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United States Agency for International Development (USAID)/
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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
ARV	Antiretroviral Medicines
CAREC	Caribbean Epidemiology Center
CARICOM	The Caribbean Community and Common Market
CHART	Caribbean HIV/AIDS Regional Training Initiative
CHRC	Caribbean Health Research Council
CIMT	Caribbean Indicators and Measurement Tools
CPT	Cotrimoxazole Preventive Treatment
CSME	CARICOM Single Market and Economy
CSS	Care and Support Services
CSW	Commercial Sex Workers
DFID	Department for International Development (UK)
DOTS	Direct Observed Treatment Short-course strategy
ELISA	Enzyme-Linked Immuno-Sorbent Assay
FPS	Fortified Protein Supplementation
GOB	Government of Barbados
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HSPA	HIV Service Provision Assessment
INH	Isoniazid
IV	Intravenous
MOH	Ministry of Health
MSM	Men Who Have Sex with Men
NAP	National AIDS Program
NGO	Non-Governmental Organization
NHAC	National HIV/AIDS Commission
OIs	Opportunistic Infections
ORS	Oral Rehydration Salts
PAHO	Pan-American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
PCP	Pneumocystis Carinii Pneumonia
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-To-Child Transmission
QEH	Queen Elizabeth Hospital
RPR	Rapid Plasma Reagin (syphilis test)
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YFS	Youth-Friendly Services

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KEY FINDINGS

The 2005 Barbados HIV/AIDS Service Provision Assessment (Barbados HSPA) survey report provides baseline information on the capacity of the formal public health sector in Barbados to provide both basic and advanced level HIV and AIDS services and the availability of recordkeeping systems for monitoring HIV and AIDS care and support. Within the Caribbean region, there is a concern for the recent training of health professionals who provide HIV and AIDS services, for health worker attitudes towards people living with HIV (PLHIV) and for patient movement within the region. The Barbados HSPA captured information on these region-specific indicators in addition to the standard HSPA indicators. Since HIV and AIDS services are not offered across all facilities or facility types, and these services are relatively few, the sample is disproportionately representative of known sites for HIV and AIDS services. Although the emphasis of the HSPA is on public facilities, if private or non-government facilities are important providers of HIV and AIDS services, they were included. The survey was conducted in a sample of 22 facilities (17 public facilities) in Barbados, including hospitals, polyclinics, specialized clinics and laboratories. Therefore, any interpretations should be limited to the sample and to the capacity to scale up existing HIV and AIDS services. The HIV and AIDS-related services that were assessed include counseling and testing capability, care and support services (CSS), antiretroviral therapy (ART), post-exposure prophylaxis (PEP), prevention of mother-to-child transmission (PMTCT) and youth-friendly services (YFS).

Along with documenting what HIV and AIDS services are offered, a few systemic issues were identified—

Region-specific findings

- All facilities with an HIV testing system have at least one trained counselor.
- About half or less of those providing counseling services have been recently trained (in past 3 years).
- Half of tuberculosis (TB) service providers and one-fourth of sexually transmitted infection (STI) service providers have been trained recently.
- Seventy-two percent of health workers providing HIV and AIDS services have a positive attitude towards PLHIV.
- Seven of the eight facilities providing PMTCT services reported providing services to clients who were residents of other countries.

HIV testing system[1]

- Thirteen of 17 public facilities surveyed have an HIV testing system.
- Quality conditions exist in all counseling and testing (CT) sites in 2 of those 13 facilities.

[1]A 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.

- Recordkeeping and documentation of counseling are not routine for all service sites.
- Policy guidelines for CT are not readily accessible in service sites.
- In all facilities where there is CT or youth-friendly services, there is a trained counselor.

Availability of basic care and support services

- TB diagnostic and treatment services are limited possibly because of the few cases seen.
- STI services are widely available.
- Treatment of opportunistic infections is widely available (12 of 15 CSS facilities) but palliative care is not (6 of 15 CSS facilities).
- Nosocomial infection prevention is practiced in all facilities but is not fully available in all sites of facilities.
- Supervision of staff is limited.
- Protocols and guidelines are not available in all service sites of CSS facilities.

Availability of advance care and support services

- Medicines and resources to treat opportunistic infections is limited (e.g., intravenous (IV) for fungal infections and herpes).
- Lab services for diagnosing TB are limited.
- Guidelines and protocols for AIDS services not widely available.
- Many providers of HIV and AIDS services other than counseling staff have not been recently trained.
- Sound recordkeeping systems are needed.
- ART is available in two public facilities.
- Although PEP is widely available (12 facilities), only six facilities have ARV medicines and records for monitoring PEP are almost non-existent.
- Availability of protocols and guidelines are the major weaknesses.
- All of the eight public facilities offering any PMTCT services, offer infant feeding counseling. Seven of the eight facilities offer pre- and post-test counseling, HIV testing services and family planning counseling or referral. Only one facility offers all 4 of the items for a minimum package of PMTCT and ARV therapeutic treatment for HIV-positive women and their families in Barbados. No facilities reported all items for PMTCT+ services.

CHAPTER 1: OVERVIEW OF THE HEALTH SYSTEM IN BARBADOS

1.1 BACKGROUND

Barbados, with an estimated population of 279,254, is the most easterly island in the lesser Antilles, located in the Caribbean Sea northeast of Venezuela. The economy of the 431 square kilometer island is heavily dependent on tourism. The island is a regional transport hub with significant movement across the Caribbean and from Europe and North America.[2] The island is divided into 11 parishes: Christ Church, Saint Andrew, Saint George, Saint James, Saint John, Saint Joseph, Saint Lucy, Saint Michael, Saint Peter, Saint Philip, and Saint Thomas.[3] Fifty-two percent of the population of Barbados (140,000) lives in rural areas. The urban population is projected to rise significantly by 2030 to 192,000, in contrast to a projected rural population of 90,000.[4] The capital city, Bridgetown, is the most densely populated area, with approximately 37 percent of the total population.[5] The population as a whole is growing at a rate of .33 percent per year.[6] Approximately 10.7 percent of the population was unemployed in 2003, and the island has a negative net migration rate of -0.31 migrant(s) per 1,000 population (2005 est.).

1.2 HIV AND AIDS IN THE CARIBBEAN

According to a recent report from the Caribbean Epidemiology Centre (CAREC), the HIV and AIDS epidemic in the Caribbean is a growing problem across the region, and has begun to impact the health sector and the economic resources of the region in terms of loss of human potential and productivity. The Caribbean has the highest incidence of reported AIDS cases in the Americas, and the size of the epidemic is second only to that in Sub-Saharan Africa. There are approximately 350,000 to 590,000 people living with HIV (PLHIV) who call the region home.

AIDS is now the leading cause of death among 15–45 year-olds in the Caribbean. CAREC reports that 73 percent of cases are diagnosed in people of this age group. Although the gender distribution of the disease is predominantly weighted towards males (2:1), young women between the ages of 15 and 24 are particularly at risk. The annual incidence of HIV among females of this age group is from three to six times

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[2] Joint United Nations Program on HIV/AIDS (UNAIDS) 2004. *UNAIDS 2004 report on the global AIDS epidemic.* Available at http://www.unaids.org/en/ geographical+area/by+country/barbados.asp. Accessed September 29, 2005. *CIA World Factbook*; available at http://www.cia.gov/cia/publications/factbook/geos/bb.html. Accessed September 30, 2005.

[3] *CIA World Factbook.* Available at http://www.cia.gov/cia/publications/factbook/geos/bb.html. Accessed September 30, 2005.

[4] United Nations Department of Economic and Social Affairs, Population Division. *Urban and Rural Areas 2003* table; available at http://www.un.org/esa/population/publications/wup2003/2003urban_rural.htm. Accessed June 20, 2005.

[5] Pan American Health Organization (PAHO). PAHO Country Health Profiles report on Barbados. Available at http://www.paho.org/english/dd/ais/ coredata.htm. Accessed September 30, 2005.

[6] *CIA World Factbook*, (2005 est.).

higher than in males in the same age group. In the Caribbean there are also subgroups or more vulnerable groups to HIV and AIDS, which include men who have sex with men (MSM), commercial sex workers (CSW), and the mining population (specific economic migrating populations). Also at higher risk are pregnant women and those STIs. Intravenous drug users are also a risk group in the Caribbean. However, this population seems to be concentrated on certain islands.

Seventy-nine percent of people living with HIV and AIDS in the Caribbean are from Haiti and the Dominican Republic, making the island of Hispaniola the "epicenter of the epidemic in the Caribbean region and the Western Hemisphere." [7]

Regionally, with the assistance and guidance of the Pan Caribbean Partnership Against HIV and AIDS (PANCAP) and the Caribbean HIV/AIDS Regional Training Initiative (CHART) network, key capacity needs for providers of HIV and AIDS care and treatment are being addressed in the region. Furthermore, with assistance and guidance from the Caribbean Health Research Council (CHRC), important care and support indicators will be monitored consistently in the region.[8]

1.3 HIV AND AIDS EPIDEMIC IN BARBADOS

The first case of AIDS in Barbados was reported in 1984. Between 1984 and 2002, 2,575 cases of HIV and 1,531 cases of AIDS were reported to the National Surveillance Unit.[9] Estimates suggest that the number of reported cases may represent only one fifth of the HIV-infected population.[10] HIV testing is not mandatory in Barbados, and it is possible that people who feel most at risk for the disease seek testing and treatment elsewhere or not at all, thus artificially lowering the incidence rates for the country.[11]

With the exception of the 15–19 year-old age group, males diagnosed with AIDS outnumber females in all age groups. The overall gender ratio of males to females is 2:1 for reported cases of HIV and 3:1 among reported cases of AIDS. These ratios have varied only slightly from 1987 to 2002. Reported cases of AIDS dropped from 177 in 1998 to 117 in 2001, a 34 percent reduction. AIDS deaths during that same time period declined 17 percent. Reported cases of HIV declined slightly as well between 2000 and 2001.[12] Despite this drop, data indicate that HIV in Barbados is increasing at a much higher rate relative to other countries in the Organization of Eastern Caribbean States.[13]

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[7] Caribbean Epidemiology Centre. 2004. *Status and trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002.*
[8] Caribbean Indicators and Measurement Tools (CIMT). Available at http://www.chrc-caribbean.org/CIMT.php. Accessed February 28, 2006.
[9] Ibid.
[10] Ameen, A. Z., and E. Lloyd. 2005. Assessment of the National HIV/AIDS Programme (NAP) of Barbados. St. Augustine, Trinidad: The Caribbean Health Research Council.
[11] Ministry of Health, Barbados. November 2000. Government of Barbados Action Plan for a Comprehensive Programme on the Management, Prevention, and Control of HIV/AIDS: 2001-2006.
[12] Caribbean Epidemiology Centre. 2004. *Status and trends.*
[13] Ameen and Lloyd.

The major mode of HIV transmission in Barbados is heterosexual contact.[14] The virus has been spreading in the general population, with the potential to disrupt seriously the social and economic fabric of the country.[15] One indicator that HIV has spread beyond the traditional core risk groups is the rising rates of infection in pregnant women, which the National HIV/AIDS Commission reports as 1 percent.[16] Eighty-nine percent of the reported cases are in 15–49 year olds, the most sexually active and economically productive age groups.[17] Of the AIDS cases reported in Barbados, 1,169 individuals have died (a case fatality rate of 76 percent).[18] Through the end of 2002, 190 children had been orphaned from HIV and AIDS.[19]

Among the HIV cases reported to the National Surveillance Unit, it appears that women may have been infected at younger ages than men were. Females outnumber males in both the 15–19 and 20–24 year-old age groups. Among females, the highest number of reported HIV infections is in the 25–29 year-old category. In contrast, the highest number of reported infections for males is within the 30–34 year-old age group. This discrepancy may be attributed to male/female care-seeking patterns; men may tend to seek care later than women, who visit the healthcare system earlier and more often for routine services (such as family planning, immunization, and child health issues), which may prompt them to be tested for HIV.[20]

The first case of pediatric HIV and AIDS was diagnosed in 1985 in a child who was born in 1982. Between 1985 and 2000, 66 children were diagnosed with AIDS, and 40 (60 percent) died.[21] A program to prevent mother-to-child transmission of HIV has resulted in an 82 percent reduction of deaths since 1995 when it was first implemented. The program screens approximately 3,000 pregnant women each year, of which an average of 36 are identified as HIV-positive. As a result of the program, the mother-to-child transmission rate has been reduced to less than 6 percent (down from 27 percent).[22]

1.4 Selected Health and Demographic Characteristics

Twenty-one percent of the population is under the age of 15. Seventy-one percent is between the ages of 15 and 64 years, and 9 percent is age 65 and older. An average of 1.65 children are born to each woman.[23] The average life expectancy for males in Barbados is 69.5 years. Women have a slightly higher life expectancy of 73.4 years. The

[14] PAHO. PAHO Country Health Profiles report on Barbados.
[15] Ibid. Ministry of Health, Barbados.
[16] Rutledge, S. E. and N. Abell. 2005. Awareness, acceptance, and action: An emerging framework for understanding AIDS stigmatizing attitudes among community leaders in Barbados. *AIDS Patient Care and STDs*.
[17] PAHO. PAHO Country Health Profiles report on Barbados. Ministry of Health, Barbados.
[18] Caribbean Epidemiology Centre. 2004. *Status and trends*.
[19] Barbados UNGASS Country Report, 2003, as referenced in Ameen and Lloyd.
[20] Caribbean Epidemiology Centre. 2004. *Status and trends*.
[21] Ameen and Lloyd.
[22] Caribbean Epidemiology Centre. 2004. *Status and trends*.
[23] Ibid.

2005 estimates for infant mortality show an average of 12.5 deaths per 1,000 live births (14.1 for males and 10.8 for females).[24]

PAHO reports that since 1999, diseases of pulmonary circulation and other forms of heart disease have been the top causes of mortality, surpassing cerebrovascular disease as the leading cause of death. Diabetes and ischemic heart disease remained in third and fourth places.[25]

1.5 General Organization and Funding of the Health System

This section provides the context in which to view the findings of the Barbados HIV/AIDS Service Provision Assessment. The professional practice of doctors, nurses, pharmacists, dentists and paraprofessionals are regulated by Medical, Nursing, Dental, Pharmacy and Paramedical Councils. According to a recent PAHO report, health care services are financed through government expenditure on publicly provided services, out-of-pocket payments, and by private health insurance. Government allocations to the Ministry of Health (MOH) account for about 16 percent of total government expenditures.[26]

In the 1999/2000 fiscal year, the Ministry of Health spent US$148 million. Twenty-two percent of those funds were allocated to family health, environmental health, and dental health services and health promotion activities. Allocation of expenditures to secondary and tertiary care services was about 39 percent, care of the elderly 8 percent, and provision of pharmaceuticals 10 percent.[27] Additional funds are garnered from regional and global partner organizations for specific programs and disease areas. Some of these partners include the Caribbean Epidemiology Center (CAREC), the Pan American Health Organization (PAHO) and the Department for International Development (DFID), United Kingdom.

1.6 General Organization of the Public Health Sector

The MOH provides health services and regulates the sector. The health care system includes the publicly funded Queen Elizabeth Hospital (QEH), which provides acute, secondary, and tertiary care. In 1999, the QEH had 501 beds, accounting for more than 90 percent of the acute beds in the country. [28] The health system also includes a network of five district hospitals, eight polyclinics, and a hostel for homeless persons with AIDS. In addition to the polyclinics, four satellite stations also provide a wide range of public health services.[29] According to a 2004 International Monetary Fund (IMF)

[24] *CIA World Factbook.*
[25] PAHO. PAHO Country Health Profiles report on Barbados.
[26] Ibid.
[27] Ibid.
[28] Ibid.
[29] Ameen and Lloyd.

report, Barbados currently has 749 people per physician and 136 people per hospital bed.[30]

Essential drugs are free to patients seen in government institutions, and drugs on the Barbados Drug Formulary are provided free to children under 16, those with some chronic non-communicable diseases, and persons 65 years and older. Public health nurses maintain surveillance and investigate diseases reported. [31] A referral system is in place between the polyclinics, the hospital, and other social services. Each polyclinic is managed by a chief administrator who also heads a team of physicians, nurses, and other health professionals.[32]

1.7 National HIV and AIDS Programs

Until 1995, the Government of Barbados responded to the HIV and AIDS epidemic with a traditional medical response. The National Advisory Committee on AIDS was established in 1988. However, in May of 2001, it was reorganized into the National HIV and AIDS Commission. The Commission is managed as part of the Office of the Prime Minister and has its own complement of staff. [33] The Government restructured the committee to prioritize the issue of HIV and AIDS on a national level and strengthen collaboration among various agencies.[34] The goals of the Commission as set out in the November 2000 Action Plan are to achieve a 50 percent reduction in the—

- Mortality rate within the next 3 years
- Prevalence rate over the next 5 years.[35]

The approach of the Commission is based on guidelines and recommendations from various regional and international agencies, such as the CAREC/CARICOM Regional Strategic Plan of Action (July 2000), WHO/PAHO, UNAIDS, and World Bank Technical Papers.[36] The Regional Strategic Plan of Action delineates areas for regional focus and key issues for national-level focus. Suggested areas for national-level focus are—

- Reduction of mother-to-child transmission of HIV
- Decrease incidence among the vulnerable groups
- Improvement of surveillance and care
- Support systems for people infected and affected by HIV.

Current prevention activities of the NHAC aim to 1) ensure that people remain aware of HIV/AIDS risks and protective measures; 2) promote safer sexual practices and reduce high-risk behaviors; and 3) promote advocacy on human rights, non-

[30] International Monetary Fund (IMF). May 2004. Barbados: Statistical Appendix. *IMF Country Report No. 04/153*. Washington, DC: IMF.
[31] PAHO. PAHO Country Health Profiles report on Barbados.
[32] Ameen and Lloyd.
[33] Ameen and Lloyd.
[34] Ministry of Health, Barbados.
[35] Ibid.
[36] Ibid.

discriminatory practices and accepting attitudes toward PLHIV. Research priorities include men who have sex with men, stigma and discrimination, negotiating condom use within relationships, research on high-risk behaviors of inmates, substance abuse and HIV, commercial sex workers, the hotel industry, and youth.[37] The Action Plan estimated in 2000 that the total cost for the planned approach would be US$86 million over a 5-year period.[38]

As described in the Assessment of the National HIV/AIDS Programme (NAP) of Barbados, "the NHAC is staffed by a chairperson, an executive director and, in keeping with the multisectoral approach to HIV and AIDS, also has representatives from the private sector, faith-based organizations, the media, trade unions, medical experts, NGOs, PLHIVs and the director of the AIDS management team of QEH. The NHAC is charged with leading efforts related to: prevention programs; policy development; planning, project management and procurement, and monitoring and evaluation."[39]

HIV and AIDS treatment and care are the responsibility of the MOH. The MOH spent approximately $7.7 million in 2002-2003, and $8.01 million for 2003-2004. The approach to treatment includes services to address medical, social, and psychosocial needs of PLHIV. Two major parts of the HIV treatment program are the Ladymeade Reference Unit and the Ladymeade Reference Laboratory. Both establishments opened in 2002.[40] Services at Ladymeade include voluntary HIV counseling and testing, family counseling, anti-retroviral therapy, medication adherence counseling, medical diagnosis, assessment and monitoring, laboratory services (including CD4 and Viral Load Testing) and pharmacy services for storage, monitoring, and dispensing equipment. As of July 2004, Ladymeade was monitoring 520 AIDS patients, including 260 patients on highly active antiretroviral therapy (HAART).[41] AIDS-related deaths have decreased by 42 percent since the clinic opened.[42]

NHAC has developed and distributed workplace policies and guidelines, such as the International Labor Organization Code of Practice and The Social Partners of Barbados Code of Practice on HIV/AIDS and Other Life Threatening Illnesses in the Workplace. NHAC has also initiated discussions on decriminalizing homosexuality and prostitution.[43]

1.8 Financing HIV Services and Programs

As described in the "Assessment of the National HIV/AIDS Programme (NAP) of Barbados," The Government of Barbados (GOB) has allocated US$100 million to HIV and AIDS over a 5 years from 2001 to 2006. There has been a shift in the proportion of

[37] Ameen and Lloyd.
[38] Ministry of Health, Barbados.
[39] Ameen and Lloyd.
[40] Ibid.
[41] Marquez, P. V. July 2004. *Scaling up the struggle: Barbados HIV/AIDS Prevention and Control Program. Development Outreach*, World Bank Institute.
[42] Ameen and Lloyd.
[43] Ibid.

funds allocated for prevention to treatment and management. Over time, the percentage of total funds allocated to prevention and care and support decreased from 11 to 8 percent and from 28 to 21 percent, respectively. The proportion of total funds allocated to treatment and management increased by 5 percent each.

CHAPTER 2: SURVEY METHODOLOGY

2.1 OVERVIEW

The HIV and AIDS Service Provision Assessment (HSPA) is a methodology developed by MEASURE DHS+/Macro. The Caribbean HSPA has been carried out in two phases to assess the availability of health services and capacity to provide quality HIV and AIDS-related services in the nine focus countries of the USAID Caribbean Regional Mission: Antigua & Barbuda, Barbados, Dominica, Grenada, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Surinam and Trinidad & Tobago. Phase I included four countries; Barbados, Dominica, St. Lucia and St. Vincent and the Grenadines. AID Inc., Barbados, was contracted to conduct the data collection for the four countries of Phase I.

The HSPA provides facility-based information such as what and where services are available, the capacity and conditions at those service delivery points, and who is accessing these services. Information about AIDS-related services and mapping the geographic location of these services provides a regional perspective as well as data useful for country programs to improve the provision of AIDS-related services and to create conditions to support the scale-up. The HSPA provides information on two UNAIDS/WHO/Global Fund indicators that are included in the Caribbean Indicators and Measurement Tools (CIMT) related to the conditions and capacity for health facilities to provide quality HIV and AIDS services at both the basic and advanced level.

The information collected by the HSPA already exists in many different places within a facility (such as patient registers, individual patient files, health information system database, staff training records, and equipment and pharmacy distribution records). However, it is necessary to bring that information together in order to determine the level of care available to patients.

2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE HSPA

The Barbados HSPA was commissioned by the USAID Caribbean Regional Office/Barbados as part of the Caribbean Regional HSPA, with technical assistance from Macro International Inc. under the MEASURE Evaluation Project.

Objectives of the study were to—

- Provide information about nine Eastern Caribbean countries regarding—
  - The location of facilities providing AIDS-related services, by type of service (ART, PMTCT, VCT, laboratory services, TB, STI, malaria, basic and advanced-level inpatient and outpatient care)
  - Patient flow, by type of service and by facility
  - Type and source of training received by providers at facilities offering AIDS-related services

  - Format and content of routine data collected on AIDS services
  - Costs of services to patients
  - Patient movement within the region to access services
  - Services provided by private practitioners and to approximately how many patients (with emphasis on ART)
  - Facility systems, resources and infrastructure to support quality services (access to guidelines, equipment, drugs and supplies in stock, supervision, referrals, etc.)
  - Provider stigma.
- Map AIDS-related services in nine Eastern Caribbean countries.
- Provide estimates of indicators for the Caribbean Indicators and Measurement Tools (CIMT), which include information from the CIMT/UNAIDS/WHO/Global Fund Care and Support Indicators:
  - Proportion of health care facilities that have the capacity and conditions to provide basic-level HIV testing and HIV and AIDS clinical management
  - Proportion of health care facilities that have the capacity and conditions to provide advanced-level HIV and AIDS care and support services, including provision of ART.

2.3 HSPA Content and Methods for Data Collection

2.3.1 Content of the HSPA

The content covered by the HSPA includes all categories of service and care for HIV and AIDS: voluntary counseling and testing (VCT), prevention of mother to child transmission (PMTCT), antiretroviral treatment (ART), post-exposure prophylaxis (PEP), basic and advanced level clinical services for HIV and AIDS (inpatient and outpatient), tuberculosis (TB), sexually transmitted infections (STIs), and malaria. For each type of service, information is collected on the availability of systems, resources and infrastructure to support quality services. A review is made of systems, guidelines, referrals, service records, individual client records, staff supervision, resources, laboratory diagnostics, equipment, pharmaceuticals and supplies, staff training, and infrastructure.

2.3.2 Methods for Data Collection

The survey was conducted between January and February 2005. The HSPA consists of two survey instruments—the facility resources inventory and the Health Worker Interview. The facility resources inventory obtains information on the conditions and capacity of health facilities to provide care and support services (CSS) and on referral, linkages between services. Specifically, it collects information on the HIV and AIDS-related services provided by the facility (i.e., inpatient and outpatient services, VCT services, PMTCT services and laboratory services), linkages to other HIV and AIDS-related services for patients and their families (i.e., home-based care), availability of guidelines and protocols for HIV and AIDS-related CSS, the availability of medicines and supplies, facility conditions, and health information management systems.

The assessment is comprised of a different module for each area of care and support service, with the modules used in each service site within a facility, where applicable. Data are collected and analyzed at each service site within a facility and are then aggregated to present facility-level data. The survey instrument requires interviews with the person in charge of the facility for an overview of HIV and AIDS services and interviews with the most knowledgeable person about outpatient care, inpatient care, HMIS reports, laboratory services, pharmacy, TB, counseling and testing, ART, and PMTCT. A separate interview is administered to health care workers providing HIV and AIDS-related services who are present on the day of the facility survey.

The Health Worker Interview is used to interview health service providers for information on their experience and on pre-service and in-service training in HIV and AIDS-related care and support provision that they may have received.

AID Inc., Barbados, was subcontracted by MEASURE Evaluation to conduct the data collection for Phase I of the Caribbean HSPA.

2.4 Sampling Design

The emphasis of the facilities inventory is on public facilities. However, if private or NGO facilities are a primary provider of AIDS-related services, the inventory is carried out in these facilities as well. A list of all public facilities (and all others, if available) and the AIDS-related services they provide in each country were first obtained through interviews with the National AIDS Program Coordinators.

2.4.1 Sample of Facilities

Since HIV and AIDS services are not offered across all facility types, and services are relatively scarce, it was important to collect data from all known sites where HIV and AIDS services are offered. This, however, results in the sample being disproportionately representative of these services. Given the small numbers of facilities included, it is important to understand that when analyzing the data, all eligible public facilities (i.e., the unweighted number) are included in this analysis. Since the sample is not weighted, proportional representation of the data by type of facility and national level percentages cannot be ascertained.

In each country, there are a number of facilities providing the majority of care and treatment to HIV-positive individuals, such as ART, PMTCT, and laboratory services. In addition to facilities providing a broad spectrum of care, others provide AIDS-related services on a narrower scale, such as VCT for antenatal patients or tuberculosis care to HIV-positive individuals. Both types of facilities were included in the HSPA. Most of the listed facilities for Barbados were surveyed. Although both public and private hospitals can be included in the survey, only one private hospital in Barbados was included in this survey because it is a major private provider of HIV and AIDS services. Twenty-two facilities were surveyed in Barbados.

2.4.2 Sample of Health Service Providers

The sample of health service providers was selected from providers who were present in the facility on the day of the survey and who provided services that were assessed by the HSPA. The selection was carried out to ensure that, if available, at least one provider from each service was interviewed. A provider was defined as a physician or a nurse who actually provided client services of some type (counseling, health education, or consultation services). Thus, for example, a nurse who only completed registers and who never provided any type of professional client services was not included in a group identified as eligible for interview.

To ensure that the relevant providers were interviewed in each facility, providers were selected without consideration of whether they were representative of the qualification and number of staff who were assigned to the facility. Thus, the results of the health worker interviewers are potentially biased because the staff present on the day of the survey may not be representative of the staff who normally provides the services of interest in the facility. If health center staff were present but unavailable due to scheduling difficulties, members of the HSPA team made repeat visits to the facility until all appropriate parties were interviewed.

2.5 SURVEY IMPLEMENTATION

2.5.1 Training and Supervision of Data Collectors

Survey interviewers were primarily recruited from health care providers and social scientists, who were experienced in HIV and AIDS services and knowledgeable about survey implementation and interviewing. A 2-week training for survey staff was held in Barbados by AID Inc. It included practical experiences and role-play in completing all questionnaires in health facilities of different types.

2.5.2 Data Collection Instruments

Data were collected using structured printed instruments. These instruments are from the HSPA questionnaires developed by the MEASURE DHS+ project and were adapted slightly after consulting with technical specialists from the MOH, USAID, and NGOs knowledgeable about the health services and service program priorities covered by the HSPA.

Operational definitions were developed for the health system components that were measured. These were revised during discussions after the pretest. A training manual was developed and distributed to all data collectors to support standardized data collection.

2.5.3 Data Collection Methods

Data collection consists of key informant interviews with the most knowledgeable person about a service, observations of facility resources in each service area, interviews with service providers to learn about training and stigma and GPS readings of the

geographic coordinates of each facility. Although some facility surveys include observation of providers to assess the quality of care provided and interview of patients upon exiting the service, these are not a part of the HSPA.

Each team received a list of facilities to be visited. Data collection took 1 day in most facilities, with 2 days allocated to hospitals, if required. In addition, if one of the observed services, such as VCT or PMTCT for example, was not being offered the day of the survey, or the health facility was closed for training or any other scheduled activity, the teams were to return on a day when the service was offered or the facility was open for clients.

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

2.5.4 Process for Data Management and Report Writing

After the data were collected, AID Inc. staff entered the results into CSPro using double data entry to ensure accurate keying of results. Two separate datasets were produced by (at least) two different data entry clerks. The two datasets were then compared for any keying errors. Errors found during the comparison were corrected to create a final dataset. A final dataset along with the original questionnaires were sent to MEASURE Evaluation/University of North Carolina, which completed the data analysis using STATA®.

The country report was written by MEASURE Evaluation/Macro technical staff and was vetted and revised with input from country representatives and stakeholders. St. George's University, Grenada assisted with the final phase of the country report review and revisions. The final regional report will be written with input from MEASURE Evaluation/Macro technical staff and MOH officials responsible for the programs included in the survey.

2.5.5 Data Analysis and Conventions Followed in Developing the Indicators

The following conventions were observed during the analysis of the HSPA data:

- Assessing the availability of items. Unless specifically indicated, the HSPA considered observed items as available. HIV and AIDS services are frequently offered in various service sites within large facilities. For example, HIV testing may

be offered to clients who come to a VCT clinic, but also may be offered to sick clients attending different outpatient clinics as well as to inpatients on different types of inpatient units. Among elements identified for supporting the quality of services related to HIV and 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). Recordkeeping 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 was assumed that as long as a unit offering a service knows where the records are, and the existence of records in that site is verified, this verifies that records are being kept 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 hands or 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 near each relevant service delivery area. The analyses of the quality of HIV and AIDS and related services for this survey follow the general conventions when determining if a facility meets the standards defined as those necessary to provide quality services.

- Provider information. Not infrequently, providers indicated that they "personally provided" a service that the facility did not offer. Providers may have indicated services that they provided outside the facility. For the HSPA, only providers from facilities that offered the service in question were included in the analysis.
- Development of aggregate variables. Aggregating the data into subsets makes it possible to analyze many pieces of information and to see how they relate to the overall capacity to provide services. It also enables monitoring of changes in capacity to provide services and changes in adherence to standards, since there may be improvements in some items but not in others. The aggregate variables presented in this report are based on definitions of the common indicators developed for the Presidential Emergency Plan for AIDS Relief Initiative by an international technical working group, comprising representatives from World Health Organization (WHO), UNAIDS, USAID, and other organizations, including NGOs that implement HIV and AIDS services. Each of these indicators has been defined in detail, and the components measured in a sample of health facilities. These indicators and their components are an initial phase in the process of defining useful health information aggregates.

2.6 Mapping Facilities

The mapping component of this data collection effort is in line with global trends to map health care facilities, such as the Service Availability Mapping (SAM) initiative by WHO. Maps are valuable tools for monitoring programs, and increasing their use will help increase the demand for and use of spatial data in the public health field. As a result of this exercise, maps of each country are made to illustrate the geographic distribution of services, which help to plan and monitor the scale up of AIDS-related services.

Interviewers were trained in the use of GPS units, and geographic coordinates of the facilities were obtained during field work (for facilities included in the survey).

CHAPTER 3: RESULTS—CAPACITY TO PROVIDE SERVICES FOR HIV AND AIDS

3.1 OVERVIEW

The NHAC is managed as part of the Office of the Prime Minister, and has as its goals to reduce mortality due to HIV and AIDS by 50 percent and to reduce HIV prevalence by 50 percent by reducing mother-to-child transmission and decreasing HIV incidence[44] In 2001, the Barbados Government pledged US$50 million over 5 years, and in 2002, the Government negotiated a US$15.1 million loan from the World Bank to help fund the national program.

The NHAC, chaired by the Special Envoy on HIV and AIDS, advises on policy and coordinates the implementation of the national program. Barbados has developed a country strategic plan for their HIV and AIDS program and has worked with regional partners in addressing monitoring and evaluation concerns of their national HIV and AIDS program.

Public clinical services are administered by the MOH and provide several HIV and AIDS-related services integrated into the health care system. Providers of HIV and AIDS-related services are trained and stationed in Barbados. However, because of economic and social constraints in the country, more assistance and training is needed to scale up services fully. This report provides information to assist the country, its partners, and international donors to better understand the status of HIV and AIDS service provision in Barbados.

In addition to the key internationally recognized indicators for basic, advanced and other HIV and AIDS-related services, in the Caribbean there is an interest in the recent training of clinical staff in HIV and AIDS, the number of health workers providing HIV and AIDS-related services who have been recently trained in their specific area of service, the attitudes of health workers towards PLHIV, and the movement of clients within the region in search of HIV and AIDS services. The HSPA was modified to collect data on these region-specific indicators.

An international technical working group made up of representatives from WHO, United Nations Program on HIV/AIDS (UNAIDS), USAID, and other organizations, including non-governmental organizations (NGOs) that implement HIV and AIDS services, has developed common indicators for measuring the quality of HIV and AIDS services provided through the formal health sector. These indicators fall under the following broad categories (1–5), with specific indicators listed below each, as necessary:

[44] Ameen, A. Z. and E. Lloyd. 2005. *Assessment of the National HIV/AIDS Programme (NAP) of Barbados.* St. Augustine, Trinidad: The Caribbean Health Research Council.

1. Capacity to provide basic-level services for HIV and AIDS

    1.1 System for testing and providing results for HIV infection;

    1.2 Systems and qualified staff for pre-and post test counseling;

    1.3 Specific health services relevant to HIV and AIDS (TB, Malaria, STIs) including resources and supplies for providing these services;

    1.4 Elements for preventing nosocomial infections; and

    1.5 Trained staff and resources providing basic interventions for prevention and treatment for people living with HIV and AIDS.

2. Capacity to provide advanced-level services for HIV and AIDS

    2.1 Systems and items to support the management of opportunistic infections and the provision of palliative care for the advanced care of people living with HIV and AIDS

    2.2 Systems and items to support advanced services for the care of people living with HIV and AIDS

    2.3 Systems and items to support antiretroviral combination therapy;

    2.4 Conditions to provide advanced inpatient care for people living with HIV and AIDS

    2.5 Conditions to support home care services; and

    2.6 Post-exposure prophylaxis (PEP).

3. Data availability and recordkeeping systems for monitoring HIV and AIDS and support.

4. Capacity to provide services for prevention of mother-to-child transmission (PMTCT and PMTCT+).

5. Availability of youth-friendly services (additional indicator).

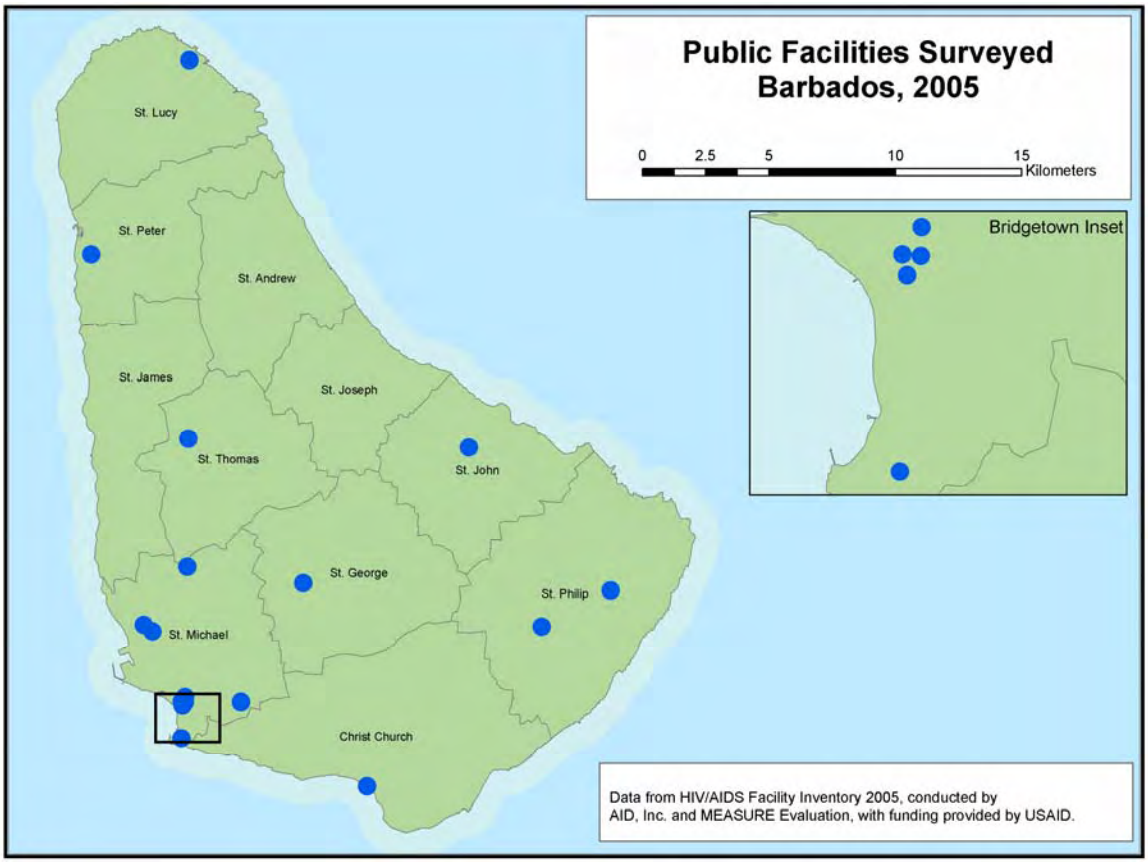
The indicators and components to be measured were part of the assessment of HIV and AIDS services that were collected through a sample of health facilities. The emphasis was on public facilities, although the inventory also included a sampling of private facilities where HIV testing and/or care services are provided (only public facilities are discussed in this report).[45] A comparison of private versus public facilities as well as a comparison of different levels of facilities (hospitals versus health centers) will be included in a combined regional report.

[45] MEASURE Evaluation Project. September 2005. *Report of Preliminary Findings Phase I, Eastern Caribbean HIV/AIDS Service Provision Inventory.* ORC Macro and University of North Carolina.

3.2 Availability of Providers and Services

The HSPA assessed the availability of trained staff and quality of services. Service providers were interviewed to determine areas of service and related training along with attitudes towards PLHIV. The HSPA assessed the availability of HIV and AIDS-related services in Barbados. The survey included 17 public facilities and 144 public provider (Figure 3.2).

Figure 3.2: Public facilities surveyed, Barbados HSPA 2005



The services that were assessed are components of either basic HIV and AIDS services or advanced HIV and AIDS services. These components of basic- and advanced-level services, as well as PMTCT and youth-friendly services, are described below.

- Voluntary Counseling and Testing (VCT). The survey defines a facility as offering counseling and testing if clients are offered the HIV test, and then either the facility conducts the test or there is a system for the facility to receive results back and to follow up clients for post-test results ("HIV Testing System"). A facility where clients are simply referred elsewhere was not defined as offering counseling and testing, as it is expected that the other location counsels and follows up on test results. (Basic-Level Services)

- Care and Support Services (CSS). Care and support services include any services that are directed toward improving the life of an HIV-infected person. These most often include treatment for opportunistic infections, including treatment for illnesses commonly associated with or worsened by HIV infection, such as TB, STIs, and malaria. Other CSS may include palliative care and socio-economic and psychological support services. Along with CSS, infection control measures were assessed for all service units assessed in the facility. (Basic-Level and Advanced-Level)
- Antiretroviral Therapy (ART). This refers to providing antiretroviral (ARV) medicines for treatment of the HIV infected person. (Advanced-Level)
- Post-Exposure Prophylaxis (PEP). This refers to provision of ARV medicines for prevention of infection, for persons at risk. Since PEP requires access to ARVs, it is not surprising that this is available most often in facilities where ART services are available. (Advanced-Level)
- Prevention of Mother-To-Child Transmission (PMTCT). A facility is defined as offering PMTCT services if any activities related to prevention of transmission are offered. This may include only counseling about exclusive breastfeeding for PMTCT, or may include all components of PMTCT services, including provision of antiretroviral medicines during labor.
- Youth-Friendly Services (YFS). This refers to facilities that have youth-friendly programs for HIV and AIDS-related services and that have trained providers and guidelines for the services. Within a facility there should be observed policy/guidelines for YFS, at least one provider trained in providing YFS and the facility reports implementing YFS.

3.2.1 Region-Specific Findings

Training of Service Providers

In Barbados, the HSPA interviewed 144 service providers from the 17 public facilities located in 8 of the 11 parishes in Barbados. The public facilities and provider information was broken down to identify facilities providing specific types of services, and among the facilities, the number of providers who were recently trained in specific service areas (within the last 3 years). The HSPA explored several key indicators that are highlighted here and which will be helpful in assessing provider and service availability in Barbados.

Of the 17 public facilities surveyed in the HSPA, 11 of the 13 facilities had an HIV testing system (Figure 3.2.1a) in place. Eleven of the 13 facilities had at least one counselor trained in pre- and post-test counseling by the Caribbean HIV/AIDS Regional Training Initiative (CHART)/JHU (Table 3.2.1a). An HIV testing system is defined in the HSPA as a facility offering counseling and testing where clients are offered an HIV test, and then either the facility conducts the test or there is a system for the facility to receive results back and to follow up clients post-testing. This is an important distinction to make, since in some countries it has been shown that HIV testing happens without a full system in place or without pre- and post-test counseling.

Figure 3.2.1a: Facilities with an HIV testing system, Barbados HSPA 2005

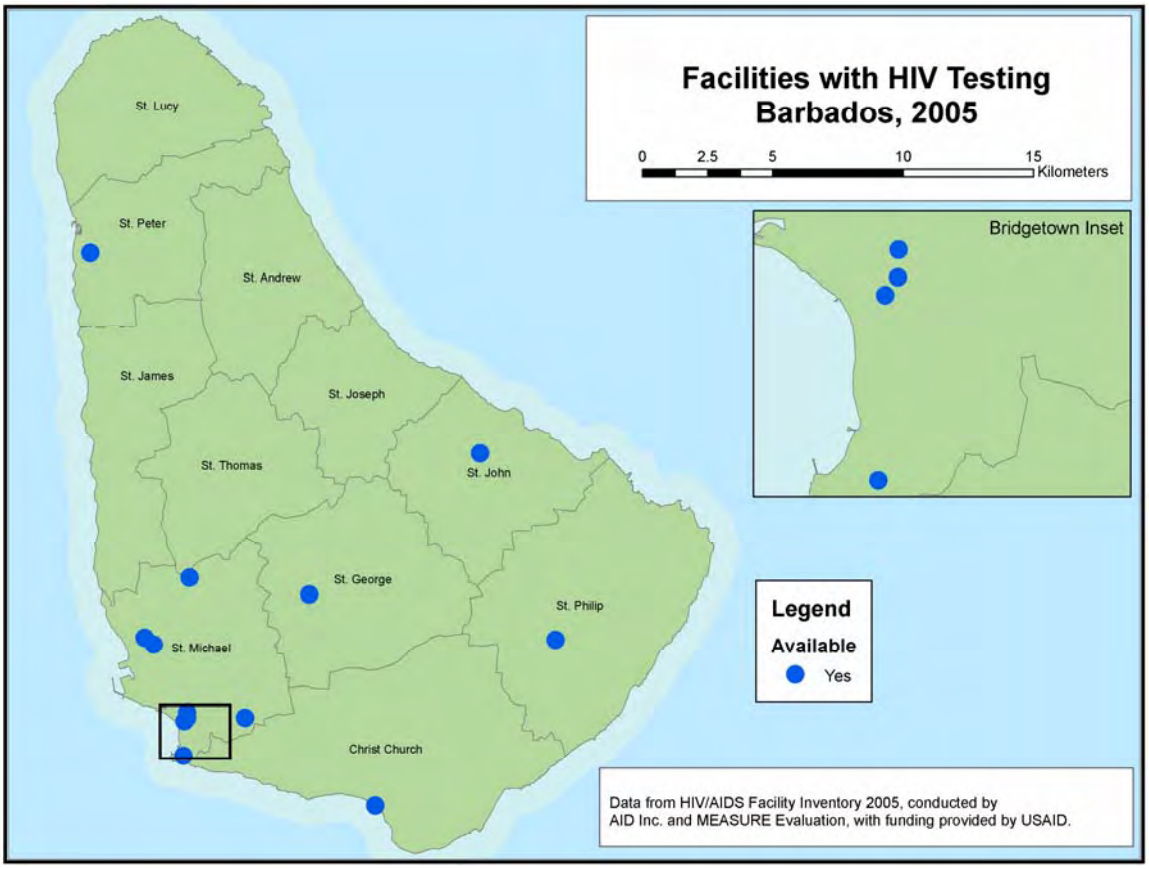


Table 3.2.1a: Number of public facilities sampled, number of those facilities with an HIV testing system (VCT)1, and number of facilities with an HIV testing system with at least one counselor of pre- and post-test counseling trained by CHART, HSPA Barbados 2005

Number of facilities sampled[2]	Number of sampled facilities with HIV testing system	Number of sampled facilities with HIV testing system with at least one counselor of pre- and post-test counseling trained by CHART
17	13	11

[1] Facility either 1) conduct tests or 2) has an affiliated external laboratory or an agreement with a testing site that tests and returns test results to the facility.

[2] Includes only public facilities.

Number of Clinical Sites Providing ART by a CHART-Trained Provider

Of the 17 public facilities surveyed, 2 offer ART services, as reported in Tables 3.2.1b, c, and d.[46] Although the two facilities that provide ART report the provision of most of the counseling and training indicators, only one has at least one provider trained in adherence counseling and one provider was trained by CHART.

Table 3.2.1b: Training in ART by CHART as reported by public facilities, HSPA Barbados 2005

Number of facilities	Number of facilities offering ART services	Number of facilities reporting a director of ART services	Number of facilities reporting a director of ART services trained by CHART/JHU	Number of facilities reporting provision of adherence counseling	Number of facilities reporting provision of any counseling for ART medicines	Number of facilities reporting at least one trained provider of adherence counseling	Number of facilities reporting at least one trained provider of adherence counseling trained by CHART
17	2	2	2	2	2	1	1

In Table 3.2.1c, health worker responses are reported regarding training they have received from CHART. Several facilities have at least one provider who received training from CHART in the specified areas. Table 3.2.1c illustrates that there are eight facilities with at least one trained provider of adherence counseling for ART. The discrepancy between Table 3.2.1b and 3.2.1c may be because either the person interviewed at the health facility for ART services not being fully informed of the training background of staff, or the person who has the ART training from CHART was not interviewed as a health worker or was not present at the facility on the day of HSPA survey interview.

[46] For the purposes of this assessment, ART is defined as prescribing ART, medical follow-up for ART clients, or ordering/prescribing lab tests to monitor ART.

Table 3.2.1c: Number of facilities with at least one CHART-trained provider in ART as reported by interviewed providers, HSPA Barbados 2005[1]

Number of facilities	Number of facilities with at least one trained provider in/of:							
	Adherence counseling for ART	Adherence counseling for ART who reported being trained by CHART	Prescribing ART	Prescribing ART who reported being trained by CHART	Medical follow-up for ART	Medical follow-up for ART who reported being trained by CHART	Ordering and/or prescribing lab tests for monitoring ART	Ordering and/or prescribing lab tests for monitoring ART who reported being trained by CHART
17	8	2	5	3	5	2	6	2

[1]Results reported at facility level for public facilities only. Provider is considered trained provider if training occurred within the last year.

Tables 3.2.1c and d correspond, since Table 3.2.1c indicates the number of facilities where at least one provider that was trained. Table 3.2.1d indicates the total number of providers who reported they were trained by CHART. More than one trained provider may work in any of the facilities.

Table 3.2.1d: Number of CHART-trained providers in ART as reported by interviewed providers, [1] HSPA Barbados 2005

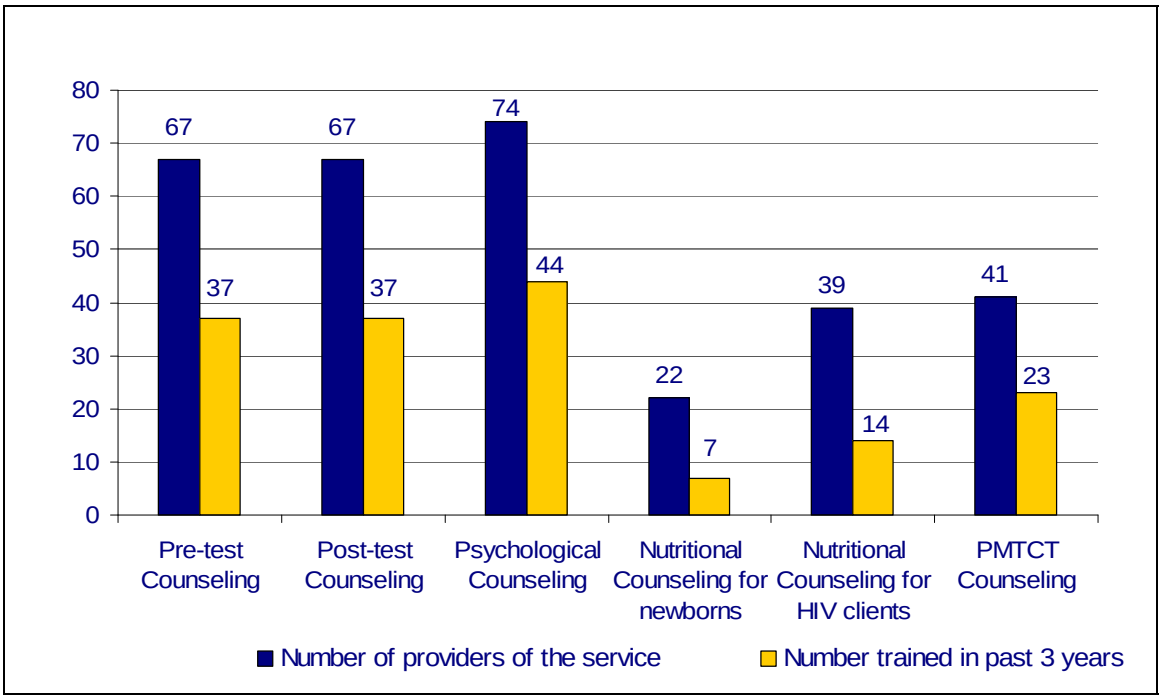
Number of providers	Number of trained providers in/of:							
	Adherence counseling for ART	Adherence counseling for ART who reported being trained by CHART	Prescribing ART	Prescribing ART who reported being trained by CHART	Medical follow-up for ART	Medical follow-up for ART who reported being trained by CHART	Ordering and/or prescribing lab tests for monitoring ART	Ordering and/or prescribing lab tests for monitoring ART who reported being trained by CHART
144	12	2	8	4	7	2	8	2

[1]Results reported at facility level for public facilities only. Provider is considered trained provider if training occurred within the last year.

Proportion of Providers of HIV and AIDS-Related Services Who Are Trained in Those Services

An assessment of this indicator has focused on basic HIV and AIDS-related services. More details on basic services are reported under Section 3.3, page 28, and advanced services are reported in Section 3.4, page 46. The HSPA looked at providers of HIV and AIDS-related services and their specific area of service, and of those who had been trained recently (within the past 3 years). Figure 3.2.1b shows the number of providers of counseling services of the 144 providers surveyed.

Figure 3.2.1b: Number of providers of HIV and AIDS-related counseling who were trained in their area of counseling, HPSA Barbados 2005



The data illustrate that many providers have not received recent training in HIV/AIDS-related counseling services. Six types of counseling are identified in Figure 3.2.1b. Psychological counseling had the highest number of providers, as well as the highest number of providers trained within the last 3 years: 44 of 74 providers of the service. In pre-test and post-test counseling, 67 of 144 providers provided this service. However, about half (37 of 67) providing the service had been trained in the last 3 years.

Figure 3.2.1b further illustrates that nutritional counseling for newborns had the least number of providers (22), and of those, one-third (7) were trained recently. Just over half of the providers of PMTCT counseling (23 of 41) were trained in the last 3 years. Of the 144 of providers, 39 provided nutritional counseling for HIV clients, and of those 39, only 14 reported that they were trained in the last 3 years.

It is also important to look at the proportion of providers who see and/or treat some of the common diseases often linked with HIV and AIDS, including STIs, malaria and TB. Although it is a standard disease area assessed in the HSPA, it should be noted that malaria is not a major concern in Barbados. Table 3.2.1e shows the number of providers of STI and malaria diagnoses/treatment and TB services who were trained recently. As to be expected, malaria diagnosis and treatment has the lowest number of those trained. The largest proportion of those who have recently received training is among those who provide TB diagnoses and treatment (15 of 31 providers of the service have been trained in the last 3 years). There are 61 health care professionals providing STI services and a smaller number of (15 of 61) providers have been trained in the last 3 years. STIs may be an area that could be assessed further, in terms of number of providers trained

in this area and the impact of STIs on co-infection rates with HIV and AIDS. TB services should be of concern; for instance, whether there is an adequate number of trained providers to handle the patient load if the prevalence rate increases. TB becomes more of a risk and concern for the health system as HIV prevalence rises. In people without HIV, the lifetime risks of active TB are 5 to 10 percent, but the risk rises to 50 percent in those with HIV.[47]

Table 3.2.1e: Of the public facilities sampled, number of providers of STI and malaria diagnosis/treatment and TB services who were trained in the last 3 years, HSPA Barbados 2005

Total number of providers	STI diagnosis/treatment		Malaria diagnosis/treatment		TB services[1]	
	Number of providers of the service	Number of providers trained within last 3 years	Number of providers of the service	Number of providers trained within last 3 years	Number of providers of the service	Number of providers trained within last 3 years
144	61	15	16	0	31	15

[1]TB services defined as clinical diagnosis, sputum diagnosis, prescription of treatment, follow-up treatment, or (Directly observed treatment short-course strategy (DOTS).

3.2.2 Service Provider Stigma

Provider stigma can play a major role in the quality of services provided to PLHIVs. One study and literature review completed in Barbados found that "generally, health care settings with high levels of fear and discriminatory practices have few measures in place to reduce the risk of occupational exposure as well as no management protocols and policy guidelines for dealing with HIV and AIDS. The survival rate for HIV and AIDS patients is higher among practitioners with more experience in HIV and AIDS management. Service providers need to be more aware of how their prejudices affect client's health-seeking behavior and develop sensitivity to enable them to effectively work with PLHIVs."[48]

To provide an estimate of the proportion of providers of HIV and AIDS-related services reporting accepting attitudes towards PLHIV, a composite indicator was constructed to measure provider stigma. The indicator is derived from providers' responses (recorded on a 4-point Likert scale) of agreement or disagreement with a series of statements. Respondents with a positive score of 6 out of the following 6 questions are considered to have accepting attitudes towards PLHIVs:

1. People who are infected with HIV should not be treated in the same place as other patients in order to protect other patients from infection.

[47] Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. *Top HIV Med,12*(5),144–149.
[48] Massiah E., T. C. Roach, C. Jacobs, et al. 2004. Stigma, discrimination, and HIV/AIDS knowledge among physicians in Barbados. *Rev Panam Salud Publica/Pan Am J Public Health, 16*(6), 395–401, p. 397.

2. People with HIV are generally to blame for getting infected.

3. Providing health services to people infected with HIV is a waste of resources since they will die soon anyway.

4. Clients who have sexual relations with people of the same sex deserve to receive the same level and quality of health care as other clients.

5. Health providers have to be careful not to get a reputation for treating HIV positive clients, since this might affect who might go to them for other health services.

6. You avoid touching the clothing and belongings of clients whom you know or suspect have HIV for fear of becoming HIV infected.

Four of the six items are related to internationally recognized measures of health worker attitudes toward PLHIV (1–4) and health worker comfort working around PLHIV (6).[49] Item 5 was adapted locally to further explore health worker stigma.

In Barbados, of the 144 public facility providers surveyed, about three-quarters (72 percent) showed a positive attitude toward PLHIV (Table 3.2.2). Since this is only a sample of providers in Barbados, one cannot make assumptions about attitudes of all providers, but there appears to be a need to continue to sensitize health providers and better inform them. It has been reported elsewhere that health care providers without an in-depth knowledge of HIV transmission held more stigmatizing attitudes.[50]

Table 3.2.2: Of the public facilities sampled, percentage of providers with an accepting attitude towards people living with HIV/AIDS,[1] HSPA Barbados 2005

Total number of public providers	Percentage of public providers with a positive attitude toward PLHIV
144	72

[1]Based upon six questions related to HIV/AIDS stigma.

3.2.3 Patient Movement within the Region to Access Services (ART and PMTCT)

With the creation of the CARICOM Single Market and Economy (CSME) in 1989 with the purpose of advancing integration and promoting economic growth in the region, there has been an anticipated increase in the migrant labor. Such population mobility is likely to increase the spread of HIV and burden the HIV and AIDS response and

[49] Social and Scientific Systems, Inc. June 2005. *Working Report Measuring HIV Stigma: Results of a field test in Tanzania.* Washington, DC: Social and Scientific Systems, Inc., The Synergy Project, p. 58–76.
[50] Ibid, p. 75.

treatment of some National AIDS Programs (NAPs).[51] Table 3.2.3 illustrates that there is some record of provision of ART and PMTCT services to residents of other countries in two public facilities in Barbados. The HSPA identified eight public facilities in Barbados offering PMTCT services, and seven of those facilities reported that they have provided PMTCT services to residents of other countries. Of the facilities that offer PMTCT services, none reported providing ARV prophylaxis to residents of other countries during the last month. Unfortunately, data were not available that specified from which countries the patient(s) came. Further, mechanisms to track movement of PLHIVs around the region are not in place, which makes additional or regular follow up of these clients difficult. This also makes it difficult to assess the "full picture" of migration for health services. Nevertheless, this is an interesting finding and might be something to study further and assess whether programs, countries and the region should address it. It has been reported elsewhere that because of high levels of stigma and discrimination, people often seek services outside their own health districts in order to remain anonymous. It is well known that people travel long distances, even to other countries, for care and treatment of HIV. This underlines the need not only for urgent measures to reduce stigma but also the importance of having quality services available throughout the region. [52, 53]

Table 3.2.3: Provision of ART and PMTCT services to residents of other countries, by public facilities, HSPA Barbados 2005

Number of facilities	Number of facilities offering ART service	Of those offering ART, number with ART patients that live in another country	Number of facilities offering PMTCT services	**Of those offering PMTCT, number that:**	
				Report any PMTCT service provision to residents of other countries	Report providing ARV prophylaxis to residents of other countries during the last month
17	2	2	8	7	0

[51] MEASURE Evaluation, and ORC Macro. 2005. *The Implications of a Caribbean community (CARICOM) Single Market and Economy (CSME) for population mobility and the spread of HIV*. Calverton, MD: ORC Macro.

[52] Pan American Health Organization. 2005. Access to care for people living with HIV/AIDS. Provisional Agenda Item 4.15 CD46/20 (Eng.); 46th Directing Council, 57th Session of the Regional Committee. World Health Organization: Washington, DC, September 26–30, 2005.

[53] MEASURE Evaluation, and ORC Macro. 2005. The Implications of a Caribbean community (CARICOM) Single Market and Economy (CSME) for population mobility and the spread of HIV.

3.3 Basic-Level Services for HIV and AIDS

3.3.1 Availability of Basic-Level Services

The HSPA assessed two different levels of services for HIV and AIDS, basic and advanced; both are described briefly in Section 3.2, page 19. This section will review the results of basic level of services for HIV and AIDS, which includes voluntary counseling and testing for HIV (VCT), services for related HIV and AIDS care and support (TB, STIs, malaria, and infection control), and basic-level treatment of opportunistic infections and palliative care. In this report, a facility is used to describe any health service facility or other non-home-based site where services related to HIV/AIDS are offered. Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table 3.3.1 illustrates each of the service areas that should be available in providing basic level care for clients with HIV and AIDS.

Table 3.3.1: Basic HIV/AIDS-related service provision by public facilities, HSPA Barbados 2005

Total number of facilities	Number of facilities with HIV testing system	Number of facilities offering STI services	Number of facilities offering any TB diagnostic or treatment services	Number of facilities offering malaria treatment services	Number of facilities offering treatment for opportunistic infections for HIV/AIDS clients	Number of facilities offering palliative care for HIV/AIDS clients
17	13	13	4	6	12	6

Of the 17 public facilities surveyed, 13 provide STI services and have an HIV testing system, and 4 offer any TB diagnostic or treatment services. Of the 17 facilities surveyed, only 6 report that they offered malaria treatment services. This is not necessarily negative, as malaria is not a common disease in Barbados and may not be a factor of concern in relation to co-infection with HIV and AIDS.

The HSPA reports information on basic-level treatment of opportunistic infections and palliative care services in the facilities surveyed. Table 3.3.1 illustrates that more than half of the public facilities (12 of 17) offer treatment for opportunistic infections for HIV and AIDS clients, while a smaller number (6 of 17) offer basic palliative care for these same clients.

In scaling-up these basic care services in the country, it would be important to look closer at the geographic distribution of the facilities to understand how best to provide the important HIV and AIDS basic services throughout the country.

3.3.2 Voluntary Counseling and Testing

A facility is defined as having an HIV testing system in place if the facility offers counseling and HIV testing to clients and has a record of clients who received test

results (i.e., facility either conducts the test, has an affiliated laboratory, or has an agreement with a testing site to return test results to the facility). A facility where clients are referred elsewhere for testing or receiving results was not defined as having an HIV testing system, since it is expected that the referred location counsels and follows up on test results. Table 3.3.2 illustrates that in Barbados, 13 facilities offer an HIV testing system, as defined above.

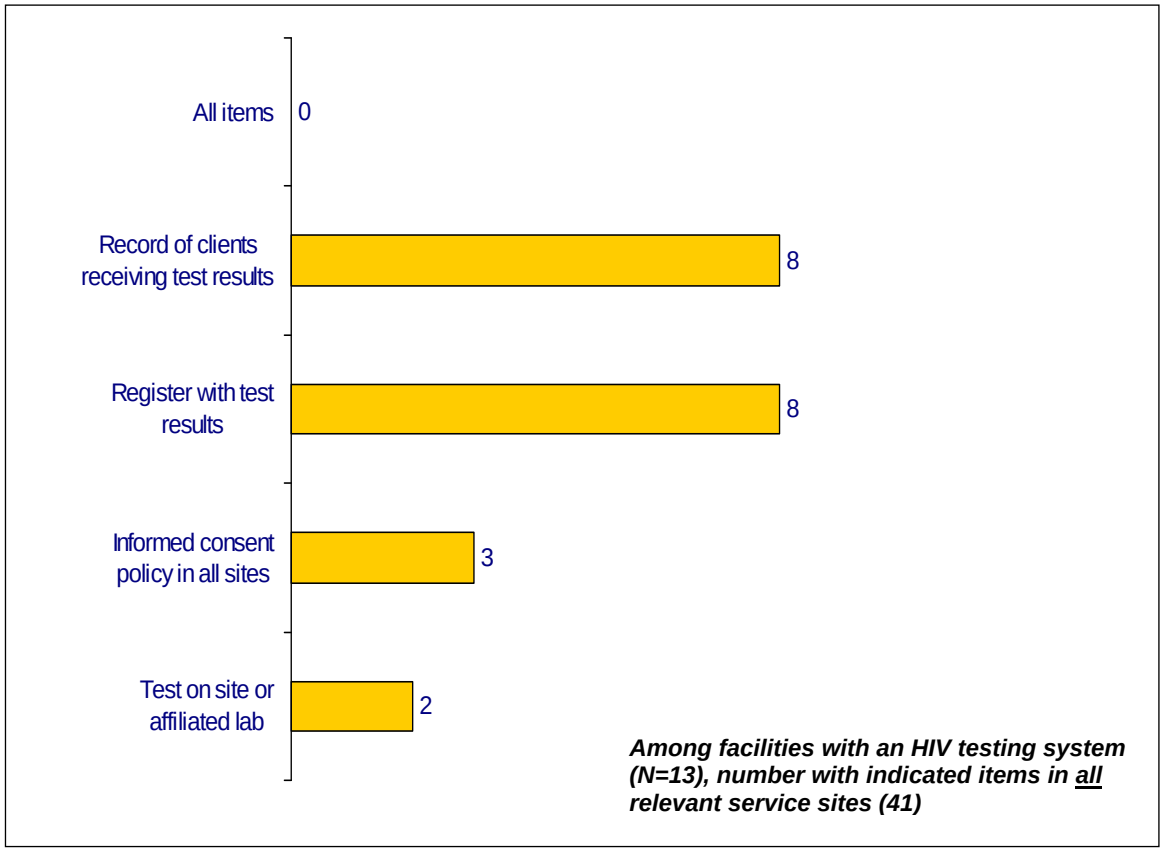
Table 3.3.2: Basic HIV/AIDS-related service provision by public facilities that have an HIV testing system, HSPA Barbados 2005

Total number of facilities	Number of facilities with HIV testing system	Among facilities with an HIV testing system:				
		Number of facilities offering STI services	Number of facilities offering any TB diagnostic or treatment services	Number of facilities offering malaria treatment services	Number of facilities offering treatment for opportunistic infections for HIV/AIDS clients	Number of facilities offering palliative care for HIV/AIDS clients
17	13	13	4	6	10	5

Beyond an HIV testing system, a menu of services needs to be available in facilities to provide clients with basic-level care, support and treatment for HIV and AIDS-related conditions. Table 3.3.2 shows that among the 13 public facilities that have an HIV testing system in Barbados, all offer STI services, only 4 of the 13 offer any TB diagnostic or treatment services, and six offer malaria treatment services. Ten of the 13 facilities that have an HIV testing system offer treatment for opportunistic infections for HIV and AIDS clients, and less than half of the facilities (5) that have an HIV testing system offer palliative care for HIV and AIDS clients. Unfortunately, at this stage the HSPA is unable to assess which of these clinics are overlapping in the services they provide; however, this might be an important question for further analysis of the HSPA to fully understand where services exist and overlap to assess where to focus scale-up.

In Figure 3.3.2a, the system for testing and providing results for HIV tests is assessed more in depth. At only 2 of 13 facilities are either HIV tests available or there is an observed record of results for the tests conducted outside the facility. The HSPA also found 2 of 13 facilities where the HIV test is available in the facility or in an affiliated lab. In terms of consent policies, which are an important component of HIV testing, 3 of 17 total facilities had an informed consent policy for HIV testing observed in all relevant service sites. This area could improve with minimal scale-up of the HIV testing system and is a very important piece of the program in terms of human rights. Figure 3.3.2a also shows that 8 of 13 facilities have an observed register with HIV test results, and 8 of 13 have an observed record for clients receiving HIV test results.

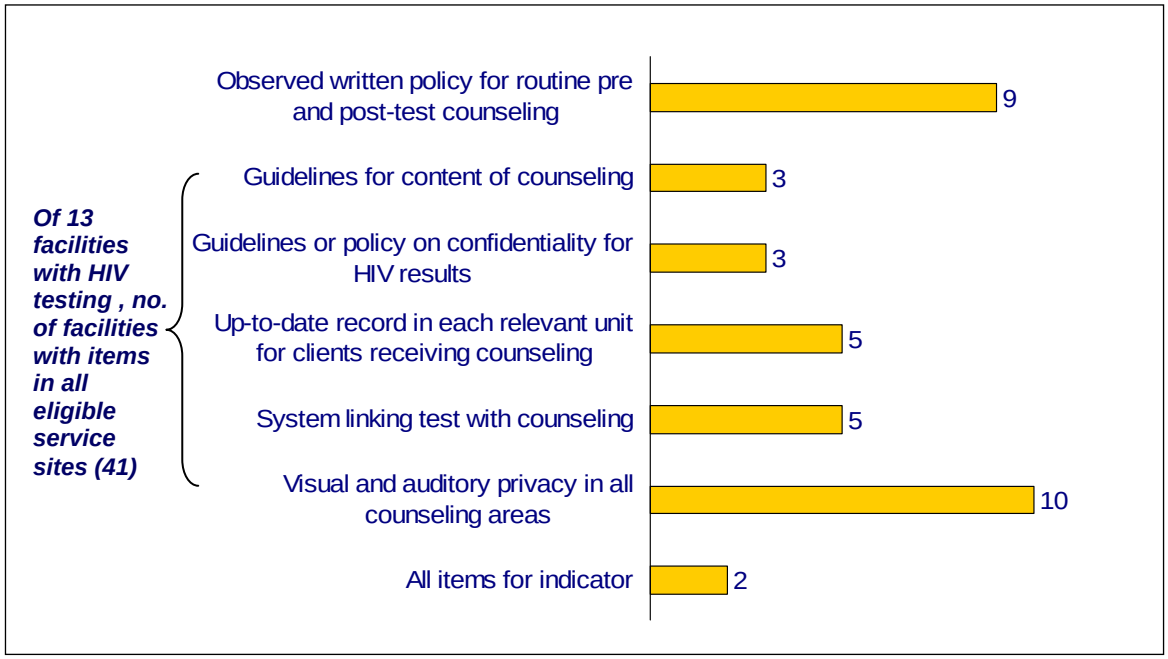
Figure 3.3.2a: System for testing and providing results for HIV test, HSPA Barbados 2005



Systems and trained counselors are needed to ensure full coverage for quality HIV testing and counseling services. Barbados is making headway and with some additional scale-up will have adequate systems and qualified staff in place for pre- and post-test counseling. The current situation is shown in Figure 3.3.2b. All of the facilities with an HIV testing system have at least one counselor trained in pre- and post-test counseling assigned to counseling and testing sites (13 of 13 facilities). Also, more than half of the facilities had an observed written policy for routine provision of pre- and post-test counseling for HIV testing (9 of 13), which is important for consistency of information given to clients. There are three facilities with observed guidelines for content of pre- and post-test counseling in all eligible service sites, out of 13 facilities with an HIV testing system. Similarly, there are three facilities with observed guidelines or policy on confidentiality for HIV test results in all eligible service sites. Both of these results at first glance may seem low and should be interpreted with caution. However, it should be noted that large facilities (i.e., hospitals) may have numerous sites where counseling and testing are provided. If one counselor is covering more than one site, it may not be necessary to have guidelines in each site.

Since "stigma, shame and denial also surround HIV and AIDS in many parts of the Caribbean and frequently preclude open discussion of personal sexual issues,"[54] in a site or facility offering HIV testing and counseling, it is important to have privacy to respect confidentiality of the client. Visual and auditory privacy are required in all counseling areas. As Figure 3.3.2b shows, 10 of the 13 facilities with an HIV testing system have this type of privacy available in all eligible service sites. Two facilities of 13 met the strict criteria of having all items present for a system of pre- and post-test counseling.

Figure 3.3.2b: Systems and qualified staff for pre-and post-test counseling, HSPA Barbados 2005



3.3.3 Services and Service Conditions Relevant to HIV and AIDS Care and Support

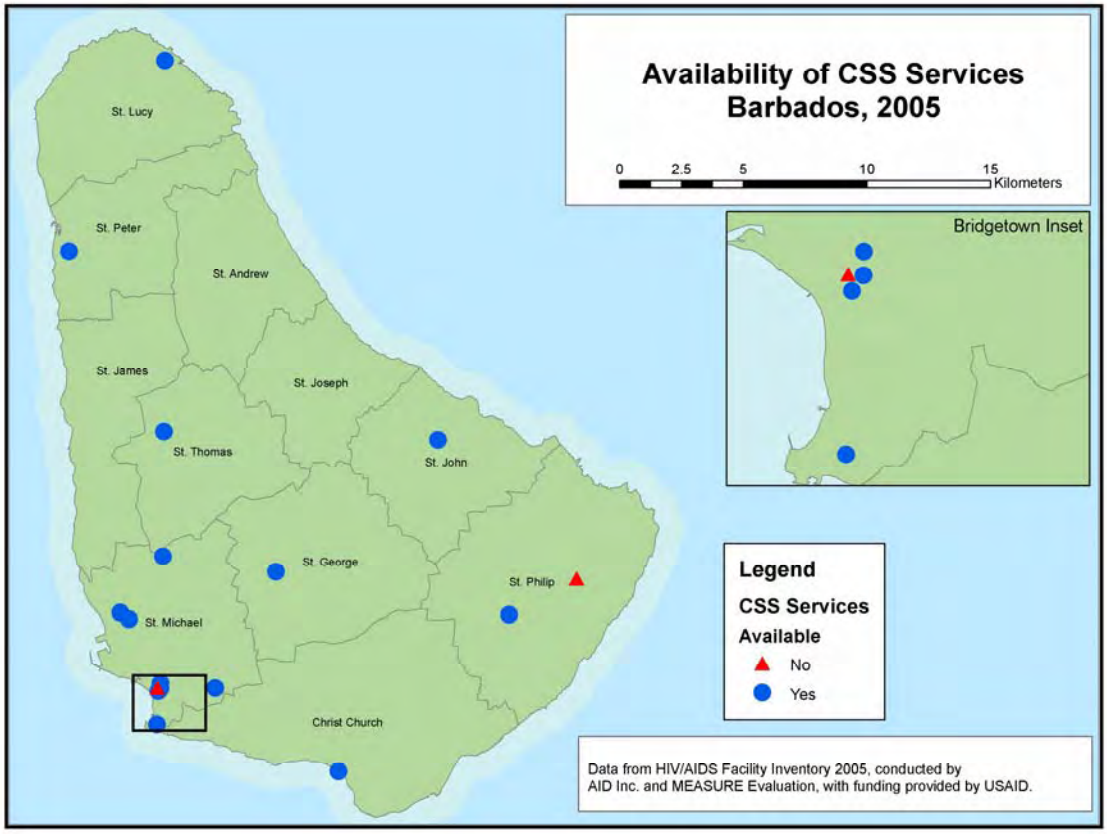
Availability of Services

Care and support services for PLHIV include any services that are directed towards improving the life of PLHIV. They may include palliative care and socioeconomic and psychological support services. TB and STIs are both illnesses associated with HIV and AIDS. Programs to "Roll Back Malaria" are being addressed in conjunction with those addressing HIV and AIDS, TB, and STIs, to decrease the most serious underlying causes of death and disease. Facilities that provide CSS should also offer services for TB, STIs and malaria. Following is information on the availability of services for each of these illnesses.

[54] Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. *AIDS Care*, *17*(Supplement 1/June), S9–S25, p. S10.

The HSPA surveyed public facilities to assess whether or not they offer any CSS, and whether they provide other HIV and AIDS-related services. Of the 17 public facilities surveyed, 15 report offering CSS to HIV and AIDS clients (Figure 3.3.3a). Care and support services (CSS) are linked with TB service conditions. Four facilities that offer CSS for HIV and AIDS clients also offer any TB services (Figure 3.3.3b). There is a real need to have appropriate guidelines on hand for diagnosing TB and HIV and treating the two in co-infection situations. Further, providers of HIV and AIDS services need to stay abreast of new information and indications for preventing and treating opportunistic diseases that reflect the breadth of co-infection concerns.[55]

Figure 3.3.3a: Location of facilities providing care and support services, HSPA Barbados 2005



[55] Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. *Top HIV Med*, 12(5),144–149, pp. 147 and 149.

Figure 3.3.3b: Availability of CSS Services and Tuberculosis Treatment, Barbados HSPA 2005

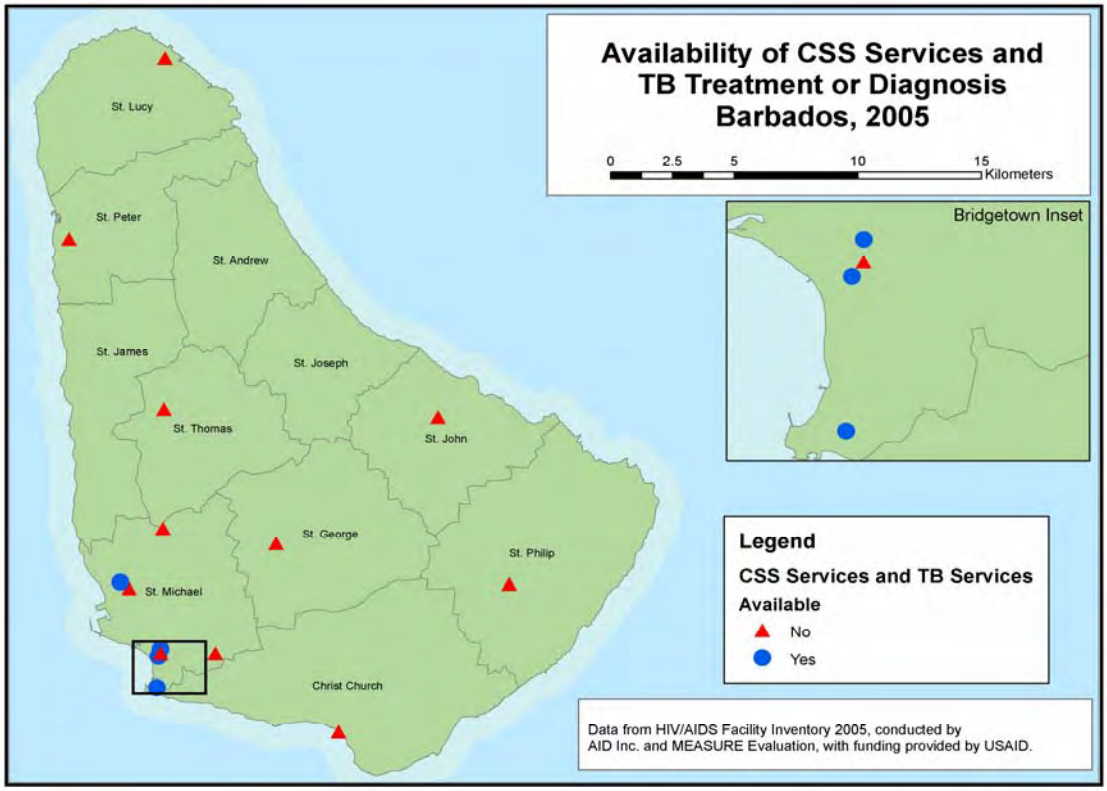


Table 3.3.3a illustrates that among the 15 that reported offering CSS, quite a few (13 of 15) offer STI services and several (13 of 15) offer an HIV testing system. Fewer facilities among the 15 offer any TB diagnostic or treatment services (4 of 15) or malaria treatment services (6 of 15). Although TB services may have be strengthened or expanded recently, the low number reflects the status of services observed at the time of the survey. The low number of facilities that offer malaria services is not surprising as the incidence of this disease is low in the region.

Table 3.3.3a: Basic HIV/AIDS-related service provision by public facilities that offer any care or support services (CSS), HSPA Barbados 2005

		Among facilities offering CSS for HIV/AIDS clients:			
Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	Number with HIV testing system	Number offering STI services	Number offering any TB diagnostic or treatment services	Number offering malaria treatment services
17	15	13	13	4	6

Supportive Management

In addition to the provision of services, supportive management practices are required to ensure the quality of those services (Table 3.3.3b). This includes recent pre- or in-service training of providers and regular supervisory visits to service providers. A study of public and private physicians in Barbados found that some (especially those who graduated in or before 1984) had not received training in HIV and AIDS CSS.[56] In 4 of 17 total facilities, 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. More facilities reported having at least half of the interviewed providers of TB, malaria or STI services personally supervised at least once during the past 3 months (7 of 17).

Table 3.3.3b: Number of facilities with supportive management practices for health service providers who treat infections relevant to HIV/AIDS,[1] HSPA Barbados 2005

Number of facilities	Number of facilities with:	
	At least half of the interviewed providers of TB, malaria, or STI services received pre- or in-service training related to one of these topics during the past 3 years	At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the past 3 months
17	4	7

[1]Number of public facilities having the indicated conditions to support health service providers.

Tuberculosis Services and Service-Related Conditions

TB is one of the most common opportunistic infections (OIs) associated with HIV and AIDS; it is also one of the leading causes of death in HIV-infected persons. With the pandemic of HIV and AIDS, the incidence of TB was noted to increase, and with this came an increased risk of drug resistance. It is estimated that one-third of the 40 million PLHIV worldwide are co-infected with TB. People who are both HIV-positive and infected with TB are up to 50 times more likely to develop active TB in a given year than HIV-negative people are.[57]

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

[56] Massiah E., T. C. Roach, C. Jacobs, et al. 2004. Stigma, discrimination, and HIV/AIDS knowledge among physicians in Barbados. *Rev Panam Salud Publica/Pan Am J Public Health, 16*(6), 395–401, p5.
[57] WHO. 2005. Frequently asked questions about HIV and TB. Available at http://www.who.int/tb/hiv/faq/en/index.html.

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

- Diagnosis based on sputum smear with backup or confirmation using x-ray
- Records that indicate newly identified cases and that monitor the course of treatment and client adherence to the treatment protocol
- Standard guidelines and protocols for the TB diagnostic and treatment regime
- A continuous supply of the TB treatment regime for each patient.

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

The HSPA examined the service conditions and availability of TB care and support for HIV and AIDS clients.[58] Tables 3.3.3c, d, and e illustrate different TB service conditions in Barbados. Four facilities offer TB care, including nine service sites. Only one of the four facilities offers DOTS treatment strategy (Table 3.3.3c). Three of four facilities that offer TB services report that they perform follow-up treatment solely, which includes follow-up with clients after intensive treatment for TB offered in a different clinic/site/facility.

[58] Kaplan, J. 2005. Diagnosis, treatment, and prevention of selected common HIV-related opportunistic infections in the Caribbean region. *Topics in HIV Medicine*, *12*(5, December 2004/January 2005).

Table 3.3.3c: Tuberculosis services,[1] HSPA Barbados 2005

Number of facilities offering any TB services	Number of TB service sites	Among facilities offering any TB services, number reporting they follow indicated treatment strategy[2]				Among facilities offering any TB services, number with:		
		DOTS[3]	Follow-up treatment only[4]	No direct observation component[5]	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites where TB treatment is offered	All first-line TB medicines available[6]	All items for TB indicator[7]
4	9	1	3	1	1	0	2	0

[1]Number of public facilities having the indicated components for management of TB.

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

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

[4]Follow-up clients after intensive treatment offered elsewhere.

[5]Provides initial TB treatment but no direct observation component.

[6]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.

[7]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.

In subsequent discussion with the TB Control Officer in the MOH, it was noted that this number may be underreported, since many more facilities are able to offer the service but so few TB cases seen that they may not have had to treat anyone during the year preceding the survey. Hence the report that they do not offer the service.

However, despite the low prevalence of tuberculosis in Barbados, there is a full-fledged TB control unit based at one of its polyclinics to which patients are referred after receiving initial treatment at the country's major hospital. The TB control unit collaborates with all the polyclinics and monitors the DOTS program and treatment outcomes in the respective areas. TB guidelines are provided for all the polyclinics.[59]

Table 3.3.3c further shows that among the facilities offering any TB services, none had an observed TB treatment protocol at all sites where TB treatment is offered. However, two of the four facilities offering any TB services had all first-line TB medicines available. Only one of the four facilities offering any TB services had an observed client register at any site where TB treatment is offered; yet more facilities offering any TB services reported that they provide follow-up treatment, which would be difficult if there was no available register. Registers are important for any follow-up system for TB. No facilities had all the items/conditions meeting the TB indicators.

Imperative to service conditions for TB are the proper and functioning resources and supplies for diagnosing TB. Tables 3.3.3d and e illustrate the resources available in Barbados among facilities with TB services and facilities that provide CSS to PLHIV and

[59] Dr. Manoharsing, TB Control Officer, Ministry of Health, Barbados. June 2006. Private communication.

have TB diagnostic or treatment services. As noted above, the literature explains the difficulty in clinical diagnosis of TB patients who may be co-infected with HIV or AIDS, through the following diagnostic tools: x-ray diagnosis, bacteriologic diagnosis, blood culture, and nucleic acid amplification assays.[60, 61] Thus, it is important to assess what is available in country to best understand where the gaps might be to focus scale-up. Since the numbers are the same between all facilities and facilities of providers of care and support, the care and support table is not included. One out of the four facilities offering TB diagnostic or treatment services offers CSS for HIV and AIDS clients and diagnoses TB using sputum has all items for conducting a sputum test for TB (includes sputum microscopy, culture, or rapid test). Interestingly, three of four facilities offering TB diagnostic treatment services diagnose using x-ray, but only one facility has x-ray capacity (i.e., reported performing x-rays for diagnostic purposes).

Table 3.3.3d: Resources and supplies for diagnosing tuberculosis,[1] HSPA Barbados 2005

Number of facilities with any TB diagnostic or treatment services[2]	TB diagnosis using sputum				TB diagnosis using X-ray	
	Among facilities diagnosing TB using sputum, number with:			Number of facilities diagnosing TB using sputum test	Among facilities diagnosing TB using X-ray, number with X-ray capacity[5]	Number of facilities diagnosing TB using X-ray
	All items for conducting sputum test for TB[3]	Observed record of sputum test results	All items for indicator[4]			
4	1	1	1	4	1	3

[1]Number of public facilities with the indicated tuberculosis (TB) diagnostic elements.

[2]Unit follows up TB patients, prescribes initial therapy, or conducts TB test.

[3]Includes sputum microscopy, culture, or rapid test.

[4]All items for conducting test with observed record of test results.

[5]Facility reports performing X-rays for diagnostic purposes.

[60] Kaplan, J. 2005. Diagnosis, treatment, and prevention of selected common HIV-related opportunistic infections in the Caribbean region.

[61] Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis.

Table 3.3.3e: Tuberculosis treatment and/or follow-up using Direct Observed Treatment Short-course (DOTS),[1] HSPA Barbados 2005

Total number of facilities	Number of facilities with indicated TB activities			Among facilities following DOTS strategy, number with:				Number of DOTS strategy service sites
	Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy[2]	Observed client register for DOTS	Observed TB treatment protocol in all eligible service sites	All first-line TB medicines available[2]	All items for TB indicator[3]	
17	4	2	1	0	0	0	0	1

[1]Number of public facilities having the indicated components for management of TB.

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

[3]Any combination of 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 noted earlier in the report, DOTS is one strategy/system to treat patients with TB that is effective, as it necessitates the direct observation of a client taking medication administered and observed by a provider. Table 3.3.3e illustrates that of the 17 facilities in Barbados, 2 report that they are part of the national DOTS program but only 1 reports following the DOTS strategy. However, the one facility that reports following the DOTS strategy did not have all first-line TB medicines available. Neither did it have an observed client register for DOTS or observed TB treatment protocol in all eligible service sites. These areas warrant further follow-up and analysis to understand the reasoning for few sites using DOTS and lack of records and treatment protocols for TB.

To explain the results recorded in the survey, Barbados practices a modified 'DOTS' strategy involving a daily/thrice-a-week regimen. Each day, either one of the staff from the National Tuberculosis Program and Polyclinic, family members or other suitable person monitors the patient.[62]

To scale up services to diagnose and rapidly treat patients for TB, it might be beneficial to consider the feasibility of modeling the Haiti system, in which TB testing and diagnosis is performed if patients present for an HIV test with a cough and, if possible, are treated the same day, and co-infected persons are followed up and treated with the appropriate

[62] Dr. Manoharsing, TB Control Officer, Ministry of Health, Barbados. June 2006. Private communication.

medication. Linking these two services (TB diagnosis and HIV testing and counseling) might provide a beneficial opportunity to identify and co-treat the two infections.[63]

Sexually Transmitted Infection Services and Service-Related Conditions

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

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

- Diagnostic and treatment guidelines should be available in all service sites where STI diagnosis and treatment are offered.
- The probability that a client will receive the correct medicine, in the correct treatment dosage, is improved if the facility can provide the necessary medicine prior to the client's departure.

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 and AIDS clients be screened for syphilis.

Table 3.3.3f shows that many facilities in Barbados offer STI services (13 of 17) and almost all of the facilities offering STI services had all STI medicines available in the facility to treat an STI (12 of 13 facilities that offer STI services). Fewer facilities had condoms in any service area or pharmacy (8 of 13 offering STI services) and only one facility offering STI services had an observed STI treatment protocol in all relevant units. Large facilities such as hospitals with multiple service sites may not have all of the items in every site, and hence are penalized by this indicator. In addition, in some facilities one or two people may provide the service at multiple sites and thereby may only have a protocol at one site but not another. This should be considered in assessing how best to address this issue and improve the resources available.

[63] Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis.

Table 3.3.3f: Diagnosis and treatment for sexually transmitted infections,[1] HSPA Barbados 2005

Number of facilities	Number of facilities that offer STI services	Number of STI treatment service sites	Among facilities offering STI services, number with:			
			Observed STI treatment protocol in all relevant units	All STI medicines available in facility[2]	Condoms in any service area or pharmacy	All items for STI services[3]
17	13	35	1	12	8	1

[1]Number of public facilities having the indicated components for management of sexually transmitted infections.

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

[3]Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.

Malaria Services and Service-Related Conditions

Although malaria is not a major disease concern in Barbados, it was assessed in the HSPA (Table 3.3.3g). The low numbers in this area and few facilities offering malaria treatment services should not be seen as a strike against the health system in the country; rather it should be analyzed with the understanding that malaria is not a major risk factor in the country. However, if patients with malaria were to present themselves to the health system for care, there were no facilities with observed malarial medicines where they could be treated. On the other hand, six facilities report that they offer treatment services, which may mean that clients would be given a prescription to have filled elsewhere.

Table 3.3.3g: Malaria diagnosis and treatment services,[1] HSPA Barbados 2005

Total number of facilities	Number of facilities that offer malaria treatment services	Number of malaria treatment service sites	Among facilities offering malaria services, number with:		
			Observed malaria treatment protocol in all relevant units	Any anti-malarial medicines in the facility	Treatment protocol in all relevant units and medicines in facility
17	6	12	0	3	0

[1]Number of public facilities having the indicated components for management of malaria.

Infection Control

Infection control practices need to be followed in all sites where the possibility of cross-infection between clients, or between providers and clients, is possible. Items for

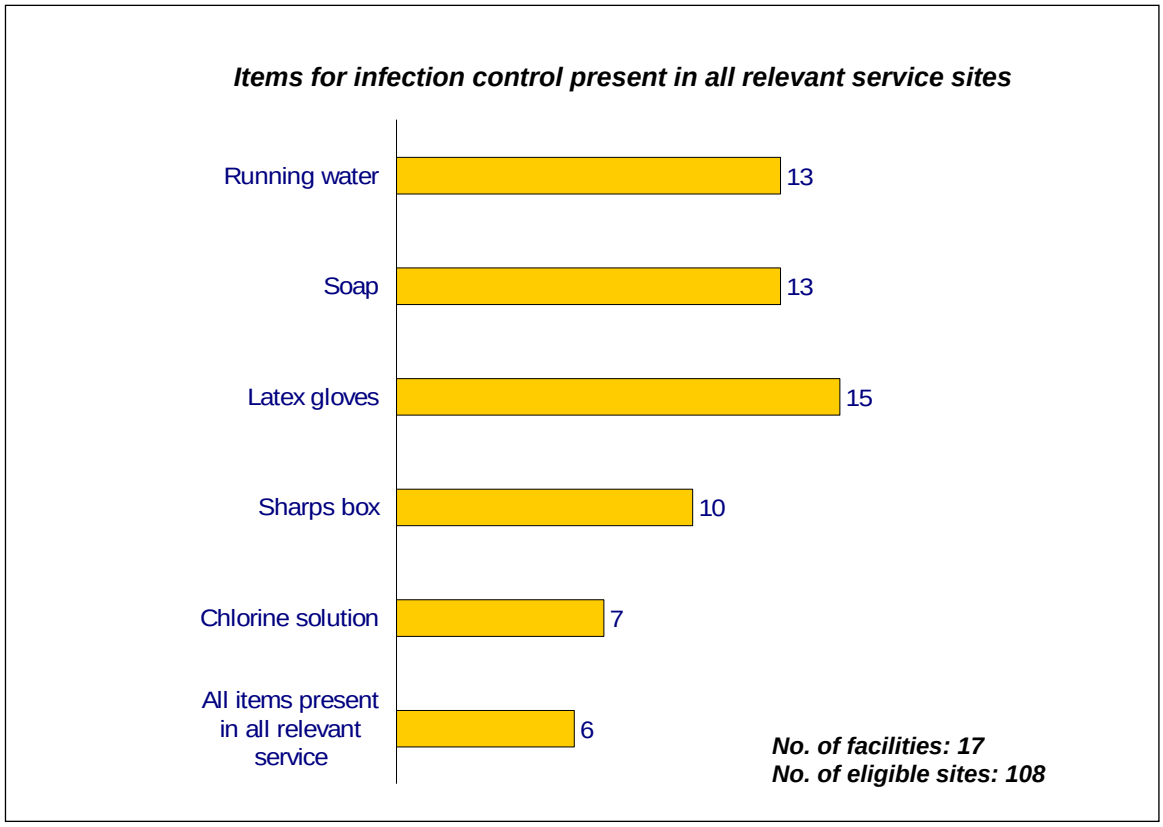
infection control that should be in every service site (or in close enough proximity that a provider could reasonably be expected to use it when needed) include the following:

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

In addition, written guidelines are important, to reinforce to all staff the expected infection control practices that should be followed.

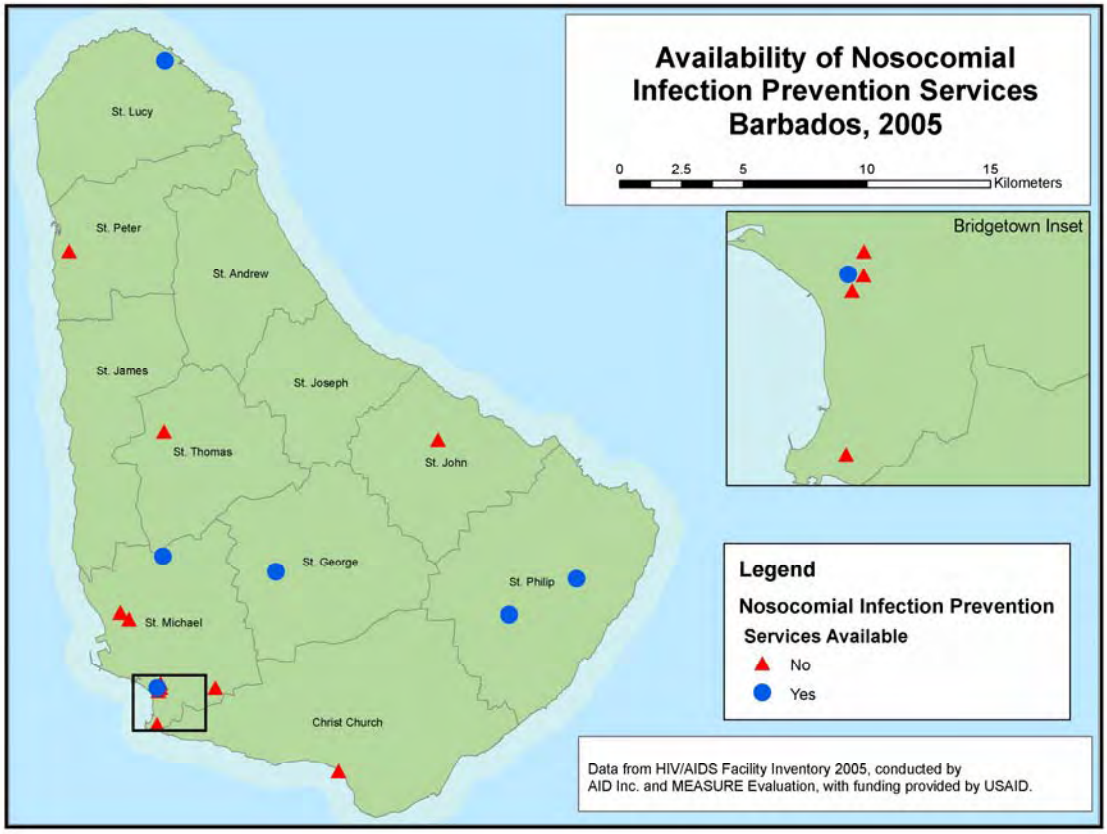
Figure 3.3.3c shows the number of facilities that have the infection control items at all of the sites within the facility. It is important to note that some of the sites have few of the items. This gives the impression that the facilities are lacking, when actually, they do have an infection control system; but the coverage in the facility is not complete. In scaling up or improving the health system, it does not take much to ensure each area has these items available, but it is a different problem when the whole facility does not have any infection control system. One requires just tightening the existing system, and the other requires a review of the whole system to determine if there is adequate infection control, if there is simply a shortage of supplies, or if there is another explanation. Certainly, the aim is to have all of the sites with a completely functioning and fully stocked infection control system.

Figure 3.3.3c: Elements at public facility service sites for presenting nosocomial infections, HSPA Barbados 2005



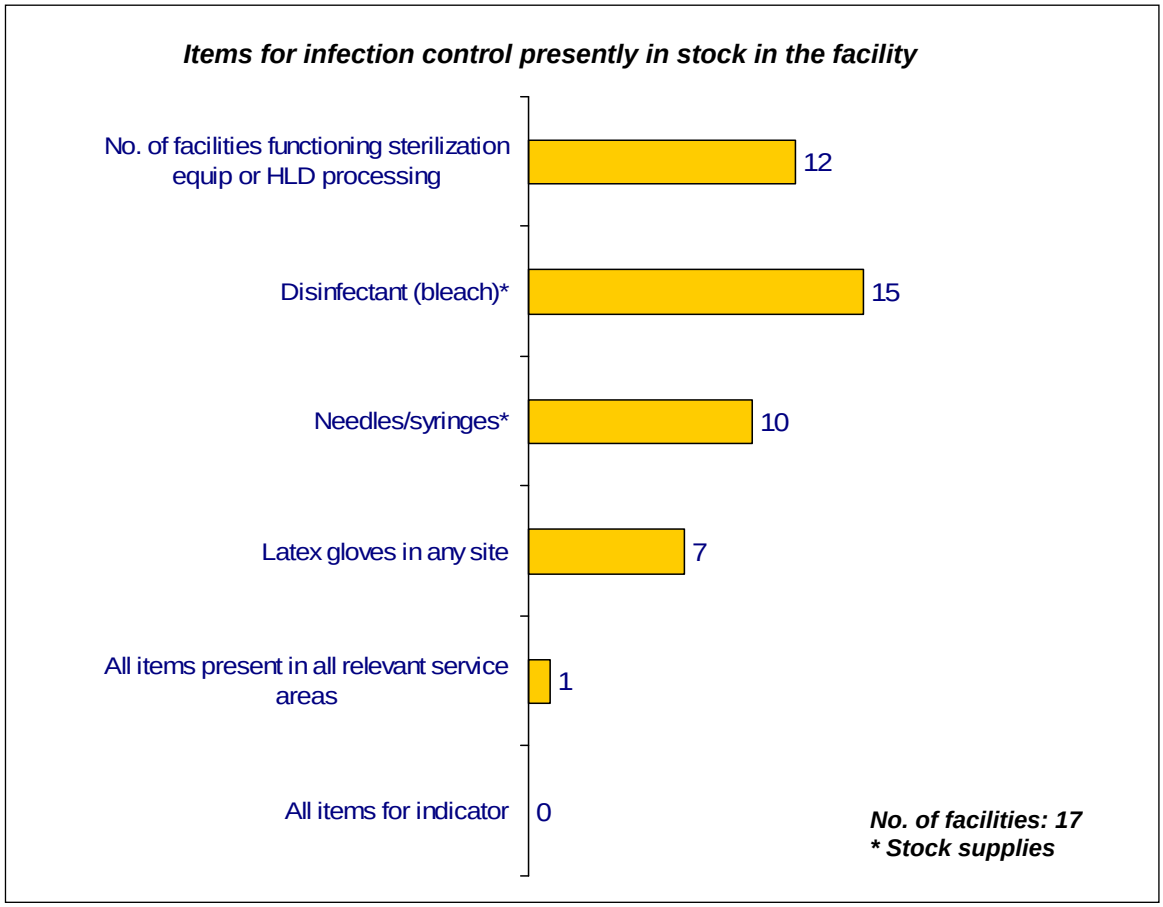
There were 108 eligible service sites among the 17 facilities surveyed (Figure 3.3.3c). The results indicate that Barbados is fairing well in this area, as the majority (15 of 17) of facilities have latex gloves, running water (13 of 17), and soap (13 or 17) in all relevant service areas (this includes all eligible service sites within a facility that are the sum of all assessed outpatient or inpatient client examination areas, all voluntary counseling and testing [VCT] or prevention of mother-to-child transmission [PMTCT] sites where blood is drawn or HIV testing is conducted in the unit, and the blood-drawing area laboratory). However, in terms of having sharps boxes and chlorine solution in all relevant service areas, fewer facilities qualify. Only six facilities have all items present in all relevant service sites. (Figures 3.3.3c and 3.3.3d)

Figure 3.3.3d: Location of sites offering nosocomial infection prevention services, HSPA Barbados 2005



As noted in Figure 3.3.3e, information is provided to assess how many facilities have infection control measures present. Barbados is doing fairly well in this area; almost three-fourths (12 of 17) of the facilities have functioning equipment for sterilization or HLD processing and all facilities in the Barbados HSPA have latex gloves in stock in the facility.

Figure 3.3.3e: Items for preventing nosocomial infections in stock in the facility, HSPA Barbados 2005



Additional scale-up, it seems, needs to be focused on the other materials needed for full coverage of infection control. As shown in Figure 3.3.3e, only 1 facility out of the 17 had all infection control items in stock (functioning equipment for sterilization or HLD processing, disinfectant and needles/syringes in stock, and latex gloves in any site in the facility). However, few of the facilities had stock supplies for infection control available—only 5 of 17 facilities had disinfectant (bleach) and only 1 of 17 facilities had stock supplies of needles/syringes. To meet the requirements for the indicator, infection control materials (Figure 3.3.3c, page 41) must be available in all of the eligible sites in a facility; the facility must have functioning equipment for sterilization or HLD, all stock items, and at least one site with latex gloves. None of the facilities in Barbados met this requirement.

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

Availability of Services

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

Elements that are identified for quality services related to care and support for HIV and AIDS clients include—

- Having a provider trained specifically in OIs
- Treatment guidelines in all service areas
- Availability of medicines for the most commonly seen OIs and conditions for which palliative care is needed
- Recordkeeping to document the burden of disease related to HIV and AIDS
- Confidentiality guidelines.
- Individual client records to support continuity of care.

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

Among those 15 facilities offering CSS (Table 3.3.4), it is encouraging and not surprising to see that most of them (12 of 15) offer treatment for OIs (such as thrush). However, a small number (only 6 of 15) offer palliative care. This is where additional attention and scale-up might be required in Barbados, since a facility that offers CSS should be able to offer basic palliative care/pain management for HIV and AIDS clients.

Table 3.3.4: Basic HIV/AIDS-related service provision by public facilities that offer any care or support services (CSS), HSPA Barbados 2005

Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	**Among facilities offering CSS for HIV/AIDS clients:**	
		Number offering treatment for opportunistic infections for HIV/AIDS clients	Number offering palliative care for HIV/AIDS clients
17	15	12	6

3.4 Advanced-Level Treatment, Care and Support Services for HIV and AIDS Clients

Persons with advanced stages of HIV and AIDS usually have serious illnesses that require a more advanced level of follow-up and treatment than is available at many health facilities. Hospitals should be fully capable of providing all of the advanced care and support services needed for monitoring and treating HIV and AIDS patients. As service development expands, however, it is expected that many of these services will be available outside of hospitals as well. Current programs are focusing on increasing staff training, developing protocols and guidelines, ensuring adequate laboratory and medical equipment, and implementation of recordkeeping to allow monitoring of HIV and AIDS services. PMTCT is also seen as advanced level of care; however, is discussed separately in Section 3.5.

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

- Laboratory Services. This refers to diagnostic and laboratory capacity for advanced HIV and AIDS care, including a spinal tap kit and laboratory capacity for culturing specimens, liver function tests, hematological testing (such as white blood cell count, anemia test, platelet count, blood urea nitrogen [BUN] and creatinine), India ink stain and Gram stain, enzyme-linked immuno-sorbent assay (ELISA) for HIV or having a documented system for referral and receiving results for the above-mentioned tests including: a record or register where the referral and test result is included and an indication that the test result or follow-up was provided to the person tested. If the laboratory or pharmacy is external to the facility but has a formal agreement and is the designated laboratory or pharmacy for the facility, the laboratory capacity and the availability of medicines should have been assessed in the external referral location.
- Antiretroviral Therapy (ART). This refers to provision of antiretroviral (ARV) medicines for treatment of HIV and AIDS infected persons.
- Post-Exposure Prophylaxis (PEP). This refers to provision of ARV medicines for prevention of infection of HIV and for persons at risk who may have been exposed to HIV.
- Opportunistic Infections (OIs). This includes the treatment and care of basic OIs (TB, STIs, malaria) and cryptococcus fungal infections, respiratory infections, other bacterial infections, herpes infections, parasitic infections, herpes ophthalmic infection, diseases of the nervous system and mental disorders. The medication required to treat these infections should be available at the clinic or pharmacy associated with the facility.[64]
- Palliative Symptomatic Treatment. This refers to the relief of pain and nervous system symptoms as well as providing fortified protein supplementation (FPS).

[64] For a list of relevant treatment/medication for these infections, please see MEASURE DHS. HIV/AIDS Service Provision Assessment Rational and List of Facility Survey Indicators for Monitoring HIV/AIDS Programs. Calverton, MD: ORC Macro; 2005 (unpublished document), Indicators 2, p. 8.

- Pediatric AIDS Care. Requires the facility to have at least one inpatient or outpatient unit that provides care and support services to children and infants and reports providing pediatric AIDS care.
- Nutritional Rehabilitation Services. At least one outpatient or inpatient unit that provides care and support services for and reports providing nutritional rehabilitation services.

Specific areas of advanced services are illustrated in Table 3.4a. As the numbers demonstrate, Barbados seems to have an uneven distribution of facilities that provide advanced-level services for HIV and AIDS, including lab services, ART, PEP, pediatric AIDS care, nutritional rehabilitation services, fortified protein supplementation (FPS) and facilities that offer IV treatment for fungal infections. A large number of facilities report offering PEP (12 of 17), nutritional rehabilitation services (12 of 17) and FPS (11 of 17). However, the other advanced HIV and AIDS-related services are not as well represented among the public facilities in Barbados (Table 3.4a). Three of 17 facilities have laboratory services, 2 of 17 facilities offer ART, and only 2 facilities offer IV treatment of fungal infections (this indicator is reported for only inpatient clinics/units, as the question was not asked of outpatient units).

Table 3.4a: Advanced HIV/AIDS-Related Service Provision by Public Facilities, HSPA Barbados 2005

Total number of facilities	Number of facilities with lab services[1]	Number of facilities offering ART	Number of facilities reporting PEP available	Number of facilities with observed PEP medicines	Number of public facilities offering:				
					Pediatric AIDS care	Nutritional rehabilitation services	Fortified protein supplementation (FPS)	Both nutritional rehabilitation services and FPS	IV treatment of fungal infections[2]
17	3	2	12	6	6	12	11	10	2

[1]Facility was deemed to have lab services if a Section E of the HSPA Questionnaire had been completed.

[2]Reported for only inpatient clinics/units as question not asked of outpatient units.

Looking at facilities with an HIV testing system (13) in Table 3.4b, two facilities provide ART. However, only two facilities with an HIV testing system have laboratories. Ten of 13 facilities have an HIV testing system that provides nutritional rehabilitation services, and 9 of 13 provide FPS. Of the 13 facilities that offer HIV testing system, only one provides IV for fungal infections.

Table 3.4b: Advanced HIV/AIDS-related service provision by public facilities with HIV testing system, HSPA Barbados 2005

Total number of facilities	Number of facilities with HIV testing system	Among facilities with HIV testing system:								
		Number with lab services[1]	Number offering ART	Number reporting PEP available	Number with observed PEP medicines	Number offering pediatric AIDS services	Number offering nutritional rehabilitation services	Number of facilities offering fortified protein supplementation (FPS)	Number of facilities offering both nutritional rehabilitation services and FPS	Number of facilities offering IV treatment of fungal infections[2]
17	13	2	2	12	6	6	10	9	8	1

[1]Facility was deemed to have lab services if a Section E of the HSPA Questionnaire had been completed.

[2]Reported for only inpatient clinics/units as question not asked of outpatient units.

Taking into account the size of the epidemic in the country and its trends, it is clear that rapid scale-up of ART may not be a viable option with limited resources, even in light of additional funding if the absorptive capacity in the country is low. Decentralization of the health system should be a key piece of scaling-up, along with the development of "an appropriate pool of qualified, trained personnel who can manage and expand the delivery of services."[65]

3.4.1 Systems to Support Service Providers of Advanced Services for HIV and AIDS

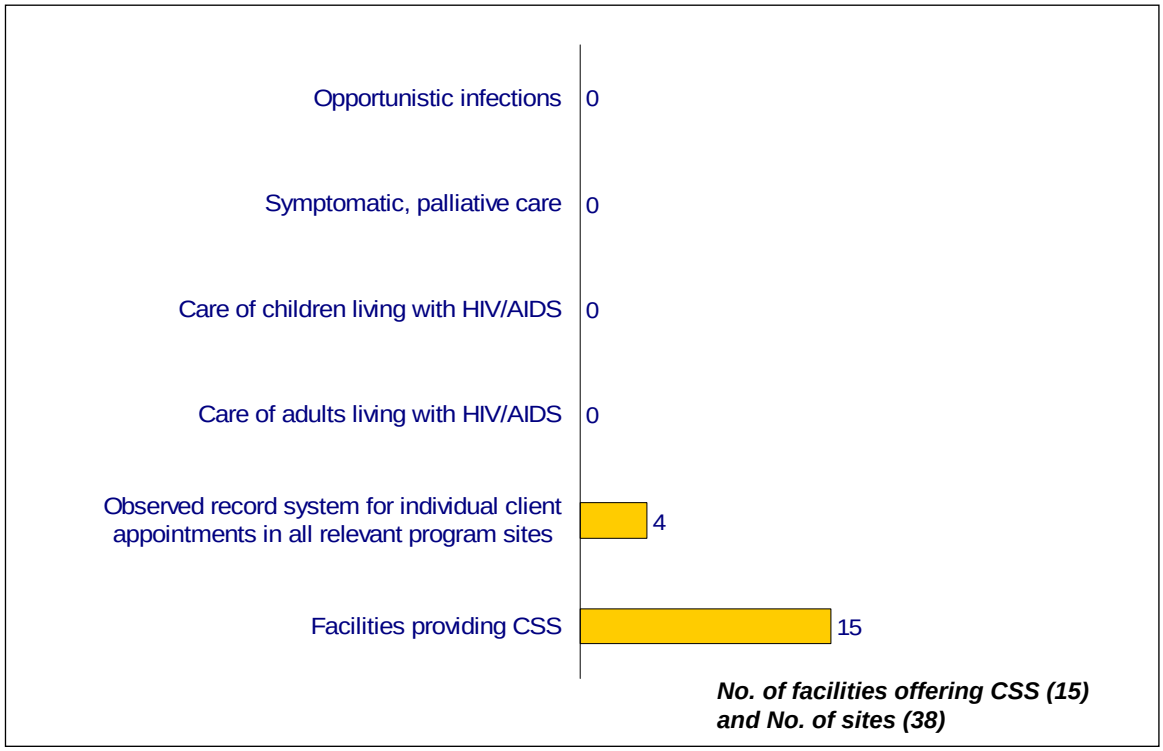
Guidelines and Protocols

It is important that guidelines and protocols are available in the health facilities, so reference can be made as necessary to maintain a minimum quality of HIV and AIDS and related service provision. For the purposes of this survey, advanced-level treatment capacity requires that a facility have access to at least two of the most common medications used for treating an indicated condition. Protocols or guidelines for treating the common OIs available in each service area are assessed, as well as whether trained staff are available in the facility.

Among the 15 facilities providing CSS for HIV and AIDS clients in Barbados, few (4 of 15) have an observed record system for individual client appointments in all relevant program sites. However, these might be present in some of the sites. Equally, none of the 15 facilities offering CSS had observed guidelines/protocols for OIs, symptomatic and palliative care, and care of children and adults living with HIV and AIDS (Figure 3.4.1a).

[65] Fitzgerald, J., M. Dahl-Regis, P. Gomez, and A. Del Riego. 2005. A multidisciplinary approach to scaling up HIV/AIDS treatment and care: The experience of the Bahamas. *Rev Panam Salud Publica/Pan Am J Public Health*, *17*(1), 66–72, pp. 3–5.

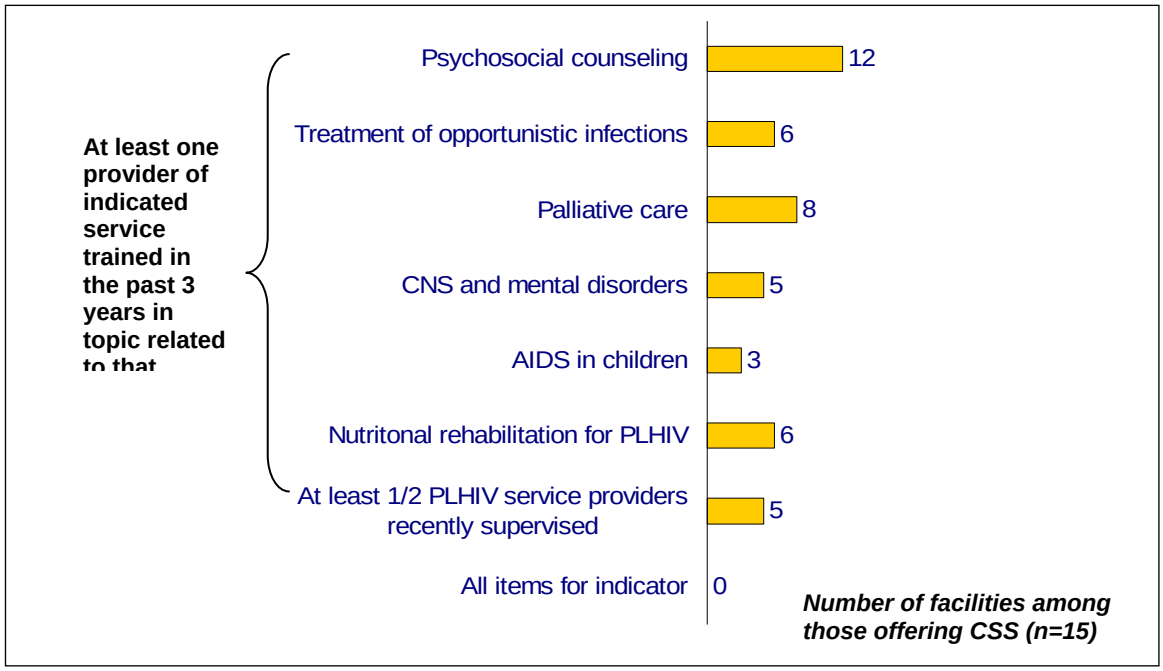
Figure 3.4.1a: Protocols and guidelines to support advanced services for HIV and AIDS, HSPA Barbados 2005



Trained Providers

In order to provide high-quality services, health workers need to be up-to-date on best practices. Facilities should have at least one provider who has recently been trained (in the past 3 years) in his/her area of service provision. Training for providers in advanced-level care and support for clients with HIV and AIDS is fair in Barbados as Figure 3.4.1b suggests. Many facilities have at least one provider of psychological counseling trained in the past 3 years (12 of 15), 6 of 15 facilities have at least one provider recently trained in treating OIs and nutritional rehabilitation. Also, 8 of the 15 facilities offering CSS for HIV and AIDS clients have at least one provider recently trained in providing palliative care. Fewer facilities had at least one provider trained in the past 3 years in central nervous system (CNS), mental disorders (5 of 15), and AIDS in children (3 of 15). To maintain quality service provision, staff should be regularly supervised.

Figure 3.4.1b: Systems and items to support advanced services for HIV and AIDS, HSPA Barbados 2005



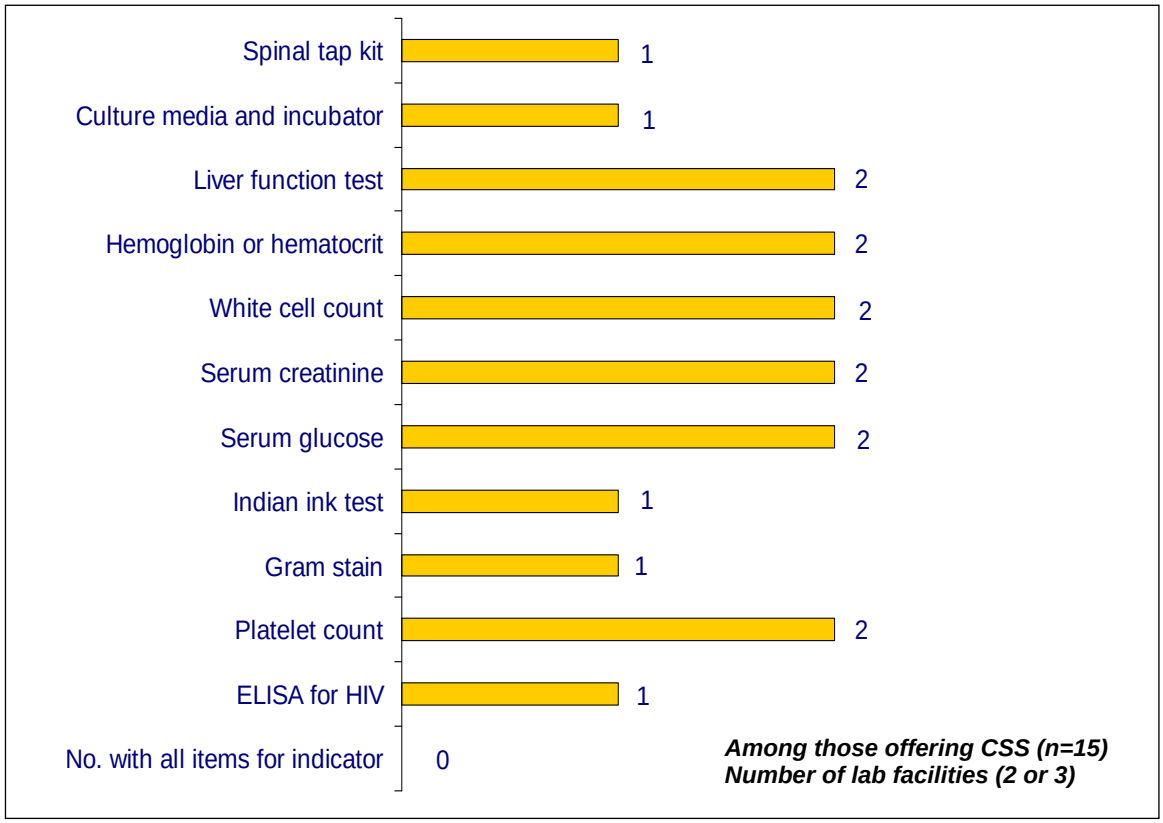
3.4.2 Laboratory Services

As shown in Table 3.4a, page 46, of the 17 public facilities in Barbados, only 3 provide laboratory services. Similarly, from Table 3.4b, one can see that of the 13 public facilities that have an HIV testing system, only two facilities offer laboratory services.

More explicitly, Figure 3.4.2 shows that 15 facilities in Barbados offering CSS for clients with HIV and AIDS need easy access to laboratory services. However, none of these facilities has all the necessary items for the indicator related to the laboratory investigations. This information should be assessed by looking at the bigger picture in Barbados and other information reported in the HSPA.

Understanding that Barbados has a relatively small laboratory system, the numbers in Figure 3.4.2 indicating laboratory diagnostic ability become clear. The HSPA identified 2 of the 15 facilities offering CSS for HIV and AIDS clients as having all items available to conduct various laboratory tests for advanced-level care of HIV and AIDS. Two of the 15 facilities offer some of these tests including liver function tests, hemoglobin or hematocrit tests, white blood cell counts, serum creatinine tests, serum glucose, and platelet counts.

Figure 3.4.2: Advanced care for HIV/AIDS clients: Laboratory diagnostics, HSPA Barbados 2005



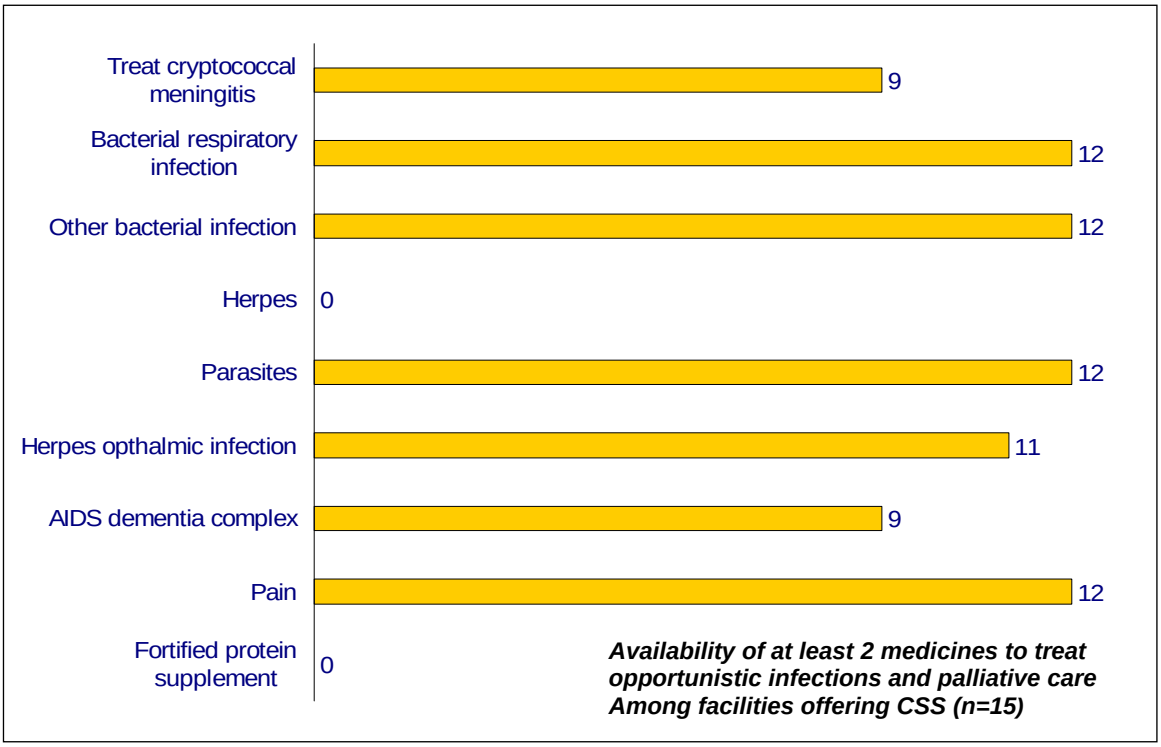
Only one facility in Barbados has all of the items to conduct an ELISA for HIV test. Since this is the primary test used in testing for the HIV virus, facilities offering VCT all over the country most likely send their test samples to this laboratory. Depending on the number of tests and the staffing, space, and resources of the laboratory (as well as taking into account any private facilities and regional-level organizations providing this service), this could be a burden on this section of the health system. This is similar for other laboratory services (Figure 3.4.2) that are available at only one facility, such as kits for spinal tap, culture media and incubator, Indian ink test, and Gram stain.

As noted above, the context should be considered, that at most there are three laboratory facilities. It should not require much to bring one or all three to meet the indicator requirements for laboratory investigations.

3.4.3 Advanced-Level Treatment of Opportunistic Infections and Palliative Care

As defined above, it is crucial that advanced services are available in public facilities to support and care for the later stages of AIDS in the population. More specifically though, the HSPA assessed medications available to treat OIs and to provide palliative care services, as illustrated in Figure 3.4.3.

Figure 3.4.3: Advanced care for HIV/AIDS clients: Medicines, HSPA Barbados 2005



Notes:

Among public facilities offering care and support services for HIV/AIDS clients, number with the indicated medicines to support the management of opportunistic infections and the provision of palliative care (symptomatic treatment) for the advanced care.

Cryptococcal meningitis—Amphotericin B, fluconazole, Itraconazole, and Ketoconazole.

Bacterial respiratory infection—Acylcovir, ceftriaxone, ciprofloxacine, gentamycine, cotrimoxazole, and dapsone.

Other bacterial infection—Tetracycline, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycyline, clindamycin, norfloxacin, and cloxacillin.

Herpes—Acyclovir and gancyclovir.

Parasites—Metronidazole, tindazole, nalidixic acid, and cotrimoxazole.

Herpes ophthalmic infection—One of: Acyclovir ophthalmic or acyclovir oral.

AIDS dementia complex—Cotrimoxazole, Phenobarbital, fansidar, and dexamethasone.

Pain—One from each group: Group 1 (Diazapam, dapsone, indomethacin, prednisolone) ; Group 2 (oral codeine, diclofenac injectable, dipyrone injectable, oral morphine).

Fortified protein supplement.

In Barbados, where 15 facilities offer CSS for HIV and AIDS clients, almost all facilities have at least two medicines for treating bacterial respiratory infections (12 of 15), other bacterial infections (12 of 15), parasites (12 of 15), herpes ophthalmic infection (11 of 15), and pain (12 of 15). This is encouraging, as these are major medical problems from which HIV and AIDS patients may be suffering, and the patients need to have access to facilities that treat these problems.

There are other illnesses needing advanced-level treatment as well in care and support service facilities. Figure 3.4.3 shows that 9 of 15 facilities offer at least two medications to treat cryptococcal meningitis; 9 of 15 facilities also offer at least two medicines for treating AIDS dementia complex. It might be helpful to look closer at the treatment protocols for herpes among immuno-compromised patients. As shown in Figure 3.4.3, no surveyed facilities had at least two medicines for treating that infection. This might be because Barbados uses other drugs to treat the condition or that it does not have access to the additional medication options in its formulary.

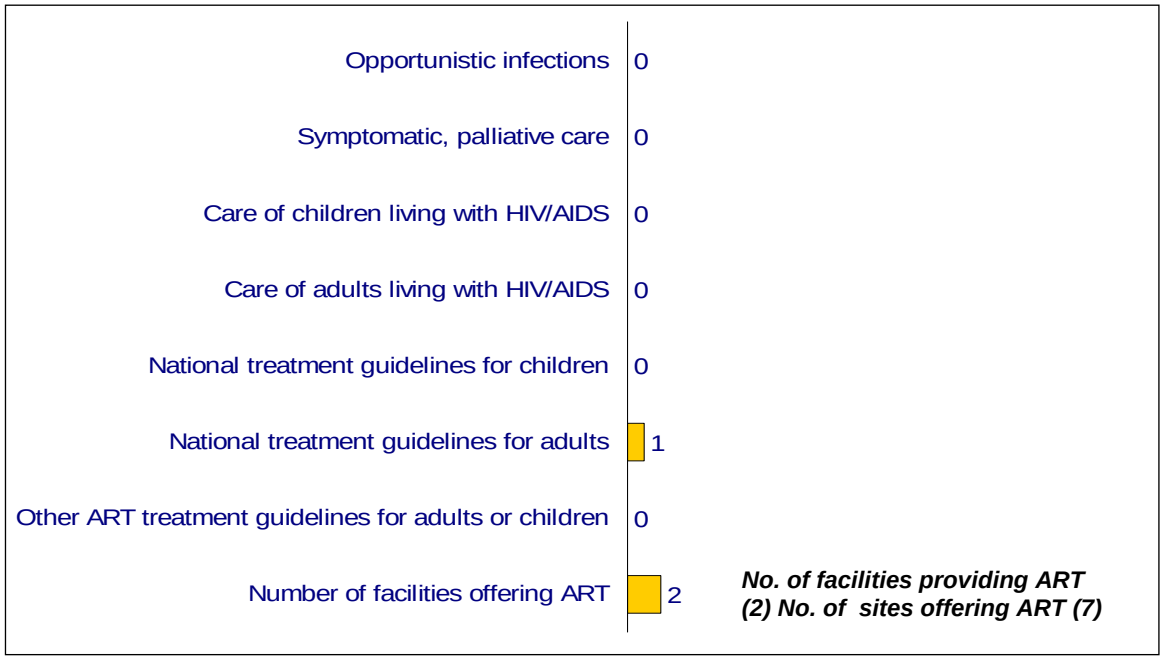
3.4.4 Antiretroviral Therapy

Several global and regional initiatives have sparked rapid scale-up of ART in the Caribbean and around the world. These initiatives include the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) Strategic Framework to coordinate the many initiatives in the region: Millennium Development Goals, the Special Session of the United Nations General Assembly (UNGASS), the "3 x 5" Initiative, Resolution CD45.R10 of the 45th Directing Council of the Pan American Health Organization (PAHO), and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), The World Bank, and others. Scale-up to provide ART is moving along in many countries and as noted by PAHO, from January 2004 to June 2005, "the number of people under treatment rose from 196,000 to 304,415." To address the steady increase in the demand for treatment, there is a high level of commitment and intensified action of countries in the region and heightened support from development partners.[66]

Despite the rapid scaling-up, there are still barriers in terms of human resources, costs, appropriate policies, management systems, and strategic planning to offer treatment and care services to HIV and AIDS clients fully.[67] Nonetheless, Barbados is making strides and has committed to offer barrier-free treatment for HIV and AIDS. These survey results can assist in presenting information that partners can use to identify the areas that are most important to address. As shown in Figure 3.4.4a, two facilities offer ART.

[66] PAHO. 2005. Access to care for people living with HIV/AIDS. Provisional Agenda Item 4.15 CD46/20 (Eng.); 46th Directing Council, 57th Session of the Regional Committee. Washington, DC: World Health Organization, 26–30 September, 2005, pp. 4-5, 7.
[67] Ibid, p. 12.

Figure 3.4.4a: Protocols and guidelines for antiretroviral combination therapy services, HSPA Barbados 2005



No guidelines/protocols were observed in all eligible ART service sites in these facilities, except that one facility had the national ART treatment guidelines for adults available in all eligible service sites. However, this information should be interpreted cautiously, as this indicates that although the guidelines were not present in all service sites, perhaps they are available in some sites within each facility.

In Figure 3.4.4b, there is laboratory capacity for monitoring ART at the two facilities that provide it. It is commendable that all of the systems and items to support ART are available in the two facilities. There were no stockouts for any ARV during the past 6 months in either of these facilities.

Figure 3.4.4b: Monitoring ART and ARV storage and stock conditions, HSPA Barbados 2005

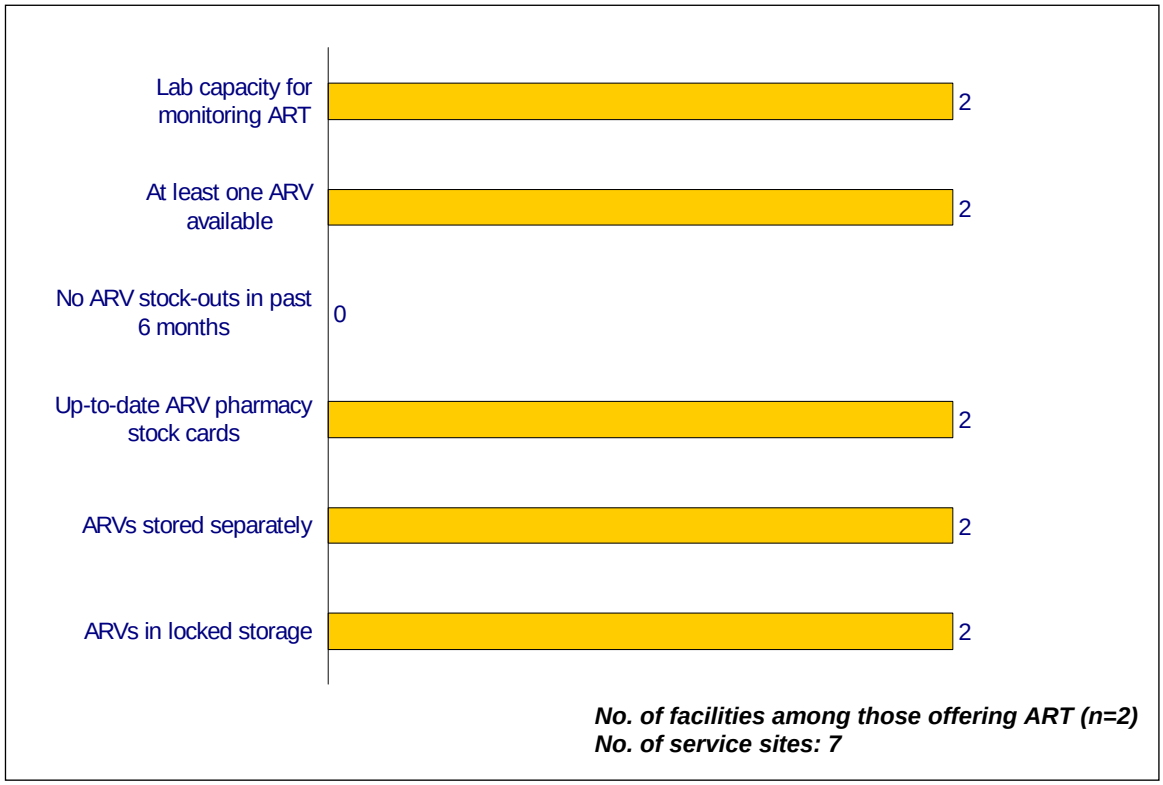
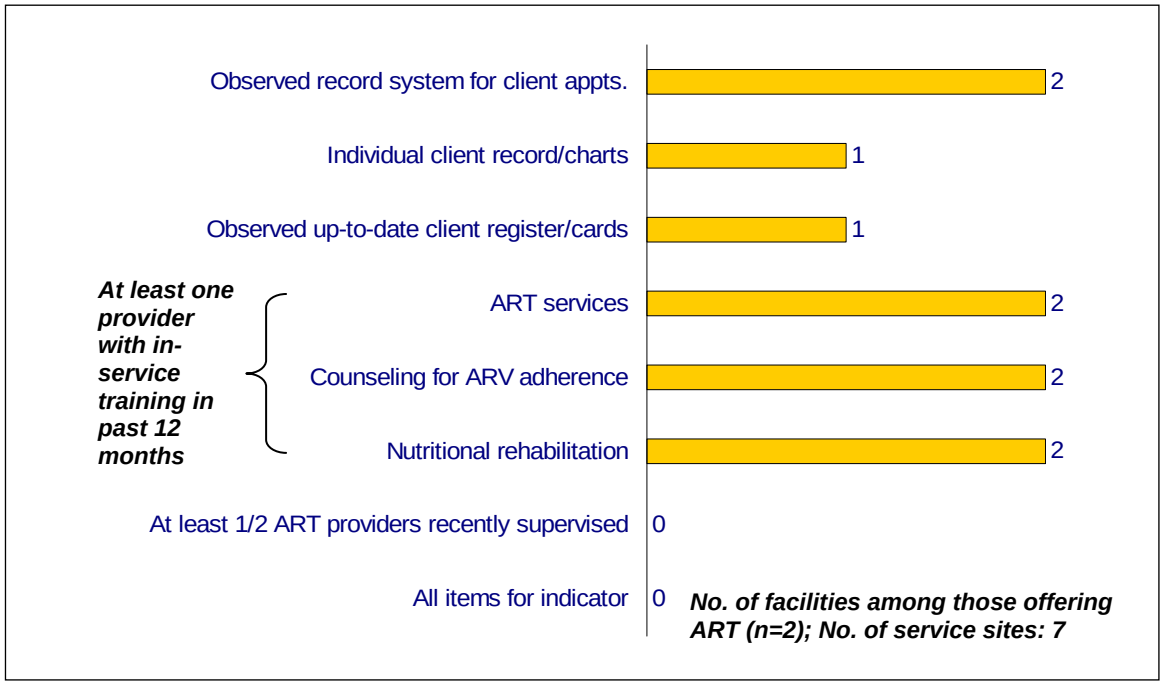


Figure 3.4.4c presents a further assessment of information on systems and items to support antiretroviral combination therapy services. Both facilities that offer ART have an observed record system for individual client appointments. However, only one of the facilities has an individual client record/chart for ART clients. This might not be a concern if the number of clients is relatively low, but this will be important in scaling-up services and for monitoring different sites and facilities.

Figure 3.4.4c: Systems and items to support antiretroviral combination therapy, HSPA Barbados 2005



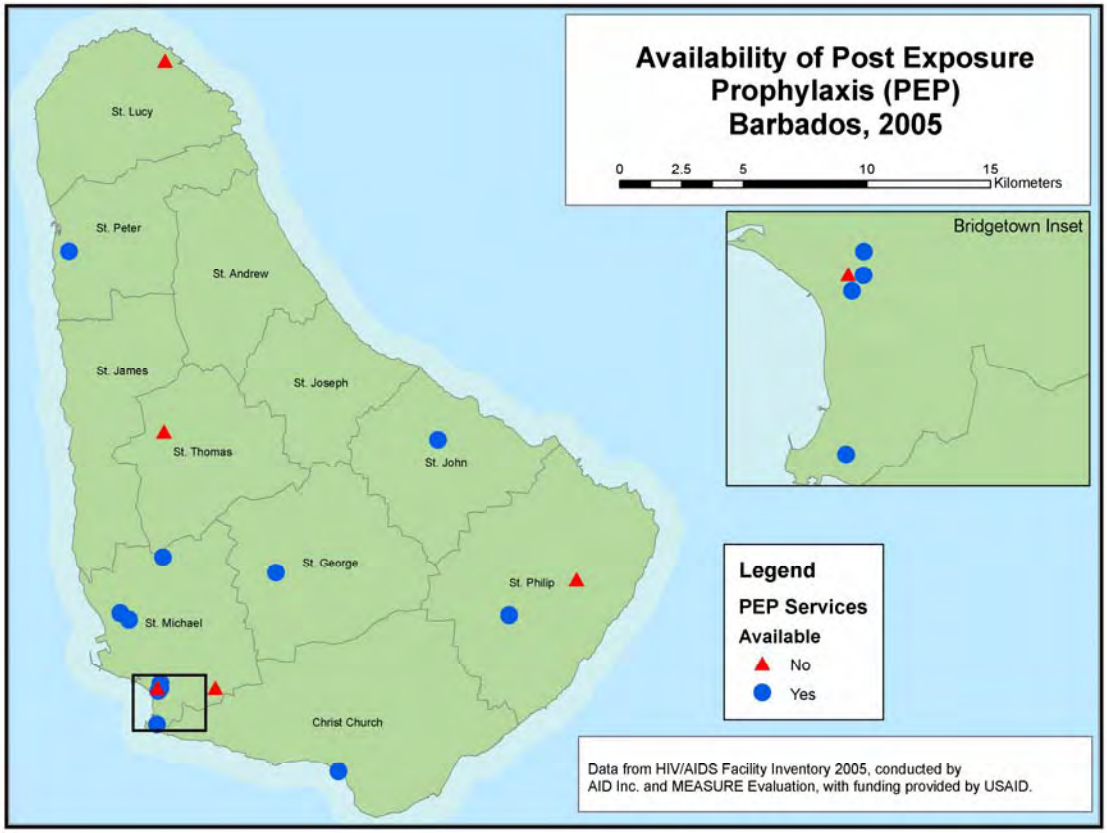
In-service training of providers in both facilities has taken place over the 12 months preceding the survey. At least one interviewed provider of ART services had received in-service training in ART, nutritional rehabilitation related to HIV and AIDS, and counseling for adherence to ARV drug therapy. Supervision seems to be somewhat lagging compared with the other areas noted in the two facilities providing ART, as seen in Figure 3.4.4c.

3.4.5 Post-Exposure Prophylaxis

PEP should be available not only to health service providers, who are at risk for exposure to HIV through needle pricks and other blood exposure, but also to the public at risk due to inadvertent exposure (such as rape victims). Even facilities that do not officially offer HIV and AIDS-related services should have access to PEP, since it is frequently not known which clients may be infected. Exposure to blood (through needle-pricks) puts the provider at risk.

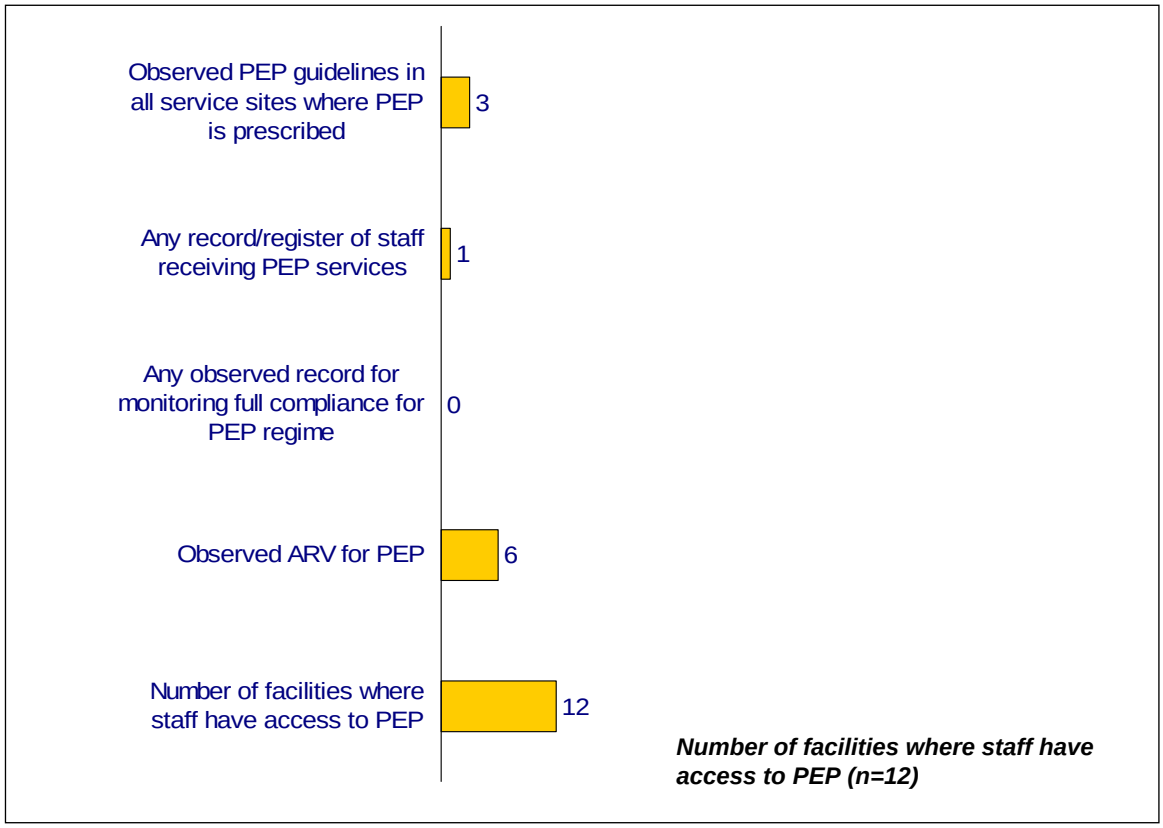
Twelve of 17 facilities (18 services sites) in Barbados report that PEP is available (Figures 3.4.5a and 3.4.5b). Upon observation, only 6 of 12 facilities had PEP medicines. It is understandable that not all facilities have PEP always available, since staff may have access to PEP in facilities that offer PEP or have a system to refer staff elsewhere for PEP. Nevertheless, concern should be that PEP drugs are easily accessible to all providers.

Figure 3.4.5a: Location of Post-Exposure Prophylaxis, Barbados HSPA 2005



PEP guidelines are available in 3 of the 12 facilities where it is prescribed. Registers of staff receiving PEP and records for PEP monitoring compliance were hardly found in facilities.

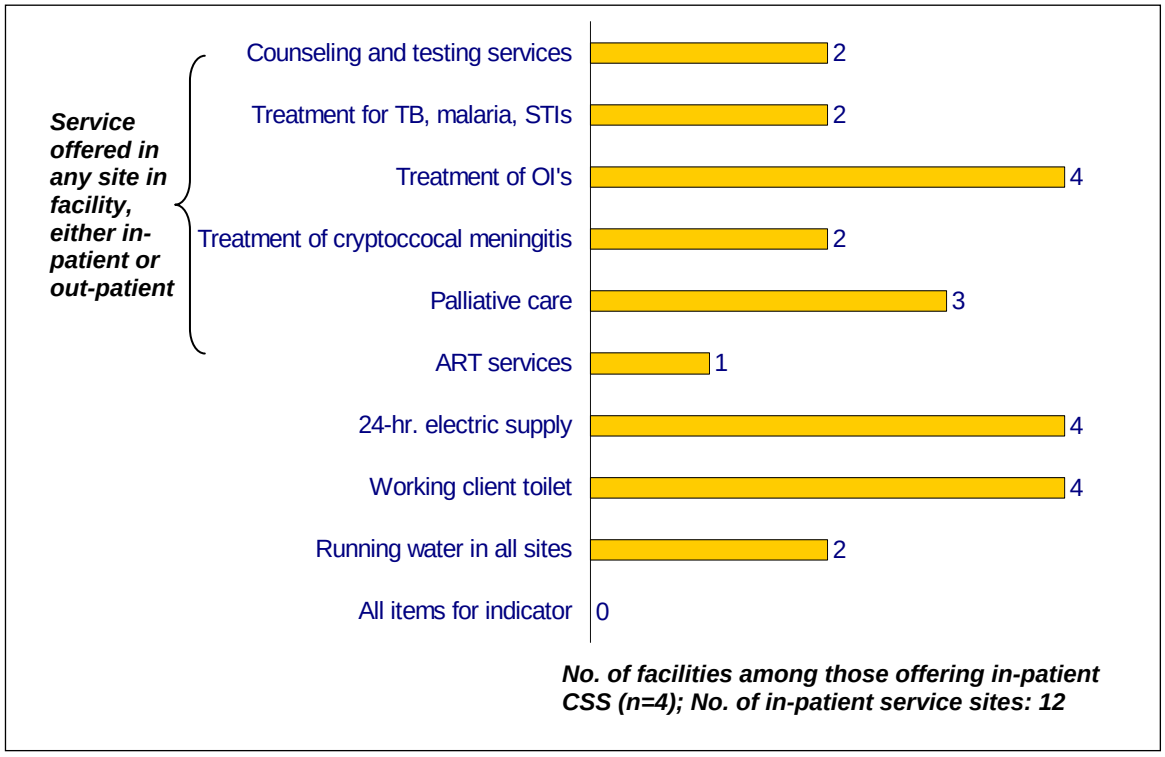
Figure 3.4.5b: Post-exposure prophylaxis, HSPA Barbados 2005



3.4.6 Inpatient Care and Support Services

Important for treating and supporting HIV and AIDS clients is the ability for a facility to provide inpatient services for clients needing advanced-level care (Figure 3.4.6). Barbados reports having 4 of 17 total facilities offering inpatient CSS for clients with HIV and AIDS. Among the facilities offering inpatient CSS, only half (2 of 4) offer counseling and testing services for HIV. All facilities in Barbados offering inpatient CSS for HIV and AIDS clients offer treatment for OIs and palliative care in either inpatient or outpatient sites within the facility. All of the CSS facilities offering inpatient services also offer a functioning client toilet for inpatients as well as 24-hour regular electric supply. Half of the facilities (2 of 4) offer running water in all inpatient client units that offer CSS for HIV and AIDS patients. These items are extremely important for the dignity, care, and support of people seeking inpatient care for HIV and AIDS. Half of the facilities providing inpatient care and support for HIV and AIDS clients do not provide treatment for TB, malaria and STIs, or treatment for cryptococcal meningitis. These results should be discussed with caution, however, as the numbers might be decreased by treatment for malaria, which is not essential in Barbados. It is also important to note that ART is only offered in one facility that provides inpatient care (Figure 3.4.6).

Figure 3.4.6: Service conditions for inpatient care for people living with HIV and AIDS needing advanced services, HSPA Barbados, 2005



3.4.7 Home-Based Care and Support Services

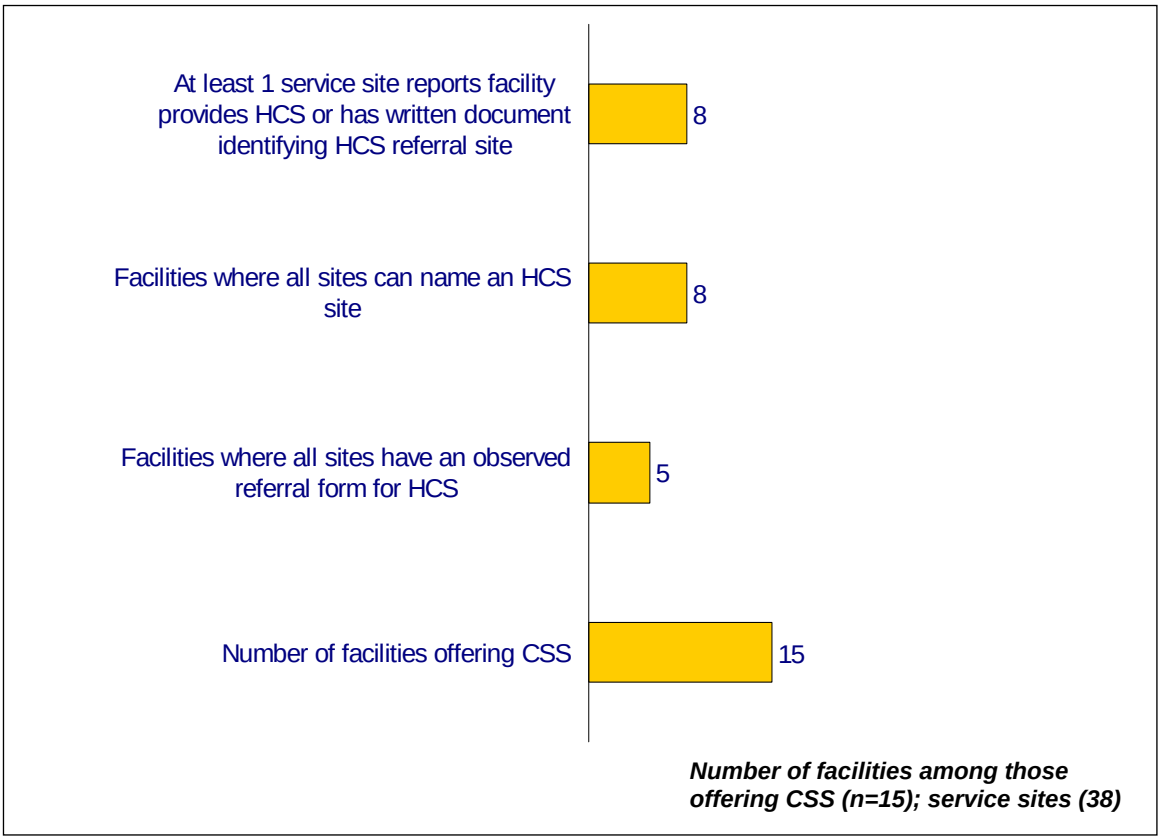
Home-based care provides support to PLHIV and their families. This includes medical care, counseling, social support (emotional, physical, financial and/or material) and other social services. Many home-based care programs are managed by community-based groups outside of the medical care establishment. Therefore observing their services is beyond the scope of the HSPA. Although not all PLHIV need home-based care, most will need some aspect of home-based care during their lives.[68]

In countries where advance-level care for HIV and AIDS patients is available, home-based care services are often part of the program, since it can be difficult for patients in late stages of the disease to transport themselves to a health care facility. Further, in some cases, this can be dangerous as well because of the extreme stigma and discrimination that clients might encounter if they have obvious physical symptoms caused by HIV or AIDS. Of the 15 public facilities offering CSS for HIV and AIDS clients, 8 have at least one service site that either reports that the facility provides home care or has an observed written document identifying referral sites for home care services (Figure 3.4.7). Further, in 5 of the 15 facilities offering CSS all relevant service sites have

[68] United States Agency for International Development. 2005. *Working Report Measuring HIV stigma results of a field test in Tanzania*. Silver Spring, MD: Social and Scientific Systems, Inc., The Synergy Project.

a referral form observed for home care services. All relevant sites in 8 of 15 facilities offering CSS can name a home-based care service site.

Figure 3.4.7: Conditions to support home-based care services



3.4.8 Pediatric AIDS Care

Most children with HIV were born to mothers with HIV, while some may have received a transfusion of infected blood. However, where ARVs and good antenatal care (ANC) are available to women, new infections in children are rare. Nevertheless, children have a different reaction to HIV infection and respond differently to ARV medications. Therefore, children with HIV should be treated by a pediatric practitioner trained in HIV.[69]

In assessing the 17 public facilities in Barbados, of which 13 have an HIV testing system, Tables 3.4a, page 47, and 3.4.b, page 48, show that 6 sites offer pediatric AIDS services, which includes having at least one inpatient or outpatient unit that provides CSS and reports providing pediatric AIDS care. In Figure 3.4.1b, page 49, it was shown that 3 out of 15 facilities offered CSS for HIV and AIDS clients, where at least one provider of AIDS in children was trained in the past 3 years in this topic. Additionally, it would be

[69] The New Mexico AIDS InfoNet. Children and HIV. Available at http://www.aidsinfonet.org/factsheet_detail.php?fsnumber=612. Accessed January 30, 2006.

useful for program planning to analyze further the location of these sites in order to examine geographic distribution.

3.4.9 Nutritional Rehabilitation Services

A major cause of morbidity and mortality in PLHIV is unintentional loss of weight and lean body mass. Maintaining adequate nutritional status can help strengthen the immune system ensuring sufficient nutrients to maintain energy, normalize weight and proper bodily functions. Nutritional rehabilitation services help PLHIV manage complications; it promotes positive responses to medical treatment and improves the quality of life.[70]

Table 3.4a on indicates that of the 17 public facilities, 12 offer nutritional rehabilitation services. Of the 15 CSS facilities (Figure 3.4.4a, page 52) that are well positioned to serve PLHIV, only 6 have at least one provider who has been recently trained (within the past 3 years) in nutritional rehabilitation for HIV and AIDS.

3.5 Prevention of Mother-To-Child Transmission of HIV

Services for PMTCT are most often offered in conjunction with antenatal and delivery services and may include various activities, with the degree to which a facility offers the total package often determined by the level of staffing, and whether the facility offers both ANC and delivery services.

Generally accepted standards for PMTCT include the following:

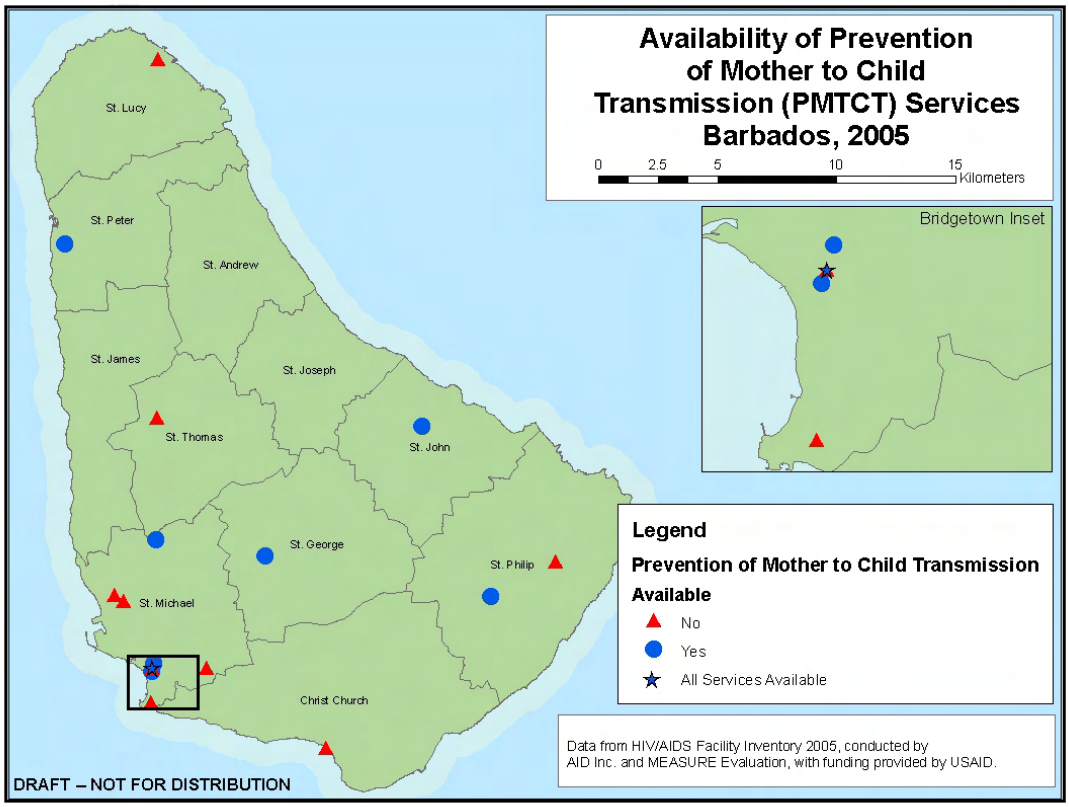
- Pre- and post- HIV test counseling and testing pregnant women for HIV
- Providing HIV-positive women with counseling on infant feeding practices
- Family planning, counseling, and referral
- Provision of prophylactic ARV to HIV-positive women and to their newborns (within 72 hours of birth).

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

Even with a low estimated HIV prevalence rate, Barbados has many services providing PMTCT. About half of the public facilities surveyed (8 of 17) provide services in Barbados for PMTCT (Figure 3.5).

[70] *HIV/AIDS: A Guide for Nutritional Care and Support.* 2004. 2nd Ed. Washington, DC: Food and Nutrition Technical Assistance Project, Academy for Educational Development.

Figure 3.5: Location of PMTCT Services, HSPA Barbados 2005



As shown in Table 3.5, all eight public facilities offering any PMTCT services offer infant feeding counseling. This finding is very encouraging. Appropriate infant feeding practices are the key to reducing mother-to-child transmission post-partum. The survey also found that seven of the eight facilities offer family planning counseling or referral and seven of the eight offer pre- and post-test counseling and HIV testing services. However, only one of the facilities report that it offers ARV prophylaxis to prevent MTCT. Only one facility offers all four of the items for a minimum package of PMTCT. Only one offers ARV therapeutic treatment for HIV-positive women and their families in Barbados; this is most likely the same facility. However, despite the extensive work and scale-up that Barbados and the NAP is committed to, there is not a single public facility that reported all items for PMTCT+ services.[71] This should not be assessed necessarily as a negative point, simply an area where gaps may exist and one that may be targeted for scale-up in the future to ensure that PMTCT services address all aspects of PMTCT, care, treatment, and support for women and their families.

[71] PMTCT+ is defined as a facility having all components for the minimum package PMTCT services available, and the facility offers ARV therapy for HIV-infected women and their families.

Table 3.5: Availability of services for prevention of mother-to-child transmission of HIV/AIDS at public facilities surveyed[1] HSPA Barbados 2005

Total number of facilities	Number of facilities offering any PMTCT services	Number of sites offering PMTCT services	**Number of facilities reporting they offer the indicated PMTCT services**						
			Pre- and post-test counseling and HIV testing services	ARV prophylaxis to prevent MTCT	Infant feeding counseling	Family planning counseling or referral	All four items for minimum package PMTCT[2]	Offering PMTCT+ services[3]	All items for PMTCT+[4]
17	8	8	7	2	8	7	1	1	0

[1]Number of public facilities offering any services for prevention of mother-to-child transmission (PMTCT) of HIV/AIDS, and, among these, number with the indicated program components.

[2]Components of routine PMTCT for the facility include HIV testing with pre- and post-test counseling, ARV prophylaxis for the mother and newborn, infant feeding counseling, and counseling and provision of family planning services.

[3]Any components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV infected women and their families.

[4]All components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV infected women and their families.

CHAPTER 4: STATUS OF THE HIV AND AIDS HEALTH INFORMATION SYSTEM

4.1 OVERVIEW

A good HIV and AIDS records and reporting system allows data to be collected to follow patient care, provide key epidemiological information and help manage the drug supply, thereby monitoring the performance of the health system. Such an information system will facilitate the evaluation of the country program and the dissemination of data to other countries in the region.[72]

Barbados does not have an electronic mechanism for collecting HIV and AIDS health information, although some facilities may have computers. It is, however, collecting information in patient registries and compiling them for quarterly and annual reporting. The MOH and the NHAC is dedicated to collecting quality information and is making strides in this area. Barbados, as well as other countries in the Eastern Caribbean region, is beginning to explore with regional partners how to best tackle this issue from the perspective of the country level as well as the regional level.

The HSPA reports information that was found regarding routine data collection for HIV and AIDS from which the countries, region, and partners can learn to target the most appropriate areas and understand the current situation.

4.2 ROUTINE DATA COLLECTION FOR HIV AND AIDS

Table 4.2 reports on routine data collection for HIV and AIDS that was assessed in the survey. In 3 of the 15 facilities offering CSS in Barbados, individual client record/charts were observed in all eligible units. In a slightly higher number of facilities (5 of 15), a register with HIV and AIDS-related client diagnoses was observed in any eligible outpatient and any eligible inpatient clinic/unit.[73] Similarly, only 1 facility of the 15 offering CSS had confidentiality guidelines in all eligible clinics/units. These numbers seem low, as they are not meeting even the 50 percent mark. In addition, none of the 15 facilities that offered CSS included all components for routine data collection for HIV and AIDS. This could be problematic, as care for PLHIV can be complicated and difficult to follow appropriately if clear and consistent records are not kept on patients, thereby affecting the quality of patient care. The government and programs may not be documenting the "full picture" of the epidemic and the number of clients seen in their facilities.

[72] PAHO. 2003. *Scaling up Health systems to respond to the challenges of HIV/AIDS—Latin America and the Caribbean.* Washington, DC: World Health Organization.

[73] 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 4.2: Records for HIV/AIDS Services, HSPA Barbados 2005

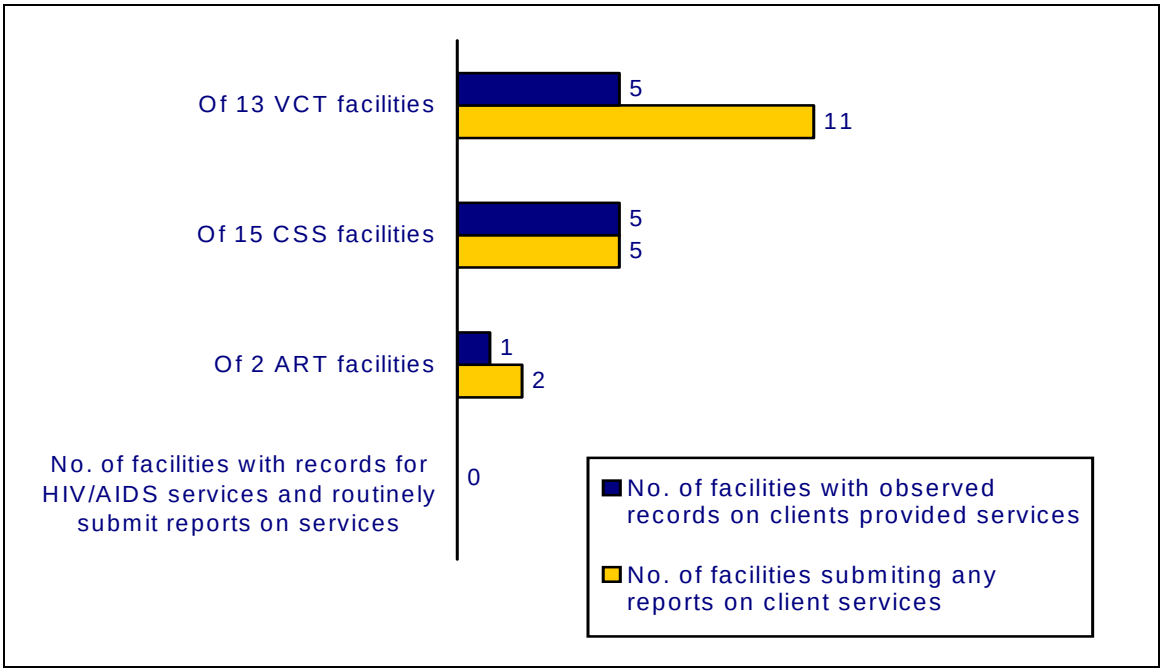
Number of service sites in facilities offering CSS for HIV/AIDS clients	Number of facilities offering CSS for HIV/AIDS clients	Number of facilities			
		Individual client record/chart observed in all eligible units	Register with HIV/AIDS related client diagnoses observed in any eligible outpatient and any eligible inpatient clinic/unit [1]	Confidentiality guideline in all eligible client clinic/unit	All items for indicator in facility
38	15	3	5	1	0

[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.

4.2.1 Records for Care and Support Services

In Figure 4.2.1, information is presented to show the status of recordkeeping systems for monitoring HIV and AIDS care and support. There are 13 facilities with HIV counseling and testing systems. However, 5 of 13 facilities offering counseling and testing have observed records indicating clients receiving pre- and post-test counseling and indicating those who received their test results. Almost all of the facilities (11 of 13) submitted reports for HIV testing services. This is encouraging. It may take only minimal efforts to scale up report submission for HIV testing services to all 13 facilities that offer counseling and testing.

Figure 4.2.1: Facilities with recordkeeping systems for monitoring HIV and AIDS care and support



Among the two facilities offering ART, one did not have observable records indicating the number of clients receiving ART. However, both facilities offering ART reported that they submit reports for ART services. This will assist at the national level in understanding the situation of ART service provision in facilities.

Among the 15 facilities surveyed in Barbados that offer CSS for clients with HIV and AIDS, the recordkeeping system seems to be working in one-third of the facilities and may need assistance scaling up in the other facilities (Figure 4.2.1). Five of 15 care and support service facilities had records (observed during the survey) documenting clients treated for HIV and AIDS-related illnesses, such as common OIs.

Similarly, one-third of the facilities (5 of 15) offering CSS submitted reports for HIV and AIDS-related illnesses that were treated at the facility. These may or may not be the same facilities. However, some gaps need to be addressed in relation to routine report submission and records for HIV and AIDS services in facilities that offer CSS for clients infected with HIV and AIDS. Either these gaps result from the low number of clients accessing these services, thus facilities may not deem routine reporting necessary, or they are affected by limited human resources. As there is no additional information to understand the gaps at this point, having records for and submitting reports on this information may enable decisionmakers and partners to better understand the treatment needs at the facility level and to help improve the overall supplies and services that the facilities offer.

4.2.2 Records for Prevention of Mother-To-Child Transmission of HIV

PMTCT

Ten sites across eight facilities offer PMTCT services in Barbados. Many of the facilities that offer PMTCT services have specific documentation, as Table 4.2.2a shows. For example, five of those eight facilities offering PMTCT services have an observable record of women attending ANC and who accepted HIV testing. Similarly, in five of those eight facilities there was an observed record of women who received HIV test results, and five of eight facilities also had records that were observed of women who received post-test counseling for HIV (by serostatus). No facilities had a record of HIV-positive pregnant women who were provided a complete ARV course for PMTCT; also, no facilities had all of the recordkeeping documentation noted in Table 4.2.2a. This is definitely a helpful piece of information for planning facility- and national-level actions to scale up/strengthen the health system in Barbados.

Table 4.2.2a: Availability of service records for PMTCT services,[1] HSPA Barbados 2005

Number of facilities	Number of sites offering PMTCT services	Number of facilities offering any PMTCT services	Number of facilities offering PMTCT services and having indicated documentation				
			Observed record of women attending ANC and who accepted HIV testing	Observed record of women who received HIV test results	Observed record of women who received post-test counseling (by serostatus)	Observed record of HIV+ pregnant women who were provided a complete ARV course for PMTCT	All items for indicator
17	10	8	5	5	5	0	0

[1]Among public facilities offering services for prevention of mother to child transmission of HIV (PMTCT), number with the indicated documentation observed and up-to-date.

PMTCT+

All elements for PMTCT+ services have been defined to include HIV counseling and testing (CT) services, ARV prophylaxis for mother and newborn, counseling on infant feeding and family planning for HIV-positive women, ARV treatment for HIV-positive women and family members, counseling and testing records for ANC clients, records on ARV prophylaxis provided, and records on therapeutic ARV for women receiving PMTCT services. As Table 4.2.2b illustrates, of the 17 facilities in Barbados, only one site within one facility offers PMTCT+ services. Perhaps because of the small number of clients and/or the single facility in the country, records of HIV-positive pregnant women who received therapeutic ARV or of family members who received ARV were not observed. This might be an area for further development, as the health system for HIV and AIDS services begins to see more patients and needs to scale up to accommodate and track these patients.

Table 4.2.2b: Availability of service records for PMTCT+ services[1] HSPA Barbados 2005

Number of facilities	Number of sites offering PMTCT+ services	Number of facilities offering PMTCT+ services[2]	Number of facilities		
			Observed record of HIV+ pregnant women who receive therapeutic ARV	Observed record of family member who receive ARV	All elements and records PMTCT+[3]
17	1	1	0	0	0

[1]Among public facilities offering services for prevention of mother-to-child transmission of HIV and antiretroviral treatment for HIV-positive women and their families (PMTCT+), number with the indicated up-to-date documentation.

[2]PMTCT+ service provision is defined as having ARV treatment for HIV-positive women and her family members.

[3]All elements for PMTCT+ services (CT services, ARV prophylaxis for mother and newborn, counseling on infant feeding and family planning for HIV-positive women, ARV treatment for HIV-positive women and family members, counseling and testing records for ANC clients, records on ARV prophylaxis provided, and records on therapeutic ARV for women receiving PMTCT services.

CHAPTER 5: AVAILABILITY OF YOUTH-FRIENDLY SERVICES

5.1 OVERVIEW

The Caribbean region's youth population is becoming more susceptible to HIV and AIDS. Sources explain, "the face of HIV in the region has become increasingly young and female."[74] Also, Caribbean Epidemiology Center (CAREC) notes in *Status and Trends Analysis of the Caribbean HIV/AIDS Epidemic 982-2002*, "73 percent of cases diagnosed are between 15 and 44 years, with close to 50% of these between 25 and 34 years. Young people and young adults are the most vulnerable group whether in or out of school, with young women aged 15 to 19 having characteristics of a distinct epidemic profile."[75]

Since youth are a major target group in HIV/AIDS prevention and treatment, YFS are also assessed by the HSPA. This indicator is based on information from the facility or service site (VCT and PMTCT services) and provider interview responses. Questions were asked as to whether there were any written policies or guidelines for the YFS available in the facility and whether staff were trained in providing them. The HSPA also asked whether YFS were provided in a separate room and if there were discounts or waived fees for youth, since both would make services more accessible to youth.

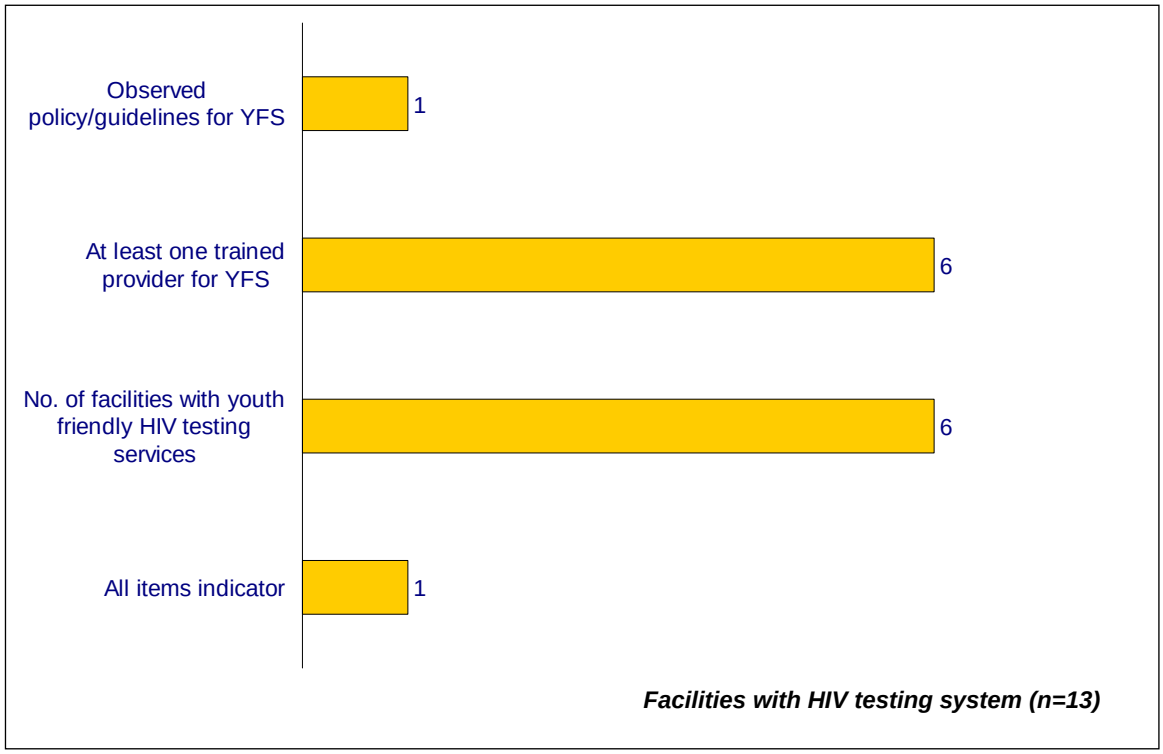
5.2 SERVICE CONDITIONS FOR YOUTH-FRIENDLY SERVICES

The HSPA in Barbados reports that of the 13 facilities that have an HIV testing system, 6 offer youth-friendly testing services (Figure 5.2). Encouragingly, all six of those facilities offering youth-friendly HIV testing services have at least one trained provider for YFS. However, only one of the six facilities had policy/guidelines for YFS that were observed at the facility. Only one facility that offers YFS had observed policy/guidelines and had trained staff to provide the services.

[74] Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. *AIDS Care*, *17*(Supplement 1/June), S9–S25, pp. S9

[75] Caribbean Epidemiology Centre. 2004. *Status and trends: Analysis of the Caribbean HIV/AIDS epidemic 1982-2002*. Port of Spain, Trinidad: Caribbean Epidemiology Centre, pp. 2.

Figure 5.2: Youth-Friendly Services for HIV and AIDS. HSPA Barbados 2005



Although the surveyed facilities reporting YFS include just under half of the facilities with an HIV testing system, this shows that efforts are being made to begin to address the needs of a key target group for HIV prevention, care, and support. As mentioned earlier, youth are at risk for HIV, and having YFS sites/facilities available is paramount to diminish that risk. Barbados, like other countries in the Caribbean, should consider how to adapt, enhance, and scale up prevention programs within the public health care system and facilities. For example, programs within the clinic might look to research stemming from Haiti (a very different epidemiologic picture from Barbados, but where youth programs are addressing similar issues in both countries), which highlights the importance of programmatic impacts on change, such as effective sexual communication and negotiation skills and building on social norms around preventive behaviors that would be effective in preventing HIV infection in adolescents.[76]

Further, targeting these strategies at young women and designing youth-friendly facilities/health services with a gendered lens are also imperative, as the trend in HIV infection in the region is turning more towards young women.[77]

[76] Holschneider, S. and C. S. Alexander. 2003. Social and psychological influences on HIV preventive behaviors of youth in Haiti. *Journal of Adolescent Health, 33*, 39.
[77] Ibid.

CHAPTER 6: CONCLUSION

The HSPA provides a mechanism for assessing capacity, availability of services, and training needs related to the goals and priority program areas in the National HIV/AIDS Action Plan. It also acts as a valuable resource for identifying key areas that could use more financial, and human resources, and specialized support to enable Barbados to expand services and implement additional programs. Barbados has identified specific target areas in its HIV and AIDS program, which include—

1. Upgrading the surveillance system to gather, analyzes, and use for advocacy and planning the epidemiological, behavioral, care and research information related to HIV/AIDS/STIs

2. Improving quality treatment and care to include diagnosis, clinical management, care and support for persons infected and affected

3. Increased voluntary counseling and confidential HIV testing; blood safety and HIV post-exposure prophylaxis

4. Reducing mother-to-child transmission of HIV

5. Introducing an aggressive HAART program for ALL infected residents who, under national treatment policy guidelines, are in need of such treatment.[78]

This report has shown the strengths and challenges of the health system in Barbados. Some of the strengths identified in this report include the provider's positive attitudes towards PLHIV (72 percent), HIV testing systems within facilities, STI services, advanced care services and medication available to treat advanced-level HIV and AIDS clients in facilities that have CSS. Also important, is the high level of infection control in facilities, general opportunistic infection treatment, and PMTCT services.

Barbados might consider addressing or assessing some areas more in depth to understand where improvements might be most effective and able to be made—they include tuberculosis diagnosis, treatment and follow-up, PMTCT services, and recordkeeping and monitoring systems in different care, support and treatment settings, as well as ensuring that appropriate guidelines and protocols are available in service sites and facilities. Training of service providers in key areas, and the strengthening of staff supervision might be considered to confirm areas of need.

The results of this study should be used carefully and within context. We hope that this information will be used by health service and program professionals, line ministries, other government officials, and key decisionmakers in Barbados. If this happens, resources can be distributed to the most beneficial areas and to assess whether

[78] Ministry of Health, Barbados. November 2000. *Government of Barbados Action plan for a comprehensive programme on the management, prevention, and control of HIV/AIDS: 2001-2006*. Government of Barbados.

proposed target areas in HIV and AIDS strategic plans are being addressed. With local, national, and regional partners, Barbados has the potential to continue to supply its population with effective HIV and AIDS care and support services. The Caribbean HSPA can be a useful tool for decisionmakers and their partners to identify strengths and challenges to address in program scale-up.

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APPENDIX: SURVEY INSTRUMENT

EASTERN CARIBBEAN HIV/AIDS SERVICE PROVISION ASSESSMENT (HSPA) SURVEY
COVER SHEET

1. Facility Identification

001 NAME OF FACILITY _____

002 LOCATION OF FACILITY _____

003 COUNTRY _____

004 DISTRICT _____

005 FACILITY NUMBER . . . . . .

FACILITY CODE
COUNTRY NUMBER . . . . . [ ][ ]

DISTRICT NUMBER . . . . . [ ][ ]

FACILITY NUMBER [ ][ ][ ]

006 TYPE OF FACILITY:

NATIONAL REFERRAL/TERTIARY HOSPITAL	01
GENERAL HOSPITAL	02
DISTRICT HOSPITAL	03
HOSPITAL	04
POLYCLINIC/HEALTH CENTR	05
HEALTH POST	06
STAND-ALONE VCT	07
DOCTOR'S OFFICE	08
OTHER _____ (SPECIFY)	96

FACILITY TYPE . . . . . [ ][ ]

007 MANAGING AUTHORITY

GOVERNMENT	01
NGO	02
PRIVATE (FOR-PROFIT)	03
PRIVATE (NOT FOR-PROFIT)	04
SEMIAUTONOMOUS	05
MISSION	06
OTHER _____ (SPECIFY) . . .	96

MANAGING . . . . . [ ][ ]
AUTHORITY

2. Information about Interview

008 INTERVIEWER VISITS:

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

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

RESULT CODE
FROM LAST ATTEMPT . . . . . [ ]

009 Date:

[ ][ ] [ ][ ] [ ][ ]
DAY MONTH YEAR

010 Name of the interviewer: _____

INTERVIEWER CODE . . . . . [ ][ ]

011 CHECKED BY MONITOR/SUPERVISOR . . . . . [ ]

SIGNATURE _____ DATE _____

GPS READING

1 Turn GPS machine on and wait until satellite page changes to "posi ion"

2 Press "MARK"

3 Highlight "WAYPOINT NUMBER" and press "ENTER"

4 Enter facility code (seven digits)

5 Highlight "AVERAGE" and press "ENTER"

6 Wait 3 minutes

7 Highlight "SAVE" and press "ENTER"

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

9 Highlight your waypoint

10 Copy information from waypoint list page- this is the average of all the satellite readings

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

012 WAYPOINT NAME	FACILITY CODE . . . . .
013 LATITUDE	DEGREES/DEC M b . c
014 LONGITUDE	DEGREES/DEC M b . c

FACILITY CHECKLIST FOR QUESTIONNAIRES:
OUTPATIENT & INPATIENT SERVICES

Facility code: COUNT. 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 through a specific clinic or service unit.
FOR EACH SERVICE MENTIONED, MAKE CERTAIN THE SERVICE IS OFFERED AS A SERVICE SEPARATE FROM THE GENERAL OPD CURATIVE CARE SERVICE. IF YES, MARK AN 'X' IN THE CORRESPONDING BOX FOR "CLINIC/UNIT EXISTS".
IF THERE ARE MORE THAN ONE SUCH CLINIC/UNIT IN THE FACILITY, USE THE CODE FOR 'OTHER'.
NEXT, ASK: Are clients who are suspected or confirmed to have HIV/AIDS ever seen initially, or provided with any services related to HIV/AIDS in his clinic/unit? IF CLIENTS WITH SUSPECTED OR CONFIRMED HIV/AIDS ARE PROVIDED AIDS-RELATED SERVICES IN THAT CLINIC/UNIT, MARK AN 'X' IN THE CORRESPONDING BOX FOR "HIV/AIDS CLIENTS". IF CLIENTS SUSPECTED OF HAVING HIV/AIDS ARE REFERRED ELSEWHERE, AND THE CLINIC/UNIT DOES NOT PROVIDE ANY SERVICES RELATED TO HIV/AIDS, THEN LEAVE THE BOX FOR "HIV/AIDS CLIENTS" BLANK.

	CLINIC/UNIT	CLINIC/ UNIT EXISTS	HIV/AIDS CLIENTS	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	GENERAL OUTPATIENT	☐	☐	☐	☐	☐	☐	☐			
02	PEDIATRIC OUTPATIENT	☐	☐	☐	☐	☐	☐	☐			
03	ANTENATAL CARE (ANC) (OPD)	☐	☐	☐	☐	☐	☐	☐			
04	FAMILY PLANNING (FP) (OPD)	☐	☐	☐	☐	☐	☐	☐			
05	LABOR AND DELIVERY (OPD)	☐	☐	☐	☐	☐	☐	☐			
06	RESPIRATORY (TB/PCP) (OPD)	☐	☐	☐	☐	☐	☐	☐			
07	VCT OR CT ONLY (OPD)	☐	☐	☐	☐	☐	☐	☐			
08	PMTCT ONLY (OPD)	☐	☐	☐	☐	☐	☐	☐			
09	HIV/AIDS ONLY (OPD)	☐	☐	☐	☐	☐	☐	☐			
10	OUTPATIENT C/U COMB NES SPECIAL DIAGNOSES NCLUDING HIV/AIDS (OPD)	☐	☐	☐	☐	☐	☐	☐			
11	SEXUALLY TRANSMITTED INFECTION (OPD)	☐	☐	☐	☐	☐	☐	☐			
12	GYNECOLOGY (OPD)	☐	☐	☐	☐	☐	☐	☐			
13	UROLOGY (OPD)	☐	☐	☐	☐	☐	☐	☐			
14	DERMATOLOGY (OPD)	☐	☐	☐	☐	☐	☐	☐			
15	EMERGENCY (ER) (OPD)	☐	☐	☐	☐	☐	☐	☐			
16	HYPERTENSION, DIABETES CHRONIC ILLNESS (OPD)	☐	☐	☐	☐	☐	☐	☐			
17	MENTAL HEALTH (OPD)	☐	☐	☐	☐	☐	☐	☐			
18	COUNSELING (OPD)	☐	☐	☐	☐	☐	☐	☐			
19	OTHER OPD _____ (SPECIFY TYPE)	☐	☐	☐	☐	☐	☐	☐			
20	OTHER OPD _____ (SPECIFY TYPE)	☐	☐	☐	☐	☐	☐	☐			
21	OTHER OPD _____ (SPECIFY TYPE)	☐	☐	☐	☐	☐	☐	☐			
22	HMIS (OPD or OPD&IPD)								☐		
23	LAB (OPD or OPD & IPD)									☐	
24	PHARMACY (OPD or OPD & IPD)										☐

25	GENERAL MEDICAL INPATIENT (Male and Female)										
26	MALE MEDICAL INPATIENT										
27	FEMALE MEDICAL INPATIENT										
28	PEDIATRIC INPATIENT										
29	HIV/AIDS INPATIENT										
30	DELIVERY INPATIENT										
31	RESPIRATORY (TB/PCP) INPATIENT										
32	UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS										
33	SURGERY INPATIENT (Male and Female)										
34	MALE SURGICAL										
35	FEMALE SURGICAL										
36	OTHER IPD_____ (SPECIFY)										
37	OTHER IPD_____ (SPECIFY)										
38	OTHER IPD_____ (SPECIFY)										
39	INPATIENT ONLY HMIS										
40	INPATIENT ONLY LAB										
41	INPATIENT ONLY PHARMACY										

	OPD or IPD	TB	VCT	ART	PMTCT	HMIS	LAB	PHARM
TOTAL QREs COMPLETED								

TOTAL HEALTH WORKER INTERVIEW QREs	

STAFF LISTING FORM

INTERVIEWER CODE [ ][ ] STAFF LISTING CODE [ ][ ] FACILITY CODE [ ][ ] [ ][ ] [ ][ ][ ]

COUNTRY DISTRICT FACILITY

CLINIC/ UNIT NUMBER	PROVIDER CODE AND NAME			SERVICE RELATED TO HIV/AIDS											
	CIRCLE PROVIDER CODE FOR THOSE SELECTED FOR INTERVIEW		QUALI-FICATION * (ENTER NUMBER)	COUNSEL	HIV TEST	PMTCT	ART	SOC. SERV.	CLINICAL CARE HIV	LAB	TB	DELIVERY	OTHER (SPECIFY)	INTERVIEW COMPLETE	
	CODE	NAME												YES	NO
	01														
	02														
	03														
	04														
	05														
	06														
	07														
	08														
	09														
	10														
	11														
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	17														
	18														
	19														
	20														
	21														
	22														
	23														
	24														
	25														

*Provider Qualification Code:
01=Specialist/Consultant Physician **02=**Physician/Medical Doctor **03=**Medical Officer **04=**Physician's Assistant/Medex **05=**Nurse-Midwife **06=**Nurse
07=Midwife **08=**Family Nurse Practitioner **09=**Nursing Assistant **10=**Clinic Aide **11=**Public Health/Community Health Nurse **12=**Community Health Worker
13=Community Health Aide **14=**Health Visitor **15=**Health Educator **16=**Lab Technician/Technologist **17=**Lab Assistant **18=**Social Worker
19=HIV/AIDS Counselor **20=**Other Counselor **21=**Psychologist **22=**Nutritionist **23**=Other (write in)

STAFF LISTING FORM

INTERVIEWER CODE [ ][ ] STAFF LISTING CODE [ ][ ] FACILITY CODE [ ][ ] [ ][ ] [ ][ ][ ]

COUNTRY DISTRICT FACILITY

CLINIC/ UNIT NUMBER	PROVIDER CODE AND NAME			SERVICE RELATED TO HIV/AIDS											
	CIRCLE PROVIDER CODE FOR THOSE SELECTED FOR INTERVIEW		QUALI-FICATION * (ENTER NUMBER)	COUNSEL	TEST	PMTCT	ART	SOC. SERV.	CLINICAL CARE HIV	LAB	TB	DELIVERY	OTHER (SPECIFY)	INTERVIEW COMPLETE	
	CODE	NAME												YES	NO
	26														
	27														
	28														
	29														
	30														
	31														
	32														
	33														
	34														
	35														
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	45														
	46														
	47														
	48														
	49														
	50														

*Provider Qualification Code:
01=Specialist/Consultant Physician **02=**Physician/Medical Doctor **03=**Medical Officer **04=**Physician's Assistant/Medex **05=**Nurse-Midwife **06=**Nurse
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19=HIV/AIDS Counselor **20=**Other Counselor **21=**Psychologist **22=**Nutritionist **23**=Other (write in)

SECTION A: OVERVIEW OF HIV/AIDS SERVICES

Code of facility: [ ][ ] [ ][ ] [ ][ ][ ]
COUNTRY DISTRICT FACILITY

QRE TYPE [A]

Interviewer Code: [ ][ ]

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services and questions about general operations at this facility. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. At a later point during our visit, we will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time to ask some basic questions and to learn about the different service units in this facility. After that, I will request to speak with others in the facility. We expect to spend (*one day / one-half day*) in total here ta king to staff members. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

100	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→STOP
101	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ] 24 HOUR CLOCK	Date [ ][ ] [ ][ ] [ ][ ] DAY MONTH YEAR	

NO.	QUESTIONS	CODING CATEGORIES		GO TO
102	**GO TO FACILITY CHECKLIST PORTION OF COVER.** **AFTER THE FIRST TWO COLUMNS ARE FILLED IN, CONTINUE WITH THIS QUESTIONNAIRE AT Q103**			
103	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 staff of this qualification your facility is authorized to have, and then tell me how many of this qualification are actually assigned to the facility.			
	QUALIFICATION	(a) NUMBER AUTHORIZED	(b) ACTUAL NUMBER ASSIGNED TO FACILITY	
01	Specialist/Consultant Physician			
02	Physician (on site)			
03	Physician (visiting)			
04	Medical Officer/Physician			
05	Physician's Assistant/Medex (on site)			
06	Physician's Assistant/Medex (visiting)			
07	Head Nurse or Nurse/Midwife			
08	Nurse/Midwife			
09	Nurse			
10	Midwife			
11	Family Nurse Practitioner			
12	Nursing Assistant			
13	Clinic Aide/Personal Care Assistant (PCA)			
14	Public Health/Community Health Nurse			
15	Community Health Worker			
16	Community Health Aide			
17	Health Visitor			
18	Health Educator			
19	Lab technician/technologist			
20	Lab assistant			
21	Social worker			
22	HIV/AIDS counselor			

NO.	QUESTIONS	CODING CATEGORIES		GO TO
23	Other counselor			
24	Psychologist			
25	Nutritionist			
26	All other clinical staff (non-administrative)			
104	SUM THE NUMBER OF STAFF REPORTED IN COLUMN (a) AND COLUMN (b).			
	You have told me that there are (TOTAL STAFF) clinical staff assigned to this facility. Is this correct? IF NOT CORRECT, PROBE AND MAKE CORRECTIONS.			
105	In addition to the above mentioned staff, does this facility have any people who are not officially assigned to the facility but who work routinely (either full or part time) and who provide client services? This might include seconded staff from other organizations or volunteers.	YES . . . . . 1 NO 2		→ 108
106	Please tell me the number of staff of each of the qualifications I will mention that are seconded to this facility, both the number providing HIV/AIDS related services and the number providing other services.		SERVICES HIV/AIDS OTHER	
01	Doctor	DOCTOR		
02	Medex	MEDEX		
03	Nurse	NURSE		
04	Midwife	MIDWIFE		
05	Nursing assistant	NURSING ASSISTANT		
06	Laboratory technician	LAB TECHNICIAN		
07	Laboratory assistant	LAB ASSISTANT		
08	Counselor	COUNSELOR		
09	Community worker	COMM WORKER		
10	Other clinical staff	OTHER (CLINICAL)		
107	SUM THE NUMBER OF OTHER PEOPLE WHO WORK WITH THE FACILITY.	TOTALS		
108	Is there a pharmacy or other place where medications for outpatients are stored? PROBE FOR TYPE	OPD, OR OPD & IPD . . . . . 1 IPD ONLY . . . . . 2 NO 3		
109	Does the facility have a computer? (REPORTED RESPONSE IS ACCEPTABLE) IF YES, ASK: Is the computer functioning today?	YES, FUNCTIONING . . . . . 1 YES, NOT FUNCTIONING . . . . . 2 NO 3		→ 111

NO.	QUESTIONS	CODING CATEGORIES	GO TO
110	Is there access to email/internet within the facility? (REPORTED RESPONSE IS ACCEPTABLE)	YES . . . . . 1 NO 2	
111	Does the facility have a functioning telephone or 2-way radio to call outside? (REPORTED RESPONSE IS ACCEPTABLE)	YES, TELEPHONE . . . . . 1 YES, 2-WAY RADIC . . . . . 2 NO 3	
112	Does this facility have a back-up generator? IF YES, ASK: Is the generator functioning and is fuel routinely available? (REPORTED RESPONSE IS ACCEPTABLE)	YES, FUNCTIONING AND FUEL ROUTINELY AVAILABLE . . . . . 1 YES, FUNCTIONING BUT FUEL NOT ROUTINELY AVAILABLE . . . . . 2 YES, BUT NOT FUNCTIONING . . . . . 3 NO GENERATOR 4	
113	Does this facility ever obtain electricity from any non-generator source?	YES CENTRAL SUPPLY . . . . . 1 YES, SOLAR OR OTHER SUPPLY . . . . . 2 NO 3	→ 116
114	Is the electricity (not including any backup generator) always available during the times when the facility is providing services, or is it sometimes interrupted?	ALWAYS/ALMOST ALWAYS AVAILABLE . . . . . 1 SOMETIMES INTERRUPTED . . . . . 2 ELECTRICITY ONLY AFTER DARK 3	→ 116
115	IF SOMETIMES INTERRUPTED, ASK: How many *days* during the past week was the electricity not available for at least 2 hours?	NUMBER OF DAYS *NOT* AVAILABLE IN PAST WEEK . . . . . [ ] NEVER INTERRUPTED 2 HOURS OR MORE 0	
116	What is the most commonly used source of water for washing hands and other items in the facility? (REPORTED RESPONSE IS ACCEPTABLE)	PIPED FROM PROTECTED SOURCE, SUCH AS PROTECTED WELL OR BOREHOLE 1 PIPED FROM UNPROTECTED SOURCE, SUCH AS UNPROTECTED WELL OR BOREHOLE 2 RAINWATER PROTECTED . . . . . 3 RAINWATER UNPROTECTED . . . . . 4 RIVER OR LAKE OR POND . . . . . 5 OTHER _____ . . . . . 6 SPECIFY DON'T KNOW 8	
117	Is the water outlet from this source available onsite or within 500m of the facility? REPORTED RESPONSE IS ACCEPTABLE	YES, INSIDE FACILITY . . . . . 1 YES, OUTSIDE FACILITY . . . . . 2 NO 3	
118	Is the water supply for this facility sometimes interrupted or always available?	SOMETIMES INTERRUPTED . . . . . 1 ALWAYS AVAILABLE 2	→ 120
119	How many days in the last 6 months was water unavailable?	DAYS [ ][ ][ ]	
120	Does this facility perform diagnostic x-rays?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	AT THIS TIME, EXPLAIN TO THE IN-CHARGE THAT REMAINING QUESTIONS RELATE SPECIFICALLY TO HIV/AIDS AND THAT YOU NEED TO SPEAK TO THE PERSON BEST ABLE TO RESPOND TO QUESTIONS ABOUT FACILITY LEVEL HIV/AIDS POLICIES IN ORDER TO COMPLETE THE NEXT PORTION OF THE QUESTIONNAIRE. YOU ALSO MAY WANT TO EXPLAIN AT THIS TIME THAT YOU WILL NEED TO SPEAK TO THE IN-CHARGE AT EACH CLINICAL CARE AND/OR SUPPORT SERVICE AREA FOR OUTPATIENT AND FOR INPATIENT SERVICES. ASK WHO COULD INTRODUCE YOU TO THE MOST APPROPRIATE RESPONDENTS. OFFER TO RETURN AT THE END OF THE DAY TO DEBRIEF THE FACILITY IN-CHARGE		
121	IF INFORMED CONSENT HAS NOT BEEN RECEIVED FROM THE RESPONDENT, READ TEXT ON PAGE 1. DOES THE RESPONDENT AGREE TO PARTICIPATE?	YES . . . . . 1 NO 2	
122	Do providers in this facility ever order or refer clients for HIV/AIDS testing? IF YES, INDICATE WHERE THE TEST IS DONE. IF THE FACILITY CONDUCTS THE TEST OR THERE IS AN AFFILIATED LABORATORY, THE LAB QRE MUST BE COMPLETED.	YES, FACILITY CONDUCTS TEST . . . . . 1 YES, FACILITY DRAWS BLOOD, SENDS TO EXTERNAL LABORATORY . . . . . 2 YES, FACILITY REFERS TO AFFILIATED EXTERNAL LABORATORY . . . . . 3 YES, CLIENTS REFERRED EXTERNALLY TO OTHER SITE (NON-AFFILIATED) . . . . . 4 NO 5	→124 →124 →124 →130
123	Where are HIV/AIDS tests conducted in this facility? INDICATE ALL SITES FOR THIS FACILITY. MULTIPLE RESPONSES MAY APPLY.	(V)CT CLINIC . . . . . A PMTCT CLINIC . . . . . B LABORATORY (ONLY ONE IN FACILITY . . . . C LABORATORY-OUTPATIENT ONLY . . . . . D LABORATORY-INPATIENT ONLY . . . . . E RAPID TEST ONSITE IN CLINIC/UNIT OTHER THAN VCT OR PMTCT . . . . . F OTHER _____ X SPECIFY	→ LAB QRE → LAB QRE → LAB QRE
124	Are there guidelines or written procedures for counseling for HIV testing in this facility? (SEE GUIDELINE #1) IF YES: May I see it?	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO . . . . . 4 DON'T KNOW 8	→ 126
125	Is there a written procedure for pre- and post-test counseling for HIV testing? (SEE GUIDELINE #1 - SUBSET) IF YES: May I see it?	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO . . . . . 4 DON'T KNOW 8	
126	Is there an official institutional policy on confidentiality and disclosure of HIV test results or client HIV status? IF YES: May I see it?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→128
127	Does the written policy specify that no one, <u>including family,</u> can be informed of the HIV/AIDS status without the client's consent?	YES, OBSERVED . . . . . 1 YES, REPORTED . . . . . 2 NO 3	
128	Are new staff, who work with HIV/AIDS clients in any capacity, routinely given written or verbal instruction in confidentiality and disclosure of HIV test results or client status?	YES, IN CONTRACT . . . . . 1 YES, NOT IN CONTRACT . . . . . 2 NO . . . . . 3 DON'T KNOW 8	
129	Do you have any staff who have been trained in <u>both</u> pre and post test counseling for HIV/AIDS?	YES, TRAINED COUNSELOR IN FACILITY . . . . . 1 NO TRAINED COUNSELOR IN FACILITY . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
130	THE REMAINING QUESTIONS RELATE TO PEP. HAS AN INFORMED CONSENT BEEN RECEIVED FROM THE RESPONDENT FOR PEP?	YES . . . . . 1 NO 2	
131	Do staff in this facility have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY . . . . . 1 YES, REFERRED TO OTHER FACILITY FOR PEP 2 NO PEP AVAILABLE 3	→133 →139
132	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . . . . . 1 YES, RECORD SHOWS REFERRAL ONLY . . . . 2 YES, RECORD SHOWS TREATMENT ONLY . 3 NO RECORD OR REFERRAL 4	→138 →138 →138 →138
133	ASK TO GO TO WHERE PEP MEDICINES ARE STORED AND RECORD WHICH MEDICINES ARE PRESENT.	COMBIVIR (ZDV/3TC) . . . . . A STAVUDINE . . . . . B LAMIVUDINE . . . . . C INDINAVIR . . . . . D OTHER_____ . . . . . W OTHER_____ . . . . . X NONE . . . . . Y	
134	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	YES, LOCKED, SEPARATE FROM OTHER MEDICINES . . . . . 1 YES, LOCKED, BUT NOT SEPARATE FROM OTHER MEDICINES . . . . . 2 NO, NOT LOCKED, SEPARATE FROM OTHER MEDICINES . . . . . 3 NO, NOT LOCKED, AND NOT SEPARATE ROM OTHER MEDICINES . . . . . 4 OTHER_____ . . . . . 6 (SPECIFY)	
135	Is the PEP regime prescribed by a provider in this clinic/unit, that is, where the medicines are stored?	YES . . . . . 1 NO 2	 →137
136	Are there any written guidelines for post-exposure prophylaxis available in this clinic/ unit? IF YES, ASK TO SEE THE GUIDELINES. (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
137	Is a record maintained for staff who are referred to this facility for or prescr bed PEP at this facility? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
138	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED,COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
	REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER		
139	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 24 HOUR CLOCK	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION B: HIV/AIDS OUTPATIENT CARE

Code of facility: [ ][ ] COUNTRY [ ][ ] DISTRICT [ ][ ][ ] FACILITY

QRE TYPE [B]

Interviewer Code: [ ][ ]

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

CRITERIA FOR ELIGIBILITY: CLINIC/UNIT EITHER PROVIDES CARE AND/OR SUPPORT SERVICES FOR CLIENTS WHO ARE SUSPECTED OR CONFIRMED HIV/AIDS CASES **OR** PROVIDES OR PRESCRIBES HIV/AIDS TESTS FOR A CLIENT **OR** PROVIDES COUNSELING RELATED TO HIV/AIDS.

IF NO HIV/AIDS SERVICES ARE REPORTED AT THE FACILITY IN ANY CLINIC/UNIT, THIS QUSTIONNAIRE MUST BE COMPLETED.

200	INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER [ ][ ] NAME OF UNIT_____	
200a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . . . 04 SEMIAUTONOMOUS . . . . . 05 MISSION . . . . . 06 OTHER _____ . . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]	

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services and questions about general operations at this facility. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

201	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
202	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ] 24 HOUR CLOCK	DATE [ ][ ][ ][ ][ ][ ] DAY MONTH YEAR	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
203	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and who are **present today.**		
	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW. INDICATE WHETHER STAFF LIST WAS COMPLETED.	YES . . . . . 1 NUMBER OF STAFF LISTED [ ][ ] NO 2	
	Next, I want to understand any policies or practices for prescribing or referring clients in this clinic/unit for HIV test counseling or HIV testing.		
204	Do providers in this clinic/unit provide counseling for HIV tests?	YES . . . . . 1 NO 2	
205	Do providers in this clinic/unit ever prescribe HIV tests or refer clients to other clinic/units (either in this facility or outside) for HIV tests?	YES . . . . . 1 NO 2	→ 213
206	When an HIV test is prescribed or a client referred for an HIV test, what is the procedure for the client to receive the test? AFTER RESPONSE IS PROVIDED PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL RESPONSES THAT APPLY.	**CLINIC/UNIT IN THIS FACILITY** RAPID TEST ONSITE IN CLINIC/UNIT . . . A CLIENT SENT TO OTHER CLINIC/UNIT . B ENTER CLINIC/ UNIT NUMBER [ ][ ] BLOOD DRAWN IN THIS CLINIC/UNIT AND SENT TO LAB . . . . . C CLIENT SENT TO LAB . . . . . D **CLIENT REFERRED OUTSIDE FACILITY** VCT STAND-ALONE SITE . . . . . E PMTCT STAND-ALONE SITE . . . . . F POLYCLINIC / HEALTH CENTRE . . . . . G DISTRICT OR REGIONAL HOSPITAL . . . H OUTSIDE, AFFILIATED LABORATORY . . . I OUTSIDE, UNAFFILIATED LABORATORY J OTHER _____ X (SPECIFY)	→ (V)CT QRE → (V)CT QRE → (V)CT QRE → (V)CT QRE
207	CHECK Q206 TO DETERMINE IF CLIENT IS EVER REFERRED OUTSIDE THE FACILITY FOR THE HIV TEST	YES, EVER REFERRED OUTSIDE FACILITY 1 NO, TEST PROVIDED INSIDE FACILITY 2	→ 213
208	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	→ (V)CT QRE
209	Is there a record of clients who are referred for HIV tests? IF YES, ASK TO SEE WHERE THE INFORMATION IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
210	When you refer the client **to another facility** for an HIV test, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 212
211	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 213 → 213 → 213

NO.	QUESTIONS	CODING CATEGORIES	GO TO
212	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What methods do you use? CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . A CALL TO GIVE CLIENT INFORMATION . . . B REFERRAL LETTER . . . . . C OTHER _____ X (SPECIFY) NO METHOD USED . . . . . Y	
213	What is the normal practice for this clinic/unit if a person comes voluntarily to ask 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 WITHOUT APPOINTMENT FOR TEST WITHIN FACILITY . . . . . 3 REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT 4 OTHER _____ 6 (SPECIFY) DON'T PROVIDE SERVICE OR REFERRAL 7	
214	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	→ PMTCT QRE
215	CHECK Q206, Q208, AND Q214 TO SEE IF THIS CLINIC/UNIT IS ELIGIBLE FOR A (V)CT OR A PMTCT QUESTIONNAIRE.	YES ELIGIBLE FOR (V)CT OR PMTCT . . . 1 NO NOT ELIGIBLE 2	→ 219
216	Is an individual client chart/record maintained for all suspected or confirmed HIV/AIDS clients? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, IN UNIT, OBSERVED . . . . . 1 YES, IN UNIT, REPORTED, NOT SEEN . . . . 2 YES, PROVIDED OR KEPT ELSEWHERE IN FACILITY . . . . . 3 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] YES, IN CENTRAL RECORDS . . . . . 4 ONLY IF CLIENT PROVIDES . . . . . 5 OTHER _____ . . . . . 6 SPECIFY NO INDIVIDUAL RECORD 7	
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 . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 219
218	Does the policy specify that no one, **including family**, can be informed of the HIV/AIDS status without the client's consent?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
219	Now I would like to talk with the person most familiar with **clinical care services** that are available in this clinic/unit. IF SAME RESPONDENT, MARK YES AND CONTINUE. IF NEW RESPONDENT, READ TEXT ON PAGE 1. DOES THE RESPONDENT AGREE TO PARTICIPATE?	YES . . . . . 1 NO 2	

220	For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.	SERVICE OFFERED IN THIS FACILITY			
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC/UNIT THIS FACILITY	REFER CLIENTS OUTSIDE FACILITY	NO SERVICE
01	Prescribe treatment for tuberculosis (TB) or provide follow-up treatment	1→ TB QRE	2	3	4
02	Diagnose tuberculosis (TB)	1→ TB QRE	2	3	4
03	Prescribe treatment for sexually transmitted infections (STIs)	1	2	3	4
04	Prescribe treatment for malaria	1	2	3	4

221	Do you have written guidelines on any of the following topics in this clinic/unit? IF YES: May I see it please?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	National guidelines for Universal Precautions (19)	1 → 03	2	3	4
02	Other guidelines for infection control (19)	1	2	3	4
03	National guidelines on management of STIs (13)	1 → 05	2	3	4
04	Other guidelines for management of STIs (13)	1	2	3	4
05	WHO guidelines on syndromic management of STIs (13)	1	2	3	4
06	Guidelines for routinely offering HIV tests to all STI clients	1		3	4
07	National guidelines for the management of malaria (14)	1 → 222	2	3	4
08	Other guidelines for the management of malaria (14)	1	2	3	4

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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
223	Now I would like to talk with the person most familiar with **clinical services for HIV/AIDS** that are offered by this clinic/unit. OBTAIN INFORMED CONSENT IF NEW RESPONDENT. HAS CONSENT BEEN OBTAINED?	YES . . . . . 1 NO 2	

224	For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE NO REFERRAL
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC	INPATIENT SERVICE ONLY		
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections	1	2	3	4	5
02	Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care	1	2	3	4	5
03	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5
04	Fortified protein supplementation (FPS)	1	2	3	4	5
05	Prescribe or provide follow-up for ARV therapy in the facility or community based	1 → ART QRE	2	3	4	5
06	Care for pediatric HIV/AIDS patients	1	2	3	4	5
07	Dental Services	1	2	3	4	5
08	Gynecology	1	2	3	4	5
09	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5

225	For each service I mention, please tell me whether you routinely offer it to your clients. By routinely I mean the service is offered to every client who is identified as possible HIV infected. PROBE FOR WHETHER SERVICE IS OFFERED I THIS CLINIC/UNIT OR THROUGH REFERRAL WITHIN OR OUTSIDE THIS FACILITY.	SERVICE OFFERED				NO SERVICE NO REFERRAL
		ROUTINELY			SELECTIVELY	
		PROVIDE SERVICE THIS CLINIC	REFERRED TO OTHER CLINIC THIS FACILITY	REFERRED TO OUTSIDE FACILITY	SERVICE **SOMETIMES** OFFERED (MAY BE IN THIS CLINIC OR REFER)	
01	Test or screen for tuberculosis	1	2	3	4	5
02	Preventive treatment for TB (Isoniazid or 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) for pneumonia.	1	2	3	4	5
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5
05	Family planning services for HIV/AIDS clients	1	2	3	4	5
06	Condom distribution for preventing further transmission of HIV/AIDS.	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES				GO TO
226	Do you have any written guidelines for HIV/AIDS services or care for HIV/AIDS clients available in this clinic/unit?	YES . . . . . 1 NO 2				→ 228
227	For each service I mention, are written guidelines available? IF YES: Could you please show them to me?	OBSERVED, COMPLETE	OBSERVED, INCOM-PLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	
01	National guidelines for the clinical management of HIV/AIDS infection in adults (8)	1 → 07	2	3	4	
02	Other guidelines for the clinical management of HIV/AIDS infection in adults (8)	1 → 07	2	3	4	
03	Guidelines for management of opportunistic infections (subset of 8)	1	2	3	4	
04	Guidelines on micronutrient supplementation (subset of 8)	1	2	3	4	
05	Guidelines on advanced nutritional support (fortified protein supplements or FPS) (subset of 8)	1	2	3	4	
06	Guidelines on provision of symptomatic or palliative care (subset of 8)	1	2	3	4	
07	Guidelines on ART for adults (9)	1	2	3	4	
08	National guidelines for the clinical management of HIV/AIDS infection in children (8)	1 → 10	2	3	4	
09	Other guidelines for the clinical management of HIV/AIDS infection in children (8)	1	2	3	4	
10	Guidelines on ART for children (9)	1	2	3	4	
11	Guidelines on preventive therapy other than TB, such as PCP (6)	1	2	3	4	
12	Guidelines on preventive therapy for tuberculosis (7)	1	2	3	4	
13	National guidelines on community home-based care for HIV/AIDS clients	1 → 15		3	4	
14	Other guidelines on community home-based care for HIV/AIDS clients	1		3	4	
15	Standard operating procedures or guidelines for the care process for people with HIV/AIDS (5)	1	2	3	4	
16	Other guidelines relevant to HIV/AIDS or related services _____ (SPECIFY)	1		3	4	

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

229	When you refer the client to another clinic/unit **within the facility** for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3 NO REFERRALS WITHIN FACILITY 4	→ 231 → 231 → 231
230	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use? CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . A CALL TO GIVE CLIENT INFORMATION . . . B REFERRAL LETTER . . . . . C OTHER _____ X (SPECIFY) NO METHOD USED . . . . . Y	
231	Is there a register or record of clients you refer for any type of HIV/AIDS-related services? IF YES, ASK TO SEE IT.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
232	When you refer the client **to another facility** for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3 NO REFERRALS TO OTHER FACILITY 4	 → 234 → 235
233	Does the referral form have a place where the name of the referral site can be entered?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 235 → 235 → 235
234	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use? CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . A CALL TO GIVE CLIENT INFORMATION . . . B REFERRAL LETTER . . . . . C OTHER _____ X (SPECIFY) NO METHOD USED . . . . . Y	
235	Do you have a system for making individual client appointments for HIV/AIDS clients? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
236	CHECK Q224 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES . . . . . 1 NO 2	 → 246
237	When a client receives services in this clinic/unit, where is the diagnosis recorded? PROBE FOR ALL APPLICABLE AND CIRCLE ALL THAT APPLY. ASK TO SEE ANY RECORDS THAT ARE PRESENT IN THE CLINIC/UNIT	**ONLY** INDIVIDUAL CLIENT CHART/RECORD A UNIT REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, KEPT IN UNIT . . . . . B SPECIFIC REGISTER FOR HIV/AIDS CLIENTS KEPT IN UNIT . . . . . C INDIVIDUAL CLIENT CHART/RECORD . . . D REGISTER IN COMPUTER . . . . . E REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, IN CENTRAL RECORDS . . . . . F SPECIFIC REGISTER FOR HIV/AIDS CLIENTS IN CENTRAL RECORDS . . . . . G OTHER_____ X (SPECIFY) NO RECORD MAINTAINED . . . . . Y	→ 242 → 242
238	WHAT IS THE MOST RECENT DATE WHERE ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 NO DATE RECORDED . . . . . 3 REGISTER NOT SEEN 4	 → 242
	FOR EACH DIAGNOSIS LISTED, COUNT THE NUMBER OF CLIENT VISITS DURING THE PREVIOUS 12 MONTHS OR 1000 ENTRIES, WHICHEVER IS LESS.		
239	01 ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) 02 TOXOPLASMOSIS . . . . . . 03 KAPOSI'S SARCOMA . . . . . . 04 AIDS-RELATED COMPLEX (ARC) . . . . . . 05 HERPES ZOSTER/SIMPLEX . . . . . . 06 PCP (PNEUMOCYSTIS CARNII PNEUMONIA) 07 PNEUMONIA . . . . . . 08 TB (TUBERCULOSIS) . . . . . . 09 IMMUNOSUPPRESSION / HIV/AIDS . . . . . . 10 WASTING SYNDROME . . . . . . 11 CHRONIC DIARRHEA . . . . . . 12 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE . . . . . . (SPECIFY) _____	NUMBER OF VISITS . . . . . [ ][ ][ ] . . . . . [ ][ ][ ] . . . . . [ ][ ][ ] . . . . . [ ][ ][ ] . . . . . [ ][ ][ ] . . . . . [ ][ ][ ] . . . . . [ ][ ][ ] . . . . . [ ][ ][ ] . . . . . [ ][ ][ ] . . . . . [ ][ ][ ] . . . . . [ ][ ][ ] . . . . . [ ][ ][ ]	
240	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION	NUMBER OF FULL MONTHS OF DATA . . . . . [ ][ ] ENTER '97' IF UNABLE TO DETERMINE	
241	RECORD THE TOTAL NUMBER OF VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED, FOR ANY TYPE OF DIAGNOSIS	TOTAL NUMBER OF VISITS [ ][ ][ ][ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
242	Are reports regularly compiled on the number of visits by clients who seek treatment from this clinic/unit for HIV/AIDS related illnesses?	YES, FOR ALL VISITS . . . . . 1 YES, FOR CONFIRMED HIV/AIDS ONLY . 2 NO 3	 → 246
243	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	 → 245
244	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B DISTRICT LEVEL . . . . . C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM . . . . . E OTHER_____ X (SPECIFY)	
245	Do you use a standardized form for your reports?	YES . . . . . 1 NO 2	
246	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT . . . . . 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER [ ][ ] YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 3 NO PEP AVAILABLE 4	→ 248 → 253
247	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . . . . . 1 RECORD SHOWS REFERRAL ONLY . 2 NO RECORD OF REFERRAL 3	 → 252 → 252 → 252
248	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 253
249	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES . . . . . 1 NO 2	 → 253
250	Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
251	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
252	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED,COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
253	Does this clinic/unit ever keep patients overnight for observation or treatment? PROBE FOR CORRECT RESPONSE.	YES, BUT THERE ARE NO FORMAL INPATIENT SERVICES . . . 1 YES, ADMITTED AS INPATIENT TO THIS CLINIC/UNIT . . . . . 2 NO, ADMITTED AS INPATIENT TO OTHER CLINIC/UNIT, THIS FACILITY . . . . . 3 NO OVERNIGHT CARE 4	 → 257 → 257 → 257

NO.	QUESTIONS	CODING CATEGORIES	GO TO
254	Where are inpatients diagnosed or suspected having HIV kept in relation to other patients? CIRCLE ALL THAT APPLY.	MIXED (HIV/AIDS AND OTHER) . . . . . A CLUSTERED (HIV/AIDS IN SEPARATE PART OF ROOM WITH OTHERS) . . . . . B SEPARATE UNIT/ROOM FOR HIV/AIDS . . . C DO NOT TREAT HIV/AIDS PATIENT . . . . . Y DON'T KNOW . . . . . Z	
255	I am now interested in knowing about the number of adult and pediatric HIV/AIDS patients that you currently have as inpatients. I am also interested in knowing about how many adult and pediatric inpatients you have 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 FACILITY TOTAL IS PROVIDED FOR BOTH HIV/AIDS INPATIENTS AND ALL INPATIENTS.		
01	How many inpatients age 15 years or older are there today who have a probable or confirmed diagnosis of HIV/AIDS?	ADULTS, HIV/AIDS . . . . . [ ][ ] DON'T KNOW 98	
02	How many inpatients age younger than 15 years are there today who have a probable or confirmed diagnosis of HIV/AIDS?	PEDIATRICS, HIV/AIDS . . . [ ][ ] DON'T KNOW 98	
03	How many inpatients age 15 years or older are there today in total, including all diagnoses?	ADULTS, TOTAL . . . . . [ ][ ] DON'T KNOW 98	
04	How many inpatients younger than 15 years are there today in total, including all diagnoses?	PEDIATRICS, TOTAL [ ][ ] DON'T KNOW 98	
256	INDICATE THE SOURCE OF DATA FOR THE NUMBER OF HIV/AIDS PATIENTS IN THE HOSPITAL TODAY CIRCLE ALL THAT APPLY	REGISTER/RECORDS . . . . . A VERBAL FROM STAFF IN INPATIENT UNITS . . . . . B NO INFORMATION AVAILABLE . . . . . Y	
257	Is there an indoor waiting area for clients, for example where they are protected from sun and rain?	YES . . . . . 1 NO 2	
258	Is there a client toilet that patients from this clinic/unit can use? IF YES, ASK TO SEE THE TOILET AND INDICATE THE CONDITION	YES, FUNCTIONING,CLEAN, ... 1 YES, FUNCTIONING, NOT CLEAN . . . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO CLIENT TOILET 4	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
	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.				
259	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE NON-LATEX GLOVES	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
16	DISPOSABLE SYRINGES	1	2	3	
17	EXAMINATION TABLE	1	2	3	
18	MASKS	1	2	3	
19	GOGGLES / GLASSES	1	2	3	
260	Where is used equipment from this unit sterilized or disinfected before being reused again? CIRCLE ALL THAT APPLY USE SKIP FOR "D" IF IT IS ONLY OPTION CIRCLED	NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY . . . . . A THIS CLINIC/UNIT . . . . . B OTHER CLINIC/UNIT THIS FACILITY . . . C ENTER CLINIC/UNIT NUMBER [ ][ ] SEND TO OTHER FACILITY . . . . . D OTHER _____ X (SPECIFY) NO ITEMS EVER PROCESSED . . . . . Y			→ 270 → 270
261	HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION.	YES . . . . . 1 NO 2			→ 270

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION		
262	What procedure is used for decontaminating and cleaning equipment before its final processing for reuse? CIRCLE ALL THAT APPLY	SOAKED IN DISINFECTANT SOLUTION THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . A BRUSH SCRUBBED WITH SOAP AND WATER THEN SOAKED IN DISINFECTANT . . . . . B BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . C SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED . . . . . D OTHER _____ (SPECIFY) X NONE . . . . . Y DON'T KNOW . . . . . Z	

263	After cleaning, which are the **final** processing methods most commonly used for disinfecting **syringes and needles** and where are they done?	(a) YES	(a) NO	(a) DON'T KNOW	(b) IN UNIT/ CLINIC	(b) CENTRAL PROCESSING	(b) OFF SITE
01	Dry heat sterilization	1	2 → 02	8	1	2	3
02	Autoclave	1	2 → 03	8	1	2	3
03	Steam	1	2 → 04	8	1	2	3
04	Boiling	1	2 → 05	8	1	2	3
05	Chemical method	1	2 → 06	8	1	2	3
06	Other _____ SPECIFY	1	2 → 07	8	1	2	3
07	Use disposables **only**	1	2	8			

264	After cleaning, what are the **final** processes most commonly used for sterilizing or disinfecting **medical equipment**, such as surgical instruments, before they are reused, and where are they done?	(a) YES	(a) NO	(a) DON'T KNOW	(b) IN UNIT/ CLINIC	(b) CENTRAL PROCESSING	(b) OFF SITE
01	Dry heat sterilization	1	2 → 02	8	1	2	3
02	Autoclave	1	2 → 03	8	1	2	3
03	Steam	1	2 → 04	8	1	2	3
04	Boiling	1	2 → 05	8	1	2	3
05	Chemical method	1	2 → 06	8	1	2	3
06	Other _____ SPECIFY	1	2 → 07	8	1	2	3
07	Processed outside facility **only**	1	2	8			

265	FILTER: ARE ALL ITEMS UNDER Q264 MARKED '2' FOR 'NO'? THAT IS, MEDICAL EQUIPMENT DOES NOT UNDERGO A FINAL DISINFECTION PROCESS.	YES . . . . . 1 NO 2	→ 270

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)

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

267	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS OBSERVED OR REPORTED AS A PRACTICE.	OBSERVED	REPORTED, NOT SEEN	NO/ NOT APPLICABLE	DON'T KNOW
01	Wrapped in sterile cloth, sealed with TST tape	1	2	3	8
02	Stored in sterile container with lid that clasps shut	1	2	3	8
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8
04	On tray, covered with cloth or wrapped without TST sealing tape	1	2	3	8
05	In container with disinfectant or antiseptic	1	2	3	8
06	Other _____ (SPECIFY)	1	2	3	8
268	Date of sterilization written on packet or container with processed items	1	2	3	8
269	Storage location dry and clean	1	2	3	8

270	FILTER: INDICATE IF THE WASTE DISPOSAL SITE FOR OUTPATIENT SERVICES HAS ALREADY BEEN ASSESSED.	YES ALREADY ASSESSED . . . . . 1 NOT PREVIOUSLY ASSESSED 2	→ 277

NO.	QUESTIONS	CODING CATEGORIES	GO TO
271	Finally, I would like to ask a few questions about the waste disposal practices for hazardous waste. How does this clinic/unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?	BURNED IN INCINERATOR . . . . . 01 BURNED AND BURIED . . . . . 02 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 03 BURNED AND NOT BURIED . . . . . 04 THROWN IN TRASH/OPEN PIT . . . . . 05 THROWN IN PIT LATRINE . . . . . 06 REMOVED OFFSITE . . . . . 07 OTHER _____ 96 (SPECIFY)	
272	ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED . . . . . 1 WASTE VISIBLE, UNPROTECTED . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 4	
273	How does this clinic/unit finally dispose of needles and other sharps?	SAME SITE AS OTHER WASTE (Q271) 01 BURNED IN INCINERATOR . . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 04 BURNED AND NOT BURIED . . . . . 05 THROWN IN TRASH/OPEN PIT . . . . . 06 THROWN IN PIT LATRINE . . . . . 07 REMOVED OFFSITE . . . . . 08 OTHER _____ 96 (SPECIFY)	→ 275
274	ASK TO SEE WHERE SHARP ITEMS ARE DISPOSED OF OR KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED . . . . . 1 WASTE VISIBLE, UNPROTECTED . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 4	
275	CHECK Q271 AND Q273, IS ANY WASTE REMOVED OFFSITE FOR DISPOSAL?	YES . . . . . 1 NO 2	→ 277
276	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 TAKEN TO LOCAL DUMP AND BURNED . 2 TAKEN TO LOCAL DUMP AND NOT BURNED . . . . . 3 OTHER _____ . . . 6 (SPECIFY) DON'T KNOW 8	
277	ASSESS GENERAL CLEANLINESS OF FACILITY. • A FACILITY IS CLEAN IF THE FLOORS ARE SWEPT AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A FACILITY IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	FACILITY CLEAN . . . . . 1 FACILITY NOT CLEAN 2	
278	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS CLINIC/UNIT	YES / NOT APPLICABLE (V)CT Q206 & 208: 1 / 2 PMTCT Q214: 1 / 2 TB Q220 (01 and 02): 1 / 2 ART Q224 (05): 1 / 2	

REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER. SPECIFICALLY, CHECK Q239-1241.

279	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 24 HOUR CLOCK	**THANK THE RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE.**

SECTION C: HIV/AIDS INPATIENT CARE

Code of facility: [ ][ ] [ ][ ] [ ][ ][ ]
COUNTRY DISTRICT FACILITY

QRE TYPE [C]

Interviewer Code: [ ][ ]

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

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

300	INDICATE WHICH INPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER [ ][ ] NAME OF UNIT_____	
300a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . 04 SEMIAUTONOMOUS . . . . . 05 MISSION . . . . . 06 OTHER _____ . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]	

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services and questions about general operations at this facility. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

301	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
302	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ] 24 HOUR CLOCK	DATE [ ][ ] [ ][ ] [ ][ ] DAY MONTH YEAR	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
303	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or 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 who are **present today.**		
	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW. INDICATE WHETHER STAFF LIST WAS COMPLETED.	YES . . . . . 1 NUMBER OF STAFF LISTED [ ][ ] NO 2	
	Next I want to understand any policies or practices for prescribing or referring clients in this unit for HIV counseling and/or testing		
304	Do providers in this unit provide counseling for HIV tests?	YES . . . . . 1 NO 2	
305	Do providers in this unit ever prescribe HIV tests?	YES . . . . . 1 NO 2	→ 307
306	When an inpatient is prescribed an HIV test, what is the procedure for the client to receive the test? AFTER RESPONSE IS PROVIDED PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY.	**CLINIC/UNIT IN THIS FACILITY** RAPID TEST ONSITE IN CLINIC/UNIT . . . . . A CLIENT SENT TO OTHER CLINIC/UNIT . . . . B ENTER CLINIC/ UNIT NUMBER [ ][ ] STAFF FROM OTHER CLINIC/UNIT COME TO INPATIENT UNIT . . . . . C ENTER CLINIC/ UNIT NUMBER [ ][ ] BLOOD DRAWN IN THIS CLINIC/UNIT AND SENT TO LAB . . . . . D CLIENT SENT TO LAB . . . . . E OTHER _____ X (SPECIFY)	→ (V)CT QRE → (V)CT QRE → (V)CT QRE
307	Does this unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES . . . . . 1 NO 2	→ PMTCT QRE
308	CHECK Q306 AND 307 TO SEE IF THIS UNIT IS ELIGIBLE FOR A (V)CT OR A PMTCT QUESTIONNAIRE	YES . . . . . 1 NO 2	→ 312
309	Is an individual client chart/record maintained for all suspected or confirmed HIV/AIDS clients? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, IN UNIT, OBSERVED . . . . . 1 YES, IN UNIT, REPORTED, NOT SEEN . . . . . 2 YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY . . . . . 3 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] YES, IN CENTRAL RECORDS . . . . . 4 ONLY IF CLIENT PROVIDES . . . . . 5 OTHER _____ 6 SPECIFY NO INDIVIDUAL RECORD 7	
310	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 . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 312
311	Does the policy specify that no one, **including family**, can be informed of the HIV/AIDS status without the client's consent?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
312	The next set of questions is regarding **clinical services** available in this clinic/unit. Are you able to answer these questions? IF NO, FIND MOST APPROPRIATE RESPONDENT AND READ CONSENT STATEMENT ON PAGE 1. DOES THE RESPONDENT AGREE TO PARTICIPATE?	YES . . . . . 1 NO 2	

313	For each service I mention, please tell me whether it is provided here in this clinic/unit or if clients are referred elsewhere.	SERVICE OFFERED: PROVIDERS FROM THIS UNIT	SERVICE OFFERED: PROVIDER FROM OTHER UNIT PROVIDES SERVICE	CLIENT REFERRED ON DISCHARGE: CLINIC/UNIT IN THIS FACILITY	CLIENT REFERRED ON DISCHARGE: OUTSIDE FACILITY	NO SERVICE NO REFERRAL
01	Prescribe treatment for tuberculosis (TB) or provide follow-up treatment	1→ TB QRE	2	3	4	5
02	Diagnose tuberculosis (TB)	1→ TB QRE	2	3	4	5
03	Prescribe treatment for sexually transmitted infections (STIs)	1	2	3	4	5
04	Prescribe treatment for malaria	1	2	3	4	5

314	Do you have written guidelines on any of the following topics in this clinic/unit? IF YES: May I see the guideline please?	OBSERVED, COMPLETE	OBSERVED INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE
01	National guidelines for Universal Precautions (19)	1→ 03	2	3	4
02	Other guidelines for infection control (19)	1	2	3	4
03	National guidelines on management of STIs (13)	1→ 05	2	3	4
04	Other guidelines for management of STIs (13)	1	2	3	4
05	WHO Syndromic approach to diagnosing STI (13)	1	2	3	4
06	Guidelines for routinely offering HIV tests to all STI clients	1		3	4
07	National guidelines for the management of malaria (14)	1→ 315	2	3	4
08	Other guidelines for the management of malaria (14)	1	2	3	4

315	Does this clinic/unit provide any clinical care or support services for suspected or confirmed HIV/AIDS clients besides PMTCT or CT? CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE, OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR HELP IN LIVING WITH HIV/AIDS OR FOR SOCIAL SERVICES FOR PLHA.	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 OTHER _____ 6 (SPECIFY)	 → 323 → 326 → 323
316	Where are inpatients diagnosed or suspected having HIV kept in relation to other patients? CIRCLE ALL THAT APPLY.	MIXED (HIV/AIDS AND OTHER) . . . . . A CLUSTERED (HIV/AIDS IN SEPARATE PART OF ROOM WITH OTHERS) . . . . . B SEPARATE UNIT/ROOM FOR HIV/AIDS C	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
317	The next set of questions is regarding **clinical services for HIV/AIDS** available in this clinic/unit. Are you able to answer these questions? IF NO, FIND MOST APPROPRIATE RESPONDENT AND READ CONSENT STATEMENT ON PAGE 1. DOES THE RESPONDENT AGREE TO PARTICIPATE?	YES . . . . . 1 NO 2	

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

319	Next I want to ask about specific services that are offered to HIV/AIDS clients who are seen in this unit. For each preventive service I mention, please tell me whether you routinely offer it to your clients. PROBE FOR WHETHER SERVICE IS OFFERED IN THIS CLINIC/UNIT OR THROUGH REFERRAL WITHIN OR OUTSIDE THIS FACILITY	SERVICE OFFERED					NO SERVICE, NO REFERRAL
		ROUTINELY				SELECTIVELY	
		TO INPATIENTS		CLIENT REFERRED ON DISCHARGE		SERVICE SOMETIMES OFFERED (MAY BE BY THIS FACILITY OR OTHER FACILITY)	
		INPATIENT UNIT BY PROVIDERS IN THIS UNIT	ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT	THIS FACILITY	OTHER FACILITY		
01	Test or screen for tuberculosis (TB)	1	2	3	4	5	6
02	Preventive treatment for TB (INH)	1	2	3	4	5	6
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT) for pneumonia	1	2	3	4	5	6
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5	6
05	Family planning services for HIV/AIDS clients	1	2	3	4	5	6
06	Condom distribution for preventing further transmission of HIV/AIDS	1	2	3	4	5	6

NO.	QUESTIONS	CODING CATEGORIES	GO TO
320	Do you have any guidelines for HIV/AIDS services or care for HIV/AIDS clients available in this unit?	YES . . . . . 1 NO 2	→ 322

321	For each service I mention, if written guidelines are available, could you please show them to me?	OBSERVED, COMPLETE	OBSERVED, INCOMPL-ETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE
01	National guidelines for the clinical management of HIV/AIDS infection in adults (8)	1 → 07	2	3	4
02	Other guidelines for the clinical management of HIV/AIDS infection in adults (8)	1 → 07	2	3	4
03	Guidelines for management of opportunistic infections (subset of 8)	1	2	3	4
04	Guidelines on micronutrient supplementation (subset of 8)	1	2	3	4
05	Guidelines on advanced nutritional support (FPS) (subset of 8)	1	2	3	4
06	Guidelines on provision of symptomatic or palliative care (subset of 8)	1	2	3	4
07	ART for adults (9)	1	2	3	4
08	National guidelines for the clinical management of HIV/AIDS infection in children (8)	1 → 10	2	3	4
09	Other guidelines for the clinical management of HIV/AIDS infection in children (8)	1	2	3	4
10	ART for children (9)	1	2	3	4
11	Guidelines on preventive therapy other than TB, such as PCP (6)	1	2	3	4
12	Guidelines on preventive therapy for tuberculosis (7)	1	2	3	4
13	National guidelines on community home-based care for HIV/AIDS clients	1 → 15		3	4
14	Other guidelines on community home-based care for HIV/AIDS clients	1		3	4
15	Standard operating procedures or guidelines for the care process for people with HIV/AIDS (5)	1	2	3	4
16	Other guidelines relevant to HIV/AIDS or related services _____ (SPECIFY)	1		3	4

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

323	When you refer the client to another clinic/unit **within the facility**, for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3 NO REFERRAL WITHIN FACILITY 4	→ 325 → 325 → 326
324	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What methods do you use? CIRCLE ALL THAT APPLY	PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . A CALL TO GIVE CLIENT INFORMATION . . B REFERRAL LETTER . . . . . C OTHER _____ (SPECIFY) X NO METHOD USED . . . . . Y	
325	Is there a register or record where it is noted when a client is referred to another clinic/unit **within the facility** for a service IF YES, ASK TO SEE THE REGISTER/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
326	When you refer the client **to another facility** for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3 NO REFERRALS TO OTHER FACILITY 4	 → 328 → 329
327	Does the referral form have a place where the name of the referral site can be entered?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 329 → 329 → 329
328	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use? CIRCLE ALL THAT APPLY	PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . A CALL TO GIVE CLIENT INFORMATION . . B REFERRAL LETTER . . . . . C OTHER _____ (SPECIFY) X NO METHOD USED . . . . . Y	
329	Do you have a system for making individual client appointments for follow-up after discharge? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
330	CHECK Q318 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES . . . . . 1 NO 2	 → 340
331	When a client receives services in this clinic/unit, where is the diagnosis recorded? PROBE FOR ALL APPLICABLE AND CIRCLE ALL THAT APPLY AND ASK TO SEE ANY RECORDS THAT ARE PRESENT IN THE CLINIC/UNIT	**ONLY** INDIVIDUAL CLIENT CHART/RECORD . . A REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, KEPT IN UNIT . . . . . B SPECIFIC REGISTER FOR HIV/AIDS CLIENTS, KEPT IN UNIT . . . . . C INDIVIDUAL CLIENT CHART/RECORD . . . . . D REGISTER IN COMPUTER . . . . . E REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, IN CENTRAL RECORDS . . . . . F SPECIFIC REGISTER FOR HIV/AIDS CLIENTS, IN CENTRAL RECORDS . . . . . G OTHER _____ X (SPECIFY) NO RECORD MAINTAINED . . . . . Y	→ 336 → 336
332	WHAT IS THE MOST RECENT DATE WHERE ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 NO DATE RECORDED . . . . . 3 REGISTER NOT SEEN 4	 → 336
333	FOR EACH DIAGNOSIS LISTED, COUNT THE NUMBER OF INPATIENT CLIENTS (ADMISSIONS) DURING THE LAST 12 COMPLETED MONTHS.		
	01 ORAL/ESOPHAGEAL CANDIDIASIS . . .	NUMBER OF ADMISSIONS . . . . . [ ][ ][ ]	
	02 TOXOPLASMOSIS	. . . . . [ ][ ][ ]	
	03 KAPOSI'S SARCOMA	. . . . . [ ][ ][ ]	
	04 AIDS-RELATED COMPLEX (ARC)	. . . . . [ ][ ][ ]	
	05 HERPES ZOSTER/SIMPLEX	. . . . . [ ][ ][ ]	
	06 PCP (PNEUMOCYSTIS CARNII PNEUMONIA	. . . . . [ ][ ][ ]	
	07 PNEUMONIA	. . . . . [ ][ ][ ]	
	08 TB (TUBERCULOSIS)	. . . . . [ ][ ][ ]	
	09 IMMUNOSUPPRESISON/ HIV/AI	. . . . . [ ][ ][ ]	
	10 WASTING SYNDROME	. . . . . [ ][ ][ ]	
	11 CHRONIC DIARRHEA	. . . . . [ ][ ][ ]	
	12 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE . . . (SPECIFY) _____	. . . . . [ ][ ][ ]	
334	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION.	NUMBER OF FULL MONTHS OF DATA . . . . . [ ][ ] ENTER '97' IF UNABLE TO DETERMINE	
335	RECORD THE TOTAL NUMBER OF INPATIENT CLIENTS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED, FOR ANY TYPE OF DIAGNOSIS.	TOTAL NUMBER OF PATIENTS [ ][ ][ ][ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
336	Are reports regularly compiled on the number of clients receiving treatment in this unit for HIV/AIDS related illnesses?	YES, FOR ALL CLIENTS . . . . . 1 YES, FOR CONFIRMED HIV/AIDS ONLY . . . . . 2 NO 3	→ 340
337	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 339
338	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B DISTRICT LEVEL . . . . . C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM . . . . . E OTHER _____ X (SPECIFY)	
339	Do you use a standardized form for your reports?	YES . . . . . 1 NO 2	
340	I am now interested in knowing about the number of adult and pediatric HIV/AIDS patients that you currently have as inpatients. I am also interested in knowing about how many adult and pediatric inpatients you have 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 FACILITY TOTAL IS PROVIDED FOR BOTH HIV/AIDS INPATIENTS AND ALL INPATIENTS.		
01	How many inpatients age 15 years or older are there today who have a probable or confirmed diagnosis of HIV/AIDS?	ADULTS, HIV/AIDS . . . . . [ ][ ] DON'T KNOW 98	
02	How many inpatients age younger than 15 years are there today who have a probable or confirmed diagnosis of HIV/AIDS?	PEDIATRICS, HIV/AIDS . . . . [ ][ ] DON'T KNOW 98	
03	How many inpatients age 15 years or older are there today in total, including all diagnoses?	ADULTS, TOTAL . . . . . [ ][ ] DON'T KNOW 98	
04	How many inpatients younger than 15 years are there today in total, including all diagnoses?	PEDIATRICS, TOTAL [ ][ ] DON'T KNOW 98	
341	INDICATE THE SOURCE OF DATA FOR THE NUMBER OF HIV/AIDS PATIENTS IN THE HOSPITAL TODAY CIRCLE ALL THAT APPLY	REGISTER/RECORDS . . . . . A VERBAL FROM STAFF IN INPATIENT UNITS . . . . . B NO INFORMATION AVAILABLE . . . . . Y	
342	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT . . . . . 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER [ ][ ] YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 3 NO PEP AVAILABLE 4	→ 344 → 349
343	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . . . . . 1 RECORD SHOWS REFERRAL ONLY . . . . . 2 NO RECORD OF REFERRAL 3	→ 348 → 348 → 348
344	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 349

NO.	QUESTIONS	CODING CATEGORIES	GO TO
345	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES . . . . . 1 NO 2	→ 349
346	Are there any written guidelines for post-exposure prophylaxis available in this clinic/ unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
347	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
348	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
349	Is there a toilet that patients from this unit can use? IF YES, ASK TO SEE THE TOILET AND INDICATE THE CONDITION	YES, FUNCTIONING, CLEAN . . . . . 1 YES, FUNCTIONING, NOT CLEAN . . . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO CLIENT TOILET 4	
	ASK TO SEE WHERE PROCEDURES AND EXAMINATIONS FOR INPATIENTS ARE CONDUCTED, IF THIS IS SEPARATE FROM PATIENT UNITS. IF THERE IS MORE THAN ONE ROOM IN A PATIENT UNIT, RANDOMLY SELECT ONE ROOM IN THAT UNIT AND INDICATE THE ROOM'S CONDITIONS.		
350	INDICATE WHICH PATIENT ROOM THE FOLLOWING DATA IS FROM	INPATIENT UNIT . . . . . 1 EXAM/PROCEDURE ROOM . . . . . 2 OTHER _____ 6 (SPECIFY TYPE)	

351	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3
02	AUDITORY PRIVACY	1	2	3
03	VISUAL PRIVACY	1	2	3
04	RUNNING WATER	1 → 06	2	3
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3
06	SOAP	1	2	3
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3
08	SHARPS CONTAINER	1	2	3
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3
10	DISPOSABLE NON-LATEX GLOVES	1	2	3
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3
12	CONDOMS	1	2	3
13	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3
14	RAPID TEST FOR HIV	1	2	3
15	DISPOSABLE NEEDLES	1	2	3
16	DISPOSABLE SYRINGES	1	2	3
17	EXAMINATION TABLE	1	2	3
18	MASKS	1	2	3
19	GOGGLES / GLASSES	1	2	3

NO.	QUESTIONS	CODING CATEGORIES	GO TO
352	Is there another type of room where inpatients with probable HIV/AIDS or HIV/AIDS related illnesses are admitted or is there a separate room where procedures such as spinal taps are conducted for inpatients? IF YES, INDICATE THE SERVICE AREA AND COMPLETE	INPATIENT UNIT . . . . . 1 EXAM/PROCEDURE ROOM . . . . . 2 OTHER _____ 6 (SPECIFY TYPE) NO OTHER AREA 7	→ 356

353	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3
02	AUDITORY PRIVACY	1	2	3
03	VISUAL PRIVACY	1	2	3
04	RUNNING WATER	1 → 06	2	3
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3
06	SOAP	1	2	3
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3
08	SHARPS CONTAINER	1	2	3
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3
10	DISPOSABLE GLOVES-NON LATEX	1	2	3
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3
12	CONDOMS	1	2	3
13	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3
14	RAPID TEST FOR HIV	1	2	3
15	DISPOSABLE NEEDLES	1	2	3
16	DISPOSABLE SYRINGES	1	2	3
17	EXAMINATION TABLE	1	2	3
18	MASKS	1	2	3
19	GOGGLES / GLASSES	1	2	3

NO.	QUESTIONS	CODING CATEGORIES	GO TO
354	Is there another type of room where inpatients with probable HIV/AIDS or HIV/AIDS related illnesses are admitted or is there a separate room where procedures (e.g., spinal tap) are conducted for inpatients? IF YES, INDICATE THE SERVICE AREA AND COMPLETE	INPATIENT UNIT . . . . . 1 EXAM/PROCEDURE ROOM . . . . . 2 OTHER _____ 6 (SPECIFY TYPE) NO OTHER AREA 7	→ 356
355	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED / REPORTED, NOT SEEN / NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04 / 2 / 3	
02	AUDITORY PRIVACY	1 / 2 / 3	
03	VISUAL PRIVACY	1 / 2 / 3	
04	RUNNING WATER	1 → 06 / 2 / 3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1 / 2 / 3	
06	SOAP	1 / 2 / 3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1 / 2 / 3	
08	SHARPS CONTAINER	1 / 2 / 3	
09	DISPOSABLE LATEX GLOVES	1 → 11 / 2 / 3	
10	DISPOSABLE GLOVES-NON LATEX	1 / 2 / 3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1 / 2 / 3	
12	CONDOMS	1 / 2 / 3	
13	SPINAL TAP KIT (LUMBAR PUNCTURE)	1 / 2 / 3	
14	RAPID TEST FOR HIV	1 / 2 / 3	
15	DISPOSABLE NEEDLES	1 / 2 / 3	
16	DISPOSABLE SYRINGES	1 / 2 / 3	
17	EXAMINATION TABLE	1 / 2 / 3	
18	MASKS	1 / 2 / 3	
19	GOGGLES / GLASSES	1 / 2 / 3	
356	Where is used equipment from this unit sterilized or disinfected before being reused again? CIRCLE ALL THAT APPLY. USE SKIP FOR "D" IF IT IS ONLY OPTION CIRCLED	NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY . . . . . A THIS CLINIC/UNIT . . . . . B OTHER CLINIC/UNIT THIS FACILITY . . . . . C ENTER CLINIC/UNIT NUMBER [ ][ ] SEND TO OTHER FACILITY . . . . . D OTHER _____ X (SPECIFY) NO ITEMS EVER PROCESSED . . . . . Y	→ 366 → 366
357	HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION	YES . . . . . 1 NO 2	→ 366

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION		
358	What procedure is used for decontaminating and cleaning equipment before its final processing for reuse? CIRCLE ALL THAT APPLY	SOAKED IN DISINFECTANT SOLUTION THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . A BRUSH SCRUBBED WITH SOAP AND WATER THEN SOAKED IN DISINFECTANT . . . . . B BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . C SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED . . . . . D OTHER _____ (SPECIFY) X NONE . . . . . Y DON'T KNOW . . . . . Z	

359	After cleaning, which are the **final** processing methods most commonly used for disinfecting **syringes and needles** and where are they done?	(a) YES	(a) NO	(a) DON'T KNOW	(b) IN UNIT/ CLINIC	(b) CENTRAL PROCESSING	(b) OFF SITE
01	Dry heat sterilization	1	2 → 02	8	1	2	3
02	Autoclave	1	2 → 03	8	1	2	3
03	Steam	1	2 → 04	8	1	2	3
04	Boiling	1	2 → 05	8	1	2	3
05	Chemical method	1	2 → 06	8	1	2	3
06	Other _____ SPECIFY	1	2 → 07	8	1	2	3
07	Use disposables **only**	1	2	8			

360	After cleaning, what are the **final** processes most commonly used for sterilizing or disinfecting **medical equipment**, such as surgical instruments, before they are reused, and where are they done?	(a) YES	(a) NO	(a) DON'T KNOW	(b) IN UNIT/ CLINIC	(b) CENTRAL PROCESSING	(b) OFF SITE
01	Dry heat sterilization	1	2 → 02	8	1	2	3
02	Autoclave	1	2 → 03	8	1	2	3
03	Steam	1	2 → 04	8	1	2	3
04	Boiling	1	2 → 05	8	1	2	3
05	Chemical method	1	2 → 06	8	1	2	3
06	Other _____ SPECIFY	1	2 → 07	8	1	2	3
07	Processed outside facility **only**	1	2	8			

361	FILTER: ARE ALL ITEMS UNDER Q360 ARE MARKED '2' FOR 'NO'? THAT IS, MEDICAL EQUIPMENT DOES NOT UNDERGO A FINAL DISINFECTION PROCESS.	YES . . . . . 1 NO 2	→ 366

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)

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

363	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AND INDICATE WHICH OF THE BELOW WAS OBSERVED, OR REPORTED, AS A PRACTICE	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Wrapped in sterile cloth, sealed with TST tape	1	2	3	8
02	Stored in sterile container with lid that clasps shut	1	2	3	8
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8
04	On tray, covered with cloth or wrapped without TST sealing tape	1	2	3	8
05	In container with disinfectant or antiseptic	1	2	3	8
06	Other _____ (SPECIFY)	1	2	3	8
364	Date of sterilization written on packet or container with processed items	1	2	3	8
365	Storage location dry and clean	1	2	3	8

366	INDICATE IF THE WASTE DISPOSAL SITE FOR INPATIENT SERVICES HAS ALREADY BEEN ASSESSED.	YES, SAME SITE FOR OUT AND INPATIENT . . . . . 1 YES INPATIENT SITE ASSESSED . . . . . 2 NOT PREVIOUSLY ASSESSED 3	 → 373 → 373

NO.	QUESTIONS	CODING CATEGORIES	GO TO
367	How does this unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?	BURNED IN INCINERATOR . . . . . 01 BURNED AND BURIED . . . . . 02 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 03 BURNED AND NOT BURIED . . . . . 04 THROWN IN TRASH/OPEN PIT . . . . . 05 THROWN IN PIT LATRINE . . . . . 06 REMOVED OFFSITE . . . . . 07 OTHER _____ 96 (SPECIFY)	
368	ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED . . . . . 1 WASTE VISIBLE, UNPROTECTED . . . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 4	
369	How does this unit finally dispose of needles and other sharp objects?	SAME SITE AS OTHER WASTE (Q367) . . . . . 01 BURNED IN INCINERATOR . . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 04 BURNED AND NOT BURIED . . . . . 05 THROWN IN TRASH/OPEN PIT . . . . . 06 THROWN IN PIT LATRINE . . . . . 07 REMOVED OFFSITE . . . . . 08 OTHER _____ 96 (SPECIFY)	→ 371
370	ASK TO SEE PLACE USED FOR DISPOSAL OF SHARP ITEMS OR WHERE ITEMS ARE KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED . . . . . 1 WASTE VISIBLE, UNPROTECTED . . . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 4	
371	CHECK Q367 AND 369, IS ANY WASTE REMOVED OFFSITE FOR DISPOSAL?	YES . . . . . 1 NO 2	→ 373
372	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 TAKEN TO LOCAL DUMP AND BURNED . . . . . 2 TAKEN TO LOCAL DUMP AND NOT BURNED . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
373	ASSESS GENERAL CLEANLINESS OF FACILITY. • A FACILITY IS CLEAN IF THE FLOORS ARE SWEPT AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A FACILITY IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	FACILITY CLEAN . . . . . 1 FACILITY NOT CLEAN 2	
374	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	COMPLETE / NOT APPLICABLE (V)CT Q306: 1 / 2 PMTCT Q307: 1 / 2 TB Q313 (01, 02): 1 / 2 ART Q318 (06): 1 / 2	

REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER SPECIFICALLY, CHECK Q333-Q335 AND Q340-Q341.

375	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 24 HOUR CLOCK

SECTION D. HEALTH MANAGEMENT SYSTEM

Code of facility: [ ][ ] COUNTRY [ ][ ] DISTRICT [ ][ ][ ] FACILITY

QRE TYPE [D]

Interviewer Code: [ ][ ]

400	INDICATE WHICH HMIS UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER [ ][ ]	
400a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . . . 04 SEMIAUTONOMOUS . . . . . 05 MISSION . . . . . 06 OTHER _____ . . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]	

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

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related statistics and records kept in this facility. We will ask to see various records and reports for HIV/AIDS-related services. We are not interested in names of patients -- only numbers. We will not record your name so it cannot be linked with the information you give us.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

401	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
402	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ] (24 HOUR CLOCK)	DATE [ ][ ][ ][ ][ ][ ] (DAY MONTH YEAR)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
403	What is your current professional qualification? MARK HIGHEST QUALIFICATION	GENERAL CLERK . . . . . 1 HEALTH STATISTICS . . . . . 2 MEDICALLY TRAINED . . . . . 3 OTHER _____ 6 (SPECIFY)	
404	Did you have special training in recording systems or reports for health information, such as training in the HMIS? IF YES, ASK: Was the training formal or informal? IF BOTH, RECORD FORMAL.	YES, FORMAL . . . . . 1 YES, INFORMAL . . . . . 2 NO 3	→ 409
405	How long was your training in HMIS? RECORD EITHER DAYS OR MONTHS, WHICHEVER IS MOST APPROPRIATE. IF MORE THAN ONE TRAINING, ADD THE DURATION OF ALL TRAINING.	NUMBER OF DAYS . . . . . [ ][ ] NUMBER OF MONTHS . . . . . [ ][ ]	
406	Where did you receive this training?	FORMALLY, OUTSIDE FACILITY . . . . . 1 INFORMALLY, ON-THE-JOB . . . . . 2 BOTH FORMALLY AND INFORMALLY . . . 3	
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	Where did you receive this training?	FORMALLY, OUTSIDE FACILITY . . . . . 1 INFORMALLY, ON-THE-JOB 2	
409	How many years have you been respons ble for HMIS records/reports in this facility? RECORD '01' FOR LESS THAN ONE YEAR	YEARS . . . . . [ ][ ]	
410	Do you conduct training of staff in HMIS, for example, recording, compiling, and reporting data? IF YES, ASK: Do you provide formal or informal training? IF BOTH, RECORD FORMAL.	YES, FORMAL . . . . . 1 YES, INFORMAL . . . . . 2 NO 3	→ 412
411	Who do you train in HMIS?	STAFF IN HMIS UNIT . . . . . 1 STAFF IN SERVICE UNITS . . . . . 2 STAFF IN HMIS AND SERVICE UNITS . 3 OTHER _____ 6 (SPECIFY)	

412	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
413	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	Respiratory/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
414	WAS '1' OR '2' MARKED FOR ANY SERVICES LISTED IN Q413, INDICATING REPORTS ON SERVICES FOR PLHA?	YES . . . . . 1 NO 2			→ 429
415	Do you receive or compile reports of deaths in the facility attr buted to HIV/AIDS? IF YES, ASK TO SEE A REPORT	YES, OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLIC.
		1	2 →418	3 →418	4 →418
416	How many deaths attributed to HIV/AIDS were reported for the past 12 months?	NUMBER OF DEATHS . . . . . [ ][ ][ ]			
417	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]			
418	How frequently are reports on HIV/AIDS services or patients 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			→ 420
419	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B DISTRICT LEVEL . . . . . C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM . . . . . E OTHER _____ X (SPECIFY)			
420	ASK TO SEE THE REPORT FOR NEWLY DIAGNOSED HIV CASES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER	NEW HIV/AIDS CASES . . . . . [ ][ ][ ][ ] REPORT NOT SEEN . . . . . 9994 NO REPORT COMPILED . . . . . 9995 NOT APPLICABLE 9997			 → 422 → 422 → 422
421	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]			
422	ASK TO SEE THE REPORT FOR OUTPATIENT CLIENT VISITS FOR SERVICES FOR HIV/AIDS RELATED ILLNESSES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER REPORTED. COMPLETE Q428(A) TO COLLECT INFORMATION, THEN RETURN TO Q423.	CLIENT VISITS FOR HIV/AIDS RELATED ILLNESS . . . . . [ ][ ][ ][ ] REPORT NOT SEEN . . . . . 9994 NO REPORT COMPILED . . . . . 9995 NOT APPLICABLE 9997			 → 425 → 425 → 425

NO.	QUESTIONS	CODING CATEGORIES	GO TO
423	RECORD THE TOTAL NUMBER OF OUTPATIENT VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS RECORDED (INCLUDING NON-HIV RELATED)	TOTAL VISITS [ ][ ][ ][ ][ ]	
424	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
425	ASK TO SEE THE REPORT FOR INPATIENT ADMISSIONS FOR SERVICES FOR HIV/AIDS RELATED ILLNESSES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER REPORTED. COMPLETE Q428(B) TO COLLECT INFORMATION, THEN RETURN TO Q426	INPATIENT ADMISSIONS FOR HIV/AIDS RELATED ILLNESS . . . . . [ ][ ][ ][ ] REPORT NOT SEEN . . . . . 9994 NO REPORT COMPILED . . . . . 9995 NOT APPLICABLE 9997	 → 429 → 429 → 429
426	RECORD THE TOTAL NUMBER OF INPATIENT ADMISSIONS FROM WHICH DIAGNOSTIC INFORMATION WAS RECORDED (INCLUDING NON-HIV RELATED)	TOTAL ADMISSIONS [ ][ ][ ][ ][ ]	
427	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
428	FOR EACH DIAGNOSIS LISTED, COUNT THE NUMBER OF OUTPATIENT VISITS (AS EXPLAINED IN Q422) AND INPATIENT ADMISSIONS (AS EXPLAINED IN Q425) DURING THE LAST 12 MONTHS	NUMBER (A) OUTPATIENT VISITS (B) INPATIENT ADMISSIONS	
	1 ORAL/ESOPHAGEAL CANDIDIASIS	[ ][ ][ ] [ ][ ][ ]	
	2 TOXOPLASMOSIS	[ ][ ][ ] [ ][ ][ ]	
	3 KAPOSI'S SARCOMA	[ ][ ][ ] [ ][ ][ ]	
	4 AIDS-RELATED COMPLEX (ARC)	[ ][ ][ ] [ ][ ][ ]	
	5 HERPES ZOSTER/SIMPLEX	[ ][ ][ ] [ ][ ][ ]	
	6 PCP (PNEUMOCYSTIS CARNII PNEUMONIA)	[ ][ ][ ] [ ][ ][ ]	
	7 PNEUMONIA	[ ][ ][ ] [ ][ ][ ]	
	8 TB (TUBERCULOSIS)	[ ][ ][ ] [ ][ ][ ]	
	9 IMMUNOSUPPRESSION / HIV/AIDS	[ ][ ][ ] [ ][ ][ ]	
	10 WASTING SYNDROME	[ ][ ][ ] [ ][ ][ ]	
	11 CHRONIC DIARRHEA	[ ][ ][ ] [ ][ ][ ]	
	12 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE . . . . . (SPECIFY) _____	[ ][ ][ ] [ ][ ][ ]	
429	How do you ensure data quality? CIRCLE ALL THAT APPLY	SPOT CHECKS AT POINT OF SERVICE A CONTINUAL TRAINING OF SERVICE STAFF . . . . . B RESPONSE ANALYSIS . . . . . C INTERNAL CHECKS . . . . . D RETURN TO FILES UPON ERROR . . . . . E DOUBLE DATA ENTRY . . . . . F OTHER _____ X SPECIFY	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
430	How often does this unit provide feedback on data quality to service units?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 WHEN NECESSARY/NOT REGULARLY 5 NEVER 6	
431	Where do you store completed, recorded data forms/reports? Describe the storage situation. CIRCLE ALL THAT APPLY	DESTROYED/SHREDDED . . . . . A THROWN AWAY . . . . . B FILE CABINET(S) . . . . . C BOXES . . . . . D FILE ROOM / MEDICAL RECORDS . . . . . E OTHER _____ X SPECIFY	
432	Are completed forms stored in an inaccessible location where confidentiality is ensured?	YES . . . . . 1 NO . . . . . 2 NOT APPLICABLE 3	
433	Have forms ever been lost due to damage of some sort? IF YES, Describe the damage.	YES . . . . . 1 DESCRIBE _____ NO 2	
434	How often are results of analyzed data fed back to service units or the facility director for improving service provision?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 WHEN NECESSARY/NOT REGULARL . 5 NEVER 6	
435	In your opinion, are the data ever used to improve service provision?	YES . . . . . 1 NO 2	
436	Do you have a copy machine?	YES . . . . . 1 NO 2	→ 439
437	Is the copy machine functioning today?	YES . . . . . 1 NO 2	
438	Do you ever run out of supplies for the photocopy machine, such as paper or toner? IF YES, How frequently?	YES, AT LEAST ONCE PER MONTH . . . 1 YES, AT LEAST ONCE EVERY THREE MONTHS . . . . . 2 YES, AT LEAST ONCE PER YEAR . . . 3 NO 4	
439	Do you have a computer?	YES . . . . . 1 NO 2	→ 458
440	What is the capacity of your hard drive?	GIGABYTES [ ][ ][ ] DON'T KNOW 998	
441	How is the computer hardware maintained?	CONTRACT . . . . . 1 IN-HOUSE TECHNICIAN . . . . . 2 NOT MAINTAINED REGULARLY . . . . . 3 DON'T KNOW 8	
442	Do you have a central database?	YES . . . . . 1 NO 2	→ 447
443	In what software is this database maintained?	_____	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
444	Do you back up your database? IF YES, how often?	YES, EVERYDAY . . . . . 1 YES, AT LEAST ONCE PER WEEK . . . 2 YES, AT LEAST ONCE PER MONTH . . . 3 LESS FREQUENTLY THAN ONCE . . . PER MONTH . . . . . 4 NO, NOT BACKED UP . . . . . 5 DON'T KNOW 8	 → 446 → 446
445	How is the database backed up? CIRCLE ALL THAT APPLY	FLOPPY DISK . . . . . A CD-ROM . . . . . B NETWORK . . . . . C TAPE . . . . . D OTHER _____ X SPECIFY DON'T KNOW . . . . . Z	
446	Is the database password protected?	YES . . . . . 1 NO 2	
447	Is the computer used by the HMIS unit that has confidential information kept in a secure location?	YES . . . . . 1 NO 2	
448	Is your computer on an internal network?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
449	Is your computer connected to an external network?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
450	Is there access with password protection? That is, can data be accessed from other service areas with the password?	YES, ACCESSED WITH PASSWORD 1 YES, ACCESSED BUT NO PASSWORD 2 NO, CANNOT BE ACCESSED 3	 → 454
451	Can people enter data from other locations, such as service delivery units?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
452	Can people retrieve data from other locations? IF YES, can they retrieve confidential information such as HIV status?	YES, INCLUDING CONFIDENTIAL DATA 1 YES, BUT NOT CONFIDENTIAL . . . . . 2 NO, CANNOT RETRIEVE DATA 3	 → 454
453	Can people generate a report from other locations?	YES . . . . . 1 NO 2	
454	Do you have data encryption?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
455	Do you have internet capabilities?	YES . . . . . 1 NO 2	 → 457
456	Do you have security for internet, such as a fire wall? IF YES, What type of security?	YES . . . . . 1 SPECIFY _____ NO . . . . . 2 DON'T KNOW 8	
457	Do you have the ability to transfer large files within the facility or outside the facility?	YES, INSIDE ONLY . . . . . 1 YES, OUTSIDE ONLY . . . . . 2 YES, BOTH INSIDE AND OUTSIDE . . . 3 NO, CANNOT TRANSFER LARGE FILES . 4 DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
458	WAS Q418 MARKED '1', '2', '3', OR '4' TO INDICATE REPORTS ARE REGULARLY SUBMITTED FOR SERVICEWS FOR PLHA?	YES . . . . . 1 NO 2	→ 461
459	Have you ever received feedback regarding the quality of the data you submit? CIRCLE ALL THAT APPLY	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B DISTRICT LEVEL . . . . . C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM . . . . . E OTHER _____ X (SPECIFY) NO FEEDBACK Y NO RECORDS SENT Z	→ 461
460	In your opinion, has anyone ever used the data you submit for policy/program changes or initiatives? IF YES, Who has used the data? CIRCLE ALL THAT APPLY	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B DISTRICT LEVEL . . . . . C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM . . . . . E OTHER _____ X (SPECIFY) NO, DATA NOT USED . . . . . Y	
461	In your opinion, do you currently have sufficient staff to handle your HMIS needs?	YES . . . . . 1 NO 2	
462	In the next 5 years, how many new HMIS staff do you think you will need?	NUMBER OF STAFF [ ][ ]	
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.			
463	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 24 HOUR CLOCK	
	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: [ ][ ] [ ][ ] [ ][ ][ ]
COUNTRY DISTRICT FACILITY

QRE TYPE [E]

Interviewer Code: [ ][ ]

500	INDICATE WHICH LABORATORY THE DATA IN THIS QUESTIONNAIRE REPRESENT	LAB IN FACILITY . . . . . 1 CLINIC/UNIT CODE FROM COVER [ ][ ] AFFILIATED EXTERNAL LAB . . . . . 2 PRIVATE LAB, UNAFFILIATED 3	
500a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . . . 04 SEMIAUTONOMOUS . . . . . 05 MISSION . . . . . 06 OTHER _____ . . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]	

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

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about laboratory services related to HIV/AIDS care and support that are available today. We will ask to see some records of tests conducted. We are not interested in names of patients -- only numbers. We will not record your name so it cannot be linked with the information you give us.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

501	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
502	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ] 24 HOUR CLOCK	DATE [ ][ ] [ ][ ] [ ][ ] DAY MONTH YEAR	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
503	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide laboratory services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and **present today.**				
	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW. INDICATE WHETHER STAFF LIST WAS COMPLETED.	YES . . . . . 1 NUMBER OF STAFF LISTED [ ][ ] NO 2			
	Next, I would like to know about guidelines that are available in the laboratory area.				
504	For each topic I mention, please tell me if you have any written guidelines relating to this topic in the laboratory area? IF YES: May I see the guidelines?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	Blood safety (16)	1	2	3	4
02	Post-exposure (HIV/AIDS) prophylaxis for healthcare workers (4)	1	2	3	4
03	Universal precautions for healthcare workers (19)	1	2	3	4
04	Manual for laboratory technicians for TB screening	1		3	4
05	Standard operating procedures (SOPs) or guidelines for data collection and reporting (17)	1	2	3	4
505	Does this laboratory conduct tests for HIV? IF YES, For which reasons are they conducted? CIRCLE ALL THAT APPLY	CLIENT DIAGNOSIS . . . . . A BLOOD SCREENING . . . . . B SCREENING (VISA, INSURANCE, SCHOOL,EMPLOYMENT) . . . . . C NO HIV TESTS . . . . . Y			→ 528
506	Are there any written guidelines related to any of the topics I will ask, in the laboratory area? IF YES, ASK: May I see the guideline please?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	Written guidelines on counseling for HIV testing (1)	1 → 04	2	3	4
02	Written guidelines on confidentiality and disclosure of HIV test results	1		3	4
03	Laboratory guidelines for HIV testing	1		3	4
04	Other guidelines relevant to HIV/AIDS or related services (SPECIFY) _____	1		3	4
507	Do you do HIV testing for clients **not** referred by another unit in this facility or another facility? That is, can someone get an HIV test here without a referral from a health care provider?	YES . . . . . 1 NO 2			
508	Is pre-test counseling for HIV testing done in this lab?	YES . . . . . 1 NO 2			→ VCT QRE

NO.	QUESTIONS	CODING CATEGORIES	GO TO
509	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	→ 513

510	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 → 01b	2 → 02	3 → 02		
02	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 → 02b	2 → 03	3 → 03		
03	TOTAL CLIENTS WHO RECEIVED TEST RESULTS	1 → 03b	2 → 04	3 → 04		
04	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 → 04b	2 → 511	3 → 511		

511	IN Q510, WERE NUMBERS GIVEN FOR NUMBER OF CLIENTS OR NUMBER OF TESTS DONE?	CLIENTS . . . . . 1 TESTS 2	
512	CHECK Q510 (03) and (04). IS RESPONSE '1' MARKED FOR EITHER QUESTION?	YES . . . . . 1 NO 2	→ 514
513	Does the laboratory have any system for providing HIV test results directly to clients? IF YES, ASK TO SEE ANY DOCUMENTATION THAT SHOWS CLIENTS ARE PROVIDED WITH HIV TEST RESULTS.	YES, DOCUMENTATION FOR PROVIDING RESULTS OBSERVED . . . . . 1 YES, DOCUMENTATION REPORTED NOT SEEN . . . . . 2 YES, ORAL SYSTEM ONLY . . . . . 3 NO 4	→ VCT QRE → VCT QRE → VCT QRE
514	Is post-test counseling for HIV testing provided in this lab?	YES . . . . . 1 NO 2	→ VCT QRE

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

515 For the following HIV/AIDS related tests, please tell me if the laboratory conducts the test or not. If yes, please show me if all items necessary for the test are available today. MAKE SURE EQUIPMENT AND REAGENTS NECESSARY TO CONDUCT THE TEST TODAY ARE AVAILABLE. IF NOT, ASK IF THE TEST IS NORMALLY DONE, OR IS NEVER DONE IN THIS LABORATORY.

	HIV/AIDS RELATED TEST	ALL ITEMS FOR TEST: AVAILABLE TODAY: OBSERVED	ALL ITEMS FOR TEST: AVAILABLE TODAY: REPORTED, NOT SEEN	ALL ITEMS FOR TEST: NORMALLY AVAILABLE, NOT TODAY	TEST NOT CONDUCTED THIS LAB	DON'T KNOW
01	Rapid test for HIV	1	2	3	4	8
02	ELISA (enzyme-linked immunosorben assay) for HIV	1	2	3	4	8
03	CD4 count	1	2	3	4	8
04	Western Blot test	1	2	3	4	8

NO.	QUESTIONS	CODING CATEGORIES	GO TO
516	Do you send blood outside the facility for CD4 count?	YES . . . . . 1 NO 2	 → 519
517	Do you have a record with results of the CD4 counts conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	
518	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . 1 LAB TELLS CLIENT VERBALLY ONLY . . . . . 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

519	For each of the following types of equipment, I would like to know if it is available in the laboratory and, if yes, whether it is functioning today	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Flowcytometer / Cytoflowmeter for CD4 counts	1→ 01b	2→01b	3 → 02	8 → 02	1	2	8
02	ELISA scanner / reader	1→ 02b	2→02b	3 → 525	8 → 525	1	2	8

520	Is there an established system for **external** quality control for the ELISA tests conducted by this laboratory?	YES . . . . . 1 NOT ROUTINE, BUT SOMETIMES 2 NO EXTERNAL QUALITY CONTROL 3	 → 522 → 525
521	Do you send blood samples elsewhere for retesting? IF YES, ASK: Is the system to send a blood sample after a certain number of ELISA tests?	YES, SAMPLE IS SENT EVERY NUMBER OF TESTS . . . [ ][ ][ ] NO FIXED NUMBER . . . . . 995 NO, SAMPLE NOT SENT ELSEWHERE 997	
522	Is there a record of the results from the 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	 → 525 → 525
523	What is the most recent date for a quality check test result or error rate?	WITHIN PAST ONE MONTH . . . . . 1 WITHIN PAST 2-6 MONTHS . . . . . 2 MORE THAN 6 MONTHS . . . . . 3 DATE NOT RECORDED 4	
524	What is the most recent error rate that is recorded?	PERCENT ERROR RATE . . . . . [ ][ ] NOT POSSIBLE TO DETERMINE . . . 97 DON'T KNOW 98	
525	Is there any other external system used for quality control of laboratory tests for HIV/AIDS?	YES . . . . . 1 _____ DESCRIBE NO 2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
526	Are there any fees charged for any services or items related to HIV/AIDS tests?	YES . . . . . 1 NO 2	→ 528

527	For each of the following items, indicate if there is any fee, and if yes, the amount of the fee	(A) FEE YES	(A) FEE NO	(A) FEE N/A	(B) AMOUNT IN MAIN LOCAL CURRENCY
01	HIV test	1 → 01b	2 → 02	3 → 02	
02	CD4 test	1 → 02b	2 → 03	3 → 03	
03	Complete Blood Count	1 → 03b	2 → 04	3 → 04	
04	OTHER _____ (SPECIFY)	1 → 04b	2 → 528	3 → 528	

528	Do you ever send blood outside the facility for HIV testing?	YES . . . . . 1 NO 2	→ 533
529	For which HIV test do you send blood outside?	ELISA . . . . . A WESTERN BLOT . . . . . B OTHER _____ X SPECIFY	
530	Do you have a record with the result of the HIV/AIDS tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	→ 532
531	Does the register indicate if the client has received the results?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
532	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . 1 LAB TELLS CLIENT VERBALLY ONLY . . . . . 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
533	CHECK Q505. IS 'A', 'B' OR 'C' CIRCLED, INDICATING THAT THIS LAB CONDUCTS HIV TESTS?	YES . . . . . 1 NO 2	→ 549
534	Are reports regularly compiled on the number of newly diagnosed HIV/AIDS cases, whether done in this lab or by another lab?	YES . . . . . 1 NO 2	→ 540
535	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	→ 537

NO.	QUESTIONS	CODING CATEGORIES	GO TO
536	To whom are the reports sent? CIRCLE ALL THAT APPLY	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B DISTRICT LEVEL . . . . . C MOH (CMO, SURVEILLANCE, SMO) D NATIONAL AIDS PROGRAM . . . . . E OTHER _____ X (SPECIFY)	
537	Do you use a standardized form for your reports? ASK TO SEE A COMPLETED FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 540 → 540
538	RECORD THE NUMBER OF NEWLY DIAGNOSED HIV/AIDS CASES DURING THE PAST 12 MONTHS.	NEW HIV/AIDS CASES . . . . . [ ][ ][ ][ ]	
539	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
540	Do you record results by the clinic/unit ordering the HIV test or test results? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	 → 542 → 542

541	Indicate if HIV test results are recorded separately for the following clinics/units:	YES	NO	NOT APPLICABLE
01	VCT	1	2	3
02	PMTCT with 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	Inpatient units, either by separate units or as total inpatient units	1	2	3
07	By sero-status, irrespective of source	1	2	3

542	How many providers have ordered HIV tests for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS [ ][ ] DON'T KNOW 98	 → 544
543	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
544	How many providers have ordered CD4 counts for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS [ ][ ] DON'T DO CD4 COUNTS . . . . . 97 DON'T KNOW 98	 → 546 → 546
545	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
546	Is blood for HIV/AIDS testing drawn in the laboratory area?	YES . . . . . 1 NO 2	→ 549

547	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	SOAP	1	2	3
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3
08	SHARPS CONTAINER	1	2	3
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3
10	DISPOSABLE GLOVES-NON LATEX	1	2	3
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3
12	CONDOMS	1	2	3
13	DISPOSABLE NEEDLES	1	2	3
14	DISPOSABLE SYRINGES	1	2	3
15	MASKS	1	2	3
16	GOGGLES / GLASSES	1	2	3

548	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2	

549	Now I would l ke to see specific equipment necessary for other tests. Is the following equipment available, and is it functioning today?	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Microscope	1→ 01b	2→ 01b	3 → 02	8 → 02	1	2	8
02	Refrigerator	1→ 02b	2→ 02b	3 → 03	8 → 03	1	2	8
03	Incubator	1→ 03b	2→ 03b	3 → 04	8 → 04	1	2	8
04	Test tubes	1	2	3	8			
05	Reaction wells / trays	1	2	3	8			
06	Glass slides and covers	1	2	3	8			
07	Autocytometer	1	2	3 → 550	8 → 550	1	2	8

NO.	QUESTIONS	CODING CATEGORIES						GO TO
	Now I want to ask you about different types of laboratory tests. For each type of test, please tell me if this laboratory is able to conduct the test, and if so, which test. For the tests that this laboratory conducts, also please tell me if all items to conduct the test are present and if it is functioning today. The first tests I want to know about are microbiology tests.							
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCT-ED IN THIS LAB	YES	NO	DON'T KNOW
550	**MALARIA TESTS**	1			4 → 551			
01	Giemsa stain	1	2	3	4			
02	Leishman stain	1	2	3	4			
03	Field stain	1	2	3	4			
04	Other _____ (SPECIFY)	1	2	3	4			
551	**GONORRHEA TESTS**	1			4 → 552			
01	Chocolate agar (culture medium)	1	2	3	4			
02	PCR	1	2	3	4			
03	Other _____ (SPECIFY)	1	2	3	4			
552	**GRAM STAIN**	1			4 → 553			
01	Crystal violet	1	2	3	4			
02	Lugol's iodine	1	2	3	4			
03	Acetone	1	2	3	4			
04	Neutral red, carbol fuchsin, or other counterstain	1	2	3	4			
553	**CHLAMYDIA TEST**	1			4 → 554			
01	Giemsa stain	1	2	3	4			
02	ELISA	1	2	3	4			
03	PCR	1	2	3	4			
04	Other _____ (SPECIFY)	1	2	3	4			

NO.	QUESTIONS	CODING CATEGORIES							GO TO
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?			
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCT-ED IN THIS LAB	YES	NO	DON'T KNOW	
554	**TUBERCULOSIS TEST**	1			4 → 555				
01	AFB or Ziehl-Neelson test, with stain, such as methyl blue, present	1	2	3	4				
02	New rapid test for TB	1	2	3	4				
03	Culture	1	2	3	4				
04	Other test for TB _____ (SPECIFY)	1	2	3	4				
555	**OTHER TESTS**								
01	Urinalysis (Centrifuge for urine testing)	1 → 01b	2 → 01b	3 → 02	4 → 02	1	2	8	
02	Indian ink stain	1	2	3	4				
03	Agar plate for cultures	1	2	3	4				
556	Does this laboratory ever send any specimens for initial culture outside the facility?	YES . . . . . 1 NO 2							
557	CHECK Q554. DOES THIS FACILITY CONDUCT ANY TEST FOR TUBERCULOSIS?	YES . . . . . 1 NO 2							→ 562
558	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							→ 560 → 560
559	WHEN WAS THE LAST ENTRY IN THE REGISTER FOR TB TEST RESULTS?	WITHIN 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 NO DATE RECORDED 7							
560	How many providers have ordered TB tests for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS [ ][ ] DON'T KNOW 98							→ 562
561	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]							
562	Next, I want to know if PCR (polymerase chain reaction) tests for viral load are done at this laboratory. IF YES, Are the items necessary for PCR available today?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES NORMALLY AVAILABLE BUT NOT TODAY . . . . . 3 TEST NOT CONDUCTED IN THIS LAB 4							→ 565
563	How many providers have ordered viral load tests for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS [ ][ ] DON'T KNOW 98							→ 565
564	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]							

NO.	QUESTIONS	CODING CATEGORIES	GO TO
565	Do you send blood outside the facility for viral load testing?	YES . . . . . 1 NO 2	→ 568
566	Do you have a record with results of the viral load tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	
567	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . 1 LAB TELLS CLIENT VERBALLY ONLY . . . . . 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

The next set of tests I want to know about are serological tests.

		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCT-ED IN THIS LAB	YES	NO	DON'T KNOW
568	SYPHILIS TESTS	1			4 → 569			
01	VDRL (Venereal Disease Research Laboratory slide test)	1	2	3	4			
02	Rotator or shaker for VDRL	1 → 02b	2 → 02b	3 → 03	4 → 03	1	2	8
03	Reactive protein reagent test (RPR)	1	2	3	4			
04	Other _____ (SPECIFY)	1	2	3	4			
569	Pregnancy tests	1	2	3	4			

The next set of tests I want to know about are hematology tests.

570	Hemocytometer or coulter counter for total lymphocyte count or full blood count.	1 → b	2 → b	3 → 571	4 → 571	1	2	8
571	FILTER: DOES THIS LAB HAVE A HEMOCYTOMETER?		YES . . . . . 1 NO 2			→ 573		

NO.	QUESTIONS	CODING CATEGORIES							GO TO
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?			
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCT-ED IN THIS LAB	YES	NO	DON'T KNOW	
572	ANEMIA TEST (HEMOGLOBIN OR HEMATOCRIT)	1			4 → 573				
01	Hemoglobinometer	1 → 01b	2 → 01b	3 → 02	4 → 02	1	2	8	
02	Colorimeter or spectrascope	1 → 02b	2 → 02b	3 → 03	4 → 03	1	2	8	
03	Drabkin's solution (for colorimeter)	1	2	3	4				
04	Capillary tubes for hematocrit	1	2	3	4				
05	Centrifuge for hematocrit	1 → 05b	2 → 05b	3 → 06	4 → 06	1	2	8	
06	Litmus paper for hemoglobin test (with valid expiration date)	1	2	3	4				
07	Other _____ (SPECIFY)	1	2	3	4				
573	Hemoglobin	1	2	3	4				
574	Platelet count	1	2	3	4				
575	White cell count	1	2	3	4				
576	Does this laboratory ever send any specimens outside the facility for hematology? (For example, hemoglobin, hematocrit, platelet count or white blood cell count.)	YES . . . . . 1 NO 2							
577	Does this laboratory ever send blood outside the facility for total lymphocyte count?	YES . . . . . 1 NO 2							→ 580
578	Do you have a record with results of the total lymphocyte count conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3							
579	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . 1 LAB TELLS CLIENT VERBALLY ONLY . . . . . 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT . . . . . 3 OTHER _____ (SPECIFY) 6 DON'T KNOW 8							

NO.	QUESTIONS	CODING CATEGORIES						GO TO
	The next set of tests I want to know about are chemistry tests							
580		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCT-ED IN THIS LAB	YES	NO	DON'T KNOW
01	Serum creatinine	1	2	3	4			
02	Serum glucose	1	2	3	4			
03	Liver function test	1	2	3	4			
581	Does this laboratory ever send any specimens outside the facility for serum creatinine or serum glucose tests?	YES . . . . . 1 NO 2						
582	Does this laboratory ever send any specimens outside the facility for Liver Function Tests (LFT)	YES . . . . . 1 NO 2						
	BLOOD TRANSFUSION AND SCREENING							
583	Now I want to ask about screening of blood for blood transfusions. Does this laboratory screen blood for infectious diseases?	YES . . . . . 1 NO 2						→ 585
584	Do you screen blood for any of the the following diseases here? IF YES, ASK, Do you screen blood for this disease always, most of the time or rarely?	ALWAYS	MOST OF THE TIME	RARELY	NEVER			
01	Syphilis	1	2	3	4			
02	Hepatitis B	1	2	3	4			
03	Hepatitis C	1	2	3	4			
04	HIV	1	2	3	4			

NO.	QUESTIONS	CODING CATEGORIES			GO TO
	PHLEBOTOMY SERVICES				
585	Is blood drawn in the laboratory area? IF YES, IS IT THE SAME AREA AS SEEN FOR Q547 OR A DIFFERENT ROOM?	YES, SAME AREA AS Q547 . . . . . 1 YES, DIFFERENT AREA . . . . . 2 NO BLOOD DRAWN 3			→ 588 → 588
586	ASK TO SEE WHERE BLOOD IS DRAWN FOR LABORATORY TESTS. CHECK THAT LOCATION AND INDICATE IF EACH ITEM INDICATED BELOW IS AVAILABLE IN THE TESTING AREA OR IMMEDIATELY ADJACENT.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
09	DISPOSABLE NEEDLES	1	2	3	
10	DISPOSABLE SYRINGES	1	2	3	
11	MASKS	1	2	3	
12	GOGGLES / GLASSES	1	2	3	
587	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	POST EXPOSURE PROPHYLAXIS (PEP)		
588	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT . . . 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER [ ][ ] YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 3 NO PEP AVAILABLE 4	→ 590 → 595
589	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED FACILITY AND RECEIVED PEP . 1 RECORD SHOWS REFERRAL ONLY 2 NO RECORD OF REFERRAL 3	→ 594 → 594 → 594
590	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 595
591	Do any providers in this clinic/unit prescr be the PEP regime for an exposed worker?	YES . . . . . 1 NO 2	→ 595
592	Are there any written guidelines for post-exposure prophylaxis available in this clinic/ unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . 2 YES, REPORTED NOT SEEN . . . . . 3 NO 4	
593	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
594	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
595	Does this facility have a pathology department or other location where examination of PAP smears or histology tests are carried out? IF YES, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE TESTS	YES . . . . . 1 NO 2	→ 597

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

597	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	COMPLETE	NOT APPLICABLE
		(V)CT Q508, Q513 & Q514 1	2

REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.

598	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 24 HOUR CLOCK

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: [ ][ ] [ ][ ] [ ][ ][ ]
COUNTRY DISTRICT FACILITY

QRE TYPE [F]

Interviewer Code: [ ][ ]

600	INDICATE WHICH PHARMACY THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER [ ][ ]	
600a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . . . 04 SEMIAUTONOMOUS . . . . . 05 MISSION . . . . . 06 OTHER _____ . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]	

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

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about the availability of various pharmaceutical and other supplies available for HIV/AIDS related services.
All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

601	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
602	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ] 24 HOUR CLOCK	DATE [ ][ ] [ ][ ] [ ][ ] DAY MONTH YEAR	`

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES

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

603	**GENERAL MEDICINES** (ORAL IF NOT STATED)	a: OBSERVED: ALL UNITS IN DATE	a: OBSERVED: AT LEAST ONE UNIT IN DATE	a: REPORTED AVAILABLE, NOT SEEN	a: NOT AVAILABLE	b: STOCK OUT IN LAST SIX MONTHS: YES	b: STOCK OUT IN LAST SIX MONTHS: NO
01	Aceteminophen/paracetamol/ panadol		2 → 01b	3 → 02	4 → 02	1	2
02	Acetylsilic acid/aspirin (oral)		2 → 02b	3 → 03	4 → 03	1	2
03	Acyclovir ophthalmic		2 → 03b	3 → 04	4 → 04	1	2
04	Acyclovir oral		2 → 04b	3 → 05	4 → 05	1	2
05	Albendazole oral		2 → 05b	3 → 06	4 → 06	1	2
06	Amoxicillin/ampicillin oral	1 → 06b	2 → 06b	3 → 07	4 → 07	1	2
07	Amoxicillin/clavulanate (Augmentin) oral		2 → 07b	3 → 08	4 → 08	1	2
08	Ampicillin, injectable	1 → 08b	2 → 08b	3 → 09	4 → 09	1	2
09	Amphotericin B injectable		2 → 09b	3 → 10	4 → 10	1	2
10	Azithromycin		2 → 10b	3 → 11	4 → 11	1	2
11	Bleomycin Injectable		2 → 11b	3 → 12	4 → 12	1	2
12	Ceftriaxone (Rocephin), injectable		2 → 12b	3 → 13	4 → 13	1	2
13	Clotrimazole topical preparations		2 → 13b	3 → 14	4 → 14	1	2
14	Clotrimazole vaginal suppositories		2 → 14b	3 → 15	4 → 15	1	2
15	Ciprofloxacin oral	1 → 15b	2 → 15b	3 → 16	4 → 16	1	2
16	Chloramphenicol oral	1 → 16b	2 → 16b	3 → 17	4 → 17	1	2
17	Chloramphenicol injectable	1 → 17b	2 → 17b	3 → 18	4 → 18	1	2
18	Codein oral		2 → 18b	3 → 19	4 → 19	1	2
19	Co-trimoxazole oral (Bactrim/Septra/Septrin)	1 → 19b	2 → 19b	3 → 20	4 → 20	1	2
20	Clarithromycin		2 → 20b	3 → 21	4 → 21	1	2
21	Clindamycin		2 → 21b	3 → 22	4 → 22	1	2
22	Cloxacillin		2 → 22b	3 → 23	4 → 23	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		a				b	
	GENERAL MEDICINES (CONTINUED) (ORAL IF NOT STATED)	OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE			YES	NO
23	Dapsone		2 → 23b	3 → 24	4 → 24	1	2
24	Dexamethasone		2 → 24b	3 → 25	4 → 25	1	2
25	Diazepam oral		2 → 25b	3 → 26	4 → 26	1	2
26	Diazepam, injectable		2 → 26b	3 → 27	4 → 27	1	2
27	Diclofenac (oral/injection)		2 → 27b	3 → 28	4 → 28	1	2
28	Dipyrone injection		2 → 28b	3 → 29	4 → 29	1	2
29	Diphenoxylate		2 → 29b	3 → 30	4 → 30	1	2
30	Doxycycline	1 → 30b	2 → 30b	3 → 31	4 → 31	1	2
31	Erythromycin	1 → 31b	2 → 31b	3 → 32	4 → 32	1	2
32	Famciclovir		2 → 32b	3 → 33	4 → 33	1	2
33	Fluconazole		2 → 33b	3 → 34	4 → 34	1	2
34	Ganciclovir		2 → 34b	3 → 35	4 → 35	1	2
35	Gentamicin, injectable	1 → 35b	2 → 35b	3 → 36	4 → 36	1	2
36	Gentian Violet (GV paint)		2 → 36b	3 → 37	4 → 37	1	2
37	Ibuprofen/Motrin/Advil		2 → 37b	3 → 38	4 → 38	1	2
38	Indomethacin rectal suppository		2 → 38b	3 → 39	4 → 39	1	2
39	Iron tablets		2 → 39b	3 → 40	4 → 40	1	2
40	Itraconazole		2 → 40b	3 → 41	4 → 41	1	2
41	Ketoconazole, topical		2 → 41b	3 → 42	4 → 42	1	2
42	Loperamide		2 → 42b	3 → 43	4 → 43	1	2
43	Mebendazole oral		2 → 43b	3 → 44	4 → 44	1	2
44	Metronidazole oral/Flagyl	1 → 44b	2 → 44b	3 → 45	4 → 45	1	2
45	Miconazole vaginal suppositories or cream		2 → 45b	3 → 46	4 → 46	1	2
46	Morphine oral		2 → 46b	3 → 47	4 → 47	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		a				b	
	GENERAL MEDICINES (CONTINUED) (ORAL IF NOT STATED)	OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE			YES	NO
47	Multivitamins		2 → 47b	3 → 48	4 → 48	1	2
48	Nalidixic acid oral	1 → 48b	2 → 48b	3 → 49	4 → 49	1	2
49	Nitrofurantoin oral		2 → 49b	3 → 50	4 → 50	1	2
50	Nitrofurazone ointment		2 → 50b	3 → 51	4 → 51	1	2
51	Norfloxacin		2 → 51b	3 → 52	4 → 52	1	2
52	Nystatin oral/suspension		2 → 52b	3 → 53	4 → 53	1	2
53	Nystatin vaginal tablets		2 → 53b	3 → 54	4 → 54	1	2
54	Oral rehydration salts (ORS)		2 → 54b	3 → 55	4 → 55	1	2
55	Penicillin, Benzathine injectable	1 → 55b	2 → 55b	3 → 56	4 → 56	1	2
56	Penicillin Benzyl injectable	1 → 56b	2 → 56b	3 → 57	4 → 57	1	2
57	Penicillin, procaine, injectable	1 → 57b	2 → 57b	3 → 58	4 → 58	1	2
58	Phenobarbital/phenobarbitol		2 → 58b	3 → 59	4 → 59	1	2
59	Prednisolone (or other steroid) IF OTHER, SPECIFY _____		2 → 59b	3 → 60	4 → 60	1	2
60	Sluccytosine		2 → 60b	3 → 61	4 → 61	1	2
61	Sulfadiazine		2 →61b	3 → 62	4 → 62	1	2
62	Tetracycline		2 → 62b	3 → 63	4 → 63	1	2
63	Tinidazole		2 → 63b	3 → 64	4 → 64	1	2
64	Valacyclovir		2 → 64b	3 → 65	4 → 65	1	2
65	Vincristine injectable		2 → 65b	3 → 66	4 → 66	1	2
66	Vitamin B6		2 → 66b	3 → 67	4 → 67	1	2
67	Any other B vitamins		2 → 67b	3 → 604	4 → 604	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		a				b	
604	**ANTIMALARIALS**	OBSERVED	AT LEAST ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
						YES	NO
01	Amodiaquine		2 → 01b	3 → 02	4 → 02	1	2
02	Coartem (ACT)		2 → 02b	3 → 03	4 → 03	1	2
03	Chloroquine		2 → 03b	3 → 04	4 → 04	1	2
04	Fansidar (Sulfadoxin+pyrimethamine)		2 → 04b	3 → 05	4 → 05	1	2
05	Mefloquine		2 → 05b	3 → 06	4 → 06	1	2
06	Primaquine		2 → 06b	3 → 07	4 → 07	1	2
07	Quinine oral		2 → 07b	3 → 08	4 → 08	1	2
08	Quinine injectable		2 → 08b	3 → 09	4 → 09	1	2
09	Other _____ (SPECIFY)		2 → 09b	3 → 605	4 → 605	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES
605	Where are medicines for TB (tuberculosis) kept?	PHARMACY . . . . . 1 KEPT IN TB UNIT . . . . . 2 → 607 NO TB MEDICINES IN FACILITY . . . 3 → 607

606	MEDICINES FOR TUBERCULOSIS	a: OBSERVED AT LEAST ONE UNIT IN DATE	a: REPORTED AVAILABLE, NOT SEEN	a: NOT AVAILABLE	b: STOCK OUT IN LAST SIX MONTHS YES	b: STOCK OUT IN LAST SIX MONTHS NO
01	Am kacin	2 → 01b	3 → 02	4 → 02	1	2
02	Capreomycin	2 → 02b	3 → 03	4 → 03	1	2
03	Cycloserine	2 → 03b	3 → 04	4 → 04	1	2
04	Ethambutol	2 → 04b	3 → 05	4 → 05	1	2
05	Ethionamide	2 → 05b	3 → 06	4 → 06	1	2
06	Gatifloxacin	2 → 06b	3 → 07	4 → 07	1	2
07	Isoniazid (INH)	2 → 07b	3 → 08	4 → 08	1	2
08	Levofloxacin	2 → 08b	3 → 09	4 → 09	1	2
09	Moxifloxacin	2 → 09b	3 → 10	4 → 10	1	2
10	p-Aminosalycilic acid	2 → 10b	3 → 11	4 → 11	1	2
11	Pyrazinamide	2 → 11b	3 → 12	4 → 12	1	2
12	Rifabutin	2 → 12b	3 → 13	4 → 13	1	2
13	Rifampin	2 → 13b	3 → 14	4 → 14	1	2
14	Rifapentine	2 → 14b	3 → 15	4 → 15	1	2
15	Streptomycin	2 → 15b	3 → 16	4 → 16	1	2
16	Isoniazid + rifampin (Rifina)	2 → 16b	3 → 17	4 → 17	1	2
17	Isoniazid + rifampin + pyrazinamide (RHZ, Rifater)	2 → 17b	3 → 18	4 → 18	1	2
18	Isoniazid + ethambutol (EH)	2 → 18b	3 → 19	4 → 19	1	2
19	Other _____ (SPECIFY)	2 → 19b	3 → 607	4 → 607	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		a				b	
607	**INTRAVENOUS SOLUTIONS**	OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE			YES	NO
01	Normal Saline (0.9% NS)		2 → 01b	3 → 02	4 → 02	1	2
02	Dextrose and Normal Saline (D5NS)		2 → 02b	3 → 03	4 → 03	1	2
03	Dextrose in water (50%)		2 → 03b	3 → 04	4 → 04	1	2
04	Ringers Lactate	1 → 04b	2 → 04b	3 → 05	4 → 05	1	2
05	Plasma Expander	1 → 05b	2 → 05b	3 → 608	4 → 608	1	2
608	**OTHER**						
01	Infant formula		1 → 01b	2 → 02	3 → 02	1	2
02	Fortified protein supplement / Ensure		1 → 02b	2 → 609	3 → 609	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
609	Does this facility stock any antiretroviral medicines?	YES . . . . . 1 NO 2	→ 613

610	ASK TO SEE THE ANTIRETROVIRAL MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY.	a				b	
		OBSERVED		REPORTED		STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE	AVAILABLE, NOT SEEN	NOT AVAILABLE	YES	NO
01	AZT + 3TC / Combivir		1 → 01b	2 → 02	3 → 02	1	2
02	Zidovudine (ZDV, AZT)		1 → 02b	2 → 03	3 → 03	1	2
03	Abacavir/ABC		1 → 03b	2 → 04	3 → 04	1	2
04	Didanosine/ddI		1 → 04b	2 → 05	3 → 05	1	2
05	Lamivudine/3TC		1 → 05b	2 → 06	3 → 06	1	2
06	Stavudine/d4T		1 → 06b	2 → 07	3 → 07	1	2
07	Tenofovir disoproxil fumarate [Viread]		1 → 07b	2 → 08	3 → 08	1	2
08	Efavirenz (EFZ) / Stocorin / Sustiva		1 → 08b	2 → 09	3 → 09	1	2
09	Nevirapine (NVP)		1 → 09b	2 → 10	3 → 10	1	2
10	Indinavir / Crixivan		1 → 10b	2 → 11	3 → 11	1	2
11	Kaletra / Lopinavir / Ritonavir		1 → 11b	2 → 12	3 → 12	1	2
12	Nelfinavir / Viracept		1 → 12b	2 → 13	3 → 13	1	2
13	Ritonavir / Norvir		1 → 13b	2 → 14	3 → 14	1	2
14	Saquinavir / Invirase		1 → 14b	2 → 15	3 → 15	1	2
15	Other _____ (SPECIFY)		1 → 15b	2 → 611	3 → 611	1	2

611	ARE THE ANTIRETROVIRALS STORED SEPARATE FROM OTHER MEDICINES?	YES . . . . . 1 NO 2	
612	ARE THE ANTIRETROVIRAL DRUGS STORED UNDER LOCKED CONDITIONS?	YES . . . . . 1 NO 2	
613	Is there a register or stock cards where the amount of each medicine received and the amount disbursed is recorded? IF YES, ASK: May I see the records?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	→ 616
614	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN Q613.	REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES . . . . . 1 REGISTER/STOCK CARDS UPDATED DAILY . . . . . 2 OTHER _____ (SPECIFY) 6	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES			
615	FOR EACH OF THE FOLLOWING MEDICINES THAT ARE AVAILABLE, RECORD IF THE AMOUNT OF STOCK ON THE STOCK CARD, OR THE AMOUNT THAT CAN BE CALCULATED, MATCHES THE INVENTORY OBSERVED IN STORAGE. USE THE MOST UPDATED SOURCE.	YES	NO	MEDICINE NOT AVAILABLE	
01	Amoxicillin/ampicillin oral	1	2	3	
02	Ampicillin injectable	1	2	3	
03	AZT + 3TC / Combivir	1	2	3	
04	Ciprofloxacin oral	1	2	3	
05	Co-trimoxazole oral	1	2	3	
06	Erythromycin	1	2	3	
07	Indinavir / Crixivan	1	2	3	
08	Nevirapine (NVP)	1	2	3	
09	Penicillin, Benzathine benzyl injectable / Septrin	1	2	3	
616	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 DIRECT SUNLIGHT OR FLOURESCENT LIGHTING?	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			
04	IS THE ROOM AIR CONDITIONED OR HAVE A COOLING SYSTEM?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8			
05	ARE THE MEDICINES OR IS THE PHARMACY AS A WHOLE KEPT LOCKED WHEN NO STAFF ARE PRESENT?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8			
617	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			
618	Does this facility determine the quantity of each medicine required and order that, or is the quantity that you receive determined elsewhere, such as central supply?	DETERMINES OWN NEED AND ORDERS . . . . . 1 NEED DETERMINED ELSEWHERE . . . . . 2 DEPENDS ON MEDICINE . . . . . 3 DON'T KNOW 8			→ 620 → 620 → 624
619	Do you always receive a standard fixed supply or does the quantity you receive vary according to the activity level that you report?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . . . . 2 DEPENDS ON MEDICINE . . . . . 3 DON'T KNOW 8			→ 622 → 622 → 622 → 622

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
620	Routinely, when you order medicines, which best describes the system you use to determine how much of each to order? Do you:		
	Review the amount of each medicine remaining, and order to bring the stock amount to a pre-determined (fixed) amount?	ORDER TO MAINTAIN FIXED STOCK 1	
	Order exactly the same quantity each time, regardless of the existing stock?	ORDER SAME AMOUNT 2	
	Review the amount of each medicine used since the previous order, and plan based on prior utilization and expected future activity?	ORDER BASED ON UTILIZATION 3	
	OTHER _____ (SPECIFY)	OTHER 6	
	DON'T KNOW	DON'T KNOW 8	
621	Which of the following best descr bes the routine system for deciding when to order medicines? Do you:		
	Place order whenever stock levels fall to a predetermined level?	PREDETERMINED LEVEL 1	
	Have a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS.	FIXED TIME . . . . . 2 EVERY [ ][ ] MONTH(S)	
	Place an order whenever there is believed to be a need, regardless of stock level?	ORDER WHEN NEEDED 3	
	OTHER _____ (SPECIFY)	OTHER 6	
	DON'T KNOW	DON'T KNOW 8	
622	If there is a shortage of a specific medicine between routine orders, what is the most common procedure followed by this facility?		
	Submit special order to normal supplier	SPECIAL ORDER 1	
	Submit special order to another country's drug service	FOREIGN DRUG SERVICE 2	
	Facility purchases from private market	FACILITY PURCHASE 3	
	Clients must purchase from outside the facility	CLIENT PURCHASE OUTSIDE 4	
	OTHER _____ (SPECIFY)	OTHER 6	
	DON'T KNOW	DON'T KNOW 8	
623	During the past 3 months, have you always, sometimes, or almost never received the amount of each medicine that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 SOMETIMES . . . . . 2 ALMOST NEVER 3	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES				
624	I would like to see supplies that you have in stock. Please show me the following stock supply items if they area kept here.	a			b	
		OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
					YES	NO
01	Condoms	1 → 01b	2 → 02	3 → 02	1	2
02	Disposable needles	1 → 02b	2 → 03	3 → 03	1	2
03	Disposable syringes	1 → 03b	2 → 04	3 → 04	1	2
04	Disinfectant for cleaning surfaces (bleach or other cleaning solution)	1 → 04b	2 → 05	3 → 05	1	2
05	Hand-washing soap	1 → 05b	2 → 625	3 → 625	1	2

REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER

625	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 24 HOUR CLOCK

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

SECTION G: TUBERCULOSIS TREATMENT

Code of facility: [ ][ ] [ ][ ] [ ][ ][ ]
COUNTRY DISTRICT FACILITY

Interviewer Code: [ ][ ]

QRE TYPE [G]

700	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER [ ][ ] NAME OF UNIT_____
700a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . 04 SEMIAUTONOMOUS . . . . . 05 MISSION . . . . . 06 OTHER _____ . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]

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

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about tuberculosis services provided here, including services for clients who you think are HIV infected or have AIDS, but this is not confirmed by a blood test, as well as for those clients who are confirmed by test to have an HIV/AIDS related illness. We will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

701	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
702	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ] 24 HOUR CLOCK	DATE [ ][ ] [ ][ ] [ ][ ] DAY MONTH YEAR	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
703	First, I would l ke to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS or TB, who are assigned to this clinic/unit and are present today. Please give me the names and main service respons bility of the staff assigned to this unit, and **present today**.		
	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW. INDICATE WHETHER STAFF LIST WAS COMPLETED.	YES . . . . . 1 NUMBER OF STAFF LISTED [ ][ ] NO 2	
704	Which services or units have referred patients for TB services to this clinic/unit in the last half year? CIRCLE ALL THAT APPLY	GENERAL INPATIENT UNITS . . . . . A GENERAL OPD CLINIC/UNIT . . . . . B ANC CLINIC/UNIT . . . . . C HIV/AIDS CLINIC/UNIT . . . . . D OTHER CLINIC/UNIT THIS FACILITY . . . . . U ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER CLINIC/UNIT THIS FACILITY . . . . . V ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER CLINIC/UNIT THIS FACILITY . . . . . W ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER _____ X (SPECIFY) NONE . . . . . Y	
705	What method is used by providers in this clinic/ unit for diagnosing TB? CIRCLE ALL THAT APPLY	SPUTUM SMEAR ONLY . . . . . A X-RAY ONLY . . . . . B EITHER SPUTUM OR X-RAY . . . . . C BOTH SPUTUM AND X-RAY . . . . . D MANTOUX OR SKIN PRICK (PPD) . . . . . E CLINICAL SYMPTOMS ONLY . . . . . F DIAGNOSED ELSEWHERE, THIS CLINIC PROVIDES FOLLOW-UP TREATMENT ONLY . . . . . G OTHER _____ X (SPECIFY)	→ 710 → 710 → 710 → 710 → 710 → 710
706	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?	YES . . . . . 1 NO 2	
707	Is there a record of clients who are referred for TB diagnosis? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO RECORD 3	
708	When you refer the client **to another facility** for TB diagnosis, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 710 → 710
709	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use? CIRCLE ALL THAT APPLY	PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . A CALL TO GIVE INFORMATION ON CLIENT B REFERRAL LETTER . . . . . C OTHER _____ X (SPECIFY) NO METHOD USED . . . . . Y	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
710	Do you have any written guidelines for TB diagnosis and/or treatment? IF YES, ASK: May I see them?	OBSERVED COMPLETE / OBSERVED NOT COMPLETE / REPORTED, NOT SEEN / NOT AVAILABLE	
01	National guideline for diagnosis and treatment of TB (15)	1 → 711 / 2 / 3 / 4	
02	Other guideline for diagnosis and treatment of TB (15) _____ SPECIFY	1 / 2 / 3 / 4	
711	Is this facility included in the national DOTS program? (DIRECTLY OBSERVED TREATMENT STRATEGY)	YES . . . . . 1 NO 2	
712	What treatment strategy is followed by providers in this clinic/unit for TB treatment?	DIRECT OBSERVE 2M, FOLLOW UP 6M . . 1 DIRECT OBSERVE 6M . . . . . 2 NO DIRECT OBSERVED TREATMENT . . . . . 3 FOLLOW UP CLIENTS ONLY AFTER INTENSIVE TREATMENT PROVIDED ELSEWHERE 4	→ 716 → 716
713	Who directly observes treatment during the first two months or until the client is sputum negative? CIRCLE ALL THAT APPLY	HOSPITAL STAFF . . . . . A STAFF, IN FACILITY . . . . . B OUTREACH WORKER, BASED AT FACILITY . . . . . C COMMUNITY WORKER . . . . . D OTHER _____ (SPECIFY) X	
714	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	→ 716 → 716
715	Is the record/register up-to-date for the prior week for all clients receiving their DOTS medications?	YES . . . . . 1 NO . . . . . 2 CAN'T DETERMINE 7	
716	From where does this facility receive TB medications? CIRCLE ALL THAT APPLY.	NATIONAL TB CONTROL PROGRAM . . . . . A DIRECT PURCHASE . . . . . B DONATIONS FROM NGOS . . . . . C OTHER _____ (SPECIFY) X	
717	Are TB medicines kept in this clinic/unit? IF YES, ASK TO SEE THE MEDICINES AND INDICATE HOW THEY ARE SUPPLIED.	YES, PREPACKAGED FOR CLIENTS . . . . . 1 YES, BULK JARS . . . . . 2 NO, MEDICINES IN PHARMACY ONLY . . . . . 3 NO MEDICINES IN FACILITY 4	→ 719 → 722 → 722

NO.	QUESTIONS	CODING CATEGORIES	GO TO
718	ASK TO SEE THE PREPACKAGED MEDICINES AND RECORD IF THERE IS A PACKAGE FOR ALL CLIENTS CURRENTLY UNDER DOTS TREATMENT.	YES, ALL CLIENTS . . . . . 1 NO, SOME CLIENTS ONLY . . . . . 2 NO MEDICINES AVAILABLE 3	→ 720 → 720 → 720

719	ASK TO SEE THE TB MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY	a				b	
		OBSERVED				STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS VALID	AT LEAST ONE UNIT VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	YES	NO
01	Amikacin		2 → 01b	3 → 02	4 → 02	1	2
02	Capreomycin		2 → 02b	3 → 03	4 → 03	1	2
03	Cycloserine		2 → 03b	3 → 04	4 → 04	1	2
04	Ethambutol		2 → 04b	3 → 05	4 → 05	1	2
05	Ethionamide		2 → 05b	3 → 06	4 → 06	1	2
06	Gatifloxacin		2 → 06b	3 → 07	4 → 07	1	2
07	Isoniazid (INH)		2 → 07b	3 → 08	4 → 08	1	2
08	Levofloxacin		2 → 08b	3 → 09	4 → 09	1	2
09	Moxifloxacin		2 → 09b	3 → 10	4 → 10	1	2
10	p-Aminosalycilic acid		2 → 10b	3 → 11	4 → 11	1	2
11	Pyrazinamide		2 → 11b	3 → 12	4 → 12	1	2
12	Rifabutin		2 → 12b	3 → 13	4 → 13	1	2
13	Rifampin		2 → 13b	3 → 14	4 → 14	1	2
14	Rifapentine		2 → 14b	3 → 15	4 → 15	1	2
15	Streptomycin		2 → 15b	3 → 16	4 → 16	1	2
16	Isoniazid + rifampin (Rifina)		2 → 16b	3 → 17	4 → 17	1	2
17	Isoniazid + rifampin + pyrazinamide (RHZ, Rifater)		2 → 17b	3 → 18	4 → 18	1	2
18	Isoniazid + ethambutol (EH)		2 → 18b	3 → 19	4 → 19	1	2
19	Other _____ (SPECIFY)		2 → 19b	3 → 720	4 → 720	1	2

NO.	QUESTIONS	CODING CATEGORIES	GO TO
720	Are TB medicines also kept elsewhere in this facility, I ke in the pharmacy or central supplies?	YES . . . . . 1 NO 2	
721	Do you take TB medicines from this unit to another unit in this facility or to another facility? CIRCLE ALL THAT APPLY	YES, ANOTHER UNIT, THIS FACILITY . . A YES, ANOTHER FACILITY . . . . . B NO . . . . . Y	
722	Does this clinic/unit provide routine follow-up for any clients who are placed on TB treatment? IF NO, INDICATE WHERE FOLLOW-UP OF TB CLIENTS IS CARRIED OUT.	YES, INTENSIVE TREATMENT ONLY . . . . . 1 YES, FULL TREATMENT . . . . . 2 NO, CLIENTS REFERRED TO INPATIENT UNIT . . . . . 3 NO, CLIENTS REFERRED TO HEALTH CENTER . . . . . 4 NO, CLIENTS REFERRED ELSEWHERE _____ 6 (SPECIFY) NO FOLLOW-UP AND NO REFERRAL 7	
723	Now I want to know about your records. Do you have any record of the number of newly diagnosed TB clients for this clinic/unit, during the past 12 months?	YES . . . . . 1 NO 2	→ 726
724	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 [ ][ ][ ][ ]	
725	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
726	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	
727	FILTER: CHECK Q722. WAS RESPONSE '3', '4', '6', OR '7'?	YES . . . . . 1 NO 2	→ 733

NO.	QUESTIONS	CODING CATEGORIES	GO TO
728	Do you have a register or list of clients currently being followed by this unit for TB treatment? IF YES, May I see it?	YES, REGISTER OR LIST OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 732 → 733
729	INDICATE THE DATE THE MOST RECENT CLIENT BEGAN TB TREATMENT	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 NO DATE RECORDED 3	
730	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 [ ][ ][ ][ ]	
731	RECORD THE NUMBER OF FEMALE CLIENTS CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	NUMBER OF FEMALE CLIENTS ON TB TREATMENT [ ][ ][ ][ ] DON'T KNOW 9998	
732	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	
733	Are newly diagnosed cases of TB (or cases followed up by this clinic/unit) tested for HIV in this unit or referred somewhere else for testing or counseling about HIV/AIDS? PROBE FOR WHETHER ROUTINE OR SUSPECT CASES	YES, ROUTINELY, TESTED IN UNIT . . . . . 1 YES, SUSPECT ONLY, IN UNIT . . . . . 2 YES, ROUTINELY REFERRED . . . . . 3 YES, SUSPECT ONLY, REFERRED . . . . . 4 NO . . . . . 5 DON'T KNOW 8	→VCT QRE &→ 737 →VCT QRE &→ 737 → 737 → 737
734	Do you have a register or list of new TB patients who were referred elsewhere for an HIV test or counseling? IF YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 737 → 737
735	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 [ ][ ][ ][ ]	
736	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
737	Do you have a register or list of clients currently under TB treatment who are also diagnosed as HIV positive or as having AIDS? YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 739 → 739
738	How many patients currently under TB treatment in this clinic are also diagnosed as HIV positive or as having AIDS?	NUMBER OF CLIENTS ON TB TREATMENT WITH HIV/AIDS . . . . [ ][ ][ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
739	**Other than TB services**, does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS? CARE AND SUPPORT MEANS ANY PREVENTIVE CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, SOCIAL SERVICES, OR HIV TESTS.	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 OTHER _____ 6 (SPECIFY)	→ OPD OR IPD QRE → 747
740	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT . . . . . 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 3 NO PEP AVAILABLE 4	→ 742 → 747
741	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . . . . . 1 RECORD SHOWS REFERRAL ONLY . . . . . 2 NO RECORD OF REFERRAL 3	→ 746 → 746 → 746
742	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 747
743	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES . . . . . 1 NO 2	→ 747
744	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/ unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
745	Is a record maintained for staff who are referred to this clinic/unit or prescr bed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
746	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
747	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	COMPLETE / NOT APPLICABLE (V)CT Q733: 1 / 2 OPD/IPD Q739: 1 / 2	
	REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.		
748	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 24 HOUR CLOCK	
	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: [ ][ ] [ ][ ] [ ][ ][ ]
COUNTRY DISTRICT FACILITY

QRE TYPE [H]

Interviewer Code: [ ][ ]

800	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER [ ][ ] NAME OF UNIT_____
800a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . 04 SEMIAUTONOMOUS . . . . . 05 MISSION . . . . . 06 OTHER _____ . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]

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

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

801	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
802	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ] 24 HOUR CLOCK	DATE [ ][ ] [ ][ ] [ ][ ] DAY MONTH YEAR	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
803	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and who are **present today.**		
	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW. INDICATE WHETHER STAFF LIST WAS COMPLETED.	YES . . . . . 1 NUMBER OF STAFF LISTED [ ][ ] NO 2	
804	Which services or units have referred patients for counseling and testing to this clinic/unit in the last 6 months? READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.	GENERAL INPATIENT UNITS . . . . . A GENERAL OPD CLINIC/UNIT . . . . . B ANC CLINIC/UNIT . . . . . C MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS . . . . . D OTHER CLINIC/UNIT THIS FACILITY U ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER CLINIC/UNIT THIS FACILITY V ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER CLINIC/UNIT THIS FACILITY W ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER _____ X (SPECIFY) NONE . . . . . Y	
805	How many days each week are counseling services for HIV/AIDS available in this clinic/unit?	DAYS PER WEEK . . . . . [ ]	
806	How many days each week are testing services for HIV available in this clinic/unit?	DAYS PER WEEK . . . . . [ ]	
807	When a client is referred for, or receives an HIV test, are they counseled here?	YES . . . . . 1 NO 2	→ 809

808	Is counseling provided routinely? IF YES, Is counseling always provided by a counselor who has received training? ASK ABOUT EACH TYPE OF COUNSELING.	COUNSELING ROUTINELY PROVIDED: ALWAYS BY TRAINED COUNSELOR	COUNSELING ROUTINELY PROVIDED: NOT ALWAYS BY TRAINED COUNSELOR	COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT	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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
809	Do you have any written guidelines related to HIV test counseling?	YES . . . . . 1 NO 2	→ 811
810	I am going to ask you about different guidelines related to HIV/AIDS. If you have the guidelines, may I see them?	OBSERVED, COMPLETE / OBSERVED, INCOMPLETE / REPORTED, NOT SEEN / NOT AVAILABLE	
01	National Guidelines on counseling for HIV testing (1)	1 →09 / 2 / 3 / 4	
02	Other guidelines on counseling for HIV testing (1)	1 →09 / 2 / 3 / 4	
03	Pretest counseling (subset of 1)	1 / 2 / 3 / 4	
04	Post test counseling for positive results (subset of 1)	1 / 2 / 3 / 4	
05	Post test counseling for negative results (subset of 1)	1 / 2 / 3 / 4	
06	Pretest and post-test counseling is routine (subset of 1)	1 / 2 / 3 / 4	
07	Policy on informed consent (subset of 1)	1 / 2 / 3 / 4	
08	Policy on confidentiality regarding disclosure of HIV status (subset of 1)	1 / 2 / 3 / 4	
09	Confidentiality policy that specifically mentions **family members** will not be informed without client consent	1 / 3 / 4	
10	HIV testing procedures	1 / 3 / 4	
811	How long have **counseling services** been offered from this clinic/unit? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	YEARS [ ][ ] MONTHS [ ][ ]	
812	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . . 2 NO 3	→ HW QRE → 814
813	IF YES, Did this person receive training for counseling from CHART or Johns Hopkins/JHPIEGO?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
814	Is pretest counseling done in groups or with individuals?	INDIVIDUAL ONLY . . . . . 1 GROUP ONLY . . . . . 2 INDIVIDUAL AND GROUP . . . . . 3 NO PRETEST COUNSELING 4	→ 817 → 817
815	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, ... NUMBER OF SESSIONS [ ][ ][ ] NO 995	 → 817
816	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
817	Are there any records or registers that provide numbers of clients receiving pre or post test counseling?	YES, CLIENT RECORDED ONCE FOR PACKAGE (COUNSELING AND TEST) 1 YES . . . . . 2 NO 3	→ 822 → 822

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

819	What is the most recent date recorded for either pre or post test counseling?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS . . . . . 2 NO DATE RECORDED . . . . . 3 NO REPORT SEEN 4	
820	Is there a client number or other identifier for clients receiving pre and post test counseling?	YES . . . . . 1 NO 2	
821	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	
822	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . . . . 1 OTHER ROOM WITH VISUAL AND AUDITORY PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . . . . 3 NO PRIVACY 4	
823	Are the sexual partners of people testing positive for HIV contacted?	YES, ROUTINELY . . . . . 1 YES, ONLY IF CONSENT FROM PATIENT GIVEN . . . . . 2 NO 3	 → 825
824	Who contacts the partners of people testing positive for HIV?	STAFF FROM THIS UNIT . . . . . 1 STAFF FROM ANOTHER UNIT, THIS FACILITY . . . . . 2 STAFF FROM ANOTHER FACILITY . . . 3 OTHER _____ 6 (SPECIFY)	
825	Does this clinic/unit have any specific youth friendly services (YFS)?	YES . . . . . 1 NO 2	 → 829
826	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE. (SEE GUIDELINE 3)	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, NOT COMPLETE . . 2 YES, REPORTED NOT SEEN . . . . . 3 NO 4	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
827	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today? IF YES, IDENTIFY THE PROVIDER FOR HEALTH WORKER INTERVIEW.	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . . 2 NO 3	
828	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM . . . . . A DISCOUNT FEES . . . . . B NO FEES . . . . . C OTHER _____ X (SPECIFY)	
829	What is the age at which youth can receive services without parental consent?	AGE IN YEARS [ ][ ]	
830	Is an HIV test conducted or is blood for an HIV test drawn in this clinic/unit? CIRCLE THE RESPONSE THAT BEST REFLECTS THE HIV TESTING PROCEDURE	YES, BLOOD DRAWN AND TEST CONDUCTED THIS CLINIC/UNIT . . . 1 YES, BLOOD DRAWN, BUT TEST NOT CONDUCTED THIS CLINIC/UNIT 2 NO, CLIENT SENT TO LAB IN FACILITY 3 NO, CLIENT SENT TO EXTERNAL AFFILIATED LAB . . . . . 4 NO, CLIENT SENT TO EXTERNAL UNAFFILIATED LAB . . . . . 5 OTHER _____ 6 (SPECIFY)	→ 833 → 833 → 833 → 833
831	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED / REPORTED, NOT SEEN / NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04 / 2 / 3	
02	AUDITORY PRIVACY	1 / 2 / 3	
03	VISUAL PRIVACY	1 / 2 / 3	
04	RUNNING WATER	1 → 06 / 2 / 3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1 / 2 / 3	
06	SOAP	1 / 2 / 3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1 / 2 / 3	
08	SHARPS CONTAINER	1 / 2 / 3	
09	DISPOSABLE LATEX GLOVES	1 → 11 / 2 / 3	
10	DISPOSABLE NON-LATEX GLOVES	1 / 2 / 3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1 / 2 / 3	
12	CONDOMS	1 / 2 / 3	
13	RAPID TEST FOR HIV	1 / 2 / 3	
14	DISPOSABLE NEEDLES	1 / 2 / 3	
15	DISPOSABLE SYRINGES	1 / 2 / 3	
16	MASKS	1 / 2 / 3	
17	GOGGLES / GLASSES	1 / 2 / 3	
832	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
833	HAS INFORMATION ON THE LABORATORY WHERE THE HIV TEST IS CONDUCTED BEEN PREVIOUSLY COLLECTED (EITHER DURING OUTPATIENT OR OTHER INPATIENT DATA COLLECTION)?	YES . . . . . 1 NO . . . . . 2 RAPID TEST ONLY, NO LAB . . . . . 3 LAB OFFSITE 4	→ LAB QRE
834	How long have HIV testing services been offered from this clinic/unit? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	YEARS [ ][ ] MONTHS [ ][ ]	
835	Are there any registers or records for the clients from this clinic/unit who received HIV tests? IF YES, ASK TO SEE ANY RECORDS FOR THE PAST 12 MONTHS, RELATED TO NUMBERS OF CLIENTS RECEIVING AN HIV TEST, TEST RESULTS, AND WHETHER THE CLIENT RECEIVED RESULTS OR NOT	YES, RECORDS KEPT IN THIS CLINIC/UNIT . . . . . 1 YES, RECORDS MAINTAINED ELSEWHERE IN FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] YES, RECORDS IN LAB . . . . . 3 OTHER _____ . . . 6 (SPECIFY) NO 7	 → 837 → 837 → 837 → 841

836	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE REQUESTED NUMBERS.	(a) RECORD AVAILABILITY			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED, NOT SEEN	NO VARIABLE IN RECORD	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL CLIENTS RECEIVING HIV TEST	1 →01b	2 → 02	3 → 02	[ ][ ][ ][ ]	[ ][ ]
02	TOTAL FEMALE CLIENTS RECEIVING HIV TEST	1 →02b	2 → 03	3 → 03	[ ][ ][ ][ ]	[ ][ ]
03	TOTAL CLIENTS AGE 15-24 YEARS	1 →03b	2 → 04	3 → 04	[ ][ ][ ][ ]	[ ][ ]
04	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 →04b	2 → 05	3 → 05	[ ][ ][ ][ ]	[ ][ ]
05	TOTAL CLIENTS WHO RECEIVED TEST RESULTS	1 →05b	2 → 06	3 → 06	[ ][ ][ ][ ]	[ ][ ]
06	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 →06b	2 → 837	3 → 837	[ ][ ][ ][ ]	[ ][ ]

NO.	QUESTIONS	CODING CATEGORIES	GO TO
837	Are reports regularly compiled on the number of clients in this clinic/unit who receive testing or counseling services for HIV/AIDS?	YES, FOR POS AND NEG RESULTS . . . . 1 YES, FOR POS RESULTS ONLY . . . . . 2 NO 3	→ 841
838	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	→ 840
839	To whom do you send these reports? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B DISTRICT LEVEL . . . . . C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM . . . . . E OTHER _____ X (SPECIFY)	
840	Do you use a standardized form for your reports?	YES . . . . . 1 NO 2	
841	Is an individual client chart or record maintained for all HIV positive clients? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, IN UNIT, OBSERVED . . . . . 1 YES, IN UNIT, REPORTED, NOT SEEN . . 2 YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY . . . . . 3 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] YES, IN CENTRAL RECORDS . . . . . 4 ONLY IF CLIENT PROVIDES . . . . . 5 OTHER _____ 6 SPECIFY NO INDIVIDUAL RECORD 7	
842	**Other than (V)CT services**, does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS? CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, OR SOCIAL SERVICES.	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 OTHER _____ 6 (SPECIFY)	→ OPD OR IPD QRE & → 850

NO.	QUESTIONS	CODING CATEGORIES	GO TO
843	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT . . . . . 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER [ ][ ] YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 3 NO PEP AVAILABLE 4	→ 845 → 850
844	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . . . . . 1 RECORD SHOWS REFERRAL ONLY . . . . 2 NO RECORD OF REFERRAL 3	→ 849 → 849 → 849
845	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 850
846	Do any providers in this clinic/unit prescr be the PEP regime for an exposed worker?	YES . . . . . 1 NO 2	→ 850
847	Are there any written guidelines for post-exposure prophylaxis available in this clinic/ unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
848	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
849	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
850	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	COMPLETE NOT APPLICABLE LAB Q833 1 2 OPD/IPD Q842 1 2	
	REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.		
851	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 24 HOUR CLOCK	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION I: ANTIRETROVIRAL THERAPY

Code of facility: [ ][ ] COUNTRY [ ][ ] DISTRICT [ ][ ][ ] FACILITY

QRE TYPE [I]

Interviewer Code: [ ][ ]

900	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER [ ][ ] NAME OF UNIT_____
900a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . 04 SEMIAUTONOMOUS . . . . . 05 MISSION . . . . . 06 OTHER _____ . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]

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

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

901	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
902	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ] (24 HOUR CLOCK)	DATE [ ][ ][ ][ ][ ][ ] (DAY MONTH YEAR)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
903	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, who are present today. Please give me the names and main service respons bility of the staff assigned to this unit, and who are **present today.**		
	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW. INDICATE WHETHER STAFF LIST WAS COMPLETED.	YES . . . . . 1 NUMBER OF STAFF LISTED [ ][ ] NO 2	
904	How many days each week are ART services available in this clinic/unit?	DAYS PER WEEK . . . . . [ ]	
905	How long have ART services been offered from this clinic/unit? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	YEARS [ ][ ] MONTHS [ ][ ]	
906	Which services or units have referred patients for ART to this clinic/unit in the last 6 months? READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.	GENERAL OPD CLINIC/UNIT . . . . . A ANC CLINIC/UNIT . . . . . B MATERNITY AND/OR LABOR AND DELIVERY CLINIC/UNIT . . . . . C VCT OR CT CLINIC/UNITS . . . . . D FAMILY PLANNING . . . . . E RESPIRATORY (TB/PCP) . . . . . F GENERAL INPATIENT UNITS . . . . . G HIV/AIDS INPATIENT UNIT . . . . . H OUTSIDE FACILITY/SITE . . . . . I SURGERY . . . . . J OTHER CLINIC/UNIT THIS FACILITY . . . . . U ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER CLINIC/UNIT THIS FACILITY . . . . . V ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER CLINIC/UNIT THIS FACILITY . . . . . W ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER _____ X (SPECIFY) NONE . . . . . Y	
907	Is there a person specifically assigned to be director of the ART program? IF YES, ASK: Is this person assigned to this clinic/unit?	YES, ASSIGNED THIS CLINIC/UNIT . . . . . 1 YES, ASSIGNED OTHER CLINIC/UNIT . . . 2 NO ONE PERSON IN CHARGE OF ART . . . 3	→ 910
908	What is the qualification of this director?	CONSULTANT . . . . . 1 MEDICAL DOCTOR . . . . . 2 NURSE . . . . . 3 OTHER _____ 6 (SPECIFY)	
909	Has this director of ART services received training in ART? IF YES, Did he or she attend any CHART or Johns Hopkins training?	YES, THROUGH CHART/JH . . . . . 1 YES, BUT NOT THROUGH CHART/JH . . . . . 2 NO . . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
910	Which ARV drugs are prescribed in this clinic/unit? CIRCLE ALL THAT APPLY. AFTER THE RESPONSE, READ THE NAME OF EACH DRUG TO VERIFY THAT THE DRUG IS NOT PRESCRIBED BY THE CLINIC/UNIT.	AZT+3TC (COMBIVIR) . . . . . A ZIDOVUDINE (ZDV, AZT) . . . . . B ABACAVIR/ABC . . . . . C DIDANOSINE/ddI . . . . . D EFAVIRENZ /EFZ / STOCORIN E LAMIVUDINE/3TC . . . . . F NEVIRAPINE/NVP . . . . . G TENOFOVIR DISOPROXIL FUMARATE (VIREAD) . . . . . H INDINAVIR (CRIXIVAN) . . . . . I KALETRA (LOPINAVIR / RIONAVIR) . . . . . J NELFINAVIR (VIRACEPT) . . . . . K RITONAVIR (NORVIR) . . . . . L SAQUINAVIR (INVIRASES) . . . . . M STAVUDINE/D4T . . . . . N OTHER _____ X SPECIFY	
911	Are ARV drugs stored in this clinic/unit or in the pharmacy/central supply or both?	KEPT IN THIS CLINIC/UNIT . . . . . 1 KEPT IN PHARMACY . . . . . 2 KEPT IN BOTH CLINIC/UNIT AND PHARMACY . . . . . 3 OTHER _____ 6 (SPECIFY)	

912 Now I want to know about any eligibility criteria used for placing clients on ART. For each stage of HIV/AIDS that I will describe & each criteria I mention please indicate if a client at that stage is eligible for ART from this facility.

READ EACH STAGE AND EACH CRITERIA AND CIRCLE ALL THAT APPLY

WHO stage 1 = NO SYMPTOMS OF ILLNESS

WHO stage 2 = SOME SYMPTOMS, MOSTLY AMBULATORY

WHO STAGE 3 = SOME SYMPTOMS, IN BED MORE THAN NORMAL

WHO STAGE 4 = SOME SYMPTOMS, MOST OF TIME IN BED

				ELIGIBILITY CRITERIA				
		CLIENT NOT ELIGIBLE	ROUTINE	SOCIAL OR ADHERENCE	CD4+ COUNT	HIV VIRAL LOAD	COMMITTE	DOCTOR OPINION
01	WHO stage 1 - No symptoms of illness	A → 02	B → 02	C	D	E	F	G
02	WHO stage 1 - No symptoms and pregnant	A → 03	B → 03	C	D	E	F	G
03	WHO stage 2 - Symptomatic	A → 04	B → 04	C	D	E	F	G
04	WHO stage 2 - Symptomatic and pregnant	A → 05	B → 05	C	D	E	F	G
05	WHO stage 3 - Symptomatic	A → 06	B → 06	C	D	E	F	G
06	WHO stage 3 - Symptomatic and pregnant	A → 07	B → 07	C	D	E	F	G
07	WHO stage 4 - Symptomatic	A → 08	B → 08	C	D	E	F	G
08	WHO stage 4 - Symptomatic and pregnant	A → 09	B → 09	C	D	E	F	G
09	Current active life-threatening OI disease (e.g., TB, meningitis)	A → 10	B → 10	C	D	E	F	G
10	Newborn of HIV infected mother	A → 913	B → 913	C	D	E	F	G

913	Are social or other criteria related to the client's personal situation considered prior to starting ART? IF YES, Tell me which ones. READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	Geographic criteria . . . . . A Proof of capacity to attend clinic regularly . B Disclosure to significant other (if applicable) . C No ART if social problem: Alcoholic . . . . . D Drug addict . . . . . E Mental illness . . . . . F Homeless . . . . . G OTHER _____ X (SPECIFY) NO SOCIAL CRITERIA APPLIED . . . . . Y	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
914	Are adherence criteria considered prior to starting ART? IF YES, Tell me which ones. READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	Consistent use of co-trimoxizole ..... A Required pre-ART clinic visits made on time ..... B Treatment assistant identified ..... C Pill trial (e.g. with placebos) ..... D OTHER _____ X (SPECIFY) NO ADHERENCE CRITERIA APPLIED Y	
915	Do any patients receiving ART in this clinic/unit live in another country? IF YES, About how many are currently under the care of this clinic/unit? IF YES, From which countries?	YES ..... 1 NUMBER OF PATIENTS [ ][ ][ ] NO ..... 2 DON'T KNOW ..... 8 (LIST COUNTRIES HERE)_____ _____ _____	
916	Is a total lymphocyte count (TLC) always done prior to starting ART? IF YES, What is the most common practice for conducting the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO 4	→ 918
917	After the initial TLC test, do you retest for a follow-up level?	ONLY IF INDICATED BY PATIENT CONDITION ..... 1 EVERY MONTH ..... 2 EVERY 2-3 MONTHS ..... 3 EVERY 4-6 MONTHS ..... 4 EVERY YEAR ..... 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP 7	
918	Is a CD4 count always determined prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO 4	→ 920
919	After the initial CD4 count, do you retest for a follow-up level?	ONLY IF INDICATED BY PATIENT CONDITION ..... 1 EVERY MONTH ..... 2 EVERY 2-3 MONTHS ..... 3 EVERY 4-6 MONTHS ..... 4 EVERY YEAR ..... 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP 7	
920	Is an HIV RNA Viral load level always done prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO 4	→ 922
921	After the initial HIV RNA Viral load level, do you retest for a follow-up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically? IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION ..... 1 EVERY MONTH ..... 2 EVERY 2-3 MONTHS ..... 3 EVERY 4-6 MONTHS ..... 4 EVERY YEAR ..... 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP 7	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
922	For each of the following tests, please tell me if the test is conducted routinely, selectively, or never, before starting ART.					
		TEST CONDUCTED				
		ROUTINELY	SELECTIVELY	NEVER	DON'T KNOW	
01	Blood count/CBC	1	2	3	8	
02	Serum transaminases	1	2	3	8	
03	Pregnancy test for women	1	2	3	8	
04	Serum creatinine	1	2	3	8	
05	Urinalysis	1	2	3	8	
06	Liver function tests	1	2	3	8	
07	TB sputum test (Acid-fast-bacilli)	1	2	3	8	
08	Chest X-ray	1	2	3	8	
09	PPD (Mantoux or skin prick for TB)	1	2	3	8	
10	HTLV 1	1	2	3	8	
11	Hepatitis B and/or C	1	2	3	8	
12	Syphilis serology	1	2	3	8	
13	Toxoplasmosis	1	2	3	8	
14	Blood Sugar	1	2	3	8	
15	Any other tests _____ (SPECIFY)	1	2	3	8	
923	When a client is started on ART, are any of the following types of counseling offered? IF YES, RECORD WHETHER THE COUNSELING IS ALWAYS OFFERED OR SOMETIMES OFFERED.	ALWAYS	SOMETIMES	NEVER	DON'T KNOW	
01	Pre-treatment medication counseling	1	2	3	8	
02	Follow-up counseling to discuss adherence to ART medicines	1	2	3	8	
03	Follow-up counseling to discuss adherence to medication plan in presence of significant others	1	2	3	8	
924	IF ANY ITEM IN Q923 IS CODED '1' OR '2', ASK: Who provides the counseling for ART medicines? CIRCLE ALL THAT APPLY. IF NONE OF THE RESPONSES IN Q923 ARE CODED '1' OR '2', CIRCLE 'Y', "NO COUNSELING".	PRESCRIBING PROVIDER ..... A NURSE ..... B COUNSELOR ..... C PHARMACIST ..... D CLINICAL PSYCHOLOGIST ..... E OTHER _____ (SPECIFY) X NO COUNSELING ..... Y				→ 928
925	In total, how many different people provide this counseling?	NUMBER OF PEOPLE [ ][ ] DON'T KNOW 98				
926	Have all of the people you just mentioned, who provide counseling for ART, been trained in counseling for adherence to ART?	YES, ALL ..... 1 YES, SOME ..... 2 NONE ..... 3 DON'T KNOW 8				→ 928 → 928
927	How many counselors attended any CHART or Johns Hopkins training on adherence counseling?	NUMBER TRAINED BY CHART/JH [ ][ ] DON'T KNOW 98				
928	Are there any fees charged to the client for any services or items related to ART?	YES ..... 1 NO 2				→ 930

NO.	QUESTIONS	CODING CATEGORIES				GO TO
929	For each of the following items, indicate if there is any fee, and if yes, the amount of the fee	YES	(a) FEE NO	NA	(b) AMOUNT IN MAIN LOCAL CURRENCY	
01	Client card or chart	1 → 01b	2 → 02	3 → 02		
02	Consultation service	1 → 02b	2 → 03	3 → 03		
03	ARV medicine	1 → 03b	2 → 04	3 → 04	FOR HOW MANY DAYS' SUPPLY?	
04	CD4 count	1 → 04b	2 → 05	3 → 05		
05	Viral load test	1 → 05b	2 → 06	3 → 06		
06	OTHER _____ (SPECIFY)	1 → 06b	2 → 930	3 → 930		

930	For each service mentioned, please show me any written guidelines that you have in the clinic/unit.	OBSERVED COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	National Guidelines on counseling for HIV testing (1)	1 → 03	2	3	4
02	Other guidelines on counseling for HIV testing (1)	1	2	3	4
03	HIV testing protocol	1		3	4
04	National ART treatment guidelines - adults (9)	1 → 06	2	3	4
05	Other ART treatment guidelines - adults (9)	1	2	3	4
06	National ART treatment guidelines - children (9)	1 → 08	2	3	4
07	Other ART treatment guidelines - children (9)	1	2	3	4
08	Eligibility criteria for ART	1		3	4
09	Drug interactions	1		3	4
10	Detection of side-effects/toxicity	1		3	4
11	Referral criteria	1		3	4
12	Standard reporting system	1		3	4
13	Counseling for adherence to antiretroviral therapy	1		3	4

931	Where is information on patients receiving ART through this clinic/unit recorded? CIRCLE ALL THAT APPLY.		
	ONLY INDIVIDUAL CLIENT CHART/RECORD AND/OR IN CENTRAL RECORDS	A	→ 933
	UNIT REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, KEPT IN UNIT	B	
	SPECIFIC REGISTER FOR HIV/AIDS CLIENTS KEPT IN UNIT	C	
	INDIVIDUAL CLIENT CHART/RECORD .	D	
	REGISTER IN COMPUTER	E	
	REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, IN CENTRAL RECORDS . . .	F	
	SPECIFIC REGISTER FOR HIV/AIDS CLIENTS IN CENTRAL RECORDS	G	
	OTHER _____ (SPECIFY)	X	
	NO RECORD MAINTAINED	Y	→ 933

NO.	QUESTIONS	CODING CATEGORIES	GO TO
932	ASK TO SEE THE REGISTER OR 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 NO DATE RECORDED . . . . . 3 REGISTER/RECORDS NOT SEEN 4	
933	How many clients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF CLIENTS ON ART . . . . [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	
934	How many female clients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF FEMALE CLIENTS ON ART . . . . . [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	
935	Among currently registered ART clients, how many regularly attend the clinic for follow-up? That is, how many have missed one or no appointments in the past 6 months?	NUMBER OF REGULAR ART CLIENTS . . . . . [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	
936	Among currently registered ART clients, how many are irregular in their treatment, that is, have missed 2 or more appointments in the past 6 months?	NUMBER OF IRREGULAR ART CLIENTS . . . . . [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	
937	During the past 12 months, how many ART clients have died?	NUMBER OF CLIENTS DIED . . . . . [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	→ 939
938	INDICATE MONTHS OF DATA IN Q937	MONTHS OF DATA . . . . . [ ][ ]	
939	During the past 12 months, how many ART clients have been lost to follow-up?	NUMBER OF CLIENTS LOST TO FOLLOW-UP [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	→ 941
940	INDICATE MONTHS OF DATA IN Q 939	MONTHS OF DATA . . . . . [ ][ ]	
941	WAS THE INFORMATION IN Q933 TO Q940 OBTAINED FROM RECORDS OR PROVIDED BY THE RESPONDENT FROM MEMORY?	RECORDS . . . . . 1 RESPONDENT KNOWLEDGE/MEMORY . . . 2	
942	Are reports regularly compiled on the numbers of clients receiving ART?	YES . . . . . 1 NO 2	→ 946
943	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	→ 945
944	To whom do you send these reports? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B DISTRICT LEVEL . . . . . C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM . . . . . E OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
945	Do you use a standardized form for your reports?	YES . . . . . 1 NO 2	
946	Is an individual client chart or record maintained for all ART clients? IF KEPT IN THIS CLINIC/UNIT, ASK TO SEE A BLANK OR CURRENT CHART/RECORD	YES, IN UNIT, OBSERVED . . . . . 1 YES, IN UNIT, REPORTED, NOT SEEN . . . 2 YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY . . . . . 3 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] YES, IN CENTRAL RECORDS . . . . . 4 ONLY IF CLIENT PROVIDES . . . . . 5 OTHER _____ 6 SPECIFY NO INDIVIDUAL RECORD 7	
947	Do you have a system for making individual client appointments for follow-up? IF YES, ASK TO SEE SYSTEM	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 949
948	Does the appointment system indicate if the client kept the appointment or not?	YES . . . . . 1 NO 2	
949	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 the nutritional rehabilitation services? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	Nutritional counseling . . . . . A Teach early identification of deficiencies B Provide vitamins . . . . . C Provide fortified protein supplement . . . . . D Provide other diet supplement _____ X (SPECIFY) NO SERVICES . . . . . Y	
950	Does this facility have links with community based health workers? IF YES, ASK: What types of services do the community based workers provide? CIRCLE ALL THAT APPLY	YES, DISTRIBUTE ARVS . . . . . A YES, CLIENT TREATMENT SUPPORT . . . B YES, HOME CARE . . . . . C YES, TRACING IRREGULAR ATTENDEES D YES, OTHER _____ X (SPECIFY) NO . . . . . Y	→ 956
951	When clients are referred to community based health workers, do you have a formal system for making the referral, such as a referral slip or other means? IF YES: What method do you use? CIRCLE ALL THAT APPLY	YES, REFERRAL SLIP, OBSERVED . . . . . A YES, REFERRAL SLIP, NOT OBSERVED . B PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . C CALL TO GIVE CLIENT INFORMATION . . . D REFERRAL LETTER . . . . . E OTHER _____ X (SPECIFY) NO METHOD . . . . . Y NOT APPLICABLE / CBHW IN FACILITY Z	
952	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? CIRCLE ALL THAT APPLY	YES, REFERRAL SLIP OBSERVED . . . . . A YES, REFERRAL SLIP NOT OBSERVED . B PATIENT SENT WITH MEDICAL CHART/RECORD . . . . . C CALL TO GIVE CLIENT INFORMATION . . . D OTHER _____ X (SPECIFY) NO METHOD . . . . . Y NOT APPLICABLE / CBHW IN FACILITY Z	
953	Do you have a reporting format that the community health worker completes, or that facility staff complete for the community work? IF YES, ASK TO SEE A COPY OF A RECENT REPORT	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
954	Is there a system for periodic supervision of the community health worker? IF YES, ASK TO SEE EVIDENCE OF A SYSTEM SUCH AS A SUPERVISORY SCHEDULE OR REPORT	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3 DON'T KNOW 8	
955	When was the most recent training session for community health workers who are linked with this facility?	WITHIN PAST 30 DAYS . . . . . 1 WITHIN PAST 2--6 MONTHS . . . . . 2 WITHIN PAST 7-12 MONTHS . . . . . 3 MORE THAN 12 MONTHS AGO . . . . . 4 NO TRAINING 5	
956	**Other than ART services,** does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS? CARE AND SUPPORT MEANS ANY PREVENTIVE CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, SOCIAL SERVICES, OR HIV TESTS.	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] NO, CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 OTHER _____ 6 (SPECIFY)	→ OPD OR IPD QRE & → 964
957	Do staff in this clinic/unit have access to post-prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT . . . . . 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER [ ][ ] YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 3 NO PEP AVAILABLE 4	→ 959 → 964
958	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . . . . . 1 RECORD SHOWS REFERRAL ONLY . . . . . 2 NO RECORD OF REFERRAL 3	→ 963 → 963 → 963
959	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 964
960	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES . . . . . 1 NO 2	 → 964
961	Are there any written guidelines for post-exposure prophylaxis available in this clinic/ unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, NOT COMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
962	Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
963	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
964	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	COMPLETE NOT APPLICABLE OPD/IPD Q956 1 2	

REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.

965	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 24 HOUR CLOCK	**THANK THE RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE.**

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

Code of facility: [ ][ ] [ ][ ] [ ][ ][ ]
COUNTRY DISTRICT FACILITY

QRE TYPE [J]

Interviewer Code: [ ][ ]

1000	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER [ ][ ] NAME OF UNIT_____	
1000a	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . 04 SEMIAUTONOMOUS . . . . . 05 MISSION . . . . . 06 OTHER _____ . . . 96 (SPECIFY)	MANAGING AUTHORITY . . . . . [ ][ ]	

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT PMTCT SERVICES PROVIDED IN THIS UNIT. SOME INFORMATION MAY REQUIRE SPEAKING WITH ANC SERVICE PROVIDERS.

Now I will read a statement explaining this facility inventory and asking your consent to participate.

My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

1001	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
1002	RECORD THE TIME AT BEGINNING OF INTERVIEW [ ][ ] . [ ][ ] 24 HOUR CLOCK	DATE [ ][ ] [ ][ ] [ ][ ] DAY MONTH YEAR	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1003	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and who are **present today.**		
	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW. INDICATE WHETHER STAFF LIST WAS COMPLETED.	YES . . . . . 1 NUMBER OF STAFF LISTED [ ][ ] NO 2	
1004	Which services or units have referred patients for PMTCT to this clinic/unit in the last 6 months? READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.	GENERAL OPD CLINIC/UNIT . . . . . A ANC CLINIC/UNIT . . . . . B MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS . . . . . C VCT OR CT CLINIC/UNITS . . . . . D FAMILY PLANNING . . . . . E GENERAL INPATIENT UNITS . . . . . F HIV/AIDS INPATIENT UNIT . . . . . G OUTSIDE FACILITY/SITE . . . . . H OTHER CLINIC/UNIT THIS FACILITY . . . . . U ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER CLINIC/UNIT THIS FACILITY . . . . . V ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER CLINIC/UNIT THIS FACILITY . . . . . W ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ] OTHER _____ X (SPECIFY) NONE . . . . . Y	
1005	How long have PMTCT services been offered from this clinic/unit? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	YEARS [ ][ ] MONTHS [ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1006	For each service I will mention, please tell me if providers in this clinic/unit offer the service, refer the client elsewhere, or do not offer the service to pregnant women at all.					
	READ EACH SERVICE	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE NO REFERRAL
		PROVIDE SERVICE IN THIS CLINIC/ UNIT	REFER TO OUTPATIENT UNIT THIS FACILITY	REFER TO INPATIENT UNIT THIS FACILITY		
01	HIV testing	1	2	3	4	5
02	Group pretest information or counseling	1	2	3	4	5
03	Individual HIV pretest information or counseling	1	2	3	4	5
04	Individual HIV post-test counseling	1	2	3	4	5
05	Couples counseling for women who are HIV positive	1	2	3	4	5
06	Counseling on infant feeding to HIV positive women	1	2	3	4	5
07	Counseling on maternal nutrition to HIV positive women	1	2	3	4	5
08	Counseling on family planning	1	2	3	4	5
09	Family planning services	1	2	3	4	5
10	ART prophylaxis for woman	1	2	3	4	5
11	ART prophylaxis for newborn	1	2	3	4	5
12	Provide breast-milk substitutes for newborns of HIV positive women	1	2	3	4	5
13	Follow-up counseling for HIV positive women	1	2	3	4	5
14	ART for HIV positive women	1	2	3	4	5
15	ART for family members of HIV positive women	1	2	3	4	5
16	Women-to-Women support groups	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1007	Do you have any written guidelines related to PMTCT or HIV test counseling?	YES, GUIDELINES AVAILABLE . . . . . 1 NO GUIDELINES AVAILABLE 2	→ 1009
1008	ASK TO SEE EACH OF THE FOLLOWING GUIDELINES:	OBSERVED, COMPLETE / OBSERVED, INCOMPLETE / REPORTED, NOT SEEN / NOT AVAILABLE	
01	National Guidelines on PMTCT (2)	1 → 03 / 2 / 3 / 4	
02	Other guidelines on PMTCT (2)	1 / 2 / 3 / 4	
03	ART prophylaxis for PMTCT	1 / / 3 / 4	
04	National Guidelines on counseling for HIV testing (1)	1 → 11 / 2 / 3 / 4	
05	Other Guidelines on counseling for HIV testing (1)	1 → 11 / 2 / 3 / 4	
06	Pretest counseling (subset of 1)	1 / 2 / 3 / 4	
07	Post test counseling for positive results (subset of 1)	1 / 2 / 3 / 4	
08	Post test counseling for negative results (subset of 1)	1 / 2 / 3 / 4	
09	Pretest and posttest counseling is routine (subset of 1)	1 / 2 / 3 / 4	
10	Policy on informed consent (subset of 1)	1 / 2 / 3 / 4	
11	Policy on confidentiality regarding disclosure of HIV status	1 / 2 / 3 / 4	
12	Confidentiality policy that specifically mentions **family members** will not be informed without client consent	1 / / 3 / 4	
13	HIV testing procedures	1 / / 3 / 4	
14	Youth Friendly Services (3)	1 / 2 / 3 / 4	
1009	FILTER: IS THIS AN INPATIENT CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 1011
1010	Does this unit ever provide PMTCT services for outpatient clients?	YES . . . . . 1 NO 2	→ 1076
1011	CHECK Q1006 (01) TO SEE IF HIV TESTING IS OFFERED TO PREGNANT WOMEN IN THIS CLINIC/UNIT.	YES . . . . . 1 NO 2	→ 1017
1012	Now I want to ask some questions about HIV testing for ANC clients. What procedure is used for testing new ANC clients? RECORD THE RESPONSE THAT BEST REFLECTS THE PRACTICE. PROBE IF NECESSARY.	OFFERED WHEN VOLUNTARILY REQUESTED BY PREGNANT WOMAN . . . . . 1 OFFERED TO ALL ANC CLIENTS AT FIRST VISIT . . . . . 2 OFFERED SELECTIVELY TO ANC CLIENTS AT FIRST VISIT FIRST VISIT BASED ON SOCIAL/MEDICAL HISTORY . . . . . 3 OTHER _____ 6 (SPECIFY)	
1013	How many days each week are HIV tests available in this clinic/unit for pregnant women?	DAYS PER WEEK . . . . . [ ] DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1014	Where is the HIV test for ANC clients carried out? PROBE FOR THE RESPONSE THAT REFLECTS THE MOST COMMON PRACTICE	**CLINIC/UNIT IN THIS FACILITY** RAPID TEST ONSITE IN CLINIC/UNIT . . . 1 CLIENT SENT TO (V)CT CLINIC/UNIT . . . 2 CLIENT SENT TO PMTCT-ONLY CLINIC/UNIT 3 CLIENT SENT TO OTHER CLINIC/UNIT . 4 ENTER CLINIC/ UNIT NUMBER [ ][ ] BLOOD DRAWN IN THIS CLINIC/UNIT AND SENT TO LAB . . . . . 5 CLIENT SENT TO LAB . . . . . 6 **OUTSIDE FACILITY** VCT STAND-ALONE SITE . . . . . 7 (V)CT CLINIC/UNIT IN OTHER FACILITY . 8 PMTCT STAND-ALONE SITE . . . . . 9 PMTCT CLINIC/UNIT IN OTHER FACILITY . 10 OUTSIDE, AFFILIATED LABORATORY . . . . 11 OUTSIDE, UNAFFILIATED LABORATORY 12 DISTRICT OR REGIONAL HOSPITAL . . . 13 OTHER _____ 96 (SPECIFY)	 → 1017 → 1017 → 1017 → 1017 → 1017 → 1017 → 1017 → 1017 → 1017 → 1017
1015	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED / REPORTED, NOT SEEN / NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04 / 2 / 3	
02	AUDITORY PRIVACY	1 / 2 / 3	
03	VISUAL PRIVACY	1 / 2 / 3	
04	RUNNING WATER	1 → 06 / 2 / 3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1 / 2 / 3	
06	SOAP	1 / 2 / 3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1 / 2 / 3	
08	SHARPS CONTAINER	1 / 2 / 3	
09	DISPOSABLE LATEX GLOVES	1 → 11 / 2 / 3	
10	DISPOSABLE NON-LATEX GLOVES	1 / 2 / 3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1 / 2 / 3	
12	CONDOMS	1 / 2 / 3	
13	RAPID TEST FOR HIV	1 / 2 / 3	
14	DISPOSABLE NEEDLES	1 / 2 / 3	
15	DISPOSABLE SYRINGES	1 / 2 / 3	
16	MASKS	1 / 2 / 3	
17	GOGGLES / GLASSES	1 / 2 / 3	
1016	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2	
1017	CHECK Q1006 (02, 03, AND 04) TO SEE IF ANY PRE OR POST-TEST COUNSELING OR INFORMATION IS PROVIDED BY THIS CLINIC/UNIT.	YES . . . . . 1 NO 2	 → 1022

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1018	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	
1019	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY ..... 1 YES, NOT PRESENT TODAY ..... 2 NO 3				→ HW QRE → 1021
1020	IF YES, Did this person receive training for counseling from CHART or Johns Hopkins/JHPIEGO?	YES ..... 1 NO ..... 2 DON'T KNOW 8				
1021	ASK TO SEE THE ROOM WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED. DESCRIBE THE SETTING.	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY ..... 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY ..... 2 VISUAL PRIVACY ONLY ..... 3 NO PRIVACY 4				
1022	Does this clinic/unit have any specific youth friendly services (YFS)?	YES ..... 1 NO 2				→ 1026
1023	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE. (SEE GUIDELINE 3)	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, NOT COMPLETE ..... 2 YES, REPORTED NOT SEEN ..... 3 NO 4				
1024	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? IDENTIFY THE PROVIDER FOR HW INTERVIEW	YES, PRESENT TODAY ..... 1 YES, NOT PRESENT TODAY ..... 2 NO 3				
1025	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM ..... A DISCOUNT FEES ..... B NO FEES ..... C OTHER _____ ..... X (SPECIFY)				
1026	What is the age at which youth can receive services without parental consent?	AGE IN YEARS [ ][ ]				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1027	Are newborns of HIV positive women routinely tested for HIV as soon as poss ble after birth? TESTING MAY NOT OCCUR IF MOTHER DOES NOT CONSENT OR RETURN FOR A TEST. YOU ARE TRYING TO FIND OUT THE STANDARD PROCEDURE IN THAT CLINIC/UNIT.	YES, FOR ALL HIV POSITIVE WOMEN ..... 1 YES, FOR FACILITY DELIVERIES ONLY ..... 2 NO, ROUTINELY TESTED AT OTHER TIME ..... 3 RECORD YOUNGEST AGE AGE IN MONTHS ..... [ ][ ] NO 4	
1028	CHECK Q1006 (10) TO SEE IF THE UNIT PROVIDES ART PROPHYLAXIS FOR PREGNANT WOMEN	YES ..... 1 NO 2	→ 1032
1029	Which antiretroviral medicines are used for ART prophylaxis for women in this clinic/unit? CIRCLE ALL THAT APPLY	AZT+3TC (COMBIVIR) ..... A ZIDOVUDINE (ZDV,AZT) ..... B ABACAVIR / ABC ..... C DIDANOSINE / DDL ..... D EFAVIRENZ /EFZ / STOCORIN E LAMIVUDINE/3TC ..... F NEVIRAPINE / NVP ..... G TENOFOVIR DISOPROXIL FUMARATE (VIREAD) ..... H INDINAVIR (CRIXIVAN) ..... I KALETRA (LOPINAVIR / RIONAVIR) ..... J NELFINAVIR (VIRACEPT) ..... K RITONAVIR (NORVIR) ..... L SAQUINAVIR (INVIRASES) ..... M STAVUDINE/D4T ..... N OTHER _____ X SPECIFY	
1030	Are ARV drugs stored in this clinic/unit or in the pharmacy/central supply or both?	KEPT IN THIS CLINIC/UNIT ..... 1 KEPT IN PHARMACY ..... 2 KEPT IN BOTH CLINIC/UNIT AND PHARMACY .... 3 OTHER _____ 6 (SPECIFY)	
1031	What is the practice for providing the ART prophylaxis to the HIV positive woman? CIRCLE ALL THAT APPLY	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION DURING HOME DELIVERY ..... A PROVIDE AT TIME OF DELIVERY TO WOMEN WHO DELIVER IN FACILITY ..... B PROVIDE THROUGHOUT PREGNANCY, MULTIPLE TIMES ..... C OTHER _____ X (SPECIFY)	
1032	CHECK Q1006 (11) TO SEE IF THE UNIT PROVIDES ART PROPHYLAXIS FOR NEWBORNS	YES ..... 1 NO 2	→ 1036
1033	What is the practice for providing the ART prophylaxis to the newborn of the HIV positive woman? CIRCLE ALL THAT APPLY.	GIVE TO ANC WOMAN FOR ADMINISTRATION AFTER HOME DELIVERY ..... A PROVIDED AT MONTHS PREGNANCY .... [ ] PROVIDE TO NEWBORN AS SOON AS POSSIBLE AFTER BIRTH ..... B OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1034	Which antiretroviral medicines are used for ART prophylaxis for newborns in this clinic/unit? CIRCLE ALL THAT APPLY	AZT+3TC (COMBIVIR) . . . . . A ZIDOVUDINE (ZDV,AZT) . . . . . B ABACAVIR/ABC . . . . . C DIDANOSINE/DDL . . . . . D EFAVIRENZ /EFZ / STOCORIN E LAMIVUDINE/3TC . . . . . F NEVIRAPINE/NVP . . . . . G TENOFOVIR DISOPROXIL FUMARATE (VIREAD) . . . . . H INDINAVIR (CRIXIVAN) . . . . . I KALETRA (LOPINAVIR / RIONAVIR) . . . . . J NELFINAVIR (VIRACEPT) . . . . . K RITONAVIR (NORVIR) . . . . . L SAQUINAVIR (INVIRASES) . . . . . M STAVUDINE/D4T . . . . . N OTHER _____ X SPECIFY	
1035	At what age in days is the newborn administered the first dose of ARV medicine?	AGE IN DAYS [ ][ ]	
1036	Are there any fees charged for any services or items related to PMTCT services, including breast-mi k substitutes.	YES . . . . . 1 NO 2	→ 1038

1037	For each of the following items, indicate if there is any routine fee to the client, and if yes, the amount	(a) FEE YES	NO	NA	(b) AMOUNT IN MAIN LOCAL CURRENCY
01	Fee for HIV test	1 → 01b	2 → 02	3 → 02	[ ][ ][ ][ ]
02	Fee for antiretroviral prophylaxis for mother	1 → 02b	2 → 03	3 → 03	[ ][ ][ ][ ]
03	Fee for antiretroviral prophylaxis for newborn	1 → 03b	2 → 04	3 → 04	[ ][ ][ ][ ]
04	Fee for breast-mi k substitute / formula (PER MONTH SUPPLY)	1 → 04b	2 → 05	3 → 05	[ ][ ][ ][ ]
05	OTHER _____ (SPECIFY)	1 → 05b	2 → 1038		[ ][ ][ ][ ]

1038	Does this clinic/unit provide any PMTCT services to residents of other countries? IF YES, Which services? CIRCLE ALL THAT APPLY	HIV TESTING . . . . . A PRE-TEST COUNSELING . . . . . B POST-TEST COUNSLING . . . . . C COUNSELING ON INFANT FEEDING . . . . . D FAMILY PLANNING SERVICES . . . . . E ARV PROPHYLAXIS FOR WOMEN . . . . . F ARV PROPHYLAXIS FOR NEWBORN . . . . . G DELIVERY FOR HIV POSITIVE WOMEN . . . . . H BREAST MILK SUBSTITUTES FOR NEWBORNS OF HIV POSITIVE WOMEN . . . . . I FOLLOW UP TESTING OF NEWBORN . . . . . J ART FOR HIV POSITIVE WOMEN . . . . . K OTHER _____ . . . . X SPECIFY NO SERVICES TO NON-RESIDENTS . . . . . Y	→ 1040

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1039	During the last month, have any residents of other countries received ARV prophylaxis to prevent HIV transmission to the newborn? IF YES, How many? IF YES, From which countries?	YES . . . . . 1 NUMBER OF PATIENTS [ ][ ][ ] NO . . . . . 2 DON'T KNOW . . . . . 8 (LIST COUNTRIES HERE)_____ _____ _____	
1040	Can I look at the ANC records, including those that provide information on any PMTCT counseling and testing services?		
	Are there records of first-visit ANC clients (admissions)? IF YES, ASK TO SEE THE REGISTER/RECORDS FOR LAST 12 MONTHS.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 1043 → 1043
1041	RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS (OR ADMISSIONS) DURING THE PAST 12 MONTHS.	NUMBER OF FIRST VISIT ANC CLIENTS [ ][ ][ ][ ]	
1042	INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN Q 1041.	MONTHS OF DATA . . . . . [ ][ ]	
1043	CHECK Q1006 (02) TO SEE IF GROUP PRE-TEST INFORMATION OR COUNSELING IS PROVIDED BY CLINIC/UNIT.	YES . . . . . 1 NO 2	 → 1046
1044	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.	YES, NUMBER OF SESSIONS . . [ ][ ][ ] NO 995	 → 1046
1045	RECORD THE NUMBER OF MONTHS OF DATA AVAILABLE IN Q1044.	MONTHS OF DATA . . . . . [ ][ ]	
1046	Are there any records or registers that provide numbers of clients receiving pre or post test counseling or HIV testing?	YES . . . . . 1 YES, BUT PMTCT CANNOT BE DISTINGUISHED FROM VCT . . . . . 2 NO 3	 → 1051 → 1051

NO.	QUESTIONS	CODING CATEGORIES	GO TO

1047	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) RECORD/REGISTER: OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	(b) NUMBERS FROM OBSERVED RECORDS: NUMBER OF CLIENTS	MONTHS OF DATA
01	RAPID TEST USED, CLIENT RECORDED ONCE FOR PACKAGE (COUNSELING AND TEST)	1 → 01b	2 → 02	3 → 02		
02	TOTAL ANC CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → 02b	2 → 03	3 → 03		
03	TOTAL ANC CLIENTS RECEIVING POST-TEST COUNSELING	1 → 03b	2 → 04	3 → 04		
04	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST	1 → 04b	2 → 05	3 → 05		
05	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST RESULTS	1 → 05b	2 → 06	3 → 06		
06	TOTAL ANC CLIENTS WITH POSITIVE HIV TEST	1 → 06b	2 → 07	3 → 07		
07	TOTAL ANC CLIENTS WITH POSITIVE HIV TESTS WHO RECEIVED TEST RESULTS	1 → 07b	2 → 1048	3 → 1048		

1048	IS THE INFORMATION IN Q1041 AND Q1047 FOR THE SAME GROUP OF WOMEN?	YES . . . . . 1 NO 2	
1049	WHAT IS THE MOST RECENT DATE RECORDED FOR EITHER PRE OR POST TEST COUNSELING?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS . . . . . 2 NO DATE RECORDED . . . . . 3 NO COUNSELING PROVIDED 4	→ 1051
1050	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	
1051	Is there any record of the HIV status of infants born to HIV positive women?	YES . . . . . 1 NO RECORD . . . . . 2 SEROSTATUS NOT ASSESSED 3	 → 1055 → 1055

1052	ASK TO SEE ANY RECORD OR REGISTER OF HIV POSITIVE WOMEN AND THE HIV STATUS OF THEIR INFANT FOR THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE	(a) RECORD/REGISTER: OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	(b) NUMBERS FROM OBSERVED RECORDS: NUMBER OF INFANTS	MONTHS OF DATA
01	TOTAL NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN.	1 → 01b	2 → 02	3 → 02		
02	NUMBER OF INFANTS TESTED FOR HIV WHO WERE BORN TO HIV POSITIVE WOMEN	1 → 02b	2 → 03	3 → 03		
03	NUMBER OF HIV POSITIVE INFANTS	1 → 03b	2 → 1053	3 → 1053		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1053	CLARIFY WITH THE RESPONDENT WHETHER THE INFANTS IN Q1052 INCLUDE ONLY THOSE OF WOMEN WHO DELIVERED IN THE FACILITY, OR IF THEY ARE INFANTS FROM HIV POSITIVE WOMEN REGARDLESS OF WHETHER THEY WERE ANC OR DELIVERY CLIENTS.	INFANTS OF ALL HIV+ WOMEN . . . . . 1 INFANTS OF HIV+ WOMEN WHO DELIVER IN FACILITY . . . . . 2 DON'T KNOW 8	
1054	ARE THE INFANTS IN Q1052 LINKED WITH THE HIV POSITIVE WOMEN IN Q1047 (06)?	YES . . . . . 1 NO 2	
1055	Are any reports regularly compiled on the pregnant women in this clinic who receive testing or counseling services related to HIV/AIDS? IF YES, ASK TO SEE THEM. CLARIFY WHETHER THE REPORTS PROVIDE INFORMATION ON PREGNANT WOMEN CIRCLE ALL THAT APPLY	YES, REPORTS COMBINE PREGNANT AND NON-PREGNANT CLIENTS . . . . . A YES, PREGNANT CLIENTS REPORTED SEPARATELY . . . . . B YES, FOR CONFIRMED HIV/AIDS ONLY; PREGNANT CLIENTS SPECIFIED . . . . . C YES, FOR CONFIRMED HIV/AIDS ONLY; PREGNANCY STATUS NOT SPECIFIED . . . . D NO . . . . . Y	→ 1060
1056	Which statistics do you submit for pregnant women or infants? CIRCLE ALL THAT APPLY	NUMBER OF PREGNANT WOMEN RECEIVING PRETEST COUNSELING . . . . . A RECEIVING POST TEST COUNSELING . . . . . B TESTED FOR HIV . . . . . C INFANTS OF HIV POSITIVE WOMEN WHO ARE TESTED FOR HIV . . . . . D	
1057	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	→ 1059
1058	Where are reports on pregnant women receiving services related to testing for HIV in this clinic sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B DISTRICT LEVEL . . . . . C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM . . . . . E OTHER _____ X (SPECIFY)	
1059	Do you use a standardized form for your reports?	YES . . . . . 1 NO 2	
1060	CHECK Q 1006 (10) TO SEE IF ART PROPHYLAXIS FOR PMTCT IS OFFERED.	YES . . . . . 1 NO 2	→ 1070
1061	Is there a record that indicates the HIV positive ANC clients who received ART prophylaxis for PMTCT during the past 12 months? IF YES, ASK TO SEE THE RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 1066 → 1066
1062	How many of the HIV positive ANC clients in Q1047 (06) have already delivered?	NUMBER HIV+ DELIVERED . . . . . [ ][ ][ ][ ] DON'T KNOW 9998	→ 1066
1063	How many clients in Q1062 received ART prophylaxis before delivery?	NUMBER WOMEN RECEIVING ARV PROPHYLAXIS . . . . . [ ][ ][ ][ ] DON'T KNOW 9998	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1064	How many of the newborns of women in Q1062 were provided the ART prophylactic dose? IF ART IS PROVIDED FOR INFANT AND AND MOTHER TOGETHER AND RECORDED ONCE, THIS IS ACCEPTABLE FOR STATISTICS.	NUMBER NEWBORN RECEIVING ARV PROPHYLAXIS . . . . . [ ][ ][ ][ ] DON'T KNOW 9998	
1065	HOW MANY MONTHS OF DATA WERE USED IN Q1062, Q1063 AND Q1064?	MONTHS OF DATA [ ][ ]	
1066	Do you submit reports on the HIV positive ANC clients who receive ART prophylaxis through this clinic?	YES . . . . . 1 NO 2	→ 1070
1067	How often do you submit these reports?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS 4	
1068	Where are reports on ANC clients receiving ART prophylaxis for HIV/AIDS through this clinic sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B DISTRICT LEVEL . . . . . C MOH (CMO, SURVEILLANCE, SMO, ETC.) D NATIONAL AIDS PROGRAM . . . . . E OTHER _____ X (SPECIFY)	
1069	Do you use a standardized form for your reports?	YES . . . . . 1 NO 2	
1070	Is there a register or record maintained for women receiving PMTCT services that specifies when they received a given service? COULD BE INDICATED BY WEEKS GESTATION OR DATE. IF YES, ASK TO SEE THE REGISTER/RECORD (THIS INFORMATION MAY BE RECORDED ON INDIVIDUAL CLIENT CARDS)	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 1072 → 1072

1071	AMONG WOMEN CURRENTLY RECEIVING PMTCT SERVICES, RECORD THE CORRECT RESPONSE. IT MAY BE NECESSARY TO REVIEW ANC AS WELL AS PMTCT RECORDS TO COLLECT THE INFORMATION.	(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 → 01b	2 → 02	3 → 02	[ ][ ][ ][ ]	[ ][ ]
02	TOTAL HIV POSITIVE WOMEN RECEIVING PRIMARY PREVENTIVE COUNSELING PAST 12 MONTHS	1 → 02b	2 → 03	3 → 03	[ ][ ][ ][ ]	[ ][ ]
03	TOTAL HIV POSITIVE WOMEN RECEIVING COUNSELING ON FAMILY PLANNING PAST 12 MONTHS	1 → 03b	2 → 04	3 → 04	[ ][ ][ ][ ]	[ ][ ]
04	TOTAL HIV POSITIVE WOMEN RECEIVING INFANT FEEDING COUNSELING PAST 12 MONTHS	1 → 04b	2 → 05	3 → 05	[ ][ ][ ][ ]	[ ][ ]
05	TOTAL HIV POSITIVE WOMEN RECEIVING COUPLES COUNSELING PAST 12 MONTHS	1 → 05b	2 → 1072	3 → 1072	[ ][ ][ ][ ]	[ ][ ]

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1072	CHECK Q1006 (14) IF ARV THERAPY FOR TREATMENT IS PROVIDED TO HIV POSITIVE WOMEN.	YES . . . . . 1 NO 2	→ 1074
1073	Is there any record of the HIV positive women who are receiving ARV therapy for treatment or who have been referred for treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1074	CHECK Q1006 (15) IF ARV THERAPY FOR TREATMENT IS PROVIDED TO FAMILY OF HIV POSITIVE WOMEN	YES . . . . . 1 NO 2	→ 1076
1075	Is there any record of the family members of HIV positive women who are receiving ARV therapy for treatment or who have been referred for treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1076	Are deliveries conducted in this facility?	YES . . . . . 1 NO 2	→ 1083
1077	CHECK TO SEE WHERE INFORMATION FOR PMTCT SERVICES FOR WOMEN DELIVERING IN THE FACILITY ARE KEPT. GO TO THIS LOCATION AND CONTINUE.	IN THIS CLINIC/UNIT . . . . . 1 DELIVERY/MATERNITY 2	
1078	Is the HIV serostatus determined for all women who deliver in the facility, in order to establish appropriate care? IF YES, RECORD ALL ACCEPTED METHODS FOR ASSESSING SEROSTATUS	CLIENT HISTORY . . . . . A CLIENT ANC RECORD . . . . . B TESTING, VOLUNTARY . . . . . C TESTING, OBLIGATORY . . . . . D OTHER _____ X SPECIFY SEROSTATUS NOT ASSESSED . . . . . Y	

		(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
1079	ASK TO SEE RELEVANT RECORDS FOR THE DATA REQUESTED BELOW FOR THE PAST 12 MONTHS AND RECORD THE CORRECT RESPONSE	OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL DELIVERIES IN THE FACILITY	1 → 01b	2 → 02	3 → 02		
02	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY	1 → 02b	2 → 03	3 → 03		
03	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY AND RECEIVING ARV PROPHYLAXIS	1 → 03b	2 → 1080	3 → 1080		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1080	Are there any written guidelines for delivery of HIV positive women? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1081	What delivery practices are implemented in this unit, to decrease mother to child transmission of HIV/AIDS? DO NOT READ RESPONSES. CIRCLE ALL THAT ARE MENTIONED.	NO ROUTINE EPISIOTOMY . . . . . A MINIMIZE INSTRUMENT DELIVERY . . . . . B HIBITANE VAGINAL CLEANSING . . . . . C MINIMIZE VAGINAL EXAM . . . . . D MINIMIZE ARTIFICIAL RUPTURE OF MEMBRANES . . . . . E CAESAREAN SECTION . . . . . F OTHER _____ X (SPECIFY) NONE . . . . . Y DON'T KNOW . . . . . Z	
1082	ASK TO SEE THE DELIVERY ROOM AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED / REPORTED, NOT SEEN / NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04 / 2 / 3	
02	AUDITORY PRIVACY	1 / 2 / 3	
03	VISUAL PRIVACY	1 / 2 / 3	
04	RUNNING WATER	1 → 06 / 2 / 3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1 / 2 / 3	
06	SOAP	1 / 2 / 3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1 / 2 / 3	
08	SHARPS CONTAINER	1 / 2 / 3	
09	DISPOSABLE LATEX GLOVES	1 → 11 / 2 / 3	
10	DISPOSABLE NON-LATEX GLOVES	1 / 2 / 3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1 / 2 / 3	
12	SPINAL TAP KIT (LUMBAR PUNCTURE)	1 / 2 / 3	
13	RAPID TEST FOR HIV	1 / 2 / 3	
14	DISPOSABLE NEEDLES	1 / 2 / 3	
15	DISPOSABLE SYRINGES	1 / 2 / 3	
16	EXAMINATION TABLE	1 / 2 / 3	
17	MASKS	1 / 2 / 3	
18	GOGGLES / GLASSES	1 / 2 / 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1083	Do staff in this clinic/unit have access to post-prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?	YES, PEP IN THIS CLINIC/UNIT . . . . . 1 YES, PEP PROVIDED ELSEWHERE IN FACILITY . . . . . 2 ENTER CLINIC/UNIT NUMBER [ ][ ] YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 3 NO PEP AVAILABLE 4	→ 1085 → 1090
1084	Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP . . . . . 1 RECORD SHOWS REFERRAL ONLY . . . . . 2 NO RECORD OF REFERRAL 3	→ 1089 → 1089 → 1089
1085	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 1090
1086	Do any providers in this clinic/unit prescr be the PEP regime for an exposed worker?	YES . . . . . 1 NO 2	→ 1090
1087	Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, NOT COMPLETE . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
1088	Is a record maintained for staff who are referred to this clinic/unit or prescr bed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1089	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.			
1090	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] : [ ][ ] 24 HOUR CLOCK	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

HEALTH WORKER INTERVIEW

Code of facility: [ ][ ] [ ][ ] [ ][ ][ ]
COUNTRY DISTRICT FACILITY

Staff Listing Code: [ ][ ]

QRE TYPE [K]

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

Provider Code from Staff List: . . . . . [ ][ ]

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

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

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

My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.

Your facility was selected to participate in a facility inventory and some staff are being asked to take part in an interview. Officials in the Ministry of Health have approved our visit to your facility. I will be asking you questions about the HIV/AIDS related care and support services that you provide and training you have received. I will also ask for your opinions about some aspects of HIV/AIDS. Your name will not be recorded on the paper where I record your answers. Instead, I will assign you an identification number that will be recorded so that your responses can never be associated with your name. The information you provide us will be shared with the Ministry of Health but will only be reported along with information provided from other clinicians in this country. The facility where you work or your position here will never be shared with your responses.

The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

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

Education and Experience

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
102	What year did you start working in this facility?	YEAR . . . . . [ ][ ][ ][ ]	
103	Now I would like to ask you some questions about your educational background. How many years of primary and secondary education did you complete in total?	YEARS . . . . . [ ][ ]	
104	What is your current technical qualification? MARK THE HIGHEST QUALIFICATION IF HAS MORE THAN ONE.	SPECIALIST/CONSULTANT PHYSICIAN . . . . 01 PHYSICIAN/MEDICAL DOCTOR . . . . . 02 MEDICAL OFFICER . . . . . 03 PHYSICIAN'S ASSISTANT/MEDEX . . . . . 04 NURSE-MIDWIFE . . . . . 05 NURSE . . . . . 06 MIDWIFE . . . . . 07 FAMILY NURSE PRACTITIONER . . . . . 08 NURSING ASSISTANT . . . . . 09 CLINIC AIDE . . . . . 10 PUBLIC HEALTH / COMMUNITY HEALTH NURSE . . . . 11 COMMUNITY HEALTH WORKER . . . . . 12 COMMUNITY HEALTH AIDE . . . . . 13 HEALTH VISITOR . . . . . 14 HEALTH EDUCATOR . . . . . 15 LAB TECHNICIAN/TECHNOLOGIST . . . . . 16 LAB ASSISTANT . . . . . 17 SOCIAL WORKER . . . . . 18 HIV/AIDS COUNSELOR . . . . . 19 OTHER COUNSELOR . . . . . 20 PSYCHOLOGIST . . . . . 21 OTHER _____ 96 (SPECIFY)	
105	What year did you (or do you expect to) graduate with this qualification?	YEAR . . . . . [ ][ ][ ][ ]	
106	How many years of study were required for this qualification (AFTER COMPLETING YOUR SECONDARY EDUCATION DESCRIBED IN Q103)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	YEARS . . . . . [ ][ ] MONTHS . . . . . [ ][ ]	
107	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	YEAR . . . . . [ ][ ][ ][ ]	
108	What was your age at your last birthday?	AGE AT LAST BIRTHDAY (YRS) . . . . . [ ][ ]	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
109	Now I want to ask you about services you provide. In your position here do you ever provide any client services other than laboratory tests?	YES . . . . . 1 NO 2	→ 132
110	Do you personally provide diagnosis and/or treatment of STIs?	YES . . . . . 1 NO 2	
111	Do you personally provide diagnosis and/or treatment of malaria?	YES . . . . . 1 NO 2	
112	Do you provide any services that are designed to be Youth Friendly, that is that have a specific aim to encourage utilization by adolescents and young people?	YES . . . . . 1 NO 2	
113	What is the age at which youth can receive services here without parental consent?	AGE IN YEARS [ ][ ]	

114	Now I want to ask you about any pre-service or in-service training you have received during the past 3 years. Were any of the following topics were covered: ASK FOR EACH TOPIC	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	YES, >3 YRS AGO	NO PRE OR IN-SERVICE TRAINING
01	Universal precautions	1	2	3	4
02	Other infection prevention	1	2	3	4
03	Health Management Information Systems (HMIS) or reporting requirements for any service	1	2	3	4
04	Family Planning	1	2	3	4
05	Counseling and information sharing related to problems that affect adolescents and young people	1	2	3	4
06	Diagnosis and treatment of problems that affect adolescents and young people	1	2	3	4
07	Diagnosis and treatment of physical/sexual abuse in adolescents and young people	1	2	3	4
08	Interaction and/or communication skills for working with adolescents and young people	1	2	3	4
09	Confidentiality and rights to non-discrimination practices for People Living with HIV/AIDS	1	2	3	4
10	Syndromic approach to diagnosis and treatment of STIs	1	2	3	4
11	Other diagnosis and treatment of STIs (other than HIV/AIDS)	1	2	3	4
12	Diagnosis and treatment for malaria	1	2	3	4

Now I want to ask about services you personally provide and any in-service or pre-service training related to specific health services

Maternal Health

115	During the past three years have you received any pre-service or in-service training on subjects related to maternal or newborn health and HIV/AIDS?	YES . . . . . 1 NO 2	→ 117

116	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	YES, >3 YRS AGO	NO PRE OR IN-SERVICE TRAINING
01	Prevention of mother to child transmission for HIV/AIDS	1	2	3	4
02	Nutrition counseling for newborn of mother with HIV/AIDS	1	2	3	4
03	Recommended delivery practices for women who might be infected with HIV/AIDS?	1	2	3	4

117	In your current position at this facility, do you ever personally provide **delivery services**? By that I mean conducting the actual deliveries of newborns.	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Tuberculosis		
118	In your current position at this facility, do you ever personally provide **tuberculosis services** or have you received any pre-service or in-service training on subjects related to such services? This includes diagnosis and laboratory services.	YES . . . . . 1 NO 2	→ 120

119	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY (CIRCLE ALL THAT APPLY)
01	Clinical diagnosis of tuberculosis	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 02	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z
02	Sputum diagnosis for TB	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 03	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z
03	Prescribe treatment for TB	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 04	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z
04	Follow-up treatment for TB	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 05	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z
05	Direct Observation Treatment Strategy (DOTS)	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 120	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z

	HIV/AIDS		
120	In your current position at this facility, do you personally provide any services related to **counselling for HIV testing or for other services**, or have you received training on such services?	YES . . . . . 1 NO 2	→ 122

NO.	QUESTIONS			CODING CLASSIFICATION		GO TO
121	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
01	HIV pre-test counselling	YES 1 NO 2→c		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	→02
02	HIV post-test counselling	YES 1 NO 2→c		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	→03
03	Follow-up counselling for HIV, after initial post-test counselling or emotional support	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	→04
04	Contact tracing (contacting partners of people testing positive for HIV)	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	→05
05	Ordering or prescribing HIV tests	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	→06
06	Counseling for prevention of mother to child transmission (PMTCT)	YES 1 NO 2→c		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	→07
07	Nutrition counseling for newborns of HIV infected women	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	→08

NO.	QUESTIONS	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY
08	Adherence counseling for ART	YES 1 NO 2 → c	[ ][ ]	YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 09	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z
09	Counseling or prescribing ARV for post-exposure prophylaxis	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 10	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z
10	Education for patient and families on HIV care	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 11	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z
11	Nutrition counseling to HIV/AIDS infected clients	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 12	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z
12	Primary prevention of HIV, such as behavior change, education, partner counseling, condom promotion and distribution	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 122	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z
122	In your current position at this facility, do you ever personally provide any **clinical services** for HIV/AIDS patients, or have you received training in the provision of such services?			YES . . . . . 1 NO 2	→ 124

NO.	QUESTIONS			CODING CLASSIFICATION		GO TO
123	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
01	Clinical management of neurological disorders related to AIDS	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	02
02	Diagnosis of opportunistic infections	YES 1 NO 2 → c		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	03
03	Management of opportunistic infections	YES 1 NO 2 → c		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	04
04	Prescribing ART	YES 1 NO 2 → c		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	05
05	Medical follow-up for ART clients	YES 1 NO 2 → c		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	06
06	Ordering or prescribing laboratory tests for monitoring ART	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	07
07	Nutritional rehabilitation for HIV/AIDS patients	YES 1 NO 2 → c		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	08
08	Pediatric AIDS care	YES 1 NO 2 → c		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	124

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
124	In your current position at this facility, do you ever personally provide any **preventive therapeutic interventions for HIV/AIDS patients,** or have you received training related to such services?	YES . . . . . 1 NO 2	→ 126

125	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY
01	Preventive treatment for TB (INH or isoniazid)	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 02	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z
02	Preventive treatment for other opportunistic infections such as cotrimoxazole preventive therapy (CPT)	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 03	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z
03	ARV prophylaxis for prevention of mother to child transmission (PMTCT)	YES 1 NO 2 → c	[ ][ ]	YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 04	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z
04	Recommended delivery practices for women who may be HIV positive	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 05	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z
05	Ordering or prescribing post-exposure prophylaxis (PEP)	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING . . . . . 4 → 126	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z

126	In your current position at this facility, do you ever personally provide any services related to **care and support for HIV/AIDS patients**, or have you received training related to such services?	YES . . . . . 1 NO 2	→ 128

NO.	QUESTIONS			CODING CLASSIFICATION		GO TO
127	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
01	Nursing care for HIV/AIDS patients	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z	→02
02	Training caregivers and/or patients in HIV/AIDS care	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z	→03
03	Palliative care for terminally ill AIDS patients, such as symptom or pain control, emotional and nursing care	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z	→ 04
04	Home-based services for people living with HIV/AIDS and their families	YES 1 NO 2→c	[ ][ ]	YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z	→ 05
05	Home-based support services (social work) for people living with HIV/AIDS and their families	YES 1 NO 2→c	[ ][ ]	YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X _____ OTHER Y _____ DON'T KNOW Z	→ 128
128	Do you provide any other service related to HIV/AIDS?			YES . . . . . 1 IF YES, SPECIFY _____ NO 2		
129	IS HEALTH WORKER BEING INTERVIEWED AT A PRIVATE FACILITY?			YES . . . . . 1 NO 2		→ 132
130	Sometimes providers also work in private facilities or see see clients in a private practice. In addition to your work at this facility, do you provide private services? IF YES, Do you provide any HIV/AIDS related services privately?			YES, INCLUDING HIV/AIDS SERVICES . . . . . 1 YES, NO HIV/AIDS SERVICES 2 NO PRIVATE SERVICES 3		 → 132 → 132

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
131	For each service I mention, please tell me if you provide that service privately. IF YES FOR THE INDICATED SERVICES ASK: How long have you been providing this service privately? IF LESS THAN ONE YEAR WRITE '00'. IF YES, To how many people have you provided this service in private practice in the last month?	(a) PROVIDES SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)	(c) NUMBER OF PATIENTS IN LAST MONTH	
01	HIV testing	YES 1 NO 2 →	02		
02	Counselling around HIV testing	YES 1 NO 2 →	03		
03	Treatment of opportunistic infections for people with HIV/AIDS	YES 1 NO 2 →	04		
04	Prescribing ARVs for prevention of mother to child transmission	YES 1 NO 2 →	05		
05	Prescribing ARVs as treatment	YES 1 NO 2 →	06		
06	Home-based care for people with HIV/AIDS	YES 1 NO 2 →	07		
07	Pediatric AIDS care	YES 1 NO 2 →	132		
	Laboratory services				
132	In your current position at this facility, do you ever personally provide any **laboratory services for TB or tests for HIV**, or have you received training for such services? READ LIST IN Q133 AS EXAMPLES.	YES . . . . . 1 NO 2			→ 134

NO.	QUESTIONS			CODING CLASSIFICATION		GO TO
133	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
01	Sputum diagnosis of TB	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	→ 02
02	HIV testing	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	→ 03
03	Drawing blood for HIV tests	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	→ 04
04	Laboratory tests for monitoring ART	YES 1 NO 2		YES, IN PAST 12 MOS . . 1 YES, IN PAST 2-3 YRS . . 2 YES, > 3 YRS AGO . . 3 NO TRAINING 4	CHART / JH A MOH B OTHER X OTHER Y DON'T KNOW Z	→ 134

134	Did you receive training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	YES, >3 YRS AGO	NO PRE OR IN-SERVICE TRAINING
01	Universal precautions	1	2	3	4
02	Other infection control	1	2	3	4
03	CD4 testing	1	2	3	4
04	Blood screening	1	2	3	4
05	Other _____ (SPECIFY)	1	2	3	4

135	Have you received any other formal in-service or pre-service training related to HIV/AIDS clinical care and/or support services during the past 3 years?	YES . . . . . 1 NO 2	→ 137

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

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
137	Have you received any informal training on-the-job from a colleague for any of the types of services I mentioned previously? IF YES, Which services? READ LIST OF TYPES OF SERVICES AT RIGHT, IF NECESSARY CIRCLE ALL THAT APPLY	MATERNAL OR NEWBORN HEALTH . . . . . A TUBERCULOSIS SERVICES . . . . . B COUNSELING FOR HIV TESTING OR OTHER COUNSELING RELATED TO HIV/AIDS . . C CLINICAL SERVICES . . . . . D PREVENTIVE THERAPEUTIC INTERVENTIONS FOR HIV/AIDS PATIENTS . . . . . E CARE AND SUPPORT FOR HIV/AIDS PATIENTS . . . . . F LAB SERVICES FOR TB OR HIV TESTS G OTHER _____ X SPECIFY NO INFORMAL TRAINING . . . . . Y	
	Personal working situation		
	Finally, I would like to ask you a few additional questions about HIV/AIDS and working with clients who may have HIV/AIDS		
138	What should you do if you got a needle stick injury? PROBE: ANYTHING ELSE? CIRCLE ALL THAT ARE MENTIONED.	SQUEEZE FINGER AND PUT IT IN ALCOHOL/IODINE . . . . . A SQUEEZE FINGER AND WASH WITH BLEACH/OTHER DISINFECTANT . . . . . B WASH WITH SOAP AND WATER . . . . . C REPORT TO MANAGER . . . . . D GET AN HIV TEST IMMEDIATELY . . . . . E GET ANTIRETROVIRAL OR REFERRAL FOR ARVs . . . . . F OTHER _____ X (SPECIFY) NOTHING . . . . . Y DON'T KNOW . . . . . Z	
139	If you had a choice, would you work with patients living with HIV/AIDS?	YES . . . . . 1 DEPENDS . . . . . 2 NO . . . . . 3 DON'T KNOW 8	
	Now I am going to read a series of statements. Please tell me if you strongly agree, agree, disagree or strongly disagree with each statement.		
140	People who are infected with HIV should **not** be treated in the same place as other patients in order to protect other patients from infection.	STRONGLY AGREE . . . . . 1 AGREE . . . . . 2 DISAGREE . . . . . 3 STRONGLY DISAGREE 4	
141	People with HIV are generally to blame for getting infected.	STRONGLY AGREE . . . . . 1 AGREE . . . . . 2 DISAGREE . . . . . 3 STRONGLY DISAGREE 4	
142	Providing health services to people infected with HIV is a waste of resources since they will die soon anyway.	STRONGLY AGREE . . . . . 1 AGREE . . . . . 2 DISAGREE . . . . . 3 STRONGLY DISAGREE 4	
143	Clients who have sexual relations with people of the same sex deserve to receive the same level and quality of health care as other clients.	STRONGLY AGREE . . . . . 1 AGREE . . . . . 2 DISAGREE . . . . . 3 STRONGLY DISAGREE 4	
144	Health providers have a right to know the HIV status of all patients.	STRONGLY AGREE . . . . . 1 AGREE . . . . . 2 DISAGREE . . . . . 3 STRONGLY DISAGREE 4	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
145	Health providers have to be careful not to get a reputation for treating HIV positive clients, since this might affect who might go to them for other health services.	STRONGLY AGREE . . . . . 1 AGREE . . . . . 2 DISAGREE . . . . . 3 STRONGLY DISAGREE 4	
146	You avoid touching clients' clothing and belongings who you know or suspect have HIV for fear of becoming HIV infected.	STRONGLY AGREE . . . . . 1 AGREE . . . . . 2 DISAGREE . . . . . 3 STRONGLY DISAGREE 4	
147	Who should be told the result of an HIV test performed at a health care facility? CIRCLE ALL THAT APPLY	ONLY THE PATIENT . . . . . A THE PATIENT'S NUCLEAR FAMILY MEMBERS . . . . . B THE PATIENT'S EMPLOYER . . . . . C HEALTH CARE PROVIDERS . . . . . D OTHER _____ X SPECIFY NO ONE . . . . . Y	
148	I don't want to know the result, but have you ever had an HIV test?	YES . . . . . 1 NO 2	→ 150
149	The last time you had an HIV test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASK SELF . . . . . 1 WAS OFFERED . . . . . 2 WAS REQUIRED 3	
150	In your opinion, when used correctly, how effective are condoms in preventing HIV infections. Use a scale of 0 to 10 with 0 being least and 10 being maximum.	CONDOM EFFECTIVENESS IN PREVENTING HIV INFECTION [ ][ ] DON'T KNOW 98	
151	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? 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 . . . . . [ ][ ]	
152	I want to know if you can estimate how much of your time each week is spent providing services or performing tasks related to HIV/AIDS. This includes such services as counseling, testing, providing clinical care and support, providing social support services, as well as record keeping and documentation related to HIV/AIDS. When you add up all the time you spend, on average, during a normal week either providing services or performing tasks related to HIV/AIDS, what percentage of your time do you estimate this is?	AVERAGE WEEKLY PERCENTAGE OF WORK TIME . . . . . [ ][ ][ ]	
153	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 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 AGO . . . . 4 NO 5	 → 156 → 156 → 156
154	How many times in the past six months has your work been supervised?	NUMBER OF TIMES [ ][ ]	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
155	The last time you were personally supervised, did your supervisor do any of the following:		YES	NO	DK	
01	Deliver supplies	DELIVERED SUPPLIES	1	2	8	
02	Check your records or reports	CHECKED RECORD	1	2	8	
03	Observe your work	OBSERVED	1	2	8	
04	Provide any feedback (either positive or negative) on your performance	FEEDBACK	1	2 → 07	8 → 07	
05	Give you verbal feedback that you were doing you work well	VERBAL PRAISE	1	2	8	
06	Provide any written comment that you were doing you work well	WRITTEN PRAISE	1	2	8	
07	Provide updates on administrative or technical issues related to your work	UPDATES	1	2	8	
08	Discuss problems you have encountered	DISCUSS	1	2	8	
09	Anything else?	OTHER _____ (SPECIFY)	1	2		
156	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				
157	Are there any opportunities for promotion in your current job? PROMOTION IN TERMS OF POSITION, NOT ONLY SALARY	YES ..... 1 DEPENDS / UNCERTAIN ..... 2 NO 3				
158	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				→ 160
159	Which type of salary supplement do you receive? CIRCLE ALL THAT APPLY	MONTHLY OR DAILY SALARY SUPPLEMENT ..... A PERDIEM WHEN ATTENDING TRAINING .. B OTHER _____ (SPECIFY) X				
160	In your current position, have you ever received any non-monetary incentives for the work you do? This might include such things as discounts for medicines or other items, uniforms or other clothing, food, training, or other things like this.	YES ..... 1 NO 2				→ 162
161	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 OTHER _____ (SPECIFY) X				

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
162	Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide care and support services for HIV/AIDS? CIRCLE ONLY THREE ITEMS. IF THE PROVIDER MENTIONS MORE THAN THREE ITEMS, ASK THE PROVIDER TO PRIORITIZE ONLY THREE. IF THE PROVIDER DOES NOT MENTION THREE ITEMS, PROBE FOR ANY OTHERS IN AN ATTEMPT TO HAVE THREE ANSWERS.	MORE SUPPORT FROM SUPERVISOR . . A MORE KNOWLEDGE/TRAINING . . . . . B MORE SUPPLIES/STOCK . . . . . C BETTER QUALITY EQUIPMENT/ 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)	

REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.

163	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 24 HOUR CLOCK

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.

TR-07-45