

Zambia



**HIV/AIDS
Service Provision
Assessment Survey**

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Zambia HIV/AIDS Service Provision Assessment Survey 2005

Ministry of Health
Lusaka, Zambia

Central Statistical Office
Lusaka, Zambia

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Calverton, Maryland, USA

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Foreword

The 2005 Zambia HIV/AIDS Service Provision Assessment (ZHSPA) survey was designed to collect baseline information on the availability and quality of HIV/AIDS and related services in the formal health sector in Zambia. The survey collected information on the preparedness of health facilities to provide high-quality preventive services as well as care and support to people living with HIV/AIDS. Information on availability of services, as well as components of services relevant to quality, was collected from a nationally representative sample of 430 government and non-government facilities of all types.

The information elicited by the 2005 ZHSPA on HIV/AIDS services and health service providers is intended to assist policymakers and programme administrators in the government and other sectors to develop effective strategies for improving the coverage and quality of services provided to clients, and to improve treatment and care and support for people living with HIV/AIDS. It should also assist in prioritizing resources to ensure better health outcomes.

I am deeply indebted and grateful to all of the 2005 ZHSPA 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 2005 ZHSPA, ORC Macro for its technical support, and the Central Statistical Office for its logistical support.

Dr. Simon Miti
Permanent Secretary
Ministry of Health

Acknowledgments

The 2005 Zambia HIV/AIDS Service Provision Assessment (ZHSPA) survey is the first survey conducted using a nationally representative sample of health facilities. The survey was designed to collect baseline information on facility-based outpatient and inpatient services related to the needs of persons infected or living with HIV/AIDS. Drawing on a nationally representative sample of both government and non-government facilities, the survey gathered information on the strengths and weaknesses of the health service delivery environment in the country.

The 2005 ZHSPA was carried out through the collaborative efforts of many individuals and institutions. I would like to acknowledge the contributions of various technical committees at the Ministry of Health (MoH), and the MoH staff members who individually and collectively gave comments and advice during the design and development of questionnaires, as well as during training and report writing.

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

Finally, I would like to express my appreciation to all of the health service providers who responded to the survey; without their cooperation, this project would not have been possible.

Dr. Buleti Nsemukila
Director of Census and Statistics
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Key Findings and Recommendations

The 2005 Zambia HIV/AIDS Services Provision Assessment (2005 ZHSPA) survey provides baseline information on the status of HIV/AIDS services throughout the formal health sector in Zambia. The survey was conducted using a nationally representative sample of 430 health facilities including hospitals, health centres, and other types of facilities (such as clinics and home-based care facilities) throughout Zambia managed by government and non-governmental organizations. It documents the availability and quality of different components of HIV/AIDS services that are currently in place.

Key Findings

HIV/AIDS services in Zambia began with the provision of HIV counselling and testing. Basic clinical care and support services such as the diagnosis and treatment of tuberculosis, sexually transmitted infections, and malaria were already relatively well-developed. However, other services for advanced clinical care and support for HIV/AIDS, including the management of opportunistic infections, ART, PEP, and PMTCT are still in the early stages of development. Although only 1 in 10 facilities offers ART services and 1 in 5 offers PMTCT services, the facilities offering these services are generally well-prepared and equipped to offer quality services.

Along with observations of common HIV/AIDS services characteristics, a few systemic issues were identified:

- Voluntary counselling and testing (VCT) services, available in 44 percent of facilities, are more likely to be found in hospitals and urban health centres; among non-government facilities; and in Copperbelt, Central, and Lusaka provinces. One in five facilities with VCT services has an informed consent policy for HIV testing at all relevant sites, 59 percent keep registers with test results and 58 percent have records of clients receiving test results. All facilities have at least one trained counsellor. Protocols and guidelines for HIV counselling that address issues of confidentiality are not always available at all sites in a given facility where HIV testing is provided.
- Clinical care and support services (CSS) for HIV/AIDS clients are available throughout Zambia (97 percent of facilities). Among these facilities, 77 percent provide any TB diagnosis and treatment services and 64 percent provide Directly Observed Treatment Short-course (DOTS) services for TB. TB services are least available in other types of facilities. First-line medicines for TB are available in 79 percent of the facilities providing DOTS. Almost all facilities providing CSS for HIV clients also provide STI and malaria services. All medicines for common STIs are available in 41 percent of the facilities providing STI services, with urban and rural health centres least likely to have the medicines. First-line anti-malaria medicines are available in 90 percent of the facilities providing malaria services. Treatment for opportunistic infections (OIs) is provided in 93 percent of facilities providing CSS for HIV/AIDS clients. Only 10 percent of these facilities have guidelines for treatment of OIs in all sites, and only one-third of facilities have at least one provider who received training related to OIs in the past three years.
- Only 10 percent of facilities providing CSS for HIV/AIDS clients provide ART services. These services are more available in hospitals, in non-government facilities, and in facilities in Lusaka province. Almost nine in ten of these facilities have at least one ARV medicine available, and more than half have the laboratory capacity necessary to monitor ARV treatment. PEP services are available in nine percent of facilities, and PMTCT services are available in 19 percent of

facilities providing CSS. ART and PEP services are more available in hospitals, in non-government facilities, and among facilities in Lusaka province. PMTCT services are more available in hospitals, government facilities, and among facilities in Central and Copperbelt provinces.

Recommendations

- HIV/AIDS services are frequently offered at one or more sites within a facility, particularly large facilities. When planning training and interventions for improving and monitoring quality of services, all service sites within a facility need to be included. At present, it is common that attention is focused only on the main service site.
- Protocols and guidelines for different HIV/AIDS services are not generally available at all sites providing the respective services. The protocols and guidelines should be developed, disseminated, and made available to all relevant service sites. This is particularly important for providers working at lower-level facilities, such as health centres and health clinics, which may be the first point of contact with the formal health sector for many potentially infected clients.
- Running water and disinfectant solution are the items least available for prevention of nosocomial infections, particularly in hospitals and government facilities. These need to be made available in all facilities.
- Record keeping for monitoring and evaluation of quality of care needs to be strengthened.

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBOH	Central Board of Health
CDC	Centres for Disease Control and Prevention
CHAZ	Churches Health Association of Zambia
CPT	Cotrimoxazole Preventive Treatment
CSO	Central Statistical Office
CSS	Clinical Care and Support Services
CT	Counselling and Testing
DBF	District Basket Fund
DFID	Department for International Development [UK]
DHB	District Health Board
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment Short-course
EGPAF	Elizabeth Glaser Paediatric AIDS Foundation
EPI	Expanded Programme on Immunization
FBO	Faith-Based Organization
GFTAM	Global Fund to Fight Tuberculosis, AIDS and Malaria
HIV	Human Immunodeficiency Virus
HLD	High-Level Disinfection
HMB	Hospital Management Board
HMIS	Health Management Information System
IMR	Infant Mortality Rate
INH	Isoniazid
MoH	Ministry of Health
MTCT	Mother-to-Child Transmission
NGO	Non-Governmental Organization
NHA	National Health Account
OI	Opportunistic Infection
ORS	Oral Rehydration Salts
PCP	Pneumocystis Carinii Pneumonia
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-To-Child Transmission

RBM	Roll Back Malaria
RPR	Rapid Plasma Reagent
SAP	Structural Adjustment Programme
STI	Sexually Transmitted Infection
SWAP	Sector-Wide Approach
TB	Tuberculosis
TFR	Total Fertility Rate
U5MR	Under-Five Mortality Rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WRA	Women of Reproductive Age
YFS	Youth-Friendly Services
ZDHS	Zambia Demographic and Health Survey
ZHSPA	Zambia HIV/AIDS Service Provision Assessment survey
ZIHP	Zambia Integrated Health Programme

1.1 Background

Zambia is a landlocked country located in southern Africa. The country is bordered by Angola in the west; Botswana and Zimbabwe in the south; the Democratic Republic of Congo and Tanzania in the north; Malawi and Mozambique in the east; and Namibia in the southwest. Zambia covers an area of 752,612 square kilometers, which is divided into nine provinces and 72 districts. Zambia has an estimated population of about 11 million people (CSO, 2004) and is one of the most urbanized countries in sub-Saharan Africa, with approximately 40 percent of its population living in urban areas, mostly in Lusaka and Copperbelt provinces. Zambia has a mixed economy consisting of an urban modern sector and a rural agricultural sector. Zambia inherited a strong mining-based economy after independence in 1964, which deteriorated in the mid-1970s following a sharp decline in copper prices, compounded by the global oil crisis. The country's attempt to diversify its economy to minimize dependency on copper exports did not achieve the desired results. The Structural Adjustment Programmes (SAP) implemented in the 1980s failed to substantially revitalize the country's economy. Zambia is one of the poorest countries in Africa and the world, ranking 166 out of 177 in the Human Development Index according to the 2005 Human Development Report (UNDP, 2005). According to the Human Development Report, 64 percent of the population is living in absolute poverty (less than US\$1 per day), and 73 percent is living under the national poverty line.

The demographic profile of Zambia shows a high proportion of young people compared to the overall population. Almost half the population is 15 years or younger (CSO et al., 2003). The estimated annual population growth rate for 2003 was 2.4 percent (CSO, 2003).

1.2 HIV/AIDS Epidemic in Zambia

Zambia is currently experiencing a critical developmental and humanitarian crisis because of the impact of the HIV/AIDS epidemic on its economic and social development. The epidemic has affected all aspects of social and economic growth of the country. Despite some evidence that the epidemic may have reached a plateau, there remains an urgent need for an integrated response from all sectors, including the government, faith-based organizations, and the private sector.

Most HIV infections in Zambia are the result of unprotected heterosexual activity. In 2001-02 the national HIV prevalence for women and men age 15-49 was 16 percent: 18 percent for women and 13 percent for men. The urban population has a higher rate of infection (23 percent) compared with the rural population (11 percent). The rate of HIV infection is the highest among women aged 30-34 years and men aged 35-39 years. Prevalence varies by province, with the highest rates found in densely populated urban areas such as Lusaka (22 percent), Copperbelt (20 percent), and Southern (18 percent) provinces (CSO et al., 2003).

Recent research describes the epidemiology of HIV in Zambia. A 1998 study found that 69 percent of female sex workers in major urban areas were infected with HIV. A 1999 study found that more than eight in ten TB patients in major urban areas were co-infected with HIV (83 percent), higher than what was reported in 1990 (61 percent). In 1993, 58 percent of STI patients of both sexes who visited STI clinics in the major urban areas were HIV positive. The percentage of pregnant women tested in antenatal clinics who are HIV-positive increased from 12 to 27 percent between 1987 and 1992. The infection rate among pregnant women stabilized between 1992 and 1998, with the figure varying from 25 to 27 percent. Infection among pregnant women increased to 32 percent in 1999 and then dropped slightly to 31 percent

in 2001 and 27 percent in 2002. According to a UNAIDS report, the main factors contributing to the increased spread of HIV/AIDS included but were not limited to the country's highly mobile population and the existence of commercial sex work (UNAIDS and WHO, 2004).

Towards the end of 2003, an estimated 920,000 Zambian adults and children were living with HIV/AIDS. There were 89,000 AIDS-related deaths that year, and more than 630,000 children who were considered to be orphans (children who have lost one or both parents to AIDS). Women are particularly vulnerable to HIV, accounting for 54 percent of all people living with HIV in Zambia. HIV prevalence among adolescent women age 15-19 years is more than three times that of adolescent men in the same age group. Other vulnerable groups include military personnel, commercial sex workers, truckers, and fishermen (CSO et al., 2003; UNAIDS and WHO, 2004; WHO, 2004).

Other major health problems in Zambia include malaria, cholera, tuberculosis, malnutrition, and maternal mortality. For example, malaria remains the number-one condition diagnosed during outpatient visits in health facilities. Cholera continues to be a major public health threat in Zambia. In 1998 the country experienced a very serious outbreak of the disease. About half (47 percent) of children under 5 years are chronically undernourished. Also, the maternal mortality ratio in Zambia is among the highest in the region. The 2001-02, ZDHS estimated 729 maternal deaths per 100,000 live births. Maternal deaths are largely attributed to preventable conditions such as hemorrhage, sepsis, pre-eclampsia, obstructed labor, abortion-related conditions, malaria, anaemia, and HIV.

1.3 Selected Health and Demographic Characteristics

Zambia's demographic profile shows high fertility, low life expectancy, and high mortality. According to the 2001-02 Zambia Demographic and Health Survey, the country's total fertility rate (TFR) is 5.9 children per woman of reproductive age (WRA). The TFR is higher among rural women (6.9) than urban women (4.3). Women begin childbearing early, with almost a third of 15-19 year-olds having begun childbearing. The modern contraceptive prevalence among currently married WRA is 23 percent, 39 percent among urban and 14 percent among rural women (CSO et al., 2003). Life expectancy at birth is 40 years (WHOSIS, 2005), and the infant and under-five mortality rates are 95 and 168 per 1,000 live births, respectively (CSO et al., 2003).

According to the 2001-02 ZDHS, two percent of married women and 19 percent of married men had sex with one or more extramarital sexual partners in the 12 months prior to the survey. Thirty-one percent of unmarried women and 55 percent of unmarried men had one or more sexual partners in the past 12 months. Additionally, only 33 percent of women and 44 percent of men who had sexual intercourse in the previous year with a non-cohabiting partner used a condom. Nonetheless, 77 percent of all men agreed that condom use is an effective method in preventing HIV and other sexually transmitted infections.

Data from the 2001-02 ZDHS also show that 93 percent of pregnant women attended at least one antenatal care visit with a medically trained health care provider, and 75 percent received at least one dose of tetanus toxoid during their last pregnancy. About 44 percent of women delivered their babies in a health care facility, and 70 percent of children aged 12-23 months received BCG, measles, and three doses of diphtheria, pertussis and tetanus vaccines as recommended.

1.4 The Zambian Health Care System

After Zambia attained independence, medical care was provided free to all residents. However, when the economy declined in the 1970s and 1980s, the performance of the health care sector also declined. The public health care infrastructure—as well as the working conditions of government health care workers—

deteriorated, with widespread shortages of medicines, supplies and equipment among public facilities. These conditions persisted into the 1990s.

In 1992, a national health policy was enacted in Zambia. The policy outlined the new structure of the Ministry of Health, and comprehensively designed a health services reform programme that gave priority to: (1) decentralization of health care management to the district level, (2) formation of autonomous District Health Boards, (3) introduction of cost sharing, (4) improving availability of drugs and medical supplies, and (5) enhancement of human resource development. Zambia has moved rapidly to implement health service reforms since 1992 under the framework of the Sector Wide Approach (SWAP), with the vision of providing 'equity of access to cost-effective, quality health care as close to the family as possible'.

Zambia's health care system faces multiple challenges. Financing of the Basic Health Care Package is one of the priorities that were established to reduce both morbidity and mortality rates and contribute to poverty reduction. Even though the Zambian health policy stipulates that 'every able-bodied Zambian with an income should contribute to the cost of his or her health', it exempts certain groups of population such as children under five, adults over 65, and people with devastating health conditions such as tuberculosis, HIV/AIDS, STIs, cholera and dysentery. Free access is also mandated for services such as safe motherhood and family planning, immunization, and treatment of chronic hypertension and diabetes. These exemptions aim at achieving an equitable and appropriate delivery of health services to all Zambians. However, in practice the implementation of this policy has encountered many limitations due to resource constraints.

The current health service system relies on district-level decentralization to implement MOH policies and guidelines. The system also emphasizes inputs from the community and healthcare facilities into the planning and management of locally-appropriate health services. The Central Board of Health (CBOH), the executive agency at the national level, is responsible for commissioning services from the 72 District Health Boards (DHBs). The DHBs are responsible for either direct provision or commissioning of health services to the first referral level (district hospital) for their catchment populations. These health services are provided through health centres and hospitals (public, private, or mission). Hospital Management Boards (HMBs) are established at the second and third referral levels (general, provincial or central hospitals), and in some larger mission facilities. About 30 percent of rural health services are provided by the mission sector.

The Government of Zambia has demonstrated a high level of commitment to address HIV/AIDS. As early as 1986, Zambia created the National AIDS Surveillance Committee and the National AIDS Prevention and Control Programmes. The country has since developed policies and guidelines for HIV testing (including comprehensive pre-test and post-test counselling) and for treatment of AIDS. In 1987, Zambia launched its national emergency plan for safe blood transfusion that required all blood products used at district, province, and referral hospitals to be screened for HIV. In 2002, the government of Zambia established the goal of making antiretroviral therapy available to every person in need through public health services at a subsidized fee. In 2004, the government announced that the treatment would be provided free of charge in the public sector. In June 2005, the government also declared that the entire antiretroviral therapy service package would be provided free of charge in the public sector. The estimated cost of the main first-line antiretroviral drugs in accordance with WHO recommendations is US \$480 per person per year.

1.5 Funding of the Health Sector

The healthcare sector is funded mainly by the government budget and also by cooperating partners and donors, private companies, and client fees. According to the 2002 Zambian National Health Account (NHA), the primary source of funding for the health sector is public, constituting 38 percent of the total health care financing in Zambia, followed by 26 percent of funding from cooperating partners and donors. Private companies comprise 12 percent, and client fees finance 21 percent of the total health care budget. However, the large majority of funding for HIV/AIDS services comes from cooperating partners and donors (46 percent) and client fees (29 percent). Government and private company sources constitute only 17 percent and 7 percent of HIV/AIDS funding respectively. The breakdown of care shows that 55 percent of HIV/AIDS spending goes to outpatient care, 25 percent to inpatient care, and the remaining 20 percent to other areas (Phiri and Tien, 2004). Government expenditure on HIV/AIDS as a percentage of the total national health expenditure in 2002 is 53 percent; HIV/AIDS spending as a percentage of the government's total expenditure is 11 percent, which is higher by two percentage points than in 2001.

The health sector in Zambia has benefited from significant and growing external support over the past decades. However, the level of coordination and contribution of different donors has changed over time. For example, the U.S. Agency for International Development (USAID) and the United Nations Children Fund (UNICEF) have played key roles in donor coordination for health sector reform since the 1980s (Nanda, 2000). The involvement of multilateral donors like the World Health Organization (WHO) and UNICEF were essential in the early stages of health sector reform. In 2002, Zambia was the second largest grant recipient of the Global Fund for HIV/AIDS, Tuberculosis and Malaria, receiving a sum of US \$92.8 million over a five-year period. USAID has been a leading donor for HIV/AIDS programmes in Zambia, providing US \$40.5 million for a three-year period (2000-2002) for the Zambia Integrated Health Programme (ZIHP), voluntary counselling and testing (VCT) programmes, youth mass media campaigns, and the SCOPE/orphans and vulnerable children programmes, among others (USAID, 2003). The U.K. Department for International Development (DFID) provided funds to strengthen the National AIDS Council; to support health and education; to support private-sector efforts to address HIV and AIDS in the workplace; and to build programmes with civil society (DFID, 2000). Also in 2002, the World Bank introduced a project focusing on capacity building, supporting the National AIDS Council, purchasing antiretroviral drugs for PMTCT programmes, supporting home-based care, and VCT. The UNICEF programme in Zambia focuses on water, sanitation, hygiene, education, and health, including PMTCT and education for new mothers.

1.6 Public Health Facilities

Public health facilities are found throughout the country, with a heavy concentration along the 'rail line' that runs south to South Africa via Zimbabwe and north through the Copperbelt province to Kinshasa in the Democratic Republic of Congo. Another rail line links western Zambia and Tanzania. Public health facilities include:

Health Posts: There are currently a small number (20) of pilot health posts in the country. Each health post is intended to serve a population of 500 households or about 3,500 people in rural areas, and 1,000 households or about 7,000 people in urban areas; or to be set up within 5 km radii for sparsely populated areas. Currently the Ministry of Health is constructing and testing pilot health posts. The performance of these facilities will be evaluated to determine their impact in enhancing health services at the community level, and then replicated throughout the country if found to be appropriate and affordable.

Health Centres: The two types of health centres in the restructured health care system include: (1) urban health centres, which are intended to serve a catchment population of 30,000 to 50,000 people; and (2) rural health centres, serving a catchment area within a 29 km radius, or a population of 10,000.

District and First-Level Referral Institutions: These are found in most, but not all, of the 72 districts. They are intended to serve a population of 80,000-200,000 with medical, surgical, obstetric and diagnostic services and with all clinical services to support health centre (and health post) referrals.

General Hospitals: These are second-level institutions at the provincial level that are intended to cover a catchment area of between 200,000 and 800,000 people, with services in internal medicine, general surgery, paediatrics, obstetrics and gynaecology, dentistry, psychiatry and intensive care. These hospitals are also intended to act as referral sites for first-level institutions, including the provision of technical backup and training functions.

Central Hospitals: There are five central hospitals, each serving a catchment population of 800,000 or more, that have sub-specializations in internal medicine, surgery, paediatrics, obstetrics, gynaecology, intensive care, psychiatry, and training and research.

1.7 Government Non-public and Private Health Facilities

These facilities include:

Mine hospitals and clinics are located almost exclusively in Copperbelt province.

Mission hospitals and clinics are commonly located in rural areas and poorer districts throughout the country. They provide about 30 percent of the health care in rural areas. Some 30 hospitals and 60 clinics are in operation, and the Churches Health Association of Zambia (CHAZ) coordinates their work and interests. The Central Board of Health commissions and funds their services through the District Basket Fund (DBF)/MoH, which uses a weighted population resource allocation formula.

Facilities operated by the *Ministry of Defense* through the various components of the Armed Forces provide health care services to their staff.

For-profit hospitals are relatively few and are located in urban areas.

Private clinics and practitioners are also located primarily in urban areas, but are more dispersed than for-profit hospitals.

1.8 National HIV/AIDS Programmes

To address the HIV/AIDS epidemic, the Government of the Republic of Zambia has put the following plans and programmes in place: 1) establishing the National AIDS Prevention and Control Programme in 1986; 2) developing an emergency short-term plan to ensure safe blood and blood product supplies in 1987; 3) putting in place the First Medium-Term Plan prioritizing eight operational areas: TB and leprosy; information, education and communication; counselling; laboratory support and epidemiology research; STI and clinical care; programme management; and home based care (1988-1992); 4) implementing the Second Medium-Term Plan for intersectoral co-ordination and collaboration (1994-1998); and 5) developing the National Strategic Framework (2001-2003) and National HIV/AIDS/STI/TB Policy (2002).

At present, the government of Zambia is implementing the National Health Strategic Plan (2001-2005), making the fight against HIV/AIDS one of its public health priorities as described in the National HIV/AIDS Strategic Framework (2001-2003) and National HIV/AIDS/STI/TB Policy (2002) (CBOH, 2000). The objectives of the framework are to: a) reduce HIV/STI transmission by mainly focusing on

children, youth, women, and situations providing risk for HIV transmission; b) reduce the socioeconomic impact of HIV/AIDS on individuals and families in homes, in work places, and in the whole of Zambian society; c) mobilize local and external resources to fight the epidemic through concerted efforts at all levels including the highest level of government. The framework also emphasizes surveillance, research, and community responses that include household and community coping strategies and networks of people living with HIV/AIDS. The geographical priorities of the framework are Lusaka and Copperbelt provinces. The population priorities are youth, commercial sex workers, truck drivers, migrant and seasonal workers, cross-border traders, fishermen and fish traders, uniformed personnel, refugees, people living with HIV/AIDS, and prisoners.

The 2002 National HIV/AIDS/STI/TB Policy stresses the importance of intersectoral coordination and collaboration among donors and implementing institutions. The policy also emphasizes intervention methods in the prevention, treatment, and care and support for HIV/AIDS. The policy's objectives include the provision of a legal framework for the establishment of a multisectoral autonomous institution to provide technical guidance and to evaluate the national response to HIV/AIDS/STI/TB; the provision of a framework to facilitate advocacy; and social mobilization in order to promote partnerships in the fight against HIV/AIDS/STI/TB.

2.1 Overview

The Zambia HIV/AIDS Service Provision Assessment (ZHSPA) survey was undertaken under the President's Emergency Plan for AIDS Relief (PEPFAR). An international technical working group, comprised of representatives from the World Health Organization (WHO), the United Nations Joint Programme on HIV/AIDS (UNAIDS), the U.S. Agency for International Development (USAID), and other organizations, including NGOs that implement HIV/AIDS services in Zambia, developed common indicators for measuring the quality of HIV/AIDS services provided through the formal health sector. The ZHSPA survey was designed to collect information to estimate these indicators. Information was collected from a nationally representative sample of health care facilities to understand the strengths and weaknesses of the service delivery environment at national and provincial levels. The results of the survey should help policymakers and programme administrators develop effective strategies for improving the utilization and coverage of HIV/AIDS services, and prioritizing resources in ways that will ensure better health outcomes.

2.2 Institutional Framework and Objectives

The ZHSPA survey was undertaken jointly by the Central Statistical Office and the Ministry of Health (formerly the Central Board of Health), 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 and was funded by USAID.

The primary objectives of ZHSPA survey were as follows:

- To provide baseline 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 enable comparisons between provinces and at a national level between different types of facilities as well as those managed by different authorities (i.e., government or non-government);
- To identify gaps in support services, resources, or the processes used in providing client services that may impact the ability of facilities to provide quality services; and
- To provide a baseline measurement of certain international HIV/AIDS indicators for the President's Emergency Plan for AIDS Relief, specifically:
 1. Capacity to provide basic-level services for HIV/AIDS;
 2. Capacity to provide advanced-level services for HIV/AIDS;
 3. Availability of record-keeping systems for monitoring HIV/AIDS care and support;
 4. Capacity to provide prevention of mother-to-child transmission services (PMTCT) and PMTCT+ services; and
 5. Availability of youth-friendly services.

2.3 Methods of Data Collection

The ZHSPA survey measures the capacity of health facilities to provide preventive services as well as to meet the care and support needs of people living with HIV/AIDS and their families. The ZHSPA survey focused on basic and advanced levels of HIV/AIDS care and support services (CSS), record keeping systems, and youth-friendly services (YFS) that have been developed to improve the health and lives of people living with HIV (PLHIV). The following HIV/AIDS health services components, all interrelated to various degrees, were assessed:

- HIV/AIDS-related outpatient and inpatient care that includes general health system management,
- Infection prevention and compliance to standard precautions,
- HIV/AIDS testing and counselling,
- Antiretroviral therapy,
- Prevention of mother-to-child transmission services (PMTCT),
- Health management information systems (record keeping) relevant to HIV/AIDS,
- Laboratory diagnostics for HIV, tuberculosis, malaria and most common STIs, and
- Availability and management of essential medications, supplies, and treatment services related to HIV/AIDS.

For each assessed service site, the survey looked at the presence of components (in working condition) considered essential for the provision and maintenance of quality health services. The components are those commonly promoted in programmes supported by organizations such as USAID, World Health Organization (WHO), United Nations Children’s Fund (UNICEF), UNAIDS, and other donors. Additional components were included for measuring the quality of HIV/AIDS services that are provided through the formal health sector to measure HIV/AIDS indicators for PEPFAR. The ZHSPA survey also assessed the presence of more sophisticated components, such as higher-level diagnostic and treatment modalities and support systems for health services, which are most often introduced after basic-level services have been put into place.

The ZHSPA consisted of two data collection instruments: the facility resources audit questionnaire and the health worker interview questionnaire. The facility resources audit questionnaire interviews the person in charge of the facility’s services, to obtain information on the conditions and capacity of health facilities to provide care and support and referral linkages between services. Specifically, this questionnaire collects information on: HIV/AIDS-related services provided by the facility, linkages to other HIV/AIDS-related services for patients and their families (e.g. home-based care), availability of guidelines and protocols for HIV/AIDS-related care and support services, availability of medicines and supplies, facility conditions, and health management information systems (HMIS). The ZHSPA facility resources audit questionnaire comprises different modules for each care and support service offered at the facility. Each module was used in each respective service site within a facility, where applicable. Data were collected and analysed at each service site within a facility, and were then aggregated to present facility-level data.

The health worker interview questionnaire was used to interview health service providers to collect information on their experience and training (pre-service and in-service training) in HIV/AIDS-related care and support provision.

Both questionnaires were developed to collect data that correspond with the following indicators:

Indicator 1: Capacity to provide basic-level HIV/AIDS services. This indicator includes the availability of the following components: 1) system for testing for HIV and providing results of the test; 2) systems and qualified staff for pre-test and post-test counselling, 3) resources and supplies for providing specific health services relevant to HIV/AIDS such as diagnosis and treatment of TB, malaria and STIs, 4) elements for preventing nosocomial infections (infections transmitted within health care facilities); and 5) trained staff and resources for providing basic interventions for HIV prevention and treatment for people living with HIV/AIDS.

The capacity to provide basic HIV/AIDS services is measured by the presence of essential practices, supplies, and equipment such as policies or guidelines for informed consent and confidentiality, for pre-test and post-test counselling, a register for pre-test and post-test counselling and visual and auditory privacy, adequate supplies, a client register and documentation for recording whether test results were given to the client, availability of specific stock items and equipment or supplies for sterilization or high-level disinfection of equipment for reuse, and laboratory capacity and staff who have been supported through training and supervision.

Indicator 2: Capacity to provide advanced-level HIV/AIDS services. This indicator includes the availability of the following components: 1) systems and items to support the management of opportunistic infections and the provision of palliative care for people living with HIV/AIDS; 2) systems and items to support advanced services for the care of people living with HIV/AIDS; 3) systems and items to support antiretroviral combination therapy (ART); 4) conditions to provide advanced inpatient care for people living with HIV/AIDS; 5) conditions to support home care services; and 6) post-exposure prophylaxis.

The capacity to provide advanced HIV/AIDS care includes the availability of: essential medicines, diagnostic equipment for various tests, provision and follow-up of advanced treatment, availability of guidelines or protocols at sites where services are provided; documented systems for referral and receiving results; indication that the test result or follow-up was provided to the person tested; observed record of a system for making individual client appointments, monitoring antiretroviral therapy, record-keeping system, staff trained to provide care, evidence of staff training and supervision, and functioning infrastructure such as a 24-hour electricity supply, a functioning client latrine, client beds for inpatient care, and medicines necessary to provide such services.

Data were collected through observation in all relevant service sites where HIV/AIDS clinical or psychological care was being provided, as well as through individual health worker interviews with providers of HIV/AIDS services.

Indicator 3: Availability of record-keeping systems for monitoring HIV/AIDS care and support. This indicator assesses the capacity of facilities to maintain adequate records for the HIV/AIDS-related services that they provide, and whether or not they routinely submit reports into the HMIS system. Data were collected for each service site offering relevant services.

Indicator 4: Capacity to provide Prevention of Mother-to-Child Transmission (PMTCT) services. This indicator assesses the provision of services for the prevention of mother-to-child transmission of HIV. PMTCT services include counselling and testing, ARV prophylaxis, infant feeding counselling, family planning counselling, and ART for HIV positive women (PMTCT) or for HIV positive women and their families (PMTCT+). In addition, PMTCT services are expected to maintain records of the services provided. Each point-of-service area for PMTCT in a facility must have all the individual items in the checklist to meet the requirements for this area, which include evidence of

providing a minimum package of the PMTCT or PMTCT+ services, having an observed record-keeping system for clients accepting HIV testing and counselling, clients receiving a completed course of ARV for the preventive treatment of MTCT and clients receiving ARV for therapeutic treatment.

Indicator 5: Availability of youth-friendly services (YFS). This indicator assesses whether or not facilities have youth-friendly programmes for HIV/AIDS-related services, and if they have policies or guidelines and trained providers for the services.

The survey collected information on whether specific support services are offered at a health facility, as well as evidence that they are functioning. The systems that were assessed were those related to general management, quality assurance, logistics for medicines, infection control, and various systems for monitoring activities (such as referrals). The survey also collected data on the basic infrastructure of each facility, which may contribute to a better standard of services or increase clients' utilization. Criteria used to assess this component include the presence of electricity and water, as well as the availability of amenities and services (such as staffing levels, and the types of services that are offered on specific days).

2.4 Survey Sampling

The sample of health facilities was selected to provide national- and provincial-level representation of the health facilities offering HIV/AIDS services in Zambia. These include third-level hospitals, second-level hospitals, first-level hospitals, urban health centres, rural health centres, urban private clinics, rural private clinics, and home-based care. These facilities are managed by either the government (public and non-public), or non-governmental organizations (NGOs)—which include community- and faith-based organizations—and private and parastatal organizations. Each facility could have one or more clinics/units (or service sites) that offer HIV/AIDS services.

The total sample size was determined on the basis of funding and logistical considerations, as well as the minimum sample size required for the analysis at the provincial level and by the type of facility. A total sample size of 450 facilities was selected based on these requirements. An updated list of facilities provided by the Central Statistical Office and the Central Board of Health was used as the sampling frame. The sample was selected in a two-stage process. In the first stage, 241 priority facilities including all hospitals at all levels and all home-based care facilities were selected. The remaining 209 facilities were randomly selected from the remainder of the sampling frame, with proportional allocation of each type of facility by province.

Table 2.1 presents the sample distribution for the 2005 ZHSPA. The table shows that out of 450 facilities initially selected for the 2005 ZHSPA, 430 were successfully interviewed. This represents a response rate of 96 percent. The table also shows the distribution of facilities by province, type of facility, and by managing authority (government and non-government). Clinics (urban and rural) and home-based care facilities are grouped and presented as 'other'.

The sample of health service providers was selected using a special protocol: interviewees were selected from among providers who were present in the sampled facilities on the day of the survey and who provide HIV-related services. In those facilities, all providers who were present on the day of survey were listed. The sample selection process ensured that, if available, at least one clinical service provider from each relevant service (e.g., PMTCT, VCT) was interviewed. At least one provider from each clinical qualification (e.g., physician, nurse) was interviewed and a maximum of three providers for any given service was interviewed.

A clinical service provider was defined as someone (e.g. physician or nurse) who actually provides client services of some type (counselling, health education, or consultation services, for instance). Thus, a registered nurse who only works on registration, and never provides any type of clinical services to clients, was not interviewed.

To ensure that all relevant providers were interviewed in each facility, providers were selected with priority according to the qualifications of the provider. For example if there were two clinics or units in a facility and there were physicians and nurses working in each clinic, at least one physician and one nurse were selected from each clinic to be interviewed. Therefore, the providers' sample in the survey was not necessarily randomly representative of the size or type of the facility.

In total, 3,140 health care providers of all categories were listed, and 71 percent those listed were selected for interview.

2.5 Data Collection Process

Data were collected using structured, printed questionnaires. These questionnaires were based on generic HIV/AIDS SPA questionnaires developed by the MEASURE DHS project. The questionnaires were adapted for Zambia with consultation by technical specialists from the CBOH–MOH, USAID, and NGOs. Operational definitions were also developed for the components of health systems and health facilities where the data were collected. The questionnaires were pre-tested in 12 different facilities. The data collection instruments were revised after the pre-test, tailoring them specifically to conditions in Zambia. A training manual was developed and used in the training of data collectors; it was distributed to all data collectors to ensure standardized data collection.

Data collectors (interviewers) were primarily clinical officers, nurses, and midwives experienced in data collection for a nationally representative survey. They underwent a seven-day training exercise including classroom instruction, practical experience completing all questionnaires in different types of health facilities, role playing, and practice exercises in the field. A final test was administered to participants.

Table 2.1 Sample distribution

Percent distribution of facilities (weighted), and weighted and unweighted number of facilities by type of facility, managing authority, and province, Zambia HIV/AIDS SPA 2005

Characteristic	Distribution of facilities (weighted) (%)	Weighted number of facilities	Unweighted number of facilities
Type of facility			
Hospital	5.7	25	101
Urban health centre	16.9	73	97
Rural health centre	53.9	232	176
Other	23.5	101	56
Managing authority			
Government	65.4	281	306
Non-government	34.6	149	124
Province			
Central	8.7	37	40
Copperbelt	20.9	90	81
Eastern	9.4	40	35
Luapula	7.5	32	34
Lusaka	15.5	67	68
Northern	9.5	41	42
Northwest	6.8	29	29
Southern	14.1	61	66
Western	7.6	33	35
Total	100	430	430

Note: The sum of the weighted number of facilities distributed by type of facility is slightly different from the total weighted number because all weighted numbers have been rounded.

2.6 Data Collection Methods

A total of 12 teams, comprising three to four people each, participated in the data collection. Each team included a team leader and two to three team members, and was assigned to cover one province. Two teams were assigned to cover the largest provinces: Northern, Southern, and Copperbelt.

Each team received a list of facilities to be visited. It took teams one full day to collect data in most of the facilities, and two days in the case of large hospitals. In addition, if one of the observed services, such as VCT or PMTCT, was not offered the day of the survey, or if the health facility was closed for training or any other scheduled activity on the day of the survey, the teams returned to collect data on the day when the service was offered or when the facility was open for clients.

Team leaders were responsible for ensuring that the interviewees for each component of the facilities surveyed were the most knowledgeable persons in the particular service, clinic, or unit being assessed. 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 obtained from the director of the facility, all interviewed in-charges, and interviewed providers. Data collection teams were supervised throughout the field activities, and some facilities were re-interviewed for selected sections of the questionnaires for quality control.

2.7 Process for Data Management and Report Writing

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

- a. Management of questionnaires: Completed questionnaires were edited by the team leaders and by field supervisors on site. They were sent to the CSO office for further editing.
- b. Data entry: Data entry was conducted by the staff of the CSO using CSPRO software (developed by ORC Macro and the U.S. Census Bureau) for data entry. Double entry of all questionnaires was carried out in order to identify errors.
- c. Data analysis: Tabulation plans and programmes for the production of statistical tables were developed. Data analysis was carried out with feedback from the MOH-CBOH and the ZHSPA technical advisors to ensure that the analysis was appropriate for the Zambian health system.
- d. Development of final report: The final report was written with input from ORC Macro technical staff and MOH-CBOH technical specialists responsible for the programmes included in the survey. After the report was drafted and finalized, it was reviewed in country by the MOH-CBOH staff before final publication.

2.8 Data Analysis and Conventions Followed in Developing the Indicators

The following conventions were implemented in the analysis of the ZHSPA data:

Availability of items: Unless specifically indicated, the ZHSPA considered items as available only if they were observed. HIV/AIDS services are frequently offered in more than one service site within large facilities. Among elements identified for supporting the quality of services related to HIV/AIDS, some need only be at any location in a facility, with the assumption that all units can access the item (e.g., medicines, laboratory tests, facility-level policies and guidelines). Record keeping is necessary for clients who receive services from any service site, but the records may be kept in different locations depending

on the organization of a facility. Some items, such as service statistics and client records may be centralized or decentralized, depending on the organization of a facility. For this survey, it is assumed that as long as a unit offering a service knows where the records are kept and the existence of records in that site is verified, the records are considered available for clients receiving services from the unit. It is not reasonable, however, to assume that providers will run around a facility in search of soap and water to wash their hands, or specific guidelines to remind them of information when providing services to a client. Thus, some items, such as those for infection control, and guidelines and protocols, need to be in the vicinity of each relevant service delivery area.

Provider information: While some providers may indicate that they personally provided a service that the facility did not officially offer, only providers from facilities that offered the service in question were included in the analysis.

Development of aggregate variables: Aggregating data into subsets makes it possible to show different components of the indicators and to see how these components relate to the overall indicators that measure capacity of service provision. It also enables better monitoring of changes in capacity for service provision and changes in adherence to service standards, since there may be improvements in some components but not in others. The aggregate variables presented in this report are based on the common indicators defined and developed by an international technical working group for the President's Emergency Plan for AIDS Relief for measuring the quality of HIV/AIDS services that are provided through formal health sector. These indicators and their components are part of an initial phase in the process of defining useful and aggregated HIV/AIDS-related health information. They will be refined according to feedback from users such as policymakers and programme implementers.

2.9 Explanation of Weighted Data

The sample of facilities in the ZHSPA was selected to be representative at the provincial level and by the type of health facility. In designing the sample selection to provide sufficient numbers of subsets of data by province and by type of health facility, the selected facilities may be either over- or under-represented in relation to the actual proportion they bear in the country as a whole. When presenting provincial- and national-levels statistics, the data are weighted back to restore their representativeness at that level. In other words, weights ensure that, when providing regional or national data, the proportion to which different facilities and services contribute to the total in the sample is the same proportion as it exists in the province or nation as a whole.

The survey drew on a sample of 450 facilities that included all hospitals and random samples of other types of facilities from 1,897 eligible facilities listed; 430 facilities were actually interviewed, including 101 hospitals, 97 urban health centres, 176 rural health centres, and 56 other facilities (Table 2.1).

Actually, hospitals represent only 6 percent of the total number of 1,897 facilities. Since hospitals were over-sampled, they had to be weighted down from 101 to 25, or 6 percent of 430 facilities, in the analysis (Table 2.1).

Summary: Percentages and frequencies presented in this report are based on weighted numbers that provide information on true proportions of the total according to particular types of facilities or regions. However, all facilities in the sample were used when calculating the percentages.

3.1 Overview

An international technical working group, comprised of representatives from the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United States Agency for International Development (USAID), and other organizations, including non-governmental organizations (NGOs) that implement HIV/AIDS services in Zambia, developed common indicators for measuring the quality of HIV/AIDS services that are provided through the formal health sector. These indicators fall under the following broad categories:

- Capacity to provide basic-level services for HIV/AIDS
- Capacity to provide advanced-level services for HIV/AIDS
- Availability of record-keeping systems to monitor HIV/AIDS care and support
- Capacity to provide services for prevention of mother-to-child transmission (PMTCT and PMTCT+)
- Availability of youth-friendly services.

3.2 Availability of HIV/AIDS Services

The ZHSPA assessed the following:

Counselling and Testing (CT): The survey defines a facility as having a counselling and testing system if either the facility conducts the test or the test is conducted elsewhere but there is a system for the facility to receive results and to follow-up with clients post-testing. A facility where clients are simply referred elsewhere for counselling and testing, and at which the facility does not follow up on test results, was not defined as offering counselling and testing. VCT (voluntary counselling and testing) and CT are used interchangeably because all counselling and testing is presumed to be voluntary. VCT implies that the clients initiated the test, while CT implies that the test was externally initiated (either by the health service provider, or as a system requirement such as for employment or a visa).

Clinical Care and Support Services (CSS): Clinical care and support services (CSS) include any services that are directed towards improving the life of an HIV infected person. These most often include treatment of opportunistic infections, and treatment of illnesses and conditions commonly associated with or worsened by HIV infection, such as tuberculosis, sexually transmitted infections, and malaria. Other CSS may include palliative care and social and psychological support services. Along with CSS, the survey assessed elements for preventing nosocomial infection for all service units visited in the facility.

Antiretroviral Therapy (ART) refers to the provision of antiretroviral (ARV) medicines to treat HIV-infected clients.

Post-exposure Prophylaxis (PEP) refers to the provision of ARV medicines for health providers who have been exposed to HIV through their work and who are at risk of HIV infection. Since PEP requires access to ARVs, it is not surprising that this is available most often at facilities where ART services are available.

Prevention of Mother-to-Child Transmission (PMTCT): A facility is defined as offering PMTCT services if it offers the following components: pre- and post-test counselling and HIV testing for pregnant

women, counselling on infant feeding and family planning to prevent infection, and provision of prophylactic ARV to HIV-positive women and her newborn babies. PMTCT+ services include providing ART to all HIV-positive women identified through PMTCT and to their families.

Youth-friendly Services (YFS): This refers to specific programme strategies to encourage utilization of HIV/AIDS services by adolescents. Youth-friendly services are also assessed where the services are offered together with either VCT or PMTCT services.

Findings

Table 3.1 shows the detail of availability of HIV/AIDS services. HIV testing services are available in almost half of all facilities (44 percent). However, VCT services are available in only 25 percent of rural health centres, 39 percent of government facilities, 20 percent of facilities in Luapula province, and 24 percent of facilities in Northwest province.

Clinical care and support services are available in almost all facilities (97 percent), with little variation by type of facility, managing authority, and province.

ART services in the public sector commenced in 2003 and at present are available in a small proportion of facilities (10 percent), primarily offered in hospitals (64 percent). The services are available in 32 percent of all facilities in Lusaka and less than 10 percent in other provinces.

PMTCT services are available in one-fifth of the facilities (19 percent). The services are more likely to be available at hospitals (62 percent) and urban health centres (47 percent) than in rural health centres and other types of facilities. Only 8 percent of all facilities in Luapula and Northern provinces offer PMTCT services.

PEP services are available in 9 percent of all facilities. The services are commonly offered in hospitals (53 percent) and among non-government facilities (19 percent) but not in rural health centres. The services are most available in Lusaka province (27 percent) and in Copperbelt province (15 percent), and among government facilities (20 percent). The services are offered in only 5 percent or less of all facilities in other provinces.

YFS are offered in 15 percent of all facilities. The services are available in 42 percent of urban health centres, and 6 percent of non-government facilities. The services are not available in Northwest province.

Table 3.1 Percentage of facilities offering HIV/AIDS services (weighted)							
Among all facilities, percentage offering indicated services, by background characteristics, Zambia HIV/AIDS SPA 2005							
Background characteristic	VCT ¹	CSS ²	ART ³	PMTCT ⁴	PEP ⁵	YFS ⁶	Total number of facilities
Type of facility							
Hospital	98	99	64	62	53	16	25
Urban health centre	88	98	19	47	14	42	73
Rural health centre	25	97	1	12	0	11	232
Other	41	93	10	3	16	5	101
Managing authority							
Government	39	98	7	23	4	20	281
Non-government	53	94	15	11	19	6	149
Province							
Central	58	90	9	27	2	14	37
Copperbelt	60	99	9	23	15	24	90
Eastern	34	100	5	18	3	8	40
Luapula	20	96	6	8	5	9	32
Lusaka	52	93	32	16	27	16	67
Northern	46	100	3	8	1	32	41
Northwest	24	95	3	13	2	0	29
Southern	31	97	5	14	5	7	61
Western	43	96	4	41	4	12	33
Total	44	97	10	19	9	15	430

Note: Facility is used to describe any health service facility or other non-home-based site where services related to HIV/AIDS are offered.

¹Voluntary counselling and testing system for HIV/AIDS: facility 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.

²Clinical care and support services for HIV/AIDS patients and people living with AIDS

³Antiretroviral therapy

⁴Prevention of mother-to-child transmission of HIV

⁵Post-exposure prophylaxis for health care workers and other high-risk persons

⁶Youth-friendly HIV testing services

3.3 Basic-Level Services for HIV/AIDS

3.3.1 Counselling and Testing

Responding to the growing HIV/AIDS epidemic, the Zambian government implemented voluntary counselling and testing (VCT) as a vital activity. As of early 2004, the government had established 254 VCT and PMTCT sites around the country. The VCT National Programme has so far established VCT/PMTCT facilities in all 72 districts in Zambia. By the end of 2005 the programme had established more than 500 VCT/PMTCT centres in the country located at government, non-government, and private institutions.

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

- Tests will be administered only after an informed consent has been received from the clients, and the testing must be voluntary.
- Clients must receive an assurance that test results are confidential and that no one will be told the results without her/his explicit consent.

- Clients must receive pre-test counselling to ensure an understanding of the meaning of the test.
- Both HIV-positive and HIV-negative clients must receive post-test counselling on preventive measures, as well as for treatment and follow-up.
- A same-day test result is encouraged.

Several elements have also been defined as important for supporting the quality of services. Service sites must have guidelines and protocols in the service delivery area, and records must be kept of services received by clients in order to ensure that all key elements of VCT are being implemented.

VCT services may be provided in a special VCT unit where clients come on their own accord and request an HIV test. Testing services may also be provided in any service setting, where either the client or the service provider determines that an HIV test is advisable. Thus, data were collected from all service sites within a facility where it was indicated that counselling and/or testing services for HIV were provided.

Findings

The availability of HIV testing systems is summarized in Table 3.2. An HIV testing system is available in 44 percent of all types of facilities sampled. The availability of testing systems in health facilities varies from as low as 20 percent in Luapula province to 60 percent in Copperbelt province. An HIV testing system is available in almost all hospitals (98 percent), in 88 percent of urban health centres, 25 percent of rural health centres, and in 41 percent of other types of facilities.

About 76 percent of the facilities where HIV testing is available offer services within the facility (the test is available at the facility or in an affiliated laboratory). Eighty-three percent of the facilities with an HIV testing system offer services within the facility or use non-affiliated laboratories to conduct the test. Testing services are more available in hospitals and less available in facilities in Northwest province. There is little variation by managing authority.

Regarding the elements that support quality of VCT services, only 20 percent of facilities have a written informed consent policy for HIV testing in all sites offering VCT. The informed consent policy is available in less than 10 percent of rural health centres and facilities in Luapula, Lusaka, and Northern provinces. Fifty-nine percent of facilities with an HIV testing system have a register for the HIV test results in all testing sites and 58 percent have records of clients having received test results in all testing sites (Table 3.2). Only 15 percent of all VCT facilities in Western province have a register for the test results and records of clients having received test results in all testing sites.

The absence of guidelines or policies is a weak component of HIV testing systems. Although all facilities with HIV testing systems have at least one trained counsellor, only 37 percent have a written policy for routine provision of pre- and post-test counselling. This policy is particularly less available in rural health centres (21 percent) and in Western province (18 percent). Guidelines for pre- and post-test counselling and guidelines or policies on confidentiality of HIV test results are available in only 5 percent of facilities with HIV testing systems. These guidelines are not available in any facility in Luapula, and are available in just 1 percent of facilities in Northern and Southern provinces.

Table 3.2 System for HIV testing and for offering results of HIV test

Percentage of facilities with an HIV testing system, and among these, percentage with indicated items for counselling and testing (CT), by background characteristics. Zambia HIV/AIDS SPA 2005

Background characteristic	Percentage of facilities with HIV testing system ¹	Number of facilities	Among facilities with HIV testing system, percentage of facilities with items observed in all relevant services sites						Number of facilities with HIV testing system	Mean number of service sites per facility with HIV testing system ⁶
			HIV test available in facility or affiliated lab ²	HIV test available or conducted outside facility	Informed consent policy for HIV testing ³	Register with HIV test results	Record of clients receiving HIV test results ⁴	All items for indicator ⁵		
Type of facility										
Hospital	98	25	94	94	18	59	59	14	24	1.5
Urban health centre	88	73	71	80	34	62	62	25	64	1.2
Rural health centre	25	232	71	84	6	66	63	3	59	1.1
Other	41	101	79	80	18	44	44	11	41	1.1
Managing authority										
Government	39	281	73	84	20	63	61	10	109	1.2
Non-government	53	149	79	82	19	54	54	18	79	1.1
Province										
Central	58	37	60	86	27	68	68	6	22	1.3
Copperbelt	60	90	75	80	30	46	46	28	54	1.3
Eastern	34	40	100	100	15	63	63	14	14	1.0
Luapula	20	32	72	72	7	89	89	7	6	1.1
Lusaka	52	67	82	82	8	60	60	5	34	1.1
Northern	46	41	78	96	4	88	75	2	19	1.0
Northwest	24	29	29	43	43	67	67	16	7	1.0
Southern	31	60	74	84	19	72	72	18	19	1.1
Western	43	33	87	87	17	15	15	2	14	1.6
Total	44	430	76	83	20	59	58	13	188	1.2

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, or 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.

³ If national VCT guidelines are present, this is accepted as having an informed consent policy, as this is specified in the guidelines.

⁴ If rapid test is done, record with client identifier and results is sufficient.

⁵ 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.

⁶ Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Most facilities (88 percent) offering counselling and testing services ensure visual and auditory privacy to clients at their sites, and 71 percent have client counselling records that can be linked with the test results. However, only 14 percent of the facilities have an up-to-date record of clients receiving pre- and post-test counselling (not available at all in Central and Copperbelt provinces, and available in only 7 percent of facilities in Northern province). Even fewer (5 percent) have guidelines or policies for confidentiality of test results (not available in Luapula province) (Table 3.3).

Table 3.3 Availability of policies, guidelines, qualified staff, and systems for pre- and post-test counselling

Among facilities with a system for HIV testing, percentage with indicated components for counselling and testing (CT) services, by background characteristics, Zambia HIV/AIDS SPA 2005

Background characteristic	Written policy for routine provision of pre- and post-test counselling for HIV testing ¹	At least one trained counsellor assigned to an HIV testing site ²	Among facilities with a system for HIV testing, percentage where item was observed at all eligible sites					Percentage of facilities with all items for indicator ³	Number of facilities with HIV testing system ⁴	Mean number of service sites per facility with HIV testing system ⁵
			Guidelines for content of pre- and post-test counselling	Guidelines or policy on confidentiality for HIV test results	Up-to-date record for clients receiving pre- and post-test counselling	System linking test results with pre- and post-test counselling	Visual and auditory privacy possible in all counselling areas			
Type of facility										
Hospital	89	100	10	8	16	71	90	0	24	1.5
Urban health centre	39	100	6	5	13	82	97	3	64	1.2
Rural health centre	21	100	2	2	21	79	93	0	59	1.1
Other	25	100	5	5	4	45	66	0	41	1.1
Managing authority										
Government	35	100	6	5	19	80	92	2	109	1.2
Non-government	40	100	4	4	8	60	82	0	79	1.1
Province										
Central	31	100	5	4	0	87	78	0	22	1.3
Copperbelt	36	100	6	6	0	66	84	0	54	1.3
Eastern	70	100	14	14	42	93	98	14	14	1.0
Luapula	29	100	0	0	29	61	100	0	6	1.1
Lusaka	34	100	5	5	25	60	85	1	34	1.1
Northern	41	100	1	1	7	71	100	0	19	1.0
Northwest	32	100	13	6	27	100	100	0	7	1.0
Southern	40	100	1	1	22	62	99	0	19	1.1
Western	18	100	2	2	23	77	77	0	14	1.6
Total	37	100	5	5	14	71	88	1	188	1.2

¹ Policy was observed in any relevant service site. Presence of National Guidelines for VCT, PMTCT, or ART were accepted as having a policy.

² Pre-test counselling may consist of general education in groups, or individual client counselling.

³ Facility has written policy for HIV counselling, at least one trained counsellor assigned to CT, observed guidelines for content of counselling, policies on confidentiality, records of clients receiving counselling, and visual and auditory privacy in all sites.

⁴ Facility either conducts the test, or 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.

Recommendations

- Guidelines and protocols, registers of HIV test results, and records for HIV testing services provided should be available at all sites where VCT is offered, particularly among facilities in Western province.
- Informed consent policies should be more available at all sites where VCT is offered, particularly so in Luapula, Lusaka, and Northern provinces.
- Records of counselling services need to be maintained. It cannot be assumed that every client who received the results of their rapid test attended post-test counselling.
- HIV testing systems that include counselling should be more available nationwide, especially in Luapula and Northwest provinces, and among rural health centres and government facilities.

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

Health facilities that provide CSS for HIV/AIDS clients should also be able to offer services for tuberculosis (TB), sexually transmitted infections (STI), and malaria. Tuberculosis and sexually transmitted infections are both associated with HIV/AIDS. Even though causative factors of malaria are not directly associated with HIV/AIDS, WHO's global Roll Back Malaria initiative promotes integration of malaria and HIV services to reduce morbidity and mortality associated with dual infection of the two illnesses.

As can be seen in Table 3.4, all facilities providing CSS for HIV/AIDS clients also provide STI and malaria services. Only 64 percent provide tuberculosis services that follow the DOTS strategy. Tuberculosis services following the DOTS strategy are more available in rural health centres and hospitals, and least available in other types of facilities. They are less available among non-government facilities and in Lusaka and Western provinces.

Table 3.4 Diagnosis and treatment of tuberculosis, STIs, and malaria						
Among the facilities that provide CSS for HIV/AIDS clients, percentage that also provide services for the diagnosis and treatment of tuberculosis, STIs, and malaria. Zambia HIV/AIDS SPA 2005						
Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Total number of facilities surveyed	Among facilities offering CSS for HIV/AIDS, percentage that			Number of facilities offering CSS for HIV/AIDS
			Follow DOTS strategy for TB	Offer STI services	Offer malaria services	
Type of facility						
Hospital	99	25	73	100	100	24
Urban health centre	98	73	65	100	99	71
Rural health centre	97	232	81	99	100	226
Other	93	101	19	98	99	94
Managing authority						
Government	98	281	79	100	100	275
Non-government	94	149	34	98	99	141
Province						
Central	90	37	64	99	99	34
Copperbelt	99	90	55	100	99	89
Eastern	100	40	99	100	100	40
Luapula	96	32	88	100	100	31
Lusaka	93	67	37	96	99	62
Northern	100	41	75	100	100	41
Northwest	95	29	72	100	100	28
Southern	97	60	74	100	100	59
Western	96	33	31	100	100	31
Total	97	430	64	99	100	415

Tuberculosis

TB is one of the most common opportunistic infections associated with HIV/AIDS, and one of the leading causes of death among HIV-infected persons. At the beginning of the HIV/AIDS epidemic, the incidence of TB worldwide increased by a dramatic 400 percent. The increase was particularly observed among severe forms of multiple-drug-resistant tuberculosis. It is estimated that about one-third of the 40 million people living with HIV/AIDS worldwide are co-infected with TB. In Zambia today, approximately 70

percent of people with TB are also co-infected with HIV. People with HIV are 50 percent more likely to develop TB in a given year than people without HIV (WHO, 2004).

TB diagnosis and treatment is considered an essential component of care for HIV/AIDS clients. The World Health Organization advocates the use of the Directly Observed Treatment Short-course (DOTS) strategy for TB treatment and control.

The DOTS strategy has five main elements:

1. Political commitment with increased and sustained financing,
2. Diagnosis of cases using quality-assured microscopy or bacteriology,
3. Standardized treatment of cases with supervision and patient support,
4. Uninterrupted and sustained supply of quality-assured anti-TB drugs free of charge to all TB patients,
5. Standardized reporting and recording for monitoring and evaluation purposes.

In addition to providing quality treatment for diagnosed cases of TB, services should test all newly diagnosed HIV-infected persons for TB; likewise, all newly diagnosed TB patients should be tested for HIV. Preventive treatment for TB using Isoniazid (INH) in HIV infected persons is recommended. However, INH must only be given to people who do not have active TB. The challenge is therefore to rule out active TB before INH is administered.

Findings

Zambia's Ministry of Health is working toward making the DOTS strategy available in all districts and health facilities.

Table 3.4 shows that, among facilities offering any CSS to HIV/AIDS clients, 64 percent reported that they use the DOTS strategy for TB treatment and followup. The distribution of facilities offering CSS for HIV/AIDS clients and following the DOTS strategy by province varies from as low as 31 percent in Western province to as high as 99 percent in Eastern province. The services are more commonly observed among government facilities (79 percent) than non-government facilities (34 percent); and among hospitals (73 percent), rural health centres (81 percent), and urban health centres (65 percent) compared with other types of facilities (19 percent) (Table 3.4).

Table 3.5 Diagnosis, treatment, and follow-up using Directly Observed Treatment Short-course (DOTS) for tuberculosis

Among the facilities that provide CSS for HIV/AIDS clients, percentage that follow the DOTS strategy for diagnosis and treatment of tuberculosis; and among those following the DOTS strategy for TB, the percentage with specific services for treatment and follow up, by background characteristics, Zambia HIV/AIDS SPA 2005

Background characteristic	Percentage that follow DOTS strategy for TB ¹	Number of facilities offering CSS for HIV/AIDS	Among facilities offering CSS for HIV/AIDS clients and following DOTS strategy, percentage with:				Number of facilities offering CSS for HIV/AIDS and following DOTS	Mean number of sites per facility offering TB services following DOTS
			Observed client register for DOTS	Observed TB treatment protocol at all sites	All first-line medicines available ²	All items for indicator ³		
Type of facility								
Hospital	73	24	73	79	74	40	18	1.2
Urban health centre	65	71	91	91	73	57	46	1.0
Rural health centre	81	226	76	92	79	57	183	1.0
Other	19	94	69	31	97	27	18	1.0
Managing authority								
Government	79	275	77	92	77	57	218	1.0
Non-government	34	141	79	62	84	40	47	1.0
Province								
Central	64	34	65	97	100	64	22	1.1
Copperbelt	55	89	98	74	84	56	50	1.0
Eastern	99	40	83	94	44	36	40	1.0
Luapula	88	31	69	93	54	42	28	1.0
Lusaka	37	62	61	65	92	49	23	1.0
Northern	75	41	65	88	90	54	31	1.0
Northwest	72	28	79	90	89	60	20	1.1
Southern	74	59	79	91	86	68	43	1.0
Western	31	31	74	100	93	69	10	1.2
Total	64	415	78	87	79	54	265	1.0

¹ Treatment strategy followed is either direct observation for 2 months and followup for 6 months, or direct observation for 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.

³ Observed client register for DOTS in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility

As shown in Table 3.5, more than three-quarters of the facilities (78 percent) that offer CSS for HIV/AIDS clients and TB diagnosis and treatment using DOTS have client registers; 87 percent have TB treatment protocols at all sites within the facility that diagnose and prescribe TB treatment according to DOTS; and 79 percent have all first-line medicines available. Slightly more than half the facilities (54 percent) that offer CSS for HIV/AIDS clients and follow the DOTS strategy for TB have all three items, which is more commonly observed in both urban and rural health centres (57 percent) than in hospitals (40 percent) or other types of facilities (27 percent); and more so in government facilities (57 percent) than in non-government facilities (40 percent).

Among facilities that offer any CSS for HIV/AIDS clients, 77 percent indicated that they provide either TB diagnosis or treatment services or both. TB services are less available in other types of facilities (35 percent), more available in government facilities (92 percent), and less available in Copperbelt and Lusaka provinces (61 and 55 percent, respectively) (Appendix Table A-1.1a).

As indicated in Appendix Table A-1.1b, among facilities that offer any CSS for HIV/AIDS clients and TB services, 83 percent use DOTS for treatment and followup, 10 percent provide only followup treatment for TB, and eight percent provide other types of treatment services. Seventy-four percent of the facilities offering any TB treatment services have a current client register for TB treatment at all sites, 82 percent have a TB treatment protocol and guidelines at all sites, 90 percent have all first-line medicines available. Approximately six in ten facilities (59 percent) have all three items. Only 16 percent of other types of facilities and 37 percent of facilities in Lusaka province offer all three items.

About 32 percent of facilities that offer CSS for HIV/AIDS clients use a sputum test to diagnose TB, and only 15 percent of them use an X-ray to diagnose TB. Most TB diagnostic services are provided in hospitals. Sputum tests for TB diagnosis are available in 6 percent of facilities in Luapula, and X-ray tests are available in less than 10 percent of facilities in Eastern, Luapula, Northern, and Northwest provinces.

Slightly less than half the facilities (44 percent) that use a sputum test for diagnosing TB had all of the necessary items for conducting the test on the day of the survey. Only one in four facilities in Central province and one in five rural health centres that use a sputum test for diagnosing TB had all the items necessary for testing.

Forty percent of facilities that use X-rays for diagnosing TB have a functioning X-ray machine and films. None of the rural health centres and only 1 percent of other types of facilities that use X-rays for diagnosing TB have a functioning machine and films (Appendix Table A-1.1c).

Recommendations

- The DOTS strategy should be expanded to all levels of health facilities, specifically to other types of facilities, to increase client access to proper TB treatment.
- All first-line medicines should be available in all facilities offering TB services, particularly so in Eastern and Luapula provinces.
- Monitoring should be improved to ensure that all facilities offering TB services maintain client registers and have a regular supply of TB medicines. Programme initiatives to improve compliance with the national TB control programme should be developed for other types of facilities such as health clinics. Staff should be provided with in-service training for TB management and reporting.
- TB treatment protocols should be available at each site where TB treatment is offered. This will support staff to adhere to the protocols, especially among other types of facilities, non-government facilities, and facilities in Lusaka province.

Sexually Transmitted Infections

Most HIV infections in Zambia are the result of unprotected heterosexual activity. The correlation between other sexually transmitted infections (STIs) and HIV has been well documented. Facilities where STIs are treated are prime locations for the counselling, diagnosis, treatment and prevention of HIV/AIDS. In addition, persons with HIV/AIDS are at higher risk than the general population for contracting other STIs such as syphilis. Thus, provision of screening, diagnosis, and treatment services for STIs including syphilis are essential for all clients considered to be at high risk of contracting HIV.

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 facility should provide the necessary medicine(s) before the client leaves.

In addition, laboratory diagnosis is 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

As indicated in Table 3.6, almost all the facilities that offer CSS for HIV/AIDS provide diagnosis and treatment services for STIs (412 out of 415).

Table 3.6 Diagnosis and treatment of sexually transmitted infections

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage offering sexually transmitted infection (STI) services, and among these, percentage having the indicated components to support services for STIs, by background characteristics. Zambia HIV/AIDS SPA 2005

Background characteristic	Percentage of facilities that offer CSS that also offer STI services	Number of facilities offering CSS for HIV/AIDS	Among facilities offering CSS for HIV/AIDS clients and STI services, percentage with:				Number of facilities that offer CSS for HIV/AIDS and STI services	Mean number of sites per facility that offer CSS for HIV/AIDS clients and STI services
			STI treatment protocol at all relevant sites	All first-line medicines available in facility ¹	Condoms in any service area or pharmacy	All items for indicator ²		
Type of facility								
Hospital	100	24	14	93	63	10	24	2.9
Urban health centre	100	71	65	34	64	12	71	1.2
Rural health centre	99	226	81	30	94	26	224	1.7
Other	98	94	21	57	63	8	92	1.0
Managing authority								
Government	100	275	79	31	91	23	275	1.7
Non-government	98	141	25	60	60	10	138	1.2
Province								
Central	99	34	65	34	72	27	33	1.6
Copperbelt	100	89	48	42	64	10	89	1.1
Eastern	100	40	71	33	85	18	40	1.9
Luapula	100	31	61	29	79	18	31	1.9
Lusaka	96	62	24	64	74	5	59	1.2
Northern	100	41	80	34	93	27	41	1.8
Northwest	100	28	73	54	85	31	28	1.4
Southern	100	59	75	23	94	14	59	1.5
Western	100	31	87	50	97	44	31	1.8
Total	99	415	61	41	80	19	412	1.5

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

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

About six in ten facilities offering CSS for HIV/AIDS and STI services have STI treatment protocols at all sites where the services are offered. The STI treatment protocols are more available in government (79 percent) than non-government (25 percent) facilities. Overall, health centres are far more likely to have guidelines at all sites (65 percent of urban health centres and 81 percent of rural health centres) than

hospitals (14 percent) and other types of facilities (21 percent). Also, STI treatment guidelines are more available in facilities located in Western province (87 percent) and less available in those in Lusaka province (24 percent).

First-line medicines for treating common STIs such as syphilis, gonorrhoea, chlamydia, and trichomoniasis are available in 41 percent of facilities that offer CSS for HIV/AIDS and diagnosis and treatment services for STIs. Medicines for treating each of these STIs are found in a large majority of hospitals (93 percent), in 34 percent of urban health centres, in 30 percent of rural health centres, and in 57 percent of the other types of facilities. They are more commonly available in non-government (60 percent) than government (31 percent) facilities. Medicines for treating each of the above-mentioned STIs are commonly observed among facilities in Lusaka province (64 percent), and less commonly observed among those in Southern province (23 percent).

Condoms are available in 80 percent of facilities; they are more available in rural health centres (94 percent) than in urban health centres (64 percent), hospitals (63 percent) and other types of facilities (63 percent).

Approximately one in five facilities that offer CSS for HIV/AIDS and STI services has all three components (presence of STI treatment protocol, first-line medicines, and condoms). All three components are available in only 10 percent of hospitals that offer STI services, and five percent of facilities in Lusaka.

Recommendations

- STI treatment guidelines or protocols should be available at all sites within a facility where diagnosis and treatment services are provided, especially in hospitals and non-government facilities.
- Medicines for treating STIs should be available at all sites within a facility where diagnosis and treatment services are provided, especially in health centres and government facilities.
- Condoms should be available at all sites within a facility offering STI services, especially in hospitals, other types of facilities, and non-government facilities.

Malaria

It is estimated that, in Zambia, over 50,000 people die from malaria each year (Global Fund, 2004), with an estimated 3 million clinical cases per year based on reported malaria (Roll Back Malaria, 2005). The burden of malaria in Zambia is substantial in the context of HIV. Patients with HIV tend to have severe forms of malaria. Initiatives for the Roll Back Malaria (RBM) programme specify that facilities must have medicines for malaria, protocols for treatment, and adequate laboratory facilities for confirmation of diagnosis.

Findings

Table 3.7 shows that all but two facilities that offer CSS for HIV/AIDS clients (413 out of 415) also provide diagnosis and treatment services for malaria.

Table 3.7 Diagnosis and treatment of malaria

Among facilities that offer any care or support services (CSS) for HIV/AIDS clients, percentage that offer treatment for malaria, and among these, percentage having the indicated components to support services for malaria, by background characteristics. Zambia HIV/AIDS SPA 2005

Background characteristic	Percentage of facilities that offer CSS that also offer malaria services	Number of facilities that offer CSS for HIV/AIDS	Among facilities offering CSS for HIV/AIDS clients and malaria services, percentage with:			Number of facilities that offer CSS for HIV/AIDS and offering malaria services	Mean number of sites per facility offering CSS for HIV/AIDS clients and offering malaria treatment services
			Observed malaria treatment protocol at all relevant sites	Any anti-malarial medicines available in facility	Malaria treatment protocol at all relevant sites, and medicines in facility		
Type of facility							
Hospital	100	24	13	99	13	24	3.2
Urban health centre	99	71	64	87	54	71	1.2
Rural health centre	100	226	81	98	80	225	1.7
Other	99	94	21	70	19	93	1.0
Managing authority							
Government	100	275	79	97	77	274	1.7
Non-government	99	141	25	76	21	139	1.2
Province							
Central	99	34	71	82	65	33	1.7
Copperbelt	99	89	48	84	42	89	1.1
Eastern	100	40	71	100	71	40	1.9
Luapula	100	31	61	94	61	31	1.9
Lusaka	99	62	22	91	22	61	1.2
Northern	100	41	80	100	80	41	1.8
Northwest	100	28	73	94	73	28	1.4
Southern	100	59	72	90	72	59	1.6
Western	100	31	87	81	75	31	1.8
Total	100	415	61	90	58	413	1.5

Overall, malaria treatment guidelines or protocols were available in 61 percent of facilities that offer CSS services for HIV/AIDS and malaria services. That includes 81 percent of rural health centres, 64 percent of urban health centres, 13 percent of hospitals, and 21 percent of other types of facilities. The treatment guidelines or protocols were more available in government (79 percent) than in non-government (25 percent) facilities. Also, they were more commonly observed among facilities in Western and Northern provinces (87 and 80 percent, respectively) than in Lusaka province (22 percent).

Anti-malarial medicines are available in 90 percent of all types of facilities that offer CSS for HIV/AIDS and malaria services. The medicines are more available in the hospitals (99 percent) and rural health centres (98 percent) than in urban health centres (87 percent) and other types of facilities (70 percent). Government-managed facilities are more likely to have anti-malarial medicines available (97 percent) than non-government facilities (76 percent). All facilities in Eastern and Northern provinces have anti-malarial medicines, compared with about 80 percent of facilities in Western and Central provinces.

Both medicines and protocols for treating malaria are available in 58 percent of facilities. Both items are available in only 13 percent of hospitals, 21 percent of non-government facilities, and 22 percent of facilities in Lusaka.

Recommendations

- Facilities should ensure that malaria treatment protocols or guidelines are available at all service sites where malaria treatment is provided, especially among hospitals and other types of facilities, non-government facilities, and facilities in Lusaka province.
- Facilities should have up-to-date information on current treatment regimes for malaria, and should be encouraged to regularly update their stock books and check the expiration dates of the malaria medicines.
- All facilities offering malaria services should have anti-malarial medicine available, particularly non-government facilities and facilities in Central, Copperbelt, and Western provinces.

3.3.3 Infection Prevention

Infection prevention must be implemented at all health care facilities in order to protect both clients and providers from any possibility of cross-infection between clients or between providers and clients. Items for infection prevention should be available in every service site (or in a close proximity that providers could reasonably be expected to access when needed) and should include the following:

- Running water and soap for hand washing.
- A chlorine-based mixture solution for decontaminating equipment, prior to cleaning and processing for reuse.
- Latex gloves for examination of clients.
- A “sharps” container for the immediate disposal of sharp objects (i.e. needles and blades), to prevent injury and transmission of blood-borne infections.

In addition, written guidelines are important to reinforce to all staff that expected infection prevention practices must be followed.

Findings

Running water is available at all relevant service sites in only 37 percent of facilities. Running water is available in less than half of hospitals (45 percent) and only 16 percent of rural health centres (Table 3.8). Soap is available at all relevant service sites in 57 percent of facilities, sharps boxes in 62 percent of facilities, latex gloves in 71 percent of facilities, and chlorine solution for decontaminating equipment in only 15 percent of facilities. Soap and sharps boxes are also less commonly observed in hospitals (29 and 35 percent, respectively) than in urban health centres (73 and 76 percent, respectively), rural health centres (51 and 59 percent, respectively) or other types of facilities (64 and 65 percent, respectively). Northern and Northwest provinces generally rank far below the other provinces in several items, followed by Western province.

Only 7 percent of all facilities have all the specified items for infection prevention. All items for infection prevention are less available in government-managed facilities than in non-government facilities. None of the facilities in Northern, Northwest, and Western provinces has all items for infection prevention. On average, 10 different service sites were assessed for infection prevention in each hospital, four in each urban health centre, three in each rural health centre, and two in each of the other types of health facilities (Table 3.8).

Seventy-five percent of all facilities have functioning equipment for sterilisation or high-level disinfection. As expected, this equipment is more available in hospitals (93 percent) and urban health centres (84 percent) than in rural health centres (74 percent) and other types of facilities (68 percent) (Appendix Table A-1.2).

Table 3.8 Elements for prevention of nosocomial infections								
Among all facilities, percentage with the indicated infection control elements in all relevant service sites, by background characteristics, Zambia HIV/AIDS SPA 2005								
Background characteristic	Among all facilities, percentage with indicated items for infection control present in all relevant service areas ¹						Number of facilities	Mean number of eligible service sites per facility
	Running water	Soap	Latex gloves	Sharps box	Chlorine solution	All items present in all relevant service sites		
Type of facility								
Hospital	45	29	60	35	0	0	25	10.2
Urban health centre	64	73	88	76	9	4	73	4.2
Rural health centre	16	51	63	59	13	2	232	3.1
Other	62	64	81	65	27	22	101	2.1
Managing authority								
Government	20	50	67	59	13	3	281	3.6
Non-government	68	69	81	67	19	15	149	3.2
Province								
Central	32	36	62	51	16	10	37	3.6
Copperbelt	74	84	85	80	15	9	90	3.4
Eastern	23	49	59	43	24	5	40	4.2
Luapula	35	63	85	63	15	5	32	3.2
Lusaka	55	53	82	76	15	15	67	2.9
Northern	6	35	56	46	8	0	41	3.8
Northwest	27	49	59	58	4	0	29	3.3
Southern	13	61	75	66	23	7	60	3.3
Western	15	44	48	35	6	0	33	3.7
Total	37	57	71	62	15	7	430	3.4

¹ All eligible service sites within a facility include all assessed outpatient or inpatient client examination areas, all VCT or PMTCT sites where blood is drawn or HIV testing is conducted, plus the blood-drawing area in the lab.

Additional elements of infection prevention are presented in table 3.9. In this table, the guidelines for infection prevention and sterilization or high-level disinfection are considered to be available if they are present at any service site in the facility, because sterilization or disinfection equipment is usually shared among the service sites.

Seventy-two percent of facilities had infection prevention guidelines in any location in the facility. The guidelines are available in 80 percent of hospitals, 77 percent of urban health centres, 90 percent of rural health centres and only 24 percent of the other types of facilities. Infection prevention guidelines are available in 91 percent of government-managed facilities but only 35 percent of non-government facilities. The guidelines are available in only 35 percent of all facilities in Lusaka province.

Only about one-third of facilities (31 percent) have guidelines for sterilization or high-level disinfection. These guidelines are most likely to be observed in hospitals (58 percent) and in government-managed facilities (39 percent). Only 7 percent of other types of facilities and 15 percent of non-government

facilities have guidelines for sterilization or high-level disinfection. Only 14 and 10 percent of all facilities in Eastern and Lusaka provinces, respectively, have the guidelines.

Overall, adequate disposal systems for hazardous waste in all assessed sites are available in 61 percent of facilities. Disposal systems for hazardous waste are available in 62 percent of hospitals, 68 percent of urban health centres, 67 percent of rural health centres, and 43 percent of other types of facilities. About 68 percent of all government-managed facilities, and 49 percent of non-government facilities have adequate disposal systems for hazardous waste in all assessed sites. Percentages are also low on this indicator for Southern, Central and Lusaka provinces (37, 43, and 48 percent, respectively).

Table 3.9 Additional items for prevention of nosocomial infections

Percentage of facilities with indicated elements for prevention of infections, by background characteristics. Zambia HIV/AIDS SPA 2005

Background characteristic	Percentage of facilities with the following items			Number of facilities	Mean number of eligible service sites per facility
	Guidelines for infection prevention at any service site	Guidelines for sterilization/high-level disinfection at any service site	Adequate disposal system for hazardous waste for all assessed sites		
Type of facility					
Hospital	80	58	62	25	10.2
Urban health centre	77	43	68	73	4.2
Rural health centre	90	34	67	232	3.1
Other	24	7	43	101	2.1
Managing authority					
Government	91	39	68	281	3.6
Non-government	35	15	49	149	3.2
Province					
Central	75	53	43	37	3.6
Copperbelt	59	44	67	90	3.4
Eastern	94	14	74	40	4.2
Luapula	84	43	83	32	3.2
Lusaka	35	10	48	67	2.9
Northern	85	38	71	41	3.8
Northwest	84	37	79	29	3.3
Southern	82	21	37	60	3.3
Western	91	26	73	33	3.7
Total	72	31	61	430	3.4

Recommendations

- Running water and soap for hand-washing should be available at all service sites in each facility. Improvement is particularly needed among health centres. If piped water is not available, clean water kept in closed buckets with a tap could constitute a provisional system for hand-washing.
- Sharps boxes and chlorine solution should be available at all service sites in hospitals.
- Infection prevention practices at all sites, particularly where the risk of cross-contamination is substantial, must be reinforced.

- Written guidelines or protocols for infection prevention should be made available at all service sites within a facility, particularly among non-government facilities.

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

HIV-infected persons are at high risk of developing opportunistic infections (OIs) resulting from a compromised immune system. All facilities offering CSS for HIV/AIDS clients should be able to treat OIs and to provide a basic level of palliative care.

Generally accepted standards for quality of services for the care and support of HIV/AIDS clients include:

- At least one provider trained specifically in the treatment of OIs,
- Treatment guidelines or protocols for OIs in all service areas,
- Availability of medicines for the most common OIs and conditions for which palliative care is needed,
- Record keeping to document the burden of disease related to HIV/AIDS,
- Confidentiality guidelines,
- Individual client records to support continuity of care.

The 2005 ZHSPA survey also collected information on the use of 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). Specialists are debating as to whether these treatments should be routinely provided to all HIV-positive clients, or selectively provided depending on clients' conditions. It is important to know the extent to which these interventions are currently being offered.

Findings

Table 3.10 shows the availability of OI treatment and palliative care services. Almost all (93 percent) facilities that offer CSS for HIV/AIDS clients provide treatment for OIs. The availability of OI treatment and palliative care services does not vary significantly by type of facility, managing authority, or province. Protocols or guidelines for treating OIs are available at all sites where services are offered in 10 percent of facilities, and they are most available in urban health centres (30 percent) and in Copperbelt province (34 percent). Only three percent of hospitals, 5 percent of rural health centres, and 8 percent of other types of facilities have OI protocols/guidelines. The protocols/guidelines are not available in any facilities in Luapula and Northern provinces, and are available in only 1 percent of facilities in Central and Eastern provinces, and 2 percent in Lusaka province.

Only about one-third (34 percent) of facilities that offer CSS for HIV/AIDS clients and treatment for OIs have at least one provider who received OI-related training in the past three years. Trained providers are available in 84 percent of hospitals, 49 percent of urban health centres, 24 percent of rural health centres, and 31 percent of other types of facilities. Trained providers are least available in rural health centres, which is of additional concern considering the absence of guidelines for treating OIs in rural health centres. There is little variation by managing authority. On average there are three OI treatment sites in each hospital; one site in each urban health centre, two sites in each rural health centre, and one site in each of the other types of facilities.

When assessing the availability of medicines, the survey looked for the presence of at least one medicine (including either basic- or higher-level medicines) for treating the indicated OIs. The treatment for each OI includes medicines that one could expect providers at a health centre and possibly at the health clinic level be able to manage. Results are detailed in Appendix Table A-1.3a.

More than 80 percent of all facilities have at least one medicine to treat the most common opportunistic infections, and most facilities can provide basic palliative care for most conditions, with the exception of chronic diarrhoea. Medicines for topical fungal infections, bacterial pneumonia, other bacterial infections, vitamin supplementation, basic pain management, deworming, and oral rehydration are available in 80 to 90 percent of all facilities. Hospitals and health centres are better supplied with the above medicines than other types of facilities. Health clinics may provide initial treatment or treatment for less severe illnesses, but will refer seriously ill persons to hospitals. Government-managed facilities are better supplied than non-government facilities.

Table 3.10 Elements to support quality treatment for opportunistic infections						
Percentage of facilities offering clinical care and support services (CSS) for HIV/AIDS clients and treatment for opportunistic infections (OIs) and, among these, percentage with the indicated components, by background characteristics. Zambia HIV/AIDS SPA 2005						
Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients and offering treatment for opportunistic infections (OIs)	Total number of facilities surveyed	Percentage of facilities offering CSS for HIV/AIDS clients with:		Number of facilities offering CSS for HIV/AIDS clients and offering treatment for OIs	Mean number of OI treatment service sites per facility
			Observed protocol for treating OIs was present at all OI treatment service sites	At least one provider of OI services received training related to OIs in the past 3 years		
Type of facility						
Hospital	99	25	3	84	24	3.1
Urban health centre	97	73	30	49	71	1.1
Rural health centre	93	232	5	24	216	1.7
Other	89	101	8	31	90	1.0
Managing authority						
Government	95	281	9	33	266	1.7
Non-government	91	149	12	35	135	1.2
Province						
Central	89	37	1	56	33	1.6
Copperbelt	96	90	34	42	86	1.1
Eastern	100	40	1	28	40	1.9
Luapula	86	32	0	19	28	1.9
Lusaka	90	67	2	34	60	1.2
Northern	100	41	0	32	41	1.8
Northwest	85	29	16	13	25	1.5
Southern	94	60	6	22	57	1.5
Western	96	33	7	46	31	1.8
Total	93	430	10	34	401	1.5

The ability to treat chronic diarrhoea and to administer intravenous solutions are the least-available treatments for common OIs, available at 22 and 77 percent of facilities, respectively. About 79 percent of hospitals, 26 percent of urban health centres, 10 percent of rural health centres, and 33 percent of other types of facilities have medicines to treat chronic diarrhoea. The medicines are available in 35 percent of non-government facilities and only 16 percent of government facilities. The items for intravenous rehydration treatment (intravenous fluid and infusion set) are available in 92 percent of hospitals, 82

percent of urban health centres, 79 percent of rural health centres, 62 percent of other types of facilities, 80 percent of government facilities, and 69 percent of non-government facilities.

The availability of preventive treatment for TB and for PCP are presented in Figure 3.1 and Appendix Tables A-1.3b and A-13c. Among facilities that offer CSS for HIV/AIDS clients, 14 percent indicated that they offer preventive TB treatment within the facility and another 5 percent said they routinely refer the client elsewhere. Preventive TB treatment services were more commonly available at hospitals (47 percent) than at any other facilities (Figure 3.1).

Among facilities offering CSS for HIV/AIDS clients and preventive TB treatment within the facility, only 13 percent have protocols for preventive TB treatment observed at all sites, and 62 percent have medicine (INH) available. The protocols are available in 32 percent of urban health centres, 3 percent of other types of facilities and not available in any hospitals or rural health centres. The protocols are available in just 2 percent of government facilities, and not available in eight out of nine provinces (all except Copperbelt province). INH is available in 48 percent of rural health centres and 52 percent of government facilities, and not available at all in Central and Western provinces.

About half (51 percent) of facilities with CSS for HIV/AIDS clients offer cotrimoxazole for preventive treatment (CPT) against PCP (Figure 3.1). Among these, 48 percent said they offer CPT at the facility and about 3 percent said they refer clients elsewhere for treatment. Preventive treatment against PCP is more available in hospitals (93 percent) than at other facilities.

Only about one in ten facilities offering the services at the facility has protocols for CPT that are observed in all service sites. Protocols are available in only five percent of hospitals and urban health centres, and eight percent of government facilities that offer the services. They are not available in four provinces, and are available in just one to three percent of facilities in four other provinces. Protocols are available in one-third of facilities in Copperbelt province. Seventy-two percent of facilities that offer CSS for HIV/AIDS and provide CPT within the facility have the medicine available in the facility, including 96 percent of hospitals. Only 54 percent of rural health centres and 22 percent of facilities in Central province have the medicines for CPT (Appendix Table A-1.3c).

Figure 3.1 Capacity of facilities to provide preventive treatment for TB and pneumonia (within the facility or referral elsewhere) for HIV/AIDS clients
N=415

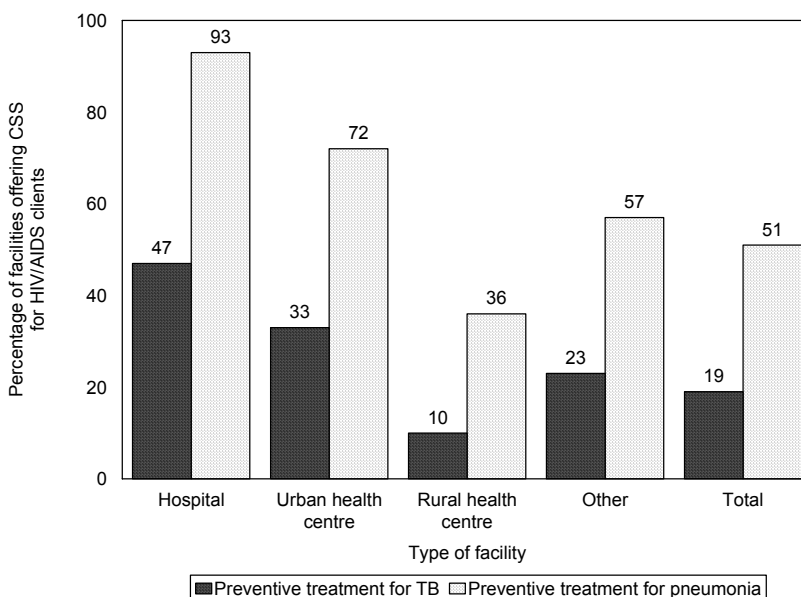
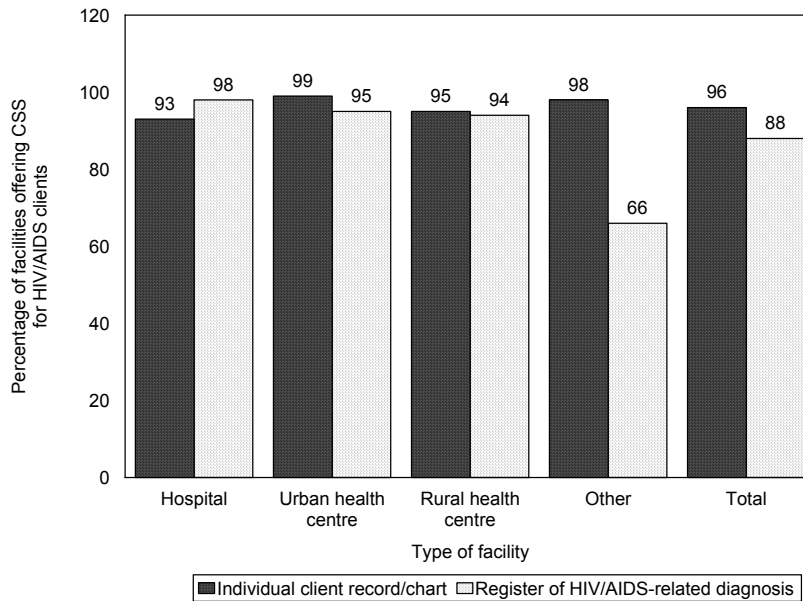


Figure 3.2 and Appendix Table A-1.3d show the availability of HIV/AIDS records among facilities offering CSS for HIV/AIDS clients. Almost all facilities offering CSS for HIV/AIDS clients have individual client records (96 percent). There is very little variation by type of facility and managing authority. An assessment of routine service records showed that the large majority of facilities (88 percent) are registering at least some of the illnesses related to HIV/AIDS. The register was observed in 98 percent of hospitals, 95 percent of urban health centres, 94 percent of rural health centres, and in only 66 percent of other types of facilities. The register was observed in 75 percent of non-government facilities and 62 percent of facilities in Lusaka province. This is one means of identifying the burden that HIV/AIDS is placing on health services.

Presence of written confidentiality guidelines at all service sites is observed in only 16 percent of facilities. These guidelines were more likely to be found in urban health centres (30 percent) and in other types of facilities (23 percent) than in hospitals (5 percent) and rural health centres (10 percent); they were also more likely to be found in non-government facilities than government facilities. The guidelines are not available at all in Eastern and Northwest provinces, and are rarely available in Central, Luapula, Northern, and Western provinces. All items for HIV/AIDS records were observed in 13 percent of facilities offering CSS for HIV/AIDS clients. All items were observed in only 5 percent of hospitals, in 11 percent of government facilities, and less than 5 percent of facilities in five provinces.

Figure 3.2 Capacity of facilities to monitor the treatment and care for HIV/AIDS clients
N=415



Recommendations

- Facilities need to ensure that guidelines and protocols for treating opportunistic infections and for providing palliative care are available at all sites where these services are offered. This is particularly needed in hospitals, rural health centres, other types of facilities, and in all facilities in Central, Eastern, Luapula, Lusaka, and Northern provinces. This element is critical to ensure that the services provided are of a minimum quality, particularly when physicians are scarce, such as in the case of health centres and health clinics.
- Facilities should ensure that confidentiality guidelines and protocols—important elements for the management, treatment, and care of HIV/AIDS clients—are available at all sites where these services are offered.
- Items for the management of chronic diarrhoea and for the administration of intravenous rehydration need to be made available in all facilities. If needed, a policy to ensure capacity to provide these services should be implemented.

3.5 Advanced Clinical Care and Support Services for HIV/AIDS Clients

Persons with advanced stages of AIDS usually have serious illnesses that require an advanced level of follow-up and treatment. Hospitals should have full capacity to provide all advanced clinical care and support services needed for following up and treating AIDS patients. However, several of these services should be available at other health facilities as well. Current programmes in Zambia are focusing on increasing staff training, developing protocols and guidelines, ensuring adequate laboratory and medical equipment, and implementing record keeping to facilitate the monitoring of HIV/AIDS services.

Advanced-level CSS for HIV/AIDS services are assessed based on the following:

- Capacity of laboratory to diagnose severe opportunistic infections, and availability of medications for the treatment of severe OIs,
- Availability of services or formal referral system for psychosocial and socioeconomic care and support,
- Antiretroviral therapy (ART),
- Post-exposure prophylaxis (PEP).

3.5.1 Advanced-Level Treatment of Opportunistic Infections and Palliative Care for AIDS Clients

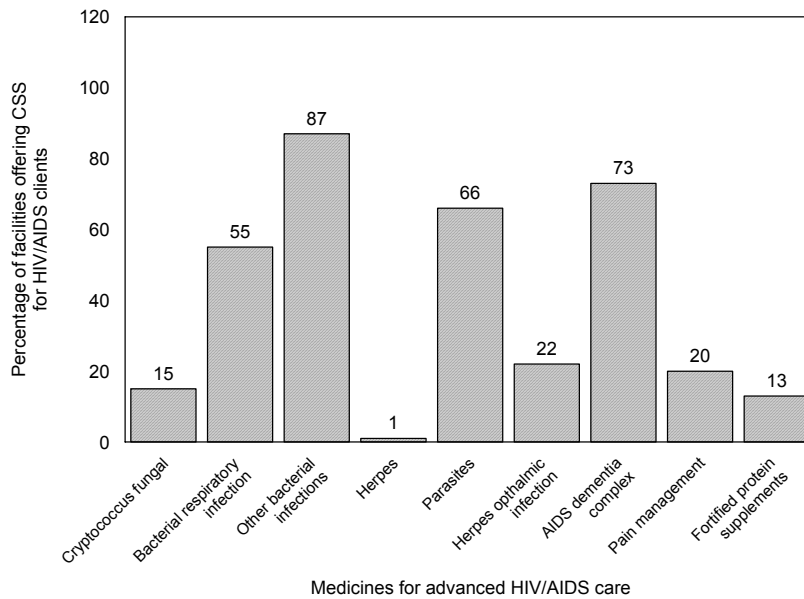
The capacity to provide advanced-level treatment includes having access to at least two of the most-common medications used for treating an indicated condition; guidelines or protocols for the treatment of common opportunistic infections in each service area offering the services; at least one trained staff in the facility; and the diagnostic capacity for common illnesses related to HIV/AIDS. Appendix Tables A-2.1a and A-2.2b provide detailed information on these service elements.

Findings

Figure 3.3 shows that overall, 15 percent of all facilities offering CSS for HIV/AIDS clients have at least two medicines for *Cryptococcus* fungal infection, 55 percent have at least two medicines for bacterial respiratory infections, 87 percent have at least two medicines for other bacterial infections, 1 percent have at least two medicines for herpes infection, 66 percent have at least two medicines for parasite infections, 22 percent have at least two medicines for herpes ophthalmic infection, 73 percent have at least two

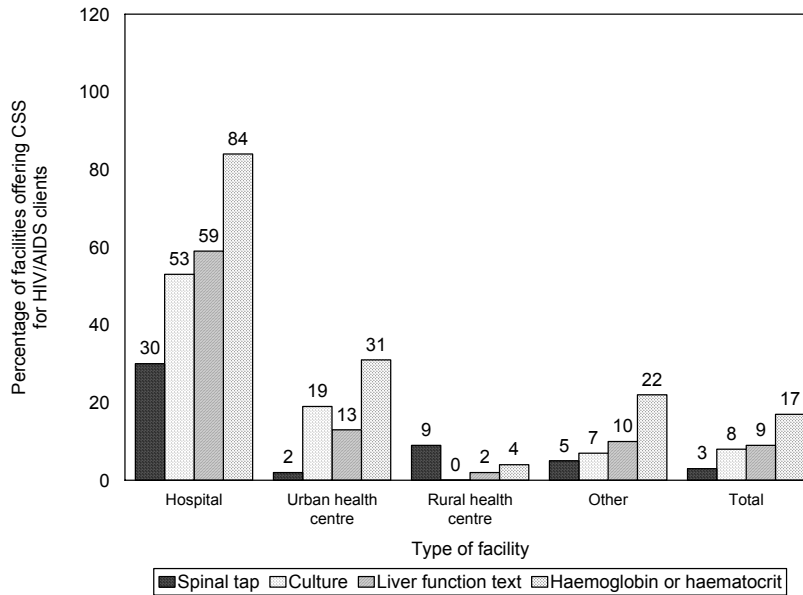
medicines for AIDS dementia complex, and 20 percent have at least two medicines for pain relief. Only 13 percent of all facilities have fortified protein supplements. Medicines are more available in hospitals than in health centres or other types of facilities. Medicines for *Cryptococcus* fungal infection, bacterial respiratory infections, herpes ophthalmic infection, and for pain relief are more available in non-government facilities. There is a substantial provincial variation in the availability of medicines for opportunistic infections and palliative care for AIDS patients (Appendix Table A-2.1a).

Figure 3.3 Availability of medicines to treat opportunistic infections and manage palliative care for HIV/AIDS clients
N=415



Laboratory capacity for monitoring the condition of HIV/AIDS clients and diagnosing specific illnesses is available in only a small percentage of facilities. As indicated in Appendix Table A-2.1b, the percentage of hospitals with tests—such as spinal taps, bacterial culture, liver function or haemoglobin tests—for monitoring the condition of HIV/AIDS clients and diagnosing specific illnesses is higher than other types of facilities. Tests are least available in rural health centres (Figure 3.4). Laboratory tests are generally more available among non-government facilities than government facilities, and in Copperbelt and Lusaka provinces than in other provinces.

Figure 3.4 Capacity of facilities to diagnose and monitor advanced care for HIV/AIDS clients



Appendix Table A-2.2 shows that presence of treatment guidelines varies widely by type of facility, managing authority, and province. Overall, only 10 percent of facilities have guidelines for treating opportunistic infections and for providing symptomatic palliative care in all relevant service sites. However, guidelines for general care and support for children and adults living with HIV/AIDS are available in all relevant service sites in 59 percent of facilities offering any CSS for HIV/AIDS clients. Guidelines for the treatment and care of HIV/AIDS patients are available in only 2 to 7 percent of the hospitals. Guidelines for treating opportunistic infections and for providing symptomatic palliative care are available in 5 percent of rural health centres and 8 percent of other types of facilities; in one to two percent of all facilities in Central, Eastern and Lusaka provinces; and not available in any facility in Luapula and Northern provinces. Slightly more than half (55 percent) the facilities have at least one staff member who received recent (within the past three years) training on psychosocial counselling, 33 percent on opportunistic infections, 17 percent on palliative care, and 22 percent on nutrition rehabilitation (Table 3.11).

A record-keeping system for making individual client appointments is available in only 15 percent of facilities. This record-keeping system is available in 7 and 8 percent of hospitals and rural health centres, respectively. Only 10 percent of government facilities, 1 to 2 percent of all facilities in Luapula and Eastern provinces, and none of the facilities in Central and Western provinces have a record-keeping system for client appointments (Appendix Table A-2.2).

Recommendations

- Medicines for the treatment of OIs should be available not only in hospitals, but also at other referral-type facilities (e.g. health centres).
- Laboratory testing capacity (either within the facility, or a documented system for receiving results when a test is conducted outside the facility) for monitoring HIV/AIDS clients should be available at all hospital and large/referral health centres.

- Guidelines for the treatment of opportunistic infections, symptomatic or palliative care, and care for children and adults living with HIV/AIDS should be available at all HIV/AIDS service sites, particularly in hospitals, rural health centres, other types of facilities, and in Central, Eastern, Luapula, Lusaka, and Northern provinces.
- Facilities should provide written information about service sites where clients can be referred for services that are not offered in the facility.

Table 3.11 Management and support for health service providers of advanced services for HIV/AIDS

Among facilities reporting that they offer any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated items to support service providers for HIV/AIDS, by background characteristics. Zambia HIV/AIDS SPA 2005

Background characteristic	Percentage of eligible facilities with:								Number of facilities offering CSS for HIV/AIDS clients	Mean number of sites per facility offering CSS for HIV/AIDS clients
	At least one provider of indicated HIV/AIDS service trained in past 3 years in the relevant topic						At least half of providers for PLHA were supervised during past 3 months	All items for indicator		
	Psychosocial counselling	Treatment of opportunistic infections	Palliative care	Central nervous system and mental disorders	AIDS in children	Nutritional rehabilitation for HIV/AIDS				
Type of facility										
Hospital	97	84	57	49	43	63	91	23	24	3.3
Urban health centre	71	48	23	17	15	30	83	7	71	1.2
Rural health centre	51	23	11	6	6	13	81	1	226	1.7
Other	44	30	15	24	1	28	58	0	94	1.0
Managing authority										
Government	59	32	16	10	11	19	83	3	275	1.7
Non-government	49	34	18	23	5	29	66	3	141	1.2
Province										
Central	76	55	30	22	8	30	66	2	34	1.8
Copperbelt	55	43	8	18	6	22	89	2	89	1.1
Eastern	54	28	12	7	11	16	87	5	40	1.9
Luapula	24	17	9	7	6	14	78	1	31	1.9
Lusaka	50	33	31	27	6	30	41	3	62	1.2
Northern	68	32	23	18	20	25	82	8	41	1.9
Northwest	64	12	10	1	2	12	85	0	28	1.4
Southern	45	18	11	2	5	14	87	2	59	1.6
Western	76	46	20	18	18	37	79	9	31	1.8
Total	55	33	17	14	9	22	77	3	415	1.5

3.5.2 Antiretroviral Therapy

Antiretroviral therapy (ART) for HIV/AIDS patients should be administered by trained health providers who regularly monitor the condition of the patient in order to ensure effective consumption of medicines and management of side effects in a timely manner. It is common that patients on ART receive clinical care and support services for other conditions from the same unit or other service sites within a health facility. Health service providers who work in the unit should have received training related to ART and other care and support services. The unit should also keep records for monitoring the services that each patient receives.

Essential elements for the provision of quality ART services include the followings:

- Protocols and guidelines for relevant care and support services,
- Staff trained in providing the relevant services,
- A consistent supply of ARV medicines,
- Good storage practices to maintain secure and appropriate storage of the ARV medicines,
- A system for making client appointments for routine follow-up services,
- An individual client record for the client's continuity of care,
- Record-keeping systems to ensure ARV compliance.

Findings

Antiretroviral treatment was first introduced in 2003 in the public sector, and has now expanded to all districts and sectors. At present, the cost of ARVs is a major limitation to the accessibility of medicines to the general population. Due to lack of reagents for laboratory tests, diagnoses of opportunistic diseases, with the exception of TB, are mainly done symptomatically. Several projects sponsored by the United States government through the President's Emergency Plan for AIDS Relief, USAID and CDC are committed to strengthening the laboratory testing capacity for monitoring HIV/AIDS and other related conditions at specific local laboratories. Because the number of facilities offering ART services is small (43 health facilities), findings in this section are presented in weighted numbers rather than percentages.

Table 3.12 shows that only 10 percent of all health care facilities nationwide provide ART services. This includes 16 hospitals, 14 urban health centres, 3 rural health centres, and 10 other types of facilities. About half (21) of the facilities that offer ART services are government-managed. ART services are available in less than 10 percent of all facilities in all provinces, except in Lusaka where 21 out of 67 facilities provide ART services. Eighteen facilities offering CSS and providing ART services have either national or other guidelines or protocols for ART in all sites that provide ART services. Sixteen of the 18 facilities are government facilities, and 6 of them are in Copperbelt province.

Table 3.12 Protocols and guidelines for antiretroviral combination therapy services

Among all facilities, number offering antiretroviral therapy (ART), and among these, number with the indicated items, by background characteristics. Zambia HIV/AIDS SPA 2005

Background characteristic	Number of facilities offering ART	Number of facilities	Observed guidelines/protocols in all eligible ART sites						Mean number of sites per facility offering ART services
			Opportunistic infections	Symptomatic palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS	National guidelines for ART	Other ART guidelines	
Type of facility									
Hospital	16	25	4	4	8	8	3	6	1.0
Urban health centre	14	73	2	2	6	6	2	5	1.0
Rural health centre	3	232	0	0	2	2	0	1	1.0
Other	10	101	0	0	5	5	0	0	1.0
Managing authority									
Government	21	281	6	5	13	13	5	11	1.0
Non-government	23	149	1	1	8	8	0	2	1.0
Province									
Central	3	37	0	0	3	3	0	3	1.0
Copperbelt	8	90	2	2	5	5	2	4	1.0
Eastern	2	40	0	0	0	0	0	0	1.0
Luapula	2	32	1	1	2	2	0	1	1.0
Lusaka	21	67	2	2	7	7	1	1	1.0
Northern	1	41	0	0	1	1	0	0	1.0
Northwest	1	29	1	1	1	1	1	1	1.0
Southern	3	60	1	1	2	2	0	1	1.0
Western	1	33	0	0	0	0	0	1	1.0
Total	43	430	7	7	21	21	5	13	1.0

Note: The sum of the weighted number of facilities distributed by background characteristics is sometimes slightly different from the total weighted number because all weighted numbers have been rounded.

As indicated in Table 3.13, 37 out of 43 facilities that provide ART services have at least one ARV medicine available. However, 5 out of 8 facilities in Copperbelt and 1 out of 2 facilities in Luapula do not have ARV medicine. All 37 facilities had the medicines in stock in the last 6 months, 33 facilities have up-to-date ARV stock cards, and 29 facilities lock up the ARV medicines and store them separately from other medicines. Twenty-four out of 43 ART facilities have the laboratory capacity to monitor ARV treatment, meaning that the laboratory can either conduct a test to determine CD4 count, or viral load, or total lymphocyte count (TLC), or has a documented system for sending blood outside for these tests and receiving results. Ten of the 24 facilities are in Lusaka province, and 15 of them are government facilities.

Table 3.13 Systems and items to support antiretroviral combination therapy services

Among facilities offering antiretroviral therapy (ART), number with the indicated ART programme components, by background characteristics. Zambia HIV/AIDS SPA 2005

Background characteristic	ART medicines		Up-to-date pharmacy stock cards for ARVs	ARV storage		Lab capacity for monitoring ART ¹	Number of facilities offering ART	Mean number of sites per facility offering ART
	At least one ARV available	No stock-outs for any ARV during past 6 months		Separate from other medicines	Separate from other medicines and locked			
Type of facility								
Hospital	15	15	12	9	9	11	16	1.0
Urban health centre	10	10	9	8	9	10	14	1.0
Rural health centre	3	3	3	2	2	2	3	1.0
Other	10	10	10	10	10	0	10	1.0
Managing authority								
Government	18	17	14	12	12	15	21	1.0
Non-government	20	20	19	17	18	9	23	1.0
Province								
Central	3	3	3	2	2	3	3	1.0
Copperbelt	5	5	4	3	4	5	8	1.0
Eastern	2	1	1	1	1	1	2	1.0
Luapula	1	1	1	1	1	0	2	1.0
Lusaka	20	20	19	18	19	10	21	1.0
Northern	1	1	1	0	0	1	1	1.0
Northwest	1	1	1	1	1	0	1	1.0
Southern	3	3	2	2	2	2	3	1.0
Western	1	1	1	1	1	1	1	1.0
Total	37	37	33	29	30	24	43	1.0

Note: The sum of the weighted number of facilities distributed by background characteristics is sometimes slightly different from the total weighted number because all weighted numbers have been rounded.

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

Appendix Table A-2.3 shows that the majority of ART facilities have a system for individual ART client appointments (37 out of 43 facilities) and individual records or charts for ART clients (37 out of 43 facilities). Providers of ART services are not always well trained. About half the facilities that offer ART have at least one staff member who received training in ART services and in counselling of adherence to ART (22 out of 43 facilities), and 16 facilities have at least one staff member trained in nutrition rehabilitation. Also, 22 out of 43 facilities reported that at least half of their staff who are providers of ART were personally supervised during the three months prior to the survey.

Recommendations

- Since ART services are new, it is important that providers receive training, and that services include good-quality systems to monitoring the service. The information in this survey provides baseline data for the expansion and subsequent evaluation of these services in the future.
- Copies of relevant guidelines and protocols should be made available at all sites that provide ART-related services, particularly in health centres, non-government facilities, and in Eastern and Lusaka provinces.
- Facilities should be encouraged to send staff for training in ART-related services.

- Sufficient supervision should be implemented to ensure that facilities that offer ART services adhere to pertinent government policies.
- ART services should be expanded more, especially to referral health centres.
- Laboratory capacity should also be expanded, so that each ARV dispensing site has (or has access to) a functioning laboratory.

3.5.3 Post-Exposure Prophylaxis (PEP)

The risk of HIV infection among health care providers from needle sticks or other exposure to infected materials has led to the need for post-exposure prophylaxis (PEP). The Centres for Disease Control and Prevention (CDC) recommends post-exposure prophylaxis for health care providers with needle stick injuries or exposure to potentially contaminated fluids from patients with HIV infections. However, PEP services should also be made available to persons at risk of HIV infection due to inadvertent exposure (such as rape victims, for example). Health care providers should have access to PEP at the workplace or through referral. Since the number of facilities offering PEP services is small (41 health facilities), findings in this section are also presented in numbers rather than percentages.

Table 3.14 Post-exposure prophylaxis (PEP)

Number of facilities offering post-exposure prophylaxis (PEP) or having a system to refer staff for PEP, and among these, number where the indicated elements are present, by background characteristics. Zambia HIV/AIDS SPA 2005

Background characteristic	Number of facilities where staff have access to PEP	Number of facilities	Number of facilities offering PEP and having:				Number of facilities offering PEP where ARVs are:			Mean number of service sites per facility where PEP is prescribed
			PEP guidelines present in all service sites prescribing PEP	Any record/register of staff receiving PEP services	Record for monitoring full compliance for PEP regime	Antiretroviral medicine for PEP	Locked and stored apart from other ARVs	Locked and stored with other medicines	Unlocked	
Type of facility										
Hospital	13	25	1	7	0	10	3	7	1	2.0
Urban health centre	10	73	0	2	0	1	0	1	0	1.1
Rural health centre	1	232	0	0	0	1	0	1	0	1.8
Other	16	101	0	0	0	16	9	7	0	1.6
Managing authority										
Government	12	281	1	6	0	9	2	6	1	1.8
Non-government	28	149	1	4	0	21	11	10	0	1.5
Province										
Central	1	37	0	0	0	0	0	0	0	2.3
Copperbelt	13	90	0	4	0	9	1	8	0	1.3
Eastern	1	40	0	1	0	1	1	0	0	2.4
Luapula	2	32	0	1	0	2	0	2	0	1.9
Lusaka	18	67	0	1	0	13	10	2	0	1.7
Northern	0	41	na	na	na	na	na	na	na	na
Northwest	1	29	0	0	0	1	0	1	0	2.3
Southern	3	60	0	1	0	3	0	2	0	1.6
Western	1	33	0	0	0	1	0	1	0	1.5
Total	41	430	1	9	0	29	13	16	1	1.6

Note: The sum of the weighted number of facilities distributed by background characteristics is sometimes slightly different from the total weighted number because all weighted numbers have been rounded.

na = Not applicable

Findings

Table 3.14 shows that PEP services are available in only 41 facilities (9 percent). The services are available in 13 hospitals, 10 urban health centres, and 16 other types of facilities. PEP services are observed in only one rural health centre. The services are more available in non-government facilities (28 facilities) than in government facilities (12 facilities). PEP services are not available in Northern province, and are available in only one to three facilities in other provinces, except in Copperbelt (13 facilities) and Lusaka (18 facilities) provinces. Twenty-nine of these facilities have allocated ARV medicines for PEP. However, facilities do not routinely have PEP guidelines or protocols at all service sites that provide PEP services (1 out of 41 facilities) or have records or registers of PEP clients (9 out of 41 facilities). Although information on PEP may be kept in individual client records, unless the records are periodically abstracted, it is impossible to ascertain whether or not PEP services are provided according to standard protocols.

Recommendations

- Attempts should be made to expand PEP services and make them available at all facilities (through direct provision or referral).
- Protocols and guidelines for PEP should be available at all service sites, regardless of whether providers prescribe the PEP regime themselves or refer clients elsewhere for the services.
- A record-keeping system for client registration and for monitoring compliance to the treatment should be made available at all service sites providing ART services.
- 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 PEP services and services availability, eligibility, and how to access the services (as well as training on universal precautions) should be provided to all facilities.

3.6 Prevention of Mother-to-Child Transmission (PMTCT)

Mother-to-child transmission (MTCT) occurs when the HIV virus is passed from a mother to her baby during pregnancy, birth, or breastfeeding. The prevention of mother-to-child transmission (PMTCT) programme aims to reduce this risk of transmission. PMTCT services are most often offered in conjunction with antenatal and delivery services. The package of services offered may vary from facility to facility.

Generally accepted standards for PMTCT include the following:

- Testing pregnant women for HIV infection, including pre- and post-test counselling,
- Providing HIV-positive women with counselling on infant feeding practices and family planning to prevent transmission to their babies and partners,
- Provision of prophylactic ARV to HIV-positive women and their newborns (within 72 hours of birth).

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

PMTCT services were first introduced in Zambia in 1999 through facilities supported by UNICEF and the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF). As part of a national policy, PMTCT activities—

including testing pregnant women for HIV and providing ART for HIV-positive women and their babies —are being expanded with support from the Global Fund to Fight TB, AIDS and Malaria (GFTAM).

Findings

PMTCT services in Zambia are generally less developed than voluntary counselling and testing services. PMTCT services are currently being offered in only 19 percent of facilities. The services are available in 62 percent of hospitals, 47 percent of urban health centres, 12 percent of rural health centres, and only 3 percent of other types of facilities. Twenty-three percent of government facilities and 11 percent of non-government facilities offer PMTCT services (Table 3.1). PMTCT services are available in only 8 percent of all facilities in Luapula and Northern provinces (Table 3.15).

Table 3.15 Availability of services for prevention of mother-to-child transmission of HIV

Percentage of facilities offering any services for prevention of mother-to-child transmission (PMTCT) of HIV, and among these, percentage with the indicated programme components, by background characteristics, Zambia HIV/AIDS SPA 2005

Background characteristic	Percentage of facilities offering any PMTCT services	Total number of facilities	Percentage of facilities reporting they offer the indicated PMTCT services							Number of facilities offering PMTCT services
			HIV testing and pre- and post-test counselling and services	ARV prophylaxis to prevent MTCT	Infant feeding counselling	Family planning counselling or referral	All four items for minimum PMTCT package ¹	ARV therapeutic treatment for HIV+ women and families	All items for PMTCT+ ²	
Type of facility										
Hospital	62	25	96	93	94	96	85	22	21	15
Urban health centre	47	73	95	57	95	100	57	20	14	34
Rural health centre	12	232	100	65	100	100	65	9	9	29
Other	3	101	100	91	100	100	91	9	9	3
Managing authority										
Government	23	281	96	64	96	99	63	14	11	65
Non-government	11	149	100	83	99	99	81	24	22	16
Province										
Central	27	37	82	41	82	100	39	16	0	10
Copperbelt	23	90	100	60	99	100	59	26	24	21
Eastern	18	40	100	69	100	100	69	0	0	7
Luapula	8	32	100	75	100	100	75	17	17	3
Lusaka	16	67	100	76	100	100	76	25	25	11
Northern	8	41	100	93	100	100	93	0	0	3
Northwest	13	29	100	43	100	100	43	12	12	4
Southern	14	60	100	78	100	97	75	25	25	8
Western	41	33	97	86	97	97	82	2	2	13
Total	19	430	97	68	97	99	66	16	13	80

¹ Components of routine PMTCT for the facility include HIV testing with pre- and post-test counselling, ARV prophylaxis for the mother and her newborn, and counselling 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.

Two-thirds of facilities (66 percent) that offer PMTCT services have all components of the minimum package. Specifically, among all facilities that offer PMTCT services, 97 percent provide VCT services, 68 percent provide ARV prophylaxis, 97 percent provide infant feeding counselling, and 99 percent provide family planning counselling. In addition, 77 percent of these facilities keep records of women who attend ANC and accept to be tested for HIV, as well as a record of women who received their HIV test results. These records are observed in only 25 percent of all facilities in Luapula. Only 13 percent of facilities keep a record of women who received post-test counselling by test result. This record is not

observed in any facility in Central, Copperbelt, Northern, and Northwest provinces (Appendix Table A-4.1).

Only 16 percent of facilities that offer PMTCT services provide PMTCT+ services. The services are available in 22 percent of hospitals, 20 percent of urban health centres, and 9 percent of rural health centres and other types of facilities. The availability of PMTCT+ services varies substantially by provinces. The services are more available in non-government facilities than government facilities.

Recommendations

- PMTCT services should be made more available in all facilities that provide antenatal care services, especially in rural health centres, other types of facilities, in non-government facilities. Expansion could begin in facilities that already offer VCT but not yet PMTCT services.
- Facilities offering PMTCT services should have at least a minimum package available.
- Facilities offering PMTCT services should be encouraged to expand the services to include the PMTCT+ package.

3.7 Youth-Friendly Services (YFS)

Youth-friendly services help youth overcome barriers to accessing health care, including HIV/AIDS services. Ideally, YFS involve young people in all aspects of the programme's planning, operations, and evaluation. The services should include culturally competent workers who are members of the target population, sensitive to youth culture and to ethnic cultures as well as to issues of gender, sexual orientation, and HIV status. YFS should provide outreach services for homeless youth and tailored support groups for substance users and teen parents. The services usually have flexible hours, convenient locations, and walk-in appointments to improve access by youths. This survey assesses whether or not the facilities that offer youth-friendly HIV/AIDS services have policies or guidelines and trained providers for the services.

Findings

Table 3.16 shows that 35 percent of facilities that provide VCT or PMTCT services also provide YFS. The services are available in 48 percent of urban health centres and 42 percent rural health centres. However, the services are available in only 18 percent of hospitals and 13 percent of other types of facilities. YFS are more available in government facilities than non-government facilities. Only 18 percent of the facilities providing YFS have policies or guidelines for YFS. Policies or guidelines for YFS are not available in other types of facilities. There is a substantial provincial variation in the availability of policies or guidelines for YFS; policies or guidelines are not available at any facilities in Eastern or Luapula provinces. Three-quarters of the facilities providing VCT and YFS services have at least one provider trained in YFS. Trained providers are more available in urban health centres and other types of facilities. They are least available in facilities located in Luapula and Southern provinces.

Recommendations

- Expand YFS and make them available at all facilities that provide VCT, PMTCT, and other HIV/AIDS services, especially in hospitals, other types of facilities, and non-government facilities.

- Policies or guidelines for YFS should be available in all facilities where the services are offered, especially in other types of facilities, government facilities, and facilities in Central, Eastern, Luapula, Northern, and Western provinces.
- At least one provider should be trained in YFS in each facility that offers the services, especially in non-government facilities, and facilities in Luapula and Southern provinces.

Table 3.16 Youth-friendly services for HIV/AIDS

Percentage of facilities offering youth-friendly services (YFS) for counselling and testing for HIV/AIDS, and among these, percentage with indicated item, by background characteristics. Zambia HIV/AIDS SPA 2005

Background characteristic	Percentage of facilities offering YFS with VCT or PMTCT services	Total number of facilities with an HIV testing system	Percentage of facilities with:			Number of facilities offering youth friendly HIV testing services
			Observed policies/guidelines for YFS	At least one trained provider for YFS ¹	All items for indicator ²	
Type of facility						
Hospital	18	24	21	74	11	4
Urban health centre	48	64	27	83	25	31
Rural health centre	42	59	11	62	3	25
Other	13	41	0	91	0	5
Managing authority						
Government	51	109	17	80	16	56
Non-government	12	79	26	43	2	9
Province						
Central	23	22	5	86	5	5
Copperbelt	40	54	40	78	29	22
Eastern	19	14	0	82	0	3
Luapula	53	6	0	34	0	3
Lusaka	32	34	14	96	12	11
Northern	71	19	3	59	2	13
Northwest	*	7	na	na	na	0
Southern	19	19	19	38	13	4
Western	31	14	5	100	5	4
Total	35	188	18	75	14	65

¹ Provider reports having received training related to youth-specific services during the past 3 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 policies/guidelines and trained staff for YFS.

* A figure is based on less than one weighted case and has been suppressed.

na = Not applicable

References

- Central Board of Health (CBOH). 2000. National Health Strategic Plan, 2001-2005. Available at <http://www.cboh.gov.zm/documents/National%20Strategic%20Health%20Plan%20December%20022.pdf>.
- Central Statistical Office (CSO). 2003. *Zambia 2000 Census of Population and Housing, Analytical report*. Lusaka Zambia: Central Statistical Office.
- Central Statistical Office (CSO), Central Board of Health (CBOH), ORC Macro. 2003. *Zambia Demographic and Health Survey 2001-2002*. Calverton, Maryland: Central Statistical Office, Central Board of Health, and ORC Macro.
- Central Statistical Office (CSO). 2004. *Zambia 2002 Living Conditions Monitoring Survey III*. Lusaka, Zambia: Central Statistical Office.
- Department for International Development (DFID), Health Resource Centre. 2000. Zambia country health briefing paper. Available at http://www.dfidhealthrc.org/Shared/publications/Country_health/Zambia.pdf.
- Global Fund. 2004. *Annual report 2004: The Global Fund to Fight AIDS, Tuberculosis and Malaria*. Geneva, Switzerland: Global Fund.
- Ministry of Health (MOH). 2002. National HIV/AIDS/STI/TB Policy. Available at http://www.youth-policy.com/Policies/Zambia_National_HIV_STI_TB_Policy.cfm.
- Nanda, P. 2000. Health sector reforms in Zambia: Implications for reproductive health and rights. Working papers, Centre for Health and Gender Equity. Available at <http://www.genderhealth.org/pubs/zambia.pdf>.
- Phiri, F., and M. Tien. 2004. *Zambia National Health Accounts 2002: Main findings*. Bethesda, Maryland: Ministry of Health, Partners for Health Reform Plus, and Abt Associates.
- Roll Back Malaria. 2005. Monitoring and Evaluation, Zambia country profile. Available at <http://rbm.who.int/wmr2005/profiles/zambia.pdf>
- United Nations Development Programme (UNDP). 2005. *Human Development Report 2005*. New York, New York: United Nations Development Program.
- United Nations Joint Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO). 2004. *Epidemiological fact sheets on HIV/AIDS and sexually transmitted infections, Zambia*. Geneva, Switzerland: UNAIDS and WHO (Working Group on Global HIV/AIDS and STIs Surveillance).
- United States Agency for International Development (USAID), Bureau of Global Health. 2003. Zambia country profile, HIV/AIDS. Available at http://www.usaid.gov/our_work/global_health/aids/Countries/africa/zambiabrief.pdf.
- World Health Organization (WHO). 2004. Summary country profile for HIV/AIDS treatment scale-up. Available at <http://www.who.int/3by5/en/Zambia.pdf>.
- World Health Organization Statistical Information System (WHOSIS). 2005. Zambia country health indicator. Available at <http://www.who.int/countries/zmb/en/>.

Table A-1.1a Tuberculosis treatment and/or follow-up using Directly Observed Treatment Short-course (DOTS)						
Among facilities offering any clinical care or support services (CSS) for HIV/AIDS clients, percentage treating tuberculosis (TB) and, among those following directly observed treatment short-course (DOTS) strategy, percentage having the indicated components, by background characteristics, Zambia SPA 2005						
Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB activities			Number of facilities offering CSS for HIV/AIDS clients
			Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy ¹	
Type of facility						
Hospital	99	25	94	89	73	24
Urban health centre	98	73	80	74	65	71
Rural health centre	97	232	92	91	81	226
Other	93	101	35	27	19	94
Managing authority						
Government	98	281	92	91	79	275
Non-government	94	149	48	39	34	141
Province						
Central	90	37	82	81	64	34
Copperbelt	99	90	61	58	55	89
Eastern	100	40	99	99	99	40
Luapula	96	32	88	88	88	31
Lusaka	93	67	55	46	37	62
Northern	100	41	91	85	75	41
Northwest	95	29	76	73	72	28
Southern	97	60	79	79	74	59
Western	96	33	99	86	31	31
Total	97	430	77	73	64	415

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.

³ Observed client register for DOTS in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility.

Table A-1.1b Treatment and/or follow-up for tuberculosis, any treatment strategy

Among facilities offering any care or support services (CSS) for HIV/AIDS clients and any tuberculosis treatment services, percentage having the indicated components for management of tuberculosis (TB) by background characteristics, Zambia SPA 2005

Background characteristic	Among facilities offering CSS for HIV/AIDS clients and offering any TB treatment services, percentage reporting they follow indicated treatment strategy ¹			Among facilities offering CSS for HIV/AIDS clients and offering any TB treatment services, percentage with				Number of facilities offering CSS for HIV/AIDS clients and offering any TB treatment services	Mean number of sites offering CSS for HIV/AIDS clients and offering any TB treatment services
	DOTS ²	Follow-up treatment only ³	Other strategies ⁴	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available ⁵	All items for TB indicator ⁶		
Type of facility									
Hospital	77	5	33	76	50	97	42	23	1.5
Urban health centre	81	7	12	83	83	89	68	57	1.0
Rural health centre	88	10	2	75	91	93	66	207	1.0
Other	55	16	23	50	46	71	16	33	1.0
Managing authority									
Government	86	10	5	77	90	91	65	253	1.0
Non-government	71	9	19	62	53	87	36	67	1.1
Province									
Central	78	14	7	69	95	98	66	28	1.1
Copperbelt	90	7	2	93	68	88	60	55	1.0
Eastern	99	1	0	88	93	99	81	40	1.0
Luapula	100	0	0	71	92	80	64	28	1.0
Lusaka	67	3	32	51	54	99	37	34	1.1
Northern	83	11	6	66	89	86	57	37	1.0
Northwest	94	5	4	76	75	92	44	21	1.2
Southern	93	0	11	81	86	89	69	47	1.1
Western	31	52	11	52	92	81	45	31	1.1
Total	83	10	8	74	82	90	59	320	1.1

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 Site provides follow-up for TB clients, after intensive treatment offered elsewhere.

⁴ Either no direct observed treatment or patients are treated while inpatient but discharged to other unit/facility for follow-up.

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.

⁶ Observed client register for DOTS in any service site, TB treatment protocols in all relevant sites and all first-line TB medicines available in facility.

Table A-1.1c. Resources and supplies for diagnosing tuberculosis

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage diagnosing tuberculosis (TB), and percentage with the indicated diagnostic elements, by background characteristics, Zambia SPA 2005

Background characteristic	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB diagnostic practices			Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum ² percentage with:				Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum test	Percentage with X-ray capacity ⁴	Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using X-ray
	Any TB diagnostic or treatment services ¹	Use sputum for TB diagnosis ²	Use X-ray for TB diagnosis		Documented system for sending sputum elsewhere for TB diagnosis						
					All items for conducting sputum test for TB	Observed record of sputum test results	Observed record of sputum test results	All items for indicator ³			
Type of facility											
Hospital	94	93	74	24	93	1	3	87	23	75	18
Urban health centre	80	54	35	71	37	22	23	58	39	49	25
Rural health centre	92	21	2	226	20	7	27	27	47	0	4
Other	35	25	18	94	58	0	0	49	23	1	17
Managing authority											
Government	92	30	9	275	36	6	14	40	81	30	25
Non-government	48	36	28	141	58	14	21	66	51	47	39
Province											
Central	82	44	21	34	25	12	12	33	15	19	7
Copperbelt	61	45	28	89	43	16	22	59	41	39	25
Eastern	99	24	5	40	63	0	16	56	10	63	2
Luapula	88	6	4	31	100	0	0	100	2	67	1
Lusaka	55	36	24	62	47	9	10	54	22	45	15
Northern	91	39	2	41	36	0	21	36	16	75	1
Northwest	76	19	7	28	39	0	0	35	5	56	2
Southern	79	14	11	59	44	0	24	44	8	40	6
Western	99	41	13	31	54	12	18	50	13	33	4
Total	77	32	15	415	44	9	17	50	132	40	64

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, and record of test results.

⁴ Functioning X-ray machine with films.

Table A-1.1d 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, percentage having the indicated conditions to support health service providers, by background characteristics,, Zambia SPA 2005

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage of facilities with:			Number of facilities offering CSS for HIV/AIDS clients
			At least half of 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 providers of TB, malaria or STI services were personally supervised at least once during the past 3 months	All items for all components of provider indicator ¹	
Type of facility						
Hospital	99	25	81	93	77	24
Urban health centre	98	73	88	92	81	71
Rural health centre	97	232	87	91	82	226
Other	93	101	56	54	37	94
Managing authority						
Government	98	281	88	92	84	275
Non-government	94	149	64	65	48	141
Province						
Central	90	37	93	76	75	34
Copperbelt	99	90	83	88	76	89
Eastern	100	40	98	96	94	40
Luapula	96	32	76	100	76	31
Lusaka	93	67	55	49	31	62
Northern	100	41	92	89	85	41
Northwest	95	29	88	88	82	28
Southern	97	60	70	88	65	59
Western	96	33	85	87	85	31
Total	97	430	80	83	71	415

¹ 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 and at least half of the interviewed providers of TB, malaria or STI services were personally supervised at least once during the past 3 months.

Table A-1.2 Availability of stock elements for prevention of nosocomial infections

Among all facilities, percentage with the indicated infection control elements by background characteristics, Zambia SPA 2005

Background characteristic	Percentage of facilities with functioning equipment for sterilization or high level disinfecting	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		
Type of facility							
Hospital	93	93	99	99	93	0	25
Urban health centre	84	95	99	99	95	4	73
Rural health centre	74	93	96	95	87	1	232
Other	68	80	97	93	80	14	101
Managing authority							
Government	75	92	98	96	88	2	281
Non-government	75	86	96	94	85	10	149
Province							
Central	77	82	94	95	82	10	37
Copperbelt	89	98	100	100	98	9	90
Eastern	79	96	96	100	93	2	40
Luapula	62	89	92	91	79	0	32
Lusaka	75	84	96	87	77	7	67
Northern	62	93	100	100	93	0	41
Northwest	84	100	100	93	93	0	29
Southern	64	89	97	97	89	5	60
Western	72	74	95	95	68	0	33
Total	75	90	97	96	87	5	430

¹ Disinfectant, needles and syringes, and latex gloves are available in facility stores.

² Soap, running water, sharps box, disinfecting solution and latex gloves in all relevant service areas within facility, and disinfectant, needles/syringes and latex gloves are in stock, and facility has functioning equipment for sterilization or high level disinfecting.

Table A-1.3a Availability of treatments for opportunistic infections and palliative care

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients and offering treatment for opportunistic infections (OIs) associated with HIV/AIDS, percentage with medicines for treating the indicated conditions, by background characteristics, Zambia SPA 2005

Background characteristic	Among facilities offering clinical care and support services for HIV/AIDS clients and treatment for OIs, percentage with at least one medicine for managing the indicated conditions or with the indicated item:									Number of facilities offering CSS for HIV/AIDS clients and treatment for OIs	Mean number of OI treatment service sites
	Topical fungal infection ¹	Bacterial pneumonia ²	Other bacterial infections ³	Vitamin supplementation ⁴	Deworming ⁵	Basic management of pain ⁶	Management of chronic diarrhea ⁷	Intravenous fluid with infusion set for rehydration ⁸	Oral rehydration salts		
Type of facility											
Hospital	98	99	99	98	95	99	79	92	90	24	3.1
Urban health centre	83	80	87	87	75	87	26	82	82	71	1.1
Rural health centre	97	84	98	94	98	95	10	79	92	216	1.7
Other	67	67	70	70	62	70	33	62	66	90	1.0
Managing authority											
Government	96	86	97	94	96	95	16	80	90	266	1.7
Non-government	72	69	76	76	66	76	35	69	72	135	1.2
Province											
Central	82	59	83	83	76	83	12	65	82	33	1.6
Copperbelt	80	76	83	83	79	83	28	76	77	86	1.1
Eastern	100	76	100	100	100	95	11	83	94	40	1.9
Luapula	94	82	94	94	94	94	11	67	84	28	1.9
Lusaka	91	91	92	92	75	92	40	82	91	60	1.2
Northern	100	92	100	98	100	98	13	93	95	41	1.8
Northwest	93	93	93	86	93	93	50	83	92	25	1.5
Southern	82	84	89	86	89	89	20	66	82	57	1.5
Western	81	69	81	69	80	69	4	74	64	31	1.8
Total	88	81	90	88	86	88	22	77	84	401	1.5

¹ Fluconazole or clotrimazole or ketoconazole or nystatin

² Amoxicillin or ampicillin or chloramphenicol

³ Tetracycline or nalidixic acid or cotrimoxazole or erythromycin or penicillin

⁴ Iron or iron with folate or any multivitamin

⁵ Albendazole or mebendazole

⁶ Paracetamol or aspirin or ibuprofen

⁷ Loperamide or diphenylate or oral codeine

⁸ Normal saline or D5NS or ringers lactate or plasma expanders, and infusion sets

Table A-1.3b INH for prevention of tuberculosis in HIV/AIDS clients

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage offering preventive treatment (IPT) for tuberculosis (TB) to HIV/AIDS clients using the indicated practices, and among these, percentage with indicated program elements, by background characteristics, Zambia SPA 2005

Background characteristic	Percentage of facilities offering IPT for TB under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients	Among facilities ever offering IPT for TB within facility, percentage with		Number of facilities offering CSS for HIV/AIDS clients and IPT for TB within facility	Mean number of service sites that offer IPT for TB
	Routinely refers clients elsewhere	Selectively offers	Routinely offers		Protocol for IPT for TB in all service sites offering IPT for TB	INH available		
Type of facility								
Hospital	3	29	15	24	0	68	10	1.3
Urban health centre	1	8	22	71	32	57	21	1.0
Rural health centre	3	3	4	226	0	48	16	1.3
Other	15	0	8	94	3	97	7	1.0
Managing authority								
Government	2	5	5	275	2	52	29	1.2
Non-government	11	5	15	141	25	72	27	1.1
Province								
Central	0	2	5	34	0	0	2	1.0
Copperbelt	16	4	27	89	26	66	28	1.0
Eastern	8	1	2	40	0	33	1	1.2
Luapula	1	3	1	31	0	83	1	1.3
Lusaka	6	4	9	62	0	67	8	1.0
Northern	0	18	0	41	0	94	7	1.6
Northwest	0	9	2	28	0	40	3	1.4
Southern	1	2	4	59	0	25	4	1.1
Western	0	2	0	31	0	0	1	1.0
Total	5	5	9	415	13	62	55	1.1

Table A-1.3c. Cotrimoxazole treatment for prevention of pneumonia in HIV/AIDS clients

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage offering cotrimoxazole to HIV/AIDS clients for prevention of pneumonia (CPT) using the indicated practices and among those offering CPT, percentage with indicated program elements, by background characteristics, Zambia SPA 2005

Background characteristic	Percentage of facilities offering CPT for HIV/AIDS clients under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients	Among facilities ever offering CPT within facility, percentage with:		Number of facilities offering CSS for HIV/AIDS clients and offer CPT within facility	Mean number of service sites that offer CPT
	Routinely refers clients elsewhere	Selectively offers	Routinely offers		Protocol for CPT in all service sites offering CPT	Cotrimoxazole available		
Type of facility								
Hospital	0	38	55	24	5	96	23	2.3
Urban health centre	4	30	38	71	22	77	48	1.1
Rural health centre	2	18	16	226	5	54	75	1.3
Other	3	9	45	94	9	82	51	1.0
Managing authority								
Government	2	19	20	275	8	64	109	1.4
Non-government	3	18	45	141	13	81	88	1.2
Province								
Central	1	28	24	34	1	22	18	1.2
Copperbelt	4	15	49	89	32	82	58	1.1
Eastern	5	20	23	40	1	64	17	1.8
Luapula	0	7	9	31	0	81	5	2.1
Lusaka	2	15	57	62	2	82	45	1.2
Northern	0	25	22	41	0	71	19	1.3
Northwest	6	10	21	28	0	67	8	1.4
Southern	0	19	6	59	3	66	15	1.5
Western	6	37	3	31	0	79	12	1.3
Total	3	19	29	415	10	72	197	1.3

Table A-1.3d Records for HIV/AIDS services

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage where indicated items were found in indicated eligible sites, by background characteristics, Zambia SPA 2005

Background characteristic	Percentage of facilities with:				Number of facilities offering CSS for HIV/AIDS clients	Mean number of service sites offering CSS for HIV/AIDS clients
	Individual client record/chart observed in all eligible clinics/units	Register with HIV/AIDS-related client diagnosis observed in any eligible clinic/unit ¹	Confidentiality guideline in all eligible client clinic/units	All items for indicator in the facility		
Type of facility						
Hospital	93	98	5	5	24	3.3
Urban health centre	99	95	30	30	71	1.2
Rural health centre	95	94	10	9	226	1.7
Other	98	66	23	10	94	1.0
Managing authority						
Government	96	95	11	11	275	1.7
Non-government	98	75	25	17	141	1.2
Province						
Central	100	95	3	3	34	1.8
Copperbelt	100	88	44	40	89	1.1
Eastern	95	90	0	0	40	1.9
Luapula	94	94	1	1	31	1.9
Lusaka	98	62	21	4	62	1.2
Northern	97	100	5	5	41	1.9
Northwest	100	82	0	0	28	1.4
Southern	97	99	14	14	59	1.6
Western	80	93	7	7	31	1.8
Total	96	88	16	13	415	1.5

¹ Within facility where CSS are offered in any outpatient clinic/unit, at least one outpatient unit had an observed register with HIV/AIDS related client diagnoses and where CSS are offered in any inpatient unit, at least one inpatient unit had an observed register with HIV/AIDS related client diagnoses observed.

Table A-2.1a Advanced care for HIV/AIDS: Medicines

Among facilities offering clinical 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 background characteristics, Zambia SPA 2005

Background characteristic	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 with fortified protein supplement ⁹	Number of facilities offering CSS for HIV/AIDS clients
				Crypto-coccus fungal ¹	Bacterial respiratory infection ²	Other bacterial infections ³	Herpes ⁴	Parasites ⁵	Herpes ophthalmic infection ⁶	AIDS dementia complex ⁷	Pain ⁸		
Type of facility													
Hospital	99	25	97	53	98	99	3	97	64	99	64	11	24
Urban health centre	98	73	26	21	56	83	0	68	29	79	23	8	71
Rural health centre	97	232	5	1	47	94	0	62	6	71	6	15	226
Other	93	101	13	32	63	71	5	68	43	68	40	11	94
Managing authority													
Government	98	281	13	4	52	94	0	66	9	75	6	13	275
Non-government	94	149	21	36	62	74	4	67	47	71	46	12	141
Province													
Central	90	37	24	3	32	83	0	27	17	28	8	2	34
Copperbelt	99	90	34	23	61	81	1	73	29	79	28	15	89
Eastern	100	40	15	2	36	95	0	68	8	79	7	12	40
Luapula	96	32	4	3	40	86	1	60	6	71	3	3	31
Lusaka	93	67	9	44	75	89	8	79	58	86	57	10	62
Northern	100	41	10	13	61	98	0	76	11	85	9	8	41
Northwest	95	29	8	4	72	94	0	75	17	79	24	7	28
Southern	97	60	7	5	48	86	0	65	12	71	7	35	59
Western	96	33	13	3	56	75	0	50	1	62	4	5	31
Total	97	430	16	15	55	87	1	66	22	73	20	13	415

¹ Amphotericin B, fluconazole, Itraconazole, and Ketoconazole

² Acyclovir, ceftriaxone, ciprofloxacin, gentamycin, cotrimoxazole, and dapsone

³ Tetracyclin, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycycline, clindamycin, norfloxacin, and cloxacillin

⁴ Acyclovir and gancyclovir

⁵ Metronidazole, tindazole, nalidixic acid, and cotrimoxazole

⁶ 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. dipyron, oral morphine)

⁹ Fortified protein supplement

Table A-2.1b Advanced care for HIV/AIDS: Laboratory testing capacity for monitoring HIV/AIDS clients

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage with the indicated laboratory testing capacity or with system for receiving results of indicated test when test is conducted outside the facility, by background characteristics, Zambia SPA 2005

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities with all items to conduct the indicated laboratory investigations ¹												Number of facilities offering CSS for HIV/AIDS clients
			Kit for spinal tap	Culture media and incubator	Liver function test	Haemo-globin or haemato-crit	White cell count	BUN and serum creatinine	Serum glucose	Indian ink test	Gram stain	Platelet count	ELISA for HIV	All items for indicator	
Type of facility															
Hospital	99	25	30	53	59	84	52	60	77	58	82	52	13	6	24
Urban health centre	98	73	2	19	13	31	15	14	24	10	29	15	1	0	71
Rural health centre	97	232	0	0	2	4	2	2	2	1	2	2	1	0	226
Other	93	101	5	7	10	22	14	17	27	6	22	14	0	0	94
Managing authority															
Government	98	281	1	4	5	9	6	6	7	5	9	6	1	0	275
Non-government	94	149	7	17	16	33	19	21	32	11	30	19	2	1	141
Province															
Central	90	37	1	3	4	18	8	4	12	3	12	8	0	0	34
Copperbelt	99	90	7	14	21	29	21	21	25	6	29	21	2	1	89
Eastern	100	40	1	2	3	10	3	3	5	2	10	3	0	0	40
Luapula	96	32	1	2	3	7	2	3	5	3	4	2	1	0	31
Lusaka	93	67	1	18	6	26	9	15	24	18	22	9	2	0	62
Northern	100	41	2	3	8	9	8	7	13	7	18	8	2	0	41
Northwest	95	29	4	3	3	7	3	3	5	4	8	3	1	1	28
Southern	97	60	5	9	10	17	14	13	18	3	10	14	4	0	59
Western	96	33	1	2	4	7	3	4	12	7	7	3	1	0	31
Total	97	430	3	8	9	17	10	11	16	7	16	10	2	0	415

¹ Laboratory either has all equipment and reagents to conduct the test or a documented system for sending blood outside for test and receiving results.

Table A-2.2 Protocols/guidelines and appointment system to support advanced services for HIV/AIDS

Among facilities reporting they offer any care or support services (CSS) for HIV/AIDS clients, percentage having protocols or guidelines for the indicated topic, by background characteristics, Zambia SPA 2005

Background characteristic	Percentage of eligible facilities with observed guidelines/protocols for offering the service, at all sites where clinical CSS is offered				Observed record system for individual client appointments at all relevant programme sites	Number of facilities offering CSS for HIV/AIDS clients	Mean number of sites offering CSS for HIV/AIDS clients
	Opportunistic infections	Symptomatic/palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS			
Type of facility							
Hospital	2	2	6	7	7	24	3.3
Urban health centre	30	30	62	62	37	71	1.2
Rural health centre	5	5	79	79	8	226	1.7
Other	8	8	21	21	18	94	1.0
Managing authority							
Government	9	9	77	77	10	275	1.7
Non-government	11	11	23	23	25	141	1.2
Province							
Central	2	2	62	63	0	34	1.8
Copperbelt	33	33	48	48	33	89	1.1
Eastern	1	1	71	71	2	40	1.9
Luapula	0	0	61	61	1	31	1.9
Lusaka	1	1	23	23	30	62	1.2
Northern	0	0	75	75	10	41	1.9
Northwest	15	15	69	69	17	28	1.4
Southern	5	5	71	71	7	59	1.6
Western	7	7	84	84	0	31	1.8
Total	10	10	59	59	15	415	1.5

Table A-2.3 Systems and items to support antiretroviral combination therapy services

Among facilities offering antiretroviral therapy (ART), number with indicated program components, by background characteristics, Zambia SPA 2005

Background characteristic	Number of facilities offering ART and having								Number of facilities offering ART	Means number of sites offering ART services
	Record system for individual client appointments for ART clients	Individual client record/chart for ART clients	Up-to-date register/client cards where number of current ART clients can be calculated	At least one interviewed provider of indicated service has related in-service training in the past 12 months			At least half of providers of ART were personally supervised during past 3 months	All items for indicator ¹		
				ART services	Counselling for adherence to ARV drug therapy	Nutritional rehabilitation related to HIV/AIDS				
Type of facility										
Hospital	12	14	14	11	10	7	13	3	16	1.0
Urban health centre	12	9	9	4	4	3	7	3	14	1.0
Rural health centre	3	3	3	1	2	0	1	0	3	1.0
Other	10	10	5	5	5	5	0	0	10	1.0
Managing authority										
Government	15	19	19	13	13	9	15	4	21	1.0
Non-government	22	17	13	8	9	7	7	1	23	1.0
Province										
Central	1	3	3	2	1	1	2	0	3	1.0
Copperbelt	8	8	7	3	3	3	7	2	8	1.0
Eastern	1	2	2	1	1	0	1	0	2	1.0
Luapula	1	2	2	1	0	1	1	0	2	1.0
Lusaka	20	16	11	9	11	7	5	2	21	1.0
Northern	1	1	1	1	1	1	1	0	1	1.0
Northwest	1	1	1	1	0	0	1	0	1	1.0
Southern	3	3	3	2	3	1	3	1	3	1.0
Western	1	1	1	1	1	1	1	0	1	1.0
Total	37	37	32	21	22	16	22	5	43	1.0

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, and specifically for adherence counselling and nutritional rehabilitation during the past 12 months, and at least half of the interviewed ART service providers had been supervised in the past 3 months.

Table A-2.4 Services and conditions for inpatient care for people living with HIV/AIDS needing advanced services

Among all facilities offering inpatient clinical care and support services (CSS), percentage with indicated program and infrastructure items to support quality HIV/AIDS services, by background characteristics, Zambia SPA 2005

Background characteristics	Percentage of facilities offering inpatient CSS for HIV/AIDS	Number of facilities	Among facilities offering inpatient CSS services, percentage with indicated service offered in facility at any site, either inpatient or outpatient							Among facilities offering inpatient CSS services, percentage with				Number of facilities offering inpatient CSS for HIV/AIDS	Mean number of inpatient CSS sites for HIV/AIDS
			Counseling and testing (CT) services or HIV	Treatment for tuberculosis, malaria and sexually transmitted infections	Treatment for opportunistic infections	Treatment for Kaposi's sarcoma	Palliative care	Anti-retroviral 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			
Type of facility															
Hospital	99	25	98	94	100	82	97	64	71	100	68	29	24	2.2	
Urban health centre	11	73	100	100	100	55	75	64	81	100	64	22	8	1.0	
Rural health centre	67	232	26	97	98	3	64	2	37	99	15	0	156	1.0	
Other	5	101	0	0	95	0	5	0	95	100	100	0	5	1.0	
Managing authority															
Government	61	281	35	97	98	11	66	11	40	99	18	4	170	1.1	
Non-government	16	149	60	77	99	47	71	23	76	100	80	12	23	1.5	
Province															
Central	48	37	66	100	100	31	77	19	52	100	53	4	18	1.2	
Copperbelt	7	90	96	85	100	89	100	78	85	100	93	63	6	1.6	
Eastern	86	40	33	100	100	6	35	5	36	100	27	3	35	1.1	
Luapula	83	32	10	93	88	4	87	8	36	100	26	1	27	1.1	
Lusaka	19	67	58	58	98	27	60	46	74	100	78	13	12	1.1	
Northern	84	41	38	95	100	12	59	3	25	100	10	1	34	1.1	
Northwest	41	29	19	94	100	19	17	8	16	100	12	2	12	1.2	
Southern	43	60	36	100	100	14	81	12	53	100	8	3	26	1.3	
Western	69	33	41	99	100	10	100	6	68	91	8	2	23	1.1	
Total	45	430	38	95	98	15	67	13	44	99	26	5	193	1.2	

¹ Facility offers CT services, treatment for illnesses relevant to HIV/AIDS (tuberculosis, malaria, STIs), treatment for opportunistic infections and Kaposi sarcoma, palliative care, and ART, plus facility has an infrastructure to support quality services (24-hour electricity, client latrine, and running water) in all inpatient client service units.

Table A-3.1 Facilities with record-keeping 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 background characteristics, Zambia SPA 2005

Background characteristic	Among facilities offering counselling and testing, percentage		Number of facilities offering counselling and testing	Among facilities offering antiretroviral (ARV) therapy (ART), percentage with		Number of facilities offering ARV therapy (ART)	Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage		Number of facilities offering CSS for HIV/AIDS clients	
	With records indicating clients receiving pre- and post- test counselling and received test results			Records indicating number of clients receiving ARV treatment			Submitting any reports for ART services	With records documenting clients treated for HIV/AIDS related illnesses		Submitting any reports for HIV/AIDS related illnesses treated
	Submitting any reports for HIV testing services			Submitting any reports for ART services						
Type of facility										
Hospital	45	90	24	90	87	16	91	106	24	
Urban health centre	26	76	64	65	66	14	88	93	71	
Rural health centre	20	83	59	100	93	3	86	98	226	
Other	11	52	41	53	7	10	56	66	94	
Managing authority										
Government	31	81	109	93	95	21	86	100	275	
Non-government	13	65	79	56	32	23	67	73	141	
Province										
Central	14	80	22	93	87	3	95	90	34	
Copperbelt	15	76	54	89	97	8	71	91	89	
Eastern	19	83	14	100	88	2	90	100	40	
Luapula	50	100	6	100	67	2	94	96	31	
Lusaka	26	65	34	54	31	21	55	69	62	
Northern	36	78	19	80	100	1	100	96	41	
Northwest	26	40	7	100	100	1	82	92	28	
Southern	38	88	19	93	86	3	72	96	59	
Western	18	58	14	100	100	1	93	93	31	
Total	23	75	188	74	62	43	80	91	415	

Table A-3.2 Facilities with home or community-based linkages

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with then indicated components for home or community-based care and support, by background characteristics, Zambia SPA 2005

Background characteristic	Percentage of facilities with:						Number of facilities offering CSS for HIV/AIDS clients	Mean number of sites offering CSS for HIV/AIDS clients
	Facility offers HC or has a written document naming a referral site	All eligible sites can name a HC site where clients can be referred	All eligible sites have an observed written referral form for client referral	Links with community-based health workers for ART services	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		
Type of facility								
Hospital	70	56	24	49	9	79	24	3.3
Urban health centre	52	75	51	13	13	42	71	1.2
Rural health centre	54	63	24	1	6	23	226	1.7
Other	27	57	30	6	3	18	94	1.0
Managing authority								
Government	55	64	26	6	6	30	275	1.7
Non-government	36	62	38	9	8	25	141	1.2
Province								
Central	55	56	12	7	2	51	34	1.8
Copperbelt	46	80	67	9	17	21	89	1.1
Eastern	58	75	34	3	0	18	40	1.9
Luapula	19	32	14	7	6	17	31	1.9
Lusaka	51	53	9	17	3	38	62	1.2
Northern	59	69	12	2	9	32	41	1.9
Northwest	20	32	4	3	9	27	28	1.4
Southern	66	76	42	5	0	16	59	1.6
Western	41	58	22	4	7	50	31	1.8
Total	49	64	30	7	7	28	415	1.5

Table A-4.1 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 background characteristics, Zambia SPA 2005

Background characteristic	Percentage of facilities offering any PMTCT services	Total number of facilities	Percentage of facilities offering PMTCT services and having indicated documentation					Number of facilities offering PMTCT services	Mean number of sites offering PMTCT services
			Record of women attending ANC and who accepted HIV testing	Record of women who received HIV test results	Record of woman who received post-test counseling (by sero-status)	Record of HIV+ pregnant women who received a complete ARV course for PMTCT	All items for indicator		
Type of facility									
Hospital	62	25	54	52	7	57	6	15	1.0
Urban health centre	47	73	87	87	18	56	16	34	1.0
Rural health centre	12	232	75	75	11	51	10	29	1.0
Other	3	101	100	100	9	100	9	3	1.0
Managing authority									
Government	23	281	75	75	16	58	14	65	1.0
Non-government	11	149	84	83	4	47	4	16	1.0
Province									
Central	27	37	62	62	0	41	0	10	1.0
Copperbelt	23	90	92	92	0	36	0	21	1.0
Eastern	18	40	88	88	28	97	28	7	1.0
Luapula	8	32	25	25	8	33	8	3	1.0
Lusaka	16	67	65	67	36	55	27	11	1.0
Northern	8	41	93	93	0	21	0	3	1.0
Northwest	13	29	100	100	0	37	0	4	1.0
Southern	14	60	61	61	17	81	14	8	1.0
Western	41	33	76	75	24	78	24	13	1.0
Total	19	430	77	77	13	56	12	80	1.0

Table A-5.1a Tuberculosis treatment and/or follow-up using Directly Observed Treatment Short-course

Among all facilities, percentage treating tuberculosis (TB) and, among those who follow the directly observed treatment short-course (DOTS) strategy, percentage having the indicated components, by background characteristics, Zambia SPA 2005

Background characteristic	Percentage with indicated TB activities			Total number of facilities	Among facilities following DOTS strategy for TB, percentage with:				Number of facilities following DOTS strategy for TB	Mean number of sites offering TB services using DOTS strategy
	Any TB diagnostic or treatment services	Report they are part of national DOTS programme	Follow DOTS strategy ¹		Client register for DOTS	TB treatment protocol at all sites offering TB treatment using DOTS strategy	All first-line TB medicines available ²	All items for TB indicator ³		
Type of facility										
Hospital	96	90	74	25	74	60	97	45	18	1.3
Urban health centre	80	74	65	73	88	91	84	64	48	1.0
Rural health centre	92	90	80	232	76	90	86	62	186	1.0
Other	32	25	18	101	69	31	97	27	18	1.0
Managing authority										
Government	92	91	79	281	77	90	86	63	222	1.0
Non-government	45	37	32	149	79	58	92	42	48	1.0
Province										
Central	74	73	58	37	65	97	100	64	22	1.1
Copperbelt	61	57	55	90	98	71	88	59	50	1.0
Eastern	99	99	99	40	83	94	83	68	40	1.0
Luapula	86	86	85	32	69	92	57	43	28	1.0
Lusaka	51	43	34	67	61	57	98	43	23	1.0
Northern	91	85	75	41	65	88	90	54	31	1.0
Northwest	85	82	80	29	78	80	93	52	23	1.1
Southern	80	80	74	60	80	88	89	70	45	1.0
Western	99	87	30	33	74	98	100	74	10	1.2
Total	76	72	63	430	78	84	87	59	270	1.0

¹ Treatment strategy followed is either direct observed for 2 months, follow up 6 months, or direct observed for 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.

³ Observed client register for DOT in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility.

Table A-5.1b Treatment and/or follow-up for tuberculosis

Among facilities offering any tuberculosis treatment services, percentage having the indicated components for management of tuberculosis (TB), by background characteristics, Zambia SPA 2005

Background characteristic	Among facilities with any TB services, percentage reporting they follow indicated treatment strategy ¹			Among facilities offering any TB services, percentage with:				Number of facilities offering any TB services	Mean number of sites offering TB services
	DOTS ²	Follow-up treatment ³ only	Other strategies ⁴	Client register at any site where TB treatment is offered	TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available ⁵	All items for TB indicator ⁶		
Type of facility									
Hospital	77	5	33	76	50	95	42	24	1.5
Urban health centre	82	7	12	81	83	83	60	58	1.0
Rural health centre	88	10	2	75	91	86	62	213	1.0
Other	55	16	23	50	46	71	16	33	1.0
Managing authority									
Government	86	10	5	77	90	84	61	260	1.0
Non-government	71	9	19	62	53	84	33	68	1.1
Province									
Central	78	14	7	69	95	98	66	28	1.1
Copperbelt	90	7	2	92	68	85	57	55	1.0
Eastern	99	1	0	88	93	83	73	40	1.0
Luapula	99	0	1	71	92	57	45	28	1.0
Lusaka	67	3	32	51	54	99	37	34	1.1
Northern	83	11	6	66	89	85	57	37	1.0
Northwest	94	5	4	75	79	93	48	25	1.2
Southern	93	0	10	82	87	85	66	48	1.1
Western	30	54	11	50	92	73	43	32	1.1
Total	83	10	8	74	82	84	56	327	1.1

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

² Treatment strategy followed is either direct observed 2 months, follow up 6 months, or direct observed 6 months.

³ Site provides follow-up for TB clients, after intensive treatment offered elsewhere.

⁴ Either no direct observed treatment or patients are treated while inpatient but discharged to other unit/facility for follow-up.

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.

⁶ Observed client register for DOT in any service site, TB treatment protocols in all relevant sites and all first-line TB medicines available in facility.

Table A-5.1c Resources and supplies for diagnosing tuberculosis

Among all facilities, percentage offering TB diagnosis, and among those using specific methods of diagnosis, percentage having the indicated elements for diagnosis, by background characteristics, Zambia SPA 2005

Background characteristic	Percentage of facilities with indicated TB diagnostic activities			Total number of facilities	Among facilities diagnosing TB using sputum percentage with:				Number of facilities diagnosing TB using sputum test	Percentage with X-ray capacity ⁴	Number of facilities diagnosing TB using X-ray
	Any TB diagnostic or treatment services ¹	Use sputum for TB diagnosis ²	Use X-ray for TB diagnosis		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			
Type of facility											
Hospital	96	94	74	25	92	2	4	87	23	75	18
Urban health centre	80	55	34	73	36	22	22	56	40	49	25
Rural health centre	92	21	2	232	19	7	26	26	49	0	5
Other	32	23	17	101	58	0	0	49	23	1	17
Managing authority											
Government	92	30	9	281	34	6	14	39	84	30	25
Non-government	45	34	26	149	58	13	21	66	51	47	39
Province											
Central	74	39	19	37	25	12	12	33	15	19	7
Copperbelt	61	45	28	90	43	16	22	59	41	39	25
Eastern	99	24	5	40	63	0	16	56	10	63	2
Luapula	86	7	5	32	89	11	11	100	2	71	2
Lusaka	51	34	22	67	47	9	10	54	22	45	15
Northern	91	39	2	41	36	0	21	36	16	75	1
Northwest	85	28	8	29	28	0	0	25	8	50	2
Southern	80	14	10	60	44	0	24	44	8	40	6
Western	99	40	13	33	54	12	18	50	13	33	4
Total	76	31	15	430	43	9	17	49	135	40	64

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, and record of test results

⁴ Functioning X-ray machine with films

Table A-5.1d Malaria diagnosis and treatment

Among all facilities, percentage offering malaria treatment services, and among these, percentage having the indicated components for supporting services for malaria, by background characteristics, Zambia SPA 2005

Background characteristic	Percentage of facilities offering malaria treatment services	Total number of facilities	Among facilities offering malaria treatment, percentage with:			Number of facilities offering malaria treatment services	Mean number of sites offering malaria treatment services
			Malaria treatment protocol in all relevant units	Any anti-malaria medicines in facility	Treatment protocol in all relevant units and medicines in facility		
Type of facility							
Hospital	100	25	13	99	13	25	3.3
Urban health centre	99	73	63	87	55	72	1.3
Rural health centre	99	232	80	98	79	230	1.7
Other	99	101	24	65	18	100	1.1
Managing authority							
Government	100	281	78	97	76	280	1.7
Non-government	98	149	26	73	20	146	1.3
Province							
Central	99	37	69	74	58	37	1.6
Copperbelt	99	90	46	84	42	89	1.3
Eastern	100	40	71	100	71	40	1.9
Luapula	96	32	61	94	61	31	1.9
Lusaka	99	67	28	85	20	66	1.2
Northern	100	41	80	100	80	41	1.8
Northwest	100	29	74	94	74	29	1.5
Southern	100	60	73	90	73	60	1.6
Western	100	33	82	82	70	33	1.9
Total	99	430	60	88	57	427	1.6

Table A-5.1e Diagnosis and treatment for sexually transmitted infections

Among all facilities, percentage offering treatment for sexually transmitted infections (STI), and among these, percentage having the indicated components for supporting services for STIs, by background characteristics, Zambia SPA 2005

Background characteristic	Percentage of facilities offering STI services	Total number of facilities	Percentage of facilities offering STI services, with				Number of facilities offering STI treatment services	Mean number of sites offering STI treatment
			Observed STI treatment protocol in all relevant units	All STI medications available in facility ¹	Condoms in any service area or pharmacy	All items for STI treatment services ²		
Type of facility								
Hospital	100	25	17	92	55	11	25	3.0
Urban health centre	100	73	61	34	68	12	72	1.3
Rural health centre	98	232	54	30	92	16	228	1.7
Other	98	101	25	53	66	7	99	1.1
Managing authority								
Government	99	281	57	31	88	16	279	1.7
Non-government	97	149	25	57	62	7	144	1.3
Province								
Central	99	37	49	30	70	13	37	1.5
Copperbelt	100	90	47	42	66	11	90	1.2
Eastern	100	40	43	33	83	8	40	1.9
Luapula	96	32	43	29	79	8	31	1.9
Lusaka	96	67	32	59	73	5	64	1.2
Northern	100	41	35	34	92	14	41	1.8
Northwest	100	29	74	51	87	28	29	1.5
Southern	97	60	49	23	90	10	59	1.5
Western	100	33	60	47	95	35	33	1.8
Total	99	430	46	40	79	13	424	1.5

¹ At least one medicine for treating syphilis (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhoea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycycline, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tinidazole, or miconazole vaginal suppository)

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

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Agness Mweenge

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Roman Chipemba
Simataa Mwangala

Lusaka province

Anna Mhango
Norah Nyendwa
Elina Bwalya
Major Banda

Copperbelt province 2

Fanelli Zulu
Maybin Mukuka
Mavis Musonda

Northern province 1

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Ethel Zulu
Cleopatra Mununga
Jennifer Mpundu

Eastern province

Matina Chima
Edrick Singogo
Mwatiza Banda

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Monica Mutale
Grace Zulu

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Florence Mukoma
Pauline Mayambu

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Idah Nyanga
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Faustine Phiri
Catherine Matyola
Mwendabai I.B.S.

Other Staff

Akayombokwa Ngubai
Bean Chali
Dennis Mavolo
Kangwa

INTERVIEWER CODE

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PROV

DIST

FACILITY CODE

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LIST ALL PROVIDERS WHO ARE PRESENT TODAY IN THIS UNIT. FOR RURAL HEALTH UNITS, ALL STAFF SHOULD BE LISTED. WRITE THE NUMBER THAT CORRESPONDS TO THE PROVIDER QUALIFICATION, AND CHECK THE SERVICES THE PROVIDER OFFERS. CHECK IF PROVIDER INTERVIEWED FOR FACILITY INFORMATION AND/OR INDIVIDUAL INTERVIEW

Prov #	Line #	Clinic Unit#	Provider first name or initials	Qual-ification Code	ART	Any HIV counseling testing, PMTCT, VCT	SERVICE PROVIDED					INTERVIEWED	
							Treatment		ANC FP Delivery	Other client services	Conduct lab tests	Check if staff interview conducted	
							HIV/AIDS related illnesses	Malaria STI TB				YES facility	Yes individual
01													
02													
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|-----------------------|--|---------------------------------------|
| 02 CONSULTANT | 09 NURSE AID/ASSISTANT | 16 LAB SCIENTIST |
| 03 GP/PHYSICIAN | 10 TRAINED BIRTH ATTENDANT (TBA) | 17 LABORATORY TECHNOLOGIST/TECHNICIAN |
| 04 CLINICAL OFFICER | 11 ENVIRONMENTAL HEALTH TECHNICIAN | 18 LABORATORY ASSISTANT |
| 05 REGISTERED NURSE | 12 COMM. HEALTH WORKER/HOME BASED CARE | 19 PHARMACIST |
| 06 REGISTERED MIDWIFE | 13 TRAINED COUNSELOR (FULL TIME) | 20 PHARMACIST ASSISTANT |
| 07 ENROLLED NURSE | 14 OTHER COUNSELOR | 21 OTHER CLINICAL STAFF _____ |
| 08 ENROLLED MIDWIFE | 15 SOCIAL WORKER | (SPECIFY) |

INTERVIEWER CODE PROV DIST FACILITY CODE

LIST ALL PROVIDERS WHO ARE PRESENT TODAY IN THIS UNIT. FOR RURAL HEALTH UNITS, ALL STAFF SHOULD BE LISTED. WRITE THE NUMBER THAT CORRESPONDS TO THE PROVIDER QUALIFICATION, AND CHECK THE SERVICES THE PROVIDER OFFERS.
 CHECK IF PROVIDER INTERVIEWED FOR FACILITY INFORMATION AND/OR INDIVIDUAL INTERVIEW

Prov #	Line #	Clinic/ Unit #	Provider first name or initials	Qual-ification Code	ART	Any HIV counseling testing, PMTCT, VCT	SERVICE PROVIDED				INTERVIEWED		
							Treatment		ANC FP Delivery	Other client services	Conduct lab tests	Check if staff interview conducted	
							HIV/AIDS related illnesses	Malaria STI TB				YES facility	Yes individual
24													
25													
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28													
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|---|---|
| <p>02 CONSULTANT 09 NURSE AID/ASSISTANT</p> <p>03 GP/PHYSICIAN 10 TRAINED BIRTH ATTENDANT (TBA)</p> <p>04 CLINICAL OFFICER 11 ENVIRONMENTAL HEALTH TECHNICIAN</p> <p>05 REGISTERED NURSE 12 COMM. HEALTH WORKER/HOME BASED CARE</p> <p>06 REGISTERED MIDWIFE 13 TRAINED COUNSELOR (FULL TIME)</p> <p>07 ENROLLED NURSE 14 OTHER COUNSELOR</p> <p>08 ENROLLED MIDWIFE 15 SOCIAL WORKER</p> | <p>16 LAB SCIENTIST</p> <p>17 LABORATORY TECHNOLOGIST/TECHNICIAN</p> <p>18 LABORATORY ASSISTANT</p> <p>19 PHARMACIST</p> <p>20 PHARMACIST ASSISTANT</p> <p>21 OTHER CLINICAL STAFF</p> <p style="text-align: center;">(SPECIFY)</p> |
|---|---|

INTERVIEWER CODE

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PROV DIST

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FACILITY CODE

LIST ALL PROVIDERS WHO ARE PRESENT TODAY IN THIS UNIT. FOR RURAL HEALTH UNITS, ALL STAFF SHOULD BE LISTED. WRITE THE NUMBER THAT CORRESPONDS TO THE PROVIDER QUALIFICATION, AND CHECK THE SERVICES THE PROVIDER OFFERS. CHECK IF PROVIDER INTERVIEWED FOR FACILITY INFORMATION AND/OR INDIVIDUAL INTERVIEW

Prov #	Line #	Clinic/ Unit #	Provider first name or initials	Qual-ification Code	ART	Any HIV counseling testing, PMTCT, VCT	SERVICE PROVIDED					INTERVIEWED	
							HIV/AIDS related illnesses	Malaria STI TB	ANC FP Delivery	Other client services	Conduct lab tests	Check if staff interview conducted	
												YES	Yes
47													
48													
49													
50													
51													
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|------------------------------|---|--|
| 02 CONSULTANT | 09 NURSE AID/ASSISTANT | 16 LAB SCIENTIST |
| 03 GP/PHYSICIAN | 10 TRAINED BIRTH ATTENDANT (TBA) | 17 LABORATORY TECHNOLOGIST/TECHNICIAN |
| 04 CLINICAL OFFICER | 11 ENVIRONMENTAL HEALTH TECHNICIAN | 18 LABORATORY ASSISTANT |
| 05 REGISTERED NURSE | 12 COMMUNITY HEALTH WORKER/HOME BASED C/ | 19 PHARMACIST |
| 06 REGISTERED MIDWIFE | 13 TRAINED COUNSELOR (FULL TIME) | 20 PHARMACIST ASSISTANT |
| 07 ENROLLED NURSE | 14 OTHER COUNSELOR | 21 OTHER CLINICAL STAFF |
| 08 ENROLLED MIDWIFE | 15 SOCIAL WORKER | (SPECIFY) |

**FACILITY CHECKLIST FOR QUESTIONNAIRES:
OUTPATIENT & INPATIENT SERVICES**

PROV	DIST	

FAC		

I would like to start by asking about the overall facility organization and availability of services.
For each of the services that I mention, please indicate if the facility provides the service. IF THE SERVICE IS PROVIDED, ASK: Is the service offered from a clinic offering only this service, or is it offered by the same providers of services in an OPD, IPD, or other clinic/unit, such as ANC or FP.

IF THE SERVICE IS OFFERED BY THE SAME PROVIDERS FROM AN OPD, IPD, OR OTHER CLINIC/UNIT, LIST THE MAIN CLINIC/UNIT, AND MARK THE SERVICE BOX ON THE SAME LINE AS THAT CLINIC/UNIT. COMPLETE AN OPD/IPD QRE FOR ALL MAIN UNITS, AS WELL AS THE INDICATED SPECIALTY QRE FOR SERVICES PROVIDED FROM THAT MAIN CLINIC/UNIT. IN THE "ELIGIBLE QUESTIONNAIRE COLUMN, INDICATE WITH AN " / " IF A PARTICULAR SECTION IS REQUIRED, AND AS SOON AS THAT SECTION IS DONE, MAKE A COMPLETE "X" IN THE BOX TO INDICATE THAT THIS SECTION WAS REQUIRED AND IT IS DONE

Line #	CLINIC/UNIT NUMBER	DESCRIPTION OF CLINIC/UNIT	ELIGIBLE QUESTIONNAIRES (QRE) SERVICE PROVIDED								
			Mod B or C OPD or IPD	Mod G TB	Mod H VCT	Mod I ART	Mod J PMTCT	Mod D HMIS	Mod E LAB	Mod F PHARM	
01	1 8	Service statistics (HMIS/med records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02	1 9	Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
03	2 0	Pharmacy/Medical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
04		Outpatient (OPD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OUTPATIENT (OPD) CLINIC/UNITS

- | | | |
|--|---|---|
| 01= General Outpatient | 09= Specific HIV/AIDS Only (may be ART unit) | 17= Social Services Department/home based care/ community services (HIV/AIDS specific) |
| 02= Pediatric Outpatient | 10= Specific Diagnoses (Including HIV/AIDS) | 18= Service statistics/medical records/HMIS |
| 03= Antenatal Care | 11= STI | 19= Laboratory (OPD &/or IPD) |
| 04= Family Planning | 12= Gynecology | 20= Pharmacy |
| 05= Delivery (Outpatient) | 13= Urology | 96= Other OPD _____ |
| 06= Tuberculosis (TB) | | (SPECIFY) |
| 07= VCT/CT (may be stand alone) | 15= Emergency/Casualty | |
| 08= PMICI | 16= Social Services Department/ home-based care/community services (not HIV/AIDS specific; | |

INPATIENT (IPD) UNITS

- | | | |
|--|--|----------------------|
| 22= Inpatient medical (adult or adult and pediatric) | 26= HIV/AIDS Only Inpatient | 30= Hospice |
| 23= Inpatient medical/surgical (adult or adult and pediatric) | 27= Specific Diagnoses (Including HIV/AIDS) | 97= Other IPD |
| 24= Inpatient surgical (adult or adult and pediatric) | 28= Tuberculosis (TB) | |
| 25= Inpatient pediatric | 29= Delivery (Inpatient) | |

Line #	CLINIC/UNIT NUMBER	DESCRIPTION OF CLINIC/UNIT	ELIGIBLE QUESTIONNAIRES (QRE) SERVICE PROVIDED								
			Mod B or C OPD or IPD	Mod G TB	Mod H VCT	Mod I ART	Mod J PMTCT	Mod D HMIS	Mod E LAB	Mod F PHARM	
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			OPD or IPD	TB	VCT	ART	PMTCT	HMIS	LAB	PHARM	
TOTAL QRES COMPLETED			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL HEALTH WORKER INTERVIEW QRES			<input type="checkbox"/>								
OUTPATIENT (OPD) CLINIC/UNITS											
01= General Outpatient			09= Specific HIV/AIDS Only (may be ART unit)			17= Social Services Department/home based care/ community services (HIV/AIDS specific)					
02= Pediatric Outpatient			10= Specific Diagnoses (Including HIV/AIDS)			18= Service statistics/medical records/HMIS					
03= Antenatal Care			11= STI			19= Laboratory (OPD &/or IPD)					
04= Family Planning			12= Gynecology			20= Pharmacy					
05= Delivery (Outpatient)			13= Urology			96= Other OPD _____					
06= Tuberculosis (TB)			07=VCT/CT (may be stand alone)			(SPECIFY)					
08= PMTCT			15= Emergency/Casualty			16= Social Services Department/ home-based care/community services (not HIV/AIDS specific;					
INPATIENT (IPD) UNITS											
22=Inpatient medical (adult or adult and pediatric)			26= HIV/AIDS Only Inpatient			30= Hospice					
23= Inpatient medical/surgical (adult or adult and pediatric)			27= Specific Diagnoses (Including HIV/AIDS)			97= Other IPD					
24=Inpatient surgical (adult or adult and pediatric)			28= Tuberculosis (TB)								
25=Inpatient pediatric			29= Delivery (Inpatient)								

**HIV/AIDS SPA SURVEY
COVER SHEET**

1. Facility Identification

<p>001 NAME OF FACILITY _____</p> <p>002 LOCATION OF FACILITY _____</p> <p>003 PROVINCE _____</p> <p>004 DISTRICT _____</p> <p>005 CODE OF FACILITY</p>	<p>PROVINCE NUMBER <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p> <p>DISTRICT NUMBER <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p> <p>CODE OF FACILITY <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p>
<p>006 TYPE OF FACILITY</p> <p>THIRD LEVEL HOSPITAL 01</p> <p>SECOND LEVEL HOSPITAL 02</p> <p>FIRST LEVEL HOSPITAL 03</p> <p>URBAN HEALTH CENTER 04</p> <p>RURAL HEALTH CENTER 05</p> <p>CLINIC URBAN 06</p> <p>CLINIC RURAL 07</p> <p>HOME BASED CARE 08</p> <p>OTHER 96</p> <p align="center">(SPECIFY _____)</p> <p>007 MANAGING AUTHORITY</p> <p>GOVERNMENT-PUBLIC 01</p> <p>GOVERNMENT-NOT PUBLIC (MILITARY, ETC.) 02</p> <p>NGO/COMMUNITY 03</p> <p>PRIVATE/PARASTATAL 04</p> <p>OTHER 96</p> <p align="center">(SPECIFY _____)</p>	<p>FACILITY TYPE <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p> <p>MANAGING AUTHORITY <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p>

2. Information about Interview

<p>008 Date: _____</p> <p>009 Name of the interviewer _____</p>	<p>DAY <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p> <p>MONTH <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p> <p>YEAR <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p> <p>INTERVIEWER CODE <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p>												
<p>010 INTERVIEWER VISITS:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">Visit 1</td> <td style="width:33%; text-align: center;">Visit 2</td> <td style="width:33%; text-align: center;">Visit 3</td> </tr> <tr> <td>DATE</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>TEAM LEADER</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> <p>RESULT CODES: 1 = COMPLETED 2 = RESPONDENT NOT AVAILABLE 3 = REFUSED 4 = PARTIALLY COMPLETED 6 = OTHER</p>		Visit 1	Visit 2	Visit 3	DATE				TEAM LEADER				<p>RESULT CODE <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p>
	Visit 1	Visit 2	Visit 3										
DATE													
TEAM LEADER													
<p>011 CHECKED BY MONITOR/SUPERVISOR:</p> <p>SIGNATURE _____ DATE _____</p>		<p><input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p>											

GPS READING

Turn GPS machine on and wait until satellite page changes to "position"

Write Altitude

Press "MARK"

Highlight "AVERAGE" and press "ENTER"

Highlight "WAYPOINT NUMBER" and press "ENTER"

Enter facility code (six digits)

Wait 5 minutes

Highlight "SAVE" and press "ENTER"

Page to main menu, highlight "WAYPOINT LIST" and press "ENTER"

10. Highlight your waypoint
11. Copy information from waypoint list page- this is the average of all the satellite readings
12. 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

012 WAYPOINT NAME	NAME <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/>
013 ALTITUDE	ALTITUDE <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/>
014 LATITUDE	N/S a <input style="width: 20px; height: 15px;" type="text"/> DEGREES/DECIM b <input style="width: 30px; height: 15px;" type="text"/> c <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/>
015 LONGITUDE	E/W a <input style="width: 20px; height: 15px;" type="text"/> DEGREES/DECIM b <input style="width: 30px; height: 15px;" type="text"/> c <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/>

SECTION A.. OVERVIEW OF HIV/AIDS SERVICES

Code of facility:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	QRE TYPE	A
Interviewer: Code	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE FACILITY WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:

Hello. My name is _____. We are here on behalf of the Ministry of Health, the Central Board of Health, and the Central Statistical Office to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date
SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

100	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP
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101	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
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NO.	QUESTIONS	CODING CATEGORIES	GO TO
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102	<p>Now I have some questions about staffing for this facility. The staffing I am referring to include those who provide outpatient services, and (if applicable) inpatient services. For each qualification that I mention, please tell me how many of this qualification staff your facility is authorized to have, and then tell me how many of this qualification are actually assigned to the facility. We want to know the highest technical qualification that any staff may hold (such as nurse or doctor) regardless of the person's administrative position or specialist studies after qualification or the actual work that they do. For example, if a nurse is the unit supervisor, then the highest qualification is nurse, not supervisor. Finally for each type of staff can you tell me how many were routinely available for day to day work during the past 3 months. We are interested in knowing about gaps between the number of assigned and those actually present, which may be due to sickness, family emergencies, or staff who are still assigned but no longer report for duty.</p>		
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NO.	QUESTIONS	CODING CATEGORIES			GO TO
		(a) STAFFING NORMS	(b) ACTUAL NUMBER IN POST	(c) AVERAGE NUMBER FULL TIME AT POST PAST 3 MONTHS	
	QUALIFICATION				
01	Surgeons/anesthetists (physician, nurse or clinical officer)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
02	Consultant	<input type="text"/>	<input type="text"/>	<input type="text"/>	
03	General Practitioner (GP) or Physician	<input type="text"/>	<input type="text"/>	<input type="text"/>	
04	Clinical Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>	
05	Registered Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	
06	Registered Midwife	<input type="text"/>	<input type="text"/>	<input type="text"/>	
07	Enrolled Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	
08	Enrolled Midwife	<input type="text"/>	<input type="text"/>	<input type="text"/>	
09	Nurse aid/assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10	Traditional Birth Attendant	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11	Environmental Health Technologist/Technician	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12	Community Health Worker/Home based care worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	
13	Trained HIV/AIDS counselor (any topics)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
14	Other counselor	<input type="text"/>	<input type="text"/>	<input type="text"/>	
15	Social worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	
16	Lab scientist	<input type="text"/>	<input type="text"/>	<input type="text"/>	
17	Lab technologist/technician	<input type="text"/>	<input type="text"/>	<input type="text"/>	
18	Lab assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	
19	Pharmacist	<input type="text"/>	<input type="text"/>	<input type="text"/>	
20	Pharmacy assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	
21	All other staff with clinical training or providing client services	<input type="text"/>	<input type="text"/>	<input type="text"/>	
22	All other support staff (non-clinical manager, medical records, cleaners, etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
103	SUM THE NUMBER OF STAFF REPORTED IN COLUMN (b).		<input type="text"/>		
You have told me that there are ____ (READ TOTAL STAFF FROM PREVIOUS QUESTION) staff assigned to this facility. Is this correct? IF NOT CORRECT, PROBE AND MAKE CORRECTIONS.					

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																																				
104	In addition to the above mentioned staff, are there any other staff who periodically provide services on a routine rotation between facilities, or who routinely work (either full or part time) and who provide client services? This might include seconded staff from other organizations, working with NGO programs or volunteers.	YES 1 NO 2	→ 107																																																																				
105	Please tell me the qualification of the people who either rotate between facilities or who are seconded to the facility and indicate if they work specifically with HIV/AIDS related services or not specifically HIV/AIDS.	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="2">SERVICES PROVIDED</th> </tr> <tr> <th colspan="2"></th> <th>(a) HIV/AIDS ONLY</th> <th>(b) NOT ONLY HIV/AIDS</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Physician (ANY PHYSICIAN, CONSULTANT, (GENERALIST, SURGEON, ETC.)</td> <td>DOCTOR</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>02</td> <td>Registered Nurse</td> <td>NURSE, REGISTERED</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>03</td> <td>Registered Midwife</td> <td>MIDWIFE, REGISTERED</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>04</td> <td>Enrolled Nurse</td> <td>NURSE, ENROLLED</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>05</td> <td>Enrolled Midwife</td> <td>MIDWIFE, ENROLLED</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>06</td> <td>Nursing assistant/Aid</td> <td>NURSE ASSISTANT</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>07</td> <td>Community Health Worker or Environmental technologist/technician/Home based care worker</td> <td>CHW/EHT/HBW</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>08</td> <td>Lab scientist/technologist/technician/assistant</td> <td>LABORATORY</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>09</td> <td>Trained HIV/AIDS counselor</td> <td>TRAINED HIV/AIDS COUNSELOR</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>10</td> <td>Other counselor</td> <td>OTHER COUNSELOR</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>11</td> <td>Other clinical staff</td> <td>OTHER (CLINICAL)</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td>12</td> <td>Other non-clinical staff</td> <td>OTHER (NON-CLINICAL)</td> <td><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> </tbody> </table>			SERVICES PROVIDED				(a) HIV/AIDS ONLY	(b) NOT ONLY HIV/AIDS	01	Physician (ANY PHYSICIAN, CONSULTANT, (GENERALIST, SURGEON, ETC.)	DOCTOR	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	02	Registered Nurse	NURSE, REGISTERED	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	03	Registered Midwife	MIDWIFE, REGISTERED	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	04	Enrolled Nurse	NURSE, ENROLLED	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	05	Enrolled Midwife	MIDWIFE, ENROLLED	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	06	Nursing assistant/Aid	NURSE ASSISTANT	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	07	Community Health Worker or Environmental technologist/technician/Home based care worker	CHW/EHT/HBW	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	08	Lab scientist/technologist/technician/assistant	LABORATORY	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	09	Trained HIV/AIDS counselor	TRAINED HIV/AIDS COUNSELOR	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	10	Other counselor	OTHER COUNSELOR	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	11	Other clinical staff	OTHER (CLINICAL)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	12	Other non-clinical staff	OTHER (NON-CLINICAL)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
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106	SUM THE NUMBER OF SECONDED AND OTHER STAFF WHO WORK IN THE FACILITY.	TOTALS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																					
107	Does the facility have a computer? IF YES, ASK: Is the computer functioning today? (REPORTED RESPONSE IS ACCEPTABLE)	YES, FUNCTIONING 1 YES, NOT FUNCTIONING..... 2 NO 3																																																																					
108	Does the facility have a functioning telephone or radio to call outside? PROBE TO DETERMINE CORRECT RESPONSE (REPORTED RESPONSE IS ACCEPTABLE)	YES, LANDLINE 1 YES, CELL PHONE 2 PERSONAL CELL PHONE OR PAY PHONE ONLY 3 YES, RADIO 4 NO 5																																																																					
109	Is there access to email/internet within the facility? (REPORTED RESPONSE IS ACCEPTABLE)	YES 1 NO 2																																																																					

NO.	QUESTIONS	CODING CATEGORIES	GO TO
110	Does this facility have a stand-by or 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	
111	Does this facility ever obtain electricity from any source (other than a generator)?	YES MAIN/CENTRAL SUPPLY 1 YES, SOLAR OR OTHER SUPPLY 2 NO 3	→ 114
112	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 AFTER DARK 3	→ 114
113	IF SOMETIMES INTERRUPTED, ASK: How many <i>days</i> during the past week was the electricity not available for at least 2 hours during a time the facility is open for services? THIS INCLUDES EMERGENCY SERVICES.	NUMBER OF DAYS NOT AVAILABLE PAST WEEK <input type="text"/> NEVER INTERRUPTED 2 HOURS OR MORE 0	
114	What is the most commonly used source for water used by the facility during this season? (REPORTED RESPONSE IS ACCEPTABLE)	PIPED FROM PROTECTED SOURCE 1 PIPED FROM UNPROTECTED SOURCE 2 PIPED FROM UNKNOWN SOURCE 3 NON-PIPED PROTECTED (E.G., PROTECTED WELL) 4 NON-PIPED UNPROTECTED (E.G. UNPROTECTED WELL, RAIN) 5 RIVER, LAKE, POND 6 OTHER _____ SPECIFY 7	
115	Is there a pump for the water supply? IF YES, ASK "What type of pump is used?"	YES, SOLAR PUMP 1 YES, RECIPROCATING/ELECTRIC 2 YES, MANUAL PUMP 3 NO 4	→ 117
116	Is the pump functional today? (REPORTED RESPONSE IS ACCEPTABLE)	YES 1 NO 2	
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	Does the availability of water from this source vary by season?	YES 1 NO 2	
119	Is there a time of year when the facility normally has a severe shortage or lack of water?	YES 1 NO 2	
120	Do providers in this facility ever order or refer clients for HIV/AIDS testing? IF YES, INDICATE WHERE THE TEST IS DONE.	YES, TEST CONDUCTED IN FACILITY 1 YES, TEST CONDUCTED IN AFFILIATED, EXTERNAL LAB 2 YES, TEST CONDUCTED IN OTHER FACILITY OR NON-AFFILIATED LAB 3 NO 4	→ 122 → 122 → 122
121	Where are HIV/AIDS tests conducted in this facility? INDICATE ALL SITES FOR THIS FACILITY	(V)CT CLINIC A ANC/PMTCT CLINIC B LABORATORY-OUTPATIENT ONLY C LABORATORY-INPATIENT ONLY D LABORATORY (BOTH IN/OUT PT) E ANY OTHER CLINIC/UNIT IN THIS FACILITY F	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
122	Are new staff, who work with HIV/AIDS clients in any capacity, routinely trained or instructed on a policy for confidentiality and disclosure of HIV test results or client status?	YES 1 NO 2 DON'T KNOW 8	
123	Do you have any full-time staff who have been trained in <u>both</u> pre and post test counseling for HIV/AIDS? I'm referring to staff officially assigned to the facility.	YES, TRAINED COUNSELOR (S) 1 NO TRAINED COUNSELOR(S) 2 DON'T KNOW 8	→ 125
124	Do you have any part-time or seconded staff who have been trained in <u>both</u> pre and post test counseling for HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 126 → 126
125	Can you estimate the total number of BOTH full-time and part-time staff trained specifically in HIV/AIDS counseling or related services during the past year, and, among these, how many are still working at the facility in a position where they provide counseling, either full-time or part-time? This includes staff who may provide the counseling in this facility when working outside normal duty hours.	1 NUMBER TRAINED <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 2 NUMBER CURRENTLY PROVIDING COUNSELING FULL OR PART-TIME DON'T KNOW <input type="text"/> <input type="text"/> <input type="text"/> 998	
126	Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV/AIDS. Are at-risk , clients, for example, rape victims, offered or referred for PEP? IF YES, ASK: Is the PEP provided in this facility, or are clients referred elsewhere for PEP?	YES, PEP IN THIS FACILITY 1 YES, REFERRED TO OTHER FACILITY FOR PEP 2 NO PEP AVAILABLE 3 DON'T KNOW 8	
127	Is PEP available for staff in this facility if they are exposed to HIV? IF YES, ASK: Is the PEP available in this facility or do staff receive PEP from another facility?	YES, THIS FACILITY 1 YES, OTHER FACILITY ONLY 2 NO PEP AVAILABLE 3	→ 135
128	Is there a central location in the facility where staff receive prescriptions or referrals for PEP?	YES 1 NO, PROVIDERS IN VARIOUS SITES PRESCRIBE PEP 2 NO PEP DRUGS AND NO SYSTEM FOR REFERRAL 3	→ 135
129	GO TO MAIN PEP SERVICE SITE. IF NO CENTRAL SERVICE SITE FOR PEP, GO TO MAIN STORAGE SITE FOR PEP MEDICINES. Is there a centrally maintained register or record that shows that a worker has been prescribed PEP or has been referred for PEP? IF YES, ASK: May I see the register/record? GO TO WHERE THE RECORD/REGISTER IS MAINTAINED AND CHECK TO SEE WHICH INFORMATION IS AVAILABLE. CIRCLE THE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED.	YES, REFERRED FOR PEP A YES, RECEIVED PRE-PEP HIV TEST B YES, RECEIVED PEP ARV DRUGS C YES, RECEIVED POST-PEP HIV TEST D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS. E NO RECORD, INFORMATION IN INDIVIDUAL HEALTH RECORD ONLY F NO RECORD FOR PEP Y	
130	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? IF YES, ASK TO SEE THE PROTOCOLS/ GUIDELINES.	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
131	ASK TO GO TO THE MAIN PLACE IN THE FACILITY WHERE PEP MEDICINES ARE STORED, AND INDICATE IF MEDICINES ARE AVAILABLE, AND IF YES, IF INFORMED CONSENT WAS RECEIVED FROM RESPONDENT.	NO PEP MEDICINES IN FACILITY ... 1 YES, INFORMED CONSENT 2 NO INFORMED CONSENT 3	→ 135
132	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) A STAVUDINE/LAMIVUDINE B STAVUDINE/LAMIVUDINE +INDINAVIR C OTHER COMBINATION D (SPECIFY) _____ OTHER ONE ARV USED ALONE E (SPECIFY) _____ NONE Y	→135
133	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE 1 STORED WITH OTHER ARVS/APART FROM OTHER MEDICINES 2 STORED WITH NON-ARV MEDS 3 OTHER 6 (SPECIFY) _____	
134	DESCRIBE THE SECURITY FOR THE PEP MEDICINES.	LOCKED APART FROM OTHER MEDS AND ARVS 1 LOCKED, LIMITED ACCESS SITE 2 UNLOCKED OR NO LIMITED ACCESS 3	
135	ASK THE RESPONDENT TO TAKE YOU TO THE MAIN AREA WHERE EQUIPMENT IS CLEANED AND STERILIZED OR DISINFECTED AND ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE PROCESSES USED. What procedure is used for decontaminating and cleaning equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED USING SOAP AND WATER 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT SOLUTION 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED 05 OTHER 06 (SPECIFY) _____ NONE 95 DON'T KNOW 98	
136	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
137	<i>Besides decontaminating and cleaning, what is the method most commonly used for sterilizing reusable syringes and needles?</i> CIRCLE ALL THAT APPLY.	DRY-HEAT STERILIZATION A AUTOCLAVING B STEAM C BOILING D CHEMICAL METHOD E DISCARD/DISPOSABLES ONLY F OTHER X (SPECIFY) _____ NONE Y	

FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/PRESSURE/BOILING IS REACHED

140	FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/PRESSURE/BOILING IS REACHED																																	
	(1) Dry heat sterilization	(2) Autoclave	(3) Boil	(4) Steam without pressure	(5) Chemical High Level Disinfectant (HLD)	(6) Initial decontamination																												
A	Method USED 1 NOT USED .. 2 → 2	USED 1 NOT USED .. 2 → 3	USED .. 1 NOT USED .. 2 → 4	USED 1 NOT USED .. 2 → 5	USED 1 NOT USED .. 2 → 6	USED 1 NOT USED .. 2 → 141																												
B	Temperature (centigrade) TEMPERATURE [][] AUTOMATIC 666 DON'T KNOW ... 998	TEMPERATURE [][] AUTOMATIC 666 DON'T KNOW ... 998																																
C	Pressure PRESS- URE [][] AUTOMATIC 666 → 2D DON'T KNOW 998 → 2D UNITS OF PRESSURE: KG/SQ CM .. 1 ATM PRESSURE .. 2 KILOPASCAL ... 3 MILLIMETER HG .. 4																																	
D	Minutes when equipment is not wrapped in cloth MINUTES [][] AUTOMATIC 666 DON'T KNOW ... 998	MINUTES [][] AUTOMATIC 666 DON'T KNOW ... 998	MINUTES [][] DON'T KNOW ... 998	MINUTES [][] DON'T KNOW ... 998	MINUTES [][] DON'T KNOW ... 998	MINUTES [][] DON'T KNOW ... 998																												
E	Minutes when equipment is wrapped MINUTES WRAPPED [][] AUTOMATIC 666 DON'T KNOW ... 998																																	
F	Chemical disinfectant used				<table border="0"> <tr><td>GIK</td><td>1</td></tr> <tr><td>CHLORINE</td><td>2</td></tr> <tr><td>CIDEX</td><td>3</td></tr> <tr><td>BETADINE</td><td>4</td></tr> <tr><td>ALCOHOL</td><td>5</td></tr> <tr><td>OTHER</td><td>6</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </table>	GIK	1	CHLORINE	2	CIDEX	3	BETADINE	4	ALCOHOL	5	OTHER	6	DON'T KNOW	8	<table border="0"> <tr><td>GIK</td><td>1</td></tr> <tr><td>CHLORINE</td><td>2</td></tr> <tr><td>CIDEX</td><td>3</td></tr> <tr><td>BETADINE</td><td>4</td></tr> <tr><td>ALCOHOL</td><td>5</td></tr> <tr><td>OTHER</td><td>6</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </table>	GIK	1	CHLORINE	2	CIDEX	3	BETADINE	4	ALCOHOL	5	OTHER	6	DON'T KNOW	8
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OTHER	6																																	
DON'T KNOW	8																																	
G	Percent solution before dilution	PERCENT [][] DON'T KNOW 98			PERCENT [][] DON'T KNOW 98	PERCENT [][] DON'T KNOW 98																												
H	Mixture, parts solution and water	MIXTURE PARTS [][] a) DISINFECTANT [][] b) WATER [][]			MIXTURE PARTS [][] a) DISINFECTANT [][] b) WATER [][]	MIXTURE PARTS [][] a) DISINFECTANT [][] b) WATER [][]																												

SECTION B: HIV/AIDS OUTPATIENT CARE

Code of facility:

QRE B
TYPE

Interviewer: Code

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES OFFERED BY THIS CLINIC/UNIT. INTRODUCE YOURSELF AND BRIEFLY EXPLAIN THE SURVEY. ENSURE ELIGIBILITY FOR QRE.

200 INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENTS
Line # Unit #

201 MANAGING AUTHORITY
GOVERNMENT-PUBLIC 01
GOVERNMENT-NOT PUBLIC
(MILITARY,ETC.) 02
NGO/COMMUNITY 03
PRIVATE/PARASTATAL 04
OTHER _____ 96
(SPECIFY)

202 RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS CLINIC/UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS CLINIC/UNIT.	APPLICABLE & COMPLETED	NOT APPLICABLE	
	(V)CT Q206, Q208 & Q210	1	2
	PMTCT Q206, Q208, Q215 & Q210	1	2
	TB Q219 (01, 02, 03)	1	2
	ART Q225 (07)	1	2

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE CLINIC/UNIT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.
IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q203 BELOW AND GO ON TO Q204.

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE CLINIC/UNIT WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:

Hello. My name is _____. We are here on behalf of the Ministry of Health, the Central Board of Health, and the Central Statistical Office to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses. however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____
SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

NO.	QUESTIONS	CODING CATEGORIES	GO TO
203	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	STOP
204	RECORD THE TIME AT BEGINNING OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		
205	<p>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</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.</p>	<p>RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.</p> <p>STAFF LIST COMPLETED YES 1 NO 2</p>	
206	Do providers in this clinic/unit provide any counseling for HIV tests? By this I mean either pre- or post-test counseling?	<p>YES 1</p> <p>YES, PROVIDE GENERAL ADVICE FOR TESTING AND PREVENTION . 2</p> <p>NO COUNSELING FOR HIV TESTING . 3</p>	Q:VCT/ PMTCT
207	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?	<p>YES 1</p> <p>NO 2</p>	→214
208	<p>When a provider wants a client to receive an HIV test, what is the procedure that is followed? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY</p>	<p>TESTING IN THIS FACILITY</p> <p>TEST IN THIS CLINIC/UNIT A</p> <p>CLIENT SENT TO (V)CT CLINIC/UNIT . . B</p> <p>CLIENT SENT TO PMTCT CLINIC/UNIT. C</p> <p>CLIENT REFERRED OTHER CLINIC/UNIT THIS FACILITY (NON-VCT/PMTCT) . D</p> <p>BLOOD DRAWN IN THIS CLINIC/UNIT BY CLINIC/UNIT STAFF AND SENT TO LAB E</p> <p>BLOOD DRAWN IN THIS CLINIC/UNIT BY EXTERNAL STAFF AND SENT TO LAB F</p> <p>CLIENT SENT TO LAB G</p> <p>TESTING OUTSIDE FACILITY:</p> <p>CLIENT SENT TO</p> <p>CLIENT SENT ELSEWHERE OUTSIDE THIS FACILITY H</p> <p>BLOOD SENT OUTSIDE FACILITY FOR TESTING I</p> <p>OTHER _____ X (SPECIFY)</p>	<p>Q:VCT/ PMTCT</p> <p>Q:VCT/ PMTCT</p>

NO.	QUESTIONS	CODING CATEGORIES	GO TO
209	CHECK Q208. ARE H OR I CIRCLED TO INDICATE THAT CLIENTS OR THEIR BLOOD ARE TESTED FOR HIV OUTSIDE THIS FACILITY?	YES TESTED OUTSIDE FACILITY . . . 1 NO 2	214
210	Does this clinic/unit have an agreement with the referral site for HIV tests that test results will be returned to the clinic/unit, either directly or through the client?	YES 1 NO 2	Q:VCT/ PMTCT
211	Is there a record maintained for clients who are referred for HIV tests or when blood is sent outside the facility for the HIV test? IF YES, ASK: May I see the record? MARK RESPONSE THAT BEST REFLECTS THE PRACTICE.	YES, RECORD OBSERVED WITH CLIENT TEST RESULTS . . . 1 YES, RECORD MAINTAINED IN LAB . . . 2 YES, RECORD REPORTED, BUT NOT SEEN 3 NO RECORD MAINTAINED 4	
212	When you refer a client to another facility for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO FORM USED 3 NEVER REFER OUTSIDE FACILITY . . . 4 DON'T KNOW 8	214
213	Do you use any (other) 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 RECORDS/FILE/CARD 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) 3 WRITE NOTE/LETTER ON BLANK PAPER 4 OTHER _____ 6 (SPECIFY) NO 7	
214	What is the normal practice for this clinic/unit if a person voluntarily asks for an HIV test? PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE.	PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS CLINIC/UNIT . 1 MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME . 2 REFER/TELL TO RETURN LATER WITHOUT APPOINTMENT, FOR TEST WITHIN FACILITY 3 REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT 4 DON'T PROVIDE SERVICE OR REFERRAL 5	
215	Does this clinic/unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES 1 NO 2	Q: PMTCT
216	Is an individual client chart/record/card maintained for clients who receive services through this clinic/unit? This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 YES, ONLY AVAILABLE IN OTHER CLINIC/UNIT 3 ENTER CLINIC/UNIT NUMBER _____ YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS . 4 OTHER _____ 6 SPECIFY NO INDIVIDUAL CLIENT CHART/ RECORD 7	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
217	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 the written policy?	YES, OBSERVED WRITTEN POLICY PROVIDED TO CLIENTS 1 YES, OBSERVED WRITTEN POLICY OR NATIONAL VCT GUIDELINES . 2 YES, REPORTED, NOT SEEN 3 NO 4				→ 219
218	Does the policy specify that no one can be informed of the HIV/AIDS status without the client's consent?	YES 1 NO 2				
219	Now I want to know about any services for diagnosis and treatment. For each service I will mention, please tell me if providers in this clinic/unit ever provide the service, refer clients for the service, or never offer the service at all.	SERVICE OFFERED IN THIS FACILITY		NO SERVICE THIS FACILITY		
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC/UNIT THIS FACILITY	REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL	
01	Prescribe treatment for tuberculosis (TB)?	1 TB QRE ↙	2	3	4	
02	Diagnose tuberculosis (TB)	1 TB QRE ↙	2	3	4	
03	Provide follow-up care for TB clients?	1 TB QRE ↙	2	3	4	
04	Prescribe treatment for sexually transmitted infections (STIs)?	1	2	3	4	
05	Prescribe treatment for malaria?	1	2	3	4	
220	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE 1 SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN 2 NO GUIDELINES OR PROTOCOLS ... 3				→ 224

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
221	First I would like to ask about national ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	(a)		(b)			
		OBSERVED, COM- PLETE	INCOM- PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL	
					month	year	
01	Integrated technical guidelines (ITG) for frontline health workers	1 → b	2 → b	3 02 ↙	4 02 ↙		
02	Standard Treatment Guidelines	1 → b	2 → b	3 03 ↙	4 03 ↙		
03	Zambia infection prevention guidelines	1 → b	2 → b	3 04 ↙	4 04 ↙		
04	National guidelines for VCT	1 → b	2 → b	3 05 ↙	4 05 ↙		
05	National guidelines to Antiretroviral Drug Therapy	1 → b	2 → b	3 06 ↙	4 06 ↙		
06	National guidelines for PMTCT	1 → b	2 → b	3 07 ↙	4 07 ↙		
07	National Guidelines on Management and Care of Patients with HIV/AIDS	1 → b	2 → b	3 08 ↙	4 08 ↙		
08	Management of opportunistic infections, a reference manual for health workers	1 → b	2 → b	3 09 ↙	4 09 ↙		
09	National guidelines on community home-based care for HIV/AIDS clients	1 → b	2 → b	3 222 ↙	4 222 ↙		
222	Other than the previously mentioned national guidelines, are there any other protocols or guidelines available?	YES, OTHER PROTOCOLS/ GUIDELINES 1				224	
		NO OTHER PROTOCOLS/GUIDELINES 2					
223	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	(a)		(b)			
		OBSERVED, COM- PLETE	INCOM- PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON MANUAL	
					month	year	
01	Other protocols/guidelines for infection control	1 → b	2 → b	3 02 ↙	4 02 ↙		
02	Other protocols/guidelines for diagnosis or treatment of sexually transmitted infections?	1 → b	2 → b	3 03 ↙	4 03 ↙		
03	WHO protocols/guidelines on syndromic management of STIs?	1 → b	2 → b	3 04 ↙	4 04 ↙		
04	Other protocols/guidelines for diagnosis or treatment of malaria?	1 → b	2 → b	3 05 ↙	4 05 ↙		
05	Protocols/guidelines for intermittent preventive treatment (IPT) for malaria, during pregnancy?	1 → b	2 → b	3 06 ↙	4 05 ↙		
06	Protocols/guidelines for routinely offering HIV tests to all STI clients?	1 → b	2 → b	3 07 ↙	4 07 ↙		
07	Any guidelines for post-exposure prophylaxis?	1 → b	2 → b	3 224 ↙	4 224 ↙		

NO.	QUESTIONS	CODING CATEGORIES				GO TO
224	If clients who you know, or suspect of having HIV/AIDS receive services in this clinic/unit, do you ever provide any curative care for illnesses that may be HIV/AIDS related, such as opportunistic infections, or provide or refer the clients for counseling or social support services for help in living with HIV/AIDS?	YES 1	NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE IN THIS FACILITY . . . 2	NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY 3	NEVER PROVIDE THESE SERVICES OR REFER CLIENTS WITH HIV/AIDS FOR SERVICES . . . 4	230 233 247
225	For each service I will mention, please tell me if providers in this clinic/unit personally provide the service, refer clients for the service, or do not offer the service at all. Do providers in this clinic unit personally : [READ EACH TOPIC BELOW]	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFER-RAL
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC	INPATIENT SERVICE ONLY		
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.	1	2	3	4	5
02	Systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis?	1	2	3	4	5
03	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the severely debilitated client? [HOSPICE CARE]	1	2	3	4	5
05	Provide nutritional rehabilitation services? By this I mean providing client education and providing nutritional supplements?	1	2	3	4	5
06	Prescribe or provide high energy protein supplementation (HEPS)?	1	2	3	4	5
07	Prescribe antiretroviral treatment, or provide follow up services for persons receiving antiretroviral treatment (THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES)	1 ART QRE ↙	2	3	4	5
08	Care for pediatric HIV/AIDS patients?	1	2	3	4	5
226	Next I want to ask about some preventive services that are sometimes provided to people who have HIV/AIDS. For each service I mention, tell me if providers in this clinic/unit ever provide the service, and if so , if it is provided routinely, that is to every client, or selectively- depending on the client situation. If this clinic/unit does not provide the service, do you refer clients for it?	PROVIDE THE SERVICE IN THIS CLINIC/UNIT		REFER CLIENTS FOR THE SERVICE		NEVER OFFER SERVICE
		ROUTINELY, FOR ALL HIV/AIDS CLIENTS	SOMETIMES/ SELECTIVELY	ROUTINELY, FOR ALL HIV/AIDS CLIENTS	SOMETIMES/ SELECTIVELY	
01	Testing or screening 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	Provide or prescribe micronutrient supplementation such as vitamins or iron?	1	2	3	4	5
05	Advise clients about using family planning services for health reasons related to HIV/AIDS?	1	2	3	4	5
06	Provide condoms for preventing further transmission of HIV/AIDS?	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES				GO TO
227	Other than the protocols and guidelines we have already seen, do you have any other written materials specific to HIV/AIDS services?	YES	NO	1	2	229
228	IF YES, ASK TO SEE THE MATERIALS AND CHECK TO SEE IF ANY OF THE TOPICS BELOW ARE INCLUDED IN THESE OTHER PROTOCOLS/GUIDELINES	(a)			(b)	
		OBSERVED, COM- PLETE	INCOM- PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON MANUAL month year
01	Other protocols/guidelines for the clinical management of HIV/AIDS infection in adults	1 → b	2 → b	3 02 ↙	4 02 ↙	
02	Other protocols/guidelines for management of opportunistic infections in adults.	1 → b	2 → b	3 03 ↙	4 03 ↙	
03	Other protocols/guidelines for the clinical management of HIV/AIDS infection in children	1 → b	2 → b	3 04 ↙	4 04 ↙	
04	Protocols/guidelines on micronutrient supplementation	1 → b	2 → b	3 05 ↙	4 05 ↙	
05	Protocols/guidelines on advanced nutritional support, such as fortified protein supplement to treat or prevent severe malnutrition?	1 → b	2 → b	3 06 ↙	4 06 ↙	
06	Protocols/guidelines on provision of symptomatic or palliative care?	1 → b	2 → b	3 07 ↙	4 07 ↙	
07	Protocols/guidelines on preventive therapy other than TB, such as cotrimoxazole to prevent pneumonia?	1 → b	2 → b	3 08 ↙	4 08 ↙	
08	Protocols/guidelines on preventive therapy for tuberculosis	1 → b	2 → b	3 09 ↙	4 09 ↙	
09	Other protocols/guidelines on community or home-based care for HIV/AIDS clients	1 → b	2 → b	3 10 ↙	4 10 ↙	
10	Other protocols/guidelines on counseling for HIV testing or VCT?	1 → b	2 → b	3 11 ↙	4 11 ↙	
11	Other protocols/guidelines on PMTCT	1 → b	2 → b	3 12 ↙	4 12 ↙	
12	Other protocols/guidelines on ART/ARVs	1 → b	2 → b	3 13 ↙	4 13 ↙	
13	Other protocols/guidelines on PEP	1 → b	2 → b	3 229 ↙	4 229 ↙	

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
229	I want to ask about various support services that are commonly needed by people with HIV/AIDS. For each service I ask about, please tell me if providers in this clinic/unit ever provide the service themselves, or if they refer clients for the service. IF YES FOR REFERRAL, PROBE FOR WHETHER THERE IS A WRITTEN DOCUMENT LISTING THE REFERRAL SITE, OR IF THE PROVIDER CAN NAME A SPECIFIC REFERRAL SITE FOR THE SERVICE IN QUESTION.	YES, SERVICE IS AVAILABLE IN FACILITY OR THROUGH OUTREACH BY THIS FACILITY	YES, SERVICE PROVIDED THROUGH REFERRAL		NO SERVICE OR REFERRAL		
		REFERRAL SITE OBSERVED ON WRITTEN LIST		REFERRAL LIST NOT SEEN. PROVIDER:			
				CAN NAME SPECIFIC REFERRAL SITE FOR SERVICE	CANNOT NAME SITE		
01	Home-based care services for people living with HIV/AIDS, and their families?	1	2	3	4	5	
02	Support group for people living with HIV/AIDS (PLHA)?	1	2	3	4	5	
03	Emotional/spiritual support for clients and/or family?	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	Counseling or health education for prevention of transmission of HIV/AIDS?	1	2	3	4	5	
08	Education on HIV care for patients and their families?	1	2	3	4	5	
09	Involve or refer to other providers such as acupuncture, herbalist, or traditional healer.	1	2	3	4	5	
10	Provide or refer providers of HIV/AIDS services for emotional/spiritual support?	1	2	3	4	5	
230	Is there a record maintained of client referrals outside this clinic/unit? IF YES, ASK TO SEE DOCUMENTS WHERE REFERRALS ARE RECORDED.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 RECORDED ON CLIENT CHART ONLY 3 NO 4 NO, NEVER REFER IN OR OUTSIDE FACILITY 5				→238	
231	When you refer a client to another clinic/unit within this facility, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN ... 2 NO FORM USED 3 NEVER REFER WITHIN FACILITY . . . 4 DON'T KNOW 8				→233 →233	

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																										
239	<p>When a client receives services in this clinic/unit, where is the diagnosis or reason for visit recorded? PROBE TO DETERMINE THE SYSTEM USED. IF THE CLINIC/UNIT COMPILES REPORTS AND THE REPORTS HAVE SPECIFIC DIAGNOSES, INFORMATION MAY BE COLLECTED FROM CENTRAL LOCATION. CLINIC/UNIT RECORDS MUST STILL BE OBSERVED FOR THE MOST RECENT DATE. IF REPORTS DO NOT CAPTURE HIV/AIDS DIAGNOSES, REVIEW THE CLINIC/UNIT REGISTER AS INSTRUCTED BELOW.</p>	<p>INFORMATION COLLECTED FROM: CLINIC/UNIT REGISTER/RECORDS . 1 CLINIC/UNIT COMPUTER 2 CENTRAL FACILITY LOCATION (RECORDS OR COMPUTERIZED) . 3 NO RECORD MAINTAINED 4</p>	<p>244 247</p>																																										
240	<p>EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this clinic/unit during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the clinic/unit records. START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT VISITS, WHICHEVER IS THE LEAST NUMBER OF CLIENTS. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT VISIT FELL.</p> <p>IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.</p>																																												
	<table border="0"> <tr> <td></td> <td style="text-align: center;">NUMBER OF VISITS</td> <td></td> </tr> <tr> <td>1 ORAL CANDIDIASIS/MOUTH SORES</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>2 CRYPTOCOCCAL MENINGITIS</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>3 TOXOPLASMOSIS</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>4 KAPOSII'S SARCOMA</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>5 AIDS-RELATED COMPLEX (ARC)</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>6 HERPES ZOSTER/SIMPLEX</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>7 PCP (PNEUMOCYSTIS CARINII PNEUMONIA)</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>8 IMMUNOSUPPRESSION/ HIV/AIDS OR RVD</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>9 WASTING SYNDROME FAILURE TO THRIVE (FTT)</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>10 CHRONIC DIARRHEA (MUST SPECIFY CHRONIC)</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>11 TUBERCULOSIS</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>12 OTHER NON-SPECIFIC DIAGNOSIS COMMON TO HIV/AIDS ILLNESSES PYREXIA/FEVER UNKNOWN ORIGIN (PUO/FUO) LYMPHADENOPATHY</td> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>13 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY) _____</td> <td>.....</td> <td><input type="text"/></td> </tr> </table>		NUMBER OF VISITS		1 ORAL CANDIDIASIS/MOUTH SORES	<input type="text"/>	2 CRYPTOCOCCAL MENINGITIS	<input type="text"/>	3 TOXOPLASMOSIS	<input type="text"/>	4 KAPOSII'S SARCOMA	<input type="text"/>	5 AIDS-RELATED COMPLEX (ARC)	<input type="text"/>	6 HERPES ZOSTER/SIMPLEX	<input type="text"/>	7 PCP (PNEUMOCYSTIS CARINII PNEUMONIA)	<input type="text"/>	8 IMMUNOSUPPRESSION/ HIV/AIDS OR RVD	<input type="text"/>	9 WASTING SYNDROME FAILURE TO THRIVE (FTT)	<input type="text"/>	10 CHRONIC DIARRHEA (MUST SPECIFY CHRONIC)	<input type="text"/>	11 TUBERCULOSIS	<input type="text"/>	12 OTHER NON-SPECIFIC DIAGNOSIS COMMON TO HIV/AIDS ILLNESSES PYREXIA/FEVER UNKNOWN ORIGIN (PUO/FUO) LYMPHADENOPATHY	<input type="text"/>	13 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY) _____	<input type="text"/>		
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NO.	QUESTIONS	CODING CATEGORIES	GO TO
241	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION	NUMBER OF FULL MONTHS OF DATA <input type="text"/> <input type="text"/>	
242	RECORD THE TOTAL NUMBER OF VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER OF VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
243	WHAT IS THE MOST RECENT DATE THAT ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS 1 MORE THAN 30 DAYS AGO 2 REGISTER NOT SEEN 3	
244	Are reports regularly compiled on the number of visits by clients who seek treatment from this clinic/unit?	YES 1 NO 2	247
245	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	247
246	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK A FACILITY DIRECTOR/SUPERVISOR B DISTRICT LEVEL (MOH/CBOH/NAC) C PROVINCIAL LEVEL (MOH/CBOH/NAC) D NATIONAL LEVEL (MOH/CBOH/NAC) E DONOR AGENCY F OTHER _____ X (SPECIFY)	
247	Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV/AIDS. Is PEP available for staff in this clinic/unit? IF YES, ASK: Do providers in this clinic/unit prescribe the PEP or refer staff for PEP?	YES, PEP PRESCRIBED/STAFF REFERRED BY THIS CLINIC/UNIT 1 YES, PEP PRESCRIBED/REFERRED IN OTHER SITE THIS FACILITY ... 2 YES, STAFF CAN RECEIVE PEP FROM OTHER FACILITY IF DESIRED 3 NO ACCESS TO PEP 4	253 253 253
248	Is there a register or record maintained in this clinic/unit for workers who have been prescribed PEP or has been referred for PEP? IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE. CIRCLE THE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED.	YES, REFERRED FOR PEP A YES, RECEIVED PRE-PEP HIV TEST .. B YES, RECEIVED PEP ARV DRUGS ... C YES, RECEIVED POST-PEP HIV TEST D NO RECORDS THIS CLINIC/UNIT E NO, INFORMATION RECORDED IN INDIVIDUAL HEALTH RECORD ONLY F NO RECORD FOR PEP Y	
249	Are any PEP drugs stored in this clinic/unit? IF YES, ASK TO SEE THE PEP DRUGS	YES 1 NO 2	253
250	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) A STAVUDINE/LAMIVUDINE B STAVUDINE/LAMIVUDINE +INDINAVIR C OTHER COMBINATION _____ D (SPECIFY) OTHER ONE ARV USED ALONE _____ E (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
251	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE	1		
		STORED WITH OTHER ARVS/APART FROM OTHER MEDICINES	2		
		STORED WITH NON-ARV MEDS	3		
		OTHER _____	6		
		(SPECIFY)			
252	DESCRIBE THE SECURITY FOR THE PEP MEDICINES.	LOCKED APART FROM OTHER MEDS AND ARVS	1		
		LOCKED, LIMITED ACCESS SITE	2		
		UNLOCKED OR NO LIMITED ACCESS	3		
253	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		
254	Is there a waiting area for clients where they are protected from sun and rain?	YES	1		
		NO	2		
255	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.					
256	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	HAND-WASHING 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	ALREADY MIXED DECONTAMINATION SOLUTION	1 →13	2	3	
12	DISINFECTANT (NOT YET MIXED)	1	2	3	
13	CONDOMS	1	2	3	
14	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	EXAMINATION TABLE	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
257	Is there a procedure room in this clinic/unit that is different from the clinic/unit assessed in previous question? IF YES, ASK TO SEE AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE	YES	1		259
		NO	2		
258	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	
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16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	EXAMINATION TABLE	1	2	3	
259	Is this the main outpatient clinic/unit?	YES	1		264
		NO	2		

NO.	QUESTIONS	CODING CATEGORIES			GO TO
260	IS THERE A SEPARATE DERMATOLOGY, OR DENTAL CLINIC/UNIT? IF YES, GO TO EACH UNIT AND ASSESS THE PROCEDURES ROOM. IF NO PROCEDURES ROOM, ASSESS A CLIENT EXAMINATION ROOM FOR THE FOLLOWING ITEMS. INDICATE WHICH UNIT THE FOLLOWING INFORMATION IS FROM.	DERMATOLOGY 1 DENTAL 2 NONE 3			264
261	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	
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13	CONDOMS	1	2	3	
14	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	EXAMINATION TABLE	1	2	3	
262	INDICATE WHICH UNIT THE FOLLOWING INFORMATION IS FOR. IF NO ELIGIBLE UNIT REMAINS, CIRCLE '3'.	DERMATOLOGY 1 DENTAL 2 NO ELIGIBLE UNITS 3			264

NO.	QUESTIONS	CODING CATEGORIES			GO TO
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
263	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA				
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 →04	2	3	
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18	EXAMINATION TABLE	1	2	3	
264	<p>ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH CLEANING AND PROCESSING EQUIPMENT FOR REUSE.</p> <p>What procedure is used for decontaminating and cleaning equipment before its final processing for reuse?</p> <p>PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.</p>	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED 05 OTHER _____ (SPECIFY) 06 NONE 95 DON'T KNOW 98			
265	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
266	Where is this equipment then processed prior to reuse?	THIS CLINIC/UNIT 1 OTHER CLINIC/UNIT THIS FACILITY . 2 ENTER CLINIC/UNIT [] [] [] [] NUMBER NON CLINIC/UNIT (E.G.,CENTRAL PROCESSING, THEATER, THIS FACILITY) 3 SEND TO OTHER FACILITY 4 OTHER _____ (SPECIFY) 6 NO ITEMS EVER PROCESSED 7	QRE:OPD →270(6) →270(6) →270(6)
267	<i>Besides decontaminating and cleaning, what is the final process most commonly used for disinfecting or sterilizing syringes and needles?</i> CIRCLE ALL THAT APPLY.	DRY-HEAT STERILIZATION A AUTOCLAVING B STEAM STERILIZATION C BOILING D CHEMICAL METHOD E DISCARD/USE DISPOSABLE ONLY . F OTHER _____ (SPECIFY) X NONE Y	
268	<i>Besides decontaminating and cleaning, what is the final process most commonly used for disinfecting or sterilizing medical equipment (such as speculums and/or surgical instruments) before they are reused?</i> IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS SPECULUMS OR FORCEPS.	DRY-HEAT STERILIZATION A AUTOCLAVING B STEAM STERILIZATION C BOILING D CHEMICAL METHOD E OTHER _____ (SPECIFY) X NONE Y	→270(6)

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)								
269	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1→ b	2→ b	3 02 ↙	8 02 ↙	1	2	8
02	Non-electric autoclave (PRESSURE/WET HEAT)	1→ b	2→ b	3 03 ↙	8 03 ↙	1	2	8
03	Electric dry heat sterilizer	1→ b	2→ b	3 04 ↙	8 04 ↙	1	2	8
04	Electric boiler or steamer (no pressure)	1→ b	2→ b	3 05 ↙	8 05 ↙	1	2	8
05	Non-electric pot with cover (FOR STEAM/BOIL)	1	2	3	8			
06	Heat source for non-electric equipment (STOVE OR COOKER)	1→ b	2→ b	3 07 ↙	8 07 ↙	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1→ b	2→ b	3 08 ↙	8 08 ↙	1	2	8
08	TST Indicator strips or other item that indicates when sterilization is complete.	1	2	3	8			
09	Written protocols or guidelines for sterilization of disinfection	1	2	3	8			

FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/ DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED						
	(1) Dry heat sterilization	(2) Autoclave	(3) Boil	(4) Steam without pressure	(5) Chemical High Level Disinfectant (HLD)	(6) Initial decontamination
A	Method USED 1 NOT USED ... 2 → 2	USED 1 NOT USED ... 2 → 3	USED . 1 NOT USED 2 → 4	USED 1 NOT USED ... 2 → 5	USED 1 NOT USED ... 2 → 6	USED 1 NOT USED ... 2 → 271
B	Temperature (centigrade) TEMPERATURE AUTOMATIC 666 DONT KNOW ... 998	TEMPERATURE AUTOMATIC 666 DONT KNOW ... 998				
C	Pressure PRESS- URE AUTOMATIC 666 → 2D DONT KNOW 998 → 2D UNITS OF PRESSURE: KG/SQ CM .. 1 ATM PRESSURE .. 2 KILOPASCAL ... 3 MILLIMETER HG .. 4	PRESS- URE AUTOMATIC 666 → 2D DONT KNOW 998 → 2D UNITS OF PRESSURE: KG/SQ CM .. 1 ATM PRESSURE .. 2 KILOPASCAL ... 3 MILLIMETER HG .. 4				
D	Minutes-when equipment is not wrapped in cloth MINUTES AUTOMATIC 666 DONT KNOW ... 998	MINUTES AUTOMATIC 666 DONT KNOW ... 998	MINUTES DONT KNOW ... 998	MINUTES DONT KNOW ... 998	MINUTES DONT KNOW ... 998	MINUTES DONT KNOW ... 998
E	Minutes when equipment is wrapped MINUTES WRAPPED AUTOMATIC 666 DONT KNOW ... 998	MINUTES WRAPPED AUTOMATIC 666 DONT KNOW ... 998				
F	Chemical disinfectant used					
G	Percent solution before dilution					
H	Mixture, parts solution and water					

NO.	QUESTIONS	CODING CATEGORIES	GO TO																								
271	<p>ASK TO SEE WHERE CENTRAL OR EXTERNALLY PROCESSED ITEMS ARE STORED AND INDICATE FOR EACH OF THE BELOW IF THIS STORAGE PRACTICE WAS OBSERVED OR REPORTED.</p> <p>01 Wrapped in sterile cloth, sealed with tape</p> <p>02 Stored in sterile container with lid that clasps shut</p> <p>03 Stored unwrapped inside an autoclave or dry-heat sterilizer</p> <p>04 On tray, covered with cloth or wrapped without sealing tape</p> <p>05 In container with disinfectant or antiseptic</p> <p>06 Other clean</p> <p>07 Other not clean</p> <p>08 Date of sterilization written on packet or container with processed items</p> <p>09 Is storage location dry and clean?</p>	<p style="text-align: center;">STORAGE CONDITIONS</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">OBSERVED PRESENT</td> <td style="text-align: center;">REPORTED AVAILABLE</td> <td style="text-align: center;">NOT AVAILABLE</td> <td style="text-align: center;">DON'T KNOW</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> </table>	OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW	1	2	3	8																	
OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW																								
1	2	3	8																								
272	<p>Now I would like to ask you a few questions about the waste disposal practices for sharp items such as needles or blades. How does this clinic/unit finally dispose of sharp items, or what is the final disposal process for filled sharps boxes?</p> <p>IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09'</p> <p>REMOVED OFFSITE.</p>	<table border="0" style="width: 100%;"> <tr><td>BURNED IN INCINERATOR</td><td style="text-align: right;">02</td></tr> <tr><td>BURNED AND BURIED</td><td style="text-align: right;">03</td></tr> <tr><td>BURNED AND REMOVED TO OFFSITE DUMP</td><td style="text-align: right;">04</td></tr> <tr><td>BURNED AND NOT BURIED</td><td style="text-align: right;">05</td></tr> <tr><td>BURIED, NOT BURNED</td><td style="text-align: right;">06</td></tr> <tr><td>THROWN IN TRASH/OPEN PIT</td><td style="text-align: right;">07</td></tr> <tr><td>THROWN IN PIT LATRINE</td><td style="text-align: right;">08</td></tr> <tr><td>REMOVED OFFSITE</td><td style="text-align: right;">09</td></tr> <tr><td>NOT APPLICABLE</td><td style="text-align: right;">10</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </table>	BURNED IN INCINERATOR	02	BURNED AND BURIED	03	BURNED AND REMOVED TO OFFSITE DUMP	04	BURNED AND NOT BURIED	05	BURIED, NOT BURNED	06	THROWN IN TRASH/OPEN PIT	07	THROWN IN PIT LATRINE	08	REMOVED OFFSITE	09	NOT APPLICABLE	10	OTHER _____	96	(SPECIFY)				
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OTHER _____	96																										
(SPECIFY)																											
273	<p>Now I would like to ask you a few questions about the waste disposal practices for hazardous waste such as used bandages. How does this clinic/unit finally dispose of contaminated waste?</p> <p>IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09'</p> <p>REMOVED OFFSITE.</p>	<table border="0" style="width: 100%;"> <tr><td>SAME AS FOR SHARP ITEMS</td><td style="text-align: right;">01</td></tr> <tr><td>BURNED IN INCINERATOR</td><td style="text-align: right;">02</td></tr> <tr><td>BURNED AND BURIED</td><td style="text-align: right;">03</td></tr> <tr><td>BURNED AND REMOVED TO OFFSITE DUMP</td><td style="text-align: right;">04</td></tr> <tr><td>BURNED AND NOT BURIED</td><td style="text-align: right;">05</td></tr> <tr><td>BURIED, NOT BURNED</td><td style="text-align: right;">06</td></tr> <tr><td>THROWN IN TRASH/OPEN PIT</td><td style="text-align: right;">07</td></tr> <tr><td>THROWN IN PIT LATRINE</td><td style="text-align: right;">08</td></tr> <tr><td>REMOVED OFFSITE</td><td style="text-align: right;">09</td></tr> <tr><td>NOT APPLICABLE</td><td style="text-align: right;">10</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </table>	SAME AS FOR SHARP ITEMS	01	BURNED IN INCINERATOR	02	BURNED AND BURIED	03	BURNED AND REMOVED TO OFFSITE DUMP	04	BURNED AND NOT BURIED	05	BURIED, NOT BURNED	06	THROWN IN TRASH/OPEN PIT	07	THROWN IN PIT LATRINE	08	REMOVED OFFSITE	09	NOT APPLICABLE	10	OTHER _____	96	(SPECIFY)		→ 275
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(SPECIFY)																											

SECTION C: INPATIENT CARE

Code of facility: QRE
TYPE

Interviewer: Code

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES OFFERED BY THIS UNIT. INTRODUCE YOURSELF AND BRIEFLY EXPLAIN THE SURVEY. ENSURE ELIGIBILITY FOR QRE.

300	INDICATE WHICH INPATIENT UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENTS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Line # Unit #
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301	MANAGING AUTHORITY GOVERNMENT-PUBLIC 01 GOVERNMENT-NOT PUBLIC (MILITARY,ETC.) 02 NGO/COMMUNITY 03 PRIVATE/PARASTATAL 04 OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>
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302	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS UNIT.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">APPLICABLE & COMPLETED</th> <th style="width: 20%; text-align: center;">NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>(V)CT Q306, Q308 & Q310</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PMTCT Q306, Q308, Q315 & Q310</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TB Q319 (01, 02, 03)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ART Q325 (07)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		APPLICABLE & COMPLETED	NOT APPLICABLE	(V)CT Q306, Q308 & Q310	1	2	PMTCT Q306, Q308, Q315 & Q310	1	2	TB Q319 (01, 02, 03)	1	2	ART Q325 (07)	1	2
	APPLICABLE & COMPLETED	NOT APPLICABLE															
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PMTCT Q306, Q308, Q315 & Q310	1	2															
TB Q319 (01, 02, 03)	1	2															
ART Q325 (07)	1	2															

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE UNIT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q303 BELOW AND GO ON TO Q304.

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE UNIT WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:

Hello. My name is _____. We are here on behalf of the Ministry of Health, the Central Board of Health, and the central statistical office to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses however, the name of your facility will not be provided, and any reports that use unit will only present information in aggregate form so that your facility can not be identified

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

 Interviewer's signature Date
 SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

NO.	QUESTIONS	CODING CATEGORIES	GO TO
311	Is there a record maintained for clients who are referred for HIV tests or when blood is sent outside the facility for the HIV test? IF YES, ASK: May I see the record? MARK RESPONSE THAT BEST REFLECTS THE PRACTICE.	YES, RECORD OBSERVED WITH CLIENT TEST RESULTS 1 YES, RECORD MAINTAINED IN LAB 2 YES, RECORD REPORTED, BUT NOT SEEN 3 NO RECORD MAINTAINED 4	
312	When you refer a client to another facility for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO FORM USED 3 NEVER REFER OUTSIDE FACILITY 4 DON'T KNOW 8	→ 314
313	Do you use any (other) 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 RECORDS/FILE/CARD 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) 3 WRITE NOTE/LETTER ON BLANK PAPER 4 OTHER _____ 6 (SPECIFY) NO 7	
314	What is the normal practice for this unit if a person voluntarily asks for an HIV test? PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE.	PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS UNIT 1 MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME 2 REFER/TELL TO RETURN LATER WITHOUT APPOINTMENT, FOR TEST WITHIN FACILITY 3 REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT 4 DON'T PROVIDE SERVICE OR REFERRAL 5	
315	Does this unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES 1 NO 2	Q:PMTCT
316	Is an individual client chart/record/card maintained for clients who receive services through this UNIT? This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 YES, ONLY AVAILABLE IN OTHER UNIT ENTER UNIT NUMBER _____ 3 YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS 4 OTHER _____ 6 SPECIFY NO INDIVIDUAL CLIENT CHART/RECORD 7	
317	Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this UNIT? IF YES: May I see the written policy?	YES, OBSERVED WRITTEN POLICY PROVIDED TO CLIENTS 1 YES, OBSERVED WRITTEN POLICY 2 YES, REPORTED, NOT SEEN 3 NO 4	→ 319

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
318	Does the policy specify that no one can be informed of the HIV/AIDS status without the client's consent?	YES	1					
		NO	2					
319	Now I want to know about any services for diagnosis and treatment. For each service I will mention, please tell me if providers in this UNIT ever provide the service, refer clients for the service, or never offer the service at all.	SERVICE OFFERED IN THIS UNIT BY:		CLIENT REFERRED ON DISCHARGE		SERVICE NEVER OFFERED		
		PROVIDERS FROM THIS UNIT	PROVIDERS FROM OTHER CLINIC/UNIT	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY			
01		Prescribe treatment for tuberculosis (TB)?	1 TB QRE	2	3		4	5
02		Diagnose tuberculosis (TB)	1 TB QRE	2	3		4	5
03		Provide follow-up care for TB clients?	1 TB QRE	2	3		4	5
04		Prescribe treatment for sexually transmitted infections (STIs)?	1	2	3		4	5
05	Prescribe treatment for malaria?	1	2	3	4	5		
319a	Is there a designated TB contact person assigned to this unit?	YES	1					
		NO	2					
320	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE		1		→ 324		
		SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN		2				
		NO GUIDELINES OR PROTOCOLS . . .		3				
321	First I would like to ask about national ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	(a)			(b)			
		COM- PLETE	INCOM- PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL		
						month	year	
01		Integrated technical guidelines (ITG) for frontline health workers	1 → b	2 → b	3 02	4 02		
02		Standard Treatment Guidelines	1 → b	2 → b	3 03	4 03		
03		Zambia infection prevention guidelines	1 → b	2 → b	3 04	4 04		
04		National guidelines for VCT	1 → b	2 → b	3 05	4 05		
05		National guidelines to Antiretroviral Drug Therapy	1 → b	2 → b	3 06	4 06		
06		National guidelines for PMTCT	1 → b	2 → b	3 07	4 07		
07		National Guidelines on Management and Care of Patients with HIV/AIDS	1 → b	2 → b	3 08	4 08		
08	Management of opportunistic infections, a reference manual for health workers	1 → b	2 → b	3 09	4 09			
09	National guidelines on community home-based care for HIV/AIDS clients	1 → b	2 → b	3 322	4 322			

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
322	Other than the previously mentioned national guidelines, are there any other protocols or guidelines available?	YES, OTHER PROTOCOLS/ GUIDELINES 1		NO OTHER PROTOCOLS/GUIDELINES 2		→ 324		
323	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	(a)			(b)			
		OBSERVED,		REPORTED	NOT	DATE ON OBSERVED		
		COM-	INCOM-	AVAIL.	AVAIL.	MANUAL		
		PLETE	PLETE	NOT SEEN		month	year	
		01	Other protocols/guidelines for infection control	1 → b	2 → b	3 ↘ 02 ↘	4 ↘ 02 ↘	<input type="text"/>
		02	Other protocols/guidelines for diagnosis or treatment of sexually transmitted infections?	1 → b	2 → b	3 ↘ 03 ↘	4 ↘ 03 ↘	<input type="text"/>
		03	WHO protocols/guidelines on syndromic management of STIs?	1 → b	2 → b	3 ↘ 04 ↘	4 ↘ 04 ↘	<input type="text"/>
		04	Other protocols/guidelines for diagnosis or treatment of malaria?	1 → b	2 → b	3 ↘ 05 ↘	4 ↘ 05 ↘	<input type="text"/>
05	Protocols/guidelines for intermittent preventive treatment (IPT) for malaria, during pregnancy?	1 → b	2 → b	3 ↘ 06 ↘	4 ↘ 05 ↘	<input type="text"/>		
06	Protocols/guidelines for routinely offering HIV tests to all STI clients?	1 → b	2 → b	3 ↘ 07 ↘	4 ↘ 07 ↘	<input type="text"/>		
07	Any guidelines for post-exposure prophylaxis?	1 → b	2 → b	3 ↘ 324 ↘	4 ↘ 324 ↘	<input type="text"/>		
324	If clients who you know, or suspect of having HIV/AIDS receive services in this UNIT, do you ever provide any curative care for illnesses that may be HIV/AIDS related, such as opportunistic infections, or provide or refer the clients for counseling or social support services for help in living with HIV/AIDS?	YES 1		NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY 2		→ 330		
				NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY 3		→ 333		
				NEVER PROVIDE THESE SERVICES OR REFER CLIENTS WITH HIV/AIDS FOR SERVICES 4		→ 349		
324a	Where are inpatients who may have HIV/AIDS placed, in relation to other non-HIV/AIDS inpatients? PROBE FOR CORRECT RESPONSE.	MIXED (HIV/AIDS AND OTHER) 1		CLUSTERED (HIV/AIDS IN SEPARATE PART OF ROOM WITH OTHERS) 2				
				SEPARATE UNIT/ROOM FOR HIV/AIDS 3				

NO.	QUESTIONS	CODING CATEGORIES				GO TO
325	For each service I will mention, please tell me if providers in this UNIT personally provide the service, refer clients for the service, or do not offer the service at all. Do providers in this clinic unit personally : [READ EACH TOPIC BELOW]	SERVICE OFFERED IN THIS UNIT BY:		CLIENT REFERRED		SERVICE NEVER OFFERED
		PROVIDERS FROM THIS UNIT	PROVIDERS FROM OTHER CLINIC/UNIT	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY	
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.	1	2	3	4	5
02	Systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis?	1	2	3	4	5
03	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the severely debilitated client? [HOSPICE CARE]	1	2	3	4	5
05	Provide nutritional rehabilitation services? By this I mean providing client education and providing nutritional supplements?	1	2	3	4	5
06	Prescribe or provide fortified protein supplementation (FPS)?	1	2	3	4	5
07	Prescribe antiretroviral treatment, or provide follow up services for persons receiving antiretroviral treatment (THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES)	1 ART QRE	2	3	4	5
08	Care for pediatric HIV/AIDS patients?	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
326	Next I want to ask about some preventive services that are sometimes provided to people who have HIV/AIDS. For each service I mention, tell me if providers in this UNIT ever provide the service, and if so, if it is provided routinely, that is to every client, or selectively- depending on the client situation. If this UNIT does not provide the service, do you refer clients for it?	SERVICE OFFERED IN THIS UNIT BY:		CLIENT REFERRED		SERVICE NEVER OFFERED	
		ROUTINELY	SELECTIVELY	ROUTINELY	SELECTIVELY		
01	Testing or screening 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	Provide or prescribe micronutrient supplementation such as vitamins or iron?	1	2	3	4	5	
05	Advise clients about using family planning services for health reasons related to HIV/AIDS?	1	2	3	4	5	
06	Provide condoms for preventing further transmission of HIV/AIDS?	1	2	3	4	5	
327	Other than the protocols and guidelines we have already seen, do you have any other written materials specific to HIV/AIDS services?	YES 1 NO 2				→ 329	
328	IF YES, ASK TO SEE THE MATERIALS AND CHECK TO SEE IF ANY OF THE TOPICS BELOW ARE INCLUDED IN THESE OTHER PROTOCOLS/GUIDELINES	(a)				(b)	
		COM- PLETE	INCOM- PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL month year	
01	Other protocols/guidelines for the clinical management of HIV/AIDS infection in adults	1 → b	2 → b	3 02 ←	4 02 ←		
02	Other protocols/guidelines for management of opportunistic infections in adults.	1 → b	2 → b	3 03 ←	4 03 ←		
03	Other protocols/guidelines for the clinical management of HIV/AIDS infection in children	1 → b	2 → b	3 04 ←	4 04 ←		
04	Protocols/guidelines on micronutrient supplementation	1 → b	2 → b	3 05 ←	4 05 ←		
05	Protocols/guidelines on advanced nutritional support, such as fortified protein supplement to treat or prevent severe malnutrition?	1 → b	2 → b	3 06 ←	4 06 ←		
06	Protocols/guidelines on provision of symptomatic or palliative care?	1 → b	2 → b	3 07 ←	4 07 ←		
07	Protocols/guidelines on preventive therapy other than TB, such as cotrimoxazole to prevent pneumonia?	1 → b	2 → b	3 08 ←	4 08 ←		
08	Protocols/guidelines on preventive therapy for tuberculosis	1 → b	2 → b	3 09 ←	4 09 ←		
09	Other protocols/guidelines on community or home-based care for HIV/AIDS clients	1 → b	2 → b	3 10 ←	4 10 ←		
10	Other protocols/guidelines on counseling for HIV testing or VCT?	1 → b	2 → b	3 11 ←	4 11 ←		
11	Other protocols/guidelines on PMTCT	1 → b	2 → b	3 12 ←	4 12 ←		
12	Other protocols/guidelines on ART/ARVs	1 → b	2 → b	3 13 ←	4 13 ←		
13	Other protocols/guidelines on PEP	1 → b	2 → b	3 329 ←	4 329 ←		

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
329	I want to ask about various support services that are commonly needed by people with HIV/AIDS. For each service I ask about, please tell me if providers in this UNIT ever provide the service themselves, or if they refer clients for the service. IF YES FOR REFERRAL, PROBE FOR WHETHER THERE IS A WRITTEN DOCUMENT LISTING THE REFERRAL SITE, OR IF THE PROVIDER CAN NAME A SPECIFIC REFERRAL SITE FOR THE SERVICE IN QUESTION.	YES, SERVICE IS AVAILABLE IN FACILITY OR THROUGH OUTREACH BY THIS FACILITY	YES, SERVICE PROVIDED THROUGH REFERRAL		NO SERVICE OR REFERRAL	
			REFERRAL LIST NOT SEEN. PROVIDER:			
			REFERRAL SITE OBSERVED ON WRITTEN LIST	CAN NAME SPECIFIC REFERRAL SITE FOR SERVICE		CANNOT NAME SITE
01	Home-based care services for people living with HIV/AIDS, and their families?	1	2	3	4	5
02	Support group for people living with HIV/AIDS (PLHA)?	1	2	3	4	5
03	Emotional/spiritual support for clients and/or family?	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	Counseling or health education for prevention of transmission of HIV/AIDS?	1	2	3	4	5
08	Education on HIV care for patients and their families?	1	2	3	4	5
09	Involve or refer to other providers such as acupuncture, herbalist, or traditional healer.	1	2	3	4	5
10	Provide or refer providers of HIV/AIDS services for emotional/spiritual support?	1	2	3	4	5
330	Is there a record maintained of client referrals outside this UNIT? IF YES, ASK TO SEE DOCUMENTS WHERE REFERRALS ARE RECORDED.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 RECORDED ON CLIENT CHART ONLY 3 NO 4 NO, NEVER REFER IN OR OUTSIDE FACILITY 5			→ 338	
331	When you refer a client to another UNIT within this facility, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN ... 2 NO FORM USED 3 NEVER REFER WITHIN FACILITY . . . 4 DON'T KNOW 8			→ 333 → 333	

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																																																																												
339	<p>When a client is admitted to or discharged from this unit, where is the diagnosis or reason for admission recorded?</p> <p>PROBE TO DETERMINE THE SYSTEM USED. IF THE UNIT COMPILES REPORTS AND THE REPORTS HAVE SPECIFIC DIAGNOSES, INFORMATION MAY BE COLLECTED FROM CENTRAL LOCATION UNIT RECORDS MUST STILL BE OBSERVED FOR THE MOST RECENT DATE. IF REPORTS DO NOT CAPTURE HIV/AIDS DIAGNOSES, REVIEW THE UNIT REGISTER AS INSTRUCTED BELOW.</p>	<p>INFORMATION COLLECTED FROM:</p> <p>UNIT REGISTER/RECORDS 1</p> <p>UNIT COMPUTER 2</p> <p>CENTRAL FACILITY LOCATION (RECORDS OR COMPUTERIZED) .. 3</p> <p>NO RECORD MAINTAINED 4</p>	<p>→ 344</p> <p>→ 347</p>																																																																																																												
340	<p>EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this UNIT during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the UNIT records. START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT ADMISSIONS/DISCHARGES, WHICHEVER IS THE SMALLEST NUMBER. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT ADMISSION/DISCHARGE FELL.</p> <p>IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.</p>																																																																																																														
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341	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION	NUMBER OF FULL MONTHS OF DATA <input type="text"/> <input type="text"/>	
342	RECORD THE TOTAL NUMBER OF ADMISSIONS/DISCHARGES FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
343	WHAT IS THE MOST RECENT DATE THAT ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS 1 MORE THAN 30 DAYS AGO 2 REGISTER NOT SEEN 3	
344	Are reports regularly compiled on the number of admissions/discharges of clients for this unit?	YES 1 NO 2	→ 347
345	How frequently are the compiled reports submitted to someone outside of this 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	→ 347
346	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK A FACILITY DIRECTOR/SUPERVISOR B DISTRICT LEVEL (MOH/CBOH/NAC) C PROVINCIAL LEVEL (MOH/CBOH/NAC) D NATIONAL LEVEL (MOH/CBOH/NAC) E DONOR AGENCY F OTHER X (SPECIFY)	
347	I am now interested in knowing about the number of adult and pediatric HIV/AIDS patients that are inpatients in this unit today. I am also interested in knowing about how many adult and pediatric inpatients are here today, in total, both HIV/AIDS and non-HIV/AIDS. IF INFORMATION IS NOT AVAILABLE IN MEDICAL RECORDS OR REGISTERS, ASK WHEN YOU VISIT EACH RELEVANT UNIT AND SUM THE NUMBERS SO THAT A TOTAL IS PROVIDED FOR ALL UNITS COVERED IN THIS QRE , BOTH HIV/AIDS INPATIENTS AND ALL INPATIENTS.		
01	How many adult inpatients are there today who are probable or confirmed diagnosis of HIV/AIDS? By adults I mean people 15 years and older.	ADULTS, HIV/AIDS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
02	How many pediatric inpatients are there today who are probable or confirmed diagnosis of HIV/AIDS? By pediatric I mean people younger than 15 years of age.	PEDIATRICS, HIV/AIDS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
03	How many adult inpatients are there today in total, including all diagnoses.	ADULTS, TOTAL <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
04	How many pediatric inpatients are there today in total, including all diagnoses.	PEDIATRICS, TOTAL <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
348	INDICATE THE SOURCE OF DATA FOR THE NUMBER OF HIV/AIDS PATIENTS IN THE UNIT TODAY	REGISTER/RECORDS A VERBAL FROM STAFF IN INPATIENT UNITS B NO INFORMATION AVAILABLE Y	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
349	<p>Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV/AIDS. Is PEP available for staff in this UNIT? IF YES, ASK: Do providers in this UNIT prescribe the PEP or refer staff for PEP?</p>	<p>YES, PEP PRESCRIBED/STAFF REFERRED BY THIS UNIT 1 YES, PEP PRESCRIBED/REFERRED IN OTHER SITE THIS FACILITY 2 YES, STAFF CAN RECEIVE PEP FROM OTHER FACILITY IF DESIRED 3 NO ACCESS TO PEP 4</p>	<p>→ 355 → 355 → 355</p>
350	<p>Is there a register or record maintained in this UNIT for workers who have been prescribed PEP or has been referred for PEP? IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE. CIRCLE THE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED.</p>	<p>YES, REFERRED FOR PEP A YES, RECEIVED PRE-PEP HIV TEST .. B YES, RECEIVED PEP ARV DRUGS ... C YES, RECEIVED POST-PEP HIV TEST D NO RECORDS THIS UNIT E NO, INFORMATION RECORDED IN INDIVIDUAL HEALTH RECORD ONLY F NO RECORD FOR PEP Y</p>	
351	<p>Are any PEP drugs stored in this UNIT? IF YES, ASK TO SEE THE PEP DRUGS</p>	<p>YES 1 NO 2</p>	<p>→ 355</p>
352	<p>RECORD WHICH MEDICINES ARE PRESENT FOR PEP</p>	<p>COMBIVIR (ZDV/3TC) A STAVUDINE/LAMIVUDINE B STAVUDINE/LAMIVUDINE +INDINAVIR C OTHER COMBINATION _____ D (SPECIFY) OTHER ONE ARV USED ALONE _____ E (SPECIFY)</p>	
353	<p>DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?</p>	<p>STORED ALONE 1 STORED WITH OTHER ARVS/APART FROM OTHER MEDICINES 2 STORED WITH NON-ARV MEDS 3 OTHER _____ 6 (SPECIFY)</p>	
354	<p>DESCRIBE THE SECURITY FOR THE PEP MEDICINES.</p>	<p>LOCKED APART FROM OTHER MEDS AND ARVS 1 LOCKED, LIMITED ACCESS SITE 2 UNLOCKED OR NO LIMITED ACCESS 3</p>	
355	<p>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</p>	<p>YES, FUNCTIONING, CLEAN 1 YES, FUNCTIONING, NOT CLEAN 2 YES, NOT FUNCTIONING 3 NO CLIENT TOILET/LATRINE 4</p>	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
356	RANDOMLY SELECT ONE OF THE PATIENT AREAS TO ASSESS FOR INFECTION PREVENTION. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE EITHER IN THE PATIENT AREA, OR IN AN ADJACENT AREA WITH REASONABLE PROXIMITY FOR USE BY PROVIDERS, IF NEEDED.				
	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	HAND-WASHING 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	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 13	2	3	
12	DISINFECTANT (NOT YET MIXED)	1	2	3	
13	CONDOMS	1	2	3	
14	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	EXAMINATION TABLE	1	2	3	
357	Is there a treatment/procedure room in this unit that is different from the patient area assessed in previous question? IF YES, ASK TO SEE AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE	YES	NO	1 2	→ 359

NO.	QUESTIONS	CODING CATEGORIES			GO TO
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358	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA				
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17	DISPOSABLE SYRINGES	1	2	3	
18	EXAMINATION TABLE	1	2	3	
359	ARE THERE DIFFERENT PATIENT WARDS COVERED BY THIS UNIT? IF YES, GO TO EACH DIFFERENT WARD AND RANDOMLY SELECT A PATIENT ROOM TO ASSESS FOR ITEMS INDICATED BELOW.	RECORD NUMBER FOR WARD TYPE ASSESSED BELOW NONE <input type="text"/> <input type="text"/> 95			→ 365

NO.	QUESTIONS	CODING CATEGORIES			GO TO
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360	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA				
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362	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA						
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		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
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04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	HAND-WASHING 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	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 13	2	3	
12	DISINFECTANT (NOT YET MIXED)	1	2	3	
13	CONDOMS	1	2	3	
14	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	EXAMINATION TABLE	1	2	3	
365	<p>ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH CLEANING AND PROCESSING EQUIPMENT FOR REUSE.</p> <p>What procedure is used for decontaminating and cleaning equipment before its final processing for reuse?</p> <p>PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.</p>	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED 05 OTHER _____ 06 (SPECIFY) NONE 95 DON'T KNOW 98			
366	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
367	Where is this equipment then processed prior to reuse?	THIS UNIT 1 OTHER UNIT THIS FACILITY 2 ENTER UNIT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NON UNIT (E.G.,CENTRAL PROCESSING, THEATER, THIS FACILITY) 3 SEND TO OTHER FACILITY 4 OTHER _____ (SPECIFY) 6 NO ITEMS EVER PROCESSED 7	QRE: OPD OR IPD →371(6) →371(6) →371(6)
368	<i>Besides decontaminating and cleaning, what is the final process most commonly used for disinfecting or sterilizing syringes and needles?</i> CIRCLE ALL THAT APPLY.	DRY-HEAT STERILIZATION A AUTOCLAVING B STEAM STERILIZATION C BOILING D CHEMICAL METHOD E DISCARD/USE DISPOSABLE ONLY F OTHER _____ (SPECIFY) X NONE Y	
369	<i>Besides decontaminating and cleaning, what is the final process most commonly used for disinfecting or sterilizing medical equipment (such as speculums and/or surgical instruments) before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS SPECULUMS OR FORCEPS.</i>	DRY-HEAT STERILIZATION A AUTOCLAVING B STEAM STERILIZATION C BOILING D CHEMICAL METHOD E OTHER _____ (SPECIFY) X NONE Y	→371(6)

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)								
370	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1 → b	2 → b	3 02 ↙	8 02 ↙	1	2	8
02	Non-electric autoclave (PRESSURE/WET HEAT)	1 → b	2 → b	3 03 ↙	8 03 ↙	1	2	8
03	Electric dry heat sterilizer	1 → b	2 → b	3 04 ↙	8 04 ↙	1	2	8
04	Electric boiler or steamer (no pressure)	1 → b	2 → b	3 05 ↙	8 05 ↙	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8			
06	Heat source for non- electric equipment (STOVE OR COOKER)	1 → b	2 → b	3 07 ↙	8 07 ↙	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1 → b	2 → b	3 08 ↙	8 08 ↙	1	2	8
08	TST Indicator strips or other item that indicates when ster- ilization is complete.	1	2	3	8			
09	Written protocols or guidelines for ster- ilization of disinfection	1	2	3	8			

FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/ DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED						
	(1) Dry heat sterilization	(2) Autoclave	(3) Boil	(4) Steam without pressure	(5) Chemical High Level Disinfectant (HLD)	(6) Initial decontamination
371						
A	Method USED 1 NOT USED .. 2 → 2	USED 1 NOT USED .. 2 → 3	USED . 1 NOT USED 2 → 4	USED 1 NOT USED .. 2 → 5	USED 1 NOT USED .. 2 → 6	USED 1 NOT USED .. 2 → 372
B	Temperature (centigrade) TEMPERATURE [][] AUTOMATIC 666 DON'T KNOW ... 998	TEMPERATURE [][] AUTOMATIC 666 DON'T KNOW ... 998				
C	Pressure	PRESS- URE [][] AUTOMATIC 666 → 2D DON'T KNOW 998 → 2D UNITS OF PRESSURE: KG/SQ CM .. 1 ATM PRESSURE .. 2 KILOPASCAL ... 3 MILLIMETER HG .. 4				
D	Minutes-when equipment is not wrapped in cloth	MINUTES [][] AUTOMATIC 666 DON'T KNOW ... 998	MINUTES [][] DON'T KNOW ... 998	MINUTES [][] DON'T KNOW ... 998	MINUTES [][] DON'T KNOW ... 998	MINUTES [][] DON'T KNOW ... 998
E	Minutes when equipment is wrapped	MINUTES WRAPPED [][] AUTOMATIC 666 DON'T KNOW ... 998				
F	Chemical disinfectant used					GIK 1 CHLORINE 2 CIDEX 3 BETADINE 4 ALCOHOL 5 OTHER 6 DON'T KNOW 8
G	Percent solution before dilution					PERCENT [][] DON'T KNOW 98
H	Mixture, parts solution and water					MIXTURE PARTS [][] a) DISINFECTANT [][] b) WATER [][]

NO.	QUESTIONS	CODING CATEGORIES	GO TO																						
372	<p>ASK TO SEE WHERE CENTRAL OR EXTERNALLY PROCESSED ITEMS ARE STORED AND INDICATE FOR EACH OF THE BELOW IF THIS STORAGE PRACTICE WAS OBSERVED OR REPORTED.</p>	<p style="text-align: center;">STORAGE CONDITIONS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">OBSERVED PRESENT</th> <th style="width: 25%;">REPORTED AVAILABLE</th> <th style="width: 25%;">NOT AVAILABLE</th> <th style="width: 25%;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW	1	2	3	8															
OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW																						
1	2	3	8																						
01	Wrapped in sterile cloth, sealed with tape																								
02	Stored in sterile container with lid that clasps shut																								
03	Stored unwrapped inside an autoclave or dry-heat sterilizer																								
04	On tray, covered with cloth or wrapped without sealing tape																								
05	In container with disinfectant or antiseptic																								
06	Other clean																								
07	Other not clean																								
08	Date of sterilization written on packet or container with processed items																								
09	Is storage location dry and clean?																								
373	<p>Now I would like to ask you a few questions about the waste disposal practices for sharp items such as needles or blades. How does this unit finally dispose of sharp items, or what is the final disposal process for filled sharps boxes?</p> <p>IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' REMOVED OFFSITE.</p>	<table border="0" style="width: 100%;"> <tr><td>BURNED IN INCINERATOR</td><td style="text-align: right;">02</td></tr> <tr><td>BURNED AND BURIED</td><td style="text-align: right;">03</td></tr> <tr><td>BURNED AND REMOVED TO OFFSITE DUMP</td><td style="text-align: right;">04</td></tr> <tr><td>BURNED AND NOT BURIED</td><td style="text-align: right;">05</td></tr> <tr><td>BURIED, NOT BURNED</td><td style="text-align: right;">06</td></tr> <tr><td>THROWN IN TRASH/OPEN PIT</td><td style="text-align: right;">07</td></tr> <tr><td>THROWN IN PIT LATRINE</td><td style="text-align: right;">08</td></tr> <tr><td>REMOVED OFFSITE</td><td style="text-align: right;">09</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </table>	BURNED IN INCINERATOR	02	BURNED AND BURIED	03	BURNED AND REMOVED TO OFFSITE DUMP	04	BURNED AND NOT BURIED	05	BURIED, NOT BURNED	06	THROWN IN TRASH/OPEN PIT	07	THROWN IN PIT LATRINE	08	REMOVED OFFSITE	09	OTHER _____	96	(SPECIFY)				
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374	<p>Now I would like to ask you a few questions about the waste disposal practices for hazardous waste such as used bandages. How does this unit finally dispose of contaminated waste?</p> <p>IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' REMOVED OFFSITE.</p>	<table border="0" style="width: 100%;"> <tr><td>SAME AS FOR SHARP ITEMS</td><td style="text-align: right;">01</td></tr> <tr><td>BURNED IN INCINERATOR</td><td style="text-align: right;">02</td></tr> <tr><td>BURNED AND BURIED</td><td style="text-align: right;">03</td></tr> <tr><td>BURNED AND REMOVED TO OFFSITE DUMP</td><td style="text-align: right;">04</td></tr> <tr><td>BURNED AND NOT BURIED</td><td style="text-align: right;">05</td></tr> <tr><td>BURIED, NOT BURNED</td><td style="text-align: right;">06</td></tr> <tr><td>THROWN IN TRASH/OPEN PIT</td><td style="text-align: right;">07</td></tr> <tr><td>THROWN IN PIT LATRINE</td><td style="text-align: right;">08</td></tr> <tr><td>REMOVED OFFSITE</td><td style="text-align: right;">09</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </table>	SAME AS FOR SHARP ITEMS	01	BURNED IN INCINERATOR	02	BURNED AND BURIED	03	BURNED AND REMOVED TO OFFSITE DUMP	04	BURNED AND NOT BURIED	05	BURIED, NOT BURNED	06	THROWN IN TRASH/OPEN PIT	07	THROWN IN PIT LATRINE	08	REMOVED OFFSITE	09	OTHER _____	96	(SPECIFY)		→ 376
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SECTION D. HEALTH MANAGEMENT INFORMATION SYSTEM

Code of facility:	<input type="text"/> <input type="text"/> <input type="text"/>		QRE <input type="checkbox"/> TYPE
Interviewer: Code	<input type="text"/> <input type="text"/>	Line #	Unit #
400	INDICATE WHICH HMIS UNIT THIS DATA REPRESENTS	OUTPATIENT ONLY 1 INPATIENT ONLY 2 BOTH IN AND OUTPATIENT 3	
401	MANAGING AUTHORITY GOVERNMENT-PUBLIC 01 GOVERNMENT-NOT PUBLIC (MILITARY,ETC.) 02 NGO/COMMUNITY 03 PRIVATE/PARASTATAL 04 OTHER 96 _____ (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>	

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.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY. EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT REPORTS COMPILED BY THE FACILITY. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q402 BELOW AND GO ON TO Q403.

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE FACILITY SERVICE DATA, WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:

Hello. My name is _____. We are here on behalf of the Ministry of Health, the Central Board of Health, and the central statistical office to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about the types of HIV/AIDS- related statistics and reports compiled by this facility. We will ask to see various reports and records for HIV/AIDS related services. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility unit will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____
SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

402	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP
403	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
404	What is your technical background for completing the HMIS reports? PROBE IF NECESSARY	CLERK/ACCOUNTANT	A		
		HEALTH STATISTICS/MED RECORDS	B		
		CLINICAL SERVICE PROVIDER	C		
		NON-CLINICAL SERVICE PROVIDER	D		
		LABORATORY WORKER	E		
		COMPUTER TRAINING	F		
		OTHER _____ (SPECIFY)	X		
405	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		→ 408
		YES, INFORMAL	2		
		NO	3		
406	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	<input type="text"/>	
		NUMBER OF MONTHS	2	<input type="text"/>	
407	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		
408	How many years have you been responsible for HMIS records/reports in this facility? RECORD '00' FOR LESS THAN ONE YEAR	YEARS		<input type="text"/>	
409	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		→ 414
		YES, INFORMAL	2		
		NO	3		
410	Who do you train in HMIS?	STAFF IN HMIS UNIT	1		
		STAFF IN SERVICE UNITS	2		
		STAFF IN HMIS AND SERVICE UNITS	3		
411	Have you or other staff in this unit ever had any training in Strategic Information, such as monitoring and evaluation, or surveillance for HIV/AIDS?	YES	1		→ 414
		NO	2		
412	Was the training on strategic information for HIV/AIDS, formal or informal? IF BOTH, RECORD 'FORMAL'.	FORMAL	1		
		INFORMAL	2		
413	How long was the most recent training on strategic information for HIV/AIDS?	DAYS		<input type="text"/>	
414	Do you have the following guidelines? 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
415	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
416	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 → 419	3 → 421	4 → 421
417	RECORD THE NUMBER OF DEATHS ATTRIBUTED TO HIV/AIDS REPORTED FOR PAST 12 MONTHS	NUMBER OF DEATHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
418	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>			
419	How frequently are reports on deaths 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
420	To whom outside the facility, are the reports sent? CIRCLE ALL THAT APPLY.	DISTRICT LEVEL (MOH/CBOH/NAC) ... A PROVINCIAL LEVEL (MOH/CBOH/NAC) ... B NATIONAL LEVEL (MOH/CBOH/NAC) ... C DONOR AGENCY D OTHER X (SPECIFY) _____			
421	Do you receive or compile reports of newly diagnosed HIV cases in the facility? IF YES, ASK TO SEE A REPORT	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLIC.
		1	2 → 424	3 → 426	4 → 426
422	RECORD THE NUMBER OF NEWLY DIAGNOSED HIV CASES DURING THE PAST 12 MONTHS	NEW HIV/AIDS CASES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
423	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>			
424	How frequently are reports on newly diagnosed HIV cases 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			→ 426

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																								
425	To whom are the reports sent? CIRCLE ALL THAT APPLY.	DISTRICT LEVEL (MOH/CBOH/NAC) . . . A PROVINCIAL LEVEL (MOH/CBOH/NAC) . . . B NATIONAL LEVEL (MOH/CBOH/NAC) . . . C DONOR AGENCY D OTHER _____ X (SPECIFY)																																																									
426	Do you receive or compile reports on client diagnoses for inpatient admissions/discharges and/or outpatient visits? IF YES, ASK TO SEE A REPORT. RECORD THE NUMBER OF PATIENTS WITH THE FOLLOWING DIAGNOSES- USE EITHER THE COMPILED REPORT, THE COMPUTER SYSTEM, OR ANY OTHER SYSTEM WHERE INFORMATION FOR THESE DIAGNOSES IS AVAILABLE.	REPORT OBSERVED- DATA ALREADY RECORDED OTHER QRE . . 1 REPORT OBSERVED-DATA NOT YET RECORDED 2 YES, REPORTED NOT SEEN 3 NO COMPILED RECORDS OR COMPUTER SYSTEM AVAILABLE 4	→ 430																																																								
427	RECORD THE NUMBER OF CLIENTS WITH THE ADMISSION/DISCHARGE/VISIT DIAGNOSES BELOW, FOR THE PAST 12 MONTHS. ENSURE DATA INCLUDES PEDIATRICS AND ADULTS. IF MORE THAN ONE DIAGNOSIS IS INDICATED FOR A CLIENT, CHOOSE THE ONE MOST INDICATIVE OF HIV/AIDS RELATED ILLNESS.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">(A) OUTPATIENT VISITS</th> <th style="text-align: center;">NUMBER ADMISSIONS/DISCHARGES</th> <th style="text-align: center;">(B) INPATIENT</th> </tr> </thead> <tbody> <tr> <td>1 ORAL CANDIDIASIS/MOUTH SORES</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2 CRYPTOCOCCAL MENINGITIS</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3 TOXOPLASMOSIS</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>4 KAPOSII'S SARCOMA</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>5 AIDS-RELATED COMPLEX (ARC)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>6 HERPES ZOSTER/SIMPLEX</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>7 PCP (PNEUMOCYSTIS CARINII PNEUMONIA)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>8 IMMUNOSUPPRESSION/ HIV/AIDS OR RVD</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>9 WASTING SYNDROME FAILURE TO THRIVE (FTT)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>10 CHRONIC DIARRHEA (MUST SPECIFY CHRONIC)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>11 TUBERCULOSIS</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>12 OTHER NON-SPECIFIC DIAGNOSIS COMMON TO HIV/AIDS ILLNESSES PYREXIA/FEVER UNKNOWN ORIGIN (PUO/FUO) LYMPHADENOPATHY</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>13 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		(A) OUTPATIENT VISITS	NUMBER ADMISSIONS/DISCHARGES	(B) INPATIENT	1 ORAL CANDIDIASIS/MOUTH SORES	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 CRYPTOCOCCAL MENINGITIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 TOXOPLASMOSIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	4 KAPOSII'S SARCOMA	<input type="text"/>	<input type="text"/>	<input type="text"/>	5 AIDS-RELATED COMPLEX (ARC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	6 HERPES ZOSTER/SIMPLEX	<input type="text"/>	<input type="text"/>	<input type="text"/>	7 PCP (PNEUMOCYSTIS CARINII PNEUMONIA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	8 IMMUNOSUPPRESSION/ HIV/AIDS OR RVD	<input type="text"/>	<input type="text"/>	<input type="text"/>	9 WASTING SYNDROME FAILURE TO THRIVE (FTT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	10 CHRONIC DIARRHEA (MUST SPECIFY CHRONIC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	11 TUBERCULOSIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	12 OTHER NON-SPECIFIC DIAGNOSIS COMMON TO HIV/AIDS ILLNESSES PYREXIA/FEVER UNKNOWN ORIGIN (PUO/FUO) LYMPHADENOPATHY	<input type="text"/>	<input type="text"/>	<input type="text"/>	13 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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2 CRYPTOCOCCAL MENINGITIS	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
3 TOXOPLASMOSIS	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
4 KAPOSII'S SARCOMA	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
5 AIDS-RELATED COMPLEX (ARC)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
6 HERPES ZOSTER/SIMPLEX	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
7 PCP (PNEUMOCYSTIS CARINII PNEUMONIA)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
8 IMMUNOSUPPRESSION/ HIV/AIDS OR RVD	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
9 WASTING SYNDROME FAILURE TO THRIVE (FTT)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
10 CHRONIC DIARRHEA (MUST SPECIFY CHRONIC)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
11 TUBERCULOSIS	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
12 OTHER NON-SPECIFIC DIAGNOSIS COMMON TO HIV/AIDS ILLNESSES PYREXIA/FEVER UNKNOWN ORIGIN (PUO/FUO) LYMPHADENOPATHY	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
13 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY)	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																								
428	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN THE PREVIOUS QUESTION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="text"/></td> <td style="width: 50%; text-align: center;"><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>																																																							
<input type="text"/>	<input type="text"/>																																																										
429	RECORD THE TOTAL NUMBER OF OUTPATIENT VISITS AND INPATIENT ADMISSIONS/ DISCHARGES FOR THE TIME PERIOD INDICATED IN Q.427	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">TOTAL OPD VISITS</th> <th style="width: 50%; text-align: center;">TOTAL IPD ADMISSIONS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>	TOTAL OPD VISITS	TOTAL IPD ADMISSIONS	<input type="text"/>	<input type="text"/>																																																					
TOTAL OPD VISITS	TOTAL IPD ADMISSIONS																																																										
<input type="text"/>	<input type="text"/>																																																										
430	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> : <input type="text"/>																																																									
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:	<input type="text"/> <input type="text"/> <input type="text"/>		QRE <input type="checkbox"/> TYPE
Interviewer: Code	<input type="text"/> <input type="text"/>	CLINIC/UNIT CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Line #	Unit #

500	INDICATE SETTING FOR LAB	LAB IN FACILITY 1 AFFILIATED EXTERNAL LAB 2 AREA LOCKED/NO ACCESS 3 FACILITY HAS NO LAB 4	→ STOP
501	Does this lab provide services for both outpatients and inpatients, or does it provide services for out or inpatients only?	OUTPATIENT ONLY 1 INPATIENT ONLY 2 BOTH OUT- AND INPATIENTS 3	
502	MANAGING AUTHORITY GOVERNMENT-PUBL 01 GOVERNMENT-NOT PUBLIC (MILITARY,ETC.) 02 NGO/COMMUNITY 03 PRIVATE/PARASTAT/ 04 OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>	
503	CHECK QUESTION Q500. IS THE RESPONSE 3', NO ACCESS?	YES 1 NO 2	→ STOP

START DATA COLLECTION IN THE MAIN LABORATORY.
 FOR EACH OF THE LABORATORY PROCEDURES OF INTEREST, GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE TEST/INFORMATION IS LOCATED. IF A TEST/INFORMATION IS NOT IN THAT LOCATION, ASK IF IT IS ANYWHERE ELSE IN THE FACILITY, AND GO THERE TO COMPLETE THE QUESTIONNAIRE. COMPLETE ONE DIFFERENT QUESTIONNAIRE FOR SERVICES AVAILABLE ONLY TO INPATIENTS, ONE FOR SERVICES ONLY AVAILABLE TO OUTPATIENTS, AND ONE FOR SERVICES ONLY AVAILABLE TO INPATIENTS.

IF THE PROVIDER IS DIFFERENT FROM ANY OF THE PREVIOUS RESPONDENTS, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE IS WILLING TO ANSWER A FEW QUESTIONS ABOUT LABORATORY SERVICES. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1' (YES) IN Q504 BELOW AND GO ON TO Q505.

Hello. My name is _____. We are here on behalf of the Ministry of Health, the Central Board of Health, and the central statistical office to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various laboratory services and will ask to see laboratory registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature	Date
SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
504	Do I have your agreement to participate? Thank you. Let's begin now.	YES	1	NO	2	→ STOP
505	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
506	How many days in a week is the lab open to serve clients?	NUMBER OF DAYS OPEN	<input type="text"/>			
507	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, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED. RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES	1	NO	2	
508	First I would like to know about guidelines and protocols that are available in this laboratory area. For each topic I mention, please tell me if you have any protocols and guidelines relating to this topic in the laboratory area? IF YES: May I see the guidelines please?			(a)	(b)	
		OBSERVED, COM- PLETE	INCOM- PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL month year
01	Laboratory Safety Protocols	1 → b	2 → b	3 02 ↙	4 02 ↘	<input type="text"/>
02	Zambia Infection Prevention Guidelines	1 → b	2 → b	3 03 ↙	4 03 ↘	<input type="text"/>
03	Other guidelines for blood safety	1 → b	2 → b	3 04 ↙	4 04 ↘	<input type="text"/>
04	Other universal precautions for healthcare workers	1 → b	2 → b	3 05 ↙	4 05 ↘	<input type="text"/>
05	Other infection prevention guidelines	1 → b	2 → b	3 06 ↙	4 06 ↘	<input type="text"/>
06	Guidelines/protocols for post-exposure (HIV/AIDS) prophylaxis for healthcare workers	1 → b	2 → b	3 07 ↙	4 07 ↘	<input type="text"/>
07	Manual for laboratory technicians for TB screening	1 → b	2 → b	3 08 ↙	4 08 ↘	<input type="text"/>
08	Data Management in the Laboratory	1 → b	2 → b	3 09 ↙	4 09 ↘	<input type="text"/>
09	Standard operating procedures (SOPs) or guidelines for data collection	1 → b	2 → b	3 509 ↙	4 509 ↘	<input type="text"/>
HIV TESTING						
509	Does this laboratory conduct any tests for HIV? IF YES, CIRCLE ALL THAT APPLY	FOR CLIENT HIV STATUS	A	BLOOD SCREENING FOR TRANSFUSION	B	MANDATORY (FOR EMPLOYMENT/ VISA/WORK PERMIT
		NO	Y			→ 526

NO.	QUESTIONS	CODING CATEGORIES				GO TO				
510	Are there any guidelines related to any of the topics I will ask, in the laboratory area? IF YES, ASK: May I see the guideline please.	(a)			(b)					
		OBSERVED,		REPORTED	NOT	DATE ON OBSERVED MANUAL				
		COM- PLETE	INCOM- PLETE	AVAIL. NOT SEEN	AVAIL.					
						month	year			
		01	HIV Laboratory Manual for the Processing of samples, use of HIV test kits, and data management	1 → b	2 → b	3 02 ↙	4 02 ↙			
		02	Flow chart for HIV testing	1 → b	2 → b	3 03 ↙	4 03 ↙			
		03	Antiretroviral Reference Manual	1 → b	2 → b	3 04 ↙	4 04 ↙			
		04	Other protocols/guidelines for HIV testing procedures (who to test, which test to use)	1 → b	2 → b	3 05 ↙	4 05 ↙			
		05	Any written guidelines on how to conduct HIV test (may be manufacturers instructions)	1 → b	2 → b	3 06 ↙	4 06 ↙			
		06	Other written guidelines on HIV testing procedures.	1 → b	2 → b	3 07 ↙	4 07 ↙			
07	Wall poster Professional Conduct and Ethics	1 → b	2 → b	3 08 ↙	4 08 ↙					
08	Written guidelines on confidentiality and disclosure of HIV test results	1 → b	2 → b	3 09 ↙	4 09 ↙					
09	Other guidelines relevant to HIV/AIDS or related services (SPECIFY)	1 → b	2 → b	3 511 ↙	4 511 ↙					
511	Now I would like to see the equipment and the reagents necessary to conduct various tests.									
01	For each of the following tests or equipment, I would like to know if it is used, if it is functioning today, and, if relevant, if all items to conduct the test are available today.	(a) TEST CONDUCTED		(b) ARE ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	YES	NO	DON'T KNOW	
		1 → b	2 02 ↙	1 → c	2 → c	3 02 ↙	1	2	8	
		1 → b	2 03 ↙	1 → c	2 → c	3 03 ↙	1	2	8	
		1 → b	2 04 ↙	1 → c	2 → c	3 04 ↙	1	2	8	
		1 → b	2 05 ↙	1	2	3 05 ↙				
		1 → b	2 06 ↙	1	2	3 06 ↙				
		1 → b	2 07 ↙	1	2	3 07 ↙				
1 → b	2 512 ↙	1	2	3 512 ↙						
512	Do you have any record of HIV test results for tests conducted in this laboratory? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.	YES 1 NO 2					→ 514			

NO.	QUESTIONS	CODING CATEGORIES			GO TO			
513	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE INDICATED CLIENT NUMBERS FOR THE PAST 12 MONTHS.	(A) RECORD AVAILABLE AND OBSERVED		(B) NUMBERS FROM OBSERVED RECORDS				
		YES	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA		
		01	TOTAL CLIENTS RECEIVING HIV TEST	1 → b	2 <input type="checkbox"/> 02 ←	3 <input type="checkbox"/> 02 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		02	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 → b	2 <input type="checkbox"/> 03 ←	3 <input type="checkbox"/> 03 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		03	TOTAL CLIENTS OR PROVIDERS WHO WERE PROVIDED TEST RESULTS	1 → b	2 <input type="checkbox"/> 04 ←	3 <input type="checkbox"/> 04 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
04	TOTAL CLIENTS WITH POSITIVE TESTS WHERE RESULTS WERE PROVIDED	1 → b	2 <input type="checkbox"/> 514 ←	3 <input type="checkbox"/> 514 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
514	Is any pre or post HIV test counseling ever provide to clients in the laboratory area?	YES 1 NO 2			VCT QRE			
515	Is there an established system for external quality control for the HIV tests conducted by this laboratory? IF YES, PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY	YES, PROFICIENCY PANEL A YES, EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE . B SEND BLOOD FOR RETESTING . C NOT ROUTINE, BUT SOMETIMES . D NO EXTERNAL QUALITY CONTROL Y			→517 →520			
516	CHECK PREVIOUS QUESTION. IS C CIRCLED? IF YES ASK: How do you determine when to send a blood sample for retesting?	(a) YES, SEND EVERY FIXED NUMBER OF TESTS 1 YES, SEND PERCENT OF TEST 2 YES, BUT NO FIXED NUMBER . 3 DO NOT SEND BLOOD ELSEWHERE 4 (b) RECORD CORRECT NUMBER FOR 1 OR 2 <input type="text"/> <input type="text"/> <input type="text"/>			→b →b →517 →520			
517	Is there a record of the results from the external quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			→520 →520			
518	What is the most recent date for an external quality check test result or error rate?	WITHIN PAST ONE MONTH 1 WITHIN PAST 2-6 MONTHS 2 MORE THAN 6 MONTHS 3						
519	What is the most recent error rate that is recorded by external quality control?	PERCENT ERROR RATE <input type="text"/> <input type="text"/> DON'T KNOW 98						
520	Is there any other system used for quality control of laboratory tests for HIV/AIDS?	INTERNAL QUALITY CONTROL 1 OTHER _____ 2 DESCRIBE NO 3			→522			
521	Is there a record of the results from the internal/ other quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3						

NO.	QUESTIONS	CODING CATEGORIES			GO TO
522	Are there any fees assessed for any services or items related to HIV/AIDS tests?	YES	1		→ 526
		NO	2		
523	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee		(a) FEE NO	NA	(b) AMOUNT IN KWACHA
01	FEE FOR HIV TEST	1 → b	2 ↙ 02 ↙	3 ↙ 02 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02	FEE FOR CD4 TEST	1 → b	2 ↙ 03 ↙	3 ↙ 03 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	FEE FOR COMPLETE BLOOD COUNT	1 → b	2 ↙ 524 ↙	3 ↙ 524 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q524 AND Q525 DELETED					
526	Do you send blood outside the facility for HIV diagnostic testing?	YES	1		→ 531
		NO	2		
527	For which HIV test do you send blood outside?	ELISA	A		
		WESTERN BLOT	B		
		OTHER _____	X		
			SPECIFY		
528	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		→ 530
		YES, REPORTED, NOT SEEN	2		
		NO	3		
529	Does the register indicate if the client or the provider has received the results?	YES, OBSERVED	1		
		YES, REPORTED, NOT SEEN	2		
		NO	3		

NO.	QUESTIONS	CODING CATEGORIES			GO TO
540	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	
541	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, 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	HAND-WASHING 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	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 542	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
542	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES 1 NO 2			
543	Is blood for HIV/AIDS testing drawn in the laboratory or an adjacent area? IF YES, is it the same room as assessed in prior question?	YES, SAME AREA 1 DIFFERENT AREA 2 NO BLOOD DRAWN 3			→545 →545

NO.	QUESTIONS	CODING CATEGORIES			GO TO
544	ASK TO SEE WHERE THE BLOOD IS DRAWN FOR THE HIV/AIDS TEST AND 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	HAND-WASHING 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	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 545	2	3	
12	DISINFECTANT (NOT YET MIXED)	1	2	3	
545	Is there a functioning autoclave in this laboratory or an immediately adjacent area?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 YES, NOT FUNCTIONING 3 NO 4			
546	Do you decontaminate hazardous waste prior to disposal? IF YES, ASK WHAT PROCEDURE IS USED FOR DECONTAMINATION.	AUTOCLAVE A DECONTAMINATE IN CHLORINE-BASE SOLUTION B OTHER _____ X (SPECIFY) NO Y			
547	What is the final procedure for disposing of hazardous laboratory waste?	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) DON'T KNOW 98			

NO.	QUESTIONS	CODING CATEGORIES						GO TO		
548	Now I would like to see specific equipment necessary for other tests. Is the following equipment available, and is it functioning today?	(a) TEST CONDUCTED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW	
01	ANY HEMATOLOGY TESTS	1	2 549							
02	Hematology analyzer/Coulter (for total lymphocyte count, full blood count, platelet count,)	1→b	2 03	1 → c	2 → c	3 03	1→549	2	8	
03	Hemoglobinometer/hemacue	1→b	2 04	1 → c	2 → c	3 04	1	2	8	
04	Colorimeter or spectroscope	1→b	2 06	1 → c	2 → c	3 06	1	2	8	
05	Drabkin's solution (for colorimeter)			1	2	3				
06	Capillary tubes for hematocrit	1→b	2 08	1	2	3				
07	Centrifuge for hematocrit			1 → c	2 → c	3 08	1	2	8	
08	Litmus paper for hemoglobin test (with valid expiration date)	1→b	2 09	1	2	3				
09	Other anemia test _____ (SPECIFY)	1→b	2 549	1	2	3				
549	SYPHILIS TESTS	1	2 550							
01										
02	VDRL	1→b	2 04	1	2	3				
03	Rotator or shaker			1 → c	2 → c	3 04	1	2	8	
04	Rapid plasma reagin test (RPR)	1→b	2 550	1	2	3				
BLOOD TRANSFUSION AND SCREENING										
550	Is blood ever transfused in this facility?	YES 1			NO 2			→553		
551	Does any place in this facility do blood screening for infectious diseases prior to transfusion?	YES 1			BLOOD SCREENED OUTSIDE FACILITY 2			→553		
					NO SCREENING TESTS DONE 3			→553		

NO.	QUESTIONS	CODING CATEGORIES			GO TO
552	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
553	Do you ever send blood outside for any of the previously mentioned tests?	YES 1 NO 2			→ 555
554	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE.	(a) SEND BLOOD OUTSIDE FOR TEST YES NO		(b) RECORD OF TEST RESULTS OBSERVED YES NO	
01	Anemia	1 → b	2 ↓	1	2
02	Full blood count	1 → b	2 ↓	1	2
03	Syphilis	1 → b	2 ↓	1	2
555	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?	YES 1 NO, LABORATORY ALREADY ASSESSED 2			→ 558
556	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, 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	HAND-WASHING 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	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 557		2	3
09	DISINFECTANT (NOT YET MIXED)	1		2	3
557	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES 1 NO 2			

NO.	QUESTIONS	CODING CATEGORIES						GO TO	
BIOCHEMISTRY									
558	Are items for the indicated tests available today? Is the equipment functioning?	(a) TEST CONDUCTED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	Blood chemistry analyzer that provides serum creatinine, glucose, liver function tests)	1→b	2 02↙	1→c	2→c	3 02↙	1→559	2	8
02	Other means for serum glucose	1→b	2 559↙	1→c	2→c	3 559↙	1	2	8
559	URINE TESTS	1	2 560↙						
01									
02	Any dip sticks for urine protein (with valid expiration date)	1→b	2 03↙	1	2	3			
03	Any dip sticks for urine glucose (with valid expiration date)	1→b	2 04↙	1	2	3			
04	Acetic acid for checking urine albumin	1→b	2 06↙	1	2	3			
05	Flame for heating acetic acid			1→c	2→c	3 06↙	1	2	8
06	Benedict's solution (for glucose testing)	1→b	2 08↙	1	2	3			
07	Stove for boiling Benedict's solution			1→c	2→c	3 08↙	1	2	8
08	Centrifuge for urine testing	1→b	2 560↙	1→c	2→c	3 560↙	1	2	8
560	Pregnancy test	1→b	2 561↙	1	2	3			
561	Do you ever send blood outside for any of the previously mentioned tests?			YES	NO		1	2	→ 563
562	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE.			(a) SEND BLOOD OUTSIDE FOR TEST	(b) RECORD OF TEST RESULTS OBSERVED				
01	Blood chemistries (serum creatinine and glucose)			YES NO	YES NO				
02	Liver Function Test (LFT)			1→b 2↓	1 2				
03	Urinalysis			1→b 2↓	1 2				
04	Pregnancy test			1→b 2↓	1 2				
563	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?			YES	NO, LABORATORY ALREADY ASSESSED		1	2	→ 566

NO.	QUESTIONS	CODING CATEGORIES					GO TO		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE					
564	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, OR IMMEDIATELY ADJACENT								
01	RUNNING WATER	1 → 03	2	3					
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3					
03	HAND-WASHING 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	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 565	2	3					
09	DISINFECTANT (NOT YET MIXED)	1	2	3					
565	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES 1 NO 2							
MICROBIOLOGY									
566	Now I want to ask you about different laboratory equipment and tests. For each item I mention, please tell me if the item/test is available, if all items to conduct the test are present, and if equipment is functioning today,	(a) HAVE TEST EQUIPMENT		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	Microscope	1	2	1 → c	2 → c	3 02 ↙	1	2	8
02	Refrigerator	1	2	1 → c	2 → c	3 03 ↙	1	2	8
03	Incubator	1	2	1 → c	2 → c	3 04 ↙	1	2	8
04	Test tubes	1	2	1	2	3			
05	Glass slides and covers	1	2	1	2	3			
567	MALARIA TESTS	1 → b 2 ↙ 568 ↙							
01									
02	Giemsa stain	1 → b	2 03 ↙	1	2	3			
03	Field stain	1 → b	2 04 ↙	1	2	3			
04	Rapid test (test strips, ICT, paracheck, etc)	1 → b	2 05 ↙	1	2	3			
05	Other test for malaria _____ (SPECIFY)	1 → b	2 568 ↙	1	2	3			

NO.	QUESTIONS	CODING CATEGORIES						GO TO		
		(a) TEST CONDUCTED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW	
568	Indian ink stain	1→b	2 569 ↓	1	2	3				
569 01	GONORRHEA TESTS	1	2 570 ↓							
02	Chocolate agar (culture medium)	1→b	2 570 ↓	1	2	3				
570 01	GRAM STAIN	1	2 571 ↓							
02	Crystal violet			1	2	3				
03	Lugol's iodine			1	2	3				
04	Acetone			1	2	3				
05	Neutral red, carbol fuchsin, or other counterstain			1	2	3				
571 01	CHLAMYDIA TEST	1	2 572 ↓							
02	Giemsa stain	1→b	2 03 ↓	1	2	3				
03	Other test for chlamydia _____ (SPECIFY)	1→b	2 572 ↓	1	2	3				
572 01	TUBERCULOSIS TEST	1	2 573 ↓							
02	AFB or Ziehl-Neelson test, with stain, such as methyl blue, present	1→b	2 03 ↓	1	2	3				
03	New rapid test for TB	1→b	2 04 ↓	1	2	3				
04	Agar plates for culture	1→b	2 05 ↓	1	2	3				
05	All items for other tests for TB _____ (SPECIFY)	1→b	2 573 ↓	1	2	3				
573	Does this facility ever send sputum outside the facility for testing?	YES 1 NO 2								
574	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				→576 →576		
575	When was the last entry in the register for TB test results?			WITHIN 30 DAYS 1 MORE THAN 30 DAYS AGO 2						
576	Do you ever send blood outside for any of the previously mentioned tests?			YES 1 NO 2					→578	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
577	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE.	(a) SEND BLOOD OUTSIDE FOR TEST YES NO		(b) RECORD OF TEST RESULTS OBSERVED YES NO		
01	Gram stain	1 → b	2 ↓	1	2	
02	Indian ink stain	1 → b	2 ↓	1	2	
03	Malaria	1 → b	2 ↓	1	2	
04	Speciman for culture	1 → b	2 ↓	1	2	
578	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?	YES 1 NO, LABORATORY ALREADY ASSESSED 2				→ 581
579	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, 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	HAND-WASHING 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	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 580	2	3		
09	DISINFECTANT (NOT YET MIXED)	1	2	3		
580	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES 1 NO 2				
581	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				→ 583
582	Do you have all items today, for performing.	ARE ALL ITEMS FOR TEST AVAILABLE?				
		AVAILABLE TODAY		NORMALLY AVAILABLE	NO TEST THIS FACILITY	DON'T KNOW
		OBSERVED	REPORTED, NOT SEEN	NOT TODAY		
01	PAP smears?	1	2	3	4	8
02	Histology?	1	2	3	4	8

NO.	QUESTIONS	CODING CATEGORIES			GO TO		
583	Does this facility perform diagnostic X-rays? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED.	YES 1 NO 2			→ 585		
584	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:	(b) EQUIPMENT/ITEMS AVAILABLE?			(c) ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	YES	NO	DON'T KNOW
01	X-RAY MACHINE	1 → c	2 → c	3 02 ↙ ↘	1	2	8
02	FILM FOR X-RAYS	1	2	3			
585	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>					
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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Interviewer Code <input type="text"/> <input type="text"/>	QRE TYPE <input type="text"/> F
600	INDICATE WHICH CLIENTS HAVE ACCESS TO MEDICINES REPORTED IN THIS QRE.	OUTPATIENT ONLY 1 INPATIENT ONLY 2 BOTH IN AND OUTPATIENT .. 3 AREA LOCKED/NO ACCESS .. 4 NO MEDICINES STORED IN FACILITY 5	→ STOP → STOP
FIND THE PERSON IN CHARGE OF MEDICINES. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT PHARMACEUTICAL PROCEDURES.			
<p>IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY. EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT REPORTS COMPILED BY THE FACILITY. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.</p> <p>IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q603 BELOW AND GO ON TO Q604.</p> <p>FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE PHARMACEUTICALS WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:</p> <p>Hello. My name is _____. We are here on behalf of the Ministry of Health, the Central Board of Health, and the central statistical office to assist the government in knowing more about health services. Now I will read a statement explaining the survey.</p> <p>Your facility was randomly selected to participate in this study. We will be asking you questions about various medicines and pharmaceutical practices for this facility. We will ask to see various reports and records for pharmaceuticals. No patient names from registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any report will only present information in aggregate form so that your facility can not be identified.</p> <p>We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.</p> <p>You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?</p>			
Interviewer's signature _____		Date _____	
SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.			
603	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP
604	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
604a	Do any staff in this clinic/unit provides any counseling related to HIV/AIDS?	YES 1 NO 2	→ VCT/ PMTCT
NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	GO TO
605	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	→ 613
606	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN PREVIOUS QUESTION.	STOCK RECORDS UPDATED 1 DAY ITEM DISBURSED 1 STOCK RECORDS NOT ALWAYS UPDATED WHEN ITEM DISBURSED, BUT REGISTER OF DISTRIBUTED ITEMS OBSERVE 2 OTHER _____ 6 (SPECIFY) _____	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES						GO TO		
ASK TO SEE THE FOLLOWING MEDICATIONS AND SUPPLIES. IF THE ITEM IS LOCATED IN A DIFFERENT PART 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.										
607	GENERAL MEDICINES CHECK INVENTORY AND STOCK AGREEMENT (Q1010) FOR ALL ITEMS WHERE * IS BESIDE ITEM NUMBER	(a) AVAILABILITY OF MEDICINES						(b) STOCK OUT IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED			YES	NO	DK
		ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL ABLE TODAY/DK	NEVER AVAIL-ABLE			
01	Aceteminophen/paracetamol (oral)		2 → b	3 02 ↙	4 02 ↙	5 02 ↙	6 02 ↙	1	2	8
02	Acetylsilic acid/aspirin (oral)		2 → b	3 03 ↙	4 03 ↙	5 03 ↙	6 03 ↙	1	2	8
03	Acyclovir (ophthalmic)		2 → b	3 04 ↙	4 04 ↙	5 04 ↙	6 04 ↙	1	2	8
04	Acyclovir (oral)		2 → b	3 05 ↙	4 05 ↙	5 05 ↙	6 05 ↙	1	2	8
05	Albendazole (oral)		2 → b	3 06 ↙	4 06 ↙	5 06 ↙	6 06 ↙	1	2	8
* 06	Amoxicillin (amoxil)	1 → b	2 → b	3 07 ↙	4 07 ↙	5 07 ↙	6 07 ↙	1	2	8
07	Amoxicillin/clavulanate (Augmentin) (oral)		2 → b	3 08 ↙	4 08 ↙	5 08 ↙	6 08 ↙	1	2	8
08	Amoxicillin (inj)	1 → b	2 → b	3 09 ↙	4 09 ↙	5 09 ↙	6 09 ↙	1	2	8
* 09	Ampicillin (inj)	1 → b	2 → b	3 10 ↙	4 10 ↙	5 10 ↙	6 10 ↙	1	2	8
10	Ampicillin (oral)	1 → b	2 → b	3 11 ↙	4 11 ↙	5 11 ↙	6 11 ↙	1	2	8
11	Amphotericin B (inj)		2 → b	3 12 ↙	4 12 ↙	5 12 ↙	6 12 ↙	1	2	8
12	Bleomycin (Inj)		2 → b	3 13 ↙	4 13 ↙	5 13 ↙	6 13 ↙	1	2	8
13	Cefalexin (oral)		2 → b	3 14 ↙	4 14 ↙	5 14 ↙	6 14 ↙	1	2	8
14	Cefotaxime (Inj)		2 → b	3 15 ↙	4 15 ↙	5 15 ↙	6 15 ↙	1	2	8
* 15	Ceftriaxone (Rocephin)(inj)	1 → b	2 → b	3 16 ↙	4 16 ↙	5 16 ↙	6 16 ↙	1	2	8
* 16	Chloramphenicol (oral)	1 → b	2 → b	3 17 ↙	4 17 ↙	5 17 ↙	6 17 ↙	1	2	8
17	Chloramphenicol (inj)	1 → b	2 → b	3 18 ↙	4 18 ↙	5 18 ↙	6 18 ↙	1	2	8
18	Cidofovir		2 → b	3 19 ↙	4 19 ↙	5 19 ↙	6 19 ↙	1	2	8
* 19	Cidovar	1 → b	2 → b	3 20 ↙	4 20 ↙	5 20 ↙	6 20 ↙	1	2	8
20	Ciprofloxacin (oral)		2 → b	3 21 ↙	4 21 ↙	5 21 ↙	6 21 ↙	1	2	8
21	Clarithromycin (Biaxin) (oral)		2 → b	3 22 ↙	4 22 ↙	5 22 ↙	6 22 ↙	1	2	8
22	Clindamycin (oral or inj)		2 → b	3 23 ↙	4 23 ↙	5 23 ↙	6 23 ↙	1	2	8
23	Clotrimazole (topical)		2 → b	3 24 ↙	4 24 ↙	5 24 ↙	6 24 ↙	1	2	8
24	Clotrimazole (vaginal supp)		2 → b	3 25 ↙	4 25 ↙	5 25 ↙	6 25 ↙	1	2	8

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					GO TO			
	GENERAL MEDICINES	(a) AVAILABILITY OF MEDICINES					(b) STOCK OUT IN LAST SIX MONTHS			
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY AND STOCK AGREEMENT (Q1010) FOR ALL ITEMS WHERE * IS BESIDE ITEM NUMBER	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
25	Codein (oral)		2 → b	3 26 ↙	4 26 ↙	5 26 ↙	6 26 ↙	1	2	8
26	Co-trimoxazole (oral)		2 → b	3 27 ↙	4 27 ↙	5 27 ↙	6 27 ↙	1	2	8
27	Cloxacillin (oral)		2 → b	3 28 ↙	4 28 ↙	5 28 ↙	6 28 ↙	1	2	8
28	Dapsone (oral)		2 → b	3 29 ↙	4 29 ↙	5 29 ↙	6 29 ↙	1	2	8
29	Dexamethasone (oral)		2 → b	3 30 ↙	4 30 ↙	5 30 ↙	6 30 ↙	1	2	8
30	Dexamethasone (inj)		2 → b	3 31 ↙	4 31 ↙	5 31 ↙	6 31 ↙	1	2	8
* 31	Diazepam (oral)	1 → b	2 → b	3 32 ↙	4 32 ↙	5 32 ↙	6 32 ↙	1	2	8
32	Diazepam (inj) (Valium)	1 → b	2 → b	3 33 ↙	4 33 ↙	5 33 ↙	6 33 ↙	1	2	8
33	Diclofenac (oral or inj)		2 → b	3 34 ↙	4 34 ↙	5 34 ↙	6 34 ↙	1	2	8
* 34	Dipyrrone (inj) (Novalgín)	1 → b	2 → b	3 35 ↙	4 35 ↙	5 35 ↙	6 35 ↙	1	2	8
35	Diphenoxylate (lomotil) (oral)		2 → b	3 36 ↙	4 36 ↙	5 36 ↙	6 36 ↙	1	2	8
36	Doxycycline (oral)		2 → b	3 37 ↙	4 37 ↙	5 37 ↙	6 37 ↙	1	2	8
37	Erythromycin (oral)		2 → b	3 38 ↙	4 38 ↙	5 38 ↙	6 38 ↙	1	2	8
* 38	Famciclovir	1 → b	2 → b	3 39 ↙	4 39 ↙	5 39 ↙	6 39 ↙	1	2	8
39	Fluconazole (oral or inj)		2 → b	3 40 ↙	4 40 ↙	5 40 ↙	6 40 ↙	1	2	8
40	Folic Acid (oral)		2 → b	3 41 ↙	4 41 ↙	5 41 ↙	6 41 ↙	1	2	8
41	Ganciclovir (oral or inj)		2 → b	3 42 ↙	4 42 ↙	5 42 ↙	6 42 ↙	1	2	8
42	Gentamicin (inj)		2 → b	3 43 ↙	4 43 ↙	5 43 ↙	6 43 ↙	1	2	8
43	Gentian Violet (GV paint)		2 → b	3 44 ↙	4 44 ↙	5 44 ↙	6 44 ↙	1	2	8
44	Ibuprofen (oral)		2 → b	3 45 ↙	4 45 ↙	5 45 ↙	6 45 ↙	1	2	8
45	Indomethacin (suppository)		2 → b	3 46 ↙	4 46 ↙	5 46 ↙	6 46 ↙	1	2	8
46	Iron tablets (oral)		2 → b	3 47 ↙	4 47 ↙	5 47 ↙	6 47 ↙	1	2	8

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					GO TO			
	GENERAL MEDICINES	(a) AVAILABILITY OF MEDICINES					(b) STOCK OUT IN LAST SIX MONTHS			
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY AND STOCK AGREEMENT (Q1010) FOR ALL ITEMS WHERE * IS BESIDE ITEM NUMBER	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
47	Itraconazole (oral)		2 → b	3 48 ↙	4 48 ↙	5 48 ↙	6 48 ↙	1	2	8
48	Kanamycin (inj)		2 → b	3 49 ↙	4 49 ↙	5 49 ↙	6 49 ↙	1	2	8
49	Ketoconazole (oral or topical)	1 → b	2 → b	3 50 ↙	4 50 ↙	5 50 ↙	6 50 ↙	1	2	8
* 50	Loperamide (immodium) (oral)	1 → b	2 → b	3 51 ↙	4 51 ↙	5 51 ↙	6 51 ↙	1	2	8
51	Mebendazole (oral)		2 → b	3 52 ↙	4 52 ↙	5 52 ↙	6 52 ↙	1	2	8
52	Metrodazole intravenous		2 → b	3 53 ↙	4 53 ↙	5 53 ↙	6 53 ↙	1	2	8
53	Metronidazole (oral)		2 → b	3 54 ↙	4 54 ↙	5 54 ↙	6 54 ↙	1	2	8
* 54	Miconazole (vaingal supp)	1 → b	2 → b	3 55 ↙	4 55 ↙	5 55 ↙	6 55 ↙	1	2	8
55	Miconazole cream		2 → b	3 56 ↙	4 56 ↙	5 56 ↙	6 56 ↙	1	2	8
56	Morphine (oral)		2 → b	3 57 ↙	4 57 ↙	5 57 ↙	6 57 ↙	1	2	8
57	Multivitamins (oral)		2 → b	3 58 ↙	4 58 ↙	5 58 ↙	6 58 ↙	1	2	8
58	Nalidixic acid (oral)		2 → b	3 59 ↙	4 59 ↙	5 59 ↙	6 59 ↙	1	2	8
59	Nitrofurantoin (oral)		2 → b	3 60 ↙	4 60 ↙	5 60 ↙	6 60 ↙	1	2	8
60	Nitrofurazone (ointment)		2 → b	3 61 ↙	4 61 ↙	5 61 ↙	6 61 ↙	1	2	8
61	Norfloxacin (oral)	1 → b	2 → b	3 62 ↙	4 62 ↙	5 62 ↙	6 62 ↙	1	2	8
* 62	Nystatin (oral)	1 → b	2 → b	3 63 ↙	4 63 ↙	5 63 ↙	6 63 ↙	1	2	8
* 63	Nystatin (vaginal supp.)	1 → b	2 → b	3 64 ↙	4 64 ↙	5 64 ↙	6 64 ↙	1	2	8
64	Oral rehydration salts	1 → b	2 → b	3 65 ↙	4 65 ↙	5 65 ↙	6 65 ↙	1	2	8
65	Penicillin, Benzathine (inj)		2 → b	3 66 ↙	4 66 ↙	5 66 ↙	6 66 ↙	1	2	8
66	Penicillin Benzyl (inj)	1 → b	2 → b	3 67 ↙	4 67 ↙	5 67 ↙	6 67 ↙	1	2	8
67	Penicillin, procaine (inj)	1 → b	2 → b	3 68 ↙	4 68 ↙	5 68 ↙	6 68 ↙	1	2	8

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					GO TO	
	GENERAL MEDICINES	(a) AVAILABILITY OF MEDICINES					(b) STOCK OUT IN LAST SIX MONTHS	
		OBSERVED AVAILABLE			NOT OBSERVED			
	CHECK INVENTORY AND STOCK AGREEMENT (Q1010) FOR ALL ITEMS WHERE * IS BESIDE ITEM NUMBER	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL ABLE TODAY/DK	NEVER AVAIL- ABLE	YES NO DK
68	Penicillin-V (oral)	1 → b	2 → b	3 ↙ 69 ↙	4 ↙ 69 ↙	5 ↙ 69 ↙	6 ↙ 69 ↙	1 2 8
69	Phenobarbital (oral or inj)	1 → b	2 → b	3 ↙ 70 ↙	4 ↙ 70 ↙	5 ↙ 70 ↙	6 ↙ 70 ↙	1 2 8
70	Prednisolone (or other steroid) (oral)		2 → b	3 ↙ 71 ↙	4 ↙ 71 ↙	5 ↙ 71 ↙	6 ↙ 71 ↙	1 2 8
71	Spectinomycin, inj		2 → b	3 ↙ 72 ↙	4 ↙ 72 ↙	5 ↙ 72 ↙	6 ↙ 72 ↙	1 2 8
72	Sulfadiazine (oral)	1 → b	2 → b	3 ↙ 73 ↙	4 ↙ 73 ↙	5 ↙ 73 ↙	6 ↙ 73 ↙	1 2 8
73	Tetracycline (oral)		2 → b	3 ↙ 74 ↙	4 ↙ 74 ↙	5 ↙ 74 ↙	6 ↙ 74 ↙	1 2 8
74	Tinidazole (oral)		2 → b	3 ↙ 75 ↙	4 ↙ 75 ↙	5 ↙ 75 ↙	6 ↙ 75 ↙	1 2 8
75	Valganciclovir		2 → b	3 ↙ 76 ↙	4 ↙ 76 ↙	5 ↙ 76 ↙	6 ↙ 76 ↙	1 2 8
76	Vincristine (inj)		2 → b	3 ↙ 77 ↙	4 ↙ 77 ↙	5 ↙ 77 ↙	6 ↙ 77 ↙	1 2 8
77	Vitamin B6 (pyridoxine) (oral)		2 → b	3 ↙ 78 ↙	4 ↙ 78 ↙	5 ↙ 78 ↙	6 ↙ 78 ↙	1 2 8
78	Other B vitamins (oral)		2 → b	3 ↙ 608 ↙	4 ↙ 608 ↙	5 ↙ 608 ↙	6 ↙ 608 ↙	1 2 8
608	ANTIMALARIALS							
01	Artemisinin (oral)	1 → b	2 → b	3 ↙ 02 ↙	4 ↙ 02 ↙	5 ↙ 02 ↙	6 ↙ 02 ↙	1 2 8
02	Artemether-Lumefantrin (COARTEM)	1 → b	2 → b	3 ↙ 03 ↙	4 ↙ 03 ↙	5 ↙ 03 ↙	6 ↙ 03 ↙	1 2 8
03	Fansidar (sulfadoxin+pyrimethamine)	1 → b	2 → b	3 ↙ 04 ↙	4 ↙ 04 ↙	5 ↙ 04 ↙	6 ↙ 04 ↙	1 2 8
04	Quinine (oral)	1 → b	2 → b	3 ↙ 05 ↙	4 ↙ 05 ↙	5 ↙ 05 ↙	6 ↙ 05 ↙	1 2 8
05	Quinine (inj)	1 → b	2 → b	3 ↙ 06 ↙	4 ↙ 06 ↙	5 ↙ 06 ↙	6 ↙ 06 ↙	1 2 8
06	Other _____ (SPECIFY)	1 → b	2 → b	3 ↙ 609 ↙	4 ↙ 609 ↙	5 ↙ 609 ↙	6 ↙ 609 ↙	1 2 8
609	TUBERCULOSIS							
01	Ethambutol (oral)		2 → b	3 ↙ 02 ↙	4 ↙ 02 ↙	5 ↙ 02 ↙	6 ↙ 02 ↙	1 2 8
02	Isoniazid (oral)		2 → b	3 ↙ 03 ↙	4 ↙ 03 ↙	5 ↙ 03 ↙	6 ↙ 03 ↙	1 2 8
03	Pyrazinamide (oral)		2 → b	3 ↙ 04 ↙	4 ↙ 04 ↙	5 ↙ 04 ↙	6 ↙ 04 ↙	1 2 8
04	Rifampin (oral)		2 → b	3 ↙ 05 ↙	4 ↙ 05 ↙	5 ↙ 05 ↙	6 ↙ 05 ↙	1 2 8

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					GO TO	
609 cont.	TUBERCULOSIS CHECK INVENTORY AND STOCK AGREEMENT (Q1010) FOR ALL ITEMS WHERE * IS BESIDE ITEM NUMBER	(a) <u>AVAILABILITY OF MEDICINES</u>					(b) STOCK OUT IN LAST SIX MONTHS	
		OBSERVED AVAILABLE		NOT OBSERVED			YES NO DK	
		ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	
05	Streptomycin (inj)		2 → b	3 06 ↙	4 06 ↙	5 06 ↙	6 06 ↙	1 2 8
06	Isoniazid + rifampin (Rifina) (oral)		2 → b	3 610 ↙	4 610 ↙	5 610 ↙	6 610 ↙	1 2 8
07	Isoniazid+rifampin+pyrazinamide (RHZ, Rifater)		2 → b	3 08 ↙	4 08 ↙	5 08 ↙	6 08 ↙	1 2 8
08	Isoniazid + ethambutol (EH)		2 → b	3 09 ↙	4 09 ↙	5 09 ↙	6 09 ↙	1 2 8
09	4FDC (combination INH, Ethambutol, pyrazinamide, rifampin)		2 → b	3 10 ↙	4 10 ↙	5 10 ↙	6 10 ↙	1 2 8
10	Other _____ (SPECIFY)		2 → b	3 610 ↙	4 610 ↙	5 610 ↙	6 610 ↙	1 2 8
610	INTRAVENOUS SOL.							
01	Normal Saline (0.9%NS)		2 → b	3 02 ↙	4 02 ↙	5 02 ↙	6 02 ↙	1 2 8
02	Dextrose and Normal Saline (D5NS)		2 → b	3 03 ↙	4 03 ↙	5 03 ↙	6 03 ↙	1 2 8
* 03	Ringers Lactate	1 → b	2 → b	3 04 ↙	4 04 ↙	5 04 ↙	6 04 ↙	1 2 8
* 04	Plasma Expander	1 → b	2 → b	3 611 ↙	4 611 ↙	5 611 ↙	6 611 ↙	1 2 8
611	OTHER							
01	Infant formula		2 → b	3 02 ↙	4 02 ↙	5 02 ↙	6 02 ↙	1 2 8
02	Fortified protein supplement		2 → b	3 03 ↙	4 03 ↙	5 03 ↙	6 03 ↙	1 2 8
03	Male condom		2 → b	3 04 ↙	4 04 ↙	5 04 ↙	6 04 ↙	1 2 8
04	Female condom		2 → b	3 612 ↙	4 612 ↙	5 612 ↙	6 612 ↙	1 2 8
612	Were any expired medicines observed?	YES					1	
		NO					2	
613	Were the medicines organized according to date of expiration ("first expire, first out")? VERIFY WHEN CHECKING INDICATED MEDICINES FOR ALL BEING VALID	YES, VERIFIED					1	
		NO					2	
		DON'T KNOW					8	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES			GO TO
614	FOR EACH OF THE FOLLOWING MEDICINES 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 NEVER 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	
615	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		
616	When was the last time that you received a routine supply of medicines?	WITHIN PRIOR 4 WEEKS ...	1		
		BETWEEN 4-12 WEEKS ...	2		
		MORE THAN 12 WEEKS AGO	3		
		DON'T KNOW	8		
617	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	→ 619	
		NEED DETERMINED ELSEWHERE	2		
		DON'T KNOW	8	→ 621	
618	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	→ 621	
		STANDARD FIXED SUPPLY ..	2	→ 621	
		DON'T KNOW	8	→ 621	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	GO TO
619	<p>Routinely, when you order medicines, which best describes the system you use to determine how much of each to order? Do you:</p> <p>Review the amount of each medicine remaining, and order to bring the stock amount to a pre-determined (fixed) amount?</p> <p>Order exactly the same quantity each time, regardless of the existing stock?</p> <p>Review the amount of each method used since the previous order, and plan based on prior utilization and expected future activity?</p> <p>Other _____ (SPECIFY)</p> <p>Don't know</p>	<p>ORDER TO MAINTAIN FIXED STOCK 1</p> <p>ORDER SAME AMOUNT ... 2</p> <p>ORDER BASED ON UTILIZATION 3</p> <p>OTHER 6</p> <p>DON'T KNOW 8</p>	
620	<p>Which of the following best describes the routine system for deciding when to order medicines? Do you:</p> <p>Place order whenever stock levels fall to a predetermined level?</p> <p>Have a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS.</p> <p>Place an order whenever there is believed to be a need, regardless of stock level?</p> <p>Other _____ (SPECIFY)</p> <p>Don't know</p>	<p>PREDETERMINED LEVEL .. 1</p> <p>FIXED TIME 2 EVERY <input type="text"/> <input type="text"/> WEEKS</p> <p>ORDER WHEN NEEDED ... 3</p> <p>OTHER 6</p> <p>DON'T KNOW 8</p>	
621	<p>If there is a shortage of a specific medicine between routine orders, what is the most common procedure followed by this facility?</p> <p>Submit special order to normal supplier</p> <p>Facility purchases from private market</p> <p>Clients must purchase from outside the facility.</p>	<p>SPECIAL ORDER 1</p> <p>FACILITY PURCHASE 2</p> <p>CLIENT PURCHASE 3</p>	
622	<p>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)?</p>	<p>ALWAYS 1</p> <p>SOMETIMES 2</p> <p>ALMOST NEVER 3</p>	
623	<p>Does this facility stock any antiretroviral medicines? IF YES, CLARIFY THE PURPOSE OF THE ANTIRETROVIRAL MEDICINES</p>	<p>YES, FOR HIV/AIDS TREATMEN 1</p> <p>YES, FOR PEP ONLY 2</p> <p>NO 3</p>	→ 630
624	<p>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?</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED, NOT SEEN 2</p> <p>NO 3</p>	→ 626

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES						GO TO
625	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN PREVIOUS QUESTION.	REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES ... 1 REGISTER/STOCK CARDS UPDATED DAILY 2 OTHER _____ .. 6 (SPECIFY)						
626	ASK TO SEE THE FOLLOWING ANTIRETROVIRALS. IF THESE ARE LOCATED IN A DIFFERENT PART 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.							
	ANTIRETROVIRAL MEDICINES	(a) AVAILABILITY OF MEDICINES						(b) STOCK OUT IN LAST SIX MONTHS
	CHECK INVENTORY AND STOCK AGREEMENT (Q1025) FOR ALL RELEVANT ITEMS	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL TODAY/DK	NEVER AVAIL-ABLE	YES NO DK
01	AZT + 3TC	1 → b	2 → b	3 <input type="checkbox"/> 02 <input type="checkbox"/>	4 <input type="checkbox"/> 02 <input type="checkbox"/>	5 <input type="checkbox"/> 02 <input type="checkbox"/>	6 <input type="checkbox"/> 02 <input type="checkbox"/>	1 2 8
02	Zidovudine (ZDV, AZT)	1 → b	2 → b	3 <input type="checkbox"/> 03 <input type="checkbox"/>	4 <input type="checkbox"/> 03 <input type="checkbox"/>	5 <input type="checkbox"/> 03 <input type="checkbox"/>	6 <input type="checkbox"/> 03 <input type="checkbox"/>	1 2 8
03	Abacavir/ABC	1 → b	2 → b	3 <input type="checkbox"/> 04 <input type="checkbox"/>	4 <input type="checkbox"/> 04 <input type="checkbox"/>	5 <input type="checkbox"/> 04 <input type="checkbox"/>	6 <input type="checkbox"/> 04 <input type="checkbox"/>	1 2 8
04	Didanosine/ddI	1 → b	2 → b	3 <input type="checkbox"/> 05 <input type="checkbox"/>	4 <input type="checkbox"/> 05 <input type="checkbox"/>	5 <input type="checkbox"/> 05 <input type="checkbox"/>	6 <input type="checkbox"/> 05 <input type="checkbox"/>	1 2 8
05	Efavirenz (EFZ) 200	1 → b	2 → b	3 <input type="checkbox"/> 06 <input type="checkbox"/>	4 <input type="checkbox"/> 06 <input type="checkbox"/>	5 <input type="checkbox"/> 06 <input type="checkbox"/>	6 <input type="checkbox"/> 06 <input type="checkbox"/>	1 2 8
06	Efavirenz (EFZ) 600	1 → b	2 → b	3 <input type="checkbox"/> 07 <input type="checkbox"/>	4 <input type="checkbox"/> 07 <input type="checkbox"/>	5 <input type="checkbox"/> 07 <input type="checkbox"/>	6 <input type="checkbox"/> 07 <input type="checkbox"/>	1 2 8
07	Lamivudine/3TC	1 → b	2 → b	3 <input type="checkbox"/> 08 <input type="checkbox"/>	4 <input type="checkbox"/> 08 <input type="checkbox"/>	5 <input type="checkbox"/> 08 <input type="checkbox"/>	6 <input type="checkbox"/> 08 <input type="checkbox"/>	1 2 8
08	Nevirapine (NVP)	1 → b	2 → b	3 <input type="checkbox"/> 09 <input type="checkbox"/>	4 <input type="checkbox"/> 09 <input type="checkbox"/>	5 <input type="checkbox"/> 09 <input type="checkbox"/>	6 <input type="checkbox"/> 09 <input type="checkbox"/>	1 2 8
09	Stavudine 40 (D4T)	1 → b	2 → b	3 <input type="checkbox"/> 10 <input type="checkbox"/>	4 <input type="checkbox"/> 10 <input type="checkbox"/>	5 <input type="checkbox"/> 10 <input type="checkbox"/>	6 <input type="checkbox"/> 10 <input type="checkbox"/>	1 2 8
10	Stavudine 30 (D4T)	1 → b	2 → b	3 <input type="checkbox"/> 11 <input type="checkbox"/>	4 <input type="checkbox"/> 11 <input type="checkbox"/>	5 <input type="checkbox"/> 11 <input type="checkbox"/>	6 <input type="checkbox"/> 11 <input type="checkbox"/>	1 2 8
11	COMBINED 3 DRUGS [D4T+3TC+NVP]	1 → b	2 → b	3 <input type="checkbox"/> 12 <input type="checkbox"/>	4 <input type="checkbox"/> 12 <input type="checkbox"/>	5 <input type="checkbox"/> 12 <input type="checkbox"/>	6 <input type="checkbox"/> 12 <input type="checkbox"/>	1 2 8
12	COMBINED 2 DRUGS [ZDV+3TC]	1 → b	2 → b	3 <input type="checkbox"/> 13 <input type="checkbox"/>	4 <input type="checkbox"/> 13 <input type="checkbox"/>	5 <input type="checkbox"/> 13 <input type="checkbox"/>	6 <input type="checkbox"/> 13 <input type="checkbox"/>	1 2 8
13	COMBINED 2 DRUGS [D4T+3TC]	1 → b	2 → b	3 <input type="checkbox"/> 14 <input type="checkbox"/>	4 <input type="checkbox"/> 14 <input type="checkbox"/>	5 <input type="checkbox"/> 14 <input type="checkbox"/>	6 <input type="checkbox"/> 14 <input type="checkbox"/>	1 2 8
14	NRITIs (Tenofovir disoproxil fumarate [Viread])	1 → b	2 → b	3 <input type="checkbox"/> 15 <input type="checkbox"/>	4 <input type="checkbox"/> 15 <input type="checkbox"/>	5 <input type="checkbox"/> 15 <input type="checkbox"/>	6 <input type="checkbox"/> 15 <input type="checkbox"/>	1 2 8
15	Protease inhibitors (indinavir [Crixivan], nelfinavir [Viracept], ritonavir [Norvir], saquinavir)	1 → b	2 → b	3 <input type="checkbox"/> 16 <input type="checkbox"/>	4 <input type="checkbox"/> 16 <input type="checkbox"/>	5 <input type="checkbox"/> 16 <input type="checkbox"/>	6 <input type="checkbox"/> 16 <input type="checkbox"/>	1 2 8
16	Other _____ (SPECIFY)	1 → b	2 → b	3 <input type="checkbox"/> 627 <input type="checkbox"/>	4 <input type="checkbox"/> 627 <input type="checkbox"/>	5 <input type="checkbox"/> 627 <input type="checkbox"/>	6 <input type="checkbox"/> 627 <input type="checkbox"/>	1 2 8

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES			GO TO	
627	DESCRIBE THE STORAGE OF THE ANTIVIRAL MEDICINES. ARE THE ANTIVIRALS STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE	1			
		STORED WITH NON-ARV MEDICINES	2			
		OTHER _____	6			
		(SPECIFY)				
628	DESCRIBE THE SECURITY FOR THE ANTIRETROVIRAL MEDICINES.	LOCKED APART FROM OTHER MEDS AND ARVS	1			
		LOCKED, LIMITED ACCESS SITE	2			
		UNLOCKED OR NO LIMITED ACCESS	3			
629	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 CAN RAPIDLY BE RECONCILED?	YES	1			
		NO	2			
630	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	Disposable needles (19 or 21 guage)	1 →b	2 02 ↙	3 02 ↙	1	2
02	Disposable syringes (3 or 5 ml)	1 →b	2 03 ↙	3 03 ↙	1	2
03	Infusion sets for intravenous solution	1 →b	2 04 ↙	3 04 ↙	1	2
04	Cannulae for intravenous	1 →b	2 05 ↙	3 05 ↙	1	2
05	Clean non-latex, gloves	1 →b	2 06 ↙	3 06 ↙	1	2
06	Clean latex gloves	1 →b	2 07 ↙	3 07 ↙	1	2
07	Sterile latex gloves	1 →b	2 08 ↙	3 08 ↙	1	2
08	Spinal tap/lumbar puncture kits	1 →b	2 09 ↙	3 09 ↙	1	2
09	Disinfectant for cleaning surfaces (bleach or other cleaning solution such as chlorine or chlorhexidine)	1 →b	2 10 ↙	3 10 ↙	1	2
10	Hand-washing soap	1 →b	2 631 ↙	3 631 ↙	1	2
680	Is there a functioning thermometer in any of the medicine storage rooms?	YES, OBSERVED	1			
		YES, REPORTED, NOT SEEN	2		→ 682	
		NO	3		→ 682	
681	What is the current temperature? (IF MORE THAN ONE, RANDOMLY SELECT A ROOM)	Centigrade			<input type="text"/>	<input type="text"/>

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES				GO TO
682	What is the qualification of the person responsible for ARV medicines?	PHARMACIST/PHARM. TECHNOLOGIST 1 PHARMACY ASSISTANT 2 PHYSICIAN/NURSE 3 NO MEDICAL/PHARMACY QUALIFICATION 4 OTHER 6 NO ANTIRETROVIRALS 7				→684
683	Have you/ has this person attended the CBOH 5 day Logistics Management training?	YES 1 NO 2 DON'T KNOW 8				
684	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	Insecticide treated bednets	1→14b	2 631 ↙	3 631 ↙	1	2
631	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>				
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE						

NO.	QUESTIONS	CODING CATEGORIES	GO TO
704	<p>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.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.</p>	<p>RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.</p> <p>STAFF LIST COMPLETED YES 1 NO 2</p>	
705	<p>What methods are used by providers in this facility for diagnosing TB?</p>	<p>SPUTUM SMEAR ONLY 1 X-RAY ONLY 2 EITHER SPUTUM OR X-RAY 3 BOTH SPUTUM AND X-RAY 4 CLINICAL SYMPTOMS ONLY 5 REFER TO OUTSIDE FACILITY 6 NO TB DIAGNOSIS SERVICES ... 7</p>	<p>→ 710 → 710 → 710 → 710</p>
706	<p>Does this clinic/unit have an agreement with a referral site for TB test results to be returned to the clinic/unit either directly or through the client?</p>	<p>YES 1 NO 2</p>	<p>→ 708</p>
707	<p>Is there a record of clients who are referred for TB diagnosis? IF YES, ASK TO SEE THE RECORD AND CHECK IF TB DIAGNOSTIC RESULTS ARE RECORDED</p>	<p>YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO RECORD 3</p>	
708	<p>When you refer a client to another facility for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?</p>	<p>YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO FORM USED 3 NEVER REFER OUTSIDE FACILITY 4 DON'T KNOW 8</p>	<p>→ 710</p>
709	<p>Do you use any (other) 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?</p>	<p>PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) 3 WRITE NOTE/LETTER ON BLANK PAPER 4 OTHER _____ 6 (SPECIFY) NO 7</p>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO				
710	WAS INFORMATION FOR OPD QRE 221 OR IPD Q321, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY COLLECTED FOR THIS CLINIC/UNIT?	YES 1 NO 2	→711 (03)				
711	Do you have any guidelines/protocols for diagnosis and treatment of tuberculosis? IF YES, ASK: May I see the guidelines/ protocols?	(a)		(b)			
		OBSERVED, REPORTED		NOT	DATE ON OBSERVED		
		COM- PLETE	INCOM- PLETE	AVAIL. NOT SEEN	AVAIL.	month	year
		1 →b	2 →b	3 ↙ 02 ↙	4 ↙ 02 ↙		
01	Integrated Technical Guidelines for Frontline Health Workers	1 →b	2 →b	3 ↙ 02 ↙	4 ↙ 02 ↙		
02	Standard Treatment Guidelines	1 →b	2 →b	3 ↙ 03 ↙	4 ↙ 03 ↙		
03	Other than previously mentioned national guidelines, are there any other protocols or guidelines for TB diagnosis and treatment available? IF YES, SPECIFY . _____	1 →b	2 →b	3 ↙ 712 ↙	4 ↙ 712 ↙		
712	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	→ 715				
713	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	<input type="text"/>				
714	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA	<input type="text"/>				
715	Is this facility included in the national DOTS program?	YES 1 NO 2					
716	What treatment strategy is followed by providers in this clinic/unit for TB treatment?	DIRECT OBSERVE 2M, FU 6M 1 DIRECT OBSERVE 6M 2 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M DIRECT OBSERVATION ELSEWHERE 3 DIAGNOSE AND TREAT WHILE INPATIENT. DISCHARGE TO OTHER CLINIC/UNIT FOR F/UP ... 4 PROVIDE FIRST 2M TREATMENT WITH NO ROUTINE DIRECT OBSERVATION PHASE 5	→ 720 → 720 → 720				
717	What is the strategy for the direct observed treatment during the first two months of treatment or until the client is sputum negative? CIRCLE 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/ FAMILY OBSERVES D OTHER _____ X (SPECIFY)					
718	Do you have a record or register that show the clients who are currently receiving DOTS? IF YES, ASK TO SEE THE REGISTER/ RECORD	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 720 → 720				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
719	Is the record/register up-to-date for the prior week for all clients receiving their DOTS medications?	YES 1 NO 2	
720	Does this clinic/unit provide routine follow-up for any clients who are placed on TB treatment? That is, follow-up clients when they are at home, and after the initial 2 months of treatment? IF NO, PROBE TO DETERMINE WHERE FOLLOW-UP OF TB CLIENTS FROM THIS CLINIC/UNIT IS CONDUCTED.	YES 1 NO 2	→ 733
721	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	
722	Do you have a register or list of clients currently being followed by this unit for TB treatment, including those being treated on DOTS and no direct observation?	YES, REGISTER OR LIST OBSERVED 1 ONLY HAVE DOTS CLIENTS 2 NO 3	→ 726
723	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	→ 726
724	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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
725	RECORD THE NUMBER OF FEMALE CLIENTS CURRENTLY ON TB TREATMENT BY THIS CLINIC/UNIT.	NUMBER OF FEMALE CLIENTS DON'T KNOW 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
726	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	
727	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	→ 731 → 731
728	Do you have a register or list of new TB patients who were referred for an HIV test or for HIV test counseling? IF YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 731 → 731
729	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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
730	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA	<input type="text"/> <input type="text"/>

NO.	QUESTIONS	CODING CATEGORIES				GO TO					
731	Do you have any record of clients currently under TB treatment who are also diagnosed as HIV positive or as having AIDS? YES, ASK TO SEE THE REGISTER/RECORD.	YES, OBSERVED	1	YES, REPORTED, NOT SEEN	2	NO	3	→ 733			
732	How many patients currently under TB treatment in this clinic are also diagnosed as HIV positive or as having AIDS?	NUMBER OF TB CLIENTS WITH HIV/AIDS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				DON'T KNOW				9998	
733	What is the original source of your TB medicines? IF MEDICINES ARE SUPPLIED FROM OTHER FACILITIES, CLARIFY IF THIS IS PART OF THE NATIONAL TB CONTROL PROGRAM OR NOT. CIRCLE ALL THAT APPLY.	NATIONAL TB CONTROL PROGRAM				A	OTHER FACILITY (NOT PART OF NATIONAL TB PROGRAM)				B
		DIRECT PURCHASE				C	DONATIONS FROM NGOS				D
		OTHER _____				X	(SPECIFY)				
734	Are any TB medicines that are individually packaged for clients kept in this clinic/unit? IF YES, ASK TO SEE THE MEDICINES AND INDICATE IF PREPACKAGED MEDICINES ARE AVAILABLE FOR ALL CLIENTS.	YES, AVAILABLE FOR ALL CLIENTS				1	YES, AVAILABLE FOR SOME, NOT ALL CLIENTS				2
		NO INDIVIDUALLY PACKAGED TB MEDICINES IN CLINIC/UNIT				3	NO TB MEDICINES STORED IN CLINIC/UNIT AREA				4
											→737
735	Does this clinic/unit have tuberculosis medicines in bulk jars? IF YES, ASK TO SEE THE MEDICINES.	YES				1	BULK MEDICINES NOT IN THIS CLINIC/UNIT				2
		NO TB MEDICINES IN FACILITY.				3					→737
736	BULK JAR MEDICINES FOR TUBERCULOSIS	OBSERVED		REPORTED		NOT AVAILABLE		STOCK OUT IN LAST SIX MONTHS			
		AL VALID	AT LEAST ONE UNIT VALID	AVAILABLE, NOT SEEN			YES	NO			
		01	Ethambutol	2 → b	3 02 ↙	4 02 ↙	1	2			
		02	Isoniazid	2 → b	3 03 ↙	4 03 ↙	1	2			
		03	Pyrazinamide	2 → b	3 04 ↙	4 04 ↙	1	2			
		04	Rifampin	2 → b	3 05 ↙	4 05 ↙	1	2			
		05	Streptomycin	2 → b	3 06 ↙	4 06 ↙	1	2			
		06	Isoniazid + rifampin (Rifina)	2 → b	3 07 ↙	4 07 ↙	1	2			
		07	Isoniazid + rifampin + pyrazinamide (RHZ, Rifater)	2 → b	3 08 ↙	4 08 ↙	1	2			
		08	Isoniazid + ethambutol (EH)	2 → b	3 09 ↙	4 09 ↙	1	2			
		09	4FDC (combination INH, Ethambutol, pyrazinamide, rifampin)	2 → b	3 10 ↙	4 10 ↙	1	2			
10	Other _____ (SPECIFY)	2 → b	3 737 ↙	4 737 ↙	1	2					
737	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>									
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE											

SECTION H: COUNSELING AND TESTING

Code of facility:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		QRE TYPE <input checked="" type="checkbox"/>
Interviewer: Code	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		

800	INDICATE THE SERVICE SETTING FOR THIS SECTION.						
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>					
		Line #		Unit #			

801	MANAGING AUTHORITY GOVERNMENT-PUBLIC 01 GOVERNMENT-NOT PUBLIC (MILITARY,ETC.) 02 NGO/COMMUNITY 03 PRIVATE/PARASTATAL 04 OTHER _____ 96 (SPECIFY)					MANAGING AUTHORITY <input style="width: 20px; height: 20px;" type="text"/>
-----	---	--	--	--	--	--

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

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY. EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q802 BELOW AND GO ON TO Q803.

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 Ministry of Health, the Central Board of Health, and the Central Statistical Office to assist the government in knowing more about health services.
 Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____	Date _____
SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.	

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						
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>					

NO	QUESTIONS	CODING CATEGORIES		GO TO	
804	<p>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.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.</p>	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.		STAFF LIST COMPLETED YES 1 NO 2	
805	How many days each week are counseling services for HIV/AIDS available in this clinic/unit? This means the counseling is conducted by staff in this clinic/unit.	DAYS PER WEEK <input type="text"/> NO COUNSELING SERVICES 0		→816	
806	How many months have counseling services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS <input type="text"/> <input type="text"/> <input type="text"/>			
807	For each type of counseling I mention, please tell me if it is always offered, and if so, if it is always provided by a trained counselor during normal working hours.	COUNSELING ROUTINELY PROVIDED ALWAYS BY TRAINED COUNSELOR	NOT ALWAYS BY TRAINED COUNSELOR	COUNSELING NOT ROUTINELY PROVIDED BY CLINIC/UNIT STAFF	DON'T KNOW
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
808	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			
809	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			
810	How is pretest counseling or information provided?	INDIVIDUAL ONLY 1 GROUP ONLY 2 BOTH INDIVIDUAL AND GROUP .. 3 NO PRETEST COUNSELING 4		→ 813 → 814	
811	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS AND RECORD THE NUMBER OF SESSIONS THAT HAVE BEEN HELD.	YES, <input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF SESSIONS NO RECORDS ON GROUP COUNSELING 995		→ 813	
812	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>			

NO	QUESTIONS	CODING CATEGORIES	GO TO
813	Which staff most commonly provide pre test HIV counseling for clients in this clinic/unit? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT 1 TRAINED UNIT STAFF PROVIDE COUNSELING 2 TRAINED AND UNTRAINED UNIT STAFF , DEPENDING ON TIME AND STAFF AVAILABILITY. 3 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY. 4 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR PRE-TEST COUNSELING 5	
814	Which staff most commonly provide post-test HIV counseling for clients in this clinic/unit with negative results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT 1 TRAINED UNIT STAFF PROVIDE COUNSELING 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY. 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST-TEST COUNSELING..... 4 NO POST TEST COUNSELING FOR NEGATIVE RESULTS. 5	
815	Which staff most commonly provide post-test HIV counseling for clients in this clinic/unit with positive results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT 1 TRAINED UNIT STAFF PROVIDE COUNSELING 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY. 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST-TEST COUNSELING..... 4 NO POST TEST COUNSELING 5	
816	Are records kept for clients who receive any counseling or testing from this clinic/unit? IF YES, ASK TO SEE THE RECORDS AND INDICATE WHAT TYPE OF INFORMATION IS AVAILABLE.	RECORD AVAILABLE THIS CLINIC/ UNIT 1 RECORD IN CLIENT INDIVIDUAL RECORD ONLY 2 RECORDS MAINTAINED BY VCT/CT COUNSELORS FROM OUTSIDE CLINIC/UNIT 3 NO RECORDS 4	→820 →820

NO	QUESTIONS	CODING CATEGORIES			GO TO	
817	REVIEW THE COUNSELING AND/OR TESTING RECORDS AVAILABLE ON THIS CLINIC/ UNIT, AND INDICATE WHICH INFORMATION IS AVAILABLE.	(A) RECORD AVAILABILITY		(B) NUMBERS FROM OBSERVED RECORDS		
		OB-SERVED	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA
01	CLIENT RECORDED ONCE FOR PACKAGE (CLIENT ID AND TEST RESULT (COUNSELING AND RECEIPT OF RESULTS IMPLIED))	1 → b	2 02 ↙	3 02 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 06 ↙
02	TOTAL CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → b	2 03 ↙	3 03 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
03	TOTAL CLIENTS RECEIVING POST-TEST COUNSELING	1 → b	2 04 ↙	3 04 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
04	TOTAL CLIENTS WHO RECEIVED HIV TEST RESULTS	1 → b	2 05 ↙	3 05 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
05	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 → b	2 06 ↙	3 06 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
06	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 → b	2 07 ↙	3 07 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
07	TOTAL FEMALE CLIENTS RECEIVING HIV TEST	1 → b	2 08 ↙	3 08 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
08	TOTAL CLIENTS AGE 15-24 YEARS RECEIVING HIV TEST	1 → b	2 09 ↙	3 09 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
09	TOTAL CLIENTS RECEIVING HIV TEST	1 → b	2 818 ↙	3 818 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
818	What is the most recent date recorded for any counseling?	WITHIN PAST 30 DAYS 1 MORE THAN 30 DAYS 2 NO DATE RECORDED 3 NO RECORD FOR COUNSELING . . . 4			→ 820	
819	Is there a client number or other identifier for clients receiving pre and post test counseling?	YES 1 NO 2				
820	How many days each week are testing services for HIV available in this clinic/unit? This means that a client can receive the HIV test or have their blood drawn for testing either inside or outside the facility.	DAYS PER WEEK <input type="text"/> NO HIV TESTING SERVICE 0			→ 824	
821	How many months have HIV testing services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS <input type="text"/> <input type="text"/> <input type="text"/>				

NO	QUESTIONS	CODING CATEGORIES			GO TO
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
828	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				
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	HAND-WASHING 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	ALREADY MIXED DECONTAMINATION SOLUTION	1	2	3	
12	DISINFECTANT (NOT YET MIXED)	1	2	3	
13	CONDOMS	1	2	3	
14	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	EXAMINATION TABLE	1	2	3	
829	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES		1	
		NO		2	
830	CHECK Q827. IF RESPONSE IS B,C,D, ENSURE ELIGIBLE OPD/IPD AND/OR VCT/PMTCT QRE IS COMPLETED FOR INDICATED UNIT PRIOR TO LEAVING FACILITY. IF RESPONSE IS 'G' ENSURE ELIGIBLE LABORATORY QRE HAS BEEN COMPLETED.				

NO	QUESTIONS	CODING CATEGORIES				GO TO	
831	WAS INFORMATION FOR OPD QRE 221 OR IPD Q321, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY COLLECTED FOR THIS CLINIC/UNIT?	YES	1			→834	
		NO	2				
832	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE				1	
		SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN				2	→836
		NO GUIDELINES OR PROTOCOLS .				3	→836
833	First I want to ask about some of the national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	(a)		(b)			
		OBSERVED, DATE ON		REPORTED	NOT	DATE ON	
		COM- PLETE	INCOM- PLETE	AVAIL. NOT SEEN	AVAIL	OBSERVED	
						MANUAL	
						month year	
01	Integrated technical guidelines (ITG) for frontline health workers	1 → b	2 →b	3] 02←	4] 02←	<input type="text"/>	
02	Standard Treatment Guidelines	1 → b	2 →b	3] 03←	4] 03←	<input type="text"/>	
03	Zambia infection prevention guidelines	1 → b	2 →b	3] 04←	4] 04←	<input type="text"/>	
04	National guidelines for VCT	1 → b	2 →b	3] 05←	4] 05←	<input type="text"/>	
05	National guidelines to Antiretroviral Drug Therapy	1 → b	2 →b	3] 06←	4] 06←	<input type="text"/>	
06	National guidelines for PMTCT	1 → b	2 →b	3] 07←	4] 07←	<input type="text"/>	
07	National Guidelines on Management and Care of Patients with HIV/AIDS	1 → b	2 →b	3] 08←	4] 08←	<input type="text"/>	
08	Management of opportunistic infections, a reference manual for health workers	1 → b	2 →b	3] 09←	4] 09←	<input type="text"/>	
09	National guidelines on community home-based care for HIV/AIDS clients	1 → b	2 →b	3] 834 ←	4] 834 ←	<input type="text"/>	
834	Other than the previously mentioned national guidelines, are there any other protocols or guidelines for counseling and testing or other related topics?	YES, OTHER PROTOCOLS/ GUIDELINES				1	
		NO OTHER PROTOCOLS/ GUIDELINES				2	→836

NO	QUESTIONS	CODING CATEGORIES				GO TO	
		(a)		NOT AVAIL	(b)		
		OBSERVED, COMPLETE	OBSERVED, INCOMPLETE		REPORTED AVAIL. NOT SEEN		DATE ON OBSERVED MANUAL
						month	year
835	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:						
01	Other protocols/guidelines for pretest counseling?	1 → b	2 → b	3 02←	4 02←		
02	Other protocols/guidelines for post test counseling for both positive and negative test results?	1 → b	2 → b	3 03←	4 03←		
03	Is there any written policy that all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling?	1 → b	2 → b	3 04←	4 04←		
04	Is there any policy on HIV testing procedures, that is what test should be done, and when?	1 → b	2 → b	3 05←	4 05←		
05	HIV Laboratory Manual for the Processing of samples, use of HIV test kits, and data management?	1 → b	2 → b	3 06←	4 06←		
06	Is there a written informed consent document for the client?	1 → b	2 → b	3 07←	4 07←		
07	Any other informed consent policy?	1 → b	2 → b	3 08←	4 08←		
08	Is there a written policy on confidentiality for the client that specifically states one will be told the HIV test result without the permission of the client?	1 → b	2 → b	3 09←	4 09←		
09	Any other confidentiality policy reaffirming that no one will be told the results without the specific permission of the client?	1 → b	2 → b	3 836←	4 836←		
836	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT 1 YES, OTHER LOCATION IN FACILITY 2 NO 3				→ 840 → 840	
837	Are there any written policies or guidelines for 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					
838	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?	YES, PRESENT TODAY 1 YES, NOT PRESENT TODAY..... 2 NO 3					
839	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 EDUCATION/COUNSELING..... D OTHER _____ X (SPECIFY)					

NO	QUESTIONS	CODING CATEGORIES	GO TO
840	<p>Does this facility have links with community based health workers or volunteers? IF YES, ASK: What types of services do the community based workers provide?</p> <p>CIRCLE ALL THAT APPLY</p>	YES, DISTRIBUTE ARVS A YES, REFER FOR ART ELIGIBILITY B YES, HOME CARE C YES, CLIENT TREATMENT SUPPORT D YES, PRETEST COUNSELING E YES, PREVENTIVE EDUCATION F YES, OTHER HIV/AIDS RELATED G YES, OTHER HIV/AIDS RELATED X NO Y	→ 846
841	<p>When clients are referred to community based health workers or volunteers, do you have a formal system for making the referral, such as a referral slip or other means? IF YES: ASK: What method do you use?</p>	YES, REFERRAL SLIP OBSERVED 1 YES, REFERRAL SLIP REPORTED, NOT SEEN 2 PATIENT SENT WITH MEDICAL CHART/RECORD/CARD 3 WRITE ON PRESCRIPTION FORM/ LETTERHEAD 4 PROVIDER GIVES VERBAL REPORT TO SITE (MAY ACCOMPANY CLIENT) 5 WRITE NOTE/LETTER (UNSTRUCTURED) 6 OTHER _____ 7 (SPECIFY) NO METHOD USED 8	
842	<p>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?</p>	YES, REFERRAL SLIP OBSERVED 1 YES, REFERRAL SLIP REPORTED, NOT SEEN 2 PATIENT SENT WITH MEDICAL CHART/RECORD/CARD 3 WRITE ON PRESCRIPTION FORM/ LETTERHEAD 4 PROVIDER GIVES VERBAL REPORT TO SITE (MAY ACCOMPANY CLIENT) 5 WRITE NOTE/LETTER (UNSTRUCTURED) 6 OTHER _____ 7 (SPECIFY) NO METHOD USED 8	
843	<p>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</p>	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
844	<p>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</p>	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
845	<p>When was the most recent training session or meeting with community health workers who are linked with this facility?</p>	WITHIN PAST 30 DAYS 1 WITHIN PAST 2--6 MONTHS 2 WITHIN PAST 7-12 MONTHS 3 MORE THAN 12 MONTHS AGC 4 NO TRAINING 5	
846	<p>Is an individual client chart/record/card maintained for clients who receive services through this clinic/unit? This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.</p>	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 YES, ONLY AVAILABLE IN OTHER FACILITY AREA 3 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS 4 OTHER _____ 6 SPECIFY NO INDIVIDUAL CLIENT CHART/ RECORD 7	
847	<p>RECORD THE TIME AT END OF INTERVIEW</p>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
<p>THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE</p>			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
904	<p>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.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.</p>	<p>RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.</p> <p>STAFF LIST COMPLETED YES 1 NO 2</p>	
905	How many days each week are ART services available in this clinic/unit?	DAYS PER WEEK <input type="text"/>	
906	How many months have ART services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS <input type="text"/> <input type="text"/> <input type="text"/>	
907	<p>Which services or units have referred patients for ART to this clinic/unit in the last half year?</p> <p>READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.</p>	INPATIENT UNITS A OUTPATIENT CLINIC/UNITS B VCT CLINIC/UNIT C ANC/PMTCT/DELIVERY CLINIC/UNIT D TB CLINIC/UNIT E FROM OUTSIDE FACILITY F NEVER REFER TO THIS CLINIC/UNIT Y	
908	Is there a person specifically in charge of ART? IF YES, ASK: Is the person in charge of ART assigned to this clinic/unit, or assigned to another clinic/unit?	YES, ASSIGNED THIS CLINIC 1 YES, ASSIGNED OTHER CLINIC/UNIT 2 NO ONE PERSON IN CHARGE OF ART 3	→ 910 → 910
909	What is the qualification of the person in charge of ARV services?	CONSULTANT/SPECIALIST 1 MEDICAL DOCTOR/PHYSICIAN 2 CLINICAL OFFICER 3 REGISTERED NURSE/MIDWIFE 4 ENROLLED NURSE/MIDWIFE 5 PHARMACY WORKER (ANY QUAL) 6 OTHER 7 (SPECIFY)	
910	<p>Which ARV drugs are prescribed in this clinic/unit? CIRCLE ALL THAT APPLY.</p> <p>AFTER THE RESPONSE, READ THE NAME OF EACH DRUG THAT IS NOT MENTIONED, TO VERIFY THATTHE DRUG IS NOT PRESCRIBED. BY THIS CLINIC/UNIT</p> <p>IF A COMBINATION DRUG IS USED, CIRCLE THE COMPONENTS THAT ARE INDICATED IN LIST (E.G., FOR STAVUDINE40+LAMIVUDINE+ NEVIRAPINE, CIRCLE "J, F, AND B)</p>	AZT+3TC A ZIDOVUDINE (ZDV,AZT) B ABACAVIR/ABC C DIDANOSINE/DDL D EFAVIRENZ/EFZ E LAMIVUDINE/3TC F NEVIRAPIN/NVP G NRTI (TENOFVIR DISOPROXIL FUMARATE/VIREAD) H PROTEASE INHIBITORS (INDINAVIR [CRIXIVAN], NELFINAVIR [VIRACEPT], RITONAVIR [NORVIR], SAQUINAVIR [INVIRASE] I STAVUDINE/D4T OR D3T J OTHER W (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
		ALWAYS	SOMETIMES	NEVER	DON'T KNOW	
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 OR SOMETIMES OFFERED.					
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	CHECK Q921 IF THERE IF ANY COUNSELING RELATED TO ART, (01) OR (02) OR (03) = 1	YES			1	→ 925
		NO			2	
923	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 OTHER CONSULTANT/PHYSICIAN/ CLINICAL OFFICER B REGISTERED/ENROLLED NURSE C TRAINED COUNSELOR D PHARMACIST E COMMUNITY/PLHA WORKER F OTHER X (SPECIFY) NO COUNSELING Y				→ 925
924	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	
925	Are there any fees assessed for any services or items related to ARV treatment?	YES			1	→ 927
		NO			2	
926	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	(a) FEE			(b) AMOUNT IN [KWACHA]	
		YES	NO	NA		
01	FEE FOR ARV CLIENT CARD/CHART	1 → 01b	2 → 02 ↙	3 → 02 ↘	<input type="text"/>	
02	FEE FOR CONSULTATION SERVICE	1 → 02b	2 → 03 ↙	3 → 03 ↘	<input type="text"/>	
03	FEE FOR ARV MEDICINE	1 → 03b	2 → 04 ↙	3 → 04 ↘	<input type="text"/>	
04	FEE FOR LAB TEST CD4 COUNT	1 → 04b	2 → 927 ↙	3 → 927 ↘	<input type="text"/>	
927	WAS INFORMATION FOR OPD QRE 221 OR IPD Q321, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY COLLECTED FOR THIS CLINIC/UNIT?	YES			1	→ 930
		NO			2	
928	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE 1 SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN 2 NO GUIDELINES OR PROTOCOLS 3				→ 932
						→ 932

NO.	QUESTIONS	CODING CATEGORIES				GO TO			
929	First I want to ask about some of the national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	(a)		(b)					
		OBSERVED, COM- PLETE	INCOM- PLETE	REPORTED AVAIL NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL			
						month	year		
01	Integrated technical guidelines (ITG) for frontline health workers	1 → b	2 → b	3 ↵ 02 ↵	4 ↵ 02 ↵				
02	Standard Treatment Guidelines	1 → b	2 → b	3 ↵ 03 ↵	4 ↵ 03 ↵				
03	Zambia infection prevention guidelines	1 → b	2 → b	3 ↵ 04 ↵	4 ↵ 04 ↵				
04	National guidelines for VCT	1 → b	2 → b	3 ↵ 05 ↵	4 ↵ 05 ↵				
05	National guidelines to Antiretroviral Drug Therapy	1 → b	2 → b	3 ↵ 06 ↵	4 ↵ 06 ↵				
06	National guidelines for PMTCT	1 → b	2 → b	3 ↵ 07 ↵	4 ↵ 07 ↵				
07	National Guidelines on Management and Care of Patients with HIV/AIDS	1 → b	2 → b	3 ↵ 08 ↵	4 ↵ 08 ↵				
08	Management of opportunistic infections, a reference manual for health workers	1 → b	2 → b	3 ↵ 09 ↵	4 ↵ 09 ↵				
09	National guidelines on community home-based care for HIV/AIDS clients	1 → b	2 → b	3 ↵ 930 ↵	4 ↵ 930 ↵				
930	Other than the previously mentioned national guidelines, are there any other protocols or guidelines for counseling and testing or other related topics?	YES, OTHER PROTOCOLS/ GUIDELINES 1 NO OTHER PROTOCOLS/ GUIDELINES 2				→ 932			

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
		(a)				(b)	
		OBSERVED,		REPORTED	NOT	DATE ON	
		COM- PLETE	INCOM- PLETE	AVAIL NOT SEEN	AVAIL.	month	year
931	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:						
01	Other protocols/guidelines for pretest counseling?	1 → b	2 → b	3 ↵ 02 ↵	4 ↵ 02 ↵		
02	Other protocols/guidelines for post test counseling for both positive and negative test results?	1 → b	2 → b	3 ↵ 03 ↵	4 ↵ 03 ↵		
03	Is there any written policy that all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling?	1 → b	2 → b	3 ↵ 04 ↵	4 ↵ 04 ↵		
04	Is there any policy on HIV testing procedures, that is what test should be done, and when?	1 → b	2 → b	3 ↵ 05 ↵	4 ↵ 05 ↵		
05	HIV Laboratory Manual for the Processing of samples, use of HIV test kits, and data management?	1 → b	2 → b	3 ↵ 06 ↵	4 ↵ 06 ↵		
06	Is there a written informed consent document for the client?	1 → b	2 → b	3 ↵ 07 ↵	4 ↵ 07 ↵		
07	Any other informed consent policy?	1 → b	2 → b	3 ↵ 08 ↵	4 ↵ 08 ↵		
08	Is there a written policy on confidentiality for the client that specifically states one will be told the HIV test result without the permission of the client?	1 → b	2 → b	3 ↵ 09 ↵	4 ↵ 09 ↵		
09	Any other confidentiality policy reaffirming that no one will be told the results without the specific permission of the client?	1 → b	2 → b	3 ↵ 932 ↵	4 ↵ 932 ↵		
932	Where is information for patients receiving ART through this clinic/unit recorded? CIRCLE ALL THAT APPLY. ASK TO SEE THE REGISTERS USED FOR FOLLOW-UP OF ART PROGRAM	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				→ 945	
933	SKIM THE REGISTER FOR ALL NEW ENTRIES THE PAST ONE FULL MONTH AND INDICATE WHICH INFORMATION IS COMPLETED FOR ALL CLIENTS STARTED ON ART.	ELIGIBILITY CRITERIA A DATE OF ELIGIBILITY B NEITHER INFORMATION COMPLETED Y					
934	ASK TO SEE CLIENT INDIVIDUAL RECORDS. RANDOMLY SELECT 10 INDIVIDUAL CLIENT RECORDS/CHARTS/CARDS AND INDICATE WHICH INFORMATION IS PRESENT ON ALL 10 CARDS.	TREATMENT SUPPORTER A DATE OF ENROLLMENT IN ART B ELIGIBILITY CRITERIA C ARV REGIME BEING USED D NEITHER INFORMATION PRESENTED Y					
935	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				→ 945	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
936	How many patients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF CLIENTS ON ART ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000	
937	How many female patients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF FEMALE CLIENTS ON ART <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 DON'T KNOW 9998	
938	How many children below 18 months of age are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF < 18 MONTH CHILDREN ON ART <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 DON'T KNOW 9998	
939	Since the beginning of the ART services, how many clients have been lost to follow-up or are defaulters. This is the number who began ART and no longer receive ART and you do not know their status (transferred or died).	NUMBER ART CLIENTS LOST TO FOLLOW-UP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 DON'T KNOW 9998	
940	Among ART clients who began treatment before January 2005, how many were late to pick up their medicines, to avoid missing a dose, during the past 6 months.	NUMBER OF IRREGULAR ART CLIENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 DON'T KNOW 9998 ART PROGRAM OPERATING < 6M 9995	
941	During the past 12 full months, how many ART clients have died?	NUMBER OF CLIENTS DIED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 DON'T KNOW 9998	→ 943
942	INDICATE MONTHS OF DATA IN PREVIOUS QUESTION.	MONTHS OF DATA <input type="text"/> <input type="text"/>	
943	During the past 12 full months, how many ART clients have been lost to follow-up?	NUMBER OF CLIENTS LOST TO FOLLOW-UP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 DON'T KNOW 9998	→ 945
944	INDICATE MONTHS OF DATA IN PREVIOUS QUESTION.	MONTHS OF DATA <input type="text"/> <input type="text"/>	
945	Are reports regularly compiled on the numbers of clients receiving ART?	YES 1 NO 2	→ 948
946	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	→ 948
947	To whom do you send these reports? CIRCLE ALL THAT APPLY.	RECORDS CLERK A FACILITY DIRECTOR/SUPERVISOR B DISTRICT LEVEL (MOH/CBOH/NAC) C PROVINCIAL LEVEL (MOH/CBOH/NAC) D NATIONAL LEVEL (MOH/CBOH/NAC) E DONOR AGENCY F OTHER X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
948	<p>Is an individual client chart/record/card where information on an individual client is recorded, and which provides information on previous visits of this client maintained?</p> <p>IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.</p>	<p>YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 YES, CHART/RECORD AVAILABLE IN OTHER CLINIC/UNIT, THIS FACILITY 3</p> <p>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NO 4</p>	
949	<p>Do you have a system for making individual client appointments for follow-up? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.</p>	<p>YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3</p>	→ 951
950	<p>Does the appointment system indicate if the client kept the appointment or not?</p>	<p>YES 1 NO 2</p>	
951	<p>Does this facility provide nutrition rehabilitation services for HIV/AIDS patients? NUTRITIONAL REHABILITATION REFERS TO EDUCATION ABOUT EATING WELL, EARLY IDENTIFICATION OF DEFICIENCIES, PROVIDING FORTIFIED PROTEIN SUPPLEMENT (FPS). IF YES, ASK: Which of the following are routine components of nutritional rehabilitation services? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.</p>	<p>NUTRITIONAL COUNSELING A TEACH EARLY IDENTIFICATION OF DEFICIENCIES B PROVIDE VITAMINS C PROVIDE FORTIFIED PROT. SUPP. D PROVIDE HIGH PROTEIN FOODS ... E PROVIDE OTHER DIET SUPPLEMENT X _____ (SPECIFY) NO SERVICES Y</p>	
952	<p>Does this facility have links with community based health workers or volunteers? IF YES, ASK: What types of services do the community based workers provide?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>YES, DISTRIBUTE ARV A YES, REFER FOR ART ELIGIBILITY B YES, HOME CARE C YES, CLIENT TREATMENT SU D YES, HOME CAF E YES, PRETEST COUNSELII F YES, PREVENTIVE EDUCATION .. G YES, ADHERENCE COUNSELING H YES, EMOTIONAL/SOCIAL SUPPORT I YES, DEFAULTER FOLLOW-UP ... J YES, NOT HIV/AIDS RELATED ... K YES, OTHER HIV/AIDS RELATED .. X _____ (SPECIFY) NO Y</p>	→ 958
953	<p>When clients are referred to community based health workers or volunteers, 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?</p>	<p>YES, REFERRAL SLIP OBSERVED 1 YES, REFERRAL SLIP NOT OBSERVED 2 PATIENT SENT WITH MEDICAL CHART/RECORD/CARD 3 WRITE ON PRESCRIPTION FORM/ LETTERHEAD 4 PROVIDER GIVES VERBAL REPORT TO SITE (MAY ACCOMPANY CLIENT) 5 WRITE NOTE/LETTER (UNSTRUCTURED) 6 OTHER _____ 7 _____ (SPECIFY) NO METHOD USED 8</p>	

NO.	QUESTIONS	CODING CATEGORIES			GO TO		
1005	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, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.						
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES 1 NO 2					
1006	How many months have PMTCT services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS <input type="text"/> <input type="text"/> <input type="text"/>					
1007	For each service I will mention, please tell me if providers in this clinic/unit offer the service or refer the client for the service, either in this facility or outside, for prevention of mother to child transmission of HIV.						
		SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL	
		OUTPATIENT		INPATIENT			
		OFFERED THIS CLINIC/UNIT	REFER TO OTHER CLINIC/UNIT THIS FACILITY	SERVICE ONLY			
		SERVICE					
	01	Offer HIV testing	1	2	3	4	5
	02	Offer group pretest information or counseling	1	2	3	4	5
	03	Offer individual HIV pretest information or counseling	1	2	3	4	5
	04	Offer individual HIV post-test counseling	1	2	3	4	5
	05	Offer couple counseling for women who are HIV positive	1	2	3	4	5
	06	Offer counseling on infant feeding to HIV positive women	1	2	3	4	5
	07	Offer counseling on maternal nutrition to HIV positive women	1	2	3	4	5
	08	Offer counseling on family planning	1	2	3	4	5
	09	Offer family planning services	1	2	3	4	5
	10	Offer counseling on condom use for dual protection	1	2	3	4	5
	11	Distribute condoms to PMTCT clients	1	2	3	4	5
	12	Offer ARV prophylaxis for pregnant women	1	2	3	4	5
	13	Offer ARV prophylaxis for newborn	1	2	3	4	5
14	Provide breast-milk substitutes for newborns of HIV positive women	1	2	3	4	5	
15	Offer follow up counseling for HIV positive women	1	2	3	4	5	
16	Offer ARV therapy (long-term treatment) for HIV positive women	1	2	3	4	5	
17	Offer ARV therapy for family members of HIV positive women	1	2	3	4	5	

NO.	QUESTIONS	CODING CATEGORIES			GO TO			
		SERVICE OFFERED IN THIS FACILITY				REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL	
		OUTPATIENT		INPATIENT SERVICE ONLY				
	OFFERED THIS CLINIC/UNIT	REFER TO OTHER CLINIC/UNIT						
18	Offer women-to-women support groups	1	2	3	4	5		
19	Offer PMTCT services with delivery services	1	2	3	4	5		
1008	When the various services offered for PMTCT are provided, is this recorded anywhere so that you can see what services a pregnant woman has received? IF YES, AS TO SEE WHERE THIS INFORMATION IS RECORDED AND ANSWER THE FOLLOWING QUESTIONS.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 RECORDED IN INDIVIDUAL CLIENT CHART/RECORD, NOT COMPILED FOR REPORTING 3 NO 4			→ 1010	→ 1010		
1009	RECORD THE FOLLOWING INFORMATION FOR ANC CLIENTS. IT MAY BE NECESSARY TO REVIEW ANC AS WELL AS PMTCT RECORDS TO COLLECT THE INFORMATION.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS			
		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	<input type="text"/>	<input type="text"/>
		02	TOTAL HIV POSITIVE WOMEN RECEIVING PRIMARY PREVENTIVE COUNSELING PAST 12 MONTHS	1 → b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
		03	TOTAL HIV POSITIVE WOMEN RECEIVING COUNSELING ON FAMILY PLANNING PAST 12 MONTHS	1 → b	2 → 04	3 → 04	<input type="text"/>	<input type="text"/>
		04	TOTAL HIV POSITIVE WOMEN RECEIVING INFANT FEEDING COUNSELING PAST 12 MONTHS	1 → b	2 → 05	3 → 05	<input type="text"/>	<input type="text"/>
05	TOTAL HIV POSITIVE WOMEN RECEIVING COUPLES COUNSELING PAST 12 MONTHS	1 → b	2 → 1010	3 → 1010	<input type="text"/>	<input type="text"/>		
1010	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT 1 YES, OTHER LOCATION IN FACILITY 2 NO 3			→ 1014	→ 1014		
1011	Are there any written policies or guidelines for 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						
1012	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?	YES, PRESENT TODAY 1 YES, NOT PRESENT TODAY 2 NO 3						

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1013	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 EDUCATION/COUNSELING D OTHER _____ X (SPECIFY)	
1014	WAS INFORMATION FOR OPD QRE 221 OR IPD Q321, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY COLLECTED FOR THIS CLINIC/UNIT?	YES 1 NO 2	→ 1017
1015	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE 1 SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN 2 NO GUIDELINES OR PROTOCOLS 3	→ 1019 → 1019
1016	First I want to ask about some of the national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	(a) OBSERVED, REPORTED NOT COM- INCOM- AVAIL. NOT AVAIL. PLETE PLETE NOT SEEN DATE ON OBSERVED MANUAL month year	
01	Integrated technical guidelines (ITG) for frontline health workers	1 → b 2 → b 3 ↘ 4 ↘ 02 ↙ 02 ↙	
02	Standard Treatment Guidelines	1 → b 2 → b 3 ↘ 4 ↘ 03 ↙ 03 ↙	
03	Zambia infection prevention guidelines	1 → b 2 → b 3 ↘ 4 ↘ 04 ↙ 04 ↙	
04	National guidelines for VCT	1 → b 2 → b 3 ↘ 4 ↘ 05 ↙ 05 ↙	
05	National guidelines to Antiretroviral Drug Therapy	1 → b 2 → b 3 ↘ 4 ↘ 06 ↙ 06 ↙	
06	National guidelines for PMTCT	1 → b 2 → b 3 ↘ 4 ↘ 07 ↙ 07 ↙	
07	National Guidelines on Management and Care of Patients with HIV/AIDS	1 → b 2 → b 3 ↘ 4 ↘ 08 ↙ 08 ↙	
08	Management of opportunistic infections, a reference manual for health workers	1 → b 2 → b 3 ↘ 4 ↘ 09 ↙ 09 ↙	
09	National guidelines on community home-based care for HIV/AIDS clients	1 → b 2 → b 3 ↘ 4 ↘ 1017 ↙ 1017 ↙	
1017	Other than the previously mentioned national guidelines, are there any other protocols or guidelines for counseling and testing or other related topics?	YES, OTHER PROTOCOLS/ GUIDELINES 1 NO OTHER PROTOCOLS/ GUIDELINES 2	→ 1019

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
		(a)		(b)		DATE ON MANUAL	
1018	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	OBSERVED, COMPLETE	INCOMPLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	month	year
01	Other protocols/guidelines for pretest counseling?	1 → b	2 → b	3 ↙ 02 ↙	4 ↙ 02 ↙	<input type="text"/>	<input type="text"/>
02	Other protocols/guidelines for post test counseling for both positive and negative test results?	1 → b	2 → b	3 ↙ 03 ↙	4 ↙ 03 ↙	<input type="text"/>	<input type="text"/>
03	Is there any written policy that all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling?	1 → b	2 → b	3 ↙ 04 ↙	4 ↙ 04 ↙	<input type="text"/>	<input type="text"/>
04	Is there any policy on HIV testing procedures, that is what test should be done, and when?	1 → b	2 → b	3 ↙ 05 ↙	4 ↙ 05 ↙	<input type="text"/>	<input type="text"/>
05	HIV Laboratory Manual for the Processing of samples, use of HIV test kits, and data management?	1 → b	2 → b	3 ↙ 06 ↙	4 ↙ 06 ↙	<input type="text"/>	<input type="text"/>
06	Is there a written informed consent document for the client?	1 → b	2 → b	3 ↙ 07 ↙	4 ↙ 07 ↙	<input type="text"/>	<input type="text"/>
07	Any other informed consent policy?	1 → b	2 → b	3 ↙ 08 ↙	4 ↙ 08 ↙	<input type="text"/>	<input type="text"/>
08	Is there a written policy on confidentiality for the client that specifically states one will be told the HIV test result without the permission of the client?	1 → b	2 → b	3 ↙ 09 ↙	4 ↙ 09 ↙	<input type="text"/>	<input type="text"/>
09	Any other confidentiality policy reaffirming that no one will be told the results without the specific permission of the client?	1 → b	2 → b	3 ↙ 10 ↙	4 ↙ 10 ↙	<input type="text"/>	<input type="text"/>
10	Any other guidelines for PMTCT services?	1 → b	2 → b	3 ↙ 1019 ↙	4 ↙ 1019 ↙	<input type="text"/>	<input type="text"/>
1019	When a client is referred for, or receives an HIV test, are they counseled here? IF YES, PROBE FOR EACH TYPE OF COUNSELING WHETHER IT IS PROVIDED ROUTINELY (TO ALL CLIENTS) AND IF THE COUNSELOR IS ALWAYS SOMEONE WHO IS TRAINED IN COUNSELING.	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		
1020	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					

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1021	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	
1022	How is pretest counseling or information provided?	INDIVIDUAL ONLY 1 GROUP ONLY 2 BOTH INDIVIDUAL AND GROUP ... 3 NO PRETEST COUNSELING 4	→ 1025 → 1026
1023	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS AND RECORD THE NUMBER OF SESSIONS THAT HAVE BEEN HELD.	YES, <input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF SESSIONS NO RECORDS ON GROUP COUNSELING 995	→ 1025
1024	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>	
1025	Which staff most commonly provide pre test HIV counseling for clients in this clinic/unit? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT 1 TRAINED UNIT STAFF PROVIDE COUNSELING 2 TRAINED AND UNTRAINED UNIT STAFF , DEPENDING ON TIME AND STAFF AVAILABILITY . 3 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY . 4 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR PRE-TEST COUNSELING 5	
1026	Which staff most commonly provide post-test HIV counseling for clients in this clinic/unit with negative results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT 1 TRAINED UNIT STAFF PROVIDE COUNSELING 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY . 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST-TEST COUNSELING 4 NO POST TEST COUNSELING FOR NEGATIVE RESULTS. 5	
1027	Which staff most commonly provide post-test HIV counseling for clients in this clinic/unit with positive results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT 1 TRAINED UNIT STAFF PROVIDE COUNSELING 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY . 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST-TEST COUNSELING 4 NO POST TEST COUNSELING ... 5	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1028	When a client agrees to an HIV test, what is the procedure that is followed? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	TESTING IN THIS FACILITY TEST IN THIS CLINIC/UNIT A CLIENT SENT TO (V)CT CLINIC/UNIT . . B → 1031 CLIENT SENT TO PMTCT CLINIC/UNIT C → 1031 CLIENT REFERRED OTHER CLINIC/UNIT THIS FACILITY (NON-VCT/PMTCT) D → 1031 BLOOD DRAWN IN THIS CLINIC/UNIT BY CLINIC/UNIT STAFF, TEST CONDUCTED ELSEWHERE E BLOOD DRAWN IN THIS CLINIC/UNIT BY EXTERNAL STAFF, TEST CONDUCTED ELSEWHERE F CLIENT SENT TO LAB THIS FACILITY G → 1031 TESTING OUTSIDE FACILITY: CLIENT SENT ELSEWHERE OUTSIDE THIS FACILITY H → 1032 OTHER _____ X (SPECIFY) CLIENT NEVER OFFERED HIV TEST Y → 1034			
1029	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	HAND-WASHING 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	ALREADY MIXED DECONTAMINATION SOLUTION	1	2	3	
12	DISINFECTANT (NOT YET MIXED)	1	2	3	
13	CONDOMS	1	2	3	
14	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	EXAMINATION TABLE	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1030	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES 1 NO 2	
1031	How many days each week are HIV tests available in this facility for pregnant women?	DAYS PER WEEK <input type="text"/> DON'T KNOW 8	
1032	What is the most common procedure followed, for offering HIV testing to pregnant women? 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 5 (SPECIFY)	
1033	Are newborns of HIV positive women routinely tested for HIV? IF YES, PROBE FOR THE MOST COMMON PRACTICE.	YES, FOR ALL HIV POSITIVE WOMEN 1 YES, FOR FACILITY DELIVERIES ONLY 2 ROUTINELY TESTED AT INDICATED AGE 3 AGE IN MONTHS <input type="text"/> <input type="text"/> INFANT TESTED <input type="text"/> <input type="text"/> NO 4	
1034	Does this clinic/unit actually prescribe or provide the antiretroviral medicine to HIV positive women for PMTCT? IF YES, ASK: What is the ARV regime used? CIRCLE ALL THAT APPLY.	NEVIRAPINE ALONE A ZIDOVUDINE ALONE B ZIDOVUDINE AND LAMIVUDINE TOGETHER C ZIDOVUDINE AND NEVIRAPINE D OTHER X SPECIFY NO ART AVAILABLE FROM THIS CLINIC/UNIT FOR PMTCT Y	→ 1038
1035	What is the practice for providing the ARV prophylaxis to the HIV positive woman? CIRCLE ALL THAT APPLY	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION AT TIME OF LABOUR. A PROVIDED AT MONTHS PREGNANCY <input type="text"/> PROVIDED FIRST VISIT 0 PROVIDE AT TIME OF DELIVERY TO WOMEN WHO DELIVER IN FACILITY B GIVEN TO CHW/TBA TO GIVE TO WOMAN AT HOME DURING LABOUR C OTHER X (SPECIFY)	
1036	Which ARV is used for the newborn for PMTCT?	NEVIRAPINE 1 ZIDOVUDINE 2 OTHER 6 (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1037	What is the practice for providing the ARV prophylaxis to the newborn of the HIV positive woman? CIRCLE ALL THAT APPLY.	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION TO NEWBORN AFTER BIRTH A PROVIDED AT MONTHS PREGNANCY <input type="checkbox"/> INSTRUCT MOTHER TO BRING CHILD TO FACILITY FOR ARV AROUND 72 HOURS AFTER BIRTH B GIVEN TO CHW/TBA TO GIVE AT HOME AFTER BIRTH C OTHER _____ X (SPECIFY) NO ARV PROPHYLAXIS FOR NEWBORN Y	
1038	Now I would like to look at ANC records, including those that provide information on any PMTCT counseling and testing services		
	Do you have a record or register of the total number of first-visit ANC clients over the past 12 months? IF YES, ASK TO SEE THE RECORD/REGISTER.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 1041 → 1041
1039	RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS DURING THE PAST 12 MONTHS.	NUMBER OF FIRST VISIT ANC CLIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1040	INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN PREVIOUS QUEST.	MONTHS OF DATA <input type="text"/> <input type="text"/>	
1041	Are there any records or registers that provide numbers of ANC clients receiving pre or post test counseling or HIV testing? GO TO WHERE PMTCT RECORDS ARE MAINTAINED FOR THE FOLLOWING INFORMATION. THE INFORMATION MAY BE KEPT IN ANC AND DELIVERY UNITS.	YES 1 YES, IN VCT STATISTICS BUT NOT SPECIFIC FOR ANC 2 NO 3	→ 1044 → 1044

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
1042	ASK TO SEE ANY RECORD OR REGISTER OF ANC CLIENTS WHO RECEIVED ANY HIV TEST OR COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.	(a)			(b)	
		RECORD/REGISTER			NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	CLIENT RECORDED ONCE FOR PACKAGE (CLIENT ID AND TEST RESULT (COUNSELING AND RECEIPT OF RESULTS IMPLIED)	1 → b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/> 06
02	TOTAL ANC CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
03	TOTAL ANC CLIENTS RECEIVING POST-TEST COUNSELING	1 → b	2 → 04	3 → 04	<input type="text"/>	<input type="text"/>
04	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST RESULTS	1 → b	2 → 05	3 → 05	<input type="text"/>	<input type="text"/>
05	TOTAL ANC CLIENTS WITH POSITIVE HIV TESTS WHO RECEIVED TEST RESULTS	1 → b	2 → 06	3 → 06	<input type="text"/>	<input type="text"/>
06	TOTAL ANC CLIENTS WITH POSITIVE HIV TEST	1 → b	2 → 07	3 → 07	<input type="text"/>	<input type="text"/>
07	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST	1 → b	2 → 1043	3 → 1043	<input type="text"/>	<input type="text"/>
1043	WHAT IS THE MOST RECENT DATE RECORDED FOR HIV TEST COUNSELING?	WITHIN PAST 30 DAYS 1 MORE THAN 30 DAYS 2 NO DATE RECORDED 3 NO COUNSELING RECORDED 4			→ 1046	
1044	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 SEROSTATUS NOT ASSESSED 4			→ 1048	
1045	Is there a system for linking the counseling and test results with the receipt of ART for the mother and the newborn? IF YES, ASK TO SEE THE RECORDS.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO RECORD 3				

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
1046	AMONG THE WOMEN FOR WHOM TESTING INFORMATION WAS AVAILABLE (Q1042) INDICATE IF INFORMATION ON RECEIVING ART, AND ON THEIR NEWBORN IS AVAILABLE. IF INFORMATION ONLY AVAILABLE IN DELIVERY AREA, CIRCLE '2'.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
		1 → b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/>
		1 → b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
		1 → b	2 → 04	3 → 04	<input type="text"/>	<input type="text"/>
		1 → b	2 → 05	3 → 05	<input type="text"/>	<input type="text"/>
01	NUMBER OF HIV POSITIVE WOMEN WHO WERE PROVIDED ART FOR PMTCT	1 → b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/>
02	NUMBER OF NEWBORNS OF HIV POSITIVE WOMEN WHO WERE PROVIDED ART	1 → b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
03	NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN	1 → b	2 → 04	3 → 04	<input type="text"/>	<input type="text"/>
04	NUMBER OF HIV POSITIVE INFANTS.	1 → b	2 → 05	3 → 05	<input type="text"/>	<input type="text"/>
05	TOTAL NUMBER OF BIRTHS FOR ALL WOMEN	1 → b	2 → 1047	3 → 1047	<input type="text"/>	<input type="text"/>
1047	Is there any record of HIV positive pregnant women who begin ARV treatment? IF YES, ASK TO SEE THE RECORD/REGISTER	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 WOMEN REFERRED TO ART OUTSIDE THIS CLINIC/UNIT CLINIC/UNIT, NO FURTHER 3 NO 4 ART TREATMENT NOT AVAILABLE ... 5				
1048	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 CLIENT 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			→ 1052	
1049	Which statistics do you submit for pregnant women receiving PMTCT services? CIRCLE ALL THAT APPLY	NUMBER OF PREGNANT WOMEN RECEIVING PRETEST COUNSELING . A RECEIVING POSTTEST COUNSELING B TESTED FOR HIV C SERO POSITIVE FOR HIV D RECEIVING ART FOR PMTCT E INFANTS OF HIV POSITIVE WOMEN WHO ARE TESTED FOR HIV F RECEIVING ART FOR PMTCT G				
1050	How frequently are any of 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 4 NEVER 5			→ 1052	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1051	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK A FACILITY DIRECTOR/SUPERVISOR ... B DISTRICT LEVEL (MOH/CBOH/NAC) ... C PROVINCIAL LEVEL (MOH/CBOH/NAC) . D PROVINCIAL LEVEL (MOH/CBOH/NAC) . E NATIONAL LEVEL (MOH/CBOH/NAC) ... F DONOR AGENCY..... G OTHER _____ X (SPECIFY)	
1052	Are there any fees assessed for any services or items related to PMTCT services?	YES 1 NO 2	→ 1054
1053	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	(a) FEE YES NO NA (b) AMOUNT IN [KWACHA]	
01	Fee for HIV test	1- b 2 3 02 02	<input type="text"/>
02	Fee for antiretroviral prophylaxis for mother	1- b 2 3 03 03	<input type="text"/>
03	Fee for antiretroviral prophylaxis for newborn	1- b 2 3 04 04	<input type="text"/>
04	OTHER _____ (SPECIFY)	1- b 2 3 1054 1054	<input type="text"/>
1054	Are there delivery services in this facility? IF YES, CLARIFY IF THE PMTCT PROGRAM OPERATES UNDER THE SAME SYSTEM AS THE ANC/OPD SYSTEM OR IF THERE IS. NO PMTCT PROGRAM FOR DELIVERY.	YES → GOTO DELIVERY UNIT AND CONTINUE THIS QRE . 1 NO → DIFFERENT DELIVERY UNIT HAS DIFFERENT OR NO PMTCT PROGRAM. GO TO DELIVERY UNIT AND COMPLETE IPD QRE. 2	→ 1067
1055	Is the HIV serostatus routinely assessed for all women who deliver in the facility? IF YES, RECORD ALL ACCEPTED METHODS FOR ASSESSING SEROSTATUS	CLIENT HISTORY A CLIENT ANC RECORD B ROUTINE TESTING C OFFERED TO ALL/TEST ONLY IF WOMAN GIVES CONSENT D OFFER ONLY IF SUSPECT HIV E OTHER _____ X SPECIFY SEROSTATUS NOT ROUTINELY ASSESSED Y	
1056	Is pretest counseling routinely offered to women in labour who's HIV status is unknown?	YES 1 NO 2	→ 1059
1057	Who provides the pretest counseling for women in labour. CIRCLE ALL THAT APPLY.	TRAINED PMTCT COUNSELOR COMES TO UNIT A TRAINED UNIT STAFF PROVIDE COUNSELING B NOT ALWAYS COUNSELED BY TRAINED STAFF C PRETEST COUNSELING NOT ROUTINE . D	

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
1058	What is the most common practice for providing post-test counseling to HIV positive women who were tested when admitted for delivery?	TRAINED PMTCT COUNSELOR COMES TO UNIT A TRAINED UNIT STAFF PROVIDE COUNSELING B NOT ALWAYS COUNSELED BY TRAINED STAFF C POST TEST COUNSELING NOT ROUTIN. D				
1059	Are there any guidelines for HIV test counseling in the delivery unit? IF YES, ASK TO SEE THE GUIDELINES AND INDICATE IF THEY SPECIFY BOTH PRE AND POST TEST COUNSELING.	YES, NATIONAL PMTCT GUIDELINES OBSERVED 1 YES, NATIONAL VCT GUIDELINES OBSERVED 2 YES, OTHER GUIDELINES REPORTED NOT SEEN 3 NO, GUIDELINES NOT AVAILABL..... 4				
1060	Are records on HIV test counseling available in this clinic/unit? IF YES, ASK TO SEE RECORDS AND VERIFY IF BOTH PRETEST AND POST TEST ARE RECORDED.	YES, OBSERVED RECORD OF PRE AND POST TEST COUNSELING 1 REPORTED RECORDS KEPT WITH PMTCT/VCT CLINIC/UNIT 2 RECORDED IN CLIENT INDIVIDUAL CHART/RECORD ONLY 3 COUNSELING NOT ROUTINELY RECORDE 4				
1061	Is there a written protocol/guideline for providing ARV prophylaxis for PMTCT to HIV positive women who deliver in this facility? IF YES, ASK TO SEE THE GUIDELINE	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3				
1062	Is there a register or record where the HIV positive women who deliver in the facility and receive the ART at the time of delivery are recorded? IF YES, ASK TO SEE THE REGISTER (THIS MAY BE THE SAME REGISTER KEPT FOR ANC PMTCT RECIPIENTS)	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			→ 1064 → 1064	
1063	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
		1 → b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/>
		1 → b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
01	TOTAL DELIVERIES IN THE FACILITY	1 → b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/>
02	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY	1 → b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
03	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY AND RECEIVING ARV PROPHYLAXIS	1 → b	2 → 1064	3 → 1064	<input type="text"/>	<input type="text"/>
1064	Other than previously observed guidelines, do you have any guidelines or protocols for delivery to prevent mother to child transmission of HIV/AIDS? IF YES, ASK TO SEE THEM.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3				

HEALTH WORKER INTERVIEW

Code of facility: QRE TYPE

Interviewer Code CLINIC/UNIT CODE Line # Unit #

PROVIDER SERIAL NUMBER:

DATE: DAY MONTH YEAR

Provider Sex: (1=MALE; 2=FEMALE) .

Provider Status: (1=Assigned; 2=Seconded)

CHECKED BY MONITOR/SUPERVISOR:

SIGNATURE _____ DATE DAY MONTH YEAR

READ THE FOLLOWING CONSENT FORM

Hello. My name is _____. We are here on behalf of the Ministry of Health, the Central Board of Health and the Central Statistical Office to assist the government in knowing more about HIV/AIDS-related services. Now I will read a statement explaining the survey.

Your facility was randomly 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. The information you provide us may be used by the MOH and organizations supporting services in your facility for planning service improvements or further studies of HIV/AIDS services. The information you share may also be provided to researchers for analyses, however, any reports that use your data will only present information in aggregate form so that neither you nor your facility can be identified.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any question about the survey? Do I have your agreement to proceed?

Interviewer's signature Date
SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

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 <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		

1. Education and Experience

NO.	QUESTIONS	CODING CLASSIFICATION	
103	What year did you start working in this facility?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
104	Now I would like to ask you some questions about your educational background. How many years of primary and secondary education, in total, did you successfully complete?	YEAR: <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CLASSIFICATION		
105	<p>What is your current technical qualification?* Even if you have a management position or have had additional training or education, I am interested in your actual current technical qualification.</p> <p>IF THE STAFF HAS NO TECHNICAL QUALIFICATION TRY TO CLASSIFY UNDER THE LISTED TYPES OF WORK</p>	CONSULTANT 02 PHYSICIAN/GENERAL PRACTICIONER 03 CLINICAL OFFICER 04 REGISTERED NURSE 05 REGISTERED MIDWIFE 06 ENROLLED NURSE 07 ENROLLED MIDWIFE 08 NURSE AID/ASSISTANT 09 TRADITIONAL BIRTH ATTENDANT 10 ENVIRONMENT HEALTH TECH. 11 COMMUNITY HEALTH/HOME BASED CARE WORKER 12 TRAINED HIV/AIDS COUNSELOR . 13 OTHER COUNSELOR 14 SOCIAL WORKER 15 LAB SCIENTIST 16 LAB TECHNOLOGIST/TECHNICIAN . 17 LAB ASSISTANT 18 PHARMACIST 19 PHARMACY ASSISTANT 20 OTHER STAFF 21 (CLIENT SERVICES) (SPECIFY)		
106	<p>What year did you graduate with this qualification? IF NO TECHNICAL QUALIFICATION, ASK: What year did you complete any basic training for your current position? IF NO BASIC TRAINING, WRITE 0000.</p>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
107	<p>How many years of study were required for this qualification (AFTER COMPLETING THE BASIC EDUCATION DESCRIBED IN QUESTION 104)?</p> <p>IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.</p>	YEARS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/>		
108	<p>In what year did you start working in your current position in this facility? IF YEAR IS NOT KNOWN, PROBE AND MAKE THE BEST ESTIMATE</p>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
109	<p>What was your age at your last birthday?</p>	AGE AT LAST BIRTHDAY (YRS) <input type="text"/> <input type="text"/>		
2. SERVICES PROVIDED IN CURRENT POSITION IN THIS FACILITY				
200	<p>First I want to ask you about some general training courses. During the past 3 years, have you received any pre or inservice training on: [READ TOPIC]. IF YES, ASK: Was that training within the past 1 year? IF NOT WITHIN THE PAST 1 YEAR, ASK: Was that training within the past 3 years?</p>	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	<p>Universal precautions?</p>	1	2	3
02	<p>Any other training related to infection prevention?</p>	1	2	3
03	<p>Health Management Information Systems (HMIS) or reporting requirements for any service?</p>	1	2	3
04	<p>Confidentiality and rights to non-discrimination practices for People Living with HIV/AIDS (PLHA)?</p>	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION		
201	Now I want to ask you about services you currently provide in this facility. I do not want to know about services you provide only outside of your work in this facility, such as in private practice. If you provide any of the following services either in this clinic/unit, or in other clinic/units in this facility, either during your normal work hours or extra work hours, please tell me.			
	Are you a manager for any clinical service?	YES	1	
		NO	2	
202	Do you provide any client services? IF NO, ASK: If you conduct lab test?	YES	1	→ 300
		LAB TESTS ONLY	2	
		NO CLIENT SERVICES OR LAB TESTS	3	→ 400
203	Now I want to ask you about services you personally provide. For each service I mention, tell me if you provide the service. Remember, I am asking about service provided in this facility.			
	Do you ever provide services for [READ TOPIC]. IF INDICATED, ASK HOW LONG THE PROVIDER HAS BEEN PROVIDING THE SERVICE. IF LESS THAN 1 YEAR, WRITE '00'.	a		b
		YES	NO	YEARS PROVIDING SERVICE, THIS OR OTHER FACILITY
01	Diagnosis and/or treatment of reproductive tract or sexually transmitted infections (STIs)?	1 → b	2 ↓ 02	<input type="text"/> <input type="text"/>
02	Diagnosis and/or treatment of malaria ?	1	2	
03	Diagnosis, treatment, or follow-up for tuberculosis? IF YES, ASK: do you [READ FOLLOWING LIST OF SERVICES]	1 → b	2 ↓ 204	<input type="text"/> <input type="text"/>
04	Diagnose tuberculosis based on clinical symptoms?	1	2	
05	Diagnose tuberculosis based on sputum?	1	2	
06	Prescribe treatment for tuberculosis?	1	2	
07	Provide follow-up treatment for tuberculosis?	1	2	
08	Participate in the Direct Observation Treatment Short-course (DOTS) strategy?	1	2	
204	Now I want to ask about any inservice or preservice training you have received during the past 3 years on any of the topics I have just mentioned, even if you do not currently provide the service. During the past three years have you received any preservice or inservice training on [READ TOPIC]? IF YES, CLARIFY IF THE TRAINING WAS WITHIN THE PAST 1 OR 3 YEARS.	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
	01	Diagnosing and treating sexually transmitted infections (STIs)?	1	2
02	The WHO syndromic management for STIs?	1	2	3
03	Any topic related to malaria? IF YES, ASK: Did the training cover any of the following topics?	1	2	3 → 07
04	Diagnosis and treatment of malaria?	1	2	3
05	Specifically diagnosing and treating malaria in children?	1	2	3
06	Intermittent preventive treatment of malaria for pregnant women?	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION		
		YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
07	Any topic related to tuberculosis? IF YES, ASK: Did the training cover any of the following topics?	1	2	3 →205
08	Diagnosing tuberculosis (TB) using sputum test?	1	2	3
09	Diagnosing TB using clinical symptoms?	1	2	3
10	Prescribing treatment for TB?	1	2	3
11	The DOTS (Direct observed treatment-short-course) strategy?	1	2	3
12	Follow-up treatment for TB clients?	1	2	3
205	Now I want to ask you about reproductive health services. IF INDICATED, ASK HOW LONG THE PROVIDER HAS BEEN PROVIDING THE SERVICE. IF LESS THAN 1 YEAR WRITE '00'.	a		b
		YES	NO	YEARS PROVIDING SERVICE, THIS OR OTHER FACILITY
01	Do you provide any services that are designed to be Youth Friendly, that is that have a specific aim to encourage adolescent utilization?	1 →b	2 ↓	<input type="text"/> <input type="text"/>
02	Do you provide any family planning services, either counseling or actually providing the service?	1	2	
03	Do you provide any maternal health services?	1	2	
04	Do you personally conduct deliveries?	1 →b	2 ↓ 206	<input type="text"/> <input type="text"/>
206	During the past three years have you received any preservice or inservice training on [READ TOPIC]? IF YES, ASK: Was this during the past 1 year?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	Any topic specific to youth friendly services? This includes addressing psychological or health issues of particular relevance to adolescents?	1	2	3
02	General counseling for family planning?	1	2	3
03	Topics specific for family planning for HIV infected women?	1	2	3
04	Clinical issues related to providing family planning methods?	1	2	3
05	Life-saving skills for deliveries (by CIDRZ or CBOH for 2 weeks)?	1	2	3
06	PMTCT, the 8 week course by CIDRZ or CBOH? Including information for delivery and HIV/AIDS	1	2	3
207	Other than the previously mentioned training, have you received any other training on [READ TOPIC] during the past 1 or 2 to 3 years?			
01	Any other training on optimal delivery practices for women who might be infected with HIV/AIDS?	1	2	3
02	Any other training on counseling for prevention of mother to child transmission?	1	2	3
03	Any other training on antiretroviral treatment for prevention of mother to child transmission?	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION		
		YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
04	Any other training covering nutrition counseling for the newborn of mother with HIV/AIDS?	1	2	3
05	Any other training covering nutrition for the pregnant woman with HIV/AIDS?	1	2	3
208	Now I want to ask you about services specifically related to HIV/AIDS. IF INDICATED, ASK HOW LONG THE PROVIDER HAS BEEN PROVIDING THE SERVICE. IF LESS THAN ONE YEAR, WRITE '00'.	a		b
		YES	NO	YEARS PROVIDING SERVICE, THIS OR OTHER FACILITY
01	Do you provide any counseling related to HIV testing? IF YES, ASK: Do you ever provide	1 → b	2 ↓ 209	<input type="text"/> <input type="text"/>
02	Pre-test counseling?	1	2	
03	Post-test counseling for HIV positive clients?	1	2	
04	Follow-up counseling for HIV, after the initial post-test counseling or emotional support?	1	2	
209 01	Do you provide education to patients and families on prevention of HIV/AIDS?	1	2	
02	Do you provide counseling on care and support of the HIV/AIDS infected person who is seriously ill?	1	2	
03	Do you provide nutrition counseling to HIV/AIDS infected clients?	1	2	
04	Do you yourself actually prescribe the HIV test for clients?	1	2	
210 01	Do you provide any services related to prevention of mother to child transmission of HIV/AIDS?	1 → b	2 ↓ 211	
02	Do you provide nutrition counseling for the newborn of the HIV infected woman?	1	2	
03	Do you counsel HIV positive women about family planning?	1	2	
04	Do you ever provide or prescribe the preventive antiretroviral therapy for prevention of mother to child transmission?	1	2	
211 01	Do you ever provide any follow-up services for HIV positive clients? This includes providing preventive treatments, treatment for opportunistic infections, ART, and palliative care, that is providing treatment for pain and symptoms of the seriously ill HIV/AIDS clients? IF YES, ASK: Do you provide:	1 → b	2 ↓ 212	<input type="text"/> <input type="text"/>
02	Clinical management of HIV/AIDS-related neurological disorders?	1	2	
03	Diagnosis and/or treatment of opportunistic infections?	1 → b	2 ↓ 04	
04	Prescribe antiretroviral therapy (ART)?	1 → b	2 ↓ 05	<input type="text"/> <input type="text"/>
05	Provide medical follow-up for clients on antiretroviral therapy?	1	2	

NO.	QUESTIONS	CODING CLASSIFICATION		
		a		b
		YES	NO	YEARS PROVIDING SERVICE, THIS OR OTHER FACILITY
06	Provide adherence counseling for ART?	1	2	
07	Provide or prescribe preventive treatment for TB (INH)?	1	2	
08	Provide or prescribe preventive treatment for other opportunistic infections (OIs) such as cotrimoxazole preventive therapy (CPT)?	1	2	
09	Prescribe, counsel, or provide nutritional rehabilitation for HIV/AIDS patients?	1	2	
10	Provide pediatric AIDS care?	1	2	
11	Provide nursing care, or train caregivers and patients in how to care for someone with HIV/AIDS? This includes providing palliative, or symptomatic care and support services?	1 → b	2 ↓ 12	
12	Do you either provide home based care, or provide training or support for others who provide home based care?	1	2	
212	Do you ever provide counseling or prescriptions for post-exposure prophylaxis (PEP)?	1	2	
213	Now I want to know about any preservice or inservice training you have received during the past 3 years on any of the topics I have just mentioned. First I want to know about specific trainings, then, I want to know if your received any other training on the topics I mention. Did you attend [READ TRAINING COURSE].	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	The 8 week [government/UNAIDS] training on VCT?	1	2	3
02	5 day course (KARA) on HIV Counseling	1	2	3
03	5 day course [CIDRZ/CBOH] for PMTCT	1	2	3
04	14 day course [CIDRZ/CBOH] PMTCT	1	2	3
05	Pediatric HIV/AIDS [CIDRZ/CBOH] 2 weeks	1	2	3
06	5 day course [CIDRZ/CBOH] for antiretroviral therapy	1	2	3
07	5 day course [CIDRZ/CBOH] for adherence to ART	1	2	3
08	The UTH 2 week training on antiretroviral therapy?	1	2	3
09	The 14 day training on ART by CBOH/JPAIGO?	1	2	3
10	5 day [MOH] course on tuberculosis	1	2	3
11	Other [CIDRZ] training on antiretroviral therapy? IF YES, ASK, how many days of this training have you attended within the past three years?	1	2	3 ↓ 214
12	RECORD NUMBER OF DAYS ATTENDED TRAINING IN THE PAST THREE YEARS	<input type="text"/> <input type="text"/>	DAYS	

NO.	QUESTIONS	CODING CLASSIFICATION			
214	Other than any previously mentioned trainings , during the past 3 years, have you received any training related to any aspect of HIV/AIDS prevention, counseling, or care and support?	YES 1 NO 2			→300
215	IF YES, Ask: Did any other pre or inservice education provide information about [READ TOPIC]? MULTIPLE TOPICS MAY HAVE BEEN COVERED IN ONE TRAINING. MAKE SURE RESPONDENT ONLY REPORTS ON TRAINING THAT WAS NOT A PART OF PREVIOUSLY RECORDED TRAINING COURSES.	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
01	HIV pre-test counseling?	1	2	3	
02	HIV post-test counseling?	1	2	3	
03	HIV testing procedures, that is, which tests to order, and when?	1	2	3	
04	Follow-up counseling, after the initial post-test counseling or emotional support for HIV/AIDS clients?	1	2	3	
05	Educational needs of patients and families about HIV/AIDS care?	1	2	3	
06	General nutritional counseling for HIV/AIDS clients?	1	2	3	
07	Primary prevention of HIV, such as behavior change education, partner counseling, condom promotion and distribution?	1	2	3	
08	Tuberculosis INH preventive therapy for HIV/AIDS clients?	1	2	3	
09	Cotrimoxazole (cotrim/septrim) preventive therapy (CPT) for HIV/AIDS clients for pneumonia?	1	2	3	
10	Clinical management of HIV/AIDS-related neurological disorders?	1	2	3	
11	Diagnosis and treatment of opportunistic infections?	1	2	3	
12	Prescribing antiretroviral therapy (ART)?	1	2	3	
13	Ordering or prescribing laboratory tests for monitoring of ART?	1	2	3	
14	Nutritional rehabilitation for HIV/AIDS patients?	1	2	3	
15	Any topic specific to pediatric AIDS care?	1	2	3	
16	Training on provision of palliative care, to manage symptoms of the seriously ill HIV/AIDS client?	1	2	3	
17	Counseling, ordering or prescribing post-exposure prophylaxis (PEP)?	1	2	3	
18	Training on nursing care or training caregivers to provide care for HIV/AIDS patients? This might include training related to home-based care.	1	2	3	
3. Laboratory services					
300	In your current position, and as a part of your work for this facility, do you ever personally actually conduct laboratory tests for tuberculosis or HIV/AIDS? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMANS.	YES 1 NO 2			→ 302

NO.	QUESTIONS	CODING CLASSIFICATION						
301	Do you conduct any of the following laboratory tests?	^a PROVIDES SERVICE YES NO						
01	Checking sputum for tuberculosis?	1	2					
02	Any of the blood tests for HIV?	1	2					
03	Any of the laboratory tests for monitoring antiretroviral therapy?	1	2					
302	During the past three years have you received any pre-service or in-service training related to different laboratory tests for tuberculosis, HIV or for screening blood prior to transfusion?	YES 1 NO 2	→ 400					
303	Did you receive preservice or inservice training for [READ TOPIC] during the past 3 years? IF YES, ASK: Was this during the past 1 year?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS				
01	National ART Pharmacy and Laboratory Workshop (5 days)	1	2	3				
02	Microscopic examination of sputum for diagnosing tuberculosis?	1	2	3				
03	HIV testing?	1	2	3				
04	CD4 testing?	1	2	3				
05	Blood screening for HIV or hepatitis prior to transfusion?	1	2	3				
06	Tests for monitoring ART	1	2	3				
07	Other training for laboratory practices? (SPECIFY)	1	2	3				
4. Personal working situation								
400	Now I want to ask you a few more questions about your work in this facility. In an average week, how many hours do you work in this facility? This includes any extra hours you may work for pay or volunteer. 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 <table border="1" data-bbox="1247 1293 1360 1346" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
401	I want to know if you can estimate the percentage 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. IF WORK IS NOT SPECIFIC TO HIV/AIDS, USE THE PERCENTAGE OF CLIENTS WHO HAVE HIV/AIDS, TO HELP DETERMINE THE PERCENTAGE OF TIME.	AVERAGE WEEKLY PERCENTAGE OF WORK TIME <table border="1" data-bbox="1198 1503 1360 1556" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

NO.	QUESTIONS	CODING CLASSIFICATION																																													
402	During the past 12 months, if you add 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 session, not on-the-job. 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 <input type="text"/> <input type="text"/> <input type="text"/>																																													
403	Now 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 3 MONTHS ... 1 YES, IN THE PAST 4-6 MONTHS .. 2 YES, IN THE PAST 7-12 MONTHS .. 3 YES, MORE THAN 12 MONTHS... 4 NO 5	→406 →406 →406																																												
404	How many times in the past six months has your work been supervised?	NUMBER OF TIMES <input type="text"/> <input type="text"/> <input type="text"/>																																													
405	The last time you were personally supervised, did your supervisor do any of the following:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01 Deliver supplies</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>02 Check your records or reports</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>03 Observe your work</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>04 Provide any feedback (either positive or negative) on your performance</td> <td>1</td> <td>2↓ 07</td> <td>8↓ 07</td> </tr> <tr> <td>05 Give you verbal feedback that you were doing your work well</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>06 Provide any written comment that you were doing your work well</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>07 Provide updates on administrative or technical issues related to your work</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>08 Discuss problems you have encountered</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>09 Anything else?</td> <td>1</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	DK	01 Deliver supplies	1	2	8	02 Check your records or reports	1	2	8	03 Observe your work	1	2	8	04 Provide any feedback (either positive or negative) on your performance	1	2↓ 07	8↓ 07	05 Give you verbal feedback that you were doing your work well	1	2	8	06 Provide any written comment that you were doing your work well	1	2	8	07 Provide updates on administrative or technical issues related to your work	1	2	8	08 Discuss problems you have encountered	1	2	8	09 Anything else?	1	2	<input type="text"/>	(SPECIFY)				
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08 Discuss problems you have encountered	1	2	8																																												
09 Anything else?	1	2	<input type="text"/>																																												
(SPECIFY)																																															
406	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																																													
407	Are there any opportunities for promotion in your current job?	YES 1 UNCERTAIN 2 NO 3																																													
408	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	→ 410																																												

NO.	QUESTIONS	CODING CLASSIFICATION	
409	Which type of salary supplement do you receive?	ROUTINE MONTHLY OR DAILY SALARY SUPPLEMENT A PERDIEM WHEN ATTENDING TRAINING B DUTY ALLOWANCE C EXTRA MONEY FOR WORKING EXTRA HOURS D PAYMENT FOR EXTRA ACTIVITIES (SUCH AS SPECIAL PROJECTS) E OTHER _____ X (SPECIFY)	
410	In your current position, do you ever receive 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	→ 412
411	Describe any 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 SUBSIDIZED HOUS E MONETARY BONUS (IRREGULAR) F OTHER _____ X (SPECIFY)	
412	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? PROBE, WITHOUT READING ANY RESPONSES, FOR THREE ITEMS. IF THE PROVIDER MENTIONS MORE THAN THREE ITEMS, ASK THE PROVIDER TO PRIORITIZE TO ONLY THREE.	MORE SUPPORT FROM SUPERVISOR A MORE KNOWLEDGE/TRAINING .. B MORE SUPPLIES/STOCK C BETTER QUALITY EQUIPMENT/ SUPPLIES D LESS WORKLOAD (i.e. 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 (COUNSELING/GROUP SOCIAL ACTIVITIES) M OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CLASSIFICATION	
500	<p>Finally, I would like to ask you a few additional questions about HIV/AIDS and working with clients who may have HIV/AIDS</p> <p>ASK FIRST: Tell me what will do if you get a needle stick injury? Can you describe to me the steps you will take first? THEN ASK: Is there any other follow-up you you should receive?</p> <p>DO NOT READ RESPONSES. PROBE: ANYTHING ELSE?</p>	<p>SQUEEZE FINGER A DO NOT SQUEEZE FINGER B WASH OR SOAK IN DISINFECTANT (E.G., BLEACH, IODINE, ALCOHOL) C WASH WITH SOAP AND WATER .. D REPORT TO MANAGER E GET AN HIV TEST IMMEDIATELY .. F KNOW STATUS OF CLIENT G GET ANTIRETROVIRAL OR REFERRAL FOR ARVs H OTHER _____ X (SPECIFY) NOTHING Y DON'T KNOW Z</p>	
501	If you had a choice, would you work with AIDS patients?	<p>YES 1 DEPENDS 2 NO 3 DON'T KNOW 8</p>	
502	Do you think that a health care worker who has HIV /AIDS but is not sick, should be allowed to continue to work?	<p>YES 1 DEPENDS 2 NO 3 DON'T KNOW 8</p>	
503	If a member of your family became ill with HIV, would you want it to remain secret?	<p>YES 1 DEPENDS 2 NO 3 DON'T KNOW 8</p>	
504	<p>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?</p>	<p>YES, COMPLETELY 1 YES, SOMEWHAT 2 NO 3 DON'T KNOW 8</p>	
505	I don't want to know the result, but have you ever had an HIV test?	<p>YES 1 NO 2</p>	→507
506	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?	<p>ASK SELF 1 WAS OFFERED 2 WAS REQUIRED 8</p>	
507	Finally, please tell me: In your opinion, when used correctly, how effective are condoms in preventing HIV infections. Use a scale of 0 to 100% with 0 being not effective at all and 100% is always effective	<p>CONDOM EFFECTIVENESS IN <input type="text"/> <input type="text"/> <input type="text"/> PREVENTING HIV INFECTION DON'T KNOW 998</p>	
508	RECORD THE TIME AT END OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		
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.			