for a hospital inpatient service to provide the initial treatment for TB, but upon client discharge, for the client to receive followup for TB from either the outpatient unit at the hospital or a health center close to their residence. The followup services may be for the last 4 months of services, when direct observation of the client taking medicines is not necessary. Elements for quality exist across most facilities, with treatment guidelines in all relevant service sites being the weakest component.

Figure 3.3 TB services in facilities with HIV/AIDS care and support services (CSS) and offering any TB services (N=18)



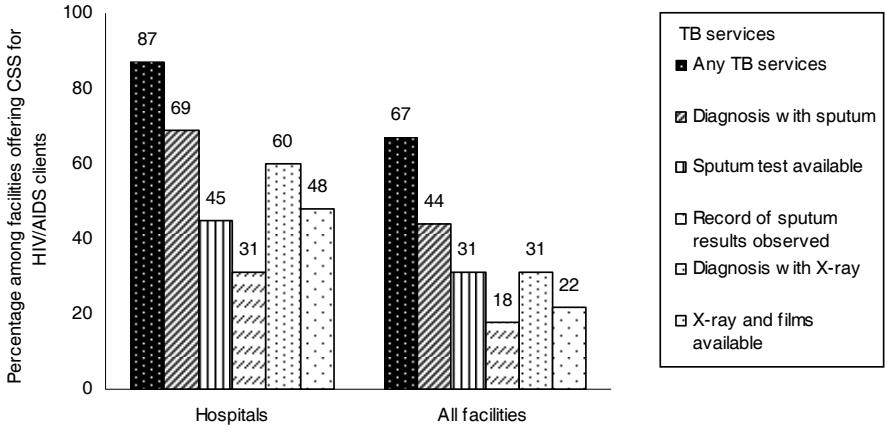
All first line TB medicines are available in 41 percent of the facilities offering both CSS for HIV/AIDS clients and any TB services (Appendix Table A-3.3.2) and in 87 percent of the facilities actually following DOTS strategy, with hospitals most likely to have all TB medicines available. This includes 87 percent of hospitals using the DOTS strategy, and 70 percent of those offering any TB services (Appendix Tables A-3.3.1 and A-3.3.2). Hospitals are the only type of facility with client registers observed (31 percent) and health centers the only type of facility with observed treatment protocols at all TB service sites.

Only hospitals report that they routinely refer newly diagnosed TB clients for HIV testing, with 28 percent reporting they refer all newly diagnosed TB clients and 10 percent that they sometimes (selectively) do this (data not shown).

Appendix Tables A-3.6.1 through A-3.6.3 provide information on TB services for all facilities, regardless of whether they offer CSS for HIV/AIDS clients or not. Forty-one percent of all facilities report offering any TB services, with about 80 percent of hospitals and more than one-third of health posts reporting TB services. Among facilities offering TB services, less than half of hospitals and around 1 in 10 health centers and health posts report they follow the DOTS strategy. Only 1 in 10 health centers and only 6 percent of the health posts offering TB services have any client register. Three in four hospitals had all first-line TB medicines available, but this was true for only one in four health centers and almost no health posts. This finding may reflect the practice of client receiving their medicines at the hospital, even if followup is by other facilities.

Most TB diagnostic services are provided in hospitals, with other facilities frequently referring clients to hospitals for diagnosis and initial treatment. Clients are then frequently referred back to a facility close to their home for treatment followup services. Among hospitals offering CSS for HIV/AIDS clients, four in five that indicate they diagnose TB using sputum and similar proportions said they also use X-ray (Figure 3.4). Two in three of the hospitals using sputum for diagnosis had all items for conducting the test the day of the survey or had a documented system for sending sputum elsewhere for TB diagnosis, and four in five of the hospitals that said they diagnose using X-ray have a functioning X-ray machine with blank films (Appendix Table A-3.3.3 and Figure 3.4). It is possible that some facilities that use X-ray for diagnosis refer clients and receive the X-ray report back from the referral site. Appendix Table A-3.6.3 provides this information for all facilities offering any TB services.

Figure 3.4 TB diagnostic practices in facilities offering care and support for HIV/AIDS clients (N=27)



Observations and Recommendations:

- Increasing client access to TB treatment through expanding the DOTS strategy to all levels of facilities offering any TB services should be considered.

- Better monitoring, to ensure that all facilities offering TB services maintain client registers, and have a regular supply of TB medicines, needs to be implemented. Program initiatives to improve

compliance with the national DOTS program should be developed for health centers, health posts, and laboratories, including those managed by the private sector. Encouraging staff to participate in training and national reporting might support their compliance.

- Ensuring that TB treatment protocols are available at each site where the TB treatment is offered will support adherence to the protocols of treatment.

- National policy regarding testing for HIV in relation to clients either suspected or newly diagnosed with TB should be promoted.

3.3.2.2 Sexually Transmitted Infections

Not only is the most common method of transmission of HIV/AIDS through sexual activity, but there is also a well documented link between other sexually transmitted infections (STIs) and the risk of contracting HIV. Service locations where STIs are treated are prime locations for activities for detection and prevention of HIV/AIDS. Persons with HIV/AIDS are also at higher risk than the general population for contracting syphilis. Thus, screening and diagnosis and treatment for STIs, including syphilis, is a basic service that should be provided to all at-risk clients.

Generally accepted standards for quality of STI services include the following key elements:

- Diagnostic and treatment guidelines should be available in all service sites where STI diagnosis and treatment are offered.

- The probability that a client will receive the correct medicine, in the correct treatment dosage, is improved if the facility can provide the necessary medicine before the client's departure.

Laboratory diagnosis is also important as it may be the only means for confirming the presence or absence of many STIs. International experts also advocate that all newly diagnosed HIV/AIDS clients be screened for syphilis.

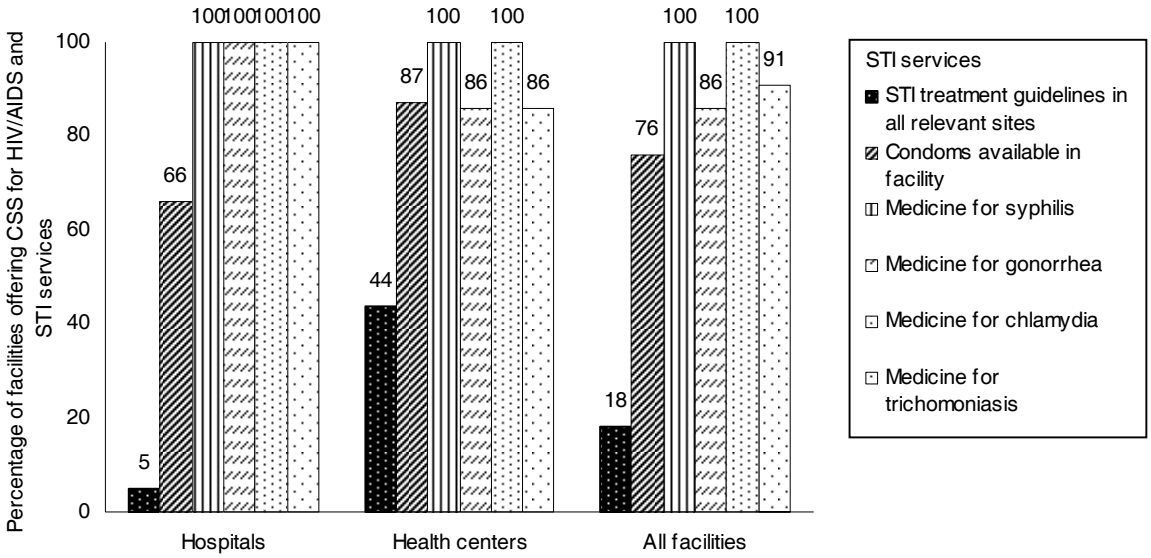
Findings:

Details for services related to STIs are in Appendix Table A-3.3.4.

A majority of the facilities (81 percent) that offer care and support services for HIV/AIDS, with the exception of health posts (50 percent), also provide diagnosis and treatment for STIs.

Only one in 5 (18 percent) facilities have treatment guidelines in all sites where STI services are offered (Figure 3.5), with practically no difference by managing authority. Health centers are far more likely to have guidelines in all sites (44 percent) and health posts are the least likely (none). Guidelines are present in all STI service sites in only 5 percent of hospitals, where on average 2 sites were identified in each facility. Though widely available, it is noteworthy that condoms were not found in any location in 24 percent of all facilities, with hospitals and laboratories least likely to have condoms. Medicines for treating the most common STIs are widely available, with treatment for gonorrhea being the one more likely to be unavailable. Medicines for treating each of the four assessed STIs are universally found in hospitals (100 percent).

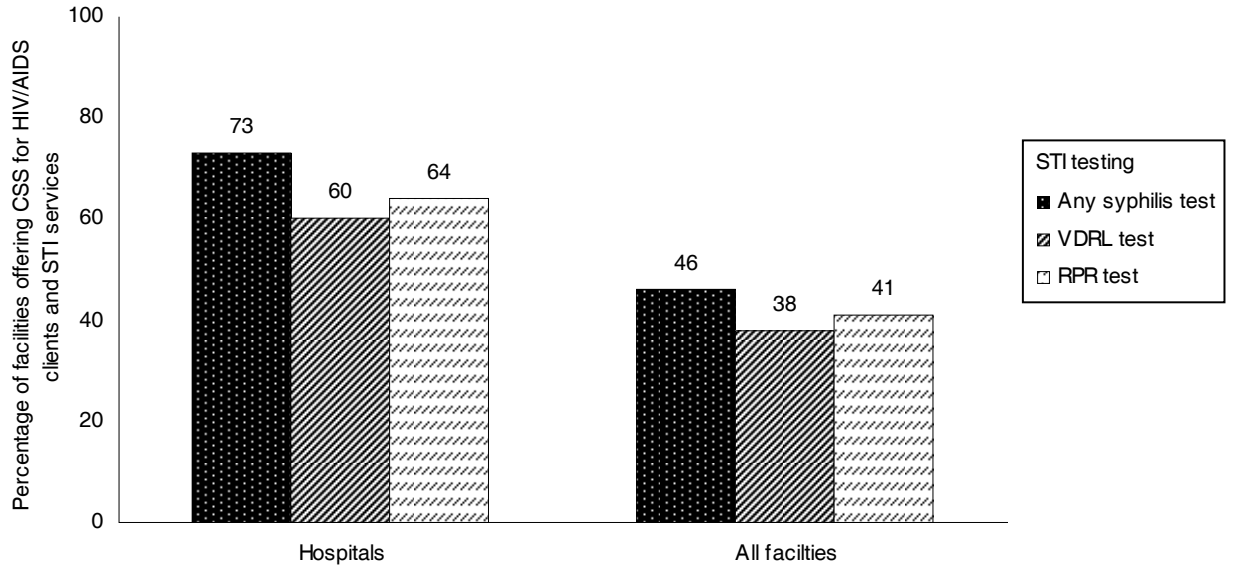
Figure 3.5 STI treatment services (N=22)



Not unexpectedly, hospitals are the type of facility most commonly having testing capacity for syphilis, with Venereal Disease Research Laboratory (VDRL) testing being slightly less common than rapid plasma reagin (RPR) testing (Figure 3.6). The health posts and the health centers refer STI clients to laboratories for testing. Although, the 2004 Guyana HIV/AIDS SPA survey protocol did not collect information regarding routinely offering an HIV test to newly diagnosed STI clients, its known that HIV testing with pre- and post-test counseling is offered to all STI patients visiting the MOH Genito-Urinary Medicine clinic (GUM) located at Georgetown Public Hospital Corporation (GPHC), and HIV/AIDS prevention and control activities, as well STI syndromic management program are operated through GUM (World Bank, 2004).

When all facilities are assessed, regardless of CSS services for HIV/AIDS clients, STI services are offered by 52 percent of facilities. STI services are offered primarily by hospitals (90 percent), followed by two-thirds of the health centers (63 percent) and one-third of health posts. Details are available in Appendix Table A-3.6.4.

Figure 3.6 Testing related to STI diagnoses (N=22)



Observations and Recommendations:

- Treatment guidelines for STIs should be available in all sites within a facility where diagnosis and treatment services are provided.
- A national policy regarding offering HIV testing to all STI clients should be developed and shared with all facilities, beyond the GUM clinic.
- Availability, education regarding use, and distribution of condoms should be ensured in all facilities providing CSS for HIV/AIDS clients, as well as those providing STI services.
- The need to expand syphilis testing capacity to other health facilities beyond hospitals should be reviewed.

3.3.2.3 Malaria

Although there is not a direct link between malaria and HIV/AIDS, the burden of malaria illness is substantial and is high in many areas where HIV/AIDS is also a major public health problem. Thus, through a Roll Back Malaria campaign, this is one of the major public health problems that is being addressed along with HIV/AIDS. It is estimated that more than 1 million people die from malaria each year, with an estimated 3 million deaths associated with malaria (Global Fund, 2005).

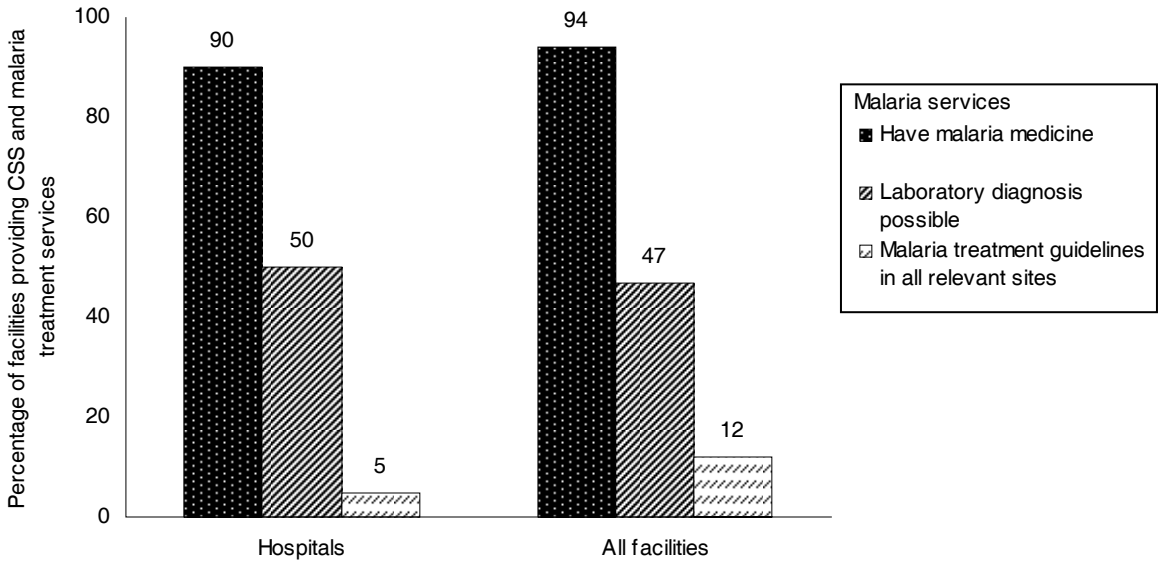
Facility-based initiatives for rolling back malaria include following local protocols for treatment, and when possible, laboratory confirmation of the diagnosis.

Findings:

Details for services related to malaria are in Appendix Tables A-3.3.5.

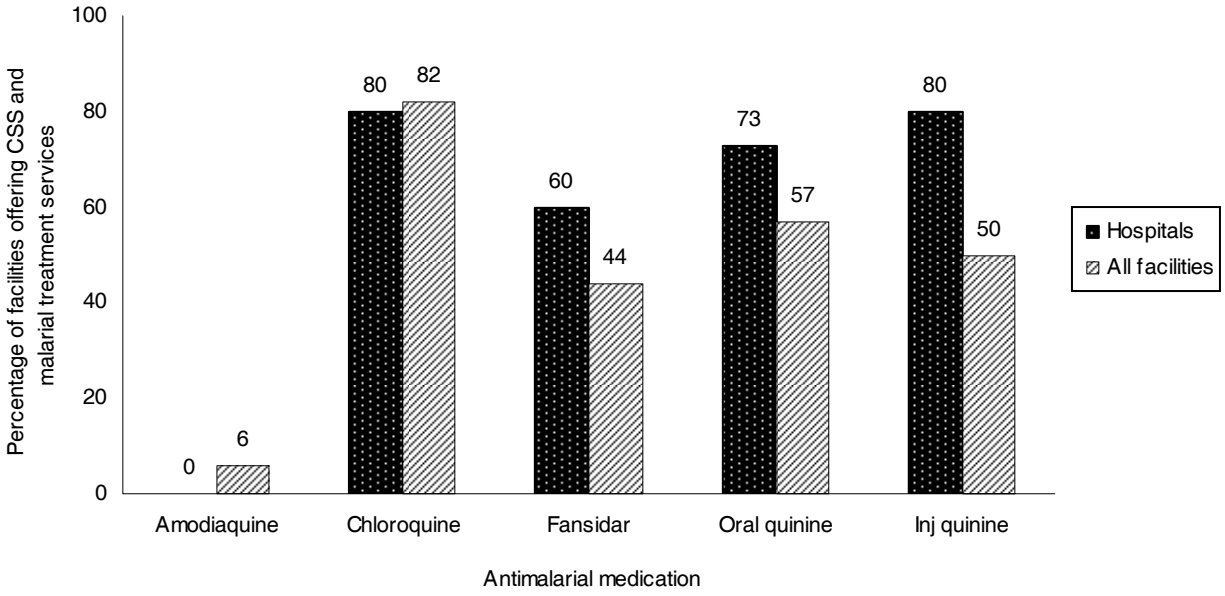
More than two-thirds of facilities offering any CSS for HIV/AIDS clients also offer malaria treatment services, although this is true for only one in five health centers. Nearly all types of facilities that offer malaria treatment services have an antimalarial medicine available (Figure 3.7). Chloroquine, still effective against P-vivax, the most common species of malaria in Guyana, is the most readily available medicine in stock (82 percent), followed by other commonly used medicines such as oral quinine (57 percent), and injectable quinine and fansidar (44 percent) (Figure 3.8). Amodiaquine is largely unavailable (6 percent). Malaria treatment services are offered at multiple sites in larger facilities, with an average of two locations identified for malaria treatment in each hospital.

Figure 3.7 Items to support malaria services in facilities providing care and support for HIV/AIDS clients and providing malaria services (N=18)



Malaria services are offered in nearly half of all facilities, with protocols available in about one-third. Among all facilities offering malaria services, antimalarial medicines are available in only two-thirds, with 10 percent of hospitals missing an antimalarial medicine. Details are available in Appendix Table A-3.6.5.

Figure 3.8 Antimalarial medicines in facilities providing care and support for HIV/AIDS clients and malaria treatment services (N=18)



Observations and Recommendations:

- Facilities should ensure that malaria treatment guidelines are available in all service sites where malaria treatment is provided.
- All facilities in areas with malaria should be able to provide treatment.

3.3.2.4 Infection Control

Infection control practices need to be followed in all sites where the possibility of cross-infection between clients, or between providers and clients is possible. Items for infection control that should be in every service site (or in close enough proximity that a provider could reasonably be expected to use it when needed) include the following:

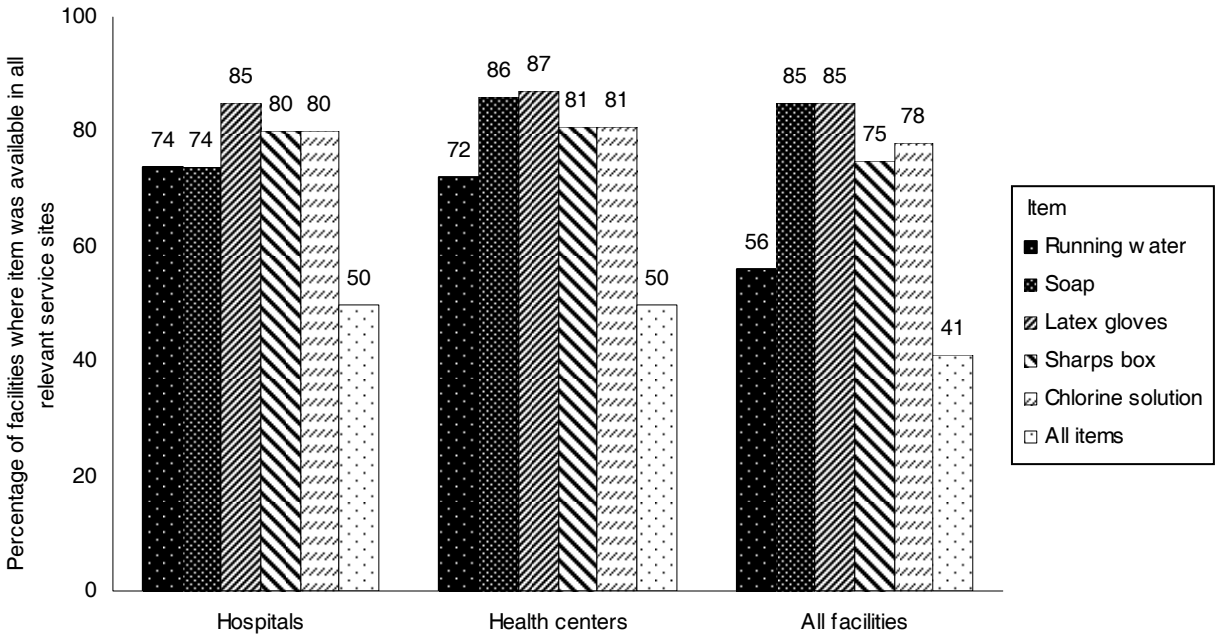
- Soap and running water for hand washing
- A chlorine-based mixture for decontaminating equipment before cleaning and processing for reuse
- Latex examination gloves
- A sharps box for immediately disposing of needles and blades to prevent injury and transmission of blood-born infections

Written guidelines are also important to reinforce to all staff the expected infection control practices that should be followed.

Findings:

Detailed information on infection control elements are found in Appendix Tables A-3.4.1 and A-3.4.2. Just over half of all facilities have functioning equipment for sterilization or high-level disinfection (HLD). Running water is available in relevant service areas in slightly more than half of all facilities (Figure 3.9), in two-thirds of hospitals and health centers, but only one-third of health posts (Appendix Table A-3.4.1). Other items (e.g., soap, sharps box, and latex gloves) are more commonly available, though chlorine solution for decontaminating equipment and sharps boxes were absent in all relevant sites in 1 out of 4 facilities, and soap and latex gloves in 1 out of 6 facilities. Soap in all sites in hospitals and sharps box in all sites in health centers are the least commonly available elements for infection control. An average of 4 different sites were assessed for infection control in each hospital, and an average of 1.5 sites for health centers. Only 1 in 10 facilities had infection control guidelines in any location in the facility, with hospitals (31 percent) more likely to have any infection control guidelines in at least one location (Appendix Table A-3.4.3).

Figure 3.9 Items for infection control among facilities (N=155)



Observations and Recommendations:

- Ensuring running water in health posts should be a priority. This can be provided using a bucket with a tap if a piped system is not feasible.
- The presence of sharps boxes in all health posts should also be seen as a priority for infection control.

- When focusing on infection control, it is essential that all service sites, where risk of cross contamination is likely, be included in measures to improve infection control practices.

- Expected infection control practices should be reinforced, through written guidelines, and made available in all service sites within a facility.

- Supervisors should be held accountable for monitoring to ensure infection control materials are present in all relevant locations in a facility and that staff are adhering to expected practices.

- All hospitals and laboratories should be able to sterilize or HLD equipment. An assessment of need in other facility types is needed to ensure that all eligible facilities can safely provide their basic services.

3.3.3 Basic-Level Treatment of Opportunistic Infections and Palliative Care for HIV/AIDS Clients

Because of the suppression of their immune response, HIV/AIDS clients are at high risk for developing opportunistic infections (OIs). All facilities providing any care and support services for HIV/AIDS clients should be able to treat OIs and to provide a basic level of palliative care.

Elements that are identified for quality services related to care and support for HIV/AIDS clients include the following:

- Having a provider trained specifically in OIs

- Treatment guidelines in all service areas

- Availability of medicines for the most commonly seen OIs and conditions for which palliative care is needed

- Recordkeeping to document the burden of disease related to HIV/AIDS

- Confidentiality guidelines

- Individual client records to support continuity of care.

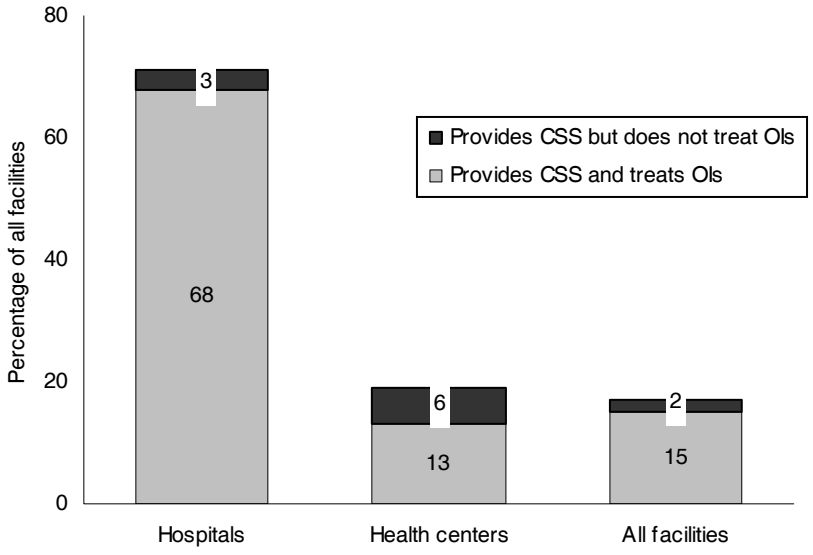
In addition to the above, isoniazid (INH) preventive treatment for TB, particularly for HIV/AIDS clients who might have been exposed to TB, and cotrimoxazole preventive treatment (CPT) for Pneumocystis carinii pneumonia (PCP) are under international discussion as to whether these should be routinely provided to all HIV-positive clients, or selectively provided, depending on client conditions. It is important to know the extent to which these interventions are being offered.

Findings:

Details on the availability of elements to support basic level treatment of OIs and provision of palliative care are found in Appendix Tables A-3.5.1 and A-3.5.5.

Nearly all (85 percent) facilities that report providing any care and support services offer treatment for OIs (Figure 3.10). Care and support services are offered in one in five (17 percent) facilities, including more than two-thirds of all hospitals (71 percent). Care and support services are most commonly offered in Regions 4, 9, and 10, with 39, 24, and 22 percent of facilities in these regions, respectively, offering the services.

Figure 3.10 Percentage of facilities providing CSS for HIV/AIDS clients and offering treatment for OIs (N=155)

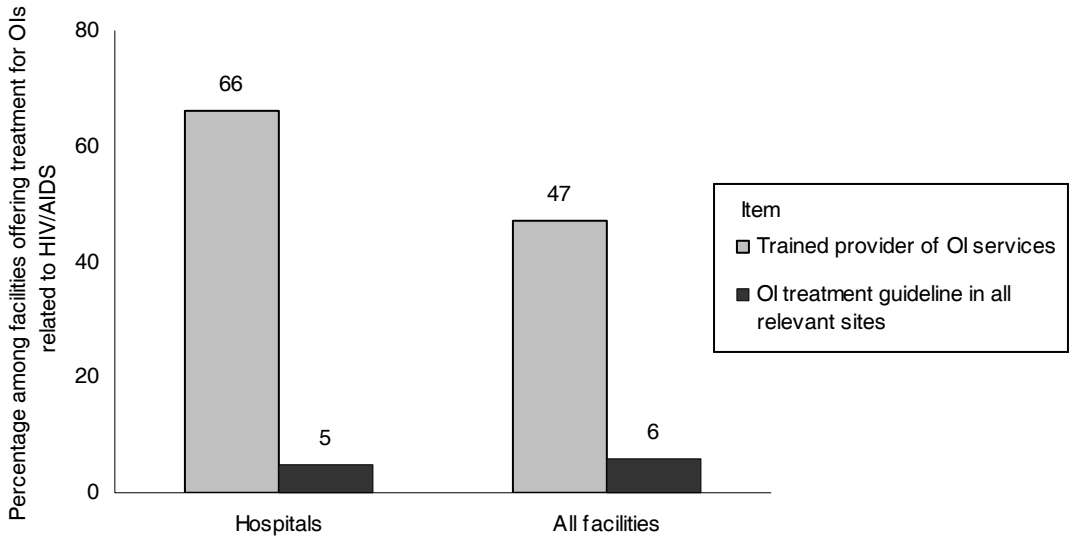


If at least one medicine (including either basic- or higher-level medicines) for treating the indicated condition was available, a facility was determined to have capacity to treat the OI (or provide the palliative care) at the basic level. Basic level implies that one could expect providers at the health center and possibly the health post level to manage. More than 90 percent of facilities offering treatment for OIs have at least one medicine for treatment of the most common OIs and for providing basic palliative care (Appendix Table A-3.5.2). Antibiotics and antifungal medicines are widely available. Hospitals are better supplied with any medicines than other types of facilities. This is not unreasonable given that health centers and health posts may provide initial treatment, or treatment for less severe illness, but will refer seriously ill persons to hospitals.

The ability to provide palliative care such as management of chronic diarrhea (39 percent), and to rehydrate using intravenous solutions (60 percent) are the most commonly lacking elements, even in hospitals and health centers and are practically absent in health posts. Oral rehydration salts (ORS), the simplest, noninvasive yet effective treatment of dehydration are available in only about half of health posts and health centers. If better supplied with ORS and medicines for treatment of diarrhea, health providers from these facilities could minimize easily preventable complications associated with diarrhea and dehydration and avoid unnecessary referrals.

At least one provider of OI services who has received training on OIs within the past 3 years is available in about half (47 percent) of facilities, with two-thirds (66 percent) of hospitals and 40 percent of health centers having a service provider for OIs who received training within the past 3 years (Figure 3.11). Guidelines for treating OIs are rarely available in the various sites where services are offered (6 percent). An average of 2.2 different sites were identified in each hospital as providing treatment services for some OIs. Within health centers there was an average of 1.1 sites.

Figure 3.11 Items to support treatment for opportunistic infections (N=23)

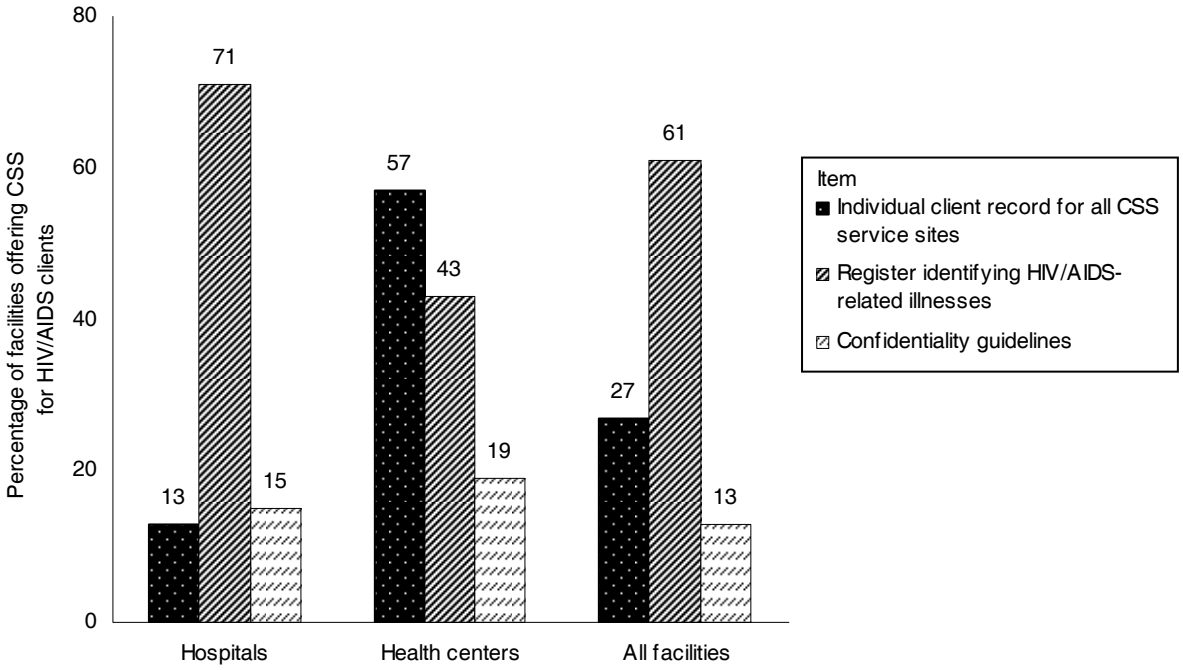


Among facilities offering CSS for HIV/AIDS clients, 37 percent said they routinely offer preventive TB treatment (Appendix Table A-3.5.3), and 65 percent said they routinely offer cotrimoxazole preventive treatment (CPT) against Pneumocystis carinii pneumonia (Appendix Table A-3.5.4) to all clients. It is possible that the question was misunderstood, for it is less common for facilities to provide these interventions to all clients, and more common to "routinely offer preventive treatment depending on the condition of the client." Thus, the information on routine provision (e.g., the preventive treatment is offered to every HIV/AIDS client) should be used cautiously. More than 70 percent of the facilities offering CSS for HIV/AIDS provide CPT (selectively or routinely) to some clients, with this being most common in hospitals (91 percent). Slightly less than half of facilities provide preventive (selective or routine) TB treatment to some clients, again this is most common in hospitals (72 percent). Almost no facilities (3 percent or less) have guidelines for CPT or for preventive TB treatment in all service sites reporting they offer the intervention.

Among facilities offering care and support services for HIV/AIDS clients, routine use of individual client records could not be substantiated in all service sites in most facilities (Figure 3.12). Routine use of individual client records was noted for all relevant sites in only 1 in 3 facilities. Health centers were most consistent (57 percent) in the use of these records. An assessment of routine service records showed that two-thirds of facilities are documenting at least some of the illnesses related to HIV/AIDS. This is one means for beginning to identify the burden that HIV/AIDS is placing on health services. It is not certain if health centers, laboratories, and the approximately 40 percent of facilities where no documentation was observed, do not record in a way that HIV/AIDS-related illnesses can be identified, or if the client load is so small that no eligible cases received services during the time period for which registers were assessed. Written confidentiality guidelines are not often available in all service sites (13 percent). It is likely that where guidelines were found, they were developed by the facility managing authority. The "National

guidelines for management of HIV-infected and HIV-exposed adults and children" became available in December 2004 (at the end of the 2004 Guyana HIV/AIDS SPA fieldwork). However, the guidelines do not cover confidentiality.

Figure 3.12 Items available in all relevant service sites for monitoring and supporting quality of care and support services (N=27)



Observations and Recommendations:

- Guidelines for treating opportunistic infections and for providing palliative care need to be available at all sites where these services are offered. This is critical for enabling services to be provided at a minimum quality, particularly in view of the shortage of physicians in health centers and health posts.

- Written confidentiality guidelines are important for each service site because they support staff adherence to correct procedures.

- Guidelines for how HIV/AIDS-related illnesses should be documented for service statistics should be developed and shared with all service providers.

- The need for more attention to palliative care related to chronic diarrhea and general dehydration should be assessed, and if needed, a policy to ensure capacity to provide the service should be implemented.

- Policies on preventive treatment for PCP and for TB need to be distributed and made available in all locations where provision should be considered.

3.4 Advanced Care and Support Services for HIV/AIDS clients

Persons with advanced stages of HIV/AIDS usually have serious illnesses that require a higher level of followup and treatment than is available at many health facilities. Hospitals should be fully capable of providing all of the advanced care and support services needed for monitoring and treating HIV/AIDS patients. As service development expands, however, it is expected that many of these services will be available outside of hospitals as well. Current programs are focusing on increasing staff training, developing protocols and guidelines, ensuring adequate laboratory and medical equipment, and implementation of recordkeeping to allow monitoring of HIV/AIDS services.

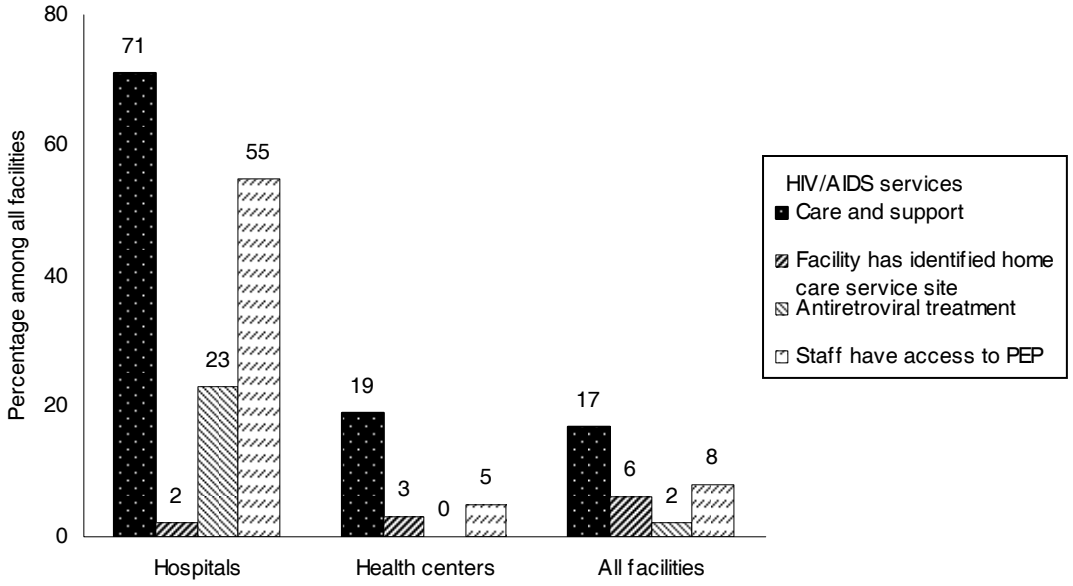
The services assessed for advanced-level care and support include the following:

- Laboratory diagnostic capacity and availability of medications for treating severe opportunistic infections and providing palliative care
- Provision for or a formal referral system for psychosocial and socioeconomic care and support services
- Antiretroviral therapy (ART)
- Post-exposure prophylaxis (PEP).

3.4.1 Availability of Services

The majority of care and support services are offered at hospitals (71 percent), with only 19 percent of health centers offering some services (Figure 3.1 in Section 3.2). Antiretroviral therapy and PEP are found primarily in hospitals (Figure 3.13).

Figure 3.13 HIV/AIDS services offered by facilities (N=155)



3.4.2 Advanced-Level Treatment of Opportunistic Infections and Palliative Care for HIV/AIDS Clients

Advanced-level treatment capacity requires that a facility have access to at least two of the most common medications used for treating an indicated condition. In this section protocols or guidelines for treating the common opportunistic infections available in each service area are assessed, and whether trained staff are available in the facility. Laboratory diagnostic capacity for common illnesses related to HIV/AIDS is also assessed. Appendix Tables A-3.7.1 through A-3.7.4 provide detailed information on these service elements.

Hospitals are best equipped to provide the necessary treatment interventions for HIV/AIDS clients (Figure 3.14). This finding is similar for laboratory capacity for monitoring the condition of HIV/AIDS clients and diagnosing specific illnesses (Figure 3.15 and Appendix Table A-3.7.2).

Figure 3.14 Availability of medicines to treat common HIV/AIDS-related conditions (N=27)

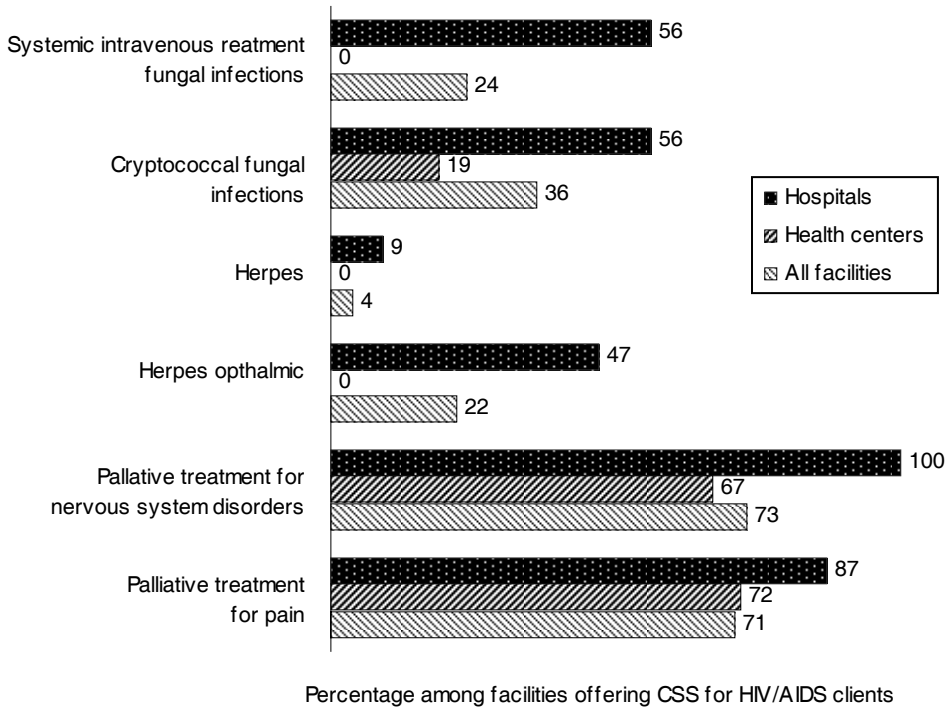
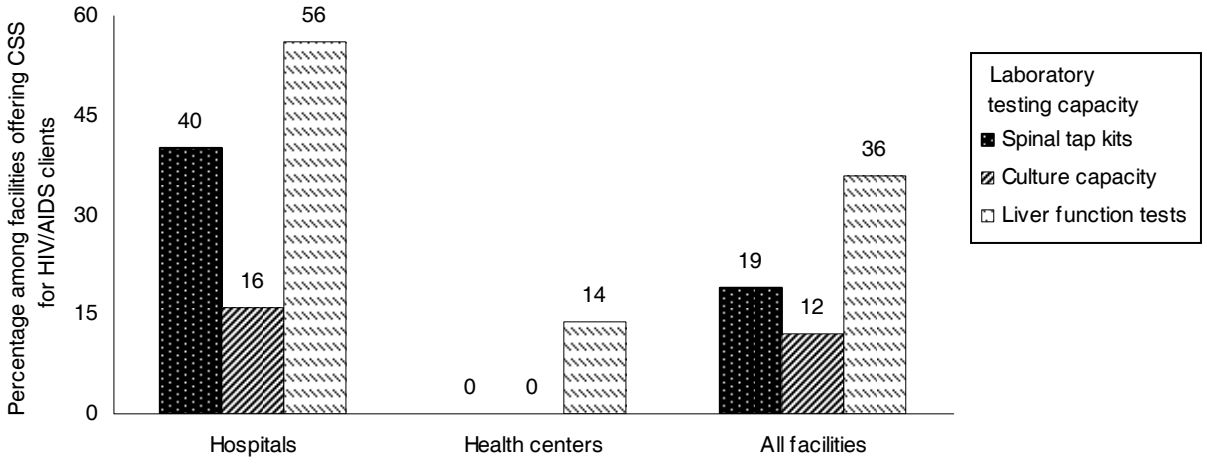


Figure 3.15 Available laboratory testing capacity (N=27)



Guidelines for treating opportunistic infections, for providing symptomatic palliative care, and general care and support for adults or children living with HIV/AIDS are available in all relevant service sites in only 5 percent or less, of facilities offering any CSS for HIV/AIDS clients (Appendix Table A-3.7.3). A record system for making individual client appointments is also available in only 6 percent of facilities. Nearly 65 percent of facilities have at least one staff member who provides the service and who has received recent (within the past 3 years) training on psychosocial counseling, 40 percent on opportunistic infections, and 26 percent on palliative care and nutrition rehabilitation (Appendix Table A-3.7.4).

Observations and Recommendations:

- Guidelines for the HIV/AIDS services, and that outline the overall care and support needs relevant to HIV/AIDS should be in all relevant areas that HIV/AIDS clients receive services.
- There should be a written document at all service sites indicating where clients can be referred for services not offered in the facility.

3.4.3 Antiretroviral Therapy

Safe provision of antiretroviral therapy (ART) requires trained health personnel and regular monitoring of the condition of the client to ensure that an effective antiretroviral regime is being implemented and that side effects are managed. It is common for ART clients to receive all of their care and support from the same unit, where health service providers may have received special training related to their health needs and recordkeeping for monitoring the services.

Elements identified as important for providing quality ART services include the following:

- Protocols and guidelines for relevant care and support services
- Staff trained in providing the relevant services

- A consistent supply of the ARV drugs and storage practices to maintain the quality and security of the ARVs
- A system for making client appointments for routine followup services
- An individual client record for continuity of care for the client
- Record systems so that ARV compliance can be calculated.

Findings:

Antiretroviral treatment was first introduced in Guyana in 2002 at the GUM clinic, the main site where HIV-infected persons are seen, using locally manufactured ARVs. Because of the limited laboratory services, patients had to have at minimum an AIDS-defined illness to receive ART. The services have since expanded and ARVs can now be assured in at least four regions. Monitoring is based on clinical parameters and total leukocyte count. In 2003 services became available for testing CD4 cells and viral load. Because of the lack of diagnostic capacity in existing laboratories, diagnosis of opportunistic diseases, with exception of TB, are mainly done clinically.

Implementation of ART services is still in the early stages, with only 23 percent of hospitals (N=7, unweighted), and no other facility types offering any ART services. The service is only offered in coastal Regions 2, 3, 4, 6 and 10.

Among the seven facilities only four have the expected program support elements such as individual client records, appointment books for client followup, and client service registers. The registers indicated 112 current ART clients, in total, under treatment at the time of the survey, with 11 of these clients irregular in keeping their appointments (Table 3.1). Guidelines and protocols for care of people living with HIV/AIDS and for diagnosis and treatment of conditions commonly associated with AIDS were available at the time of the survey in one facility. This facility had the National ART treatment guidelines for adults and children living with AIDS, which became available in December 2004, as data collection was being completed.

Among the seven facilities offering ART, eligibility criteria varies, with two facilities using solely "doctor's opinion" regardless of the client WHO staging. Adherence criteria is only a criteria for eligibility in two of the seven facilities. Only four of the seven facilities have any service statistics available. All 7 facilities have observed laboratory capacity for monitoring ART (using total lymphocyte count), however CD4 testing capacity was found in only one facility.

Table 3.1 Service statistics for facilities having records for antiretroviral clients

Service statistics for facilities having records for antiretroviral clients (actual data, unweighted), Guyana HIV/AIDS SPA 2004

	Number of cases according to facility ID number				
Service statistic	1	2	3	4	Total
Current ART clients	16	23	5	68	112
Current female ART clients	7	14	5	41	67
Clients regular for followup	13	20	0	68	101
Clients missed 2 or more appointments (past 6 months)	3	3	5	0	11
Months ART services have been available	24	14	10	11	

Note: Three facilities offering ART had no observed service records

Among the seven facilities offering ART, five have ARVs available with up-to-dated pharmacy stock cards. Two of the facilities reporting ART clients had no ARVs the day of the survey (Appendix Table A-3.8.2). Drugs are stored separately from other medicines in the most of facilities, and are stored under locked conditions in about half of them.

Finally two out of three facilities offering ART had a staff person trained in adherence counseling and nutrition rehabilitation, while only one facility had a staff member trained in ART services during the prior 12 months. At least half of interviewed providers of ART had been personally supervised during the past three months in one out of four facilities offering ART.

Appendix Tables A-3.8.1 through A-3.8.3 provide weighted information on ART services.

Observations and Recommendations:

- As ART services are new, it is important that they be introduced with systems in place for monitoring the service and to ensure adequate quality. The information in this survey provides baseline information for the expansion and subsequent evaluation of services in the future.

- All sites either prescribing or providing followup services related to ART should have copies of relevant protocols and guidelines available.

- Standards for storage of ARVs and monitoring of ART should be provided, in writing, and shared with private-for-profit managed facilities as well as other types of facilities.

- Facilities should be encouraged to send staff to training sessions and to adhere to government policies for ART.

3.4.4 Post-Exposure Prophylaxis

Post-exposure prophylaxis (PEP) should be available not only to health service providers, who are at risk for exposure to HIV, but also to clients who are at risk because of inadvertent exposure (e.g., rape victims). Even facilities that do not officially offer HIV/AIDS-related services should have access to PEP, because it is frequently not known which clients may be infected. Exposure to blood, including needlesticks, puts the provider at risk.

Findings:

As noted in Figure 3.1, PEP is not widely available (8 percent of facilities overall) except in hospitals (55 percent). Where PEP is available, recordkeeping that allows monitoring of full compliance is not routine (Appendix Table A-3.10). Although information on PEP may be kept in individual client records, unless the records are periodically abstracted, it is impossible to ascertain what percentage of PEP services are provided according to standard protocols.

Observations and Recommendations:

- Protocols and guidelines for PEP should be available in all service sites, regardless of whether providers there prescribe the PEP regime or providers are referred elsewhere for the regime.

- A record system for monitoring facilities for the quality of their PEP services should be introduced to all facilities.

- During analysis of data, it was noted that often within the same facility, some providers report they have access to PEP, and some report they do not. An educational strategy for awareness regarding PEP, eligibility, and how to access the services, should be considered for all facilities.

3.5 Prevention of Mother-to-Child Transmission

Services for prevention of mother-to-child transmission (PMTCT) are most often offered in conjunction with antenatal and delivery services and may include a variety of activities, with the degree to which a facility offers the total package often determined by the level of staffing, and whether the facility offers both antenatal care and delivery services.

Generally accepted standards for PMTCT include the following:

- Pre- and post-HIV-test counseling, and HIV testing for pregnant women
- Providing HIV-positive women with counseling on infant feeding practices and importance of family planning to prevent transmission
- Provision of prophylactic ARV to the HIV-positive woman and to her newborn (within 72 hours of birth).

Additional services (referred to as PMTCT+) include making ART available to all women identified through PMTCT as HIV-positive, and to their families.

PMTCT services were first introduced in Guyana in 2002 through a pilot program at eight health centers and one hospital, GPHC. ARV prophylaxis is only provided at hospitals because that is where deliveries occur.

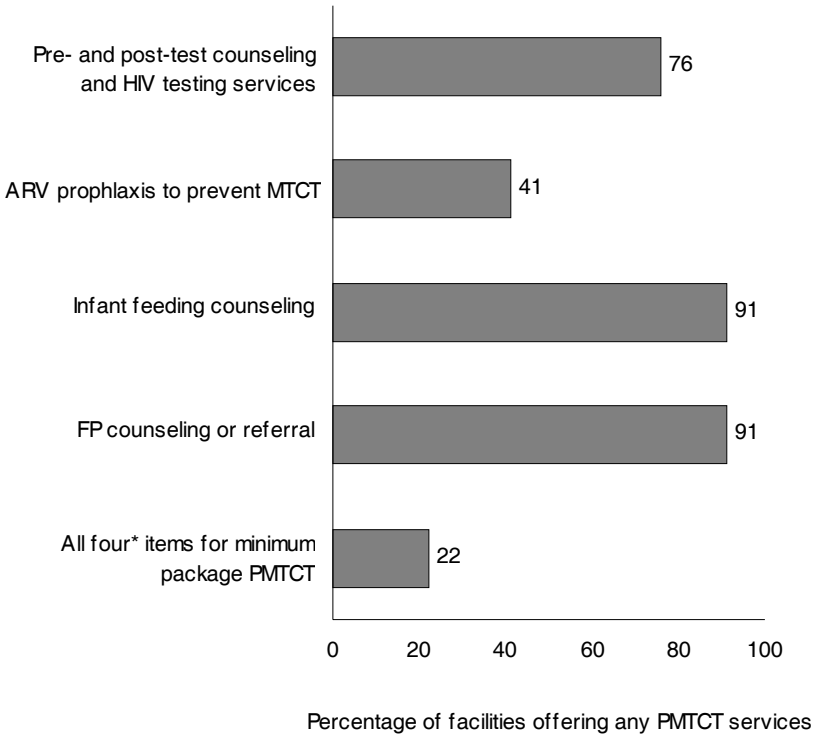
As a part of a national policy on the prevention of mother-to-child transmission, PMTCT activities, including testing of pregnant women and providing antiretrovirals for HIV-positive women and their babies, are being expanded with support of USAID and CDC, Guyana.

Findings:

Details on PMTCT services are provided in Appendix Tables A-3.14 and A-3.15.

PMTCT services are less widely available than general counseling and testing services. Twenty-three percent of hospitals and 14 percent of health centers are currently offering PMTCT services (Figure 3.1, Appendix Table A-3.14). PMTCT services are only offered in Regions 6, 4, and 10. Less than 10 percent of facilities offer at least some components of PMTCT services, with 41 percent of these providing ARV prophylaxis as a part of their PMTCT services (Figure 3.16). Almost all facilities (91 percent) report that they routinely offer infant feeding counseling or family planning counseling to HIV-positive women.

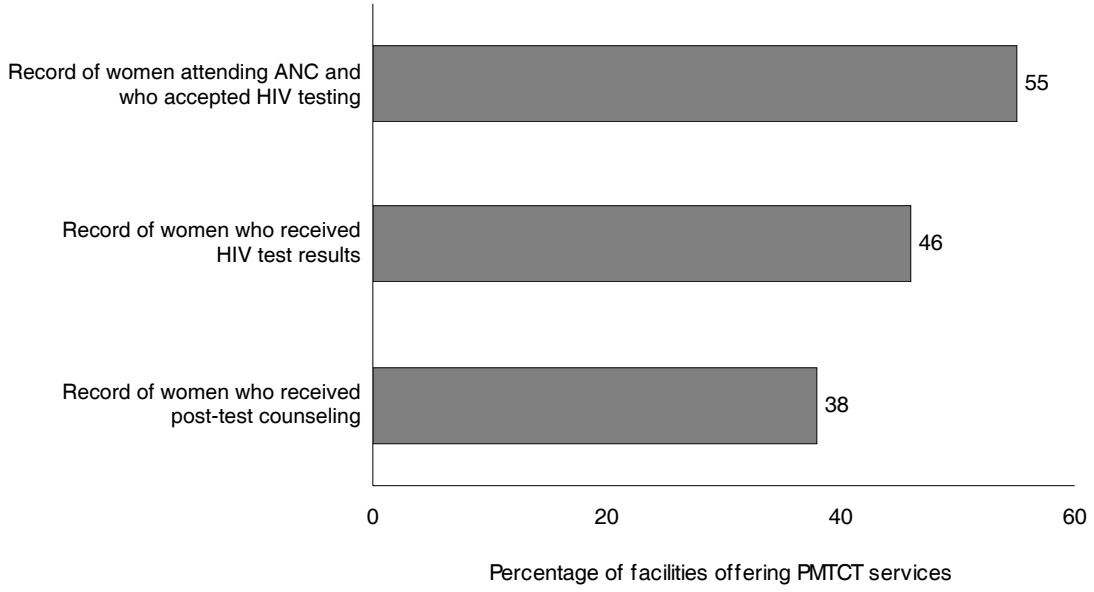
Figure 3.16 Percentage of facilities offering PMTCT services (N=11)



*All four items will only be offered at hospital because health centers do not routinely offer delivery services.

Recordkeeping that allows monitoring of adherence to PMTCT standards is not routine. There were no records available on ARV preventive treatment for women receiving PMTCT (PMTCT+) (Appendix Table A-3.15). About half of all facilities and even less of facilities offering PMTCT are able to show any documentation of HIV testing and counseling services (Figure 3.17). Documentation of counseling is the weakest element. The current policy is for all PMTCT sites to maintain a counseling form for each pregnant woman who receives counseling. It is possible that data collectors missed these forms, if they are maintained in individual client records. Followup on these findings is necessary to validate whether or not this is the case.

Figure 3.17 Among facilities offering any PMTCT services, percentage with indicated items (N=11)



Observations and Recommendations:

- PMTCT services are in the process of expanding, so standards for recordkeeping need to be disseminated to ensure that the quality of services can be evaluated.

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Table A-3.1 System for testing and for providing results for HIV test

Percentage of facilities[1] with an HIV testing system,[2] and among these, percentage with the indicated items for counseling and testing (CT), by type of facility, Guyana HIV/AIDS SPA 2004

			Percentage of facilities with:							
Type of facility	Percentage of facilities with HIV testing system	Number of facilities	HIV test available in facility or affiliated lab	Either HIV test available or observed record of results for tests conducted outside facility	Informed consent policy for HIV testing observed in all relevant service sites	Observed register with HIV test results	Observed record for clients receiving HIV test results[3]	All items for indicator[4]	Number of facilities with HIV testing system	Number of HIV testing system service sites[5]
Hospital	49	16	100	100	28	94	85	19	8	18
Health center	23	54	27	58	19	69	73	4	12	21
Health post	0	79	na	na	na	na	na	na	0	0
Laboratory	100	6	100	100	11	89	89	11	6	6
Total	17	155	65	80	20	81	80	10	26	44

[1] Facility is used to describe any health service facility or other non-home-based site where services related to HIV/AIDS are offered.
[2] Facility either conducts the test, has an affiliated laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility.
[3] Clients are assumed to have received results if the facility conducts rapid testing, and their record has individual identifier and indicates test results.
[4] HIV test available or records showing test results are received by facility and informed consent policy in all relevant service sites, and observed register with HIV test results and observed register for clients receiving HIV test results.
[5] Within one facility, there may be several locations where the same service is offered. Each of these locations is defined as a service site.
na = Not applicable

Table A-3.2 Systems and qualified staff for pre- and post-test counseling

Among facilities with an HIV testing system, percentage with the indicated components for counseling and testing (CT) services, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities with:									
			Item available in all eligible sites							
Type of facility	Observed written policy for routine provision of pre- and post-test counseling for HIV testing[1]	At least one counselor trained in pre- and post-test counseling assigned to a CT site	Observed guidelines for content of pre- and post-test counseling[2]	Observed guidelines or policy on confidentiality for HIV test results	Observed record in each relevant unit for clients receiving pre- and post-test counseling	Observed system linking test results with pre- and post-test counseling	Visual and auditory privacy possible in all counseling areas	All items for indicator[3]	Number of facilities with HIV testing system[4]	Number of HIV testing system service sites[5]
Hospital	34	100	21	28	19	13	81	0	8	18
Health center	23	88	19	27	54	42	85	0	12	21
Health post	na	na	na	na	na	na	na	na	0	0
Laboratory	11	78	11	11	33	33	89	11	6	6
Total	24	90	18	24	39	31	84	2	26	44

[1] Policy was observed in any relevant service site.
[2] Pre-test counseling may be general information sharing or individual client counseling.
[3] Facility has written policy for HIV counseling, at least one trained counselor assigned to CT, and in all counseling sites there were observed guidelines for content of counseling, policy on confidentiality, records of clients receiving counseling, and visual and auditory privacy.
[4] Facility either conducts the test, has an affiliated external laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility.
[5] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.
na = Not applicable

Table A-3.3.1 Tuberculosis treatment and/or followup using Directly Observed Treatment Short-course (DOTS)

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated components for management of tuberculosis (TB), by type of facility, Guyana HIV/AIDS SPA 2004

			Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB activities				Among facilities following DOTS strategy, percentage with:			
Type of facility	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follows DOTS strategy[1]	Number of facilities offering CSS for HIV/AIDS clients	Observed client register for DOTS	All first-line TB medicines available[2]	Number of facilities following DOTS strategy	Number service sites following DOTS strategy
Hospital	71	16	87	27	44	12	20	87	5	10
Health center	19	54	34	0	0	10	na	na	0	0
Health post	4	79	100	0	0	3	na	na	0	0
Laboratory	33	6	67	0	0	2	na	na	0	0
Total	17	155	67	11	19	27	20	87	5	10

[1] Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.
[2] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.
na = Not applicable

Table A-3.3.2 Tuberculosis services

Among facilities offering any care or support services (CSS) for HIV/AIDS clients and offering any tuberculosis (TB) treatment or followup services, percentage having the indicated components for management of tuberculosis (TB), by type of facility, Guyana HIV/AIDS SPA 2004

	Among facilities offering CSS for HIV/AIDS clients and offering any TB services, percentage reporting they follow indicated treatment strategy[1]			Among facilities offering any TB services, percentage with:				
Type of facility	DOTS[2]	Followup treatment only[3]	No direct observation component[4]	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites where TB treatment is offered	All first-line TB medicines available[5]	Number of facilities offering any TB services	Number of TB service sites
Hospital	51	32	34	31	0	70	10	22
Health center	0	71	29	0	29	14	3	3
Health post	0	100	0	0	0	0	3	3
Laboratory	0	0	100	0	0	0	1	1
Total	28	50	31	17	5	41	18	30

DOTS = Direct observed treatment and short course

[1] More than one treatment strategy may apply if facility offers TB services from multiple sites.

[2] Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

[3] Followup clients after intensive treatment offered elsewhere

[4] Provides initial TB treatment but no direct observation component

[5] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.

Table A-3.3.3 Resources and supplies for diagnosing tuberculosis

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with indicated tuberculosis (TB) diagnostic elements, by type of facility, Guyana HIV/AIDS SPA 2004

	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB activities				TB diagnosis using sputum					TB diagnosis using X-ray	
					Among facilities diagnosing TB using sputum,[2] percentage with:						
Type of facility	Any TB diagnostic or treatment services[1]	TB sputum diagnosis[2]	TB X-ray diagnosis	Number of facilities offering CSS for HIV/AIDS clients	All items for conducting sputum test for TB	Documented system for sending sputum elsewhere for TB diagnosis	Observed record of sputum test results	All items for indicator[3]	Number of facilities diagnosing TB using sputum	Percentage with X-ray capacity	Number of facilities diagnosing TB using X-ray
Hospital	87	69	60	12	59	8	46	38	8	83	7
Health center	34	14	14	10	33	0	33	33	1	33	1
Health Post	100	50	0	3	100	0	0	0	2	na	0
Laboratory	67	33	0	2	100	0	100	100	1	na	0
Total	67	44	31	27	64	6	41	35	12	74	8

[1] Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.
[2] Includes sputum microscopy, culture, or rapid test.
[3] All items for conducting test or documented system for sending sputum elsewhere with observed record of test results.
[4] Functioning X-ray machine with films.
na = Not applicable

Table A-3.3.4 Diagnosis and treatment of sexually transmitted infections

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated conditions to support services for sexually transmitted infections (STIs), by type of facility, Guyana HIV/AIDS SPA 2004

Type of facility	Among facilities offering CSS for HIV/AIDS clients, percentage that offer STI services	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering STI services, percentage with: Observed STI treatment protocol in all relevant sites	All STI meds available in facility[1]	Condoms in any service site or pharmacy	All items for STI services[2]	Number of facilities offering STI treatment services	Number of STI treatment service sites
Hospital	91	12	5	100	66	0	11	22
Health center	76	10	44	69	87	38	8	8
Health post	50	3	0	0	100	0	2	2
Laboratory	100	2	0	67	67	0	2	2
Total	81	27	18	78	76	13	22	33

[1] At least one medicine for treating syphilis (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycillin, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tindazole, or miconazole vaginal suppository)

[2] Observed treatment protocols in all relevant service sites, STI medicines available, and condoms in any service site or pharmacy

Table A-3.3.5 Diagnosis and treatment of malaria

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated components for management of malaria, by type of facility, Guyana HIV/AIDS SPA 2004

Type of facility	Among facilities offering CSS for HIV/AIDS clients, percentage that offer malaria treatment services	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering malaria services, percentage with:			Number of facilities offering malaria treatment services	Number of malaria treatment service sites
			Observed malaria treatment protocol in all relevant sites	Any anti-malaria medicines in facility	Treatment protocol in all relevant sites and medicines in facility		
Hospital	91	12	5	90	5	11	23
Health center	19	10	0	100	0	2	2
Health post	100	3	50	100	50	3	3
Laboratory	100	2	0	100	0	2	2
Total	66	27	12	94	12	18	30

Table A-3.3.6 Supportive management practices for health service providers who treat infections relevant to HIV/AIDS

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated conditions to support health service providers, by type of facility, Guyana HIV/AIDS SPA 2004

	Among facilities offering CSS for HIV/AIDS clients, percentage with:		
Type of facility	At least half of the interviewed providers of TB, malaria, or STI services received pre- or in-service training related to one of these topics during the past 3 years	At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the past 3 months	Number of facilities offering CSS for HIV/AIDS clients
Hospital	59	48	12
Health center	62	28	10
Health post	100	50	3
Laboratory	33	33	2
Total	63	40	27

Table A-3.4.1 Elements at service site for preventing nosocomial infections

Among all facilities, percentage with the indicated infection control elements in all relevant service sites, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities with indicated items for infection control present in all relevant service sites[1]							
Type of facility	Running water	Soap	Latex gloves	Sharps box	Chlorine solution	All items present[2]	Number of facilities	Number of eligible service sites
Hospital	74	74	85	80	80	50	16	62
Health center	72	86	87	81	81	50	54	82
Health post	38	87	83	68	74	30	79	84
Laboratory	100	89	89	100	100	78	6	16
Total	56	85	85	75	78	41	155	245

[1] All eligible service sites within a facility are the sum of all assessed outpatient or inpatient client examination areas, all VCT or PMTCT sites where blood is drawn or HIV testing is conducted in the unit, and the blood drawing area in the lab.
[2] All eligible service sites have running water and soap, and all service sites, where relevant, have latex gloves, sharps box, and chlorine disinfecting solution.

Table A-3.4.2 Elements for preventing nosocomial infections

Among all facilities, percentage with the indicated infection control elements in facility, by type of facility, Guyana HIV/AIDS SPA 2004

Type of facility	Percentage of facilities with functioning equipment for sterilization or high level disinfecting processing	Percentage of facilities with stock supplies for infection control present				All items for indicator[2]	Number of facilities
		Disinfectant (bleach)	Needles/ syringes	Latex gloves	All items present[1]		
Hospital	80	79	85	85	53	30	16
Health center	61	59	69	68	32	18	54
Health post	45	70	81	83	30	17	79
Laboratory	67	22	22	22	22	22	6
Total	55	65	75	76	33	19	155

[1] Disinfectant bleach, needles and syringes, and latex gloves all in stock.
[2] All infection control items are in relevant service sites (Appendix Table A-3.4.1), and means for sterilizing or high-level disinfecting equipment and stock items for infection control are present in facility.

Table A-3.4.3 Additional items for prevention of nosocomial infections

Percentage of facilities with indicated elements, by type of facility, Guyana HIV/AIDS SPA 2004

Type of facility	Percentage of facilities with: Observed guidelines for infection prevention in any assessed site in facility	Observed guidelines for sterilization/ high level disinfecting processing in any assessed site in facility	Adequate disposal system for hazardous waste[1]	Number of facilities
Hospital	31	11	78	16
Health center	9	3	67	54
Health post	4	4	55	79
Laboratory	33	0	78	6
Total	10	4	62	155

[1] Hazardous waste is either burned and buried, incinerated, or removed offsite, and waste material is either not present, or is stored under protected conditions.

Table A-3.5.1 Treatment for opportunistic infections and palliative care

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering treatment for opportunistic infections (OIs) and among these, percentage with the indicated components for offering service, by type of facility, Guyana HIV/AIDS SPA 2004

Type of facility	Among facilities offering CSS for HIV/AIDS clients, percentage offering treatment for OIs	Number of facilities offering any CSS for HIV/AIDS clients	Percentage of facilities offering CSS for HIV/AIDS clients and treatment for OIs with:		Number of facilities offering CSS for HIV/AIDS clients and offering treatment for OIs	Number of OI treatment service sites
			Observed protocol for treating OIs in all service sites offering treatment for OIs	At least one provider of OI services received training related to OIs in the past 3 years		
Hospital	96	12	5	66	11	25
Health center	71	10	13	40	7	8
Health post	100	3	0	0	3	3
Laboratory	67	2	0	50	1	1
Total	85	27	6	47	23	37

Table A-3.5.2 Basic medicines for opportunistic infections and palliative care

Among facilities offering treatment for opportunistic infections (OIs), percentage with the indicated medicines to support the management of OIs and the provision of palliative care (symptomatic treatment) for basic care of people with HIV/AIDS, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities with at least one medicine[1] for										
Type of facility	Topical fungal conditions[2]	Bacterial pneumonia[3]	Other bacterial infections[4]	Vitamin supple-mentation[5]	Management of chronic diarrhea[6]	Basic management of pain[7]	De-worming[8]	Intravenous fluid with infusion set for rehydration[9]	Oral rehydration salts	Number of facilities offering treatment for OIs	Number of OI treatment service sites
Hospital	95	100	100	100	67	100	94	83	77	11	25
Health center	74	80	87	80	13	87	74	47	40	7	8
Health post	50	100	100	100	0	100	50	0	50	3	3
Laboratory	100	100	100	50	50	100	50	100	50	1	1
Total	82	94	96	91	39	96	79	60	60	23	37

[1] At least one medicine for providing care for the indicated condition.
[2] Fluconazole or clotrimazole or ketoconazole or nystatin
[3] Amoxicillin or ampicillin or chloramphenicol
[4] Tetracycline or nalidixic acid or cotrimoxazole or erythromycin or penicillin
[5] Iron or Iron with folate or any multivitamin
[6] Loperamide or diphenoylate or oral codeine
[7] Paracetamol or aspirin or ibuprofen
[8] Albendazole or mebendazole
[9] Normal saline or D5NS or Ringers lactate or plasma expanders, and infusion sets

Table A-3.5.3 Isoniazid (INH) for preventing tuberculosis in HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, practices regarding offering preventive tuberculosis (TB) treatment to HIV/AIDS clients, and among those offering routine preventive TB treatment, percentage with indicated program elements, by type of facility, Guyana HIV/AIDS SPA 2004

Type of facility	Percentage of facilities offering preventive TB treatment for HIV-positive clients under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients	Among facilities routinely offering preventive TB treatment, percentage with:		Number of facilities reporting they routinely offer preventive TB treatment	Number of service sites routinely offering preventive TB treatment
	Routinely refers clients elsewhere[1]	Selectively offers [2]	Routinely offers [3]		Observed protocol for preventive TB treatment in all service sites	Isoniazid available		
Hospital	13	10	62	12	0	100	7	11
Health center	38	0	5	10	0	100	0	0
Health post	0	0	50	3	0	0	2	2
Laboratory	0	33	33	2	0	0	1	1
Total	20	7	37	27	0	77	10	13

[1] At least one site in the facility offers preventive TB therapy routinely through referral, and no site in facility routinely or selectively offers the preventive TB therapy.
[2] At least one site in the facility offers preventive TB therapy sometimes, but no site provides it routinely.
[3] At least one site in the facility routinely offers preventive TB therapy.

Table A-3.5.4 Cotrimoxazole treatment for preventing pneumonia in HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, practices regarding offering cotrimoxazole to HIV/AIDS clients for prevention of pneumonia (CPT), and among those offering CPT, percentage with indicated program elements, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities offering CPT under the indicated conditions				Among facilities offering CPT, percentage with:			
Type of facility	Routinely refers clients elsewhere[1]	Selectively offers [2]	Routinely offers [3]	Number of facilities offering CSS for HIV/AIDS clients	Observed protocol for CPT in all service sites reporting routine CPT	Cotrimoxazole available	Number of facilities reporting they routinely offer CPT	Number of service sites routinely offering CPT
Hospital	4	19	72	12	6	88	8	14
Health center	19	0	67	10	0	93	7	7
Health post	0	0	50	3	0	100	2	2
Laboratory	33	0	33	2	0	100	1	1
Total	11	8	65	27	3	91	17	24

[1] At least one site in the facility offers CPT routinely through referral, and no site in facility routinely or selectively offers CPT.
[2] At least one site in the facility offers CPT sometimes, but no site provides it routinely.
[3] At least one site in the facility routinely offers CPT.

Table A-3.5.5 Records for HIV/AIDS services

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage where indicated items were found in indicated eligible sites, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities where the indicated item is available					
Type of facility	Individual client record/chart observed in all eligible sites	Register with HIV/AIDS-related client diagnosis observed for eligible sites[1]	Confidentiality guideline in all eligible sites	All items for indicator in the facility	Number of facilities offering CSS for HIV/AIDS clients	Number of service sites offering CSS for HIV/AIDS clients
Hospital	13	71	15	4	12	27
Health center	57	43	19	0	10	11
Health post	0	100	0	0	3	3
Laboratory	0	33	0	0	2	2
Total	27	61	13	2	27	43

[1] If the facility has an outpatient department (OPD), then there must be documentation of client illnesses for some outpatient units. If the unit has an inpatient department (IPD), then there must be documentation of client illnesses for some inpatient units. If the facility has both OPD and IPD units, then there must be documentation of client illnesses for both.

Table A-3.6.1 Tuberculosis treatment and/or followup using Directly Observed Treatment Short-course (DOTS)

Percentage of facilities having the indicated components for management of tuberculosis (TB), by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities with indicated TB activities				Among facilities following DOTS strategy, percentage with:			
Type of facility	Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follows DOTS strategy[1]	Number of facilities	Observed client register for DOTS	All first-line TB medicines available[2]	Number of facilities following DOTS strategy	Number of service sites following DOTS strategy
Hospital	78	22	38	16	17	89	6	11
Health center	29	2	4	54	0	100	2	2
Health post	38	9	4	79	50	0	3	3
Laboratory	78	0	0	6	na	na	0	0
Total	41	7	7	155	24	65	11	16

[1] Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.
[2] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.
na = Not applicable

Table A-3.6.2 Tuberculosis treatment, and/or followup for facilities participating in the national DOTS program

Percentage of facilities having the indicated components for management of tuberculosis (TB), by type of facility, Guyana HIV/AIDS SPA 2004

	Among facilities offering any TB services, percentage reporting they follow indicated treatment strategy[1]			Among facilities offering any TB services, percentage with:				
Type of facility	DOTS[2]	Follow-up treatment[3]	No direct observation[4]	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at any site where TB treatment is offered	All first-line TB medicines available[5]	Number of facilities offering any TB services	Number of service sites offering any TB services
Hospital	49	38	27	29	0	76	13	25
Health center	13	69	19	13	6	22	16	16
Health post	11	89	0	6	22	6	30	30
Laboratory	0	0	100	0	14	0	4	4
Total	18	67	17	11	13	23	63	75

[1] More than one treatment strategy may apply if facility offers TB services from multiple sites.
[2] Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.
[3] Followup clients after intensive treatment offered elsewhere.
[4] Provides initial TB treatment but no direct observation component
[5] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines are provided prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.

Table A-3.6.3 Resources and supplies for diagnosing tuberculosis

Percentage of facilities with indicated tuberculosis (TB) diagnostic elements, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities with indicated TB activities				Among facilities diagnosing TB using sputum[2], percentage with:					TB diagnosis using X-ray	
Type of facility	Any TB diagnostic or treatment services[1]	TB sputum diagnosis[2]	TB X-ray diagnosis	Number of facilities	All items for conducting sputum test for TB	Documented system for sending sputum elsewhere for TB diagnosis	Observed record of sputum test results	All items for indicator[3]	Number of facilities diagnosing TB using sputum test	Among facilities using X-ray for TB diagnosis, percentage with X-ray capacity[4]	Number of facilities using X-ray for TB diagnosis
Hospital	78	49	46	16	57	18	50	50	7	84	7
Health center	29	6	5	54	20	0	20	20	2	20	2
Health post	38	6	0	79	na	na	na	na	0	na	0
Laboratory	78	56	11	6	100	0	100	0	1	100	1
Total	41	13	7	155	51	13	46	40	10	70	10

[1] Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.
[2] Includes sputum microscopy, culture, or rapid test.
[3] All items for conducting test or documented system for sending sputum elsewhere with observed record of test results.
[4] Functioning X-ray machine with films.
na = Not applicable

Table A-3.6.4 Diagnosis and treatment for sexually transmitted infections

Percentage of facilities having the indicated conditions to support services for sexually transmitted infections (STIs), by type of facility, Guyana HIV/AIDS SPA 2004

			Percentage of facilities offering STI services with:					
Type of facility	Percentage of facilities that offer STI services	Number of facilities	Observed STI treatment protocol in all relevant sites	All STI meds available in facility[1]	Condoms in any service site or pharmacy	All items for STI services[2]	Number of facilities offering STI treatment services	Number of service sites offering STI treatment services
Hospital	90	16	11	96	69	4	15	27
Health center	63	54	20	56	97	16	34	34
Health post	36	79	6	0	65	0	29	29
Laboratory	56	6	0	40	40	0	3	3
Total	52	155	12	43	78	7	80	94

[1] At least one medicine for treating syphilis (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycillin, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tindazole, or miconazole vaginal suppository)

[2] Observed treatment protocols in all relevant sites, STI medicines available, and condoms in any service area or pharmacy

Table A-3.6.5 Diagnosis and treatment of malaria

Percentage of facilities having the indicated components for management of malaria, by type of facility, Guyana HIV/AIDS SPA 2004

Type of facility	Percentage of facilities that offer malaria treatment services	Number of facilities	Among facilities offering malaria services, percentage with: Observed malaria treatment protocol in all relevant sites	Any anti-malaria medicines in the facility	Treatment protocol in all relevant sites and medicines in facility	Number of facilities offering malaria treatment services	Number of service sites offering malaria treatment services
Hospital	84	16	11	89	19	14	26
Health center	23	54	16	64	16	12	12
Health post	60	79	39	61	29	47	47
Laboratory	44	6	0	75	0	3	3
Total	49	155	29	67	24	76	88

Table A-3.6.6 Supportive management practices for health service providers who treat infections relevant to HIV/AIDS

Percentage of facilities having the indicated provider support conditions, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities with:		
Type of facility	At least half of the interviewed providers of TB, malaria, or STI services received pre- or in-service training related to one of these topics during the past 3 years	At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the past 3 months	Number of facilities
Hospital	58	50	16
Health center	35	32	54
Health post	43	34	79
Laboratory	56	44	6
Total	42	36	155

Table A-3.7.1 Medicines for advanced care for HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with the indicated medicines to support the management of opportunistic infections and the provision of palliative care (symptomatic treatment) for the advanced care of people living with HIV/AIDS, by type of facility, Guyana HIV/AIDS SPA 2004

Type of facility	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities offering systemic IV treatment for fungal infections	Percentage of facilities with at least two medicines for treating each of the indicated conditions								Percentage of facilities offering fortified protein supple-ment	Number of facilities offering CSS for HIV/AIDS clients
				Cryptoc-coccus fungal[1]	Respira-tory infection[2]	Other bacterial infections[3]	Herpes[4]	Parasites[5]	Herpes ophthalmic infection[6]	AIDS dementia complex[7]	Pain[8]		
Hospital	71	16	56	56	100	100	9	87	47	100	87	26	12
Health center	19	54	0	19	67	86	0	34	0	67	72	10	10
Health post	4	79	0	0	0	50	0	0	0	0	0	0	3
Laboratory	33	6	0	67	100	100	0	67	33	67	100	0	2
Total	17	155	24	36	75	88	4	54	22	73	71	15	27

[1] Amphotericin B, fluconazole, Itraconazole, and Ketoconazole
[2] Acylcovir, ceftriaxone, ciprofloxacine, gentamycine, cotrimoxazole, and dapsone
[3] Tetracyclin, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycyline, clindamycin, norfloxacin, and cloxacillin
[4] Acyclovir and gancyclovir
[5] Metronidazole, tindazole, nalidixic acid, and cotrimoxazole
[6] One of: Acyclovir ophthalmic or acyclovir oral
[7] Cotrimoxazole, phenobarbital, fansidar, and dexamethasone
[8] One from each group: Group 1 (diazepam, dapsone, indomethacin, prednisolone); Group 2 (oral codein, inj. diclofenac, inj. dipyrone, oral morphine)

Table A-3.7.2 Laboratory diagnostics for advanced care for HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with the indicated diagnostic capacity, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities with all items to conduct the indicated laboratory investigations[1]											Number of facilities offering CSS for HIV/AIDS clients
Type of facility	Kit for spinal tap	Culture media and incubator	Liver function test	Hemoglobin or hematocrit	White cell count	BUN and serum creatinine	Serum glucose	Indian ink test	Gram stain	Platelet count	Enzyme-linked immunosorbent assay (ELISA) for HIV	
Hospital	40	16	56	69	78	64	35	56	38	69	29	12
Health center	0	0	14	19	19	19	14	5	10	19	23	10
Health post	0	0	0	0	0	0	0	0	0	0	0	3
Laboratory	33	67	100	100	100	100	100	100	67	100	0	2
Total	19	12	36	44	48	42	27	33	24	44	21	27

[1] Facility either has all equipment and reagents to conduct the test or a documented system for sending specimen and receiving results for the test.

Table A-3.7.3 Protocols and guidelines to support advanced care for HIV/AIDS clients

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with the indicated elements, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities with:						
	Observed guidelines/protocols for the indicated topic in all service sites offering CSS for HIV/AIDS clients				Observed record system for individual client appointments in all relevant service sites	Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients
Type of facility	Opportunistic infections	Symptomatic, palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS			
Hospital	4	4	4	4	9	12	27
Health center	9	5	0	9	5	10	11
Health post	0	0	0	0	0	3	3
Laboratory	0	0	0	0	0	2	2
Total	5	4	2	5	6	27	43

Table A-3.7.4 Systems and items to support advanced care for HIV/AIDS clients

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with the indicated elements to support service providers, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities with:								
	At least one provider of indicated service trained in the past 3 years in that topic						At least half of providers of services for PLHA were supervised during past 3 months	Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients
Type of facility	Psycho-social counseling	Treatment of opportunistic infections	Palliative care	Central nervous system and mental disorders	AIDS in children	Nutritional rehabilitation for HIV/AIDS infection persons			
Hospital	82	63	35	25	35	47	66	12	27
Health center	57	28	29	0	14	14	57	10	11
Health post	50	0	0	0	0	0	50	3	3
Laboratory	33	33	0	0	0	0	67	2	2
Total	65	40	26	11	20	25	61	27	43

PLHA = People living with HIV/AIDS

Table A-3.8.1 Protocols and guidelines for antiretroviral combination therapy services

Among all facilities, percentage offering antiretroviral therapy (ART), and among these, percentage with the indicated items, by type of facility, Guyana HIV/AIDS SPA 2004

			Observed guidelines/protocols in all ART service areas					
Type of facility	Percentage of facilities offering ART	Number of facilities	Opportunistic infections	Symptomatic, palliative care	Care of adults living with HIV/AIDS	National ART treatment guidelines (adult and pediatric)	Number of facilities offering ART	Number of sites offering ART
Hospital	23	16	14	14	14	14	4	8
Health center	0	54	na	na	na	na	0	0
Health post	0	79	na	na	na	na	0	0
Laboratory	0	6	na	na	na	na	0	0
Total	2	155	14	14	14	14	4	8

na = Not applicable

Table A-3.8.2 Systems and items to support antiretroviral combination therapy services: medicines and laboratory

Among facilities offering antiretroviral therapy (ART), percentage with antiretroviral (ARV) medicines and the indicated program components, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities with:						
				ARVs stored under secure conditions			
Type of facility	At least one ARV available	No stock-outs for any ARV during past 6 months	Up-to-date pharmacy stock cards for ARVs	Separate from other medicines	Locked	Lab capacity for monitoring ART [1]	Number of facilities offering ART
Hospital	73	100	73	73	45	86	4

[1] Lab can either conduct CD4, viral load, or total lymphocyte count (TLC), or has a system for sending blood outside for test and receiving results.

Table A-3.8.3 Systems and items to support antiretroviral combination therapy services: records and staff training

Among facilities offering antiretroviral therapy (ART), percentage with indicated program components, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities offering ART and having:									
				At least one interviewed provider of indicated service with related in-service training in the past 12 months						
Type of facility	Observed record system for individual client appointments for ART clients	Individual client record/ chart for ART clients	Observed up-to-date register/ client cards where number of current ART clients can be calculated	ART services	Counseling for adherence to ARV drug therapy	Nutritional rehabilitation related to HIV/AIDS	At least half of interviewed providers of ART personally supervised during past 3 months	All items for indicator[1]	Number of facilities offering ART	Number of sites offering ART
Hospital	55	69	55	14	69	69	27	14	4	8

[1] ART services have observed record for individual client appointments, individual client record/charts, current register of ART clients, and staff with in-service training related to ART services during the past 12 months, and at least half of the interviewed ART service providers have been supervised in the past 3 months.

Table A-3.9 Services and conditions for inpatient care for people living with HIV/AIDS needing advanced services

Among all facilities providing inpatient care and support services (CSS), percentage with indicated program and infrastructure items to support quality HIV/AIDS services, by type of facility, Guyana HIV/AIDS SPA 2004

			Among facilities offering inpatient CSS, percentage with:											
Type of facility	Percentage of facilities offering inpatient CSS for HIV/AIDS clients	Number of facilities	Counseling and testing (CT) services	Treatment for TB, malaria, and sexually transmitted infections	Treatment for opportunistic infections	Treatment for cryptococcal meningitis	Palliative care	Antiretroviral therapy (ART)	24-hour regular electric supply	A functioning client latrine for inpatients	Running water in all inpatient client units	All items for indicator[1]	Number of facilities offering inpatient CSS for HIV/AIDS clients	Number of inpatient CSS sites for HIV/AIDS
Hospital	40	16	100	84	100	100	100	58	92	100	84	34	6	15
Health center	0	54	na	na	na	na	na	na	na	na	na	na	0	0
Health post	0	79	na	na	na	na	na	na	na	na	na	na	0	0
Laboratory	0	6	na	na	na	na	na	na	na	na	na	na	0	0
Total	4	155	100	84	100	100	100	58	92	100	84	34	6	15

[1] Facility offers CT services, treatment for illnesses relevant to HIV/AIDS (TB, malaria, STIs), treatment for opportunistic infections, and cryptoccocal meningitis, palliative care, and ART, and the facility also has an infrastructure to support quality services (24-hour electricity, client latrine, and running water) in all inpatient client service units.
na = Not applicable

Table A-3.10 Post-exposure prophylaxis (PEP)

Percentage of facilities either offering post-exposure prophylaxis (PEP) or having a system to refer staff for PEP, and among these facilities, percentage where the indicated elements are present, by type of facility, Guyana HIV/AIDS SPA 2004

			Percentage of facilities providing PEP with:						
			Observed items			ARVs stored			
Type of facility	Percentage of facilities where staff have access to PEP	Number of facilities	PEP guidelines present in all service sites where PEP is prescribed	Record for monitoring full compliance for PEP regime	Anti-retroviral (ARV) for PEP	Locked, apart from other medicines and ARVs	With other medicines	Number of facilities where staff have access to PEP	Number of service sites where PEP is prescribed[1]
Hospital	55	16	36	12	44	44	19	9	7
Health center	5	54	0	17	34	34	0	3	1
Health post	0	79	na	na	na	na	na	0	0
Laboratory	11	6	0	0	0	0	0	1	1
Total	8	155	29	12	40	40	14	12	8

[1] Some facilities do not prescribe PEP but do have a referral system for staff to receive PEP elsewhere.
na = Not applicable

Table A-3.11 Facilities with recordkeeping systems for monitoring HIV/AIDS care and support

Among all facilities offering the indicated service, percentage with up-to-date records for the indicated information, by type of facility, Guyana HIV/AIDS SPA 2004

	Among facilities with HIV testing system,[1] percentage:		Among facilities offering antiretroviral therapy (ART)[2] percentage:		Among facilities offering any care and support services,[3] percentage:		
Type of facility	With records indicating clients receiving pre-test and post-test counseling and received test results	Submitting any reports for HIV testing services	With records indicating number of clients receiving ARV treatment	Submitting any reports for ART testing services	With records documenting clients treated for HIV/AIDS related illnesses	Submitting any reports for HIV/AIDS related illnesses treated	Number of facilities offering CSS for HIV/AIDS clients
Hospital	6	76	55	55	71	100	12
Health center	36	56	na	na	43	100	10
Health post	na	na	na	na	100	100	3
Laboratory	32	53	na	na	33	100	2
Total	26	61	55	55	61	100	27

[1] Number of facilities = 26
[2] Number of facilities = 4
[3] Number of facilities = 27
na = Not applicable

Table A-3.12 Youth-friendly services

Among facilities with HIV testing system, percentage offering any youth-friendly services (YFS) for voluntary counseling and testing (VCT) for HIV/AIDS, and among these, percentage with indicated item, by type of facility, Guyana HIV/AIDS SPA 2004

Type of facility	Percentage of facilities offering YFS with VCT or PMTCT services	Number of facilities with an HIV testing system	Percentage of facilities with:			Number of facilities offering youth-friendly HIV testing services
			Observed policy/ guidelines for YFS	At least one trained provider for YFS[1]	All items for indicator[2]	
Hospital	6	8	0	100	0	1
Health center	19	12	20	100	20	2
Laboratory	0	6	na	na	na	0
Total	11	26	16	100	16	3

[1] Provider reports having received training related to youth-friendly services during the past three years, or facility in-charge reports there is a trained provider, but the provider was not present the day of the survey.
[2] Facility offers YFS and has observed policy/guidelines and trained staff for YFS.
na = Not applicable
PMTCT = Prevention of mother-to-child transmission

Table A-3.13 Facilities with community-based care and support services

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with the indicated components for community-based care and support, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities with:							
		All relevant service sites in facility						
Type of facility	Facility offers HC or has a written document naming a referral site[1]	Can name an HC site where clients can be referred[2]	Have an observed written referral form for client referral	Links with community-based health workers for ART services	Observed policy or guidelines for community home-based care for HIV/AIDS clients	At least one trained provider for community home-based care for HIV/AIDS clients[3]	Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients
Hospital	28	24	52	4	13	40	12	27
Health center	29	38	81	0	9	43	10	11
Health post	50	50	0	0	0	0	3	3
Laboratory	33	67	33	0	0	0	2	2
Total	31	35	55	2	9	33	27	43

[1] In Guyana, all indicated facilities offered HC, and none had a written document with a referral site.
[2] All eligible sites either knew a facility that provides home-based care for HIV/AIDS clients or knew an explicit referral site (identified in a written document, or provider can name site).
[3] Provider has received inservice training in the past three years for training caregivers and/or patients in HIV/AIDS care, palliative care, or specific home-based care services for HIV/AIDS clients.
ART = Antiretroviral therapy
HC = Home care

Table A-3.14 Availability of services for prevention of mother-to-child transmission of HIV/AIDS

Percentage of facilities offering any services for prevention of mother-to-child transmission (PMTCT) of HIV/AIDS, and among these, percentage with the indicated program components, by type of facility, Guyana HIV/AIDS SPA 2004

			Percentage of facilities reporting they offer the indicated PMTCT services								
Type of facility	Percentage of facilities offering any PMTCT services	Number of facilities	Pre- and post-test counseling and HIV testing services	Antiretroviral (ARV) prophylaxis to prevent MTCT	Infant feeding counseling	Family planning counseling or referral	All four items for minimum package PMTCT[1]	ARV therapeutic treatment for HIV+ women and their families	All items for PMTCT+[2]	Number of facilities offering PMTCT services	Number of sites offering PMTCT services
Hospital	23	16	41	86	86	86	27	14	14	4	4
Health center	14	54	94	19	94	94	19	6	6	8	8
Health post	0	79	na	na	na	na	na	na	na	0	0
Laboratory	0	6	na	na	na	na	na	na	na	0	0
Total	7	155	76	41	91	91	22	9	9	12	12

[1] Components of routine PMTCT for the facility include HIV testing with pre- and post-test counseling, ARV prophylaxis for the mother and newborn, and counseling and provision of family planning services.
[2] All components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV-infected women and their families.
na = Not applicable

Table A-3.15 Availability of service records for PMTCT services

Among facilities offering services for prevention of mother-to-child-transmission of HIV (PMTCT), percentage with the indicated documentation observed and up-to-date, by type of facility, Guyana HIV/AIDS SPA 2004

	Percentage of facilities offering PMTCT services and having the indicated documentation[1]				
Type of facility	Observed record of women attending ANC and who accepted HIV testing	Observed record of women who received HIV test results	Observed record of women who received post-test counseling (by serostatus)	Number of facilities offering PMTCT services	Number of sites offering PMTCT services
Hospital	14	14	14	4	4
Health center	75	63	50	8	8
Total	55	46	38	12	12

[1] No documentation of HIV+ pregnant women who were provided preventive antiretroviral therapy was observed.
ANC = Antenatal care

Appendix B An Example of the Use of Weighted Data

In Guyana, 34 of the 326 facilities are hospitals (10 percent of all facilities). Because the total number of hospitals is small, it was decided that data were needed from all the hospitals in order to have a reasonable picture of HIV/AIDS services. Therefore, all hospitals in the sample frame were included in the total sample of 155 facilities. As a result, hospitals are 30 of the 155 facilities in the sample (19 percent of the sample). If unweighted data were used to calculate the national percentages, hospitals would represent twice their actual proportion in the country. Weights ensure that when providing regional or national data the proportion in the sample frame—to which different facilities and services contribute to the total—is same as the actual proportion that the region represents in the country. Weights used in the Guyana tables are presented in Table B-1.1

Table B-1.1 Description of facility sample frame and final sample selection and weight standardized, by type of facility, Guyana HIV/AIDS SPA 2004

Facility type	Number in sample frame	Unweighted number in sample	Weight standardized	Weighted number in sample
Hospital	28	25	0.532515	13
Private hospitals	8	5	0.760736	3
Average hospitals	36	30	0.53	16
HC PMTCT	27	27	0.4754360	13
HC no PMTCT	85	42	0.962241	41
Health posts	167	47	1.689401	79
Labs	11	9	0.581118	6
Total	326	155		155

HC = Home care
PMTCT = Prevention of mother-to-child transmission

At the national level, for the selected sample, the total number of weighted and unweighted facilities in the country is the same, 155 facilities. This property in the weights is called the weights standardization. Several examples of calculations using unweighted and weighted data are presented, particularly for facilities offering PMTCT services. (Note: Actual weights for hospitals and health centers were averaged for this example.)

The 30 hospitals in the unweighted sample make up 19 percent of the sample instead to the 9 percent they actually represent in the country. To ensure that all of these facilities were used in the presentation of hospital findings, all the hospital data were weighted down, that is multiplied by 0.53:

0.53 x 30 (total hospitals in sample) = 16 (weighted number of hospitals in sample)

The same principle applies to health centers. In particular, for the health centers with PMTCT services, the unweighted percentage of such health centers with PMTCT in the sample represents 13/155 (8.4 percent) rather than the value of 27/326 (8.3 percent) in the sample frame. The unweighted percentage of health centers without PMTCT comprises 85/326 (26 percent) of all facilities in the frame. In the weighted sample, the percentage is similar, 42/155 = 27 percent. By using the weights value over the facilities information we recover the current percentage or proportion.

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Grantley Laundry	Interviewer
Merlene Thomas	Interviewer
Nicole Harman	Interviewer
Golda Ganeshdin	Interviewer
Nicola Young	Interviewer
Guytree Mars	Interviewer
Maureen Tenpow	Interviewer
Evelyn Hercules	Interviewer

Urma Corbin	Interviewer
Desiree Crawford	Interviewer
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Joseph Gilgeous	Office Editor

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Other Staff

Desmond Vigilance	Driver

Appendix D Survey Instruments

STAFF LISTING FORM

FACLITY CODE

INTERVIEWER CODE

CLINIC/ UNIT NUMBER	PROVIDER NUMBER, ID, AND NAME CIRCLE PROVIDER NAME FOR THOSE SELECTED FOR INTERVIEW		QUALI-FICATION * (ENTER NUMBER)	SERVICE RELATED TO HIV/AIDS						LAB	TB	DELIVERY	OTHER (SPECIFY)	CHECK IF INTERVIEW COMPLETED OR IF SELF-ADMINISTERED QUESTIONNAIRE HAS BEEN RETURNED			
				COUNSEL	TEST	PMTCT	ART	SOC. SERV.	CLINICAL CARE HIV					INTERVIEW COMPLETE		SELF-ADMIN QRE COMPLETE	
	ID	NAME												YES	NO	YES	NO
	1																
	2																
	3																
	4																
	5																
	6																
	7																
	8																
	9																
	10																
	11																
	12																
	13																
	14																
	15																

*Code for provider qualification	01=Doctor 02=Public Health Visitor	03=Medex 04=Registered Nurse/Midwife	05=Registered nurse 06=Registered Midwife 07=Nursing Assistant	08=Patient Care Assistant 09=Medical Technologist 10=Laboratory Technologist	11=Lab Asst 12=Counselor	13=Community Health Worker 14=Other Clinical Staff

STAFF LISTING FORM

FACILITY CODE

INTERVIEWER CODE

CLINIC/ UNIT NUMBER	PROVIDER NUMBER, ID, AND NAME CIRCLE PROVIDER NAME FOR THOSE SELECTED FOR INTERVIEW		QUALI-FICATION * (ENTER NUMBER)	SERVICE RELATED TO HIV/AIDS						LAB	TB	DELIVERY	OTHER (SPECIFY)	CHECK IF INTERVIEW COMPLETED OR IF SELF-ADMINISTERED QUESTIONNAIRE HAS BEEN RETURNED			
				COUNSEL	TEST	PMTCT	ART	SOC. SERV.	CLINICAL CARE HIV					INTERVIEW COMPLETE		SELF-ADMIN QRE COMPLETE	
	ID	NAME												YES	NO	YES	NO
	16																
	17																
	18																
	19																
	20																
	21																
	22																
	23																
	24																
	25																
	26																
	27																
	28																
	29																
	30																

*Code for provider qualification	01=Doctor 02=Public Health Visitor	03=Medex 04=Registered Nurse/Midwife	05=Registered nurse 06=Registered Midwife 07=Nursing Assistant	08=Patient Care Assistant 09=Medical Technologist 10=Laboratory Technologist	11=Lab Asst 12=Counselor	13=Community Health Worker 14=Other Clinical Staff

HIV/AIDS Service Provision Assessment
COVER SHEET

1. Facility Identification

001 NAME OF FACILITY _____

002 ADDRESS OF FACILITY _____

003 REGION NUMBER _____

005 FACILITY NUMBER . . . . . .

FACILITY CODE
REGION . . . . . [ ][ ]

FACILITY NUMBER . . . . . [ ][ ]

006 TYPE OF FACILITY:

NATIONAL REFERRAL HOSPITAL	01
REGIONAL HOSPITAL	02
DISTRICT HOSPITAL	03
HOSPITAL	04
POLYCLINIC	05
HEALTH CENTER	06
HEALTH POST	07
STAND-ALONE VC	08
OTHER _____ (SPECIF' .	96

FACILITY TYPE . . . . . [ ][ ]

007 MANAGING AUTHORITY

GOVERNMENT	01
NGO	02
PRIVATE (FOR-PROFIT)	03
PRIVATE (NOT FOR-PROFIT)	04
SEMIAUTONOMOI	05
OTHER _____ (SPECIFY) .	96

MANAGING AUTHORITY . . . . . [ ][ ]

2. Information about Interview

008 Date of Interview

DAY . . . . . [ ][ ]

MONTH . . . . . [ ][ ]

YEAR . . . . . [ ][ ][ ][ ]

009 Name of the interviewer _____

INTERVIEWER CODE . . . . . [ ][ ]

010 INTERVIEWER VISITS:

	Visit 1	Visit 2	Visit 3
DATE	_____	_____	_____
TEAM LEADER	_____	_____	_____

RESULT CODES:
1 COMPLETED
2 RESPONDENT NOT AVAILABLE
3 REFUSED
4 PARTIALLY COMPLETED
6 OTHER

RESULT CODE . . . . . [ ]

011 CHECKED BY MONITOR/SUPERVISOR: ☐

SIGNATURE _____ DATE _____

GPS READING

(As per the Etrex Garmin 12-Channel GPS model)

1 Turn GPS machine on and wait until satellites read position and GPS says "Ready to Navigate" (will give you accuracy of reading in meters)

2 Press "PAGE" until you get a menu of options

3 Highlight "MARK" and press "ENTER"

4 Highlight the number inside the flag and press "ENTER"

5 Enter facility code (four digits) - Scroll up and down to choose appropriate numbers - press "ENTER" to select each No.

6 Once entered the numbers, press "OK" and "OK" again at the figure carrying the flag

7 At the main menu, highlight "WAYPOINTS" and press "ENTER"

8 Highlight your waypoint (your facility code number) and press "ENTER"

9 Copy information from "REVIEW WAYPOINT" page- this is the average of all the satellite readings

10 Be sure to copy the waypoint name from the waypoint list page to verify that you are entering the correct waypoint information on the data form

11	WAYPOINT NAME	NAME (FACILITY CODE No.) ... ☐☐☐☐
12	ELEVATION (meters above sea level	ELEVATION (meters) ..... ☐☐☐☐☐☐
13	LATITUDE	N/S . . . . . a ☐ DEGREES/DECIM . . . . . b ☐☐ c ☐☐. ☐☐☐
14	LONGITUDE	E/W . . . . . a ☐ DEGREES/DECIM . . . . . b ☐☐ c ☐☐. ☐☐☐

15 When you are finished checking all entries, press "PWR" a few seconds to turn GPS off.

Facility Checklist for Questionnaires:
OUTPATIENT (part 1)

Region Facility
Code of facility:

1) USE PENCIL TO FILL FORM FOR ORGANIZING WORK. AT THE END OF THE DAY, COMPLETE THE FORM IN PEN.
2) DISCUSS WITH DIRECTOR AND PERSON MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES.
3) IF THE SERVICE IS NOT AVAILABLE SKIP TO THE NEXT SERVICE. IN THE ELIGIBLE QUESTIONNAIRE COLUMN. RECORD THE NUMBER (0-2) OF QUESTIONNAIRES COMPLETED FOR THAT SERVICE.
4) AT END OF DATA COLLECTION, VERIFY THAT ALL SITES HAVE BEEN VISITED AND THAT ALL QRE COMPLETED ARE RECORDED ON THIS FORM.

	TYPE OF OUTPATIENT CLINIC/UNIT (OPD)	UNIT AVAILABLE & SEES PLHA 1=YES 0=NO	ELIGIBLE QUESTIONNAIRE (QRE) Service provided Sect B OPD	Sect G TB	Sect H (V)CT	Sect I ART	Sect J PMTCT	OPD QUESTIONS COMPLETE FOR STERILI-ZATION 1=YES	WASTE 0=NO
01	GENERAL OUTPATIENT		1						
02	PEDIATRIC OUTPATIENT								
03	ANTENATAL CARE (ANC)								
04	FAMILY PLANNING (FP)								
05	LABOR & DELIVERY (outpatient)								
06	TUBERCULOSIS (TB)								
07	VCT OR CT ONLY								
08	PMTCT ONLY								
09	HIV/AIDS ONLY								
10	OUTPATIENT C/U COMBINING SPECIAL DIAGNOSIS INCLUDING								
11	GYNECOLOGY								
12	UROLOGY								
13	DERMATOLOGY								
14	EMERGENCY (ER)								
15	HYPERTENTION, DIABETES CHRONIC ILLNESS								
16	OTHER_____ (SPECIFY TYPE)								

	TYPE OF INPATIENT CLINIC/UNIT (IPD) (CONTINUED)	UNIT AVAILABLE & SEES PLHA 1=YES 0=NO	'ELIGIBLE QUESTIONNAIRE (QRE) Service provided Sect B OPD	Sect G TB	Sect H (V)CT	Sect I ART	Sect J PMTCT	OPD QUESTIONS COMPLETE FOR STERILI-ZATION 1=YES	WASTE 0=NO
	HMIS (OPD or OPD&IPD)	1							
	LAB (OPD or OPD & IPD)	1							
	PHARMACY (OPD or OPD & IPD)	1							
	TOTAL OUTPATIENT QRE		OPD	TB	(V)CT	ART	PMTCT		

Facility Checklist for Questionnaires:
INPATIENT (Part 2)

Code of facility: Region | Facility

	TYPE OF INPATIENT CLINIC/UNIT (IPD)	UNIT AVAILABLE & SEES PLHA. 1=YES 0=NO	'ELIGIBLE QUESTIONNAIRE (QRE) Service provided					IPD QUESTIONS COMPLETE FOR	
			Sect C IPD	Sect G TB	Sect H (V)CT	Sect I ART	Sect J PMTCT	STERILI-ZATION 1=YES	WASTE 0=NO
21	GENERAL MEDICAL INPATIENT (Male and Female)								
22	MALE MEDICAL INPATIENT								
23	FEMALE MEDICAL INPATIENT								
24	PEDIATRIC INPATIENT								
25	HIV/AIDS INPATIENT								
26	DELIVERY INPATIENT								
27	TB INPATIENT								
28	UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS								
29	SURGERY INPATIENT (Male and Female)								
30	MALE SURGICAL								
31	FEMALE SURGICAL								
32	OTHER IPD_____ (SPECIFY)								

	TYPE OF INPATIENT CLINIC/UNIT (IPD) (CONTINUED)	UNIT AVAILABLE & SEES PLHA. 1=YES 0=NO	'ELIGIBLE QUESTIONNAIRE (QRE) Service provided					IPD QUESTIONS COMPLETE FOR	
			Sect C IPD	Sect G TB	Sect H (V)CT	Sect I ART	Sect J PMTCT	STERILI-ZATION 1=YES	WASTE 0=NO
	HMIS, IPD Only								
	LAB, IPD Only								
	PHARMACY, IPD Only								
			IPD	TB	(VCT)	ART	PMTCT		
	TOTAL INPATIENT QRE								

SECTION A. OVERVIEW OF HIV/AIDS SERVICES

Facility Code: [ ][ ] [ ][ ]
REGION FACILITY

QRE TYPE **A**

Interviewer Code: [ ][ ]

My name is _____. We are here on behalf of GRPA and MOH to find out what services you have dealing with HIV/AIDS. Your facility was chosen to be a part of this study. We will be asking you several questions about HIV/AIDS care and support services. That is medical, psychological, emotional, and social needs of patients living with HIV/AIDS and their families.

First, I will read you a statement explaining the survey. Then I will ask for your consent to answer the survey questions.
We are interested in care and support that you provide for clients who you either suspect are HIV-infected and those who are confirmed by blood test. We would like to see registers of these patients, but will not be using the information otherwise. Names from the register will not be reviewed, recorded, or shared.

Besides the organizations conducting the survey, the information you share about services and systems currently available at your facility will be made available only to program planners at Family Health International so they can plan program improvements. You will not be identified by name as giving any particular answers to these questions.

Do not worry if you cannot provide all the answers. You can stop the interview at anytime if you do not wish to answer any questions. However, the information you provide is extremely valuble. It will help health facilities improve care and support for HIV/AIDS so they can formulate policies and deliver better services, so we hope you will agree to participate.

Do you have any questions?

100	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
101	RECORD THE TIME AT THE BEGINNING OF THE INTERVIEW [ ][ ] : [ ][ ] Date [ ][ ][ ][ ] D D M M		

NO.	QUESTIONS	CODING CATEGORIES			GO TO
102	First, lets discuss how you organize services here. For each of the services mentioned, tell me if you have such a clinic or inpatient unit separate from others. IF YES, ASK: Are clients who are suspected or confirmed to have HIV/AIDS ever given preventive or curative treatment related to HIV/AIDS in this clinic or unit? IF CLIENTS SUSPECTED OF HAVING HIV/AIDS ARE REFERRED ELSEWHERE, AND THE CLINIC/UNIT DOES NOT PROVIDE ANY SERVICES RELATED TO HIV/AIDS, THEN THE CORRECT RESPONSE IS "YES UNIT, NO HIV/AIDS CLIENTS".				
	SPECIFIC CLINIC OR SERVICE UNIT FOR:	YES UNIT YES HIV/AIDS CLIENTS	YES UNIT NO HIV/AIDS CLIENTS	NO UNIT IN FACILITY	
	OUTPATIENT CLINIC/UNIT (C/U)				
01	GENERAL OUTPATIENT C/U	1	2		
02	PEDIATRIC OUTPATIENT C/U	1	2		
03	ANTENATAL/MATERNITY CARE C/U	1	2		
04	FAMILY PLANNING C/U	1	2		
05	LABOR&DELIVERY (outpatient) C/U	1	2		
06	TUBERCULOSIS (TB) C/U	1	2		
07	VCT OR CT CLINIC/UNIT	1			
08	PMTCT CLINIC/UNIT	1			
09	SPECIFIC HIV ONLY C/U	1	2		
10	OUTPATIENT C/U COMBINING SPECIAL DIAGNOSES (INCLUDING HIV/AIDS)	1	2		
11	SEXUALLY TRANSMITTED INFECTIONS C/U	1	2		
12	GYNECOLOGY CLINIC/UNIT	1	2		
13	UROLOGY CLINIC/UNIT	1	2		
14	DERMATOLOGY CLINIC/UNIT	1	2		
15	EMERGENCY CLINIC/UNIT	1	2		
16	HYPERTENSION/DIABETES CHRONIC ILLNESS CLINIC	1	2		
17	OTHER OUTPATIENT (SPECIFY) _____	1	2		

NO.	QUESTIONS	CODING CATEGORIES			GO TO
	SPECIFIC CLINIC OR SERVICE UNIT FOR:	YES UNIT YES HIV/AIDS CLIENTS	YES UNIT NO HIV/AIDS CLIENTS	NO UNIT IN FACILITY	
	INPATIENT UNITS				
21	GENERAL INPATIENT UNIT (MALE AND FEMALE)	1	2		
22	MALE INPATIENT UNIT	1	2		
23	FEMALE INPATIENT UNIT	1	2		
24	PEDIATRIC INPATIENT UNIT	1	2		
25	HIV/AIDS ONLY INPATIENT UNIT	1	2		
26	MATERNITY (INPATIENT) UNIT	1	2		
27	TUBERCULOSIS (TB) INPATIENT UNIT	1	2		
28	INPATIENT CLINIC/UNIT COMBINING SPECIAL DIAGNOSES (INCLUDING HIV/AIDS)	1			
29	SURGERY INPATIENT UNIT (MALE AND FEMALE)	1	2		
30	MALE SURGICAL	1	2		
31	FEMALE SURGICAL	1	2		
32	OTHER INPATIENT (SPECIFY) _____	1	2		
	OTHER SERVICES				
41	GENERAL SOCIAL SERVICE DEPT	1	2		
42	SOCIAL SERVICE UNIT SPECIFIC FOR HIV/AIDS	1			
43	OTHER _____ (SPECIFY)	1	2		

NO.	QUESTIONS	CODING CATEGORIES		GO TO
103	Tell me about your staff. How many persons actually work here. How many are			
	QUALIFICATION	(a) NUMBER AUTHORIZED	(b) ACTUAL NUMBER ASSIGNED TO FACILITY	
01	Specialist physician			
02	Physician (on site)			
03	Physician (visiting)			
04	Public Health Visitor (on site)			
05	Public Health Visitor (visiting)			
06	Medex (on site)			
07	Medex (visiting)			
08	Registered Nurse/Midwife (on site)			
09	Registered Nurse/Midwife (visiting)			
10	Registered Nurse (on site)			
11	Registered Nurse (visiting)			
12	Registered Midwife (on site)			
13	Registered Midwife (visiting)			
14	Nursing Assistant			
15	Patient Care Assistant			
16	Community Health Worker			

NO.	QUESTIONS	CODING CATEGORIES		GO TO
17	Medical Technologist (on site)			
18	Pharmacist			
19	Pharmacy assistant			
20	Lab Technician (visiting)			
21	Lab assistant (on site)			
22	Lab assistant (visiting)			
23	Social worker			
24	HIV/AIDS counselor			
25	Other counselor			
26	All other staff			
104	SUM THE NUMBER OF STAFF REPORTED IN COLUMNS (a) AND (b).			
	You have told me that there are (TOTAL STAFF) clinical staff assigned to this facility. Is this correct? IF NOT CORRECT, PROBE AND MAKE CORRECTIONS.			
105	Do you have any seconded staff? CLARIFY THAT YOU DON'T MEAN RELIEF STAFF. THESE ARE PEOPLE WHO ARE PAID BY ANOTHER ORGANIZATION.	YES . . . . . 1 NO 2		→ 108

NO.	QUESTIONS	CODING CATEGORIES	GO TO
106	Please tell me the qualification of the people who are seconded to the facility and indicate if they work specifically with HIV/AIDS related services or with other services		

		SERVICES	
		HIV/AIDS	OTHER
01	Doctor		
02	Public Health Visitor		
03	Medex		
04	Registered Nurse/Midwife		
05	Registered Nurse		
06	Registered Midwife		
07	Nursing assistant		
08	Patient Care Assistant		
09	Medical Technologist		
10	Laboratory technician		
11	Laboratory assistant		
12	Counselor		
13	Community worker		
14	Other clinical staff		
107	SUM THE NUMBER OF OTHER PEOPLE WHO WORK WITH THE FACILITY.	TOTALS	
108	Is there a pharmacy or other place where medications are stored? PROBE FOR TYPE	OPD or IPD and OPD ..... 1 IPD only ..... 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
109	Does the facility have a computer? (REPORTED RESPONSE IS OK) IF YES, ASK: Is the computer functioning today?	YES, FUNCTIONING . . . . . 1 YES, NOT FUNCTIONING . . . . . 2 NO 3	
110	Does the facility have a functioning telephone or 2-way radio to call outside? (REPORTED RESPONSE IS ACCEPTABLE)	YES, TELEPHONE . . . . . 1 YES, 2-WAY RADIO . . . . . 2 NO 3	 → 112 → 112
111	Is there access to email/internet within the facility? (REPORTED RESPONSE IS ACCEPTABLE)	YES . . . . . 1 NO 2	
112	Does this facility have a back-up generator? IF YES, ASK: Is the generator functioning and is fuel routinely available? (REPORTED RESPONSE IS ACCEPTABLE)	YES, FUNCTIONING AND FUEL ROUTINELY AVAILABLE . . . 1 YES, FUNCTIONING BUT FUEL NOT ROUTINELY AVAILABLE . . . . . 2 YES, BUT NOT FUNCTIONING . . . . . 3 NO GENERATOR 4	
113	Does this facility ever obtain electricity from any non-generator source?	YES CENTRAL SUPPLY . . . . . 1 YES, SOLAR OR OTHER SUPPLY . . 2 NO 3	 → 116
114	Is the electricity (not including any backup generator) always available during the times when the facility is providing services, or is it sometimes interrupted?	ALWAYS AVAILABLE . . . . . 1 SOMETIMES INTERRUPTED . . . . . 2 ONLY AVAILABLE AFTER DARK . . 3	→ 116
115	IF SOMETIMES INTERRUPTED, ASK: How many *days* during the past week was the electricity not available for at least 2 hours?	NUMBER OF DAYS *NOT* AVAILABLE PAST WEEK . . . . . [ ] NEVER INTERRUPTED 2 HOURS OR MORE 0	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
116	What is the most commonly used source of water for washing hands and other items for the facility? (REPORTED RESPONSE IS ACCEPTABLE)	PIPED FROM PROTECTED SOURCE SUCH AS PROTECTED WELL OR BOREHOLE 1 PIPED FROM UNPROTECTED SOURCE SUCH AS UNPROTECTED WELL OR BOREHOLE . . . . . 2 RAINWATER PROTECTED 3 RAINWATER UNPROTECTED 4 RIVER OR LAKE OR POND . . . . . 5 OTHER_____ . . . . . 6 SPECIFY DON'T KNOW 8	
117	Is the water outlet from this source available onsite or within 500m of the facility? REPORTED RESPONSE IS ACCEPTABLE	YES, INSIDE FACILITY . . . . . 1 YES, OUTSIDE FACILITY . . . . . 2 NO 3	
118	Do providers in this facility ever order or refer clients for HIV/AIDS testing? IF YES, INDICATE WHERE THE TEST IS DONE. IF THE FACILITY CONDUCTS THE TEST OR THERE IS AN AFFILIATED LABORATORY, THE LAB QRE MUST BE COMPLETED.	YES, FACILITY CONDUCTS TEST 1 YES, FACILITY HAS AFFILIATED EXTERNAL LABORATORY . . . . . 2 YES, CLIENTS REFERRED EXTERNALLY TO OTHER SITE (NON-AFFILIATED) . . . . . 3 NO 4	→ 121 → LAB QRE → 121 → 122
119	Where are HIV/AIDS tests conducted in this facility? INDICATE ALL SITES FOR THIS FACILITY. MULTIPLE RESPONSES MAY APPLY.	(V)CT CLINIC . . . . . A PMTCT CLINIC . . . . . B LABORATORY (ONLY ONE IN FACILITY) C LABORATORY-OUTPATIENT ONLY .... D LABORATORY-INPATIENT ONLY . . . E RAPID TEST ONSITE IN CLINIC/UNIT OTHER THAN VCT OR PMTCT . . . F OTHER_____ . . . X SPECIFY	→ LAB QRE → LAB QRE → LAB QRE
120	Is there a written procedure for HIV testing in this facility? IF YES: May I see it?	YES, OBSERVED, COMPLETE . . . 1 YES, OBSERVED, INCOMPLETE . . 2 YES, REPORTED, NOT SEEN . . . 3 NO . . . . . 4 DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
121	Is there a written procedure for routine pre- and post-test counseling for HIV testing? IF YES, ASK TO SEE IT	YES, OBSERVED, COMPLETE . . . 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN . . . 3 NO . . . . . 4 DON'T KNOW 8	
122	Is there an official institutional policy on confidentiality and disclosure of HIV test results or client HIV status? IF YES: May I see it?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 124
123	Does the written policy on confidentiality and disclosure specify that no one, including family, can be informed of the HIV/AIDS status without the client's consent?	YES, OBSERVED . . . . . 1 YES, REPORTED . . . . . 2 NO 3	
124	Are new staff, who work with HIV/AIDS clients in any capacity, routinely trained or instructed on the protocols for confidentiality and disclosure of HIV test results or client status?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
125	Do you have any staff who have been trained in both pre- and post-test counseling for HIV/AIDS?	YES, TRAINED COUNSELOR IN FACILITY . . . . . 1 NO TRAINED COUNSELOR IN FACILITY . . . . . 2 DON'T KNOW 8	
	AT THIS TIME, REVIEW WHERE VARIOUS HIV/AIDS SERVICES ARE OFFERED, AND DEVELOP THE DATA COLLECTION STRATEGY, WITH THE HIV/AIDS SERVICE RESPONDENT OR OTHER MOST APPROPRIATE FACILITY RESPONDENT. THE TEAM LEADER SHOULD THEN COMPLETE THE REMAINING QUESTIONS ON PEP AND THEN CONTINUE WITH THE AGREED UPON PLAN FOR DATA COLLECTION		
126	HAS AN INFORMED CONSENT BEEN RECEIVED FROM THE RESPONDENT FOR PEP?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
127	Do staff in this facility have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY 1 YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 2 NO PEP AVAILABLE 3	→ 129 → 135
128	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE ANY	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . 1 RECORD SHOWS REFERRAL ONLY 2 NO RECORD OR REFERRAL 3	→ 134 → 134 → 134
129	ASK TO GO TO WHERE PEP MEDICINES ARE STORED AND RECORD WHICH MEDICINES ARE PRESENT.	COMBIVIR (ZDV/3TC) . . . . . A STAVUDINE/LAMIVUDINE . . . . . B STAVUDINE/LAMIVUDINE+INDINAVIR C ZIDOVUDINE . . . . . D OTHER _____ . . . . . W OTHER _____ . . . . . X NONE . . . . . Y	
130	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	YES, LOCKED, SEPARATE FROM OTHER MEDICINES . . . . . 1 NO, NOT LOCKED, SEPARATE FROM OTHER MEDICINES . . . . . 2 STORED WITH OTHER MEDICINES 3 OTHER _____ . . . 6 (SPECIFY)	
131	Is the PEP regime prescribed by a provider in this clinic/unit, that is, where the medicines are stored?	YES . . . . . 1 NO 2	→ 133
132	Are there any written procedure manual for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE IT	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN . . . 3 NO 4	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
133	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
134	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED	YES, OBSERVED, COMPLETE . . . 1 YES, OBSERVED, INCOMPLETE . . 2 YES, REPORTED, NOT SEEN . . . 3 NO 4	
135	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ]	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION B: HIV/AIDS OUTPATIENT CARE

Code of facility: [ ][ ] [ ][ ]
REGION FACILITY

QRE TYPE [B]

Interviewer: Code [ ][ ]

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES OFFERED BY THIS CLINIC/UNIT.

CRITERIA FOR ELIGIBILITY:

PROVIDES CARE AND/OR SUPPORT SERVICES FOR CLIENTS WHO ARE SUSPECTED OR CONFIRMED TO HAVE HIV/AIDS
OR PROVIDES OR PRESCRIBES HIV/AIDS TESTS FOR A CLIENT
OR PROVIDES COUNSELING RELATED TO HIV/AIDS.

200	INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENTS	GENERAL OUTPATIENT ..... 01 PEDIATRIC OUTPATIENT .. 02 FAMILY PLANNING ..... 04 HIV ONLY ..... 09 CLINIC/UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS ..... 10 STI ONLY ..... 11 GYNECOLOGY ..... 12 UROLOGY ..... 13 DERMATOLOGY ..... 14 EMERGENCY ..... 15 HYPERTENSION, DIABETES/CHRONIC ILLNESS 16 OTHER OPD _____ 96 (SPECIFY)	
200a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY ..... [ ][ ]	

First, I will read you a statement explaining the survey. Then I will ask for your consent to answer the survey questions.

My name is _____. We are here on behalf of GRPA and MOH to find out what services you have dealing with HIV/AIDS. Your facility was chosen tob e a part of this study. We will be asking you questions about HIV/AIDS care and support services.

We are interested in care and support that you provide for clients who you either suspect are HIV-infected and those who are confirmed by blood test. We would like to see registers of these patients, but will not be using the information otherwise. Names from the register will not be reviewed, recorded, or shared. We maintain confidentiality with the information you provide and it will not be shared without your agreement even to your supervisor.
Do not worry if you cannot provide all the answers. You can stop the interview at anytime if you do not wish to answer any questions. Hovever, the information you provide is extremely valuble. It will help health facilities improve care and support for HIV/AIDS so they can formulate policies and deliver better services, so we hope you will agree to participate.

Do you have any questions?

201	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
202	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ]	DATE [ ][ ][ ][ ] D D M M	
	QUESTIONS	**CODING CATEGORIES**	**GO TO**
203	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and **present today**		
	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
	First, I want to understand any policies or practices for prescribing or referring clients in this clinic/unit for HIV test counseling or HIV testing.		
204	Do providers in this clinic/unit provide counseling for HIV tests?	YES . . . . . 1 NO 2	
205	Do providers in this clinic/unit ever prescribe HIV tests or refer clients to other clinic/units (either in this facility or outside) for HIV tests?	YES . . . . . 1 NO 2	→ 212

	QUESTIONS	CODING CATEGORIES	GO TO
206	When an HIV test is requested or a client is referred for an HIV test, what is the procedure for the client to receive the test? AFTER RESPONSE IS PROVIDED PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL RESPONSES THAT APPLY.	**CLINIC/UNIT IN THIS FACILITY** RAPID TEST ONSITE IN CLINIC/UNIT . . . . . A CLIENT SENT TO (V)CT CLINIC/UNIT . . . . . B CLIENT SENT TO PMTCT CLINIC/UNIT . . . . . C BLOOD DRAWN IN THIS CLINIC/UNIT AND SENT TO LAB . . . . . D CLIENT SENT TO LAB . . . . . E **CLIENT REFERRED OUTSIDE FACILITY** VCT STAND-ALONE SITE . . F (V)CT CLINIC/UNIT IN OTHER FACILITY . . . . . G PMTCT STAND-ALONE SITE . . H PMTCT CLINIC/UNIT IN OTHER FACILITY . . . . . I OUTSIDE, AFFILIATED LABORATORY . . . . . J DISTRICT OR REGIONAL HOSPITAL . . . . . K OTHER _____ X (SPECIFY)	 → (V)CT QRE → (V)CT QRE → (V)CT QRE → (V)CT QRE
207	CHECK Q206 TO DETERMINE IF CLIENT IS REFERRED OUTSIDE THE FACILITY FOR THE HIV TEST	YES REFERRED OUTSIDE FACILITY . . . . . 1 NO, TEST PROVIDED INSIDE FACILITY 2	 → 212
208	Does this clinic/unit have an agreement with the referral site for HIV test results to be returned to the clinic either directly or through the client?	YES . . . . . 1 NO 2	→ (V)CT QRE → 210
209	Is there a record of clients who are referred for HIV tests? IF YES, ASK TO SEE WHERE THE INFORMATION IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	
210	When you refer the client **to another facility** for an HIV test, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 212 → 212
211	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . 1 CALL TO GIVE CLIENT INFORMATION 2 OTHER _____ 6 (SPECIFY) NO METHOD USED 7	

	QUESTIONS	CODING CATEGORIES	GO TO
212	If a person comes voluntarily to ask for an HIV test, what would you do? PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE.	PROVIDE SERVICE AT TIME OFVISIT THROUGH THIS CLINIC/UNIT . . . . . 1 MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME . . . . . 2 REFER WITHOUT APPOINTMENT REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT . . . . . 4 DON'T PROVIDE SERVICE OR REFERRAL 5	
213	Does this unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES . . . . . 1 NO 2	→ PMTCT QRE
214	CHECK 206, 208, AND 213 TO SEE IF THIS CLINIC/UNIT IS ELIGIBLE FOR A (V)CT OR A PMTCT QUESTIONNAIRE.	YES ELIGIBLE FOR (V)CT OR PMTCT QRE . . . . . 1 NO NOT ELIGIBLE 2	→ 218
215	Is an individual client chart/record maintained for all suspected or confirmed HIV/AIDS clients? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, PROVIDED OR KEPT ELSEWHERE IN FACILITY. . . . . 3 ENTER CLINIC/UNIT NUMBER [ ][ ] ONLY IF CLIENT PROVIDES . . . . . 4 OTHER _____ 6 NO INDIVIDUAL RECORD 7	
216	Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this clinic/unit? IF YES: May I see it?	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	→ 218
217	Does the policy specify that no one, **including family**, can be informed of the HIV/AIDS status without the client's consent?	YES . . . . . 1 NO 2	
218	May I speak with the person most familiar with **clinical care services** that are available in this clinic/unit. OBTAIN INFORMED CONSENT IF NEW RESPONDENT.	YES . . . . . 1 NO 2	

	QUESTIONS	CODING CATEGORIES				GO TO
219	For each service mentioned, please tell me whether it is provided here or if clients are referred elsewhere	SERVICE OFFERED IN THIS FACILITY			NO SERVICE	
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC/UNIT THIS FACILITY	REFER CLIENT OUTSIDE FACILITY		
01	Prescribe treatment for tuberculosis (TB) or provide follow-up treatment	1 → TB QRE	2	3	4	
02	Diagnose tuberculosis (TB)	1 → TB QRE	2	3	4	
03	Prescribe treatment for sexually transmitted infections (STIs)?	1	2	3	4	
04	Prescribe treatment for malaria?	1	2	3	4	

220	Do you have written procedures on any of the following topics in this clinic/unit? IF YES: May I see it?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	National written procedures (manual) for Universal Precautions	1 → 03	2	3	4
02	Other written procedures (manual) for infection control	1	2	3	4
03	National procedures (manual) on management of STIs	1 → 05	2	3	4
04	Other procedure (manual) for management of STIs	1	2	3	4
05	WHO procedure (manual) on syndromic management of STI	1	2	3	4
06	Procedures (manual) for routinely offering HIV tests to all STI clients	1 1		3	4
07	National procedures (manual) for the management of malaria	1 → 221	2	3	4
08	Other procedures (manual) for the management of malaria	1	2	3	4

221	Do you provide any clinical care for suspected or confirmed HIV/AIDS clients besides PMTCT or CT? CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE, OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR HELP IN LIVING WITH HIV/AIDS OR FOR SOCIAL SERVICES FOR PLHA.	YES . . . . . 1 NO, HIV/AIDS CLIENTS REFERRED ELSEWHERE, THIS FACILITY 2 ENTER CLINIC/UNIT NUMBER [ ][ ] NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY 3 OTHER _____ 6 SPECIFY	 → 229 → 231 → 229

	QUESTIONS	CODING CATEGORIES	GO TO
222	Can I talk with the person most familiar with clinical HIV/AIDS services? OBTAIN INFORMED CONSENT IF NEW RESPONDENT	YES . . . . . 1 NO 2	

223	For each service mentioned, please tell me whether it is provided here or if clients are referred elsewhere	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC	INPATIENT SERVICE ONLY		
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections	1	2	3	4	5
02	Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care	1	2	3	4	5
03	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5
04	Fortified protein supplementation (FPS)	1	2	3	4	5
05	Prescribe or provide follow-up for ARV therapy in the facility or community based?	1 → ART QRE	2	3	4	5
06	Care for pediatric HIV/AIDS patients	1	2	3	4	5
07	Other HIV/AIDS services _____ (Specify)	1	2	3	4	

	QUESTIONS	CODING CATEGORIES				GO TO
224	For each of the services mentioned, please tell me whether you routinely offer it to your clients. PROBE FOR WHETHER IT IS OFFERED THROUGH THIS CLINIC OR BY REFFERAL WITHIN OR OUTSIDE THIS FACILITY.	SERVICE OFFERED				
		ROUTINELY (TO EVERYONE)			SELECTIVELY	
		PROVIDE SERVICE THIS CLINIC	REFERRED TO OTHER CLINIC THIS FACILITY	REFERRED TO OUTSIDE FACILITY	SERVICE SOMETIMES OFFERED (MAY BE IN THIS CLINIC OR REFER)	SERVICE NEVER OFFERED
01	Test or screen for tuberculosis	1	2	3	4	5
02	Preventive treatment for TB (INH)	1	2	3	4	5
03	Primary preventive treatment, that is,before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT)).	1	2	3	4	5
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5
05	Family planning services for HIV/AIDS clients	1	2	3	4	5
06	Condom distribution for preventing further transmission of HIV/AIDS.	1	2	3	4	5
225	Do you have any written procedures or a manual for HIV/AIDS services or care for HIV/AIDS clients available in this clinic/unit?	YES . . . . . 1 NO 2				→ 227

	QUESTIONS	CODING CATEGORIES			GO TO
226	For each service mentioned, are written procedures available? IF YES, ASK TO SEE THEM.	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE
01	National procedure manual for the clinical management of HIV/AIDS infection in adults	1 → 03	2	3	4
02	Other procedure manual for the clinical management of HIV/AIDS infection in adults	1	2	3	4
03	Procedure manual for management of opportunistic infections	1	2	3	4
04	Procedure manual on micronutrient supplementation	1	2	3	4
05	Procedure manual on advanced nutritional support (FPS)	1	2	3	4
06	Procedure manual on provision of symptomatic or palliative care	1	2	3	4
07	National procedure manual for the clinical management of HIV/AIDS infection in children	1 → 09	2	3	4
08	Other procedure manual for the clinical management of HIV/AIDS infection in children	1	2	3	4
09	procedure manual on preventive therapy other than TB	1	2	3	4
10	Procedure manual on preventive therapy for tuberculosis	1	2	3	4
11	National procedure manual on community home-based care for HIV/AIDS clients	1 → 13	2	3	4
12	Other procedure manual on community home-based care for HIV/AIDS clients	1	2	3	4
13	Standard operating procedures or procedure manual for the care process for people with HIV/AIDS	1	2	3	4
14	Other protocols or procedure manual relevant to HIV/AIDS or related services _____ (SPECIFY)	1	2	3	

	QUESTIONS	CODING CATEGORIES				GO TO
227	For each specialty support service mentioned, please tell me if you offer it to clients either in this clinic or through referral. ASK TO SEE ANY LIST OF REFERRAL SITES.	YES, SERVICE IS AVAILABLE THIS FACILITY	YES, CLIENT REFERRED OUTSIDE AND LIST WITH REFERRAL SITE			NO SERVICE OR REFERRAL
			OBSERVED	NOT SEEN, AND PROVIDER..		
				CAN NAME SITE	CANNOT NAME SITE	
01	Home-based care services for people living with HIV/AIDS and their families	1	2	3	4	5
02	PLHA support group	1	2	3	4	5
03	Emotional/spiritual support	1	2	3	4	5
04	Support for orphans or other vulnerable children	1	2	3	4	5
05	Social support, such as food, material, income generating projects and fee exemption for PLHA and their families	1	2	3	4	5
06	Legal services	1	2	3	4	5
07	Education on HIV care for patients and their families	1	2	3	4	5
08	Traditional sources/providers	1	2	3	4	5
09	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	

228	Do you keep a register of people you refer for any type of HIV/AIDS-related services? IF YES, ASK TO SEE IT.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . 2 NO 3	
229	When you refer the client to another clinic/unit **within the facility,** for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 231 → 231
230	Do you use any other method to provide client information to the referral site within the facility to help the client receive requested services? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . 1 CALL TO GIVE CLIENT INFORMATION 2 OTHER _____ 6 (SPECIFY) NO METHOD USED 7	
231	When you refer the client **to another facility** for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 233 → 233

	QUESTIONS	CODING CATEGORIES	GO TO
232	Do you use any method to provide client information to the external referral site or to help the client receive the requested services? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . 1 CALL TO GIVE CLIENT INFORMATION . . . . . 2 OTHER _____ 6 (SPECIFY) NO METHOD USED 7	→234 →234 →234 →234
233	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
234	Do you have a system for making individual client appointments for HIV/AIDS clients? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
235	CHECK Q223 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE FACILITY PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES . . . . . 1 NO 2	→244
236	Do you keep a register where the diagnosis for which clients receive services are recorded? PROBE FOR TYPE OF RECORD OR REGISTER AND ASK TO SEE IT. CIRCLE ALL THAT APPLY	CLINIC REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS . . A SPECIFIC REGISTER FOR HIV/AIDS CLIENTS . . . . . B INDIVIDUAL CLIENT CHART/RECORD C REGISTER IN COMPUTER . . . . . D INFO IN MEDICAL RECORDS ONLY E NO RECORD MAINTAINED . . . . . F OTHER _____ X (SPECIFY)	→244 →244
237	ASSESS THIS REGISTER FOR THE MOST RECENT ENTRY FOR ANY HIV/AIDS OR NON-HIV/AIDS CLIENT.	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 REGISTER NOT SEEN 3	→241

	QUESTIONS	CODING CATEGORIES	GO TO
	FOR EACH DIAGNOSIS LISTED, COUNT THE NUMBER OF CLIENT VISITS DURING THE PREVIOUS 12 COMPLETED MONTHS,OR 1000 ENTRIES, WHICHEVER IS LESS.		
238		NUMBER OF VISITS	
	1 ORAL/ESOPHAGEAL CANDIDIASIS . . .	. . . . .	
	2 TOXOPLASMOSIS	. . . . .	
	3 KAPOSI'S SARCOMA	. . . . .	
	4 AIDS-RELATED COMPLEX (ARC)	. . . . .	
	5 HERPES ZOSTER/SIMPLEX	. . . . .	
	6 PCP (PNEUMOCYSTIS CARINII PNEUMONIA)	. . . . .	
	7 TB	. . . . .	
	8 CHRONIC DIARRHEA	. . . . .	
	9 PNEUMONIA	. . . . .	
	10 IMMUNOSUPPRESSION/ HIV/AIDS	. . . . .	
	11 WASTING SYNDROME	. . . . .	
	12 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE . . . . . (SPECIFY) _____	. . . . .	
239	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION	NUMBER OF FULL MONTHS OF DATA	
240	RECORD THE TOTAL NUMBER OF VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER OF VISITS	
241	Are reports regularly compiled on the number of visits by clients who seek treatment from this clinic/unit for HIV/AIDS related illnesses?	YES, FOR ALL VISITS . . . . . 1 YES, FOR CONFIRMED HIV/AIDS ONLY 2 NO 3	→ 244

	QUESTIONS	CODING CATEGORIES	GO TO
242	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 244
243	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B REGIONAL HEALTH OFFICER . . . . . C MINISTRY OF HEALTH . . . . . D (MCH, NAPS, INFECT DISEASE) OTHER _____ X (SPECIFY)	
244	Do staff in this clinic have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC . . . . . 1 YES, PEP PROVIDED ELSEWHERE IN THE FACILITY . . . . . 2 YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 3 NO PEP AVAILABLE . . . . . 4 DON'T KNOW 8	→ 246 → 251
245	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . . . . . 1 RECORD SHOWS REFERRAL ONLY 2 NO RECORD OF REFERRAL 3	→ 250 → 250 → 250
246	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 251
247	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES . . . . . 1 NO 2	→ 251
248	Are there any written procedure manual or protocols for post-exposure prophylaxis available in this clinic/ unit? IF YES, ASK TO SEE THE procedure manual	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
249	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
250	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	

	QUESTIONS	CODING CATEGORIES	GO TO
251	Does this clinic/unit ever keep patients overnight for observation or treatment? IF THE RESPONSE IS NO,PROBE FOR CORRECT RESPONSE	YES . . . . . 1 NO, PATIENTS NEEDING OBSERVATION OR TREATMENT ARE ADMITTED TO THE FACILITY INPATIENT UNITS 2 NO OVERNIGHT CARE 3	
252	Is there a waiting area for clients where they are protected from sun and rain?	YES . . . . . 1 NO 2	
253	Is there a client toilet or latrine that patients from this clinic/unit can use? IF YES, ASK TO SEE THE TOILET/LATRINE AND INDICATE THE CONDITION	YES, FUNCTIONING, CLEAN, ... 1 YES, FUNCTIONING, NOT CLEAN . . 2 YES, NOT FUNCTIONING . . . . . 3 NO CLIENT TOILET/LATRINE 4	

ASK TO SEE THE AREA(S) IN THIS CLINIC/UNIT WHERE MOST CLIENTS WITH HIV/AIDS RELATED ILLNESSES OR THOSE RECEIVING HIV/AIDS RELATED SERVICES ARE EXAMINED. OBSERVE THE CONDITIONS UNDER WHICH CLIENT EXAMINATION TAKES PLACE. IF THERE ARE SEVERAL ROOMS FOR THE SAME PURPOSE, RANDOMLY PICK ONE TO ASSESS.

254	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE NON-LATEX GLOVES	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION (e.g. BLEACH)	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
16	DISPOSABLE SYRINGES	1	2	3	
17	EXAMINATION TABLE	1	2	3	
18	ALCOHOL AND COTTON	1	2	3	

	QUESTIONS	CODING CATEGORIES	GO TO
255	Where is used equipment from this unit sterilized or disinfected before being reused?	THIS CLINIC UNIT . . . . . 1 OTHER CLINIC/UNIT THIS FACILITY 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] SEND TO OTHER FACILITY . . . . . 3 OTHER _____ 6 (SPECIFY) NO ITEMS EVER PROCESSED 7	→ 257 → 264
256	HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION.	YES . . . . . 1 NO 2	→ 264
	ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION		
257	What procedure is used for decontaminating and cleaning equipment before its final processing for reuse?	SOAKED IN DISINFECTANT SOLUTION THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . 1 BRUSH SCRUBBED WITH SOAP AND WATER THEN SOAKED IN DISINFECTANT . . . . . 2 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 3 SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED . . . . . 4 OTHER _____ 6 (SPECIFY) NONE . . . . . 7 DON'T KNOW 8	
258	After cleaning, what is the **final** processing method most commonly used for disinfecting **syringes and needles?** CIRCLE ALL THAT APPLY	DRY HEAT STERILIZATION . . . . . A AUTOCLAVE . . . . . B STEAM . . . . . C BOILING . . . . . D CHEMICAL METHOD . . . . . E DISCARD/USE DISPOSABLES ONLY . . . . . F OTHER _____ X (SPECIFY) NONE . . . . . Y	
259	After cleaning, what are the **final** processes most commonly used for sterilizing or disinfecting medical equipment, such as surgical instruments, before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE ALL OF THE METHODS.	DRY-HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B STEAM . . . . . C BOILING . . . . . D CHEMICAL METHOD . . . . . E PROCESS OUTSIDE FACILITY . . . . . F OTHER _____ X (SPECIFY) NONE . . . . . Y	→ 261 → 264

	QUESTIONS	CODING CATEGORIES	GO TO

ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)

260	ITEM	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	AUTOCLAVE pressure wet heat **(electric)**	1 → 01b	2 → 01b	3 → 02	8 → 02	1	2	8
02	AUTOCLAVE pressure; wet heat **(non-electric)**	1 → 02b	2 → 02b	3 → 03	8 → 03	1	2	8
03	DRY HEAT STERILIZER	1 → 03b	2 → 03b	3 → 04	8 → 04	1	2	8
04	Pot w/cover (for steam or boiling)	1	2	3	8			
05	HEAT SOURCE (STOVE/COOKER)	1 → 05b	2 → 05b	3 → 06	8 → 06	1	2	8
06	AUTOMATIC TIMER	1 → 06b	2 → 06b	3 → 07	8 → 07	1	2	8
07	TST Indicator Strips (tape indicating sterilization)	1	2	3	8			
08	WRITTEN procedure manual FOR PROCESSING	1	2	3	8			

	QUESTIONS	CODING CATEGORIES				GO TO
261	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS OBSERVED OR REPORTED AS A PRACTICE.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	Wrapped in sterile cloth, sealed with TST tape	1	2	3	8	
02	Stored in sterile container with lid that clasps shut	1	2	3	8	
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8	
04	On tray, covered with cloth or wrapped without TST sealing tape	1	2	3	8	
05	In container with disinfectant or antiseptic	1	2	3	8	
06	Other _____ (SPECIFY)	1	2			
262	Date of sterilization written on packet or container with processed items	1	2	3	8	
263	Storage location dry and clean	1	2	3	8	
264	FILTER: INDICATE IF THE WASTE DISPOSAL SITE FOR OUTPATIENT SERVICES HAS ALREADY BEEN ASSESSED.	YES ALREADY ASSESSED . . . . . 1 NOT PREVIOUSLY ASSESSED 2				→ 271
265	How does this clinic/unit finally dispose of contaminated hazadous waste and items which are not reused, such as bandages or syringes?	BURNED IN INCINERATOR . . . . . 01 BURNED AND BURIED . . . . . 02 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 03 BURNED AND NOT BURIED . . . . . 04 THROWN IN TRASH/OPEN PIT . . . . . 05 THROWN IN PIT LATRINE . . . . . 06 REMOVED OFFSITE . . . . . 07 OTHER _____ 96 (SPECIFY)				
266	ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED . . . . . 1 WASTE VISIBLE, UNPROTECTED . . . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 4				

	QUESTIONS	CODING CATEGORIES	GO TO
267	How does this clinic/unit finally dispose of needles and other sharps?	SAME SITE AS OTHER WASTE (Q265) 01 BURNED IN INCINERATOR . . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 04 BURNED AND NOT BURIED . . . . . 05 THROWN IN TRASH/OPEN PIT . . . . . 06 THROWN IN PIT LATRINE . . . . . 07 REMOVED OFFSITE . . . . . 08 OTHER _____ 96 (SPECIFY)	→ 269
268	ASK TO SEE WHERE SHARP ITEMS ARE DISPOSED OF OR KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED . . . . . 1 WASTE VISIBLE, UNPROTECTED . . . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 4	
269	CHECK Q265 AND 267, IS ANY WASTE REMOVED OFFSITE FOR DISPOSAL? IF YES, ASK	YES . . . . . 1 NO 2	→ 271
270	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 TAKEN TO LOCAL DUMP AND BURNED 2 TAKEN TO LOCAL DUMP AND NOT BURNED . . . . . 3 OTHER _____ . . . . . 6 (SPECIFY) DON'T KNOW 8	
271	ASSESS GENERAL CLEANLINESS OF FACILITY. • A FACILITY IS CLEAN IF THE FLOORS ARE SWEPT AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A FACILITY IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	FACILITY CLEAN . . . . . 1 FACILITY NOT CLEAN 2	
272	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS CLINIC/UNIT	YES / NOT APPLICABLE (V)CT Q206 & 208: 1 / 2 PMTCT Q213: 1 / 2 TB Q219 (01 and 02): 1 / 2 ART Q223 (05): 1 / 2	
273	RECORD THE TIME AT END OF INTERVIEW [ ][ ] . [ ][ ]		
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION C: HIV/AIDS INPATIENT CARE

Code of facility: [ ][ ] [ ][ ]
REGION FACILITY

QRE TYPE [C]

Interviewer: Code [ ][ ]

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT INPATIENT HIV/AIDS SERVICES. INTRODUCE YOURSELF AND VERIFY THAT THE INPATIENT SERVICES ARE ELIGIBLE FOR THE SURVEY.

CRITERIA FOR ELIGIBILITY: THE UNIT CARES FOR ANY ADMITTED PATIENTS WITH CONFIRMED OR SUSPECTED HIV/AIDS, REGARDLESS OF REASON FOR ADMISSION; **OR** PROVIDERS SOMETIMES PRESCRIBE HIV/AIDS TESTS FOR INPATIENTS **OR** PROVIDE COUNSELING RELATED TO HIV/AIDS. IF UNIT REFERS A CLIENT ELSEWHERE IF HIV/AIDS IS SUSPECTED, AND DOES NOT PROVIDE ANY PRESCRIPTION OR COUNSELING RELATED TO TESTING AND DOES NOT PROVIDE ANY FOLLOW-UP FOR HIV/AIDS CLIENTS THEN THE UNIT IS DEFINED AS PROVIDING NO HIV/AIDS CARE OR SUPPORT SERVICES.

300	INDICATE WHICH UNIT OR SERVICE AREA INFORMATION WAS COLLECTED FROM.	GENERAL MEDICAL INPATIENT UNITS (Both male and female) . . . . . 21 MALE INPATIENT UNIT . . . . . 22 FEMALE INPATIENT UNIT . . . . . 23 PEDIATRIC INPATIENT UNIT . . . . . 24 HIV/AIDS INPATIENT UNIT . . . . . 25 DELIVERY INPATIENT UNIT . . . . . 26 TB INPATIENT UNIT . . . . . 27 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS . . . . . 28 SURGERY INPATIENT UNIT (Male and fema . . 29 MALE SURGICAL . . . . . 30 FEMALE SURGICAL . . . . . 31 OTHER _____ 97 SPECIFY	
300a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) 04 SEMIAUTONOMOUS . . . . . 05 OTHER _____ . . . 97 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]	

First, I will read you a statement explaining the survey and asking your consent for responding to survey questions.

My name is _____. We are here on behalf of GRPA and MOH to find out what services you have dealing with HIV/AIDS. Your facility was chosen to be a part of this study.
We will be asking you several questions about HIV/AIDS care and support services. That is medical, psychological, emotional, and social needs of patients living with HIV/AIDS and their families.

We are interested in care and support that you provide for clients who you either suspect are HIV-infected and those who are confirmed by blood test. We would like to see registers of these patients, but will not be using the information otherwise. Names from the register will not be reviewed, recorded, or shared. We maintain confidentiality with the information you provide and it will not be shared without your agreement even to your supervisor.

Do not worry if you cannot provide all the answers. You can stop the interview at anytime if you do not wish to answer any questions. Hovever, the information you provide is extremely valuble. It will help health facilities improve care and support for HIV/AIDS so they can formulate policies and deliver better services, so we hope you will agree to participate.

Do you have any questions?

301	Do I have your agreement to particpate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
302	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ] _____ _____ DATE [ ][ ][ ][ ] D D M M		
NO.	**QUESTIONS**	**CODING CATEGORIES**	**GO TO**
303	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STI, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and **on duty today.** THE RESPONDENT FOR THE THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
	Next I want to understand any policies or practices for prescribing or referring clients in this unit for HIV counseling and/or testing		
304	Do providers in this unit provide counseling for HIV tests?	YES . . . . . 1 NO 2	
305	Do providers in this unit ever order HIV tests?	YES . . . . . 1 NO 2	→ 307

NO.	QUESTIONS	CODING CATEGORIES	GO TO
306	When an inpatient has an order for an HIV test, what is the procedure for the client to receive the test? AFTER RESPONSE IS PROVIDED PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL RESPONSES THAT APPLY.	RAPID TEST ONSITE IN UNIT . . . . . A CLIENT SENT TO OTHER CLINIC/UNIT FOR COUNSELING AND TESTING . . . B CLIENT SENT TO PMTCT CLINIC/UNIT C PMTCT STAFF COME TO INPATIENT UNIT . . . . . D STAFF FROM OTHER CLINIC/UNIT COME TO INPATIENT UNIT . . . . . E BLOOD DRAWN IN INPATIENT UNIT AND SENT TO LAB . . . . . F CLIENT SENT TO LAB . . . . . G OTHER _____ X SPECIFY	→ (V)CT QRE → (V)CT QRE → (V)CT QRE
307	Does this unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES . . . . . 1 NO 2	→ PMTCT QRE
308	CHECK Q306 AND 307 TO SEE IF THIS UNIT IS ELIGIBLE FOR A (V)CT OR A PMTCT QUESTIONNAIRE	YES . . . . . 1 NO 2	→ 312
309	Is an individual client chart/record maintained for all suspected or confirmed HIV/AIDS clients? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY . . . . . 3 ENTER CLINIC/UNIT NUMBER [ ][ ] ONLY IF CLIENT PROVIDES . . . . . 4 OTHER _____ 6 SPECIFY NO INDIVIDUAL RECORD 7	
310	Is there a written policy (procedure) on confidentiality and disclosure of HIV test results and HIV status available in this unit? IF YES: May I see it?	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	→ 312
311	Does the policy specify that no one, **including family**, can be informed of the HIV/AIDS status	YES . . . . . 1 NO 2	
312	Now I would like to talk with the person most familiar with clinical services that are available in this clinic/unit. OBTAIN CONSENT IF NEW RESPONDENT	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
313	For each service mentioned, tell if whether it is provided here or if clients are referred elsewhere.	SERVICE OFFERED		CLIENT REFERRED ON DISCHARGE		NO SERVICE OR REFERRAL
		PROVIDERS FROM THIS UNIT	PROVIDER FROM OTHER UNIT PROVIDES SERVICE	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY	
01	Prescribe treatment for tuberculosis (TB) or provide follow-up treatment	1 → TB QRE	2	3	4	5
02	Diagnose tuberculosis (TB)	1 → TB QRE	2	3	4	5
03	Prescribe treatment for sexually transmitted infections (STI)?	1	2	3	4	5
04	Prescribe treatment for malaria?	1	2	3	4	5

314	Do you have written procedures (manual) on any of the following topics in this unit? IF YES: May I see it?	OBSERVED, COMPLETE	OBSERVED INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE
01	National procedures for Universal Precautions	1 → 03	2	3	4
02	Other procedures for infection control	1	2	3	4
03	National procedures on management of STI	1 → 05	2	3	4
04	Other procedures for management of STI	1	2	3	4
05	WHO Syndromic approach to diagnosing STI	1	2	3	4
06	Procedures or protocols for routinely offering HIV tests to all STI clients	1	2	3	4
07	National procedures for the management of malaria	1 → 315	2	3	4
08	Other procedures for the management of malaria	1	2	3	4

315			
	Do you provide any clinical care for suspected or confirmed HIV/AIDS clients besides PMTCT or CT?	YES 1	
		NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY 2	→ 323
		ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ]	
	CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE, OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR HELP IN LIVING WITH HIV/AIDS OR FOR SOCIAL SERVICES FOR PLHA.	NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY 3	→ 323
		OTHER _____ (SPECIFY) 6	→ 323

NO.	QUESTIONS	CODING CATEGORIES	GO TO
316	Where are inpatients diagnosed or suspected to have HIV are kept? PROBE FOR SEGREGATION PRACTICES.	MIXED (HIV/AIDS AND OTHER) . . . . . 1 CLUSTERED (HIV/AIDS IN SEPARATE PART OF ROOM WITH OTHERS) . . . 2 SEPARATE UNIT/ROOM FOR HIV/AIDS 3	
317	Now I would like to talk with the person most familiar with clinical services for HIV/AIDS that are offered here. OBTAIN CONSENT IF NEW RESPONDENT.	YES . . . . . 1 NO 2	

318	For each service mentioned, please tell me whether it is provided here or if clients are referred elsewhere.	SERVICE OFFERED		CLIENT REFERRED ON DISCHARGE		NO SERVICE OR REFERRAL
		PROVIDERS FROM THIS UNIT	PROVIDER FROM OTHER UNIT PROVIDES SERVICE	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY	
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections	1	2	3	4	5
02	Systemic intravenous treatment of specific fungal infections such as cryptoccocal meningitis?	1	2			5
03	Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care	1	2	3	4	5
04	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5
05	Fortified protein supplementation, (FPS)	1	2	3	4	5
06	Prescribe Antiretroviral Therapy (ART)	1 → ART QRE	2	3	4	5
07	Care for pediatric HIV/AIDS patients?	1	2	3	4	5
08	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES					GO TO
319	For each preventive services mentioned, tell me whether you routinely offer it to your clients. PROBE FOR WHETHER IT IS OFFERED THROUGH THIS CLINIC OR BY REFERRAL WITHIN OR OUTSIDE THIS FACILITY	SERVICE OFFERED					NO SERVICES OR REFERRAL
		ROUTINELY				SELECTIVELY	
		TO INPATIENTS		ON DISCHARGE CLIENT REFERRED			
		IN PATIENT UNIT BY PROVIDERS IN THIS UNIT	ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT	THIS FACILITY	OTHER FACILITY	SERVICE OFFERED (MAY BE BY THIS FACILITY OR OTHER FACILITY)	
01	Test or screen for tuberculosis (TB)	1	2	3	4	5	6
02	Preventive treatment for TB (INH)	1	2	3	4	5	6
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT).	1	2	3	4	5	6
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5	6
05	Family planning services for HIV/AIDS clients.	1	2	3	4	5	6
06	Condom distribution for preventing further transmission of HIV/AIDS.	1	2	3	4	5	6
320	Do you have a written procedures (manual) for HIV/AIDS services or care for HIV/AIDS clients available in this unit?	YES . . . . . 1 NO 2					→ 322

NO.	QUESTIONS	CODING CATEGORIES				GO TO
321	For each service mentioned, are written procedures available? IF YES ASK: May I see them?	OBSERVED, COMPLETE	OBSERVED, INCOMPL-ETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	
01	National procedures for the clinical management of HIV/AIDS infection in adults	1 →	03	2	3	4
02	Other procedures for the clinical management of HIV/AIDS infection in adults	1		2	3	4
03	Procedures for management of opportunistic infections	1		2	3	4
04	Procedures on micronutrient supplementation	1		2	3	4
05	Procedures on advanced nutritional support (FPS)	1		2	3	4
06	Procedures on provision of symptomatic or palliative care	1		2	3	4
07	National procedures for the clinical management of HIV/AIDS infection in children	1 →	09	2	3	4
08	Other procedures for the clinical management of HIV/AIDS infection in children	1		2	3	4
09	Procedures on preventive therapy other than TB	1		2	3	4
10	Procedures on preventive therapy for tuberculosis	1		2	3	4
11	National procedures on community home-based care for HIV/AIDS clients	1 →	13	2	3	4
12	Other Procedures on community home-based care for HIV/AIDS clients	1		2	3	4
13	Standard operating procedures or guidelines for the care process for people with HIV/AIDS	1		2	3	4
14	Other procedures relevant to HIV/AIDS or related services _____ (SPECIFY)	1		2	3	4

NO.	QUESTIONS	CODING CATEGORIES				GO TO
322	For each support service mentioned tell me if you offer it to clients either in this clinic or through referral.	YES, SERVICE IS AVAILABLE IN THIS FACILITY	YES, CLIENT REFERRED OUTSIDE FROM A LIST OF REFERRAL SITES			SERVICE NEVER OFFERED
			OBSERVED	NOT SEEN, AND PROVIDER		
				CAN NAME SITE	CANNOT NAME SITE	
01	Home-based care services for people living with HIV/AIDS and their families	1	2	3	4	5
02	PLHA support group	1	2	3	4	5
03	Emotional/spiritual support	1	2	3	4	5
04	Support for orphans or other vulnerable children	1	2	3	4	5
05	Social support such as food, material, income generating projects and fee exemption, for PLHA and their families	1	2	3	4	5
06	Legal services	1	2	3	4	5
07	Education on HIV care for patients and their families	1	2	3	4	5
08	Traditional sources	1	2	3	4	5
09	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5

323	Is there a register or record where it is noted when a client is referred **outside this unit** for a service? IF YES, ASK TO SEE THE REGISTER/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
324	When you refer the client **to another clinic or unit within the facility**, for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 326 → 326
325	Do you use any other method to provide client information to the referral site within the facility to help the client receive requested services? IF YES ASK: What method do you use?	PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . 1 CALL TO GIVE CLIENT INFORMATION . 2 OTHER _____ . . . 6 (SPECIFY) NO METHOD USED 7	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
326	When you refer the client **to another facility** for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 328 → 328
327	Do you use any method to provide client information to the external referral site or to help the client receive the requested services? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . 1 CALL TO GIVE CLIENT INFORMATION 2 OTHER _____ 6 (SPECIFY) NO METHOD USED 7	→ 329 → 329 → 329 → 329
328	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
329	Do you have a system for making individual client appointments for follow-up after discharge? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
330	CHECK Q318 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE FACILITY PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES . . . . . 1 NO 2	→ 341
331	Do you keep a register where the diagnosis for which client receive services are recorded? CIRCLE ALL THAT APPLY	UNIT REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS . . . . . A SPECIFIC REGISTER FOR HIV/AIDS CLIENTS . . . . . B INDIVIDUAL CLIENT CHART/RECORD . C REGISTER IN COMPUTER . . . . . D NO RECORD MAINTAINED . . . . . E OTHER _____ X (SPECIFY)	→ 339
332	ASSESS THIS RECORD FOR THE MOST RECENT ENTRY FOR ANY HIV/AIDS OR NON-HIV/AIDS CLIENT	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 REGISTER NOT SEEN 3	→ 336

NO.	QUESTIONS	CODING CATEGORIES	GO TO
333	FOR EACH DIAGNOSIS LISTED, COUNT THE NUMBER OF INPATIENT CLIENTS (ADMISSIONS) DURING THE PAST 12 COMPLETED MONTHS.		
		NUMBER OF ADMISSIONS	
	1 ORAL/ESOPHAGEAL CANDIDIASIS . . .	. . . . . [ ][ ]	
	2 TOXOPLASMOSIS	. . . . . [ ][ ]	
	3 KAPOSI'S SARCOMA	. . . . . [ ][ ]	
	4 AIDS-RELATED COMPLEX (ARC)	. . . . . [ ][ ]	
	5 HERPES ZOSTER/SIMPLEX	. . . . . [ ][ ]	
	6 PCP (PNEUMOCYSTIS CARINII PNEUMONIA)	. . . . . [ ][ ]	
	7 TB	. . . . . [ ][ ]	
	8 CHRONIC DIARRHEA	. . . . . [ ][ ]	
	9 PNEUMONIA	. . . . . [ ][ ]	
	10 IMMUNOSUPPRESSION/ HIV/AIDS . . .	. . . . . [ ][ ]	
	11 WASTING SYNDROME	. . . . . [ ][ ]	
	12 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____	. . . . . [ ][ ]	
334	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION.	NUMBER OF FULL MONTHS OF DATA . . . . . [ ][ ]	
335	RECORD THE TOTAL NUMBER OF INPATIENT CLIENTS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER OF PATIENTS [ ][ ][ ][ ]	
336	Are reports regularly compiled on the number of clients receiving treatment in this unit for HIV/AIDS related illnesses?	YES, FOR ALL CLIENTS . . . . . 1 YES, FOR CONFIRMED HIV/AIDS ONLY 2 NO 3	→ 339

NO.	QUESTIONS	CODING CATEGORIES	GO TO
337	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 339
338	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B REGIONAL HEALTH OFFICER . . . . . C MINISTRY OF HEALTH . . . . . D (MCH, NAPS, INFECT DISEASE) OTHER _____ X (SPECIFY)	
339	Do you have an inpatient census? IF YES ASK: Can I see it? ASSESS CENSUS RECORD FOR THE FOLLOWING. IF INFORMATION IS NOT AVAILABLE IN MEDICAL RECORDS OR REGISTERS, ASK WHEN YOU VISIT EACH RELEVANT UNIT AND SUM THE NUMBERS SO THAT A FACILITY TOTAL IS PROVIDED FOR BOTH HIV/AIDS INPATIENTS AND ALL INPATIENTS.		
01	NUMBER OF ADULT (14 AND OVER) INPATIENTS DIAGNOSED OR SUSPECTED OF HAVING HIV/AIDS?	ADULTS, HIV/AIDS [ ][ ] DON'T KNOW 98	
02	NUMBER OF PEDIATRIC (UNDER 14 YRS) DIAGNOSED OR SUSPECTED OF HAVING HIV/AIDS?	PEDIATRICS, HIV/AIDS [ ][ ] DON'T KNOW 98	
03	TOTAL NUMBER OF ADULT INPATIENTS WITH ANY DIAGNOSIS.	ADULTS, TOTAL [ ][ ] DON'T KNOW 98	
04	TOTAL NUMBER OF PEDIATRIC INPATIENTS WITH ANY DIAGNOSIS.	PEDIATRICS, TOTAL [ ][ ] DON'T KNOW 98	
340	INDICATE THE SOURCE OF DATA FOR THE NUMBER OF HIV/AIDS PATIENTS IN THE HOSPITAL TODAY	REGISTER/RECORDS . . . . . A VERBAL FROM STAFF IN INPATIENT UNITS . . . . . B NO INFORMATION AVAILABLE . . . . . Y	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
341	Do staff in this unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS UNIT . . . . . 1 YES, PEP PROVIDED ELSEWHERE IN THE FACILITY . . . . . 2 YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 3 NO PEP AVAILABLE 4	→ 343 → 348
342	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . . . . . 1 RECORD SHOWS REFERRAL ONLY . 2 NO RECORD OF REFERRAL 3	→ 347 → 347 → 347
343	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS UNIT?	YES . . . . . 1 NO 2	→ 348
344	Do any providers in this unit prescribe the PEP regime for an exposed worker?	YES . . . . . 1 NO 2	→ 348
345	Are there any written procedures for post-exposure prophylaxis available in this unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
346	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
347	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
348	Is there a client toilet or latrine that patients from this unit can use? IF YES, ASK TO SEE THE TOILET/LATRINE AND INDICATE THE CONDITION	YES, FUNCTIONING, CLEAN . . . . . 1 YES, FUNCTIONING, NOT CLEAN . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO CLIENT TOILET/LATRINE 4	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	ASK TO SEE THE DIFFERENT INPATIENT UNITS THAT PROVIDE CARE AND SUPPORT FOR CLIENTS WITH HIV/AIDS RELATED ILLNESSES. ASK ALSO TO SEE WHERE PROCEDURES AND EXAMINATIONS FOR INPATIENTS ARE CONDUCTED, IF THIS IS SEPARATE FROM PATIENT UNITS. IF THERE ARE MORE THAN ONE ROOM IN A PATIENT UNIT, RANDOMLY SELECT ONE ROOM IN THAT UNIT AND INDICATE THE INPATIENT UNIT CONDITIONS		
349	INDICATE WHICH PATIENT UNIT THE FOLLOWING DATA IS FROM	GENERAL MEDICAL INPATIENT UNITS 21 MALE INPATIENT UNIT . . . . . 22 FEMALE INPATIENT UNIT . . . . . 23 PEDIATRIC INPATIENT UNIT . . . . . 24 HIV/AIDS INPATIENT UNIT . . . . . 25 DELIVERY INPATIENT UNIT . . . . . 26 TB INPATIENT UNIT . . . . . 27 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS . . . . . 28 SURGERY INPATIENT UNIT (Male and fem.) 29 MALE SURGICAL . . . . . 30 FEMALE SURGICAL . . . . . 31 OTHER _____ 97 (SPECIFY TYPE)	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
350	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE NON-LATEX GLOVES	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION (e.g. BLEACH)	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
16	DISPOSABLE SYRINGES	1	2	3	
17	EXAMINATION TABLE	1	2	3	
18	ALCOHOLS AND COTTON	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
351	Is there another unit area where inpatients with probable HIV/AIDS or HIV/AIDS related illnesses are admitted or is there a separate room where procedures such as spinal taps are conducted for inpatients? IF YES, INDICATE THE SERVICE AREA AND COMPLETE IF THE SERVICE AREA REQUIRES A SEPARATE QUESTIONNAIRE, DO NOT CIRCLE THE TYPE OF UNIT, BUT INSTEAD CIRCLE "61"	GENERAL MEDICAL INPATIENT UNITS 21 MALE INPATIENT UNIT ..... 22 FEMALE INPATIENT UNIT ..... 23 PEDIATRIC INPATIENT UNIT ..... 24 HIV/AIDS INPATIENT UNIT ..... 25 DELIVERY INPATIENT UNIT ..... 26 TB INPATIENT UNIT ..... 27 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS ..... 28 SURGERY INPATIENT UNIT (Male and female) ..... 29 MALE SURGICAL ..... 30 FEMALE SURGICAL ..... 31 OTHER _____ 97 (SPECIFY) OTHER UNIT HAS UNIQUE INPATIENT QUESTIONNAIRE ..... 61 NO 62	→ 359 → 359

NO.	QUESTIONS	CODING CATEGORIES			GO TO
352	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE GLOVES-NON LATEX	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION (e.g. BLEACH)	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
16	DISPOSABLE SYRINGES	1	2	3	
17	EXAMINATION TABLES	1	2	3	
18	ALCOHOL AND COTTON	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
353	Is there another unit area where inpatients with probable HIV/AIDS or HIV/AIDS related illnesses are admitted or is there a separate room where procedures (e.g., spinal tap) are conducted for inpatients? IF YES, INDICATE THE SERVICE AREA AND COMPLETE IF THE SERVICE AREA REQUIRES A SEPARATE QUESTIONNAIRE, DO NOT CIRCLE THE TYPE OF UNIT, BUT INSTEAD CIRCLE "61"	GENERAL MEDICAL INPATIENT UNITS 21 MALE INPATIENT UNIT ..... 22 FEMALE INPATIENT UNIT ..... 23 PEDIATRIC INPATIENT UNIT ..... 24 HIV/AIDS INPATIENT UNIT ..... 25 DELIVERY INPATIENT UNIT ..... 26 TB INPATIENT UNIT ..... 27 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS ..... 28 SURGERY INPATIENT UNIT (Male and female) ..... 29 MALE SURGICAL ..... 30 FEMALE SURGICAL ..... 31 OTHER _____ 97 (SPECIFY) OTHER UNIT HAS UNIQUE INPATIENT QUESTIONNAIRE ..... 61 NO 62	 → 359 → 359

NO.	QUESTIONS	CODING CATEGORIES			GO TO
354	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE GLOVES-NON LATEX	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION (e.g. BLEACH)	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
16	DISPOSABLE SYRINGES	1	2	3	
17	EXAMINATION TABLES	1	2	3	
18	ALCOHOL AND COTTON	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
355	Is there another unit area where inpatients with probable HIV/AIDS or HIV/AIDS related illnesses are admitted or is there a separate room where procedures (e.g., spinal tap) are conducted for inpatients? IF YES, INDICATE THE SERVICE AREA AND COMPLETE IF THE SERVICE AREA REQUIRES A SEPARATE QUESTIONNAIRE, DO NOT CIRCLE THE TYPE OF UNIT, BUT INSTEAD CIRCLE "61"	GENERAL MEDICAL INPATIENT UNITS 21 MALE INPATIENT UNIT ..... 22 FEMALE INPATIENT UNIT ..... 23 PEDIATRIC INPATIENT UNIT ..... 24 HIV/AIDS INPATIENT UNIT ..... 25 DELIVERY INPATIENT UNIT ..... 26 TB INPATIENT UNIT ..... 27 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS ..... 28 SURGERY INPATIENT UNIT (Male and female) ..... 29 MALE SURGICAL ..... 30 FEMALE SURGICAL ..... 31 OTHER _____ 97 (SPECIFY) OTHER UNIT HAS UNIQUE INPATIENT QUESTIONNAIRE ..... 61 NO 62	→ 359 → 359

NO.	QUESTIONS	CODING CATEGORIES			GO TO
356	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE GLOVES-NON LATEX	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION (e.g. BLEACH)	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
16	DISPOSABLE SYRINGES	1	2	3	
17	EXAMINATION TABLES	1	2	3	
18	ALCOHOL AND COTTON	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
357	Is there another unit area where inpatients with probable HIV/AIDS or HIV/AIDS related illnesses are admitted or is there a separate room where procedures (e.g., spinal tap) are conducted for inpatients? IF YES, INDICATE THE SERVICE AREA AND COMPLETE IF THE SERVICE AREA REQUIRES A SEPARATE QUESTIONNAIRE, DO NOT CIRCLE THE TYPE OF UNIT, BUT INSTEAD CIRCLE "61"	GENERAL MEDICAL INPATIENT UNITS 21 MALE INPATIENT UNIT ..... 22 FEMALE INPATIENT UNIT ..... 23 PEDIATRIC INPATIENT UNIT ..... 24 HIV/AIDS INPATIENT UNIT ..... 25 DELIVERY INPATIENT UNIT ..... 26 TB INPATIENT UNIT ..... 27 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS ..... 28 SURGERY INPATIENT UNIT (Male and female) ..... 29 MALE SURGICAL ..... 30 FEMALE SURGICAL ..... 31 OTHER _____ 97 (SPECIFY) OTHER UNIT HAS UNIQUE INPATIENT QUESTIONNAIRE ..... 61 NO 62	→ 359 → 359

NO.	QUESTIONS	CODING CATEGORIES			GO TO
358	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE GLOVES-NON LATEX	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION (e.g. BLEACH)	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
15	DISPOSABLE SYRINGES	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	EXAMINATION TABLES	1	2	3	
18	ALCOHOL AND COTTON	1	2	3	
359	Where is used equipment from this unit sterilized or disinfected before being reused again?	THIS CLINIC/UNIT . . . . . 1 OTHER CLINIC/UNIT THIS FACILITY . . . . . 2 NON CLINIC/UNIT, THIS FACILITY . . . . . 3 ENTER CLINIC/UNIT NUMBER [ ][ ] SEND TO OTHER FACILITY . . . . . 4 OTHER _____ (SPECIFY) 6 NO ITEMS EVER PROCESSED 7			→ 361 → 368

NO.	QUESTIONS	CODING CATEGORIES	GO TO
360	HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION	YES ..... 1 NO 2	→ 368
	ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION		
361	What procedure is used for decontaminating and cleaning equipment before its final processing for reuse?	SOAKED IN DISINFECTANT SOLUTION THEN BRUSH SCRUBBED WITH SOAP AND WATER ..... 1 BRUSH SCRUBBED WITH SOAP AND WATER THEN SOAKED IN DISINFECTANT ..... 2 BRUSH SCRUBBED WITH SOAP AND WATER ONLY ..... 3 SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED ..... 4 OTHER _____ 6 (SPECIFY) NONE ..... 7 DON'T KNOW 8	
362	After cleaning, what is the **final** method most commonly used for disinfecting **syringes and needles?** CIRCLE ALL THAT APPLY	DRY HEAT STERILIZATION ..... A AUTOCLAVE ..... B STEAM ..... C BOILING ..... D CHEMICAL METHOD ..... E USE DISPOSABLES ONLY ..... F OTHER _____ X (SPECIFY) NONE ..... Y	
363	After cleaning, what are the **final** processes most commonly used for sterilizing or disinfecting medical equipment, such as surgical instruments, before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE ALL OF THE METHODS.	DRY-HEAT STERILIZATION ..... A AUTOCLAVING ..... B STEAM ..... C BOILING ..... D CHEMICAL METHOD ..... E PROCESS OUTSIDE FACILITY ..... F OTHER _____ X (SPECIFY) NONE ..... Y	→ 365 → 368

NO.	QUESTIONS	CODING CATEGORIES	GO TO

ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)

364	ITEM	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	AUTOCLAVE pressure; wet heat **(electric)**	1 → 01b	2 → 01b	3 → 02	8 → 02	1	2	8
02	AUTOCLAVE pressure; wet heat **(non-electric)**	1 → 02b	2 → 02b	3 → 03	8 → 03	1	2	8
03	DRY HEAT STERILIZER	1 → 03b	2 → 03b	3 → 04	8 → 04	1	2	8
04	POT W/COVER (FOR STEAM OR BOILING)	1	2	3	8			
05	HEAT SOURCE (STOVE/COOKER)	1 → 05b	2 → 05b	3 → 06	8 → 06	1	2	8
06	AUTOMATIC TIMER	1 → 06b	2 → 06b	3 → 07	8 → 07	1	2	8
07	TST INDICATOR STRIPS (TAPE INDICATING STERILIZATION)	1	2	3	8			
08	WRITTEN GUIDELINES FOR PROCESSING	1	2	3	8			

NO.	QUESTIONS	CODING CATEGORIES				GO TO
365	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AND INDICATE WHICH OF THE BELOW WAS OBSERVED, OR REPORTED, AS A PRACTICE	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	Wrapped in sterile cloth, sealed with TST tape	1	2	3	8	
02	Stored in sterile container with lid that clasps shut	1	2	3	8	
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8	
04	On tray, covered with cloth or wrapped without TST sealing tape	1	2	3	8	
05	In container with disinfectant or antiseptic	1	2	3	8	
06	Other _____ (SPECIFY)	1	2	3	8	
366	Date of sterilization written on packet or container with processed items	1	2	3	8	
367	Storage location dry and clean	1	2	3	8	
368	INDICATE IF THE WASTE DISPOSAL SITE FOR INPATIENT SERVICES HAS ALREADY BEEN ASSESSED.	YES, SAME SITE FOR OUT AND INPATIENT ..... 1 YES INPATIENT SITE ASSESSED ..... 2 NOT PREVIOUSLY ASSESSED 3				→ 375
369	How does this unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?	BURNED IN INCINERATOR ..... 01 BURNED AND BURIED ..... 02 BURNED AND REMOVED TO OFFSITE DUMP ..... 03 BURNED AND NOT BURIED ..... 04 THROWN IN TRASH/OPEN PIT ..... 05 THROWN IN PIT LATRINE ..... 06 REMOVED OFFSITE ..... 07 OTHER _____ (SPECIFY) 96				
370	ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED ..... 1 WASTE VISIBLE, UNPROTECTED ... 2 NO WASTE VISIBLE ..... 3 WASTE SITE NOT INSPECTED 4				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
371	How does this unit finally dispose of needles and other sharp objects?	SAME SITE AS OTHER WASTE (Q369) 01 BURNED IN INCINERATOR ..... 02 BURNED AND BURIED ..... 03 BURNED AND REMOVED TO OFFSITE DUMP ..... 04 BURNED AND NOT BURIED ..... 05 THROWN IN TRASH/OPEN PIT ..... 06 THROWN IN PIT LATRINE ..... 07 REMOVED OFFSITE ..... 08 OTHER_____ 96 (SPECIFY)	→ 375
372	ASK TO SEE PLACE USED FOR DISPOSAL OF SHARP ITEMS OR WHERE ITEMS ARE KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED ..... 1 WASTE VISIBLE, UNPROTECTED ..... 2 NO WASTE VISIBLE ..... 3 WASTE SITE NOT INSPECTED 4	
373	CHECK Q369 AND 371, IS ANY WASTE REMOVED OFFSITE FOR DISPOSAL?	YES ..... 1 NO 2	→ 375
374	How is the waste that is collected and removed offsite finally disposed?	INCINERATED ..... 1 TAKEN TO LOCAL DUMP AND BURNED ..... 2 TAKEN TO LOCAL DUMP AND NOT BURNED ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
375	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	COMPLETE / NOT APPLICABLE (V)CT Q306 1 / 2 PMTCT Q307 1 / 2 TB Q313 (01, 02) 1 / 2 ART Q318 (06) 1 / 2	
376	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ]	

THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE

SECTION D. HEALTH MANAGEMENT SYSTEM

Code of facility: [ ][ ] REGION [ ][ ] FACILITY

QRE TYPE [D]

Interviewer: Code [ ][ ]

400	INDICATE WHICH HMIS UNIT THIS DATA REPRESENTS	OUTPATIENT ONLY . . . . . 1 INPATIENT ONLY . . . . . 2 BOTH IN AND OUTPATIENT 3	
400a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 MISSION . . . . . 04 OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]	

FIND THE PERSON IN CHARGE OF THE HMIS REPORTS. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT HIV/AIDS HMIS REPORTS PREPARED BY THE FACILITY.

My name is _____. We are here on behalf of GRPA and MOH to find out what services you have dealing with HIV/AIDS. Your facility was chosen tob e a part of this study. We will be asking Your facility was selected to participate in this study.

First, I will read you a statement explaining the survey. Then I will ask for your consent to answer the survey questions.

We are interested in care and support that you provide for clients who you either suspect are HIV-infected and those who are confirmed by blood test. We would like to see registers of these patients, but will not be using the information otherwise. Names from the register will not be reviewed, recorded, or shared.

Besides the organizations conducting the survey, the information you share about services and systems currently available at your facility will be made available only to program planners at Famiy Health International so they can plan program improvements. You will not be identified by name as giving any particular answers to these questions.

Do not worry if you cannot provide all the answers. You can stop the interview at anytime if you do not wish to answer any questions. Hovever, the information you provide is extremely valuble. It will help health facilities improve care and support for HIV/AIDS so they can formulate policies and deliver better services, so we hope you will agree to participate.

Do you have any questions?

401	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
402	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ]	DATE [ ][ ][ ][ ] D D M M	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
403	What is your current professional qualification?	GENERAL CLERK ..... 1 HEALTH STATISTICS ..... 2 MEDICALLY TRAINED ..... 3 OTHER _____ 6 (SPECIFY)	
404	Did you have special training in recording systems or reports for health information, such as training in the HMIS? IF YES, ASK: Was the training formal or informal? IF BOTH, RECORD FORMAL.	YES, FORMAL ..... 1 YES, INFORMAL ..... 2 NO 3	→ 407
405	How long was your training in HMIS? RECORD EITHER DAYS OR MONTHS WHICHEVER IS MOST APPROPRIATE. IF MORE THAN ONE TRAINING, ADD THE DURATION OF ALL TRAINING.	NUMBER OF DAYS ..... 1 [ ][ ] NUMBER OF MONTHS ..... 2 [ ][ ]	
406	When was your most recent training in HMIS or reporting on health statistics?	IN PAST 12 MONTHS ..... 1 IN PAST 1-3 YEARS ..... 2 MORE THAN 3 YEARS AGO..... 3	
407	How many years have you been responsible for HMIS records/reports in this facility? RECORD '00' FOR LESS THAN ONE YEAR	YEARS ..... [ ][ ]	
408	Do you conduct training of staff in HMIS, for example, recording, compiling, and reporting data? IF YES, ASK: Do you provide formal or informal training? IF BOTH, RECORD FORMAL.	YES, FORMAL ..... 1 YES, INFORMAL ..... 2 NO 3	→ 410
409	Who do you train in HMIS?	STAFF IN HMIS UNIT ..... 1 STAFF IN SERVICE UNITS ..... 2 STAFF IN HMIS AND SERVICE UNITS 3	

410	Do you have the following guidelines or protocols? (READ EACH ONE) IF YES, ASK: May I see the guidelines please?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	HMIS reporting guidelines	1	2	3
02	HIV/AIDS surveillance reporting guidelines	1	2	3
03	National technical guidelines for integrated disease surveillance and response	1	2	3
04	National HIV/AIDS reporting guidelines	1	2	3

NO.	QUESTIONS	CODING CATEGORIES			GO TO
411	Do you receive or compile reports of services for confirmed or suspected HIV/AIDS cases from the following clinics/units? IF YES, ASK TO SEE A REPORT.	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLICABLE
01	Outpatient services	1	2	3	4
02	Inpatient services	1	2	3	4
03	Laboratory services	1	2	3	4
04	Tuberculosis services	1	2	3	4
05	HIV counseling and testing services	1	2	3	4
06	Antiretroviral treatment services	1	2	3	4
07	Prevention of mother-to-child transmission services	1	2	3	4
08	Sources based outside facility (community health workers, traditional birth attendants, etc.)	1	2	3	4
412	Do you receive or compile reports of deaths in the facility attributed to HIV/AIDS? IF YES, ASK TO SEE A REPORT	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLIC.
		1	2 → 415	3 → 415	4 → 415
413	How many deaths attributed to HIV/AIDS were reported for the past 12 months?	NUMBER OF DEATHS ..... [ ][ ][ ]			
414	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... [ ][ ]			
415	How frequently are reports submitted to someone outside of this facility?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 NEVER 5			→ 421
416	To whom are the reports sent? CIRCLE ALL THAT APPLY.	FACILITY STATISTICIAN ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C PROVINCIAL LEVEL ..... D PROVINCIAL AIDS OFFICE ..... E NATIONAL AIDS OFFICE ..... F OTHER _____ X (SPECIFY)			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
417	ASK TO SEE THE REPORT FOR NEWLY DIAGNOSED HIV CASES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER	NEW HIV/AIDS CASES ..... [ ][ ][ ][ ] REPORT NOT SEEN ..... 9994 NO REPORT COMPILED 9995	 → 419 → 419
418	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... [ ][ ]	
419	ASK TO SEE THE REPORT FOR OUTPATIENT CLIENT VISITS FOR SERVICES FOR HIV/AIDS RELATED ILLNESSES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER REPORTED. COMPLETE Q425(A) TO COLLECT INFORMATION.	CLIENT VISITS FOR HIV/AIDS RELATED ILLNESS [ ][ ][ ][ ] REPORT NOT SEEN ..... 9994 NO REPORT COMPILED 9995	 → 422 → 422
420	RECORD THE TOTAL NUMBER OF OUTPATIENT VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS RECORDED.	TOTAL VISITS [ ][ ][ ][ ]	
421	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA..... [ ][ ]	
422	ASK TO SEE THE REPORT FOR INPATIENT ADMISSIONS FOR SERVICES FOR HIV/AIDS RELATED ILLNESSES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER REPORTED. COMPLETE Q425(B) TO COLLECT INFORMATION.	INPATIENT ADMISSIONS FOR HIV/AIDS RELATED ILLNESS [ ][ ][ ][ ] REPORT NOT SEEN ..... 9994 NO REPORT COMPILED 9995	 → 426 → 426
423	RECORD THE TOTAL NUMBER OF INPATIENT ADMISSIONS FROM WHICH DIAGNOSTIC INFORMATION WAS RECORDED.	TOTAL ADMISSIONS [ ][ ][ ][ ]	
424	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... [ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
425	FOR EACH DIAGNOSIS LISTED, COUNT THE NUMBER OF OUTPATIENT VISITS AND INPATIENT ADMISSIONS DURING THE PAST 12 COMPLETED MONTHS.		
		NUMBER (A) OUTPATIENT VISITS / (B) INPATIENT ADMISSIONS	
	1 ORAL/ESOPHAGEAL CANDIDIASIS	[ ][ ] [ ][ ]	
	2 TOXOPLASMOSIS	[ ][ ] [ ][ ]	
	3 KAPOSI'S SARCOMA	[ ][ ] [ ][ ]	
	4 AIDS-RELATED COMPLEX (ARC).....	[ ][ ] [ ][ ]	
	5 HERPES ZOSTER/SIMPLEX	[ ][ ] [ ][ ]	
	6 PCP (PNEUMOCYSTIS CARINII PNEUMONIA)	[ ][ ] [ ][ ]	
	7 IMMUNOSUPPRESSION/ HIV/AID.....	[ ][ ] [ ][ ]	
	8 WASTING SYNDROME	[ ][ ] [ ][ ]	
	9 CHRONIC DIARRHEA	[ ][ ] [ ][ ]	
	10 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVIC..... (SPECIFY) _____	[ ][ ] [ ][ ]	
426	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ]	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION E: LABORATORY AND OTHER DIAGNOSTICS

Code of facility: [ ][ ] REGION [ ][ ] FACILITY

QRE TYPE [E]

Interviewer: Code [ ][ ]

500	INDICATE SETTING FOR LAB.	OUTPATIENT ONLY . . . . . 1 INPATIENT ONLY . . . . . 2 BOTH OUT AND INPATIENT . . . . . 3 AFFILIATED EXTERNAL LAB . . . . . 4 FACILITY HAS NO LAB CAPACITY . 5 AREA LOCKED/NO ACCESS 6	→ STOP
500a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) 04 SEMIAUTONOMOUS . . . . . 05 OTHER _____ . . . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]	
500b	CHECK QUESTION 500. IF THE RESPONSE IS 6, THEN STOP.		

FIND THE PERSON IN CHARGE OF THE LABORATORY. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES IN THE LABORATORY.

I will read you a statement explaining the survey. Then I will ask for your consent to answer the survey questions.

Hello. My name is _____. We are here on behalf of GRPA and MOH to assist the government in knowing more about the availability of HIV/AIDS-related services.

Your facility was selected to participate in this study. As a part of this survey, we are interested in knowing what laboratory services related to HIV/AIDS care and support are available today. We will be asking to see various records and registers related to laboratory work and specifically to HIV/AIDS related services.

We will not be using the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers No patient names from the registers will be reviewed, recorded, or shared. The information you provide us is completely confidential and will not be shared with anyone else without your consent.

Besides the organizations conducting the survey, the information you share about services and systems currently available at your facility will be made available only to program planners at Famiy Health International so they can plan program improvements. You will not be identified by name as giving any particular answers to these questions.

Do not worry if you cannot provide all the answers. You can stop the interview at anytime if you do not wish to answer any questions. Hovever, the information you provide is extremely valuble. It will help health facilities improve care and support for HIV/AIDS so they can formulate policies and deliver better services, so we hope you will agree to participate.

Do you have any questions?

501	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
502	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ]	DATE [ ][ ][ ][ ] D D M M	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
503	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide laboratory services related to HIV/AIDS, TB, malaria, or STI, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit who are **on duty today.**		
	THE RESPONDENT FOR THE THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW	STAFF LIST COMPLETED YES . . . . . 1 NO 2	

First I would like to know about procedure manual and protocols that are available in the laboratory area.

504	For each topic I mention, please tell me if you have any written procedures relating to this topic in the laboratory area? IF YES: May I see them?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	Blood safety	1	2	3	4
02	Post-exposure (HIV/AIDS) prophylaxis for healthcare workers	1	2	3	4
03	Universal precautions for healthcare workers	1	2	3	4
04	Manual for laboratory technicians for TB screening	1		3	4
05	Standard operating procedures (SOPs) or guidelines for data collection?	1		3	4

505	Does this laboratory conduct any tests for HIV? IF YES, CHECK ALL REASONS THAT HIV TESTS ARE CONDUCTED BY THIS LABORATORY	CLIENT DIAGNOSIS . . . . . A BLOOD SCREENING . . . . . B EMPLOYMENT MEDICAL SCREENING - FOR EMPLOYMENT, SCHOOL, VISA, ETC. . . . . C NONE . . . . . Y	→ Q521

NO.	QUESTIONS	CODING CATEGORIES			GO TO
506	Are there any written procedures related to any of the topics I will ask, in the laboratory area? IF YES, ASK: May I see them?.	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	Written document on HIV testing procedures	1→ 04	2	3	4
02	Written procedures on confidentiality and disclosure of HIV test results	1	2	3	4
03	Laboratory porcedures for HIV testing	1		3	4
04	Other written procedures relevant to HIV/AIDS or related services_____ (SPECIFY)	1		3	

Now I would like to see the equipment and the reagents necessary to conduct the different tests I will ask you about.

507	For each of the following types of equipment, I would like to know if it is available in the laboratory and, if yes, whether it is functioning today	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	ELISA scanner/reader	1→ 01b	2→ 01b	3 02	8 02	1	2	8
02	Cytoflowmeter - CD4 Count	1→ 02b	2→ 02b	3 508	8 508	1	2	8

NO.	QUESTIONS	CODING CATEGORIES	GO TO

508 For the following HIV/AIDS related test, please tell me if the laboratory conducts the test or not. If yes, please show me if all items necessary for the test are available today.

MAKE SURE EQUIPMENT AND REAGENTS NECESSARY TO CONDUCT THE TEST TODAY ARE AVAILABLE. IF NOT, ASK IF THE TEST IS NORMALLY DONE, OR IS NEVER DONE IN THIS LABORATORY.

	HIV/AIDS RELATED TEST	ALL ITEMS FOR TEST: AVAILABLE TODAY: OBSERVED	ALL ITEMS FOR TEST: AVAILABLE TODAY: REPORTED, NOT SEEN	ALL ITEMS FOR TEST: NORMALLY AVAILABLE, NOT TODAY	TEST NOT CONDUCTED THIS LAB	DON'T KNOW
01	Rapid test for HIV	1	2	3	4	8
02	All items for enzyme-linked immunosorben assay (ELISA) for HIV	1	2	3	4	8
03	All items for Western Blot test	1	2	3	4	8
04	All items for PCR for viral load	1	2	3	4	8

509	Do you have any record of HIV test results for tests conducted in this laboratory? IF YES, ASK TO INFORMATION IS AVAILABLE	YES ..... 1 NO 2	→ 513

		OBSERVED: YES	OBSERVED: REPORTED, NOT SEEN	OBSERVED: NO RECORD	RECORDS: NUMBER OF CLIENTS	RECORDS: MONTHS OF DATA
510	PROBE FOR 12 MONTHS WORTH.					
01	TOTAL CLIENTS RECEIVING HIV TEST	1 → 01b	2 → 02	3 → 02		
02	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 → 02b	2 → 03	3 → 03		
03	TOTAL CLIENTS WHO RECEIVED TEST RESULTS	1 → 03b	2 → 04	3 → 04		
04	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 → 04b	2 → 511	3 → 511		

511	CHECK Q510 (03) and (04). IS RESPONSE 1' MARKED FOR EITHER QUESTION?	YES ..... 1 NO 2	→ 513

NO.	QUESTIONS	CODING CATEGORIES	GO TO
512	Does the laboratory have any system for providing HIV test results to **clients**? IF YES, ASK TO SEE ANY DOCUMENTATION THAT SHOWS CLIENTS ARE PROVIDED WITH HIV TEST RESULTS.	YES, DOCUMENTATION FOR PROVIDING RESULTS OBSERVED . . . . . 1 YES, DOCUMENTATION REPORTED NOT SEEN . . . . . 2 YES, ORAL SYSTEM ONLY . . . . . 3 NO 4	
513	Is there an established system for **external** quality control for the HIV tests conducted by this laboratory?	YES . . . . . 1 NOT ROUTINE, BUT SOMETIMES . . 2 NO EXTERNAL QUALITY CONTROL 3	 → 515 → 521
514	Do you send blood samples elsewhere for retesting? IF YES, ASK: Is the system to send a blood sample after a certain number of tests?	YES, SAMPLE IS SENT EVERY [ ][ ][ ] NUMBER OF TESTS NO FIXED NUMBER . . . . . 995 NO, SAMPLE NOT SENT ELSEWHERE 996	
515	Is there a record of the results from the quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	 → 518 → 518
516	What is the most recent date for a quality check test result or error rate?	WITHIN PAST ONE MONTH . . . . . 1 WITHIN PAST 2-6 MONTHS . . . . . 2 MORE THAN 6 MONTHS 3	
517	What is the most recent error rate that is recorded?	PERCENT ERROR RATE . . . . . [ ][ ] DON'T KNOW 98	
518	Is there any other system used for quality control of laboratory tests for HIV/AIDS?	YES . . . . . 1 _____ DESCRIBE NO 2	
519	Are there any charges for any services or items related to HIV/AIDS tests?	YES . . . . . 1 NO 2	 → 521

NO.	QUESTIONS	CODING CATEGORIES				GO TO
520	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	YES	(a) FEE NO	NA	(b) AMOUNT IN GY$	
01	FEE FOR HIV TEST	1 → 01b	2 → 02	3 → 02		
02	FEE FOR CD4 TEST	1 → 02b	2 → 03	3 → 03		
03	FEE FOR COMPLETE BLOOD COUNT	1 → 03b	2 → 04	3 → 04		
04	OTHER _____ (SPECIFY)	1 → 04b	2 → 521			

NO.	QUESTIONS	CODING CATEGORIES						GO TO
521	Now I would like to see specific equipment necessary for other tests. Is the following equipment available, and is it functioning today?	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Hemocytometer (for total lymphocyte count, full blood count)/coulter	1→ 01b	2→ 01b	3 02	8 02	1	2	8
02	Microscope	1→ 02b	2→ 02b	3 03	8 03	1	2	8
03	Refrigerator	1→ 03b	2→ 03b	3 04	8 04	1	2	8
04	Incubator	1→ 04b	2→ 04b	3 05	8 05	1	2	8
05	Test tubes	1	2	3	8			
06	Glass slides and covers	1	2	3	8			
522	For each type of test I list tell me if this laboratory conducts a test, and if so, which test. For the tests you do conduc do you have everything you need to conduct the test now?.							
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCT-ED IN THIS LAB	YES	NO	DON'T KNOW
523	MALARIA TESTS				4 524			
01	Giemsa stain	1	2	3	4			
02	Leishman stain	1	2	3	4			
03	Field stain	1	2	3	4			
04	Other _____ (SPECIFY)	1	2	3				

NO.	QUESTIONS	CODING CATEGORIES						GO TO
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCT-ED IN THIS LAB	YES	NO	DON'T KNOW
524	SYPHILIS TESTS				4 → 525			
01	VDRL	1	2	3	4			
02	Rotator or shaker	1 → 02b	2 → 02b	3 → 03	4 → 03	1	2	8
03	Reactive protein reagent test (RPR)	1	2	3	4			
525	GONORRHEA TESTS				4 → 526			
01	Chocolate agar (culture medium)	1	2	3	4			
526	GRAM STAIN				4 → 527			
01	Crystal violet	1	2	3	4			
02	Lugol's iodine	1	2	3	4			
03	Acetone	1	2	3	4			
04	Neutral red, carbol fuchsin, or other counterstain	1	2	3	4			
527	CHLAMYDIA TEST				4 → 528			
01	Giemsa stain	1	2	3	4			
02	Other _____ (SPECIFY)	1	2	3				

NO.	QUESTIONS	CODING CATEGORIES						GO TO
	LABORATORY TEST	a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
528	TUBERCULOSIS TEST				4 → 529			
01	AFB or Ziehl-Neelson test, with stain, such as methyl blue, present	1	2	3	4			
02	New rapid test for TB	1	2	3	4			
03	Culture	1	2	3	4			
04	All items for other test for TB _____ (SPECIFY)	1	2	3				
529	URINE TESTS				4 → 530			
01	Centrifuge for urine testing	1→ 01b	2→ 01b	3 → 02	4 → 02	1	2	8
02	Dipsticks for urine analysis _____ (SPECIFY)	1→ 02b	2→ 02b	3 → 530		1	2	8

NO.	QUESTIONS	CODING CATEGORIES						GO TO
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCT-ED IN THIS LAB	YES	NO	DON'T KNOW
530	ANEMIA TEST (HEMOGLOBIN OR HEMATOCRIT)				4 → 531			
01	Hemoglobinometer	1→ 01b	2→ 01b	3 → 02	4 → 02	1	2	8
02	Colorimeter or spectrascope	1→ 02b	2→ 02b	3 → 03	4 → 03	1	2	8
03	Drabkin's solution (for colorimeter)	1	2	3	4			
04	Capillary tubes for hematocrit	1	2	3	4			
05	Centrifuge for hematocrit	1→ 05b	2→ 05b	3 → 06	4 → 06	1	2	8
06	Litmus paper for hemoglobin test (with valid expiration date)	1	2	3	4			
07	Other _____ (SPECIFY)	1	2	3				

NO.	QUESTIONS	CODING CATEGORIES						GO TO
531	Now I want to ask about other specific tests. Does this laboratory have all of the supplies and functioning equipment to conduct the following tests?	a) ARE ALL ITEMS FOR TEST available?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCT-ED IN THIS LAB	YES	NO	DON'T KNOW
01	Hemocytometer or coulter for total lymphocyte count or full blood count.	1→ 01b	2→ 01b	3 → 02	4 → 02	1	2	8
02	Platelet count	1	2	3	4			
03	White cell count	1	2	3	4			
04	Serum creatinine	1	2	3	4			
05	Serum glucose	1	2	3	4			
06	Liver function test	1	2	3	4			
07	Indian ink stain	1	2	3	4			
08	Pregnancy tests	1	2	3	4			
09	Agar plate for cultures	1	2	3	4			
532	Does this laboratory ever send any specimens outside the facility for any tests?	YES . . . . . 1 NO 2						→ 543
533	Do you send blood outside the facility for CD4 count, total lymphocyte count or viral load testing?	YES . . . . . 1 NO 2						→ 536
534	Do you have a record with results of the tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3						→ 536
535	After receiving the CD4 test results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . 1 LAB TELLS CLIENT VERBALLY ONLY . . . . . 2 LAB PROVIDES RESULTS TO HEALTH WORKER WHO TELLS CLIENT . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8						

NO.	QUESTIONS	CODING CATEGORIES	GO TO
536	Do you send blood outside the facility for HIV testing?	YES . . . . . 1 NO 2	→ 541
537	For which HIV test do you send blood outside?	ELISA . . . . . A WESTERN BLOT . . . . . B OTHER _____ X (SPECIFY)	
538	Do you have a record with the result of the HIV/AIDS tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	→ 540
539	Does the register indicate if the client has received the results?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	
540	After receiving the HIV test results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . 1 LAB TELLS CLIENT VERBALLY ONLY . . . . . 2 LAB PROVIDES RESULTS TO HEALTH WORKER WHO TELLS CLIENT . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
541	Do you send any specimens outside for lab test other than CD4 or HIV?	YES . . . . . 1 NO 2	→ 543
542	FOR EACH TEST LISTED, ASK IF SPECIMEN IS SENT OUTSIDE FOR THE TEST, IF YES ASK TO SEE A REPORT THAT THE SPECIMEN WAS SENT AND THAT RESULTS WERE RECEIVED.		

TEST	(a) SPECIMEN SENT OUTSIDE		(b) REPORT WITH RESULTS OBSERVED	
	YES	NO	YES	NO
1) Blood chemistries? (hemoglobin or hematocrit or platelet count or white blood cell count or serum creatinine or serum glucose test? . . . . . BLOOD CHEM	1 → b	2 ↓	1	2
2) Liver Function Test (LFT) . . . . . LFT	1 → b	2 ↓	1	2
3) Gram stain . . . . . GRAM STAIN	1 → b	2 ↓	1	2
4) Indian Ink Stain . . . . . INDIAN INK	1 → b	2 ↓	1	2
5) TB sputum test . . . . . TB SPUTUM	1 → b	2 ↓	1	2
6) Malaria test . . . . . MALARIA	1 → b	2 ↓	1	2
7) urinalysis . . . . . URINALYSIS	1 → b	2 ↓	1	2
8) pregnancy test . . . . . PREGNANCY	1 → b	2 ↓	1	2
9) specimen for culture? . . . . . CULTURE	1 → b	2 ↓	1	2

543	Are reports regularly compiled on the number of newly diagnosed HIV/AIDS cases?	YES . . . . . 1 NO 2	→ 548

NO.	QUESTIONS	CODING CATEGORIES	GO TO
544	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 NEVER 5	→ 548
545	To whom are the reports sent? CIRCLE ALL THAT APPLY	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B REGIONAL HEALTH OFFICER ..... C MINISTRY OF HEALTH (MCH, NAPS, INFECT DISEASE) ... D NATIONAL AIDS OFFICE ..... E OTHER _____ X (SPECIFY)	
546	ASK TO SEE THE REPORT FOR NEWLY DIAGNOSED HIV/AIDS CASES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER OF CASES.	NEW HIV/AIDS CASES [ ][ ][ ][ ] NO REPORT COMPILED 9995 REPORT NOT SEEN 9996	
547	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... [ ][ ]	
548	Do you record results by the clinic/unit ordering the HIV test or test results? IF YES, ASK TO SEE THE REGISTER AND INDICATE FROM WHICH CLINICS/UNITS RESULTS FOR TESTS ARE RECORDED.	YES ..... 1 NO 2	→ 550

549	HIV RESULTS ARE RECORDED SEPARATELY FOR:	YES	NO	NOT APPLICABLE
01	VCT	1	2	3
02	PMTCT/VCT	1	2	3
03	Surveillance	1	2	3
04	Blood bank or blood for transfusion	1	2	3
05	General or specialty outpatient clinic/units (except VCT or PMTCT)	1	2	3
06	In-patient units, either by separate units or as total inpatient units	1	2	3
07	By sero-status, irrespective of source	1	2	3

550	CHECK 528. AND RECORD IF THIS FACILITY CONDUCTS ANY TEST FOR TUBERCULOSIS	YES ..... 1 NO 2	→ 553

NO.	QUESTIONS	CODING CATEGORIES	GO TO
551	Does this laboratory record TB test results? IF YES: May I please see the register?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 553 → 553
552	When was the last entry in the register for TB test results?	WITHIN 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO 2	
	BLOOD TRANSFUSION AND SCREENING		
553	Do you do blood screening in this laboratory?	YES . . . . . 1 NO 2	 → 555

554	Do you screen blood before transfusion for any of the following diseases? IF YES, ASK, Do you screen blood for this disease always, most of the time, rarely, or never?	ALWAYS	MOST OF THE TIME	RARELY	NEVER
01	Syphilis	1	2	3	4
02	Hepatitis B	1	2	3	4
03	Hepatitis C	1	2	3	4
04	HIV	1	2	3	4

NO.	QUESTIONS	CODING CATEGORIES		GO TO
	LABORATORY CONDITIONS			
555	ASK TO SEE WHERE BLOOD IS DRAWN FOR LABORATORY TESTS. CHECK THAT LOCATION AND INDICATE IF EACH ITEM INDICATED BELOW IS AVAILABLE IN THE TESTING AREA OR IMMEDIATELY ADJACENT.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER	1 → 03	2	3
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3
03	SOAP	1	2	3
04	SINGLE-USE HAND DRYING TOWELS	1	2	3
05	SHARPS CONTAINER	1	2	3
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3
07	DISPOSABLE NON-LATEX GLOVES	1	2	3
08	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3
09	DISPOSABLE NEEDLES	1	2	3
10	DISPOSABLE SYRINGES	1	2	3
12	CHAIR OR BED	1	2	3
11	ALCOHOL AND COTTON	1	2	3
556	Is blood for HIV/AIDS testing drawn in the laboratory area? IF YES, is it the same room as Q555 or a different room?	YES, SAME AREA AS Q555 . . . . . 1 YES, DIFFERENT AREA . . . . . 2 NO HIV TESTING 3		→ 558 → 559

NO.	QUESTIONS	CODING CATEGORIES			GO TO
557	ASK TO SEE WHERE THE BLOOD IS DRAWN FOR THE HIV/AIDS TEST AND INDICATE INDICATE IF THE FOLLOWING ARE AVAILABLE IN THE ROOM OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE GLOVES-NON LATEX	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	DISPOSABLE SYRINGES	1	2	3	
14	ALCOHOL AND COTTON	1	2	3	
15	CHAIR OR BED	1	2	3	
558	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES ..... 1 NO 2			
559	Do staff in this unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY ..... 1 YES, REFERRED TO OTHER CLINIC/UNIT THIS FACILITY ..... 2 YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3 NO PEP AVAILABLE 4			→ 561 → 566
560	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED FACILITY AND RECEIVED PEP .. 1 RECORD SHOWS REFERRAL ONLY 2 NO RECORD OF REFERRAL 3			→ 565 → 565 → 565

NO.	QUESTIONS	CODING CATEGORIES	GO TO
561	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES ..... 1 NO 2	→ 566
562	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES ..... 1 NO 2	→ 566
563	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/ unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED NOT SEEN ..... 3 NO 4	
564	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	
565	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	
566	Does this facility have a pathology department or other location where PAP smears or histology exams are carried out? IF YES, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE TESTS	YES ..... 1 NO 2	→ 568

567	Do you have all items today, for performing.	ARE ALL ITEMS FOR TEST AVAILABLE?				
		AVAILABLE TODAY		NORMALLY AVAILABLE NOT TODAY	NO TEST THIS FACILITY	DON'T KNOW
		OBSERVED	REPORTED, NOT SEEN			
01	PAP smears?	1	2	3	4	8
02	Histology?	1	2	3	4	8

568	Does this facility perform diagnostic X-rays? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED.	YES ..... 1 NO ..... 2 ALREADY ASSESSED WITH OUTPATIENT LAB 3	 → 570 → 570

NO.	QUESTIONS	CODING CATEGORIES						GO TO
569	ASK TO SEE THE FOLLOWING EQUIPMENT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, AVAILABLE	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	X-RAY MACHINE	1 → 01b	2 → 01b	3 → 02	8 → 02	1	2	8
02	FILM FOR X-RAYS	1	2	3	8			
570	RECORD THE TIME AT END OF INTERVIEW [ ][ ] . [ ][ ]							

THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE

SECTION F: MEDICATION AND SUPPLIES

Code of facility: [ ][ ] REGION [ ][ ] FACILITY

QRE TYPE [F]

Interviewer: Code [ ][ ]

600	INDICATE WHICH PHARMACY THIS DATA REPRESENTS	OUTPATIENT ONLY . . . . . 1 INPATIENT ONLY . . . . . 2 BOTH IN AND OUTPATIENT . . . . . 3 AREA LOCKED/NO ACCESS . . . . . 4 NO MEDICINES STORED IN FACILITY 5	→ STOP
600a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) 04 SEMIAUTONOMOUS . . . . . 05 OTHER _____ . . . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]	
600b	CHECK QUESTION 600. IF THE RESPONSE IS 4, STOP.		

ASK TO SPEAK WITH THE PERSON IN CHARGE OF THE PHARMACY, WHO IS PRESENT TODAY

I will read you a statement explaining the survey. Then I will ask for your consent to answer the survey questions.

My name is _____. We are here on behalf of GRPA and MOH to assist the government in knowing more about the availability of HIV/AIDS-related services.

Your facility was selected to participate in this study. As a part of this survey, we are interested in knowing about the availability of various pharmaceutical and other supplies available for HIV/AIDS related services. We will be asking to see various records and registers related to laboratory work and specifically to HIV/AIDS related services.

Besides the organizations conducting the survey, the information you share about services and systems currently available at your facility will be made available only to program planners at Famiy Health International so they can plan program improvements. You will not be identified by name as giving any particular answers to these questions.

Do not worry if you cannot provide all the answers. You can stop the interview at anytime if you do not wish to answer any questions. Hovever, the information you provide is extremely valuble. It will help health facilities improve care and support for HIV/AIDS so they can formulate policies and deliver better services, so we hope you will agree to participate.

Do you have any questions?

601	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
602	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ]	DATE [ ][ ][ ][ ] D D M M	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES

ASK TO SEE THE FOLLOWING MEDICATIONS AND SUPPLIES. IF THE ITEM IS LOCATED IN ANOTHER AREA OF THE FACILITY, GO THERE TO OBSERVE IT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE: FOR ALL ITEMS THAT ARE OBSERVED, ASK IF THERE HAS BEEN ANY STOCK OUT (NONE OF THE MEDICINE AVAILABLE) DURING THE LAST SIX MONTHS.

603	GENERAL MEDICINES	a: OBSERVED: ALL UNITS VALID	a: OBSERVED: AT LEAST ONE UNIT VALID	a: REPORTED AVAILABLE, NOT SEEN	a: NOT AVAILABLE	b: STOCK OUT IN LAST SIX MONTHS: YES	b: STOCK OUT IN LAST SIX MONTHS: NO
01	Acetaminophen/paracetamol		2 → 01b	3 → 02	4 → 02	1	2
02	Acetylsalicilic acid/aspirin oral		2 → 02b	3 → 03	4 → 03	1	2
03	Acyclovir ophthalmic		2 → 03b	3 → 04	4 → 04	1	2
04	Acyclovir oral		2 → 04b	3 → 05	4 → 05	1	2
05	Albendazole oral		2 → 05b	3 → 06	4 → 06	1	2
06	Amoxicillin/ampicillin oral	1 → 06b	2 → 06b	3 → 07	4 → 07	1	2
07	Amoxicillin/clavulanate (Augmentin) oral		2 → 07b	3 → 08	4 → 08	1	2
08	Ampicillin, injectable	1 → 08b	2 → 08b	3 → 09	4 → 09	1	2
09	Amphotericin B injectable		2 → 09b	3 → 10	4 → 10	1	2
10	Bleomycin Injectable		2 → 10b	3 → 11	4 → 11	1	2
11	Ceftriaxone (Rocephin), injectable		2 → 11b	3 → 12	4 → 12	1	2
12	Clotrimazole topical preparations		2 → 12b	3 → 13	4 → 13	1	2
13	Clotrimazole vaginal supp.		2 → 13b	3 → 14	4 → 14	1	2
14	Ciprofloxacin oral	1 → 14b	2 → 14b	3 → 15	4 → 15	1	2
15	Chloramphenicol oral	1 → 15b	2 → 15b	3 → 16	4 → 16	1	2
16	Chloramphenicol injectable	1 → 16b	2 → 16b	3 → 17	4 → 17	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
	GENERAL MEDICINES (continued)	a				b	
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS VALID	AT LEAST ONE UNIT VALID			YES	NO
17	Codeine oral		2 → 17b	3 → 18	4 → 18	1	2
18	Co-trimoxazole oral	1 → 18b	2 → 18b	3 → 19	4 → 19	1	2
19	Clarithromycin		2 → 19b	3 → 20	4 → 20	1	2
20	Clindamycin		2 → 20b	3 → 21	4 → 21	1	2
21	Cloxacillin		2 → 21b	3 → 22	4 → 22	1	2
22	Dapsone		2 → 22b	3 → 23	4 → 23	1	2
23	Dexamethasone		2 → 23b	3 → 24	4 → 24	1	2
24	Diazepam oral		2 → 24b	3 → 25	4 → 25	1	2
25	Diazepam, injectable		2 → 25b	3 → 26	4 → 26	1	2
26	Diclofenac (oral/injection) (e.g. Voltaren®)		2 → 26b	3 → 27	4 → 27	1	2
27	Dipyrone injection		2 → 27b	3 → 28	4 → 28	1	2
28	Diphenoxylate		2 → 28b	3 → 29	4 → 29	1	2
29	Doxycycline	1 → 29b	2 → 29b	3 → 30	4 → 30	1	2
30	Erythromycin	1 → 30b	2 → 30b	3 → 31	4 → 31	1	2
31	Fluconazole		2 → 31b	3 → 32	4 → 32	1	2
32	Ganciclovir		2 → 32b	3 → 33	4 → 33	1	2
33	Gentamicin, injectable	1 → 33b	2 → 33b	3 → 34	4 → 34	1	2
34	Gentian Violet (GV paint)		2 → 34b	3 → 35	4 → 35	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
	GENERAL MEDICINES (CONTINUED)	a				b	
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS VALID	AT LEAST ONE UNIT VALID			YES	NO
35	Ibuprofen (e.g. Brufen ®)		2 → 35b	3 → 36	4 → 36	1	2
36	Indomethacin suppository (e.g. Indocid®)		2 → 36b	3 → 37	4 → 37	1	2
37	Iron tablets		2 → 37b	3 → 38	4 → 38	1	2
38	Itraconazole		2 → 38b	3 → 39	4 → 39	1	2
39	Ketoconazole		2 → 39b	3 → 40	4 → 40	1	2
40	Loperamide		2 → 40b	3 → 41	4 → 41	1	2
41	Mebendazole oral		2 → 41b	3 → 42	4 → 42	1	2
42	Metronidazole oral (e.g. Flagyl®)	1 → 42b	2 → 42b	3 → 43	4 → 43	1	2
43	Miconazole vaginal supp.		2 → 43b	3 → 44	4 → 44	1	2
44	Morphine oral		2 → 44b	3 → 45	4 → 45	1	2
45	Multivitamins		2 → 45b	3 → 46	4 → 46	1	2
46	Nalidixic acid oral	1 → 46b	2 → 46b	3 → 47	4 → 47	1	2
47	Nitrofurantoin oral		2 → 47b	3 → 48	4 → 48	1	2
48	Nitrofurazone ointment		2 → 48b	3 → 49	4 → 49	1	2
49	Norfloxacin		2 → 49b	3 → 50	4 → 50	1	2
50	Nystatin oral/suspension		2 → 50b	3 → 51	4 → 51	1	2
51	Nystatin vaginal tablets/pessaries		2 → 51b	3 → 52	4 → 52	1	2
52	Oral rehydration salts		2 → 52b	3 → 53	4 → 53	1	2
53	Penicillin, Benzathine injectable (e.g. Crystapen®)	1 → 53b	2 → 53b	3 → 54	4 → 54	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
	GENERAL MEDICINES (continued)	a				b	
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS VALID	AT LEAST ONE UNIT VALID			YES	NO
54	Penicillin Benzyl injectable	1 → 54b	2 → 54b	3 → 55	4 → 55	1	2
55	Penicillin, procaine, injectable (e.g. Seclopen ®)	1 → 55b	2 → 55b	3 → 56	4 → 56	1	2
56	Phenobarbital (e.g. Phenobarbitone®)		2 → 56b	3 → 57	4 → 57	1	2
57	Prednisolone (or other steroid)		2 → 57b	3 → 58	4 → 58	1	2
58	Sulfadiazine		2 → 58b	3 → 59	4 → 59	1	2
59	Tetracycline		2 → 59b	3 → 60	4 → 60	1	2
60	Tinidazole		2 → 60b	3 → 61	4 → 61	1	2
61	Vincristine injectable		2 → 61b	3 → 62	4 → 62	1	2
62	Vitamin Bs		2 → 62b	3 → 63	4 → 63	1	2
63	Vitamine B6		2 → 63b	3 → 604	4 → 604	1	2
604	**ANTIMALARIALS**						
01	Amodiaquine		2 → 01b	3 → 02	4 → 02	1	2
02	Chloroquine		2 → 02b	3 → 03	4 → 03	1	2
03	Fansidar (Sulfadoxin+pyrimethamine)		2 → 03b	3 → 04	4 → 04	1	2
04	Quinine oral		2 → 04b	3 → 05	4 → 05	1	2
05	Quinine injectable		2 → 05b	3 → 06	4 → 06	1	2
06	Other _____ (SPECIFY)		2 → 06b	3 → 604a		1	2
604a	Where are TB medications kept?				TB CLINIC/UNIT 1 PHARMACY 2	→ Q606	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
605	**MEDICINES FOR TUBERCULOSIS**						
01	Ethambutol		2 → 01b	3 → 02	4 → 02	1	2
02	Isoniazid		2 → 02b	3 → 03	4 → 03	1	2
03	Pyrazinamide		2 → 03b	3 → 04	4 → 04	1	2
04	Rifampin		2 → 04b	3 → 05	4 → 05	1	2
05	Streptomycin		2 → 05b	3 → 06	4 → 06	1	2
06	Isoniazid + rifampin (Rifina)		2 → 06b	3 → 07	4 → 07	1	2
07	Isoniazid + rifampin + pyrazinamide (RHZ, Rifater)		2 → 07b	3 → 08	4 → 08	1	2
08	Isoniazid + ethambutol (EH)		2 → 08b	3 → 09	4 → 09	1	2
09	Other _ _____ (SPECIFY)		2 → 09b	3 → 606		1	2

606	**INTRAVENOUS SOLUTIONS**	OBSERVED: ALL UNITS VALID	OBSERVED: AT LEAST ONE UNIT VALID	a: REPORTED AVAILABLE, NOT SEEN	a: NOT AVAILABLE	b: STOCK OUT IN LAST SIX MONTHS: YES	b: STOCK OUT IN LAST SIX MONTHS: NO
01	Normal Saline (0.9% NS)		2 → 01b	3 → 02	4 → 02	1	2
02	Dextrose in Normal Saline (D5NS)		2 → 02b	3 → 03	4 → 03	1	2
03	Dextrose 5% in Water (D5H20)		2 → 03b	3 → 04	4 → 04	1	2
04	Ringers Lactate (e.g. Hartman's Solution)	1 → 04b	2 → 04b	3 → 05	4 → 05	1	2
05	Plasma Expander (e.g. Inferon ®)	1 → 05b	2 → 05b	3 → 607	4 → 607	1	2

607	**OTHER**						
01	Infant formula		2 → 01b	3 → 02	4 → 02	1	2
02	Fortified protein supplement (e.g. Ensure®)		2 → 02b	3 → 608	4 → 608	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
607a	In a typical week, how many days does this pharmacy/ dispensary offer medicines? (NUMBERS ALLOWED ONLY BETWEEN "1" AND "7")	☐ DAYS	
608	Is there a register or stock cards where the amount of each medicine received, the amount disbursed, and the amount present today is recorded? IF YES, ASK: May I see the records?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	→ 611
609	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN Q608.	REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES . . . . . 1 REGISTER/STOCK CARDS UPDATED DAILY . . . . . 2 OTHER _____ . . . . . 6 (SPECIFY)	
610	FOR EACH OF THE FOLLOWING MEDICINES THAT ARE AVAILABLE, RECORD IF THE AMOUNT OF STOCK ON THE STOCK CARD OR REGISTER MATCH THE INVENTORY OBSERVED IN STORAGE OR IF THE CORRECT AMOUNT CAN RAPIDLY BE CALCULATED	YES / NO / MEDICINE NOT AVAILABLE	
01	Amoxicillin/ampicillin oral	1 / 2 / 3	
02	Ampicillin injectable	1 / 2 / 3	
03	Ciprofloxacin oral	1 / 2 / 3	
04	Chloramphenicol oral	1 / 2 / 3	
05	Co-trimoxazole oral	1 / 2 / 3	
06	Doxycycline	1 / 2 / 3	
07	Erythromycin	1 / 2 / 3	
08	Gentamicin, injectable	1 / 2 / 3	
09	Metronidazole oral	1 / 2 / 3	
10	Nalidixic acid oral	1 / 2 / 3	
11	Penicillin, Benzathine benzyl injectable	1 / 2 / 3	
12	Penicillin, procaine, injectable	1 / 2 / 3	
13	Ringers Lactate	1 / 2 / 3	
14	Plasma Expander	1 / 2 / 3	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
611	OBSERVE THE PLACE WHERE MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.		
01	ARE THE MEDICINES OFF THE FLOOR AND PROTECTED FROM WATER?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
02	ARE THE MEDICINES PROTECTED FROM SUN?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
03	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.).	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
612	When was the last time that you received a routine supply of medicines?	WITHIN PRIOR 4 WEEK . . . . . 1 BETWEEN 4-12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . . . . 3 DON'T KNOW 8	
613	Does this facility determine the quantity of each medicine required and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS . . . . . 1 NEED DETERMINED ELSEWHERE . . . . . 2 DON'T KNOW 8	→ 615 → 620
614	Do you always receive a standard fixed supply or does the quantity you receive vary according to the activity level that you report?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY 2 DON'T KNOW 8	→ 618 → 618 → 618
615	Routinely, when you order medicines, which best describes the system you use to determine how much of each to order? Do you: Review the amount of each medicine remaining, and order to bring the stock amount to a pre-determined (fixed) amount? Order exactly the same quantity each time, regardless of the existing stock? Review the amount of each method used since the previous order, and plan based on prior utilization and expected future activity? Other _____ (SPECIFY) DON'T KNOW	 ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON UTILIZATION . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
616	Which of the following best describes the routine system for deciding when to order medicines? Do you: Place order whenever stock levels fall to a predetermined level? Have a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS. Place an order whenever there is believed to be a need, regardless of stock level? Other _____ (SPECIFY) DON'T KNOW	PREDETERMINED LEVEL . . . . . 1 FIXED TIME . . . . . 2 EVERY [ ] MONTHS ORDER WHEN NEEDEI . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	
617	If there is a shortage of a specific medicine between routine orders, what is the most common procedure followed by this facility? Submit special order to normal supplier . . . . . . Facility purchases from private market . . . . . . Clients must purchase from outside the facility	SPECIAL ORDER . . . . . 1 FACILITY PURCHASE . . . . . 2 CLIENT PURCHASE OUTSIDE . . . 3	
618	During the past 3 months, have you always, sometimes, or almost never received the amount of each medicine that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 SOMETIMES . . . . . 2 ALMOST NEVER 3	
619	Does this facility stock any antiretroviral medicines other than those for post-exposure prophylaxis?	YES . . . . . 1 NO 2	→ Q626

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
620	ASK TO SEE THE ANTIRETROVIRAL MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY	a				b	
		OBSERVED		REPORTED		STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS VALID	AT LEAST ONE UNIT VALID	AVAILABLE, NOT SEEN	NOT AVAILABLE	YES	NO
01	AZT + 3TC		2 → 01b	3 → 02	4 → 02	1	2
02	Zidovudine (ZDV, AZT)		2 → 02b	3 → 03	4 → 03	1	2
03	Abacavir/ABC		2 → 03b	3 → 04	4 → 04	1	2
04	Didanosine/ddI		2 → 04b	3 → 05	4 → 05	1	2
05	Efavirenz (EFZ)		2 → 05b	3 → 06	4 → 06	1	2
06	Lamivudine/3TC		2 → 06b	3 → 07	4 → 07	1	2
07	Nevirapine (NVP)		2 → 07b	3 → 08	4 → 08	1	2
08	NRTIs (Tenofovir disoproxil fumarate [Viread])		2 → 08b	3 → 09	4 → 09	1	2
09	Protease inhibitors (indinavir [Crixivan], nelfinavir [Viracept], ritonavir [Norvir], saquinavir [Invirase])		2 → 09b	3 → 10	4 → 10	1	2
10	Stavudine/d4T		2 → 10b	3 → 11	4 → 11	1	2
11	Other _____ (SPECIFY)		2 → 11b	3 → 621		1	2

621	ARE THE ANTIRETROVIRALS STORED SEPARATE FROM OTHER MEDICINES?	YES . . . . . 1 NO 2	
622	ARE THE ANTIRETROVIRAL DRUGS STORED UNDER LOCKED CONDITIONS?	YES . . . . . 1 NO 2	
623	Is there a register or stock cards where the amount of each antiretroviral medicine received, the amount disbursed, and the amount present today is recorded? IF YES, ASK: May I see the records?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	→ 626

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
624	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN Q623.	REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINE . . . . . 1 REGISTER/STOCK CARDS UPDATED DAILY . . . . . 2 OTHER _____ . . . . . 6 (SPECIFY)	
625	CHECK ALL ANTIRETROVIRAL DRUGS. IS THE AMOUNT PRESENT ON THE REGISTER/STOCK CARD THE SAME AS THAT YOU SEE IN THE INVENTORY FOR ALL AVAILABLE ANTIRETROVIRAL DRUGS OR CAN THE AMOUNTS RAPIDLY BE RECONCILED?	YES . . . . . 1 NO 2	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES				
626	Finally, I would like to see supplies that you have in stock. Please show me the following stock supply items:	a			b	
		OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
					YES	NO
01	Condoms	1 → 01b	2 → 02	3 → 02	1	2
02	Disposable needles	1 → 02b	2 → 03	3 → 03	1	2
03	Disposable syringes	1 → 03b	2 → 04	3 → 04	1	2
04	Infusion sets for intravenous solution	1 → 04b	2 → 05	3 → 05	1	2
05	Cannulae for intravenous application (e.g. Intracaths®)	1 → 05b	2 → 06	3 → 06	1	2
06	Clean non-latex, gloves	1 → 06b	2 → 07	3 → 07	1	2
07	Clean latex gloves	1 → 07b	2 → 08	3 → 08	1	2
08	Sterile latex gloves	1 → 08b	2 → 09	3 → 09	1	2
09	Spinal tap/lumbar puncture kits	1 → 09b	2 → 10	3 → 10	1	2
10	Disinfectant for cleaning surfaces (bleach or other cleaning solution)	1 → 10b	2 → 11	3 → 11	1	2
11	Hand-washing soap	1 → 11b	2 → 627	3 → 627	1	2
627	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ]				

THANK YOUR RESPONDANT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE

SECTION G: TUBERCULOSIS TREATMENT

Code of facility: [ ][ ] REGION [ ][ ] FACILITY

Interviewer: Code [ ][ ]

QRE TYPE [G]

700	INDICATE THE SERVICE SETTING FOR THIS SECTION	**OUTPATIENT SERVICE** TB CLINIC/UNIT . . . . . 07 HIV/AIDS CLINIC/UNIT . . . . . 10 CLINIC/UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS . 11 **INPATIENT SERVICE** HIV/AIDS INPATIENT UNIT . . . . . 25 TB INPATIENT UNIT . . . . . 27 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS . 28 **OTHER** ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] **OTHER** _____ 96 (SPECIFY)
700a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) 04 SEMIAUTONOMOUS . . . . . 05 OTHER _____ . . . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT THE TB SERVICES IN THIS CLINIC/UNIT, AND IF RELEVANT, SPECIFICALLY TB SERVICES RELATED WITH HIV/AIDS SERVICES.

First, I will read you a statement explaining the survey. Then I will ask for your consent to answer the survey questions.

Hello. My name is _____. We are here on behalf of (organization) to assist the government in knowing more about the availability of HIV/AIDS-related services.
Your facility was randomly selected to participate in this study. We will be asking you questions about tuberculosis services provided by this clinic/unit, including services provided for clients who you think probably are HIV infected or have AIDS, but this is not confirmed by a blood test, as well as for those clients who are confirmed by test to have an HIV/AIDS related illness. We will ask to see tuberculosis-related patient registers. No patient names from the registers will be reviewed, recorded, or shared.

The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one, including your supervisor, will know what you tell us.
You may refuse to answer any question or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the government and the health facilities involved in HIV/AIDS care and support to improve formulation of policy and the delivery of services.
Do you have any questions for me at this time?
valuble. It will help health facilities improve care and support for HIV/AIDS so they can formulate policies and deliver better services, so we hope you will agree to participate.

Do you have any questions?

NO.	QUESTIONS	CODING CATEGORIES	GO TO
701	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
702	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ]	DATE [ ][ ][ ][ ] D D M M	
703	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS or TB, **on duty today** THE RESPONDENT FOR THE QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
704	Which services or units are eligible to refer patients for TB services to this clinic/unit? READ ALL RESPONSES AND CIRCLE ALL THAT APPLY	GENERAL INPATIENT UNITS . . . . . A GENERAL OPD CLINIC/UNIT . . . . . B SPECIALTY OPD CLINIC/UNITS . . . . . C ANC CLINIC/UNIT . . . . . D HIV/AIDS UNIT . . . . . E OTHER CLINIC/UNIT THIS FACILITY W ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER _____ X (SPECIFY)	
705	Which services or units have referred patients for TB services to this clinic/unit in the last half year? READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.	GENERAL INPATIENT UNITS . . . . . A GENERAL OPD CLINIC/UNIT . . . . . B SPECIALTY OPD CLINIC/UNITS . . . . . C ANC CLINIC/UNIT . . . . . D HIV/AIDS CLINIC/UNIT . . . . . E OTHER CLINIC/UNIT THIS FACILITY W ENTER CLINIC/UNIT NUMBER [ ][ ] OTHER _____ X (SPECIFY)	
706	What method is used by providers in this clinic/ unit for diagnosing TB?	SPUTUM SMEAR ONLY . . . . . 1 X-RAY ONLY . . . . . 2 EITHER SPUTUM OR X-RAY . . . . . 3 BOTH SPUTUM AND X-RAY . . . . . 4 CLINICAL SYMPTOMS ONLY . . . . . 5 DIAGNOSED ELSEWHERE, THIS CLINIC PROVIDES FOLLOW-UP TREATMENT ONLY 6	→ 710 → 710 → 710 → 710 → 710

NO.	QUESTIONS	CODING CATEGORIES	GO TO
707	Does this clinic/unit have an agreement with the referral site for TB test results to be returned to the clinic either directly or through the client?	YES . . . . . 1 NO 2	→ 710
708	Is there a record of clients who are referred for TB diagnosis? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO RECORD 3	
709	When you refer the client **to another facility** for TB diagnosis, do you use a referral slip or other method for communicating with the referral clinic/unit? IF YES: What method do you use? IF REFERRAL SLIP IS USED, ASK TO SEE IT	YES, REFERRAL SLIP OBSERVED . . . 1 YES, REFERRAL SLIP NOT OBSERVED 2 PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . 3 CALL TO GIVE INFORMATION ON CLIENT . . . . . 4 OTHER _____ 6 (SPECIFY) NO METHOD 7	
710	Can I see any written procedures you have for tuberculosis diagnosis or treatment.	OBSERVED COMPLETE / OBSERVED NOT COMPLETE / REPORTED, NOT SEEN / NOT AVAIL.	
01	National procedures for diagnosis and treatment of TB	1 → 711 / 2 / 3 / 4	
02	Other procedures for diagnosis and treatment of TB _____ SPECIFY	1 / 2 / 3	
711	Do you have any record of the number of newly diagnosed TB clients for this clinic/unit, during the past twelve months?	YES . . . . . 1 NO 2	→ 714
712	ASK TO SEE THE RECORDS AND RECORD THE NUMBER OF NEWLY DIAGNOSED TB CLIENTS FOR THE CLINIC/UNIT DURING THE PAST 12 MONTHS	NUMBER OF CLIENTS [ ][ ][ ][ ]	
713	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
714	Is this facility included in the national DOTS program?	YES . . . . . 1 NO 2	
715	What treatment strategy is followed by providers in this clinic/unit for TB treatment?	DIRECT OBSERVE 2M, FU 6M . . . . . 1 DIRECT OBSERVE 6M . . . . . 2 NO DIRECT OBSERVED TREATMENT 3 FOLLOW UP CLIENTS ONLY AFTER INTENSIVE TREATMENT PROVIDED ELSEWHERE 4	→ 719 → 719

NO.	QUESTIONS	CODING CATEGORIES	GO TO
716	What is the strategy for the direct observed treatment during the first two months of treatment or until the client is sputum negative? CIRCLE THE LETTER FOR ALL STRATEGIES USED BY THIS FACILITY FOR THE DOT.	CLIENT HOSPITALIZED . . . . . A CLIENT COMES TO FACILITY . . . . . B OUTREACH WORKER GOES TO CLIENT . . . . . C COMMUNITY WORKER OBSERVES . D OTHER _____ . X (SPECIFY)	
717	Do you have a record or register that show the clients who are currently receiving DOTS? IF YES, ASK TO SEE IT.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 719 → 719
718	Is the record/register up-to-date for the prior week for all clients receiving their DOTS medications?	YES . . . . . 1 NO 2	
719	From where does this facility receive your TB medications? CIRCLE ALL THAT APPLY.	NATIONAL TB CONTROL PROGRAM . A DIRECT PURCHASE . . . . . B DONATIONS FROM NGOS . . . . . C OTHER _____ . . . X (SPECIFY)	
720	Are TB medicines kept in this clinic/unit? IF YES, ASK TO SEE THE MEDICINES AND INDICATE HOW THEY ARE SUPPLIED.	YES, PREPACKAGED FOR CLIENTS . 1 YES, BULK JARS . . . . . 2 NO, MEDICINES IN PHARMACY 3	 → 722

NO.	QUESTIONS	CODING CATEGORIES	GO TO

720a	MEDICINES FOR TUBERCULOSIS	a: OBSERVED: ALL UNITS VALID	a: OBSERVED: AT LEAST ONE UNIT VALID	a: REPORTED AVAILABLE, NOT SEEN	a: NOT AVAILABLE	b: STOCK OUT IN LAST SIX MONTHS: YES	b: STOCK OUT IN LAST SIX MONTHS: NO
01	Ethambutol		2 → 01b	3 → 02	4 → 02	1	2
02	Isoniazid		2 → 02b	3 → 03	4 → 03	1	2
03	Pyrazinamide		2 → 03b	3 → 04	4 → 04	1	2
04	Rifampin		2 → 04b	3 → 05	4 → 05	1	2
05	Streptomycin		2 → 05b	3 → 06	4 → 06	1	2
06	Isoniazid + rifampin (Rifina)		2 → 06b	3 → 07	4 → 07	1	2
07	Isoniazid + rifampin + pyrazinamide (RHZ, Rifater)		2 → 07b	3 → 08	4 → 08	1	2
08	Isoniazid + ethambutol (EH)		2 → 08b	3 → 09	4 → 09	1	2
09	Other _____ (SPECIFY)		2 → 09b	3 → 721		1	2

721	ASK TO SEE THE PREPACKAGED MEDICINES AND RECORD IF THERE IS A PACKAGE FOR ALL CLIENTS CURRENTLY UNDER DOTS TREATMENT	YES, ALL CLIENTS……1 NO, SOME CLIENTS ONLY……2 NO MEDICINES AVAILABLE……3	
722	Does this clinic/unit provide routine follow-up for any clients who are placed on TB treatment? IF NO, INDICATE WHERE FOLLOW-UP OF TB CLIENTS IS CARRIED OUT.	YES, INTENSIVE TREATMENT ONLY .. 1 YES, FULL TREATMENT ..... 2 NO, CLIENTS REFERRED TO INPATIENT UNIT ..... 3 NO, CLIENTS REFERRED TO HEALTH CENTER ..... 4 NO, CLIENTS REFERRED ELSEWHERE _____ ... 5 (SPECIFY)	→ 735 → 735 → 735
723	Do you have individual client charts or records for clients receiving TB treatment? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	
724	Do you have a register or list of clients currently being followed by this unit for TB treatment?	YES, REGISTER OR LIST OBSERVED 1 NO 2	→ 729

NO.	QUESTIONS	CODING CATEGORIES	GO TO
725	ASK TO SEE THE REGISTER AND INDICATE THE DATE THE MOST RECENT CLIENT WAS ADMITTED TO TB TREATMENT.	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS AGO ..... 2 REGISTER NOT SEEN 3	→ 729
726	USING EITHER THE CARDS OR REGISTER, RECORD THE TOTAL NUMBER OF CLIENTS WHO ARE CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	TOTAL NUMBER OF CLIENTS ON TB TREATMENT [ ][ ][ ][ ]	
727	RECORD THE NUMBER OF FEMALE CLIENTS CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	NUMBER OF FEMALE CLIENTS ON TB TREATMENT [ ][ ][ ][ ] DON'T KNOW 9998	
728	Do you have a register or record that shows the treatment outcome for clients who received TB treatment from this facility but are no longer under treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	
729	Are newly diagnosed cases of TB (or cases followed up by this clinic/unit), referred for an HIV test or for counseling about HIV/AIDS?	YES, ALL REFERRED ..... 1 SUSPECT CASES ONLY REFERRED 2 NO ..... 3 DON'T KNOW 8	→ 733 → 733
730	Do you have a register or list of new TB patients who were referred for an HIV test or counseling? IF YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	→ 733 → 733
731	How many new TB patients were referred for an HIV/AIDS test or counseling in the past twelve months?	NUMBER OF NEW TB CLIENTS REFERRED. [ ][ ][ ][ ]	
732	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... [ ][ ]	
733	Do you have a register or list of clients currently under TB treatment who are also diagnosed as HIV positive or as having AIDS? YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	→ 735 → 735
734	How many patients currently under TB treatment in this clinic are also diagnosed as HIV positive or as having AIDS?	NUMBER OF CLIENTS ON TB TREATMENT WITH HIV/AIDS ..... [ ][ ][ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
735	**Other than TB services**, does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS? CARE AND SUPPORT MEANS ANY PREVENTIVE CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, SOCIAL SERVICES, OR HIV TESTS.	YES ..... 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY ..... 2 ENTER CLINIC/UNIT NUMBER ..... [ ][ ] NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY ..... 3 OTHER _____ ..... 6 (SPECIFY)	→ OPD OR IPD QRE → 743
736	Do staff in this UNIT have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS UNIT ..... 1 YES, PEP PROVIDED IN ANOTHER UNIT IN THIS FACILTIY 2 YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3 NO PEP AVAILABLE 4	→ 738 → 743
737	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1 RECORD SHOWS REFERRAL ONLY .. 2 NO RECORD OF REFERRAL 3	→ 742 → 742 → 742
738	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES ..... 1 NO 2	→ 743
739	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES ..... 1 NO 2	→ 743
740	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/ unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO 4	
741	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	
742	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	
743	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] : [ ][ ]	
	THANK YOUR INFORMANT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION H: COUNSELING AND TESTING

Code of facility: [ ][ ] REGION [ ][ ] FACILITY

QRE TYPE [H]

Interviewer: Code [ ][ ]

800	INDICATE THE SERVICE SETTING FOR THIS SECTION.	**OUTPATIENT** ANTENATAL CARE . . . . . 03 OUTPATIENT COUNSELING AND TESTING CLINIC/UNIT . . . . . 08 SPECIFIC HIV UNIT WITHIN OPD 10 CLINIC/UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS . 11 **INPATIENT** HIV/AIDS INPATIENT UNIT . . . . . 25 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS . . . . . 28 **OTHER** ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] **OTHER** _____ 96 (SPECIFY)
801	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) 04 SEMIAUTONOMOUS 05 OTHER _____ . . . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT COUNSELING AND TESTING SERVICES PROVIDED BY THIS UNIT.

My name is _____. We are here on behalf of GRPA and MOH to find out what services you have dealing with HIV/AIDS. Your facility was chosen tob e a part of this study. We will be asking
Your facility was selected to participate in this study. We will be asking you several questions about the types of questions about HIV/AIDS care and support services. That is medical, psychological, emotional, and social needs of patients living with HIV/AIDS and their families.

First, I will read you a statement explaining the survey. Then I will ask for your consent to answer the survey questions.

We are interested in care and support that you provide for clients who you either suspect are HIV-infected and those who are confirmed by blood test. We would like to see registers of these patients, but will not be using the information otherwise. Names from the register will not be reviewed, recorded, or shared.

Besides the organizations conducting the survey, the information you share about services and systems currently available at your facility will be made available only to program planners at Famiy Health International so they can plan program improvements. You will not be identified by name as giving any particular answers to these questions.

Do not worry if you cannot provide all the answers. You can stop the interview at anytime if you do not wish to answer any questions. Hovever, the information you provide is extremely valuble. It will help health facilities improve care and support for HIV/AIDS so they can formulate policies and deliver better services, so we hope you will agree to participate.

Do you have any questions?

802	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
803	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ]	DATE [ ][ ][ ][ ] D D M M	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
804	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, who are on duty today.		
	THE RESPONDENT FOR THE THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
805	Which services or units are eligible to refer patients for counseling and testing to this clinic/ unit? READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.	GENERAL INPATIENT UNITS . . . . . A GENERAL OPD CLINIC/UNIT . . . . . B SPECIALTY OPD CLINIC/UNITS . . . . . C ANC CLINIC/UNIT . . . . . D MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS . . . . . E OTHER CLINIC/UNIT THIS FACILITY . W ENTER CLINIC/UNIT NUMBER [ ][ ] OTHER _____ . . . . . X (SPECIFY)	
806	Which services or units have referred patients for counseling and testing to this clinic/unit in the last half year? READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.	GENERAL INPATIENT UNITS . . . . . A GENERAL OPD CLINIC/UNIT . . . . . B SPECIALTY OPD CLINIC/UNITS . . . . . C ANC CLINIC/UNIT . . . . . D MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS . . . . . E OTHER CLINIC/UNIT THIS FACILITY . W ENTER CLINIC/UNIT NUMBER [ ][ ] OTHER _____ . . . . . X (SPECIFY)	
807	How many days each week are counseling services for HIV/AIDS available in this clinic/unit?	DAYS PER WEEK . . . . . [ ]	
808	How many days each week are testing services for HIV available in this clinic/unit?	DAYS PER WEEK . . . . . [ ]	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
809	When a client is referred for or has received an HIV test, do they ever receive counseling here? IF YES, READ EACH TYPE OF COUNSELING AND PROBE FOR CORRECT RESPONSE.	COUNSELING ROUTINELY PROVIDED		COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT	DON'T KNOW	
		ALWAYS BY TRAINED COUNSELOR	NOT ALWAYS BY TRAINED COUNSELOR			
01	Pretest counseling	1	2	3	8	
02	Post-test for positive results	1	2	3	8	
03	Post-test for negative results	1	2	3	8	
04	Follow-up counseling for HIV/AIDS clients (after initial post-test counseling).	1	2	3	8	
810	Do you have any procedures (manual) or protocols related to HIV testing for counseling in this clinic/unit?	YES . . . . . 1 NO 2				→ 812
811	For each service I list can I see the procedures if you have them.	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	National procedure manual for VCT	1	2	3	4	
02	Pretest counseling	1	2	3	4	
03	Post test counseling for positive results	1	2	3	4	
04	Post test counseling for negative results	1	2	3	4	
05	Written policy stating all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling	1	2	3	4	
06	HIV testing procedures	1	2	3	4	
07	Policy on informed consent	1	2	3	4	
08	Policy on confidentiality regarding disclosure of HIV status	1	2	3	4	
09	Confidentiality policy specifically mentions **family members** will not be informed without client consent	1	2	3	4	
812	How many months have counseling services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . [ ][ ][ ]				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
813	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY ..... 1 YES, NOT PRESENT TODAY ..... 2 NO 3	→ HW QRE
814	How is pretest counseling or information provided? CIRCLE ALL THAT APPLY	INDIVIDUAL ..... A GROUP ..... B NO PRETEST COUNSELING ..... Y	→ 818
815	CHECK Q814: IS ANY PRETEST COUNSELING OR INFORMATION PROVIDED TO GROUPS?	YES ..... 1 NO 2	→ 818
816	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE FOR THE PAST 12 MONTHS AND RECORD THE NUMBER OF SESSIONS THAT HAVE BEEN HELD	YES, ... NUMBER OF SESSIONS [ ][ ][ ] NO 995	→ 818
817	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... [ ][ ]	
818	Are there any records or registers that provide numbers of clients receiving pre or post test counseling?	YES, CLIENT RECORDED ONCE FOR PACKAGE (COUNSELING AND TEST) 1 YES ..... 2 NO 3	→ 823 → 823

819	ASK TO SEE ANY RECORD OR REGISTER OF CLIENTS WHO RECEIVED ANY HIV TEST COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.	(A) RECORD AVAILABILITY			(B) NUMBERS FROM OBSERVED RECORDS	
		OB-SERVED	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → 01b	2 → 02	3 → 02	[ ][ ][ ][ ]	[ ][ ]
02	TOTAL CLIENTS RECEIVING POST-TEST COUNSELING	1 → 02b	2 → 820	3 → 820	[ ][ ][ ][ ]	[ ][ ]

820	What is the most recent date recorded for either pre or post test counseling?	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS ..... 2 NO DATE RECORDED 3	
821	Is there a client name or other identifier for clients receiving pre and post test counseling?	YES ..... 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
822	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
823	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY . 2 VISUAL PRIVACY ONLY . . . . . 3 NO PRIVACY 4	
824	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT . . . . . 1 YES, OTHER LOCATION . . . . . 2 NO 3	 → Q828 → Q828
825	Are there any written policies or procedure manual for the youth friendly services? IF YES, ASK TO SEE IT.	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, NOT COMPLETE . 2 YES, REPORTED NOT SEEN . . . . . 3 NO 4	
826	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today? IF YES, IDENTIFY THE PROVIDER FOR INTERVIEW.	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . . 2 NO 3	→ HW QRE
827	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM . . . . . A DISCOUNT FEES . . . . . B NO FEES . . . . . C OTHER _____ . . . . . X (SPECIFY)	
828	Is an HIV test conducted or is blood for an HIV test drawn in this clinic/unit? CIRCLE THE RESPONSE THAT BEST REFLECTS THE HIV TESTING PROCEDURE	YES, BLOOD DRAWN AND TEST CONDUCTED THIS CLINIC/UNIT . . . 1 YES, BLOOD DRAWN , BUT TEST NOT CONDUCTED THIS CLINIC/UNIT . . . . . 2 NO, CLIENT SENT TO LAB IN FACILITY . . . . . 3 NO, CLIENT SENT TO EXTERNAL AFFILIATED LAB . . . . . 4 OTHER _____ 6	 → 831 → 831 → 831

NO.	QUESTIONS	CODING CATEGORIES			GO TO
829	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE NON-LATEX GLOVES	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	CONDOMS	1	2	3	
13	RAPID TEST FOR HIV	1	2	3	
14	DISPOSABLE NEEDLES	1	2	3	
15	DISPOSABLE SYRINGES	1	2	3	
16	CHAIR/BED	1	2	3	
17	ALCOHOL AND COTTON	1	2	3	
830	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			
831	HAS INFORMATION ON THE LABORATORY WHERE THE HIV TEST IS CONDUCTED BEEN PREVIOUSLY COLLECTED (EITHER DURING OUTPATIENT OR OTHER INPATIENT DATA COLLECTION)?	YES . . . . . 1 NO . . . . . 2 RAPID TEST ONLY, NO LAB 3			→ LAB QRE
832	How many months have HIV testing services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . [ ][ ][ ]			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
833	Are there any registers or records for the clients from this clinic who received HIV tests? IF YES, ASK TO SEE ANY RECORDS FOR THE PAST 12 MONTHS, RELATED TO NUMBERS OF CLIENTS RECEIVING AN HIV TEST, TEST RESULTS, AND WHETHER THE CLIENT RECEIVED RESULTS OR NOT	YES, RECORDS KEPT IN THIS CLINIC . . . . . 1 YES, RECORDS MAINTAINED ELSEWHERE IN FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] YES, RECORDS IN LAB . . . . . 3 OTHER _____ . . . 6 (SPECIFY) NO 7	 → 838 → 838 → 838 → 838

834	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE REQUESTED NUMBERS.	(a) RECORD AVAILABILITY			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL CLIENTS RECEIVING HIV TEST	1 → 01b	2 → 02	3 → 02	[ ][ ][ ][ ]	[ ][ ]
02	TOTAL FEMALE CLIENTS RECEIVING HIV TEST	1 → 02b	2 → 03	3 → 03	[ ][ ][ ][ ]	[ ][ ]
03	TOTAL CLIENTS AGE 15-24 YEARS	1 → 03b	2 → 04	3 → 04	[ ][ ][ ][ ]	[ ][ ]
04	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 → 04b	2 → 05	3 → 05	[ ][ ][ ][ ]	[ ][ ]
05	TOTAL CLIENTS WHO RECEIVED TEST RESULTS	1 → 05b	2 → 06	3 → 06	[ ][ ][ ][ ]	[ ][ ]
06	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 → 06b	2 → 835	3 → 835	[ ][ ][ ][ ]	[ ][ ]

835	Are reports regularly compiled on the number of clients in this clinic/unit who receive testing or counseling services for HIV/AIDS?	YES, FOR POS AND NEG RESULTS . . 1 YES, FOR POS RESULTS ONLY . . . 2 NO 3	 → 838
836	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	YES, MONTHLY OR MORE OFTEN . . 1 YES, EVERY 2-3 MONTHS . . . . . 2 YES, EVERY 4-6 MONTHS . . . . . 3 YES LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	 → 838

NO.	QUESTIONS	CODING CATEGORIES	GO TO
837	To whom do you send these reports? CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B REGIONAL HEALTH OFFICER ..... C MINISTRY OF HEALTH (MCH, NAPS, INFECT DISEASE) ..... D OTHER _____ X (SPECIFY)	
838	Is an individual client chart or record maintained for all HIV positive clients? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 YES, CHART/RECORD AVAILABLE IN OTHER CLINIC/UNIT, THIS FACILITY 3 ENTER CLINIC/UNIT NUMBER ..... [ ][ ] OTHER _____ 6 SPECIFY NO 7	
839	**Other than (V)CT services**, does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS? CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, OR SOCIAL SERVICES.	YES ..... 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY ..... 2 ENTER CLINIC/UNIT NUMBER ..... [ ][ ] NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY ..... 3 OTHER _____ 6 SPECIFY	→ OPD OR IPD QRE & → 847
840	Do staff in this unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS UNIT ..... 1 YES, PEP IN ANOTHER UNIT IN THE FACILITY ..... 2 YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3 NO PEP AVAILABLE 4	→ 842 → 847
841	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1 RECORD SHOWS REFERRAL ONLY .. 2 NO RECORD OF REFERRAL 3	→ 846 → 846 → 846
842	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES .....1 NO 2	→ 847
843	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES ..... 1 NO 2	→ 847
844	Are there any written procedure manual or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE PROCEDURE MANUAL	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE .. 2 YES, REPORTED, NOT SEEN ..... 3 NO 4	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
845	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
846	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
847	RECORD THE TIME AT END OF INTERVIEW [ ][ ] . [ ][ ]		
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION I: ANTIRETROVIRAL THERAPY

Code of facility: [ ][ ] [ ][ ]
REGION FACILITY

QRE TYPE [I]

Interviewer: Code [ ][ ]

900	INDICATE THE SERVICE SETTING FOR THIS SECTION	**OUTPATIENT** OUTPATIENT COUNSELING AND TESTING CLINIC/UNIT . . . . . 08 SPECIFIC HIV UNIT WITHIN OPD . . . . . 10 CLINIC/UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS . . . . . 11 **INPATIENT** HIV/AIDS INPATIENT UNIT . . . . . 25 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS . . . . . 28 **OTHER** ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] **OTHER** _____ . . . . . 96 SPECIFY
901	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . 04 SEMIAUTONOMOUS . . . . . 05 OTHER _____ . . . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT ART SERVICES PROVIDED BY THIS UNIT.

First, I will read you a statement explaining the survey. Then I will ask for your consent to answer the survey questions.

My name is _____. We are here on behalf of GRPA and MOH to find out what services you have dealing with HIV/AIDS. Your facility was chosen to be a part of this study.
Your facility was selected to participate in this study. We will be asking you several questions about HIV/AIDS care and support services.

We are interested in care and support that you provide for clients who you either suspect are HIV-infected and those who are confirmed by blood test. We would like to see registers of these patients, but will not be using the information otherwise. Names from the register will not be reviewed, recorded, or shared. We maintain confidentiality with the information you provide and it will not be shared without your agreement even to your supervisor.
Do not worry if you cannot provide all the answers. You can stop the interview at anytime if you do not wish to answer any questions. Hovever, the information you provide is extremely valuble. It will help health facilities improve care and support for HIV/AIDS so they can formulate policies and deliver better services, so we hope you will agree to participate.

Do you have any questions?

902	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
903	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] : [ ][ ]	DATE [ ][ ][ ][ ] D D M M	
NO.	**QUESTIONS**	**CODING CATEGORIES**	**GO TO**
904	First, I would like to identify clinical staff, such as nurses or doctors, or other staff, such as counselors, social workers, and laboratory technicians, who provide services related to HIV/AIDS who are **on duty today.**		
	THE RESPONDENT FOR THE QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
905	How many days each week are ART services available in this clinic/unit?	DAYS PER WEEK . . . . . [ ]	
906	How many months have ART services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . [ ][ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
907	**NO QUESTION**		
908	Which services or units have referred patients for ART to this clinic/unit in the last half year? READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.	GENERAL OPD CLINIC/UNIT . . . . . A SPECIALTY OPD CLINIC/UNIT . . . . . B ANC CLINIC/UNIT . . . . . C MATERNITY AND/OR LABOR AND DELIVERY CLINIC/UNIT . . . . . D VCT OR CT CLINIC/UNITS . . . . . E FAMILY PLANNING . . . . . F TUBERCULOSIS . . . . . G GENERAL INPATIENT UNITS . . . . . H HIV/AIDS INPATIENT UNIT . . . . . I OUTSIDE FACILITY/SITE . . . . . J OTHER CLINIC/UNIT THIS FACILITY W ENTER CLINIC/UNIT NUMBER [ ][ ] OTHER _____ X (SPECIFY)	
909	Is there one person specifically in charge of ARV services? If yes, indicate which clinic/unit this person is assigned.	YES, THIS UNIT . . . . . 1 YES, ANOTHER CLINIC UNIT . . . . . 2 NO ONE PERSON IN CHARGE OF ARV SERVICES 3	 → Q911 → Q911
910	What is the qualification of the person in charge of ARV services?	DOCTOR . . . . . 1 MEDEX . . . . . 2 NURSE . . . . . 3 NURSING ASSISTANT . . . . . 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
910a	Which ARV drugs are prescribed in this clinic/unit? CIRCLE ALL THAT APPLY AFTER THE RESPONSE, READ THE NAME OF EACH DRUG THAT IS NOT MENTIONED TO VERYIFY THAT THE DRUG I S NOT PRESCRIBED BY THE CLINIC/UNIT.	AZT+3TC . . . . . A ZIDOVUDINE (ZDV,AZT) . . . . . B ADACAVIR/ABC . . . . . C DIDANOSINE/DDL . . . . . D EFAVIRENZ/EFZ . . . . . E LAMIVUDINE/3TC . . . . . F NEVIRAPIN/NVP . . . . . G NRTI (TENOFOVIR DISOPROXIL FUMARATE/VIREAD . . . . . H PROTEASE INHIBITORS (INDINAVIR [CRIXIVAN], NELFINAVIR [VIRACEPT], RITONAVIR [NORVIR], SAQUINAVIR [INVIRASE]) . . . . . I STAVUDINE/D4T . . . . . J OTHER _____ W (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
911	What criteria used for placing clients on ARV Therapy. For each stage of AIDS that I will describe & each criteria I mention please indicate if a client at that stage is eligible for ART from this facility. READ EACH STAGE AND EACH CRITERIA AND CIRCLE ALL THAT APPLY		

	WHO stage 1 = No symptoms of illness WHO stage 2 = SOME SYMPTOMS, MOSTLY AMBULATORY WHO STAGE 3 = SOME SYMPTOMS, IN BEDMORE THAN NORMAL WHO STAGE 4 = SOME SYMPTOMS, MOST OF TIME IN BED	ELIGIBILITY CRITERIA					
		CLIENT NOT ELIGIBLE	SOCIAL OR ADHERENCE	CD4+ T LYMPH. COUNT	HIV VIRAL LOAD	COMMIT-TEE	DOCTOR'S OPINION
02	WHO stage 1 - No symptoms and pregnant	A	B	C	D	E	F
03	WHO stage 2 - Symptomatic	A	B	C	D	E	F
04	WHO stage 2 - Symptomatic and pregnant	A	B	C	D	E	F
05	WHO stage 3 - Symptomatic	A	B	C	D	E	F
06	WHO stage 3 - Symptomatic and pregnant	A	B	C	D	E	F
07	WHO stage 4 - Symptomatic	A	B	C	D	E	F
08	WHO stage 4 - Symptomatic and pregnant	A	B	C	D	E	F
09	Current active life-threatening OI disease (e.g., TB, meningitis)	A	B	C	D	E	F
10	Newborn of HIV infected mother	A	B	C	D	E	F

912	Are social or other criteria related to the client's personal situation considered prior to starting ART? IF YES, Tell me which ones READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	GEOGRAPHIC CRITERIA . . . . . A PROOF OF CAPACITY TO ATTEND CLINIC REGULARLY . . . . . B DISCLOSURE TO SIGNIFICANT OTHER (IF APPLICABLE) . . . . . C NO ART IF SOCIAL PROBLEM: ALCOHOLIC . . . . . D DRUG ADDICT . . . . . E MENTAL ILLNESS . . . . . F HOMELESS G OTHER _____ X (SPECIFY) NO SOCIAL CRITERIA APPLIED . . . . Y	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
913	Are adherence criteria considered prior to starting ART? IF YES, ASK: which ones? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	CONSISTENT USE OF COTRIM . . . . A REQUIRED PRE-ART CLINIC VISITS MADE ON TIME . . . . . B TREATMENT ASSISTANT IDENTIFIED . . . . . C OTHER _____ X (SPECIFY) NO ADHERENCE CRITERIA APPLIED . . . . . Y	
914	Is a total lymphocyte count (TLC) always done prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY . . . . . 1 YES, CLIENT GOES ELSEWHERE . . . . . 2 YES, BLOOD SENT ELSEWHERE . . . . . 3 NO 4	→ 916
915	After the initial TLC test, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically? IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION . . . . . 1 EVERY MONTH . . . . . 2 EVERY 2-3 MONTHS . . . . . 3 EVERY 4-6 MONTHS . . . . . 4 EVERY YEAR . . . . . 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP 7	
916	Is a CD4 T Cell count always determined prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY . . . . . 1 YES, CLIENT GOES ELSEWHERE . . . . . 2 YES, BLOOD SENT ELSEWHERE . . . . . 3 NO 4	→ 918
917	After the initial CD4 T cell count, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically? IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION . . . . . 1 EVERY MONTH . . . . . 2 EVERY 2-3 MONTHS . . . . . 3 EVERY 4-6 MONTHS . . . . . 4 EVERY YEAR . . . . . 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP 7	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
918	Is an HIV RNA Viral load level always done prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY . . . . . 1 YES, CLIENT GOES ELSEWHERE . . . . . 2 YES, BLOOD SENT ELSEWHERE . . . . . 3 NO 4	→ 920
919	After the initial HIV RNA Viral load level, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically? IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION . . . . . 1 EVERY MONTH . . . . . 2 EVERY 2-3 MONTHS . . . . . 3 EVERY 4-6 MONTHS . . . . . 4 EVERY YEAR . . . . . 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP 7	

920	For each of the following test, please tell me if the test is conducted routinely, selectively, or never, before starting ART.	TEST CONDUCTED ROUTINELY	SELECTIVELY	NEVER	DK
01	Blood count/CBC	1	2	3	8
02	Serum transaminases	1	2	3	8
03	Pregnancy test for women	1	2	3	8
04	Serum creatinine	1	2	3	8
05	Urinalysis	1	2	3	8
06	Liver function tests	1	2	3	8
07	Chest X-ray	1	2	3	8
08	Acid-fast- bacilli (TB Sputum test)	1	2	3	8
09	PPD (Mantoux test)	1	2	3	8
10	Any other routine tests _____ (SPECIFY)	1	2		

NO.	QUESTIONS	CODING CATEGORIES				GO TO
921	When a client is started on ART, are any of the following types of counseling offered? IF YES, RECORD WHETHER THE COUNSELING IS ALWAYS OFFERED OR SOMETIMES OFFERED.	ALWAYS	SOMETIMES	NEVER	DON'T KNOW	
01	Pre-treatment medication counseling?	1	2	3	8	
02	Follow-up counseling to discuss adherence to ART medicines?	1	2	3	8	
03	Follow-up counseling to discuss adherence to medication plan in presence of significant others?	1	2	3	8	
922	IF ANY ITEM IN Q921 IS CODED '1' (ALWAYS), ASK: Who provides the counseling for ART medicines? AND CIRCLE ALL THAT APPLY. IF NONE OF THE RESPONSES IN 921 ARE CODED '1', CIRCLE 'Y', "NO COUNSELING".	PRESCRIBING PHYSICIAN OR CLINICAL OFFICER . . . . . A MEDEX B REGISTERED NURSE . . . . . C TRAINED COUNSELOR . . . . . D PHARMACIST . . . . . E OTHER _____ X (SPECIFY) NO COUNSELING . . . . . Y				→ Q924
923	Have all of the people you just mentioned, who provide counseling for ART medicines been trained in counseling for adherence to ART?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8				
924	Are there any fees collected for any services or items related to ARV treatment?	YES . . . . . 1 NO 2				→ 926

NO.	QUESTIONS	CODING CATEGORIES			GO TO
925	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	YES	(a) FEE NO	NA	(b) AMOUNT IN GY$
01	FEE FOR ARV CLIENT CARD/CHART	1 → 01b	2 → 02	3 → 02	
02	FEE FOR CONSULTATION SERVICE	1 → 02b	2 → 03	3 → 03	
03	FEE FOR ARV MEDICINE	1 → 03b	2 → 04	3 → 04	
04	FEE FOR LAB TEST CD4 COUNT	1 → 04b	2 → 05	3 → 05	
05	OTHER _____ (SPECIFY)	1 → 05b	2 → 926		

926	For each service mentioned, can you show me any written procedures (manual) that you use in the clinic.	OBSERVED COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	National procedures for VCT	1 → 03	2	3	4
02	HIV testing procedures	1	2	3	4
03	Guidelines to Antiretroviral Drug Therapy in Guyana	1 → 08	2	3	4
04	Eligibility criteria for ART	1	2	3	4
05	ART standard treatment regimes for adults	1	2	3	4
06	ART standard treatment regimes for children	1	2	3	4
07	Drug interactions	1		3	4
08	Detection of side-effects/toxicity	1		3	4
09	Referral criteria	1		3	4
10	Standard reporting system	1		3	4
11	Counseling for adherence to antiretroviral therapy	1		3	4

NO.	QUESTIONS	CODING CATEGORIES	GO TO
927	Where is information for patients receiving ART through this clinic/unit recorded? CIRCLE ALL THAT APPLY.	GENERAL OPD REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS . . . . . A SPECIFIC REGISTER FOR HIV/AIDS CLIENTS . . . . . B SPECIFIC REGISTER ONLY FOR CLIENTS RECEIVING ART . C INDIVIDUAL CLIENT CHART/RECORD . . . . . D COMPUTER . . . . . E NO RECORD KEPT . . . . . Y	→ 940
928	ASK TO SEE THE REGISTER/CLIENT CHART/ COMPUTER RECORDS, AND INDICATE THE DATE OF THE MOST RECENT TIME ART WAS PROVIDED.	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 REGISTER/RECORDS NOT SEEN 3	→ 937
929	How many patients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF CLIENTS ON ART [ ][ ][ ][ ] NONE 0000	
930	How many female patients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF FEMALE CLIENTS ON ART [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	
931	Among currently registered ART clients how many regularly attend the clinic for follow-up?	NUMBER OF REGULAR ART CLIENTS [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	
932	Among currently registered ART clients, how many are irregular in their treatment, that is, have missed 2 or more appointments in the past 6 months?	NUMBER OF IRREGULAR ART CLIENTS [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
933	During the past 12 months, how many ART clients have died?	NUMBER OF CLIENTS DIED [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	→ 935
934	INDICATE MONTHS OF DATA IN Q933	MONTHS OF DATA [ ][ ]	
935	During the past 12 months, how many ART clients have been lost to follow-up?	NUMBER OF CLIENTS LOST TO FOLLOW-UP [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	→ 937
936	INDICATE MONTHS OF DATA IN Q 935	MONTHS OF DATA [ ][ ]	
937	Are reports regularly compiled on the numbers of clients receiving ART?	YES . . . . . 1 NO 2	→ 940
938	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	YES, MONTHLY OR MORE OFTEN 1 YES, EVERY 2-3 MONTHS . . . . . 2 YES, EVERY 4-6 MONTHS . . . . . 3 YES LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 940
939	To whom do you send these reports? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B REGIONAL HEALTH OFFICER . . . . C MINISTRY OF HEALTH (MCH, NAPS, INFECT DISEASE) . . . . . D OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
940	Is an individual client chart or record maintained for all ART clients? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, CHART/RECORD AVAILABLE IN OTHER CLINIC/UNIT, THIS FACILITY . . . . 3 ENTER CLINIC/UNIT NUMBER [ ][ ] NO 4	
941	Do you have a system for making individual client appointments for follow-up? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 943
942	Does the appointment system indicate if the client kept the appointment or not?	YES . . . . . 1 NO 2	
943	Does this facility provide nutrition counseling services for HIV/AIDS patients? BY NUTRITIONAL REHABILITATION WE MEAN CLIENT EDUCATION ABOUT EATING WELL, EARLY IDENTIFICATION OF DEFICIENCIES, AND DOES THE FACILITY PROVIDE PROTIEN SUPPLEMENT (FPS)? IF YES, Which of the following components are a part of the nutritional rehabilitation services. READ RESPONSES AND CIRCLE ALL THAT APPLY.	NUTRITIONAL COUNSELING . . . . . A TEACH EARLY IDENTIFICATION OF DEFICIENCIES . . . . . B PROVIDE VITAMINS . . . . . C PROVIDE FORTIFIED PROT. SUPP. . . . . D PROVIDE PORRIDGE MIX . . . . . E PROVIDE OTHER DIET SUPPLEMENT _____ X (SPECIFY) NO SERVICES . . . . . Y	
944	Does this facility have links with community based health workers? IF YES, ASK: What types of services do the community based workers provide? CIRCLE ALL THAT APPLY	YES, DISTRIBUTE ARVs . . . . . A YES, CLIENT TREATMENT SUPPORT B YES, HOME CARE . . . . . C YES, OTHER _____ X (SPECIFY) NO . . . . . Y	→ Q950

NO.	QUESTIONS	CODING CATEGORIES	GO TO
945	When clients are referred to community based health workers, do you have a formal system for making the referral, such as a referral slip or other means? IF YES: What method do you use?	YES, REFERRAL SLIP OBSERVED . . . . . 1 YES, REFERRAL SLIP NOT OBSERVED . . . . . 2 PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . 3 CALL TO GIVE CLIENT INFORMATION . . . . . 4 OTHER _____ 6 (SPECIFY) NO METHOD 7	
946	When community based health workers refer clients to the facility, is there a formal system for making the referral such as a referral slip or other means? IF YES, What method is used?	YES, REFERRAL SLIP OBSERVED . . . . . 1 YES, REFERRAL SLIP NOT OBSERVED . . . . . 2 PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . 3 CALL TO GIVE CLIENT INFORMATION . . . . . 4 OTHER _____ 6 (SPECIFY) NO METHOD 7	
947	Do you have a reporting format that the community health worker completes, or that facility staff complete for the community work? IF YES, ASK TO SEE A COPY OF A RECENT REPORT	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
948	Is there a system for periodic supervision of the community health worker? IF YES, ASK TO SEE EVIDENCE OF A SYSTEM SUCH AS A SUPERVISORY SCHEDULE OR REPORT	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
949	When was the most recent training session for community health workers who are linked with this facility?	WITHIN PAST 30 DAYS . . . . . 1 WITHIN PAST 2--6 MONTHS . . . . . 2 WITHIN PAST 7-12 MONTHS . . . . . 3 MORE THAN 12 MONTHS AGO . . . . 4 NO TRAINING 5	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
950	Other than ART services, does this clinic/unit ever provide any care or support services for clients who are suspected of CARE AND SUPPORT MEANS ANY PREVENTIVE CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, SOCIAL SERVICES, OR HIV TESTS.	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY . . . . . 2 ENTER CLINIC/UNI NUMBER [ ][ ] NO, CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 OTHER _____ 6 (SPECIFY)	→ OPD OR IPD QRE → 958
951	Do staff in this unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS UNIT . . . . . 1 YES, PEP PROVIDED IN ANOTHER UNIT THIS FACILITY . . . . . 2 YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 3 NO PEP AVAILABLE 4	→ 953 → 958
952	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . . . . . 1 RECORD SHOWS REFERRAL ONLY 2 NO RECORD OF REFERRAL 3	→ 957 → 957 → 957
953	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 958
954	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES . . . . . 1 NO 2	→ 958
955	Are there any written procedures for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, NOT COMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4	
956	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
957	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
958	RECORD THE TIME AT END OF INTERVIEW [ ][ ] : [ ][ ]		
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION J: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES

Code of facility: [ ][ ] REGION [ ][ ] FACILITY

QRE TYPE [J]

Interviewer: Code [ ][ ]

1000	INDICATE THE SERVICE SETTING FOR THIS SECTION	**OUTPATIENT** ANTENATAL CARE . . . . . 03 LABOR & DELIVERY (outpatient) . . . . . 06 **INPATIENT** DELIVERY SERVICES . . . . . 26 **OTHER CLINIC/UNIT** ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] **OTHER** _____ . . 96 (SPECIFY)	
1001	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) 04 SEMIAUTONOMOU . . . . . 05 OTHER _____ . . . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]	
1002	HOW ARE THE PMTCT SERVICES ORGANIZED?	PMTCT CLINIC/UNIT INTEGRATED WITHIN ANC CLINIC/UNITS . . . . . 1 OTHER _____ . . 6 (SPECIFY)	

My name is _____. We are here on behalf of GRPA and MOH to find out what services you have dealing with HIV/AIDS. Your facility was chosen tob e a part of this study. We will be asking several questions about HIV/AIDS care and support services. That is medical, psychological, emotional, and social needs of patients living with HIV/AIDS and their families.

First, I will read you a statement explaining the survey. Then I will ask for your consent to answer the survey questions.

We are interested in care and support that you provide for clients who you either suspect are HIV-infected and those who are confirmed by blood test. We would like to see registers of these patients, but will not be using the information otherwise. Names from the register will not be reviewed, recorded, or shared.

Besides the organizations conducting the survey, the information you share about services and systems currently available at your facility will be made available only to program planners at Famiy Health International so they can plan program improvements. You will not be identified by name as giving any particular answers to these questions.

Do not worry if you cannot provide all the answers. You can stop the interview at anytime if you do not wish to answer any questions. Hovever, the information you provide is extremely valuble. It will help health facilities improve care and support for HIV/AIDS so they can formulate policies and deliver better services, so we hope you will agree to participate.

Do you have any questions?

1003	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
1004	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] : [ ][ ]	DATE [ ][ ][ ][ ] D D M M	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1005	Please identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS who are **on duty today**. THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
1007	Which services or units have referred patients for PMTCT to this clinic/unit in the last 6 months? READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.	GENERAL OPD CLINIC/UNIT . . . . . A SPECIALTY OPD CLINIC/UNIT . . . . . B MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS . . . . . C VCT OR CT CLINIC/UNITS . . . . . D FAMILY PLANNING . . . . . E GENERAL INPATIENT UNITS . . . . . F HIV/AIDS INPATIENT UNIT . . . . . G OUTSIDE FACILITY/SITE . . . . . H OTHER CLINIC/UNIT THIS FACILITY . . . . . W ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER _____ . . . . . X SPECIFY	
1008	How many months have PMTCT services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . [ ][ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1009	For each PMTCT-related service mentioned, tell me if providers in this clinic offer the service, refer a client, or do not offer the service to pregnant women at all.					
	SERVICE	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL
		OUTPATIENT		INPATIENT SERVICE ONLY		
		PROVIDE SERVICE IN THIS CLINIC/ UNIT	REFER TO OTHER CLINIC/ UNIT THIS FACILITY			
01	HIV testing	1	2	3	4	5
02	Group pretest information or counseling	1	2	3	4	5
03	Individual HIV pretest information or counseling	1	2	3	4	5
04	Couple pretest information or counseling	1	2	3	4	5
05	Individual HIV post-test counseling	1	2	3	4	5
06	Couple HIV post-test counseling	1	2	3	4	5
07	Couple counseling for women who are HIV positive	1	2	3	4	5
08	Counseling on infant feeding to HIV positive women	1	2	3	4	5
09	Counseling on maternal nutrition to HIV positive women	1	2	3	4	5
10	Counseling on family planning	1	2	3	4	5
11	Family planning services	1	2	3	4	5
12	ARV prophylaxis for woman	1	2	3	4	5
13	ARV prophylaxis for newborn	1	2	3	4	5
14	Breast-milk substitutes for newborns of HIV positive women	1	2	3	4	5
15	Follow up counseling for HIV positive women	1	2	3	4	5
18	Women-to-Women support groups	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1010	Does this unit have any procedures (manual) for PMTCT services? IF YES, ASK ABOUT EACH OF THE FOLLOWING PROCEDURE MANUALS	YES . . . . . 1 NO 2	→ 1011
	PROCEDURE MANUALS	OBSERVED, COMPLETE / OBSERVED, INCOMPLETE / REPORTED, NOT SEEN / NOT AVAILABLE	
01	National procedure manual on PMTCT	1 → 1011 / 2 / 3 / 4	
02	Other procedure manual on counseling for the prevention of mother-to-child transmission (PMTCT)	1 / 2 / 3 / 4	
1011	DOES THIS UNIT EVER PROVIDE PMTCT SERVICES FOR OUTPATIENT CLIENTS?	YES . . . . . 1 NO 2	→ 1069
1012	CHECK QUESTION 1009 (01) TO SEE IF HIV TESTING IS OFFERED TO PREGNANT WOMEN. IF YES, ASK: What procedure is used for testing new ANC clients? RECORD THE RESPONSE THAT BEST REFLECTS THE PRACTICE. PROBE IF NECESSARY.	OFFERED WHEN VOLUNTARILY REQUESTED BY PREGNANT WOMAN . . . . . 1 OFFERED TO ALL ANC CLIENTS AT FIRST VISIT . . . . . 2 OFFERED SELECTIVELY TO ANC CLIENTS AT FIRST VISIT, BASED ON SOCIAL/MEDICAL HISTORY . . . . . 3 OTHER _____ . . . . . 6 SPECIFY NO HIV TESTING 7	→ 1017
1013	How many days each week are HIV tests available in this facility for pregnant women?	DAYS PER WEEK [ ] DON'T KNOW 8	
1014	Where is the HIV test for ANC clients carried out? CLARIFY THE RESPONSE THAT REFLECTS THE MOST COMMON PRACTICE.	THIS CLINIC/UNIT . . . . . 01 OTHER SITES IN THIS FACILITY CLIENT SENT TO VCT/CT SITE . . . . . 02 OTHER PMTCT-ONLY SITE 03 CLIENT SENT TO OTHER OPD SITE . . . . . 04 SPECIFY WHICH CLINIC/UNIT [ ][ ] BLOOD DRAWN IN THIS CLINIC AND SENT TO LAB . . . . . 05 CLIENT SENT TO LAB . . . . . 06 CLIENT REFERRED OUTSIDE FACILITY VCT/CT SITE . . . . . 07 PMTCT-ONLY SITE . . . . . 08 AFFILIATED LABORATORY . . . . . 09 NON-AFFILIATED OTHER LOCATION . . . . . 10 OTHER _____ . . . . . 96 SPECIFY	→ 1017 → 1017 → 1017 → 1017 → 1017 → 1017 → 1017

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1015	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE NON-LATEX GLOVES	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	CONDOMS	1	2	3	
13	RAPID TEST FOR HIV	1	2	3	
14	DISPOSABLE NEEDLES	1	2	3	
15	DISPOSABLE SYRINGES	1	2	3	
16	CHAIR/BED				
17	ALCOHOL PREP	1	2	3	
1016	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			
1017	CHECK Q1009 (02, 03, AND 04) TO SEE IF ANY PRE OR POST-TEST COUNSELING OR INFORMATION IS PROVIDED BY THIS CLINIC/UNIT.	YES . . . . . 1 NO 2			→ 1023

1018	When a client from this clinic/unit is referred for or receives an HIV test,are they first counseled here? IF COUNSELING IS ROUTINELY OFFERED, ASK IF THE COUNSELOR IS ALWAYS TRAINED.	COUNSELING ROUTINELY PROVIDED		COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT	DON'T KNOW
		ALWAYS BY TRAINED COUNSELOR	NOT ALWAYS BY TRAINED COUNSELOR		
01	Pretest counseling	1	2	3	8
02	Post-test for positive results	1	2	3	8
03	Post-test for negative results	1	2	3	8
04	Follow-up counseling for HIV/AIDS clients (after initial post-test counseling).	1	2	3	8

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1019	Do you have any procedure manual related to HIV test counseling?	YES, procedure manual AVAILABLE . . . . . 1 NO procedure manual AVAILABLE 2	→ 1021

1020	COUNSELING procedure manual FOR:	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	National procedure manual for PMTCT	1 → 03	2	3	4
02	Other procedure manual for PMTCT	1	2	3	4
03	National procedure manual for VCT	1 → 08	2	3	4
04	Other procedure manual for VCT	1 → 08	2	3	4
05	Pretest counseling	1	2	3	4
06	Post test counseling for positive results	1	2	3	4
07	Post test counseling for negative results	1	2	3	4
08	Written policy stating all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling	1	2	3	4
09	HIV testing procedures	1	2	3	4
10	Policy on informed consent	1	2	3	4
11	Policy on confidentiality regarding disclosure of HIV status	1	2	3	4
12	Confidentiality policy specifically mentions family members will not be informed without client consent	1	2	3	4

1021	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . . 2 NO 3	→ HW QRE
1022	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . . . . 3 NO PRIVACY 4	
1023	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT . . . . . 1 YES, OTHER LOCATION . . . . . 2 NO 3	→ 1027 → 1027
1024	Are there written procedures or a procedure manual on the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE.	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, NOT COMPLETE . . . . . 2 YES, REPORTED NOT SEEN . . . . . 3 NO 4	
1025	Do you have a staff member trained in providing youth friendly services? IF YES, ASK: are they here today? IF YES, IDENTIFY THE PROVIDER FOR INTERVIEW.	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . . 2 NO 3	→ HW QRE

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1026	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED AND TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT YFS. What are the key components of the youth friendly services you offer? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM . . . . . A DISCOUNT FEES . . . . . B NO FEES . . . . . C OTHER _____ . . . . . X (SPECIFY)	
1027	Are newborns of HIV positive women routinely tested for HIV as soon as possible after birth?	YES, FOR ALL HIV POSITIVE WOMEN . . . . . 1 YES, FOR FACILITY DELIVERIES ONLY . . . . . 2 NO, ROUTINELY TESTED AT 18 MONTHS . . . . 3 NO, ROUTINELY TESTED AT OTHER INTERVAL (PUT INTERVAL) [ ][ ] NO 4	MONTHS
1028	CHECK Q1009 (12) AND (13) TO SEE IF THE FACILITY PROVIDES ARV PROPHYLAXIS FOR PREGNANT WOMEN OR NEWBORNS.	YES . . . . . 1 NO 2	→ Q1033
1029	Which antiretroviral medicines are used to prevent transmission of HIV from mother to child? CIRCLE ALL THAT APPLY	NEVIRAPINE ALONE . . . . . A ZIDOVUDINE ALONE . . . . . B ZIDOVUDINE AND LAMIVUDINE TOGETHER . . . . . C ZIDOVUDINE AND NEVIRAPINE . . . . . D OTHER _____ . X SPECIFY	
1030	Are there written procedures or (manual) for administration of ARV prophylaxis for PMTCT? IF YES, ASK TO SEE THE GUIDELINE/PROTOCOL	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1031	What is the practice for providing the ARV prophylaxis to the HIV positive woman? CIRCLE ALL THAT APPLY	PROVIDE AT TIME OF DELIVERY TO WOMEN WHO DELIVER IN FACILITY . . . . . A OTHER _____ . . . . . X SPECIFY	
1032	How do you provide ARV prophylaxis to the newborn of the HIV positive woman? CIRCLE ALL THAT APPLY.	PROVIDE TO NEWBORN AS SOON AS POSSIBLE AFTER BIRTH . . . . . A OTHER _____ . . . . . X SPECIFY NO ARV PROPHYLAXIS FOR NEWBORN . . . . . Y	
1033	Are there any fees charged for any services or items related to PMTCT services?	YES . . . . . 1 NO 2	→ 1035

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1034	For each of the following is there any routine charge, and if so, how much?	YES / (a) FEE NO / NA / (b) AMOUNT IN GY$	
01	HIV test	1 → 01b; 2 → 02; 3 → 02	
02	Antiretroviral prophylaxis for mother	1 → 02b; 2 → 03; 3 → 03	
03	Antiretroviral prophylaxis for newborn	1 → 03b; 2 → 04; 3 → 04	
04	OTHER _____ (SPECIFY)	1 → 04b; 2 → 1035	
1035	Can I look at the ANC register/record, including the one where HIV testing and counseling is recorded?		
	REGISTER OF FIRST-VISIT ANC CLIENTS PROBE FOR 12 MONTHS WORTH	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	 → 1038 → 1038
1036	RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS DURING THE PAST 12 MONTHS.	NUMBER OF FIRST VISIT ANC CLIENTS	
1037	INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN Q 1036.	MONTHS OF DATA	
1038	CHECK Q1009 (02): IS "1" CIRCLED, INDICATING GROUP PRE-TEST INFORMATION IS PROVIDED?	YES ..... 1 NO 2	 → 1041
1039	RECORD OF GROUP PRE-TEST SESSIONS HELD.	YES, NUMBER OF SESSIONS NO 995	 → Q 1041
1040	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA	
1041	REGISTER OF INDIVIDUAL PRE AND POST-TEST COUNSELING.	YES ..... 1 NO 2	 → 1045

NO.	QUESTIONS	CODING CATEGORIES	GO TO

1042	RECORD THE NUMBER OF ANC CLIENTS FROM THE REGISTER FOR THE FOLLOWING	(a) RECORD/REGISTER: OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	(b) NUMBERS FROM OBSERVED RECORDS: NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL ANC CLIENTS RECEIVING RAPID HIV TEST	1 → b	2 → 02	3 → 02		07
02	TOTAL ANC CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → b	2 → 03	3 → 03		
03	TOTAL ANC CLIENTS RECEIVING POST-TEST COUNSELING	1 → b	2 → 04	3 → 04		
04	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST (RAPID & OTHER)	1 → b	2 → 05	3 → 05		
05	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST RESULTS	1 → b	2 → 06	3 → 06		
06	TOTAL ANC CLIENTS WITH POSITIVE HIV TESTS WHO RECEIVED TEST RESULTS	1 → b	2 → 07	3 → 07		
07	TOTAL ANC CLIENTS WITH POSITIVE HIV TEST	1 → b	2 → 1043	3 → 1043		

1043	IS THE INFORMATION IN Q1036 AND Q1042 FOR THE SAME GROUP OF WOMEN?	YES . . . . . 1 NO 2	
1044	WHAT IS THE MOST RECENT DATE RECORDED FOR EITHER PRE OR POST TEST COUNSELING?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS . . . . . 2 NO DATE RECORDED . . . . . 3 NO COUNSELING PROVIDED 4	 → 1046 → 1046
1045	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN . . . . . 2 NO 3	
1046	Is there any record of the HIV status of infants born to HIV positive women?	YES . . . . . 1 NO RECORD . . . . . 2 HIV STATUS NOT ASSESSED 3	 → 1050 → 1050

NO.	QUESTIONS	CODING CATEGORIES	GO TO

		(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
1047	ASK TO SEE ANY RECORD OR REGISTER OF HIV POSITIVE WOMEN AND THE HIV STATUS OF THEIR INFANT FOR THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE	OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF INFANTS	MONTHS OF DATA
01	TOTAL NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN.	1 → b	2 → 02	3 → 02		
02	NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN WHO WERE TESTED FOR HIV	1 → b	2 → 03	3 → 03		
03	NUMBER OF HIV POSITIVE INFANTS	1 → b	2 → 1048	3 → 1048		

1048	CLARIFY WITH THE RESPONDENT WHETHER THE INFANTS IN Q1047 INCLUDE ONLY THOSE WHOSE MOTHERS RECEIVED PMTCT THRU ANC ONLY, THOSE WHO DELIVERED IN THE FACILITY, OR IF THEY ARE INFANTS FROM HIV POSITIVE WOMEN REGARDLESS OF WHETHER THEY WERE ANC OR DELIVERY CLIENTS.	INFANTS OF ANC PMTCT WOMEN ONLY . . . . . 1 INFANTS OF WOMEN WHO DELIVER IN FACILITY ONLY . . . . . 2 INFANTS OF HIV POSITIVE WOMEN IDENTIFIED EITHER IN ANC OR AT DELIVERY . . . . . 3 DON'T KNOW 8	
1049	ARE THE INFANTS IN Q1047 LINKED WITH THE HIV POSITIVE WOMEN IN Q1042 (07)?	YES . . . . . 1 NO 2	
1050	Are any reports regularly compiled on the pregnant women or infants in this clinic who receive testing or counseling services related to HIV/AIDS? IF YES, CLARIFY WHETHER THE REPORTS PROVIDE INFORMATION ON PREGNANT WOMEN AND CIRCLE THE RESPONSE THAT BEST REFLECTS THE PRACTICE.	YES, REPORTS COMBINE PREGNANT AND NON-PREGNANT CLIENTS . . . . . 1 YES, PREGNANT CLIENTS REPORTED SEPARATELY . . . . . 2 YES, FOR CONFIRMED HIV/AIDS ONLY PREGNANT CLIENTS SPECIFIED . . . . . 3 YES, FOR CONFIRMED HIV/AIDS ONLY PREGNANCY STATUS NOT SPECIFIED . . . . 4 NO 5	→ 1054
1051	Which statistics do you submit for pregnant women? CIRCLE ALL THAT APPLY	NUMBER OF PREGNANT WOMEN RECEIVING PRETEST COUNSELING . . . . . A RECEIVING POST TEST COUNSELING . . . . . B TESTED FOR HIV . . . . . C INFANTS OF HIV POSITIVE WOMEN WHO ARE TESTED FOR HIV . . . . . D	
1052	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	YES, MONTHLY OR MORE OFTEN . . . . . 1 YES, EVERY 2-3 MONTHS . . . . . 2 YES, EVERY 4-6 MONTHS . . . . . 3 YES LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 1054
1053	Where are reports on pregnant women receiving services related to testing for HIV in this clinic sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B REGIONAL HEALTH OFFICER C MINISTRY OF HEALTH . . . D (MCH, NAPS, INFECT DISEASE) OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1054	CHECK Q 1009 (12) TO SEE IF ARV PROPHYLAXIS FOR PMTCT IS OFFERED.	YES . . . . . 1 NO 2	→ 1063
1055	Is there a record that indicates the HIV positive ANC clients who received the ARV prophylaxis during the past 12 months? IF YES, ASK TO SEE THE RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 1060 → 1060
1056	How many of the HIV positive ANC clients in 1042 (07) have already delivered?	NUMBER HIV + DELIVERED [ ][ ][ ][ ] DON'T KNOW 9998	→ 1058
1057	How many clients in 1056 received ARV prophylaxis?	NUMBER WOMEN RECEIVING ARV PROPHYLAXIS . . . . . [ ][ ][ ][ ] DON'T KNOW 9998	
1058	Among all HIV positive ANC clients in Q 1042 (7) how many received ARV prophylaxis?	NUMBER WOMEN RECEIVING ARV PROPHYLAXIS . . . . . [ ][ ][ ][ ] DON'T KNOW 9998	
1059	How many of the infants born to HIV positive ANC clients 1042 (07) have received ARV prophalaxis?	NUMBER NEWBORN RECEIVING ARV PROPHYLAXIS . . . . . [ ][ ][ ][ ] DON'T KNOW 9998	
1060	Do you submit reports on the HIV positive ANC clients who receive ARV prophylaxis through this clinic?	YES . . . . . 1 NO 2	→ 1063
1061	How often do you submit these reports?	MONTHLY OR MORE FREQUENTLY . . . . . 1 QUARTERLY . . . . . 2 OTHER _____ 6 (SPECIFY)	
1062	Where are reports on ANC clients receiving ARV prophylaxis for HIV/AIDS through this clinic sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B REGIONAL HEALTH OFFICER C MINISTRY OF HEALTH . . . D (MCH, NAPS, INFECT DISEASE) OTHER _____ X (SPECIFY)	
1063	Is there a register or record where a record is maintained for women receiving PMTCT services that specifies when they received a given service? IF YES, ASK TO SEE THE REGISTER/RECORD (THIS INFORMATION MAY BE RECORDED ON INDIVIDUAL CLIENT CARDS)	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 1065 → 1065

NO.	QUESTIONS	CODING CATEGORIES	GO TO

		(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
1064	AMONG WOMEN CURRENTLY RECEIVING PMTCT SERVICES, RECORD THE CORRECT RESPONSE. IT MAY BE NECESSARY TO REVIEW ANC AS WELL AS PMTCT RECORDS TO COLLECT THE INFORMATION.	OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL ANC CLIENTS RECEIVING PRIMARY PREVENTIVE COUNSELING (EITHER GROUP OR INDIVIDUAL) PAST 12 MONTHS	1 → b	2 → 02	3 → 02		
02	TOTAL HIV POSITIVE WOMEN RECEIVING PRIMARY PREVENTIVE COUNSELING PAST 12 MONTHS	1 → b	2 → 03	3 → 03		
03	TOTAL HIV POSITIVE WOMEN RECEIVING COUNSELING ON FAMILY PLANNING PAST 12 MONTHS	1 → b	2 → 04	3 → 04		
04	TOTAL HIV POSITIVE WOMEN RECEIVING INFANT FEEDING COUNSELING PAST 12 MONTHS	1 → b	2 → 05	3 → 05		
05	TOTAL HIV POSITIVE WOMEN RECEIVING COUPLES COUNSELING PAST 12 MONTHS	1 → b	2 → 1065	3 → 1065		

1065	CHECK 1009 (16) IF ARV THERAPY FOR TREATMENT IS PROVIDED TO HIV POSITIVE WOMEN.	YES . . . . . 1 NO 2	→ 1069
1066	Is there any record of the HIV positive women who are receiving ARV therapy for treatment or who have been referred for treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1067	CHECK 1009 (17) IF ARV THERAPY FOR TREATMENT IF PROVIDED TO FAMILY OF HIV POSITIVE WOMEN	YES . . . . . 1 NO 2	→ 1069
1068	Is there any record of the family members of HIV positive women who have been referred for ARV treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1069	Are deliveries conducted in this facility?	YES . . . . . 1 NO 2	→ 1077
1070	CHECK TO SEE WHERE INFORMATION FOR PMTCT SERVICES FOR WOMEN DELIVERING IN THE FACILITY ARE KEPT. GO TO DELIVERY AND CONTINUE.	IN THIS CLINIC/UNIT . . . . . 1 DELIVERY/MATERNITY 2	→ 1075

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1071	Is the HIV HIV STATUS routinely determined for all women who deliver in the facility? IF YES, RECORD ALL ACCEPTED METHODS FOR ASSESSING HIV STATUS	CLIENT HISTORY . . . . . A CLIENT ANC RECORD . . . . . B TESTING . . . . . C OTHER _____ X SPECIFY HIV STATUS NOT ASSESSED . . . . . Y	
1072	Is there a written proceedure for ARV prophylaxis for PMTCT to HIV positive women who deliver in this facility? IF YES, ASK TO SEE THE POLICY (THIS MAY BE PART OF THE POLICY OBSERVED IN Q1010).	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1073	Is there a register or record where the HIV positive women who deliver in the facility and receive the ARV at the time of delivery are recorded? IF YES, ASK TO SEE THE REGISTER (THIS MAY BE THE SAME REGISTER AS THAT OBSERVED IN Q1031)	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 → 1075 NO . . . . . 3 → 1075	

1074	ASK TO SEE RELEVANT RECORDS FOR THE DATA REQUESTED BELOW FOR THE PAST 12 MONTHS AND RECORD THE CORRECT RESPONSE.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL DELIVERIES IN THE FACILITY	1 → b	2 → 02	3 → 02		
02	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY	1 → b	2 → 03	3 → 03		
03	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY AND RECEIVING ARV PROPHYLAXIS	1 → b	2 → 1075	3 → 1075		

1075	Is there any procedure manual for delivery of HIV positive women? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1076	What delivery practices are implemented in this unit, to decrease mother to child transmission of HIV? DO NOT READ RESPONSES. CIRCLE ALL THAT ARE MENTIONED.	NO ROUTINE EPISIOTOMY . . . . . A MINIMIZE INSTRUMENT DELIVERY . . . . . B HIBITANE VAGINAL CLEANSING . . . . . C MINIMIZE VAGINAL EXAM . . . . . D MINIMIZE ARTIFICIAL RUPTURE MEMBRANES . . . . . E CAESAREAN SECTION . . . . . F OTHER _____ X (SPECIFY) NONE . . . . . Y DON'T KNOW . . . . . Z	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
	ASK TO SEE THE DELIVERY ROOM AND ASSESS IT FOR THE FOLLOWING.				
1076a	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE NON-LATEX GLOVES	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
16	DISPOSABLE SYRINGES	1	2	3	
17	EXAMINATION TABLE	1	2	3	
18	ALCOHOLS AND COTTON	1	2	3	
1077	Do staff in this unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS UNIT . . . . . 1 YES, PEP PROVIDED IN ANOTHER UNIT IN FACILITY 2 YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 3 NO PEP AVAILABLE 4			→ 1079 → 1084
1078	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . . . . . 1 RECORD SHOWS REFERRAL ONLY . . . . . 2 NO RECORD OF REFERRAL 3			→ 1083 → 1083 → 1083
1079	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES . . . . . 1 NO 2			→ 1084
1080	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES . . . . . 1 NO 2			→ 1084

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1081	Are there any written procedure manual or protocols for post-exposure prophylaxis available in this clinic/ unit? IF YES, ASK TO SEE THE procedure manual	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, NOT COMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
1082	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1083	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1084	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ]	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

HEALTH WORKER INTERVIEW

Code of facility: [ ][ ] REGION [ ][ ] FACILITY

Respondent Code: [ ][ ]

QRE TYPE [K]

Interviewer Code: . . . . . [ ][ ]

DATE: [ ][ ] DAY [ ][ ] MONTH [ ][ ][ ][ ] YEAR

Sex of Provider: (1=MALE; 2=FEMALE) [ ]

Provider Status: (1=Assigned, 2=Seconded) [ ]

CHECKED BY MONITOR/SUPERVISOR:

SIGNATURE _____ DATE [ ][ ] DAY [ ][ ] MONTH [ ][ ][ ][ ] YEAR

EXPLAIN TO THE HEALTH WORKER THAT HIS/HER NAME WAS PROVIDED AS A PERSON WHO PROVIDES SOME SERVICES RELATED TO HIV/AIDS TESTING, COUNSELING, OR CARE AND SUPPORT SERVICES FOR HIV/AIDS RELATED ILLNESSES. VALIDATE WITH THE HEALTH WORKER THAT HE/SHE DOES PROVIDE SOME SERVICES RELATED TO HIV/AIDS, AND THAT THESE SERVICES ARE A COMPONENT OF THEIR WORK FOR THIS FACILITY.

Now I will read a statement explaining the survey and asking your consent for responding to survey questions.

Hello. My name is _____. We are here on behalf of the GRPA and the MOH to assist the government in knowing more about the availability of maternal, child, and reproductive health services, as well as specific infectious diseases such as HIV/AIDS and tuberculosis.
Your facility was selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about training you have received.
We would also like to ask you some questions about your training and experiences in HIV/AIDS-related care and support. The The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one, including your supervisor, will know what you tell us.
You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the government and the health facilities involved in HIV/AIDS care and support to improve formulation of policy and the delivery of services.
Do you have any questions for me at this time?

101	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
102	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ]		

Education and Experience			
NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
103	What year did you start working in this facility?	YEAR . . . . . [ ][ ][ ][ ]	
104	How many years of primary and secondary education did you complete in total?	YEARS . . . . . [ ][ ]	
105	What is your current technical qualification?	Doctor . . . . . 01 Medex . . . . . 02 Nurse/Midwife . . . . . 03 R. Nurse . . . . . 04 R. Midwife . . . . . 05 R. Nursing Assistan . . . . . 06 Lab Technician . . . . . 07 Trained Counselor . . . . . 08 Social Worker . . . . . 09 OTHER _____ 96 (SPECIFY)	
106	What year did you graduate with this qualification?	YEAR . . . . . [ ][ ][ ][ ]	
107	How many years of study were required for this qualification (AFTER COMPLETING THE BASIC EDUCATION IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER	YEARS . . . . . [ ][ ] MONTHS . . . . . [ ][ ]	
108	In what year did you start working in your current position in this facility? IF YEAR IS NOT KNOWN, PROBE AND MAKE BEST ESTIMATE.	YEAR . . . . . [ ][ ][ ][ ]	
109	What was your age at your last birthday?	AGE AT LAST BIRTHDAY (YRS) . . . . . [ ][ ]	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I want to ask you about the services you provide in your current position.		
	General Services		
110	In your **position here** do you ever provide any client services other than conducting laboratory tests?	YES . . . . . 1 NO 2	→ 401
111	Do you personally provide any of the following services?		
01	Diagnosis and treatment of STI	YES . . . . . 1 NO 2	
02	Diagnosis and treatment of malaria	YES . . . . . 1 NO 2	
03	Delivery services	YES . . . . . 1 NO 2	
04	Any services designated to be youth friendly, that is that have a specific aim to encourage adolescent and young people utilization.	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
112	Now I want to ask you about any pre-service or in-service training you have received during the past 3 years where any of the following topics were covered? ASK FOR EACH TOPIC	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING IN PAST 3 YEARS
01	Universal precautions	1	2	3
02	Other infection prevention	1	2	3
03	Health Management Information Systems (HMIS) or reporting requirements for any service	1	2	3
04	Counseling and information sharing related to problems that affect adolescents	1	2	3
05	Diagnosis and treatment of problems that affect adolescents	1	2	3
06	Diagnosis and treatment of physical/sexual abuse in adolescents	1	2	3
07	Interaction and/or communication skills for working with adolescents	1	2	3
08	Confidentiality and rights to non-discrimination practices for People Living with HIV/AIDS	1	2	3
09	Syndromic approach to diagnosis and treatment of STIs	1	2	3
10	Other diagnosis and treatment of STIs (other than HIV/AIDS)	1	2	3
11	Diagnosis and treatment for malaria	1	2	3
12	Family Planning	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Tuberculosis		
201	In your **current** position, and as a part of your work for this facility, do you ever personally provide tuberculosis services? This includes diagnosis and laboratory testing.	YES . . . . . 1 NO 2	→ 204
202	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS . . . . . [ ][ ]	

203	Do you provide any of the following services?	PROVIDES SERVICE	
		YES	NO
01	Clinical diagnosis of tuberculosis	1	2
02	Sputum diagnosis for TB	1	2
03	Prescribe treatment for tuberculosis	1	2
04	Follow-up treatment for tuberculosis	1	2
05	Direct Observation Treatment Short-course (DOTS) Strategy	1	2

204	During the past three years have you received any pre-service or in-service training on subjects related to tuberculosis?	YES . . . . . 1 NO 2		→ 301
205	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING
01	Prescribing treatment of TB	1	2	3
02	Sputum diagnosis of TB	1	2	3
03	Other diagnosis of TB	1	2	3
04	DOTS	1	2	3
05	Follow-up of TB clients	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	HIV/AIDS		
301	In your **current** position, and as part of your work for this facility, do you ever personally provide HIV/AIDS services? Services related to HIV/AIDS include: a) counseling and/or testing, b) clinical services, c) preventive treatments or prophylaxis d) care and support services (e.g. social services, home care, etc.)	YES . . . . . 1 NO 2	→ 311
302	Now I will ask you about <u>each</u> of the services we talked above: In your **current** position, and as a part of your work for this facility, do you ever personally provide any **services** related to HIV **<u>testing or counseling</u>** for HIV/AIDS patients?	YES . . . . . 1 NO 2	→ 304

303	Do you provide any of the following services? IF YES, FOR THE INDICATED SERVICES ASK: How long have you been providing this service? IF LESS THAN ONE YEAR WRITE '00'.	(a) PROVIDES SERVICE		(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)
		YES	NO	
01	HIV pre-test counseling	1 → b	2 → 02	[ ][ ]
02	HIV post-test counseling	1 → b	2 → 03	[ ][ ]
03	Follow-up counseling for HIV, after the initial post-test counseling or emotional support	1	2	
04	Ordering or prescribing HIV tests	1	2	
05	Counseling for prevention of mother to child transmission (PMTCT)	1 → b	2 → 06	[ ][ ]
06	Nutrition counseling for newborns of HIV infected women	1	2	
07	Adherence counseling for ART	1 → b	2 → 08	[ ][ ]
08	Counseling **or** prescribing ARV for Post-exposure prophylaxis	1	2	
09	Education for patient and families on HIV care	1	2	
10	Nutrition counseling to HIV/AIDS infected clients	1	2	

304	In your **current** position, and as a part of your work for this facility, do you ever personally provide any **<u>clinical services</u>** for HIV/AIDS patients?	YES . . . . . 1 NO 2	→ 306

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
305	Do you provide any of the following services? IF YES, FOR THE INDICATED SERVICES ASK: How long have you been providing this service? IF LESS THAN ONE YEAR WRITE '00'.	(a) PROVIDES SERVICE YES	NO	(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)
01	Clinical management of neurological disorders, related to AIDS	1	2	
02	Diagnosis of opportunistic infections	1 → b	2 → 03	
03	Management of opportunistic infections	1 → b	2 → 04	
04	Prescribing ART	1 → b	2 → 05	
05	Medical follow-up for ART clients	1 → b	2 → 06	
06	Ordering or prescribing Laboratory test for monitoring of ART	1	2	
07	Nutritional rehabilitation for HIV/AIDS patients	1 → b	2 → 08	
08	Pediatric AIDS care	1 → b	2 → 306	
306	In your **current** position, and as a part of your work for this facility, do you ever personally provide any **preventive interventions** for HIV/AIDS patients? (PROVIDE EXAMPLES FROM BELOW IF NECESSARY)	YES . . . . . 1 NO 2		→ 308
307	Do you provide any of the following services? IF YES, FOR THE INDICATED SERVICES ASK: How long have you been providing this service? IF LESS THAN ONE YEAR WRITE '00'.	(a) PROVIDES SERVICE YES	NO	(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)
01	Preventive treatment for TB (INH)	1	2	
02	Preventive treatment for other OIs , such as cotrimoxazole preventive therapy (CPT)	1	2	
03	ARV prophylaxis for prevention of mother to child transmission (PMTCT)	1 → b	2 → 04	
04	Ordering or prescribing post-exposure prophylaxis (PEP)	1	2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
308	Next, in your **current** position, and as a part of your work for this facility, do you ever personally provide any **care and support** services for HIV/AIDS patients?	YES . . . . . 1 NO 2	→ 310

		(a) PROVIDES SERVICE		(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)
309	Do you provide any of the following services? IF YES, FOR THE INDICATED SERVICES ASK: How long have you been providing this service? IF LESS THAN ONE YEAR WRITE '00'.	YES	NO	
01	Nursing care for HIV/AIDS patients	1	2	
02	Training caregivers and/or patients in HIV/AIDS care	1	2	
03	Palliative care for terminally ill AIDS patients, such as symptom or pain control, emotional and nursing care	1	2	
04	Home-based care services for people living with HIV/AIDS and their families	1 → b	2 → 310	
310	Do you provide any other service related to HIV/AIDS? IF YES, _____ SPECIFY	1	2	

Now, for the same range of services we talked above, let me ask you about the **training** (pre-service or in-service) you may have received regarding these services

312	During the past three years have you received any pre-service or in-service training related to HIV counseling for tests, adherence to treatments or education? (IF YES), Let's review them by each type of training	YES . . . . . 1 NO 2	→ 314

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
313	Did you receive the training in any topic related to (READ EACH SPECIFIC TOPIC BELOW)...? (IF YES), when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING
01	HIV pre-test counseling	1	2	3
02	HIV post-test counseling	1	2	3
03	Follow-up counseling, after the initial post-test counseling or emotional support for HIV/AIDS clients	1	2	3
04	Adherence counseling for ART	1	2	3
05	Adherence counseling for TB preventive therapy	1	2	3
06	Adherence counseling for cotrimoxazole preventive therapy	1	2	3
07	Education for patient and families on HIV care	1	2	3
08	Nutrition counseling to HIV/AIDS infected clients	1	2	3
09	Primary prevention of HIV, such as behavior changes, education, partner counseling, condom promotion and distribution.	1	2	3
10	Nutrition counseling for newborn of mother with HIV/AIDS	1	2	3
314	Next, during the past three years have you received any pre-service or in-service training related to **clinical services** for HIV/AIDS clients? (IF YES), Let's review them by each type of training	YES . . . . . 1 NO 2		→ 316
315	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING
01	Ordering or Prescribing HIV Tests	1	2	3
02	Clinical management of neurological disorders, related to AIDS	1	2	3
03	Diagnosis of opportunistic infections	1	2	3
04	Management of opportunistic infections	1	2	3
05	Prescribing antiretroviral therapy (ART)	1	2	3
06	Ordering or prescribing laboratory tests for monitoring ART	1	2	3
07	Nutritional rehabilitation for HIV/AIDS patients	1	2	3
08	Pediatric AIDS care	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
316	Now, during the last three years have you received any pre-service or in-service training related to preventive **treatments or prophylaxis** for HIV/AIDS clients? (IF YES), Let's review them by each type of training	YES . . . . . 1 NO 2	→ 318

		YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING
317	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?			
01	Preventive treatment for TB (INH)	1	2	3
02	Preventive treatment for other OIs, such as cotrimoxazole preventive therapy (CPT))	1	2	3
03	ARV prophylaxis for prevention of mother to child transmission (PMTCT)	1	2	3
04	Optimal delivery practices for women who may be HIV positive	1	2	3
05	Ordering or prescribing post-exposure prophylaxis (PEP)	1	2	3

318	During the past three years have you received any pre- or inservice training related to providing **home care** or other supportive care for HIV/AIDS clients? (IF YES), Let's review them by each type of training	YES . . . . . 1 NO 2	→ 320

		YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING
319	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?			
01	Nursing care for HIV/AIDS patients	1	2	3
02	Training caregivers and/or patients in HIV/AIDS care	1	2	3
03	Palliative care for terminally ill AIDS patients, such as symptom or pain control, emotional and nursing care	1	2	3
04	Home-based care services for people living with HIV/AIDS and their families	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
320	Any other in-service or pre-service training related to HIV/AIDS clinical care and/or support services you may have received?	YES . . . . . 1 NO 2	→ 401

321	IF YES, SPECIFY THE SUBJECTS OF OTHER IN-SERVICE OR PRE-SERVICE TRAINING	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS
01	_____	1	2
02	_____	1	2

Laboratory Services and Training

401	In your **current** position, and as a part of your work for this facility, do you ever personally provide any laboratory services or tests for HIV?	YES . . . . . 1 NO 2	→ 403

402	Do you provide any of the following services?	PROVIDES SERVICE	
		YES	NO
01	Sputum to Diagnose TB	1	2
02	Conduct HIV test	1	2
03	Drawing blood for HIV test	1	2
04	Laboratory tests for monitoring of ART	1	2

403	During the past three years have you received any pre-service or in-service training related to infection prevention for TB, HIV/AIDS clients, laboratory or blood screening?	YES . . . . . 1 NO 2	→ 501

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
404	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING
01	Universal precautions	1	2	3
02	Other infection control	1	2	3
03	How to carry out a sputum test for TB	1	2	3
04	HIV testing	1	2	3
05	CD4 testing	1	2	3
06	Blood Screening	1	2	3
07	Test for monitoring ARV treatment	1	2	3
08	Other _____ ..... (SPECIFY)	1	2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Personal Work Situation		
501	Now I want to ask you a few more questions about your work in this facility. On an average week, how many **hours** do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.	AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY ..... [ ][ ]	
501a	(IF IN A VISITING ARRANGEMENT): And on average, how many hours do you work at other facility(ies) (IF MORE THAN ONE, TRY TO COMPLETE **TOTAL** WORK HOURS IN A WEEK)	AVERAGE HOURS PER WEEK WORKING AT OTHER FACILITY(IE ..... [ ][ ]	
502	I want to know if you can estimate how much of your time each week is spent providing services or performing tasks related to HIV/AIDS. This includes such services as counseling, testing, providing clinical care and support, providing social support services, as well as record keeping and documentation related to HIV/AIDS. When you add up all the time you spend, on average, during a normal week either providing services or performing tasks related to HIV/AIDS, what **percentage** of your time do you estimate this is?	AVERAGE WEEKLY PERCENTAGE OF WORK TIME ..... [ ][ ][ ] %	
503	During the past 12 months, if you add together all of the **formal training** you have received related to HIV/AIDS, how many days is this? By formal training I mean training where there was a structured class. This may have been conducted by this facility or external to the facility. I am interested in actual days of training. For example, a one week training usually entails 5 actual days of training, a four week training usually entails 20 days of training. IF THE TRAINING WAS LESS THAN ONE FULL DAY, ENTER 001. PROBE IF NECESSARY.	NUMBER OF DAYS OF HIV/AIDS RELATED TRAINING ..... [ ][ ][ ]	
504	I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility , or from outside the facility. Do you receive technical support or supervision in your work? IF YES, ASK: When was the most recent time?	YES, IN THE PAST THREE MONTHS ..... 1 YES, IN THE PAST 4-6 MONTHS ..... 2 YES, IN THE PAST 7-12 MONTHS ..... 3 YES, MORE THAT 12 MONTHS AGO ..... 4 NO 5	 → 507 → 507 → 507

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
505	How many times in the past six months has your work been supervised?	NUMBER OF TIMES [ ][ ]				
506	The last time you were personally supervised, did your supervisor do any of the following:		YES	NO	DK	
01	Deliver supplies	DELIVERED SUPPLIES	1	2	8	
02	Check your records or reports	CHECKED RECORD	1	2	8	
03	Observe your work	OBSERVED	1	2	8	
04	Provide any feedback (either positive or negative) on your performance	FEEDBACK	1	2 → 07	8 → 07	
05	Give you verbal feedback that you were doing your work well.	VERBAL PRAISE	1	2	8	
06	Provide any written comment that you were doing your work well	WRITTEN PRAISE	1	2	8	
07	Provide updates on administrative or technical issues related to your work	UPDATES	1	2	8	
08	Discuss problems you have encountered	DISCUSS	1	2	8	
09	Anything else? _____ (SPECIFY)	OTHER	1	2		
507	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3				
508	Are there any opportunities for promotion in your current job?	YES ..... 1 UNCERTAIN ..... 2 NO 3				
509	Do you personally receive any salary supplement, that is, money outside of your routine salary, that is related to your work in this facility?	YES ..... 1 NO 2				
510	Which type of salary supplement do you receive?	MONTHLY OR DAILY SALARY SUPPLEMENT ..... A PERDIEM WHEN ATTENDING TRAINING ..... B OTHER _____ (SPECIFY) X				

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
511	In your current position, have you ever received any non-monetary incentives for the work you do? This might include such things as discounts for medicines or other items, uniforms or other clothing, food, training, or other things like this.	YES ..... 1 NO 2	→ 513
512	Describe any non-monetary incentives that you have received. CIRCLE ALL THAT APPLY.	UNIFORMS,BACKPACKS, CAPS ETC. ..... A DISCOUNT MEDICINES, VOUCHERS, FREE TICKETS FOR CARE ..... B TRAINING ..... C FOOD RATION ..... D OTHER _____ X (SPECIFY)	
513	Among the various things related to your working situation that you would like to see improved, can you tell me the **three** that you think would most improve your ability to provide care and support services for HIV/AIDS? CIRCLE ONLY THREE ITEMS. IF THE PROVIDER MENTIONS MORE THAN THREE ITEMS, ASK THE PROVIDER TO PRIORITIZE TO ONLY THREE. IF THE PROVIDER DOES NOT MENTION THREE ITEMS, PROBE FOR ANY OTHERS IN AN ATTEMPT TO HAVE THREE ANSWERS.	MORE SUPPORT FROM SUPERVISOR ..... A MORE KNOWLEDGE/TRAINING ..... B MORE SUPPLIES/STOCK ..... C BETTER QUALITY EQUIPMENT AND SUPPLIES ..... D LESS WORKLOAD, MORE STAFF ..... E BETTER WORKING HOURS ..... F MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS) ..... G TRANSPORTATION FOR PATIENTS WHO ARE REFERRED ..... H PROVIDING ART ..... I INCREASED SECURITY ..... J BETTER FACILITY INFRASTRUCTURE ..... K MORE AUTONOMY, INDEPENDENCE ..... L EMOTIONAL SUPPORT FOR STAFF (E.G., COUNSELING, GROUP SOCIAL ACTIVITIES ..... M OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Finally, I would like to ask you a few additional questions about HIV/AIDS and working with clients who may have HIV/AIDS.		
514	What should you do if you got a needle stick injury? PROBE: ANYTHING ELSE? CIRCLE ALL THAT ARE MENTIONED.	SQUEEZE FINGER AND PUT IT IN ALCOHOL/IODINE ..... A SQUEEZE FINGER AND WASH WITH BLEACH/OTHER DISINFECTANT B WASH WITH SOAP AND WATER C REPORT TO MANAGER ..... D GET AN HIV TEST IMMEDIATELY ..... E GET ANTIRETROVIRALS OR REFERRAL FOR ARVS ..... F OTHER _____ X (SPECIFY) NOTHING ..... Y DON'T KNOW ..... Z	
515	If you had a choice, would you work with AIDS patients?	YES ..... 1 DEPENDS ..... 2 NO ..... 3 DON'T KNOW 8	→ 516
515A	Why would you **not** want to work with AIDS patients? _____ SPECIFY		
516	Do you think that a health care worker who has HIV but is not sick, should be allowed to continue to work with clients/patients?	YES ..... 1 DEPENDS ..... 2 NO ..... 3 DON'T KNOW 8	→ 517
516A	Why should an HIV-positive health worker **not** be allowed to work with clients/patients? _____ SPECIFY		
517	If a member of your family became ill with HIV, would you want it to remain secret?	YES ..... 1 DEPENDS ..... 2 NO ..... 3 DON'T KNOW 8	→ 518
517A	Why would you want it to remain a secret? _____ SPECIFY		
518	There are some people who think that HIV/AIDS patients deserve the illness that they have. Do you agree with this point of view? IF YES, ASK: Do you completely agree or agree somewhat?	YES ..... 1 YES, SOMEWHAT ..... 2 NO ..... 3 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
519	I don't want to know the result, but have you ever had an HIV test?	YES . . . . . 1 NO 2	→ Q521
520	The last time you had an HIV test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASK SELF . . . . . 1 WAS OFFERED . . . . . 2 WAS REQUIRED 8	
521	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ]	

Thank you for taking the time to talk with me and to answer these questions. As I mentioned at the beginning, all of your responses will remain confidential.