Antigua & Barbuda

Caribbean Region

HIV and AIDS Service Provision Assessment Survey 2006

U.S. Agency for International Development/

Office of the Representative to Barbados

MEASURE Evaluation

St. Georges University, Grenada

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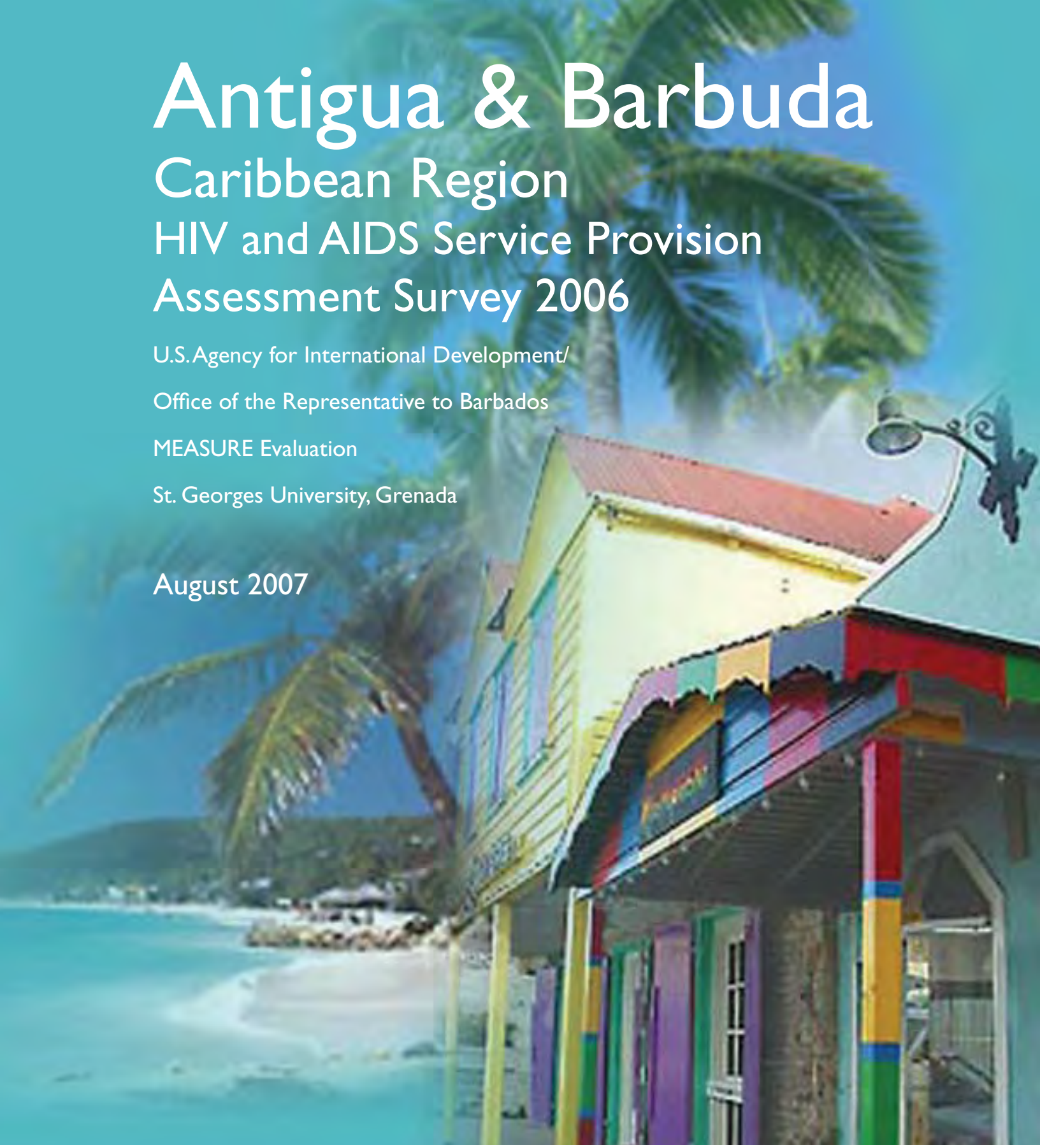

ANTIGUA AND BARBUDA
CARIBBEAN REGION
HIV AND AIDS
SERVICE PROVISION ASSESSMENT SURVEY 2005

U.S. Agency for International Development (USAID)
Office of the Representative to Barbados

MEASURE Evaluation

University of North Carolina
Chapel Hill, North Carolina

and

Macro International Inc.
Calverton, Maryland, USA

St. George's University, Grenada

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante-Natal Clinic
ART	Antiretroviral Therapy
ARV	Antiretroviral Medicines
CAREC	Caribbean Epidemiology Centre
CARICOM	The Caribbean Community and Common Market
CHART	Caribbean HIV/AIDS Regional Training Initiative
CHRC	Caribbean Health Research Council
CIDA	Canadian International Development Agency
CIMT	Caribbean Indicators and Measurement Tools
CPT	Cotrimoxazole Preventive Treatment
CRN+	The Caribbean Regional Network of People Living with HIV/AIDS
CSME	CARICOM Single Market and Economy
CSS	Care and Support Services
CSW	Commercial Sex Workers
CT	Counseling and Testing
DFID	Department for International Development (UK)
DOTS	Direct Observed Treatment Short-course strategy
ELISA	Enzyme-Linked Immuno-Sorbent Assay
FPS	Fortified Protein Supplementation
GFATM	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HSPA	HIV and AIDS 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
OECS	Organization of Eastern Caribbean States
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
PLWHA	People Living with HIV and AIDS
PMH	Princess Margaret Hospital
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-To-Child Transmission
RPR	Rapid Plasma Reagin (syphilis test)
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDRL	Venereal Disease Research Laboratory Test
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YFS	Youth-Friendly Services

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EXECUTIVE SUMMARY

Summary of Key Findings

The HIV and AIDS Service Provision Assessment (HSPA) was developed to assess the quality and capacity of HIV- and AIDS-related services in high prevalent situations. However, the findings of the Eastern Caribbean HSPA need to be interpreted within a low prevalence context. Small islands with few facilities may not require all of the HIV- and AIDS-related services to be at full capacity in every facility. Nevertheless, an efficient system to identify, counsel, and treat those who are HIV positive and to prevent the spread of the virus requires a high-quality HIV testing and counseling system, accessible antiretroviral therapy (ART), treatment services for opportunistic infections (OIs), and a prevention strategy that reaches the vulnerable and at-risk populations. A solid record-keeping and reporting system is essential for monitoring the surveillance of the epidemic and the capacity of the health system to respond. No matter what level health planners decide is best for the country, each service should be provided at the highest quality possible. The results of the 2006 Antigua and Barbuda HSPA provide baseline information for decision-making on how and where to scale up or strengthen HIV- and AIDS-related services.

Focusing on the formal public health sector in Antigua and Barbuda, the HSPA findings provide information on both basic and advanced-level HIV and AIDS services and the availability of record-keeping 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 and AIDS (PLHIV), and for patient movement within the region. The Antigua and Barbuda HSPA captured information on these region-specific indicators in addition to the standard HSPA indicators. 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 also included. The survey was conducted in nine public facilities in Antigua and Barbuda, including hospitals, health centers, specialized clinics, and laboratories. Therefore any interpretation of the findings 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—

- Most providers have received recent training in counseling.
- Fifty-one percent of health workers surveyed had a positive attitude towards PLHIV.

There are opportunities to address migrants seeking testing, counseling, and treatment for HIV and AIDS.

HIV testing system[1]—

- Almost all of the public facilities (8 of 9) surveyed have an HIV testing system.
- Among sites with HIV testing systems, only 25 percent met all of the requirements for a complete system.
- None of the HIV testing system sites met the requirements for counseling or youth-friendly services.
- There is one service site with a youth-friendly trained counselor.
- Overall lack of protocols and policies in place at service sites for informed consent, counseling and youth-friendly services.

Availability of basic care and support services—

- Availability of TB medicines at TB service sites and items for sputum test where sputum tests performed.
- Inadequate TB services or trained personnel.
- In need of recent malaria training.
- Sites in need of STI protocols.
- Nosocomial infection prevention although practiced in all facilities is not fully available in all sites of facilities.
- Low percentage of staff supervised for clinical services in facilities.

Availability of advance care and support services—

- Good infrastructure for inpatient HIV and AIDS services although there is an opportunity for care and treatment services to be scaled up.
- PMTCT sites do not meet all four components: pre- and post-test counseling and HIV testing services, antiretroviral (ARV) prophylaxis to prevent mother-to-child transmission, infant feeding counseling, and family planning counseling or referral. No facility provided ARV therapeutic treatment for HIV-positive women and their families or all items of PMTCT+.
- At facilities, there is a lack of protocols and guidelines for opportunistic infections (OI), palliative care, children living with HIV and AIDS, adults living with HIV and AIDS and meningitis.

[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.

- PEP is available in most facilities.
- Opportunity to increase capacity among providers treating opportunistic infections.
- Inconsistent record-keeping system for client appointments.
- Opportunity to identify scale-up for ART and improve record-keeping systems.
- Reasonable presence of a referral system for HCS among CSS sites.

CHAPTER 1: OVERVIEW OF THE HEALTH SYSTEM IN ANTIGUA AND BARBUDA

1.1 BACKGROUND

The State of Antigua and Barbuda is made up of the inhabited islands of Antigua and Barbuda and the uninhabited island of Redonda. Together they comprise a land mass of 440 square kilometers. The islands are located between the Caribbean Sea and the North Atlantic Ocean, and are situated close to the U.S. Virgin Islands and Puerto Rico. About seventy thousand people (69,108) live on the 280 sq km mainland of Antigua, which is 2.5 times the size of Washington, DC.[2] Close to 40 percent of the population lives in urban settings concentrated in the capital of St. John's. It is estimated that by 2030, about 54 percent of the island's population will live in urban areas.[3] English is the official language of the island. The State of Antigua and Barbuda, with its six parishes (St. George, St. John, St. Mary, St. Paul, St. Peter, and St. Phillip) and two dependencies is divided into seven geographically determined medical districts and Barbuda, each served by a government-appointed District Medical Officer.[4]

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; it 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.

Seventy-nine percent of PLHIV 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." [5]

AIDS is now the leading cause of death among 15- to 45-year-olds in the Caribbean. The Caribbean Epidemiology Center (CAREC) reports that 73 percent of cases are

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[2] Central Intelligence Agency (CIA). 2005. CIA World Factbook. Washington DC: Central Intelligence Agency. Available at http://www.cia.gov/cia/publications/factbook/geos/do.html (accessed November 2, 2006).

[3] United Nations Department of Economic and Social Affairs, Population Division. 2004. Urban and Rural Areas 2003. Available at http://www.un.org/esa/population/publications/wup2003/2003urban_rural.htm (accessed November 5, 2006); Pan American Health Organization (PAHO). Basic Country Health Profile for the Americas: Antigua and Barbuda. Available at http://www.paho.org/English/DD/AIS/cp_028.htm (accessed. November 16, 2006).

[4] Pan American Health Organization. 2001. Antigua and Barbuda. Available at http://www.paho.org/english/SHA/PRFLANT.htm (accessed November 24, 2006).

[5] Caribbean Epidemiology Centre (CAREC). 2004. Status and Trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002. . Port of Spain, Trinidad: Caribbean Epidemiology Centre.

diagnosed in people of this age group. Although the gender distribution of the disease is predominantly weighted towards males (2:1), young women between 15 and 24 are particularly at risk. The annual incidence of HIV among females of this age group is three to six times higher than in males in the same age group. In the Caribbean there are also subgroups or groups more vulnerable 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 with sexually transmitted infections (STI). Intravenous drug users are also a risk group in the Caribbean; however, this population seems to be concentrated on certain islands.

1.3 HIV AND AIDS EPIDEMIC IN ANTIGUA AND BARBUDA

The United Nations Children's Fund (UNICEF) estimates the HIV and AIDS prevalence rate to be 2 percent in Antigua and Barbuda.[6] From the first case of HIV diagnosed in 1985 through the end of 2002, 411 cases of HIV and 142 cases of AIDS were reported to the National Surveillance Unit at the Ministry of Health (MOH) in Antigua and Barbuda. Males represent 59 percent of diagnosed HIV cases in Antigua and Barbuda. [7] Except for the 15- to 19-year-old age group, males are diagnosed with HIV and AIDS at higher rates than females are in all of the age groups of sexually active Antiguans. By the end of 2004 the recorded male to female ratio for reported cases of HIV and AIDS was 1:1. Most of the notified cases of HIV were among the 30- to 34-year-old age group.[8] Less than one percent occurred in persons under 15 years of age.

Screening tests in 1998 indicated a seroprevalence rate of 0.92 percent among pregnant women. Between 1998 and 2002, the test, based on voluntary testing showed an HIV prevalence between 0.3 percent and 0.9 percent among women who agreed to be tested, with an average seroprevalence rate of 0.6 percent.[9]

In the rapid scale-up to ensure that services are available, Antigua and Barbuda is working with several international and regional partners. These partners include The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). Antigua and Barbuda is part of the Organization of Eastern Caribbean States (OECS) subregion to receive a multicountry grant from GFATM.[10] This grant is coordinated by the Regional

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[6] United Nations Children's Fund (UNICEF). Antigua and Barbuda. Available at http://www.unicef.org/infobycountry/ (accessed November 5, 2006).

[7] Caribbean Epidemiology Centre (CAREC). *Status and Trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002: Antigua and Barbuda*. Available at http://www.catin.org/country/docs/Antigua_Barbuda.pdf (accessed November 5, 2006).

[8] United Nations General Assembly Special Session on HIV/AIDS (UNGASS). 2005. Antigua and Barbuda: Status at a Glance. Available at http://www.unaids.org/unaids resources/UNGASS/2005-Country-Progress-Reports/2006_country_progress_report_antigua_barbuda_en.pdf (accessed November 2, 2006).

[9] CAREC. *Status and Trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002: Antigua and Barbuda*.

[10] The Global Fund to Fight AIDS, Tuberculosis and Malaria. OECS and the Global fund. Available at http://www.theglobalfund.org/search/portfolio.aspx?countryID=MAE&lang=en (accessed February 28, 2006).

Coordinating Mechanism at the OECS and with several regional and global partners including the Clinton Foundation and the Caribbean Health and Research Council (CHRC) in Trinidad. Further, the World Bank has invested considerable funds in the region and in Antigua and Barbuda to assist with building and opening VCT (Voluntary Counseling and Testing) centers and rapid testing services, with some centers opening post-survey in December 2006.

Regionally, with the assistance and guidance of the Pan Caribbean Partnership against HIV and AIDS (PANCAP) and the Caribbean HIV and AIDS Regional Training Initiative (CHART) network, key capacity needs for providers of HIV and AIDS care and treatment are being addressed in the OECS region. Furthermore, with assistance and guidance from CHRC, important care and support indicators are monitored consistently in the region.[11]

1.4 Selected Health and Demographic Characteristics

The average life expectancy in Antigua and Barbuda is 72 years, with women having a longer average lifespan (75 years) than men (70 years). Infant mortality stands at 19 deaths/1,000 live births. Male infants die at about one and a half times the rate of female infants, with infant mortality rates of 23 deaths/1,000 live births for males and 15 deaths/1,000 live births for females. The leading reported causes of mortality among children less than 5 years of age were conditions originating in the perinatal period, pneumonia, congenital anomalies, external causes and other diseases of the respiratory system.[12] The island's total fertility rate is around 2.2 children born per woman. Antigua and Barbuda's estimated population growth rate for 2006 is 0.55 percent. Currently, 28 percent of the population is in the 0–14 year age range, 69 percent is in the 15–64 year age range, and 4 percent is 65 years old or older. Approximately 30 percent of the population lives in poverty, and the net external migration rate per year is -6.08 migrant(s)/1,000 population.[13]

In 1998 and 1999, acute respiratory infections ranked as the leading communicable disease. The only vector-borne communicable disease of any significance in Antigua and Barbuda is dengue fever. Cardiovascular diseases accounted for 37.7 percent of all deaths in 1998 and 37.3 percent in 1999. At the end of 1999, 63.5 percent of all deaths occurred in the population older than 65 years old, while 13.6 percent occurred in the population 15 to 49 years old. Males accounted for almost 55 percent of the deaths.[14]

[11]Caribbean Health Research Council. Caribbean Indicators and Measurement Tools (CIMT). Available at http://www.chrc-caribbean.org/CIMT.php (accessed February 28, 2006).
[12]PAHO. Basic Country Health Profile for the Americas: Antigua and Barbuda.
[13]CIA. 2005.
[14]PAHO Basic Country Health Profile for the Americas: Antigua and Barbuda.

1.5 General Organization of the Health System

This section provides the context to view the findings of the Antigua and Barbuda HIV and AIDS Service Provision Assessment. Health services in Antigua are mostly run by and paid for by the government. In Barbuda, health services are regulated and organized by the Barbuda Council. Private care is limited to Antigua, where private practitioners offer ambulatory services. Primary health care services are decentralized and delivered from 9 health centers, 18 clinics and 1 hospital. Secondary care services are centralized. One public and five private health laboratories provide services for the island. There are also four private ophthalmology/ophthalmic centers and a private physical therapy center.[15]

According to the Pan American Health Organization (PAHO), the reorganization of the health system is a high priority for the government of Antigua and Barbuda. In 1996, a 5-year development plan was drafted for the MOH and included—

- Recommendations that address the direction and development of the hospital services
- Financing
- Human resource development
- Community participation in management and evaluation of services
- Private participation in the delivery of hospital services
- Relations with public and private sectors.

1.6 Funding of the Health Sector

Government spending on health was about 12 to 14 percent of the national budget from 1996 through 1999. In 1996, the estimated recurrent expenditure for health activities was EC$40.47 million, with EC$12.4 million going to the Central Board of Health and EC$17.06 million to the hospital. The public health, medical and sanitary services in Barbuda were allocated EC$1.14 million. Funding for the health sector comes from general revenue and the Medical Benefits Scheme.[16] The Medical Benefits scheme, which is an important source of funds, is financed through a wage contribution of 7 percent that is equally shared between employer and employee. Beneficiaries are entitled to free drugs for a number of chronic diseases, inpatient and outpatient care, and specialist treatment overseas.[17] Less important sources of funding are private insurance and the

[15]PAHO. 2001. Antigua and Barbuda.
[16] Ibid.
[17]European Commission. 2002. European Community Country Strategy Paper and Indicative Programme for the period 2001–2007. Available at http://ec.europa.eu/comm/development/body/csp_rsp/print/ag_csp_en.pdf (accessed November 26, 2006).

Social Security Fund. User fees are the main source of revenue in the private sector but have an almost negligible role in the public sector.[18]

Grants from external sources increased from US$2.5 million in 1999 to US$4 million in 2000. Organizations providing assistance were the Caribbean Environmental Health Institute (CEHI), CAREC, PAHO, and other United Nations organizations.[19]

1.7 Health Insurance Organizations

Antigua and Barbuda's Governor General, in the throne speech of 2004, spoke of the government's plans to introduce a national health insurance plan. This would provide universal health care coverage and reduce significantly the taxes on a wide range of over-the-counter pharmaceutical products including medicines for arthritis, cancer, circulatory disorders, HIV and AIDS and disorders of the ear, nose, and throat.[20]

There is minimal involvement of private insurance in health financing. The reorganization plan of the MOH promises to take a closer look at this aspect.[21] The amount spent on health by private health insurances is not known.[22]

1.8 General Organization of the Public Health Sector

Primary health care is offered through the seven medical districts. It includes maternal and child health, health education, management of common health problems, environmental sanitation, community mental health care, nutrition, diabetic and hypertensive care, communicable disease control and surveillance, home visitation and referral services.

Secondary health care is provided by the general hospital, which is the only public acute care health institution. Its 200 bed capacity was reduced to 141 beds by a hurricane in 1995. It provides both general and specialist services in medicine, surgery, obstetrics and gynecology, pediatrics, radiology, and pathology. There are two long-stay facilities—the mental hospital with 150 beds and the geriatric institute that serves 100 geriatric patients. The hospital in Barbuda serves mainly as an outpatient facility. A 21-bed private facility provides both outpatient and inpatient care. In 2001, the Government was building a new 180-bed state-of-the-art hospital.

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[18]Pan American Health Organization. 2001. Health Systems and Services Profile for Antigua and Barbuda. Available at http://www.lachsr.org/documents/healthsystemprofileofantiguabarbuda-EN.pdf (accessed November 27, 2006).
[19]PAHO. Basic Country Health Profile for the Americas: Antigua and Barbuda.
[20]Carlisle, Sir James Beethoven. 2004. Antigua & Barbuda Throne Speech. Speech delivered at the State Opening of the Parliament, Monday, March 29. Available at http://www.antigua-barbuda.com/business_politics/throne_speeches/thronespeech_march2004.asp (accessed November 26, 2006).
[21]PAHO. 2001. Antigua and Barbuda.
[22]World Health Organization. WHO Estimates for Country NHA Data. Available at http://www.who.int/nha/country/ATG.xls (accessed November 26, 2006).

Tertiary care is available from the private sector or foreign specialists who provide services in otolaryngology, ophthalmology, orthopedics, neurology, and radiology.[23] [24]

1.9 General Organization of the Non-Governmental Health Sector

According to PAHO, the private health sector is growing rapidly. There is one 21-bed private secondary care facility providing both inpatient and outpatient services. There are also 4 private laboratories, at least 10 pharmacies, 1 orthopedic center, 2 group practice medical centers, and 10 physicians in private practice.

1.10 Human Resources

According to a 2001 PAHO report, there was an adequate supply of health personnel, 309 in the public sector and 58 in the private sector. In 1999, there were 10.5 physicians and 33.2 trained nurses per 10,000 population. The specialists among the physicians included two gynecologists, two ophthalmologists, and two pediatricians. The majority of doctors and nurses practice at the general hospital. In addition, Caribbean nationals as well as returning residents supplemented the local health personnel. Staff vacancies were filled by nationals.[25] [26]

1.11 Health Education

The School of Nursing is the only certified program for the education of health personnel. It operates from the Antigua State College, having been transferred by the government from its base at the hospital. Training for other health personnel is available through regional training institutions. Continuing education is provided both locally and internationally through the efforts of the government, professional organizations and international and regional agencies.[27]

1.12 National HIV and AIDS Program

An AIDS Secretariat housed within the Ministry of Health is the coordinating body for all the HIV and AIDS efforts in Antigua and Barbuda.[28] A National Strategic Plan for HIV/AIDS was completed in 2001 and approved by Cabinet. It extended from 2002 through to 2005.[29]

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[23]PAHO. 2001. Antigua and Barbuda.
[24]PAHO. 2001. Health Systems and Services Profile of Antigua and Barbuda.
[25]Ibid.
[26]PAHO. 2001. Antigua and Barbuda.
[27]Ibid.
[28]UNGASS. 2005.
[29]Ibid.

The strategic plan identifies the following six priority areas for addressing the HIV epidemic:

- Education and prevention
- Policy and legislation
- Treatment, care, and support
- Employment and social mobilization
- Surveillance, epidemiology, and research
- Program coordination and management.[30]

In keeping with the National Strategic Plan, the care of HIV and AIDS has been incorporated into the existing public health infrastructure. Along with primary care services, voluntary counseling and testing is carried out at all the health centers, the private medical offices, and hospital laboratories. In keeping with policy, persons requesting voluntary counseling and testing from public laboratories are not required to contribute to the cost of the testing services.[31]

Funding for the program has come mainly from the Government. Technical and financial support is received from CAREC/PAHO, the United Kingdom's Department for International Development (DFID). CHRC, UWI–CHART, ITECH, GFATM, British High Commission, the Canadian International Development Agency (CIDA), the United Nations Children's Fund (UNICEF), the United States Agency for International Development (USAID), and local businesses. NGOs, the church, and line ministries work in collaboration with the Secretariat.[32]

[30]Ibid.
[31]Ibid.
[32]Ibid.

CHAPTER 2: SURVEY METHODOLOGY

2.1 OVERVIEW

HIV and AIDS are global problems; with an estimated 39.4 million persons infected worldwide and 4.9 million newly infected in 2004 (UNAIDS 2004). According to UNAIDS data, the Caribbean is the second most affected region in the world. Among adults 15–49 years, the HIV prevalence rate is estimated to be 2.3 percent. At the end of 2003, an estimated 440,000 people were living with HIV and AIDS in the Caribbean. Of these, 53,000 were newly infected during 2004. It is estimated 36,000 AIDS-related deaths that year (UNAIDS 2005).

In response to improved treatment options and commitment from donors and international health experts, various initiatives are underway to expand the scope and quality of services for HIV and AIDS. The services needed for the prevention of HIV transmission and optimal treatment and support of HIV- and AIDS-infected persons are multidimensional and include both clinical and community-based services. In the Eastern Caribbean region, there is a need for facility-level information regarding HIV and AIDS clinic-based services. With the recent investment of international assistance in AIDS care and support, filling the gaps in knowledge about clinical services and HIV testing will help facilitate the successful scaling-up of services, including USAID's Caribbean Regional HIV and AIDS Program.

The HIV and AIDS Service Provision Assessment (HSPA) is a methodology developed by MEASURE DHS+/Macro International Inc. This national-level survey has been adapted for implementation in two phases to assess the availability of health services and capacity to provide high-quality HIV- and AIDS-related services in the nine focus countries of the USAID Caribbean Regional Mission: Antigua and Barbuda, Barbados, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Surinam, and Trinidad and Tobago. Phase I included four countries: Barbados, Dominica, St. Lucia, and St. Vincent and the Grenadines; Phase II included the remaining countries: Antigua and Barbuda, Grenada, St. Kitts and Nevis, Surinam, and Trinidad and Tobago

The HSPA provides facility-based information such as the availability and location of services, the capacity and conditions at those service delivery points, and who is accessing the services. Information about AIDS-related services and mapping the geographic location of these services provide 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 assess the care available to patients.

2.2 Institutional Framework and Objectives of the HSPA

The Antigua and Barbuda 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. St. George's University was contracted to supervise the data collection, analysis, and report writing aspects of the survey.

Objectives of the study are as follows:

- 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 high-quality services (access to guidelines, equipment, drugs and supplies in stock, supervision, referrals, etc.)
  - Provider stigma
- To map AIDS-related services in nine Eastern Caribbean countries

- To provide estimates of indicators for the Caribbean Indicators and Measurement Tools (CMIT) which include the following 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: VCT; PMTCT; ART; PEP; basic and advanced-level clinical services for HIV and AIDS (inpatient and outpatient); TB; 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 of Data Collection

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 and on referral linkages between services. Specifically, it collects information on the HIV- and AIDS-related services that the facility provides (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), the availability of guidelines and protocols for HIV- and AIDS-related care and support services, the availability of medicines and supplies, facility conditions, and health information management systems.

The inventory comprises a different module for each area of care and support service, and modules are used in each service site within a facility, where applicable. Data are collected and analyzed at each service site within a facility and 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 as well as 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.

2.4 Sampling Design

Because 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. 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 Coordinator. The list provided revealed a total of 18 facilities, 9 of which are public and 8 of which are private.

2.4.1 Sample of Facilities

The sample used for the HSPA was obtained from the above list. Among these facilities, many provide 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 sample. Because of the small number of facilities in Antigua and Barbuda, the decision was made to do a census of all facilities that reported offering HIV and AIDS services.

Table 2.4.1 provides information on the different types of facilities, the managing authority of facilities, and the level of care provided by the facilities represented in the sample. Because a census of facilities was carried out, the weighted and unweighted numbers of facilities are the same in all cases. For the purposes of this report, only public facilities will be discussed.

Table 2.4.1: Distribution of facilities by type of facility, managing authority, and tier
Percent distribution of facilities (weighted) and number of facilities (weighted and unweighted) by facility type, managing authority, and tier, HSPA Antigua and Barbuda 2006

Background characteristic	Percent distribution of facilities (weighted)	Number of facilities	
		Weighted	Unweighted
Type of facility			
Hospital	18	3	3
Health Center	35	6	6
Lab	29	5	5
Other+	18	3	3
Managing authority			
Government	53	9	9
Non-governmental	47	8	8
Tier			
Advanced	59	10	10
Basic	41	7	7
Total	100	17	17

+Other: Stand-alone VCT clinics and private doctor's office.

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 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 is defined as a physician or a nurse who actually provides client services of some type (counseling, health education, or consultation services). Thus, for example, a nurse who only completed registers and 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 their representativeness 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 provided the services of interest in the facility.

The main challenge to the health service provider component of the Antigua and Barbuda HSPA was the rotating schedule of many of the providers. However, in most cases where a provider was not available to be surveyed in one facility, HSPA team members were able to survey him/her at a different facility on a different day.

2.5 Survey Implementation

2.5.1 Training and Supervision of Data Collectors

Survey interviewers were primarily recruited from the Phase II country Ministries of Health and National AIDS Programs service providers, health planners, and epidemiologists experienced in HIV and AIDS services and knowledgeable about survey implementation and interviewing. A 2-week training was conducted for survey staff at St. George's University, Grenada, by MEASURE Evaluation staff. It included practical training, role-play in completing all questionnaires and actual survey conducted in health facilities of different types.

2.5.2 Data Collection Instruments

Data were collected using structured printed instruments. These instruments are an adaptation of the HIV and AIDS Service Provision Assessment questionnaires developed in the MEASURE DHS+ project and were adapted during Phase I after consulting with technical specialists from the MOH, USAID, and NGOs knowledgeable about Caribbean health services and service program priorities covered by the HSPA. A training manual was developed and distributed to all Phase II survey interviewers and project staff to support standardized data collection.

Operational definitions were modified for the health system components that were to be measured. They were revised based on discussions with survey interviewers during the training and again after the pre-test in Grenada.

2.5.3 Data Collection Methods

The survey was conducted between December 2005 and March 2006. 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.

Each country team received a list of facilities to be visited. Data collection lasted 1 day in most facilities, with 2 days being allocated to hospitals, if required. In addition, if one of the observed services, such as VCT or PMTCT for example, was not offered the day of the survey, or if the health facility was closed for training or any other scheduled activity, the teams returned on a day when the service was offered or the facility was open to 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, not available, or whether it was uncertain 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 by quality assurance specialists from St. George's University.

2.5.4 Process for Data Management and Report Writing

After the data were collected in the country the questionnaires were sent to St. George's University where 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. The biostatistician from SGU Department of Public Health and Preventive Medicine was trained in the analysis of the HSPA. Once a final dataset was completely entered and cleaned, the biostatistician and MEASURE Evaluation/UNC staff completed the data analysis using STATA.© The final data set and the original questionnaires were sent to MEASURE Evaluation/UNC.

The country reports were written by SGU and MEASURE Evaluation/Macro International Inc. technical staff and were vetted and revised with input from country representatives and stakeholders. St. George's University, in Grenada, facilitated the final phase of the country report review and revisions.

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 they 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 (medicines, laboratory tests, facility-level policies). Record-keeping is necessary for clients who receive services from any service site, but the records may be kept in different locations depending on the organization of a facility. Some items, such as service statistics and client records may be centralized or decentralized, depending on the organization of a facility. For this survey, it is assumed that as long as a unit offering a service knows where the records are, 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 in the vicinity of 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. It may be that providers indicated services they provide 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). Maps of the actual number of facilities surveyed are included in report.

CHAPTER 3: CAPACITY TO PROVIDE SERVICES FOR HIV AND AIDS

3.1 OVERVIEW

A National AIDS Committee (NAC) under the direction of the Chief Medical Officer of Health was appointed after the first case of AIDS was diagnosed in Antigua and Barbuda in 1985. It comprised persons from the MOH and quickly expanded to include persons from the Ministries of Education and Home Affairs, civil society, and faith-based organizations. In January 1992, the government of Antigua and Barbuda established an AIDS Secretariat within the MOH. It has a functioning secretariat headed by an AIDS program manager. It is the only coordinating authority, providing interactions between the government, persons living with HIV and AIDS (PLWHA) and civil society for implementing HIV and AIDS strategies and programs.[33] It serves as the focal point for the collection and dissemination of information about HIV and AIDS, other STDs and related issues.[34]

An international technical working group made up of representatives from the World Health Organization (WHO), United Nations program on HIV and AIDS (UNAIDS), the United States Agency for International Development (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. The HSPA responds to and provides data on the following internationally accepted indicators. They fall into the following broad categories (1-5), with specific indicators listed below each, as necessary:

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, STI) including resources and supplies for providing these services
    - 1.4 Elements for preventing nosocomial infections
    - 1.5 Trained staff and resources providing basic interventions for prevention and treatment of 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

[33]UNGASS. 2005.
[34]European Commission. 2002.

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

2.6 Post-exposure Prophylaxis (PEP)

3. Data availability and record-keeping systems for monitoring HIV and AIDS and support

4. Capacity to provide services for prevention of Mother-To-Child transmission (PMTCT and PMTCT+)

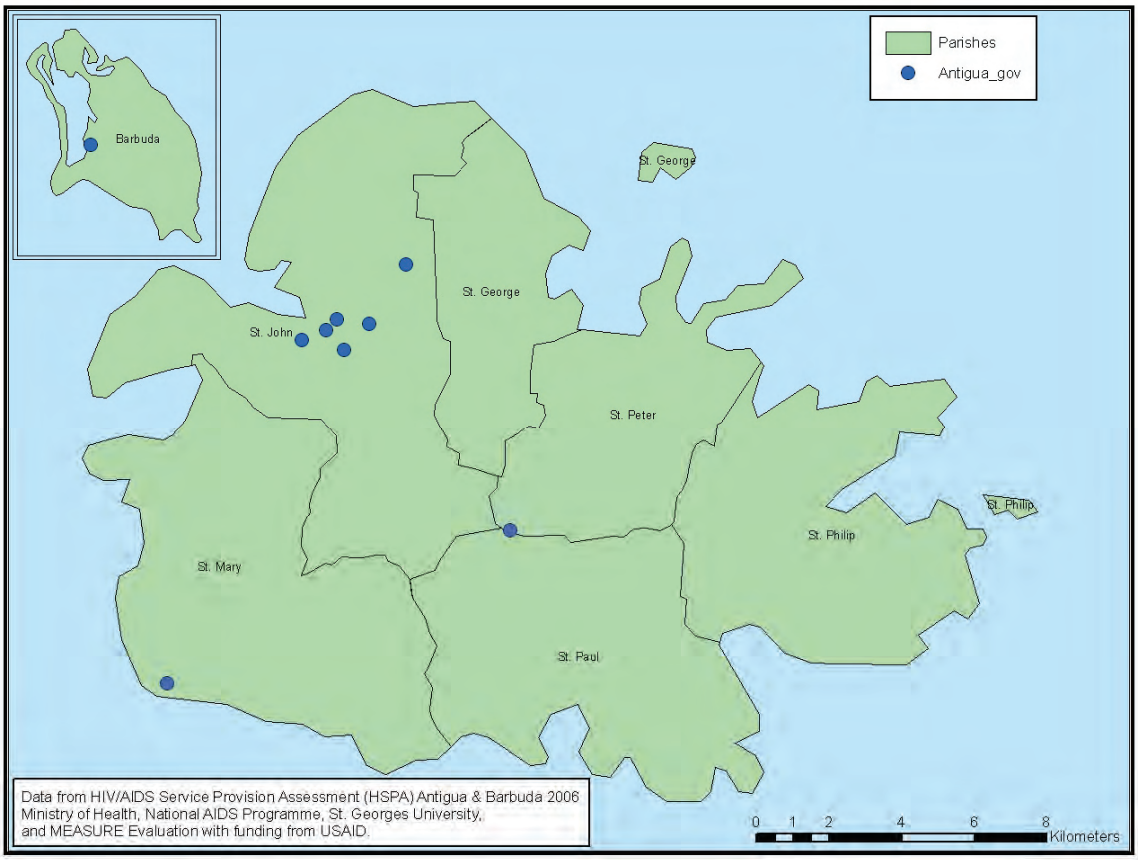
5. Availability of youth-friendly services (additional indicator).

The indicators and components that were collected through a sample of health facilities are reported below. 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. The number of private facilities and hospitals is too small to be included in a country-specific comparison Therefore, only public facilities are discussed in this report.

3.2 Availability of Providers and Services

The HSPA assessed the availability of HIV- and AIDS-related services in Antigua and Barbuda. As shown in Figure 3.2., the survey included 9 public facilities located in 6 parishes, and 45 public providers were interviewed.

Figure 3.2: Location of public facilities surveyed, Antigua and Barbuda 2006



The services that were assessed are components of either basic or advanced-level HIV and AIDS services. The 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; then either the facility conducts the test or there is a system for the facility to receive the 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 tuberculosis, sexually transmitted infections, and malaria. Other CSS may include palliative care and socioeconomic 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 it may include all the 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 youth-friendly services, at least one provider trained in providing youth-friendly services, and the facility reports implementing youth-friendly services.

In addition to the key indicators of HIV and AIDS services, region-specific indicators were also collected by the HSPA. The availability of trained staff was assessed by interviewing service providers to determine their areas of service and recent training, along with attitudes towards PLHIV. A concern with the movement of clients within the region in search of quality PMTCT and ART services was also addressed by the HSPA.

3.2.1 Region-Specific Findings

Training of Service Providers

In Antigua and Barbuda, the HSPA interviewed 19 service providers from among the 9 public facilities sampled. 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 will be helpful in assessing the provider and service availability in Antigua and Barbuda.

Of the nine public facilities surveyed in Antigua and Barbuda, eight had an HIV testing system (Figure 3.2.1a). All eight facilities with the HIV testing system had at least one counselor trained in pre- and post-test counseling by the Caribbean HIV and 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

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 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: Location of facilities with an HIV testing system, Antigua and Barbuda 2006

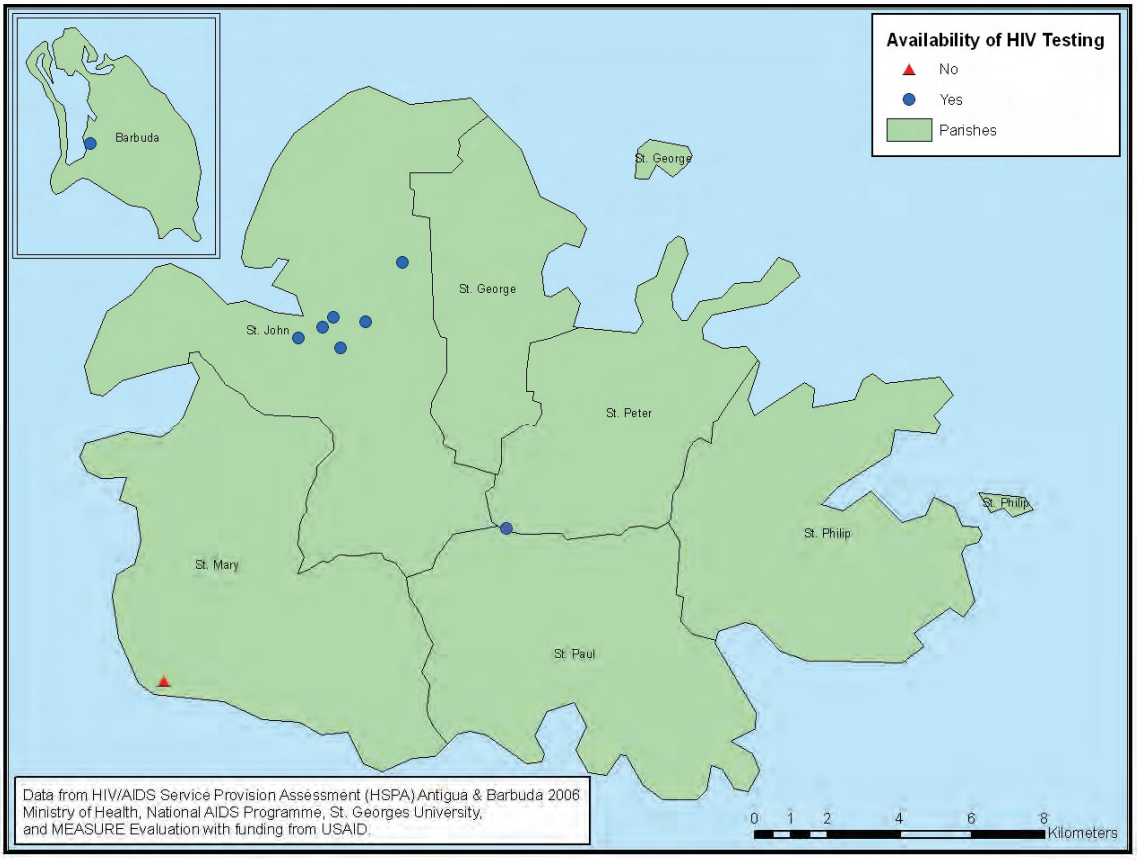


Table 3.2.1a: Number of public facilities sampled, number of those facilities with an HIV testing system[1] (VCT), and number of facilities with an HIV testing system with at least one counselor of pre- and post-test counseling trained by CHART, HSPA Antigua and Barbuda 2006

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 who reported training by CHART
9	8	8

[1]Facility offers counseling and testing (onsite or offsite) and keeps records of having received test results.
[2]Includes only public facilities.

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

For the purposes of this assessment, ART as defined includes prescribing ART; medical follow-up of ART clients; or ordering/prescribing lab tests to monitor ART. Two types of interviews were used to report on training providers. Table 3.2.1b is based on the facility inventory where the in-charge of a facility was queried about the level of training of staff. Tables 3.2.1c and 3.2.1d are based on the responses of the health workers interviewed about the training they received.

Only one of the nine public facilities surveyed reported that it provides ART (Table 3.2.1b).[35] This facility did not report having a director. Capacity in ART service provision is likely challenged by the relatively limited number of staff and the low number of HIV-positive clients accessing services. Capacity building must go hand-in-hand with scaling up programs, resources, and staffing.

Table 3.2.1b: ART provision by public facilities, number of public facilities with a director of ART services, and number of public facilities that report a director of ART services trained by CHART, HSPA Antigua and Barbuda 2006

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/JH
9	1	0	NA

[35]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 providers surveyed in facilities offering ART who reported receiving training from CHART in ART-related services as reported by providers interviewed.[1] HSPA Antigua 2006

Number of providers surveyed in facilities offering ART services	Number of facilities offering ART services	Of those providers surveyed in facilities offering ART services, number of trained providers in/of						Among those facilities offering ART service, number of facilities reporting provision of any counseling for ART medicines	Of those providers surveyed in facilities offering adherence counseling, number of trained providers in	
		Prescribing ART	Prescribing ART who reported training by CHART	Medical follow-up for ART	Medical follow-up for ART who reported training by CHART	Ordering and/or prescribing lab tests for monitoring ART	Ordering and/or prescribing lab tests for monitoring ART who reported training by CHART		Adherence counseling for ART	Adherence counseling for ART who reported training by CHART
19	1	0	NA	0	NA	0	NA	1	1	1

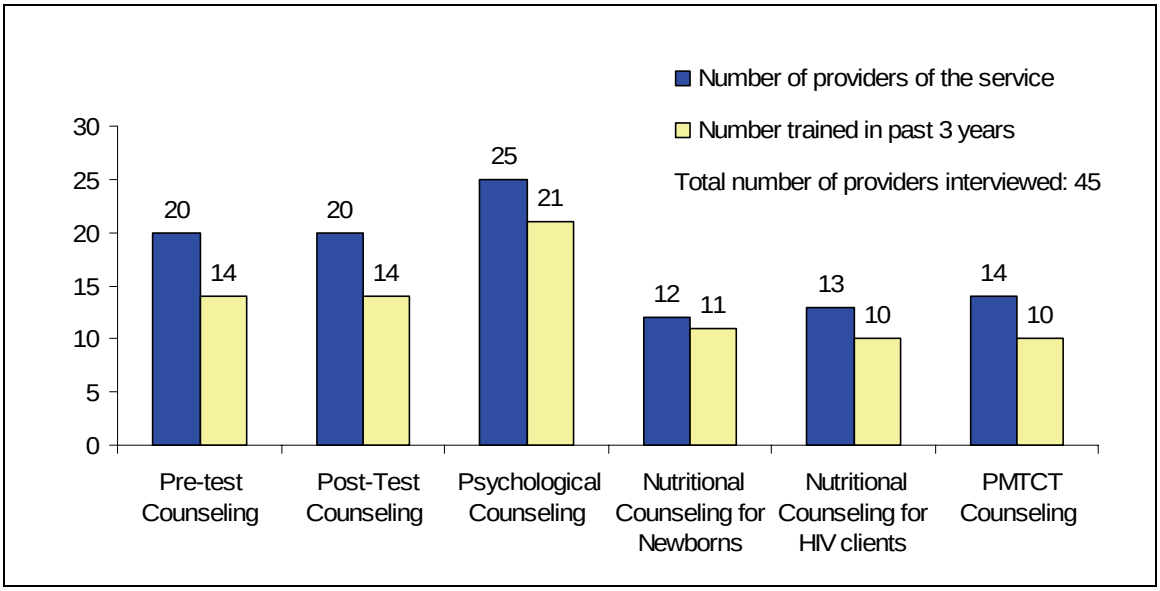
[1]Results reported at provider level for public facilities only. Provider is considered to be a trained provider of service if training occurred within the last year

From the health worker interviews, there are 19 providers who work in the facility that offers ART services (Table 3.2.1c). Of those 19, only one provider reported having received training in ART adherence counseling in the last year and that training was done by CHART. None reported having been trained in medical follow-up for ART or ordering and/or prescribing lab tests for monitoring ART in the past 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 (note that more details on basic services are reported under Section 3.3, and advanced-services are reported in Section 3.4). The HSPA looked at providers of HIV- and AIDS-related services and their specific area of service. It then looked at 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 45 total providers surveyed who were recently trained.

Figure 3.2.1b: Number of providers of HIV- and AIDS-related counseling who were trained in their area of counseling, HSPA Antigua and Barbuda 2006



The data illustrate that most of the providers have received recent training in HIV- and AIDS-related counseling services. Of the six types of counseling identified (Figure 3.2.1b), psychological counseling had the highest number of providers (25), as well as the highest number of providers trained (21) within the past 3 years of this service.

The data show that 92 percent of providers of nutritional counseling for new mothers (11 of 12 providers trained in newborn nutrition) have been trained within the last 3years; and just under three-quarters of providers have received recent training in PMTCT (10 of 14 providers).

It is also important to look at the proportion of providers who see and treat some of the common diseases often linked with HIV and AIDS, including sexually transmitted infection, malaria and tuberculosis. Although malaria is a standard disease area assessed in the HSPA, it should be noted that it is not a major concern in Antigua and Barbuda. Table 3.2.1d shows the number of providers of STI and malaria diagnoses/treatment and TB services who were trained recently. As 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 services (3 of 5 providers of the service have been trained in the last 3 years). There are 9 health care professionals providing ST1 diagnosis/treatment, and close to half (4 of 9) of the providers have been trained in the last 3 years. STIs might be an area that could be assessed further, in terms of the 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, that is, whether there are 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 it rises to 50 percent in those with HIV.[36]

Table 3.2.1d: Of the public facilities sampled, number of providers of STI, malaria, and TB services who were trained in the last 3 years, HSPA Antigua and Barbuda 2006

Total number of providers	STI diagnosis/treatment		Malaria diagnosis/treatment		TB services[1]	
	Number of providers of the service	Number of providers of the service trained within last 3 years	Number of providers of the service	Number of providers of the service trained within last 3 years	Number of providers of the service	Number of providers of the service trained within last 3 years
45	9	4	2	0	5	3

[1]TB services defined as either clinical diagnosis, sputum diagnosis, prescribe treatment, follow-up treatment, or DOTS.

3.2.2 Service Provider Stigma

Provider stigma can play a major role in the quality of services provided to PLHIV. 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 clients' health-seeking behavior and to develop sensitivity to enable them to effectively work with people with HIV and AIDS."[37]

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

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.

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

[36]Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. Topics in HIV Medicine, 12(5):144-149.
[37]Massiah E., T. C. Roach, C. Jacobs, et. al. 2004. Stigma, discrimination, and HIV/AIDS knowledge among physicians in Barbados. Revista Panamericana de Salud Publica/Pan American Journal of Public Health, 16(6), 395-401.

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 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 one is related to health worker comfort working around PLHIV (6).[38] Item 5 was adapted locally to further explore health worker stigma.

In Antigua and Barbuda, of 45 public providers sampled, 51 percent of providers of HIV- and AIDS-related services responded with accepting attitudes toward PLHIV (Table 3.2.2). Since this is only a sample of providers in the country, one cannot make assumptions about the attitudes of all providers, but there appears to be a need 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 hold more stigmatizing attitudes.[39]

Table 3.2.2: Of the public facilities sampled, percentage of providers with an accepting attitude toward People Living with HIV/AIDS,[1] HSPA Antigua and Barbuda 2006

Total number of public providers	Percentage of public providers with a positive attitude toward PLHIV
45	51

[1]Based upon six questions related to HIV and 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 to advance integration and promote 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 treatment of some National AIDS Programs (NAPs).[40] It has been reported elsewhere that because of high

[38]The Synergy Project. 2005. Working Report Measuring HIV Stigma: Results of a field test in Tanzania. Silver Spring, MD: Social and Scientific Systems, Inc.
[39]Ibid.
[40]MEASURE Evaluation. 2005. The implications of a Caribbean Community (CARICOM) Single Market and Economy (CSME) for population mobility and the spread of HIV. Calverton, MD: Macro International Inc.

levels of stigma and discrimination, people often seek services outside their own health districts 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.[41],[42] However from the HSPA, Table 3.2.3a does not indicate this happening in Antigua and Barbuda for ART services. Of the nine facilities sampled, only one reported offering ART service and there none offered services to residents of other countries. However, for PMTCT, 3 percent of the facilities reported that they have provided services to people from other countries in the Caribbean (Table 3.2.3b). Only one facility reported that it was serving PMTCT clients from other countries. Mechanisms to track movement of PLHIV around the region are not currently in place. This makes it difficult to assess migration for health services.

Table 3.2.3a: Provision of ART services by public facilities to residents of other countries, HSPA Antigua 2006

Number of facilities	Number of facilities offering ART service	Of those offering ART, number of facilities that offer services to residents of other countries	Among those that offer ART services to residents of other countries	
			Median number of clients from other countries	Number of other countries represented in clientele
9	1	0	NA	NA

[41]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, 26-30 September. Washington, DC: World Health Organization.
[42]MEASURE Evaluation, 2005.

Table 3.2.3b: Provision of PMTCT services by public facilities to residents of other countries, HSPA Antigua 2006

Number of facilities	Number of facilities offering PMTCT services	Of those offering PMTCT, number of facilities that ever offer services to residents of other countries	Among those facilities that ever offer PMTCT services to residents of other countries		
			Number with current PMTCT clients who are residents of other countries	Among those facilities with current PMTCT clients who are residents of other countries	
				Median number of clients from other countries	Number of other countries represented in clientele
9	5	3	1	NA[1]	5[2]

[1]Facility did not know exact number of clients or refused to answer.
[2]Countries included clients from: Guyana, St Kitts & Nevis, Dominica, Jamaica, and the Dominican Republic.

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-level. Both are described briefly in Section 3.2. This section reviews the results of basic-level services for HIV and AIDS, which includes voluntary counseling and testing for HIV (VCT), services for HIV- and AIDS-related care and support (TB, STI, malaria, and infection control), and basic-level treatment of opportunistic infections and provision of palliative care. In this report, a facility is used to describe any health service facility or non-home-based care site where services related to HIV and 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.

Of the 9 public facilities surveyed, 89 percent have an HIV testing system, 33 percent provide STI services, 22 percent offer TB diagnostic or treatment services of any kind, and 11 percent reported offering malaria treatment services (Table 3.3.1). Of the 9 public facilities, 44 percent offer treatment for opportunistic infections for HIV and AIDS clients, and 22 percent offer palliative care.

Table 3.3.1: Basic HIV/AIDS-related service provision by public facilities, HSPA Antigua and Barbuda 2006

Total number of facilities	Percentage of facilities with HIV testing system	Percentage of facilities offering TI services	Percentage of facilities offering any TB diagnostic or treatment services	Percentage of facilities offering malaria treatment services	Percentage of facilities offering treatment for opportunistic infections for HIV/AIDS clients	Percentage of facilities offering palliative care for HIV/AIDS clients
9	89	33	22	11	44	22

3.3.2 Voluntary Counseling and Testing (VCT)

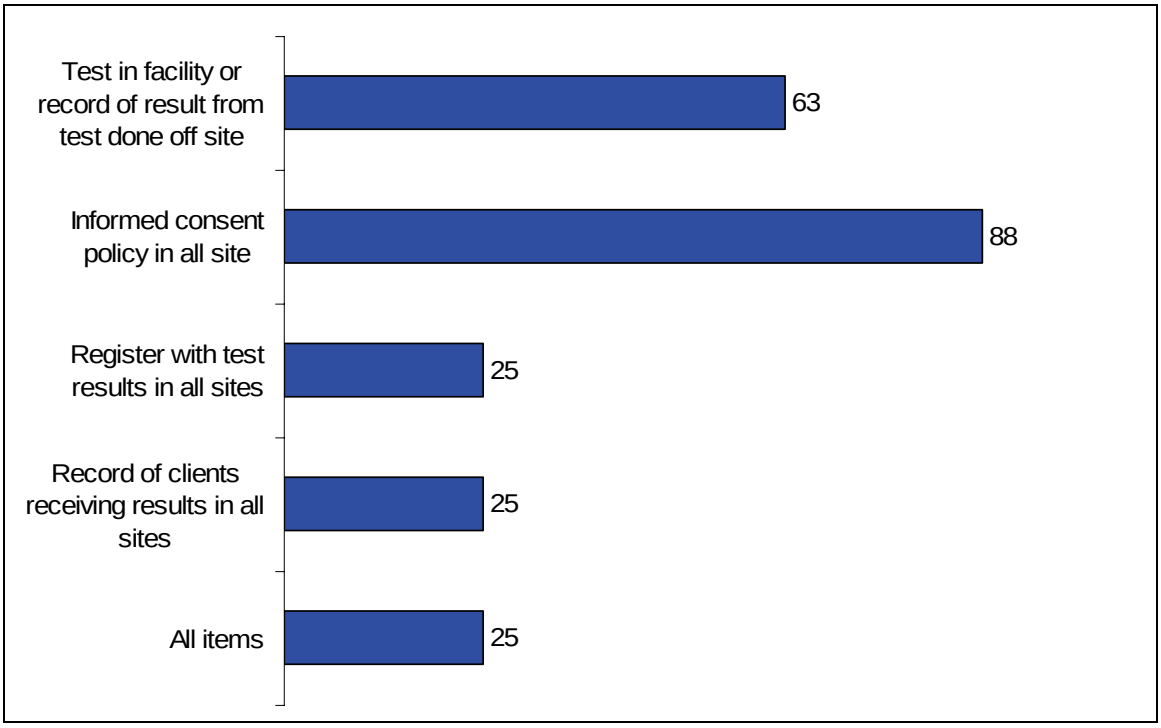
A facility is defined as having an HIV testing system in place if it offers counseling and HIV testing to clients and has a record of clients who received test results (i.e., facility conducts the test, has an affiliated laboratory, or has an agreement with a testing site to return the test results to 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. Beyond an HIV testing system, a menu of services needs to be available to provide clients with basic-level care, support and treatment for HIV-related conditions. Table 3.3.2 shows that among the 8 facilities that have an HIV testing system, 38 percent offer STI services, 25 percent offer TB diagnostic or treatment services, 50 percent offer treatment for opportunistic infections for HIV and AIDS clients, and 25 percent provide palliative care for HIV and AIDS clients. Since malaria is not a widespread problem, it is not surprising that only 13 percent of the facilities with an HIV testing system in place offer malaria treatment services. It is also not surprising that most of the VCT sites are located in the parish of St. John's, as this is where all the laboratories and hospital facilities are situated. A large proportion of the population works and resides in and around St. John's.

Table 3.3.2: Basic HIV/AIDS-related service provision by public facilities that have an HIV testing system, HSPA Antigua and Barbuda 2006.

Total number of facilities	Number of facilities with HIV testing system	Among facilities with HIV testing system				
		Percentage offering STI services	Percentage offering any TB diagnostic or treatment services	Percentage offering malaria treatment services	Percentage offering treatment for opportunistic infections for HIV/AIDS clients	Percentage offering palliative care for HIV/AIDS clients
9	8	38	25	13	50	25

The eight facilities with an HIV testing system included 17 sites with an HIV testing system. Systems for testing and providing results for HIV tests are shown in Figure 3.3.2a. Sixty-three percent of the eight facilities had an HIV test available in the facility or an affiliated laboratory. An informed consent policy for HIV testing was observed in all relevant service sites of 88 percent of the facilities. In 25 percent of the facilities, a register with HIV test results was observed. Records for clients receiving HIV test results were observed in 25 percent of the facilities, and all of the following items for the indicator observed were in 25 percent of the facilities: an HIV test available in the facility or an affiliated laboratory, records of results, an informed consent policy for HIV testing, a register for HIV test results, and a record of clients having received HIV test results. It should be noted that positive HIV/AIDS results and related information are sent directly to doctors for their communication with the client. Doctors also update the clients' official records/notes, which are stored confidentially.

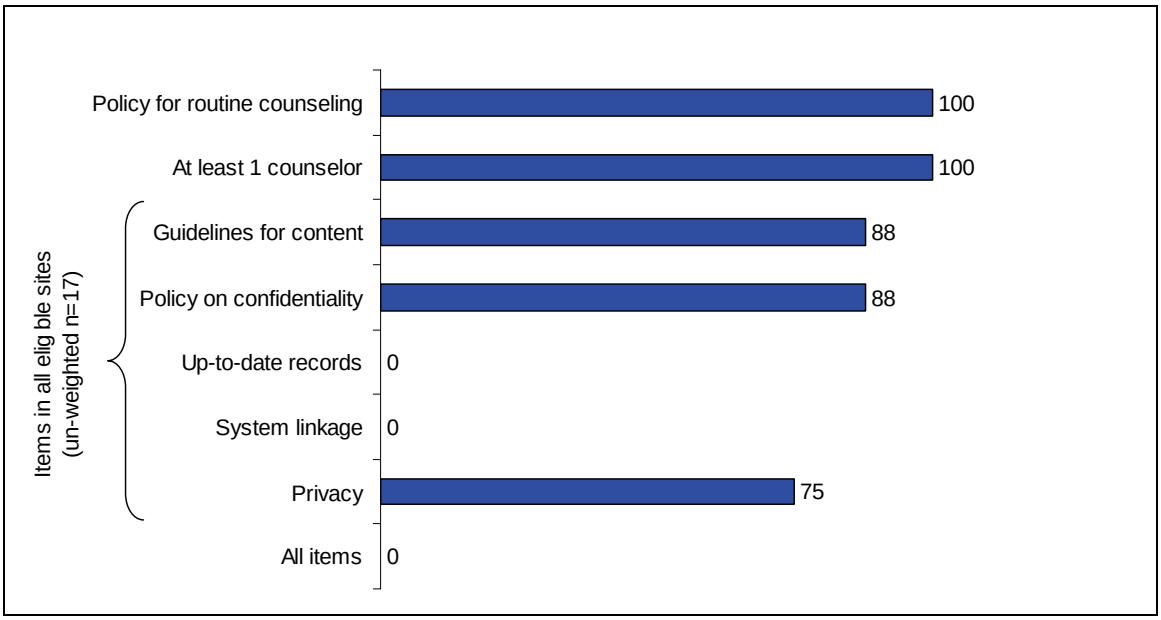
Figure 3.3.2a: System for testing and providing results for HIV test, HSPA Antigua and Barbuda 2006



Systems and trained staff are needed to ensure full coverage for high-quality HIV testing and counseling services. Additional scale-up will enable Antigua and Barbuda to have systems and qualified staff in place for pre- and post-test counseling. The current situation is illustrated in Figure 3.3.2b. All of the facilities have at least one counselor trained in pre- and post-test counseling assigned to counseling and testing site. All of the facilities had an observed written policy for routine provision of pre- and post-test counseling for HIV testing, which is important for the consistency and quality of information given to clients. Among the systems in place in service sites within facilities,

88 percent of the facilities had observed guidelines for content of pre- and post-test counseling in all eligible service sites. Similarly, there were 88 percent of the facilities with observed guidelines or a policy on confidentiality for HIV test results in all eligible service sites. Both of these results indicate a high coverage among the facilities.

Figure 3.3.2b: Systems and qualified staff for pre- and post-test counseling, HSPA Antigua and Barbuda 2006



In a site or facility offering HIV testing and counseling, it is important to have privacy in order to respect confidentiality. As is noted in the literature, "Stigma, shame and denial also surround HIV and AIDS in many parts of the Caribbean and frequently preclude open discussion of personal sexual issues."[43] Thus, it is very important to have visual and auditory privacy possible in all counseling areas. Seventy-five percent of the eight facilities with an HIV testing system have this type of privacy available in all eligible service sites. It should be noted that none of the facilities met the strict definition of having all items present for a complete system for pre- and post-test counseling.

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

Availability of Services

Care and support services (CSS) for PLHIV include any services that are directed towards improving the life of PLHIV. Other CSS may include palliative care and socioeconomic and psychological support services. Tuberculosis (TB) and sexually transmitted infections (STIs) are both illnesses associated with HIV and AIDS.

[43] Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. AIDS Care; 17 (Suppl.1): 9-25.

International programs such as "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.

Public facilities were surveyed to assess whether they offer any CSS. Figure 3.3.3a shows the location of the four such facilities in Antigua that offer CSS for HIV and AIDS.

Figure 3.3.3a: Location of facilities providing care and support services, Antigua and Barbuda 2006

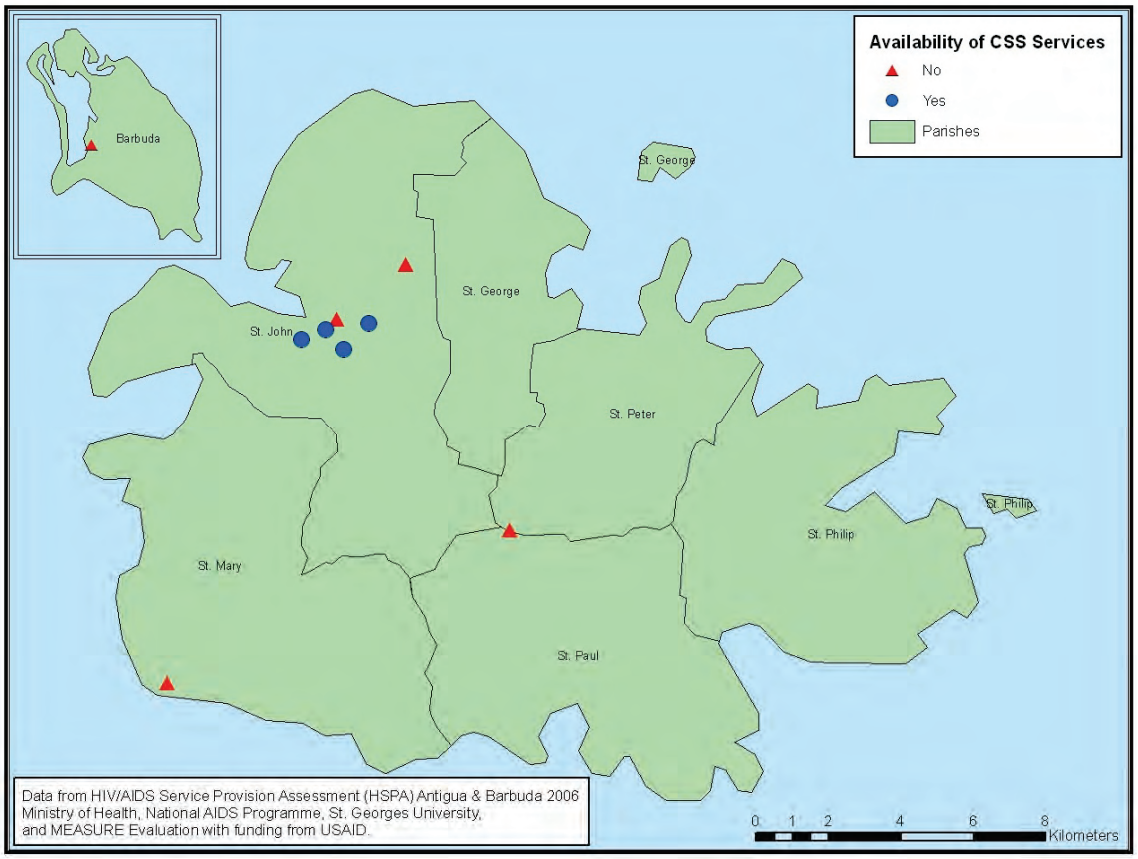


Table 3.3.3a illustrates that of the nine public facilities surveyed in Antigua and Barbuda, four offer CSS to HIV and AIDS clients. Among the four facilities that reported offering CSS, all four have an HIV testing system in place, 50 percent offer STI services, 50 percent offer diagnosis or treatment of any kind for tuberculosis. With the low incidence and prevalence of malaria, only 25 percent of the nine facilities offer malaria treatment.

Table 3.3.3a: Basic HIV/AIDS-related service provision by public facilities that offer any CSS, HSPA Antigua and Barbuda 2006

Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients			
		Percentage with an HIV testing system	Percentage offering STI services	Percentage offering any TB diagnostic or treatment services	Percentage offering malaria treatment services
9	4	100	50	50	25

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. In three of the nine facilities (33 percent), at least half of the interviewed providers of TB, malaria, or STI services had received pre- or in-service training during the past 3 years (Table 3.3.3b). Twenty-two percent of the 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. In countries with some human resource constraints for HIV and AIDS services and possible lack of consistent funding, this could be an area to look at scaling-up from a regional perspective. For example, a study of public and private physicians in Barbados found that some (especially those who graduated in or before 1984) had not received recent training in HIV and AIDS care and support.[44]

Table 3.3.3b: Percentage of public facilities with supportive management practices for health service providers who treat infections relevant to HIV/AIDS, HSPA Antigua and Barbuda 2006

Number of facilities	Percentage 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
9	33	22

Tuberculosis Services and Related Conditions

TB is one of the most common opportunistic infections associated with HIV and AIDS and is 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 people living with HIV worldwide are co-infected with TB. People who are HIV positive and

[44] Massiah E., T. C. Roach, C. Jacobs, et. al. 2004.

infected with TB are up to 50 times more likely to develop active TB in a given year than ARE HIV-negative people.[45]

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.

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.

TB is a major co-infection in the greater Caribbean region as well.[46] The four tables below illustrate different service conditions for TB. Two facilities with two service sites offer TB services (Table 3.3.3c). None of the two facilities offers DOTS. The DOTS treatment strategy is direct observe 2 months, follow-up 6 months, or direct observe 6 months, which can be an effective strategy in treating the disease if the infrastructure and medication are available. Another strategy includes follow-up treatment only, in which clients receive follow-up after intensive treatment for TB by a different clinical site/facility. Fifty percent of the facilities report that they perform only follow-up treatment (Table 3.3.3c) and fifty percent reported that they provide other strategies.

[45] World Health Organization (WHO). 2005. Frequently asked questions about HIV and TB. Available at http://www.who.int/tb/hiv/faq/en/index.html.
[46] Kaplan, J. 2005. Diagnosis, treatment, and prevention of selected common HIV-related opportunistic infections in the Caribbean region. *Topics in HIV Medicine*, *12*(5).

Table 3.3.3c: Among those public facilities offering any tuberculosis treatment services, percentage having the indicated components for management of tuberculosis (TB), HSPA Antigua 2006

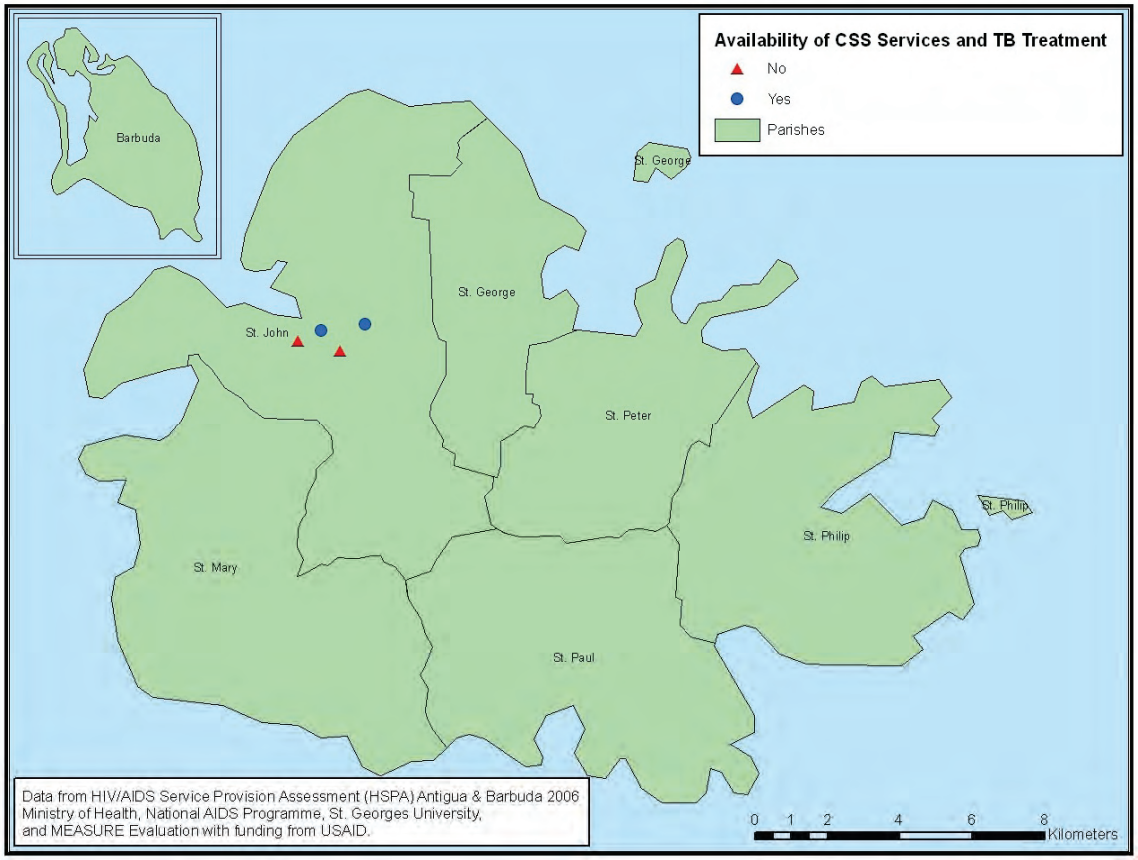
Number of facilities offering any TB services	Number of unweighted sites offering TB services	Among facilities offering any TB services, percentage reporting they follow indicated treatment strategy[1]			Among facilities offering any TB services, percentage with			
		DOTS[2]	Follow-up treatment only[3]	Other strategies[4]	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available[5]	All items for TB indicator[6]
2	2	0	50	50	0	0	50	0

[1]More than one treatment strategy may apply if facility offers TB services from multiple sites.
[2]Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.
[3]Site provides follow-up for TB clients, after intensive treatment offered elsewhere.
[4]Either no direct observed treatment or patients are treated while inpatient but discharged to other unit/facility for follow-up.
[5]Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[6]Observed client register in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility.

In resource-constrained settings, diagnosing co-infection or simply diagnosing TB without explicit training (and follow-up for providers) can be complicated. Table 3.3.3c further shows that among the facilities offering any TB services, neither of the two facilities where TB treatment is offered had an observed TB treatment protocol, and 50 percent of the facilities offering any TB services had all first-line TB medicines available (this includes 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). First-line treatment is important to fully treat the disease and to assist in preventing multidrug resistant TB. In Table 3.3.3c, neither of the two facilities offering any TB services had an observed client register at any site where TB treatment is offered. Registers would be helpful to any follow-up system for TB.

When the HSPA considered provision of TB services among facilities that offer CSS for HIV and AIDS clients (Figure 3.3.3b), the numbers were comparable. Fifty percent of the facilities that offer CSS also provide TB services.

Figure 3.3.3b: Location of CSS services that offer TB treatment or diagnosis, HSPA Antigua and Barbuda 2006



There is a real need to have appropriate guidelines on hand for diagnosing TB and HIV and for treating the two in co-infection situations, as provision of ARTs and TB medication in this situation would need special attention. 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.[47]

It is imperative for TB services that functioning resources and supplies for diagnosing TB are available. It is difficult to clinically diagnose TB patients who may be co-infected with HIV or AIDS with only one of the following diagnostic tools: X-ray diagnosis, bacteriologic diagnosis, blood culture, or nucleic acid amplification assays.[48], [49] Thus, it is important to assess what is available in country to best understand where the gaps might occur to facilitate the scaling-up of services. Table 3.3.3d illustrates the resources that are available among facilities with any TB diagnostic or treatment services.

[47]Pape, J.W. 2004.
[48]Kaplan, J. 2005.
[49] Pape, J.W. 2004.

Of the two facilities that provide any TB diagnostic or treatment services, one uses a sputum test for TB diagnosis (Table 3.3.3d). However, the two facilities included sputum microscopy, culture, or rapid test, and had observed records of sputum test results. One of the facilities reported diagnosing TB using X-ray, although neither had X-ray capacity.

Table 3.3.3d: Resources and supplies for diagnosing tuberculosis in public facilities, HSPA Antigua 2006

Total number of facilities	Number of facilities with any TB diagnostic or treatment services [1]	TB diagnosis using sputum				TB diagnosis using X-ray	
		Among facilities diagnosing TB using sputum[2], percentage with			Number of facilities diagnosing TB using sputum test	Percentage with X-ray capacity[4]	Number of facilities diagnosing TB using X-ray
		All items for conducting sputum test for TB	Observed record of sputum test results	All items for indicator[3]			
9	2	100	100	100	1	0	1

[1]Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.
[2]Includes sputum microscopy, culture, or rapid test.
[3]All items for conducting test or documented system for sending sputum elsewhere, and record of test results.
[4]Functioning X-ray machine with films.

As noted earlier, DOTS is one fairly effective strategy to treat patients with TB, as it necessitates the direct observation of a client taking medication administered by a provider (the treatment strategy followed is direct observe 2 months, follow up six months, or direct observe 6 months). Table 3.3.3e shows that of the nine facilities in Antigua and Barbuda, none report having a DOTS strategy or being a part of the national program

Table 3.3.3e: Tuberculosis treatment and/or follow-up using Direct Observed Treatment Short-course (DOTS) in public facilities, HSPA Antigua 2006

Total number of facilities	Percentage with indicated TB activities			Number of facilities following DOTS strategy for TB	Among facilities following DOTS strategy for TB, percentage with				Number of sites offering TB service using DOTS strategy[4]
	Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy[1]		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]	
9	22	0	0	0	na	na	na	na	0

[1]Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.
[2]Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[3]Observed client register for DOTS in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility.
[4]The reported number of sites is unweighted.

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 are performed if patients present for an HIV test with a cough. If possible, clients were treated the same day, and co-infected persons were followed up and treated with the appropriate 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.[50]

Sexually Transmitted Infections 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 is for contracting syphilis. Thus, screening and diagnosis and treatment for STIs, including syphilis, comprise a basic service that should be provided to all at-risk clients.

[50] Pape, J.W. 2004.

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

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

While three of the nine facilities (and six STI treatment service sites from among these three facilities) offer STI services, no STI treatment protocol was observed in any of the sites in any facility. All STI medicines were available in all facilities (Table 3.3.3f). No facility had all the items available for STI services (i.e., observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy). It should be noted that 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. All STI medicines were available in all of the facilities, and condoms were readily available. However without the treatment protocols present, all items for the STI indicator could not be met.

Table 3.3.3f: Diagnosis and treatment for STIs in public facilities, HSPA Antigua and Barbuda 2006

Total number of facilities	Number of facilities offering STI treatment services	Number of sites offering STI treatment[1]	Percentage of facilities offering STI services 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 services3
9	3	6	0	100	100	0

[1]The reported number of sites is unweighted.
[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 there is little incidence or prevalence of malaria in Antigua and Barbuda, it was assessed in the HSPA (Table 3.3.3g). The low numbers in this area should not be seen as negative. If a patient with malaria were to present themselves to the health system for care, there is one facility that reported offering malaria treatment services, and it had observed malarial medicines. However, there was no malaria treatment protocols observed in all treatment sites.

Table 3.3.3g: Malaria diagnosis and treatment in public facilities, HSPA Antigua and Barbuda 2006

Total number of facilities	Number of facilities offering malaria treatment services	Number of sites offering malaria treatment services[1]	Among facilities offering malaria services, percentage with		
			Observed malaria treatment protocol in all relevant units	Any antimalarial medicines in the facility	Treatment protocol in all relevant units and medicines in facility
9	1	2	0	100	0

[1]The reported number of sites is unweighted.

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:

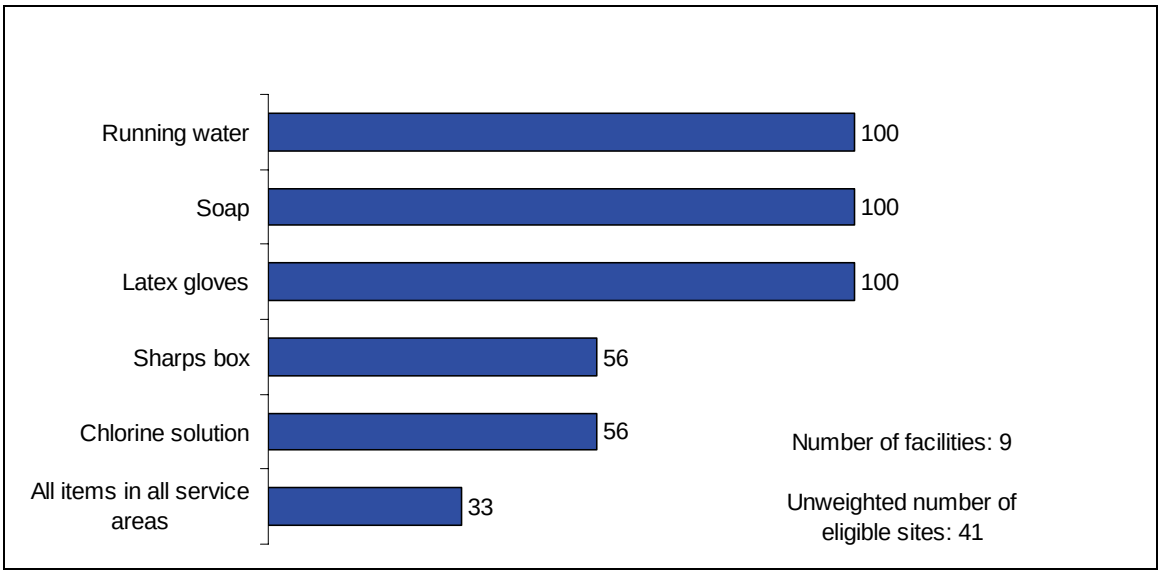
- Soap and running water, for hand-washing
- A chlorine-based mixture for decontaminating equipment, prior to cleaning and processing for reuse
- Latex examination gloves
- A "sharps" container, for immediately placing used needles and blades to prevent injury and transmission of blood-borne infections.

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 percentage of facilities that have the infection control items at all of the sites within the facility. It could be a serious problem if a whole facility does not have any infection control system. Systems should be in place in some of the sections of the facility, then a review of the infection control system is needed to determine if there is a problem with infection control in general, if the facility is just temporarily out of supplies, or if there is a larger systems problem. Certainly the aim should be to have all of the sites with a completely functioning fully stocked infection

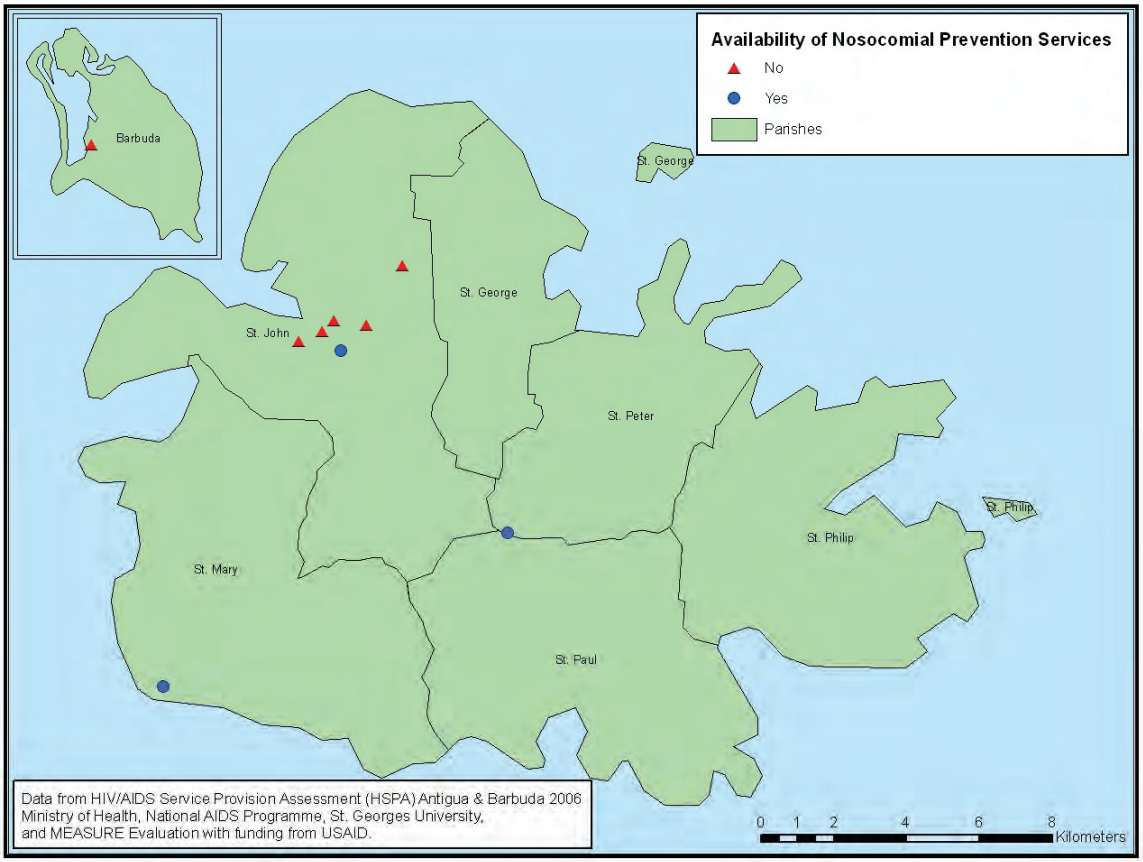
control system. By reviewing Figures 3.3.3c and 3.3.3d, policymakers and program planners will have a better idea of how their services are achieving full coverage.

Figure 3.3.3c: Elements at public facility service sites for preventing nosocomial infections, HSPA Antigua and Barbuda 2006



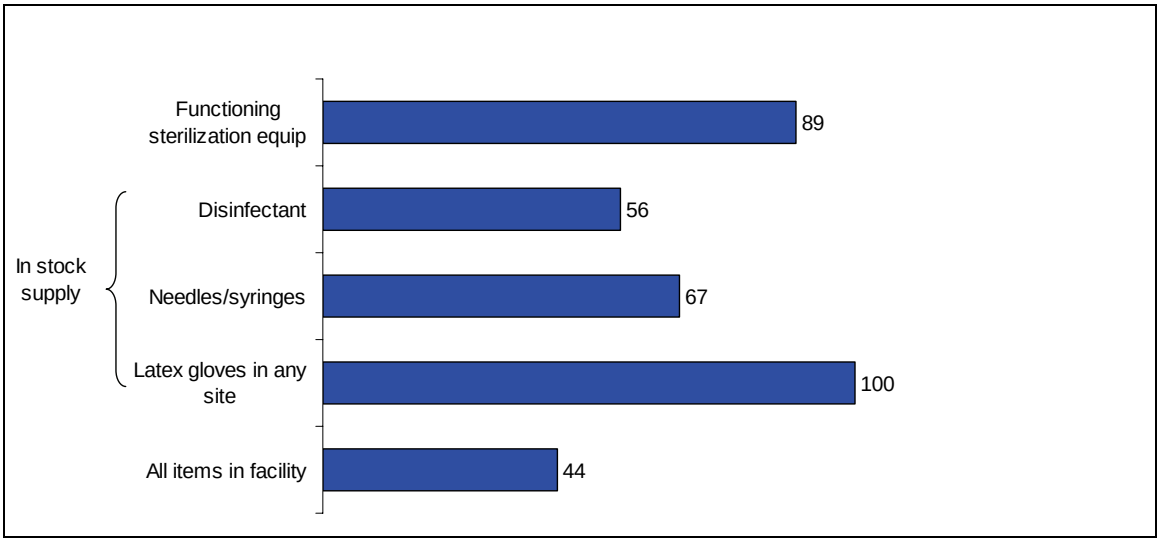
While all of the facilities surveyed in Antigua and Barbuda had running water, soap, and latex gloves in all relevant service areas within the facility for infections control, a little more than half had a sharps box and chlorine solution available in all relevant service areas in the facility. Only 33 percent of the facilities had all items for infections control present in all relevant service areas in the facility (Figures 3.3.3c and 3.3.3d).

Figure 3.3.3d: Location of facilities offering nosocomial prevention services, HSPA Antigua and Barbuda 2006



Given the ready availability of stock supplies for infection control and the significance of nosocomial infections to patients with compromised immunity, it is important to note that the majority of the facilities (89 percent) had functioning equipment for sterilization or high-level disinfection processing in the facility (Figure 3.3.3e). In 56 percent of the facilities was a disinfectant solution (bleach) present in stock supply within the pharmacy; and in 67 percent of the facilities the pharmacy has a stock supply of needles/syringes present. While all nine facilities had latex gloves available at any site in the facility, this barrier method cannot provide infection control for many of the transmission routes. Forty-four percent of the facilities had all items present in all of the relevant service areas of the facility (functioning equipment for sterilization or HLD processing, disinfectant and needles/syringes in stock, and latex gloves in any site in the facility). To meet the requirements for the indicator, infection control materials (See Figure 3.3.3e) must be available in any of the eligible sites in a facility and the facility must have functioning equipment for sterilization or HLD, all stock items, and at least one site with latex gloves. Forty-four percent of the facilities in Antigua and Barbuda met this requirement.

Figure 3.3.3e: Items for preventing nosocomial infections present anywhere within public facilities, HSPA Antigua and Barbuda 2006



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

Availability of Service

Due to the suppression of their immune response, HIV and AIDS clients are at high risk for developing opportunistic infections (OIs). All facilities providing any care and support services for HIV and AIDS clients should be able to treat OIs and to provide a basic-level or 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
- Record-keeping 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, isoniazid (INH) preventive treatment for TB, particularly for HIV and AIDS clients who might have been exposed to TB, and Cotrimoxazole Preventive Treatment (CPT) for Pneumoncystis 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.

Table 3.3.4 below illustrates that of the 4 facilities that reported offering care or support services, all offer treatment for opportunistic infections (such as oral thrush) for HIV and AIDS clients, and 50 percent offer palliative care for HIV and AIDS clients.

Table 3.3.4: Basic HIV/AIDS-related service provision by public facilities that offer any CSS, HSPA Antigua and Barbuda 2006

Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients	
		Percentage offering treatment for opportunistic infections for HIV/AIDS clients	Percentage offering palliative care for HIV/AIDS clients
9	4	100	50

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

In addition to assessing a basic-level of HIV- and AIDS-related services, the HSPA also assessed advanced-level services for treatment, care and support 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 implementing record-keeping to allow monitoring of HIV and AIDS services. PMTCT is also seen as advanced-level care; however, it will be 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. Such diagnostic and laboratory capacity include having a spinal tap kit and laboratory capacity for culturing specimens; liver function tests; haematological testing (white blood cell count, anemia test, platelet count, blood urea nitrogen [BUN] and creatinine); India ink stain and Gram stain; and enzyme-linked immuno-sorbent assay for HIV or a documented system for referral and receiving results for the above mentioned tests. A documented system for HIV

assays includes a record or a 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 be assessed in the external referral location.

- Antiretroviral therapy (ART): This refers to provision of antiretroviral (ARV) medicines for treatment of an HIV-infected person.

- Opportunistic Infections (OIs): This includes the treatment and care of: basic OIs (TB, STI, Malaria); cryptococcus fungal infections; respiratory infections; other bacterial infections; herpes infections; herpes ophthalmic infection; parasitic infections; 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.[51]

- Palliative Symptomatic Treatment: This refers to the relief of pain and nervous system symptoms as well as provision of fortified protein supplementation (FPS).

- Post-Exposure Prophylaxis (PEP): This refers to provision of ARV medicines for prevention of infection to 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.

- Pediatric AIDS care: The facility should have at least one inpatient or outpatient unit that provides care and support services and reports providing pediatric AIDS care.

- Nutritional rehabilitation services: There should be at least one outpatient or inpatient unit that provides care and support services, and reports providing nutritional rehabilitation services.

The specific areas of advanced services are illustrated in Table 3.4a. As shown, Antigua and Barbuda is substantially lacking in facilities that provide advanced-level services for HIV and AIDS. This lack of availability is noticeable in all areas except PEP available to staff. Eleven percent of the public facilities reported offering pediatric AIDS care. Only 22 percent of the public facilities offered nutritional rehabilitation services, and none of these offered fortified protein supplementation (FPS).

[51] For a list of medicines to support the management of opportunistic infections and the provision of palliative care, please see footnote 54.

Table 3.4a: Advanced HIV/AIDS-related service provision by public facilities, HSPA Antigua and Barbuda 2006

Total number of facilities	Percent with any lab capacity for monitoring HIV/AIDS clients[1]	Percent reporting PEP available to staff	Percent reporting PEP available to staff with observed PEP medicines	Percent of public facilities offering					
				ART	Pediatric AIDS care	Nutritional rehabilitation services	Fortified protein supplementation (FPS)	Both nutritional rehabilitation services and FPS	IV treatment for fungal infections
9	22	89	13	11	11	22	0	0	11

[1]Having any lab capacity is defined as having one of the following within the facility: kit for spinal tap, culture media and incubator, liver function test, all items to assess hemoglobin or hematocrit, all items to assess white cell count, all items to assess BUN and serum creatinine, all items to assess serum glucose, India ink test, all items for Gram stain, all items to assess platelet count, all items for ELISA.

The HSPA further assessed the availability of advanced-level services among facilities with an HIV testing system in place. Of the 9 public facilities surveyed, 8 had an HIV testing system in place (Table 3.4b). A comparison of Table 3.4a and Table 3.4b shows that the public facilities offering advanced-level care have an HIV testing system in place. Only 25 percent of public facilities with an HIV testing system have laboratory services, only 13 percent offers ART, and 88 percent report having PEP available. However, only 14 percent were observed to have PEP medicines. Pediatric AIDS services were offered in 13 percent of the public facilities with an HIV testing system in place.

It has been noted that the decentralization of the health system and the development of trained staff that have the qualifications necessary to scale up the provision of health services are needed to make an impact on service delivery. However, there may be ramifications on other critical disease services. This issue needs to be carefully considered.[52] If there is a need for additional services, diversifying staff and providing a balanced and integrated service that delivers ART would be the best approach. An assessment of the human resources available in light of the prevalence and trends of HIV and AIDS is key to determining a strategy for expanding ART services, if necessary.

As Table 3.4b shows, 25 percent of the 8 public facilities with an HIV testing system in place offered nutritional rehabilitation services. None of the facilities offered fortified protein supplementation along with nutritional rehabilitation services. Thirteen percent of the public facilities that have an HIV testing system in place offered IV treatment of fungal infections.

[52] Fitzgerald, J., M. Dahl-Regis, P. Gomez, A. Del Riego. 2005. A multidisciplinary approach to scaling up HIV/AIDS treatment and care: the experience of the Bahamas. *Revista Panamericana de Salud Publica/Pan American Journal of Public Health, 17*(1):66-72.

Table 3.4b: Advanced HIV/AIDS-related service provision by public facilities with an HIV testing system, HSPA Antigua and Barbuda 2006

Total number of facilities	Number of facilities with HIV testing system	Among facilities with HIV testing system, percent offering/reporting:								
		Any lab capacity for monitoring HIV/AIDS clients[1]	PEP available to staff	PEP available to staff with observed PEP medicines	ART	Pediatric AIDS care	Nutritional rehabilitation services	Fortified protein supplement-ation (FPS)	Both nutritional rehabilitation services and FPS	IV treatment for fungal infections
9	8	25	88	14	13	13	25	0	0	13

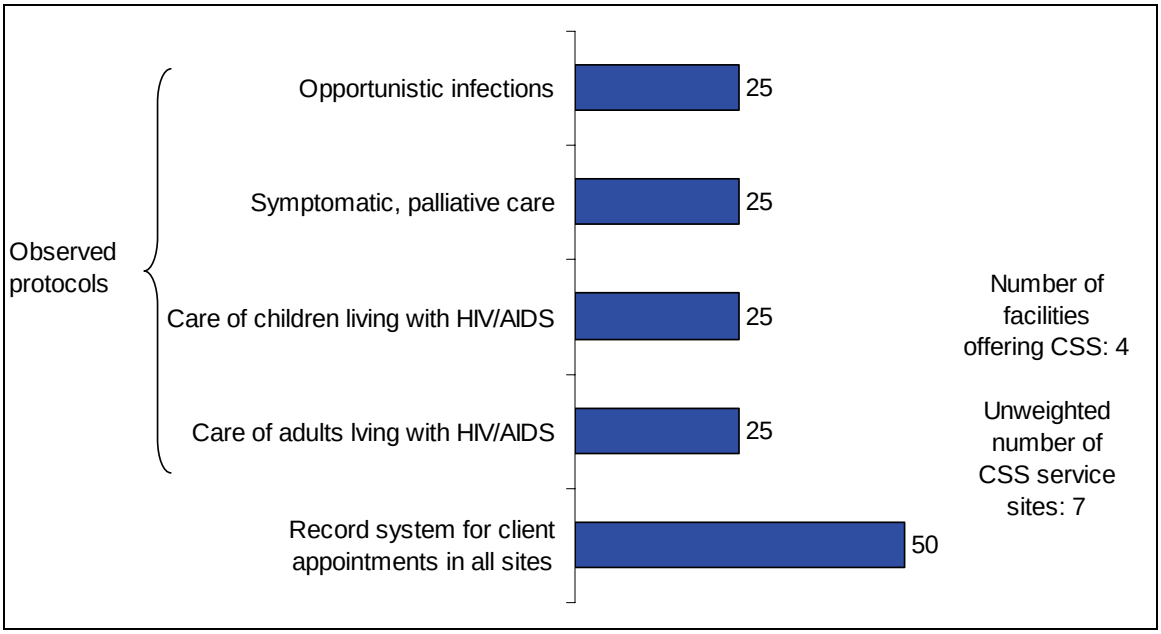
[1]Having any lab capacity is defined as having one of the following within the facility: kit for spinal tap; culture media and incubator; liver function test; all items to assess hemoglobin or hematocrit; all items to assess white cell count; all items to assess BUN and serum creatinine; all items to assess serum glucose; India ink test; all items for Gram stain; all items to assess platelet count; all items for ELISA.

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. Briefly considered in this section are the records kept for client appointments, which is then assessed in more detail in Chapter 4, Status of the HIV and AIDS Health Information System. Of the 4 facilities (and at 7 sites across these facilities) offering CSS for HIV and AIDS clients, 50 percent had a record system for individual client appointments observed in all relevant program sites of the facility, although they may be present in some (but not all) of the sites in the other facilities (Figure 3.4.1a). In only 25 percent of the facilities offering CSS were guidelines/protocols for treating opportunistic infections observed in all relevant sites within the facility. Guidelines/Protocols for symptomatic palliative care were observed at all sites in 25 percent of the facilities, and only in 25 percent of the facilities were guidelines/protocols for the care of children and adults living with HIV and AIDS observed in all relevant sites within the facility.

Figure 3.4.1a: Protocols and guidelines to support advanced-level services for HIV/AIDS, HSPA Antigua and Barbuda 2006



Trained Providers

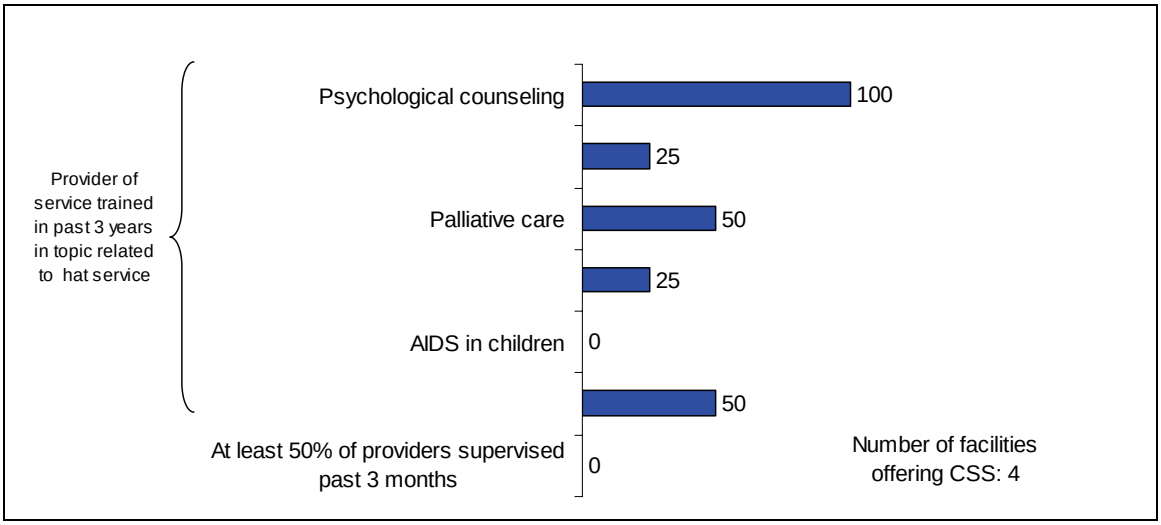
In order to provide quality services, health workers need to be up to date in best practices. Facilities should have at least one provider who has been trained in the past 3 years. The HSPA assessed training and supervision in palliative and nutritional care, as well as recent training in psychosocial counseling, disorders of the central nervous system and mental functioning, and AIDS in children (Figure 3.4.1b). Of the four facilities offering CSS for HIV and AIDS clients—

- All four facilities reported having at least one provider of psychosocial counseling trained in psychosocial counseling within the last 3 years.
- Twenty-five percent reported having at least one provider of treatment for OIs trained in treatment for OIs within the last 3 years.
- Fifty percent reported having at least one provider of palliative care trained in palliative care within the last 3 years.
- Twenty-five percent reported having at least one provider of central nervous system and mental disorders trained in central nervous system and mental disorders within the last 3 years.
- No facility had any provider of treatment of AIDS in children trained in treatment of AIDS in children within the last 3 years.

- Fifty percent reported having at least one provider of nutritional rehabilitation for HIV and AIDS trained in nutritional rehabilitation for HIV and AIDS within the last 3 years.

No facility reported recent supervision in the last 3 months for at least half of service providers for PLHIV. No facility reported all items for the indicator of systems to support providers of advanced-level services for HIV and AIDS.

Figure 3.4.1b: Management and support for health service providers of advanced-level services for HIV/AIDS, HSPA Antigua and Barbuda 2006

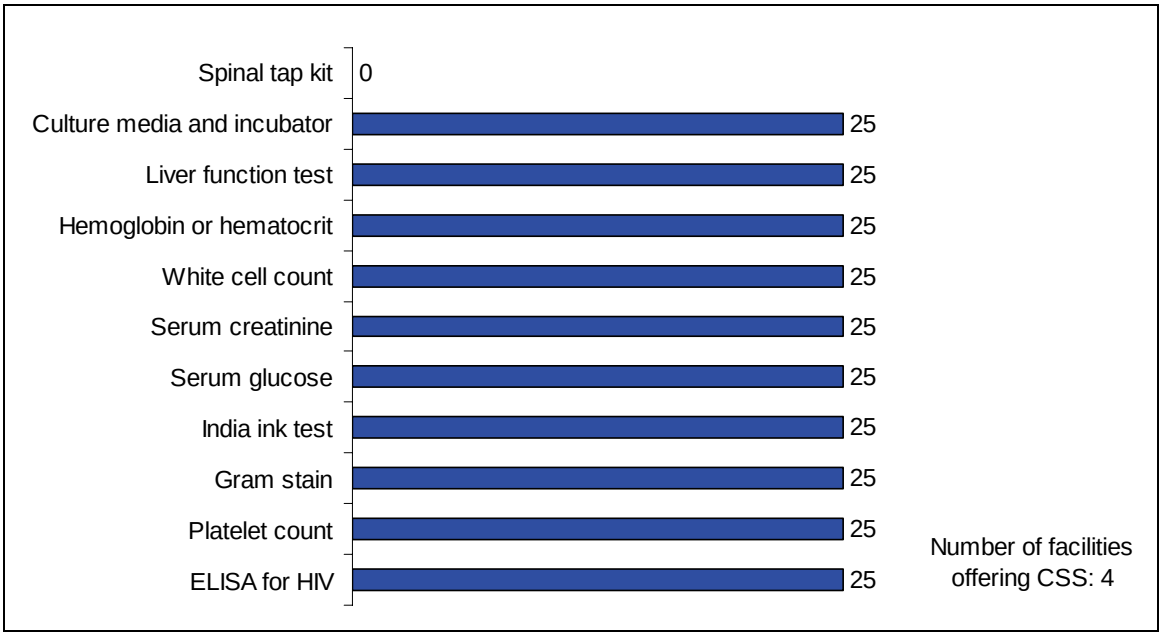


3.4.2 Laboratory Services

In Antigua and Barbuda, all test results from the public laboratory are verified by the Caribbean Regional Epidemiological Center (CAREC) before informing the client. As a result, the testing process can take up to 2 weeks.[53] The potential time lag and limited access to public facility laboratory resources means that timely assessment, response, and treatment can be a challenge to clients and providers. Although there are 4 facilities offer CSS, only 25 percent have the capacity to conduct laboratory investigations. No facility has kits for spinal taps, but 25 percent of the facilities have an onsite laboratory to conduct the ELISA test for HIV.

[53] Personal Communication, Janet Samuels. December 2006.

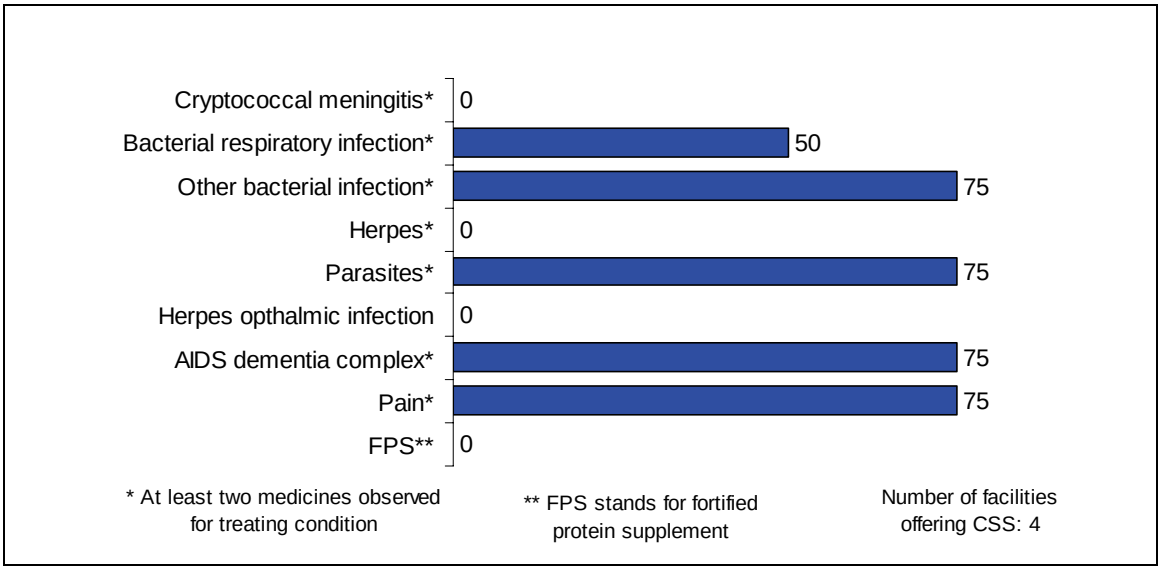
Figure 3.4.2: Laboratory testing capacity for monitoring HIV/AIDS clients, HSPA Antigua and Barbuda 2006



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 infection. 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. Availability of protocols or guidelines for treating common opportunistic infections in each service area is assessed (Figure 3.4.3).

Figure 3.4.3: Advanced-Level care for HIV/AIDS clients: Medicines[54], HSPA Antigua and Barbuda 2006



Although 50 percent of facilities offer two medicines to treat bacterial infections, 75 percent of facilities offer two medicines to treat other bacterial infections, parasites, AIDS dementia complex, and pain.

Other illnesses need advanced-level treatment as well. Figure 3.4.3 shows that none of the facilities surveyed offered at least two medications to treat cryptococcal meningitis, herpes, and herpes ophthalmic infection, all of which can be quite severe in immuno-compromised patients. None offered 2 types of fortified protein supplements. Health planners may want to review the treatment regimen currently implemented to include a wider range of HIV- and AIDS-related medications in at least one or more facilities that accept referrals.

3.4.4 Antiretroviral Therapy (ART)

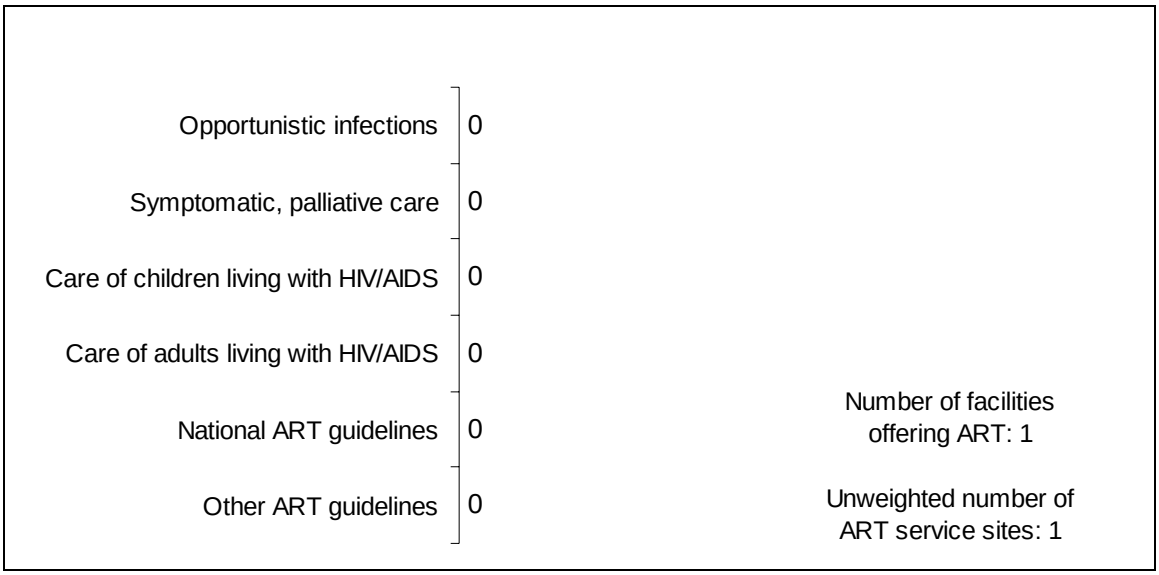
There are several global and regional initiatives that have sparked rapid scale-up of ART in the Caribbean and around the world. These initiatives include the PANCAP Strategic

[54] 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 of the following groups: Group 1 (Diazapam, dapsone, indomethacin, prednisolone); Group 2 (oral codeine, diclofenac injectable, dipyrone injectable, oral morphine) Fortified protein supplement

Framework to coordinate the many initiatives in the region: Millennium Development Goals, the Special Session of the United Nationals General Assembly (UNGASS), the "3x5" Initiative, Resolution CD45.R10 of the 45th Directing Council of the Pan American Health Organization (PAHO), GFATM grants in the Caribbean region, 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 needs to be a high level of commitment and intensified action of countries in the region as well as heightened support from development partners.[55]

Despite the need for rapid scaling-up, there are still barriers in terms of human resources, costs, and limited equipment and supplies regulating appropriate policy development, management and strategic planning to fully offer treatment and care services to HIV and AIDS clients.[56] Hopefully, this survey can help identify areas that need attention. In Figure 3.4.4a, one facility with one service site offers ART. However, it did not have any protocols or guidelines for the ART-related services present.

Figure 3.4.4a: Protocols and guidelines for antiretroviral combination therapy services, HSPA Antigua and Barbuda 2006



The capacity to support antiretroviral combination therapy services with monitoring/tracking records and availability and security of ARVs is also extremely low. The facility offering ART had laboratory capacity for monitoring ART and at least one ARV medicine available. No stock outs were recorded, and ARV medicines were not

[55] 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.
[56] Ibid.

kept in locked storage, nor were they kept separate from other medicines (Figure 3.4.4b).

Figure 3.4.4b: ARV stock and storage conditions, HSPA Antigua and Barbuda 2006

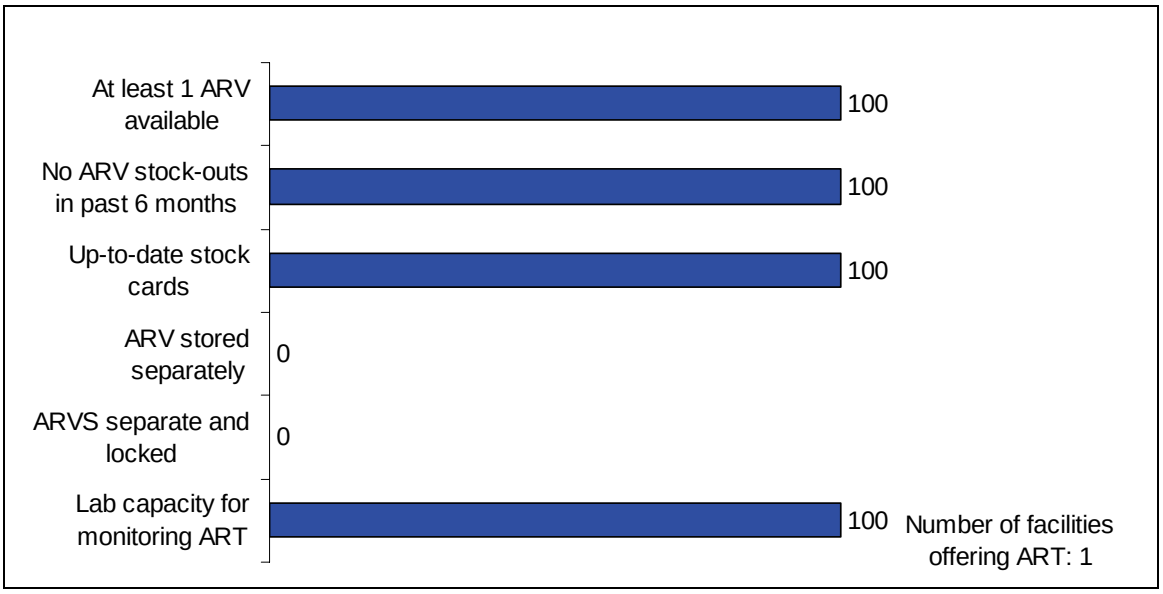


Figure 3.4.4c further assesses systems and items to support ART combination therapy services. In the one facility offering ART, individual client records/charts for ART clients were observed, but up-to-date registers or client cards from which the number of current ART clients can be calculated were not observed. There was at least one interviewed provider of ART services with related in-service training in the last 12 months (Figure 3.4.4d). Likewise, there was at least one interviewed provider of counseling for adherence to ART with related in-service training in the last 12 months. At least one interviewed provider of nutritional rehabilitation related to HIV and AIDS had related in-service training in the past 12 months; also at least half of the ART providers interviewed were personally supervised in the last 3 months.

Figure 3.4.4c: Systems and items to support antiretroviral combination therapy services, HSPA Antigua and Barbuda 2006

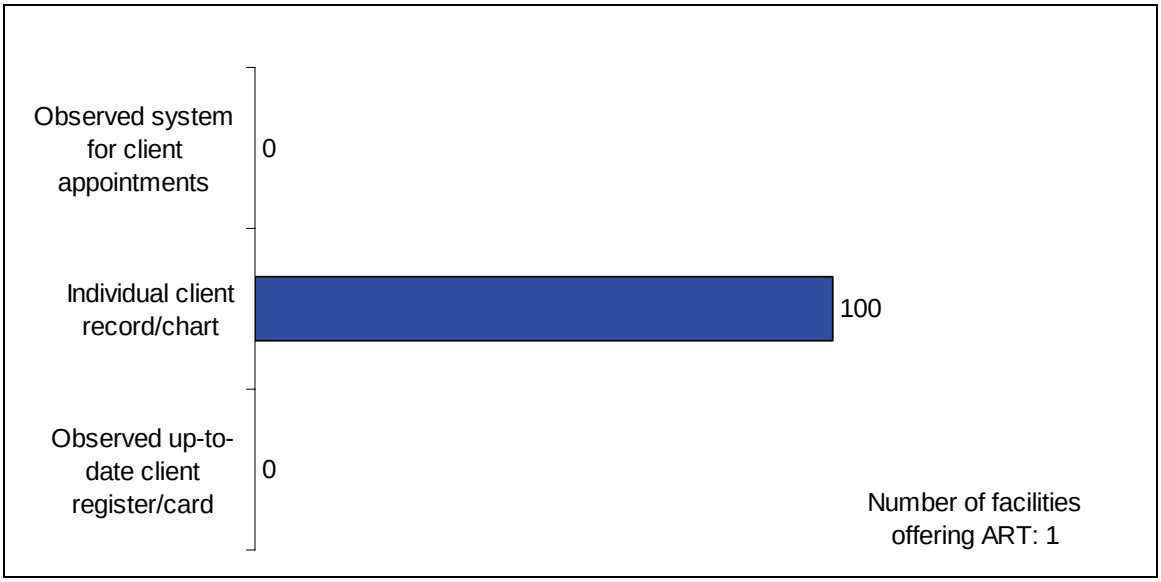
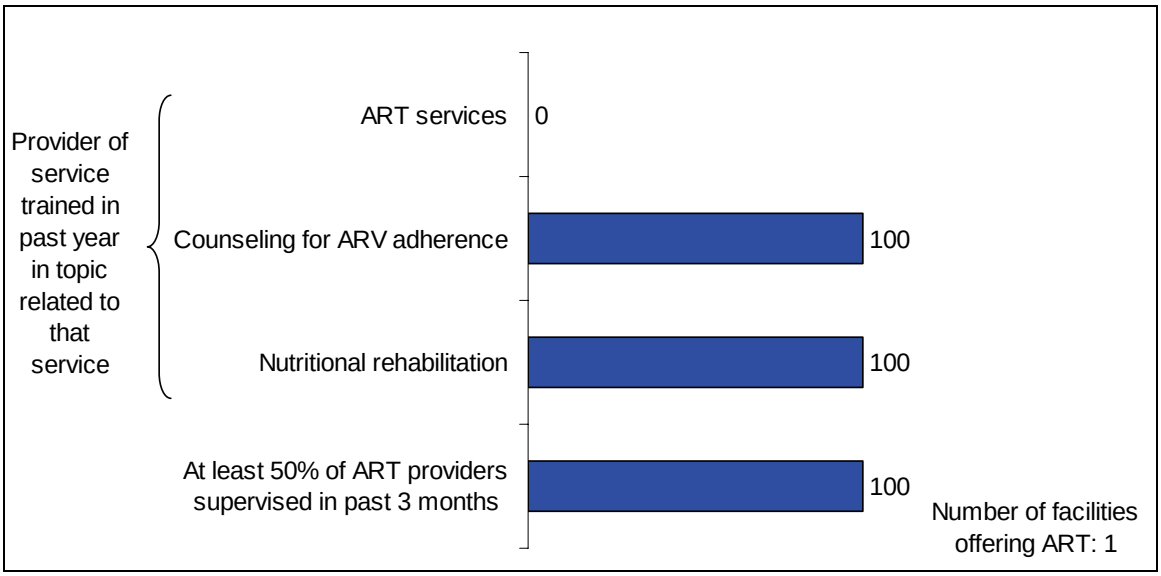


Figure 3.4.4d: Management and support for health service providers of ART, HSPA Antigua and Barbuda 2006

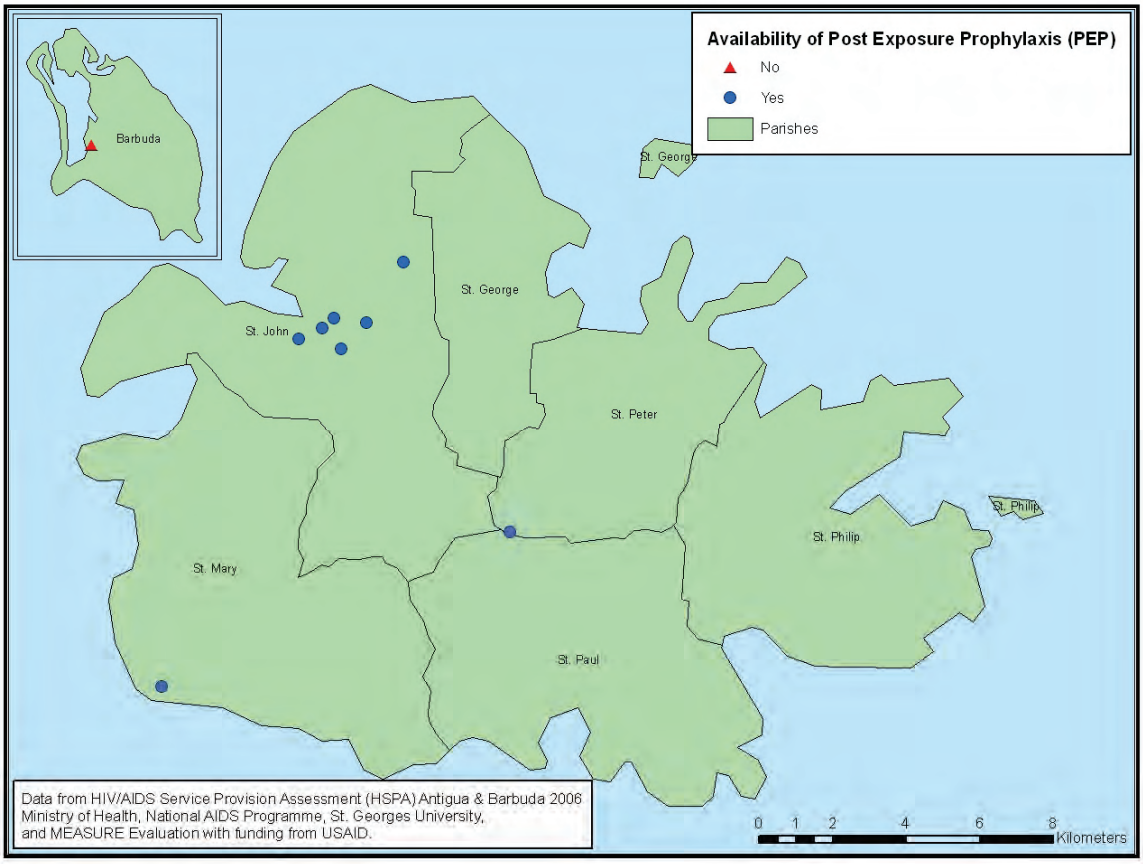


3.4.5 Post-Exposure Prophylaxis (PEP)

Ideally, PEP should be available to all health service providers, who are at risk of exposure to HIV through needle-pricks and other blood exposure, as well as to the general public, because of inadvertent exposure (such as in the cases of rape victims).

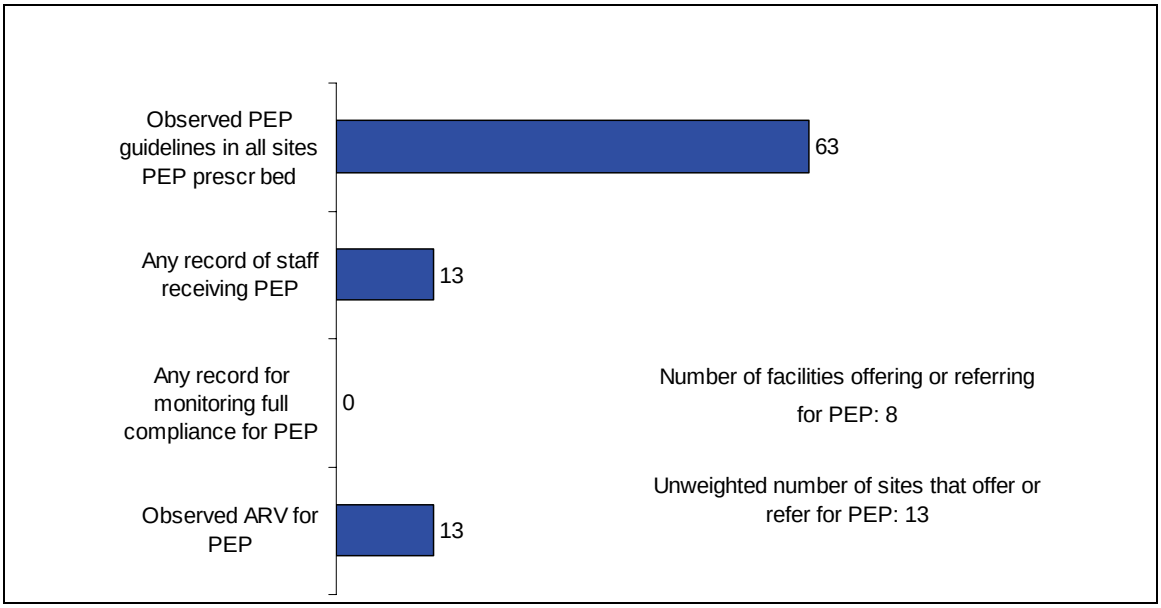
Even facilities that do not officially offer HIV- and AIDS-related services should have access to PEP, since it is frequently not known which clients may be infected. The location of sites at which PEP is available in Antigua and Barbuda is shown in Figure 3.4.5a.

Figure 3.4.5a: Availability of Post-Exposure Prophylaxis, HSPA Antigua and Barbuda 2006



Although PEP is available at 8 of the 9 public facilities surveyed (all of which were in Antigua), the availability of PEP medicines is very limited. PEP medicines were observed at only 13 percent of the facilities, even though 89 percent reported that the staff has access to PEP (Table 3.4a). PEP guidelines are available in 63 percent of the facilities where staff prescribes PEP, but only in 13 percent of the facilities are there records for monitoring records/registers of staff receiving PEP (Figure3.4.5b).

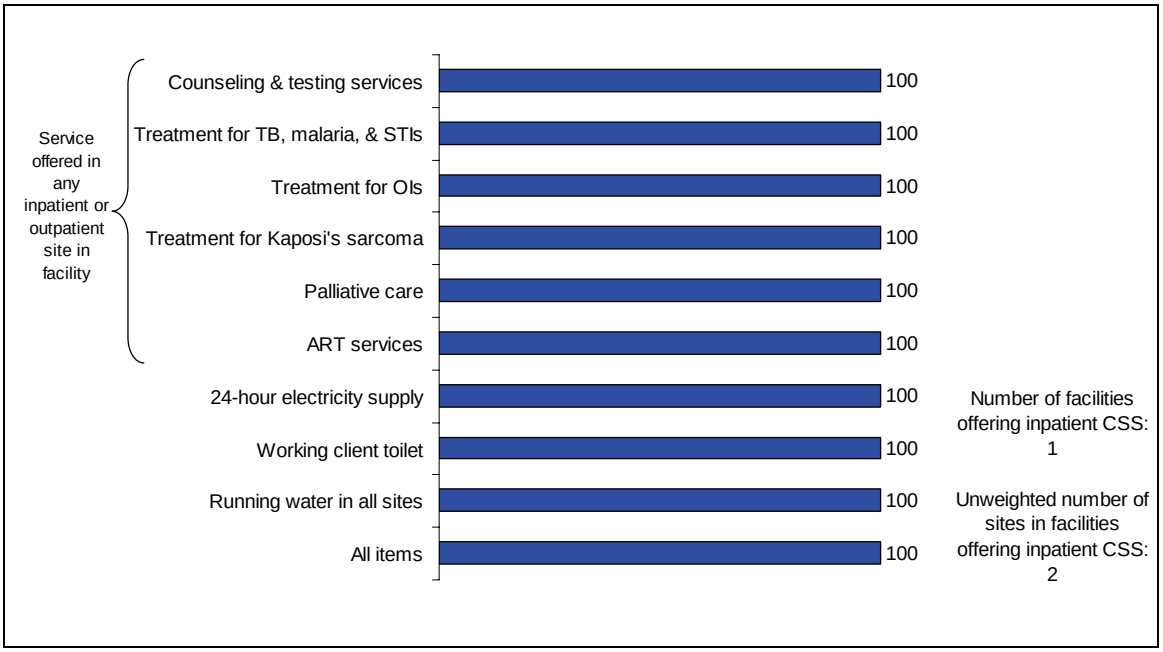
Figure 3.4.5b: Post-Exposure Prophylaxis (PEP), HSPA Antigua and Barbuda 2006



3.4.6 Inpatient Care and Support Services

The ability for a facility to provide inpatient services for clients needing advanced-level care is important for treating and supporting HIV and AIDS clients (Figure 3.4.6). The one facility with two service sites offering inpatient CSS for HIV and AIDS clients offered the following services at any inpatient or outpatient site in the facility: counseling and testing services for HIV; treatment for opportunistic infections; palliative care; treatment for TB, malaria, and STIs; and treatment for Kaposi's sarcoma. The facility also offered all of the items of infrastructure to support high-quality care.

Figure 3.4.6: Services and infrastructure for inpatient care for people living with HIV/AIDS needing advanced services, HSPA Antigua and Barbuda 2006

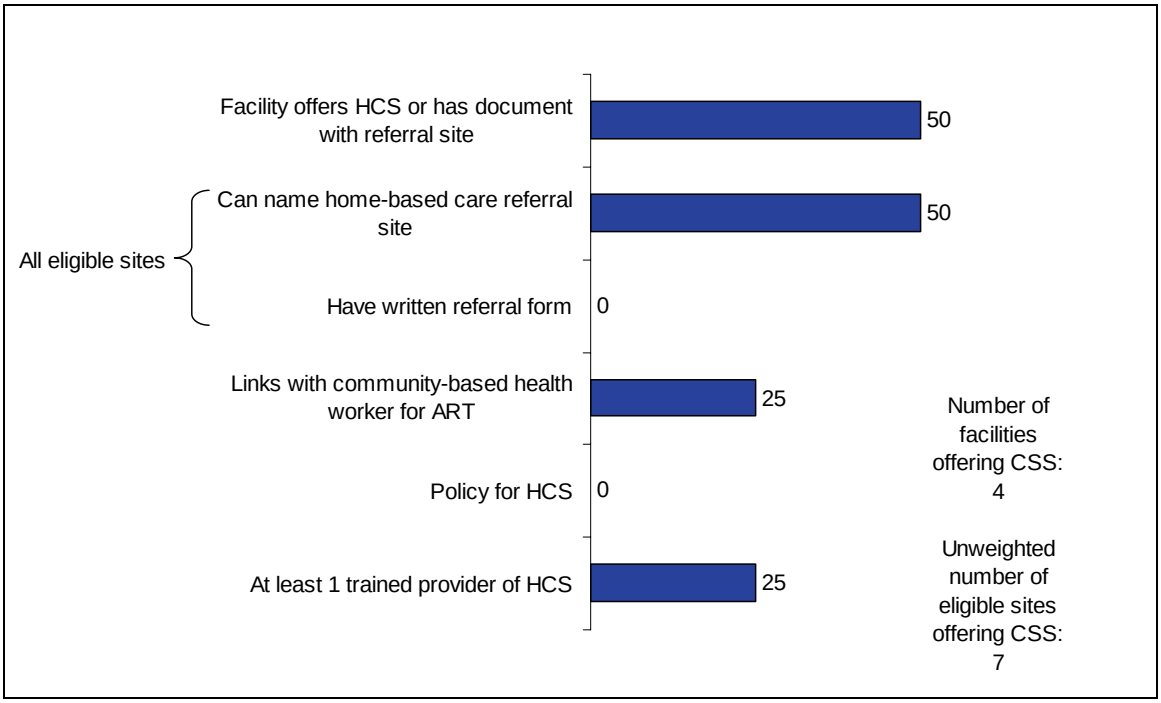


3.4.7 Home-Based Care and Support Services

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.

In countries where advanced-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 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 the physical symptoms of having AIDS. Figure 3.4.7 indicates that of the four facilities offering CSS for HIV and AIDS clients, 50 percent offers home-based care (HC) or has a documented referral site. Providers in all relevant service sites in 50 percent of the facilities were able to name a home-based care referral services. No referral form for home care services was observed in all eligible service sites of the four facilities.

Figure 3.4.7: Conditions to support home-based care services (HCS), HSPA Antigua and Barbuda 2006



3.4.8 Pediatric AIDS Care

Most children with HIV were born to mothers with HIV; some may have received a transfusion of infected blood. However, where ARVs and good antenatal care are available to women, new infections in children are rare. Nevertheless, children have a different response to HIV infection and respond differently to ARV medications. Therefore, HIV in children should be treated by a pediatric practitioner trained in HIV.[57]

For the purposes of the HSPA, a facility is identified as offering pediatric AIDS care if at least one inpatient or outpatient unit provides care and support services and reports providing pediatric AIDS care. Table 3.4a (page 46) indicates that of the 9 public facilities surveyed in Antigua and Barbuda, 11 percent offered pediatric AIDS services. None of the 4 facilities that offer CSS had a provider of pediatric AIDS care who was trained in the past 3 years (Figure 3.4.1b, page 49).

3.4.9 Nutritional Rehabilitation Services

A major cause of morbidity and mortality in PLHIV is unintentional loss of weight and lean body mass. The nutrition of HIV-infected persons and persons with AIDS is crucial to their longevity and ability to live positively. Maintaining adequate nutritional status can help strengthen the immune system, ensure sufficient nutrients to maintain energy,

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

and 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.[58]

Of the 8 public facilities with an HIV testing system in Antigua and Barbuda, 25 percent offered nutritional rehabilitation services and none offered FPS along with nutritional rehabilitation services (Table 3.4b, page 47). Of the 4 facilities offering CSS, 50 percent have a provider of nutritional rehabilitation for PLHA trained in the past 3 years. (Figure 3.4.1b, page 49)

3.5 Prevention of Mother-To-Child Transmission (PMTCT)

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

Generally accepted standards for PMTCT include the following:

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

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

Despite Antigua and Barbuda's low estimated HIV prevalence rate, it offers PMTCT services, but primarily through the main hospital's antenatal clinic and delivery ward. Of the public facilities surveyed, five offer some aspects of the PMTCT services (Figure 3.5).

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

Figure 3.5: Location of PMTCT Services, HSPA Antigua and Barbuda 2006

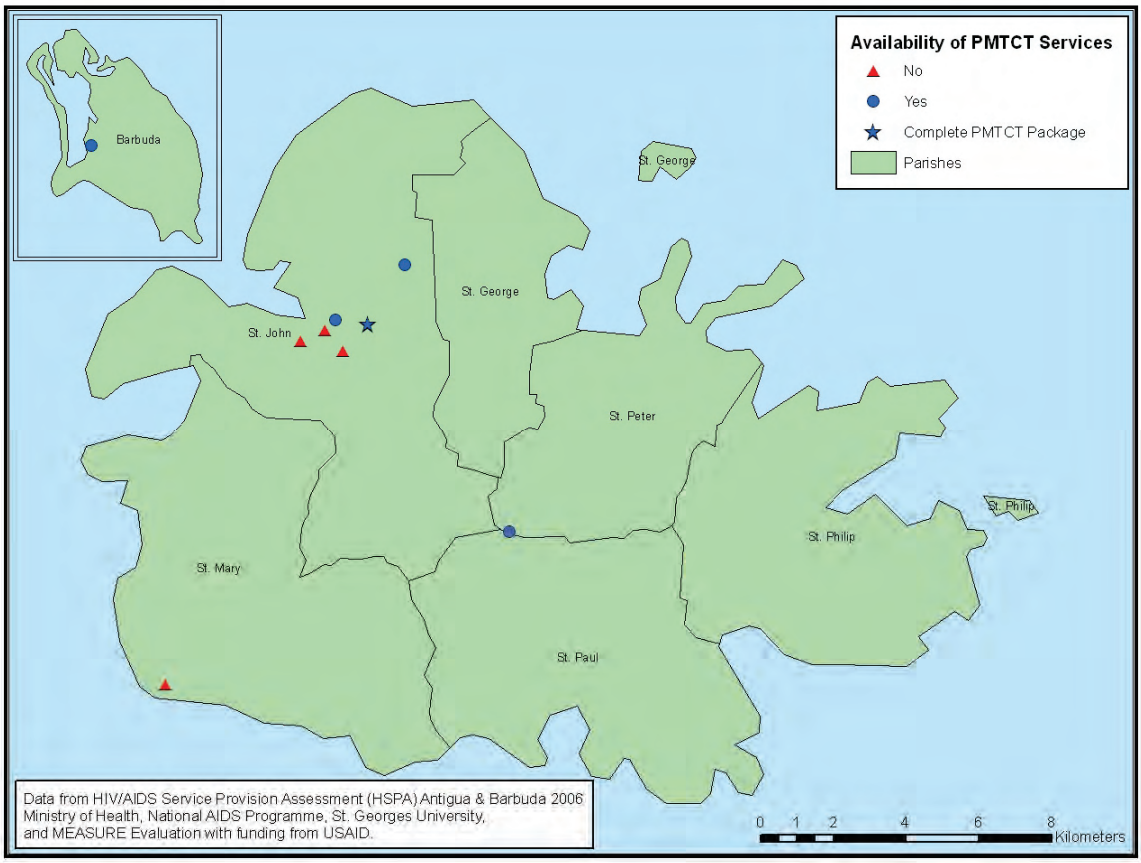


Table 3.5 presents data from the HSPA indicating that 20 percent of the five public PMTCT services surveyed provided all four items of the minimum package of PMTCT (pre- and post-test counseling and HIV testing services, ARV prophylaxis to prevent MTCT, infant feeding counseling, and family planning counseling or referral). None of the five facilities provided ARV therapeutic treatment for HIV-positive women and their families, nor did they provide all items of PMTCT+.[59]

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

Table 3.5: Availability of services for PMTCT of HIV/AIDS at public facilities, HSPA Antigua and Barbuda 2006

Number of facilities	Number of facilities offering PMTCT services	Number of sites offering PMTCT services [1]	Percentage 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]
9	5	6	80	20	80	80	20	0	0

[1]The reported number of sites is unweighted.
[2]Components of routine PMTCT for the facility include HIV testing with pre- and post-test counseling, ARV prophylaxis for the mother and newborn, and counseling and provision of family planning services.
[3]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 PMTCT+ services.

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.[60]

The staff of the Antigua and Barbuda MOH includes a health minister, a permanent secretary, a principle assistant secretary, a chief medical officer, a principal nursing officer, a national epidemiologist, a nurse epidemiologist, a head of health information division, a head of health education unit, a superintendent of public health nurses, a department of public health nurses, a chief health inspector, matrons of hospital, a hospital administer, and a medical superintendent. The staff at the National AIDS Secretariat consists of an AIDS program manager, a department program manager, counselors, a nurse counselor, secretaries, a cleaner/messenger, and a driver.

The HSPA provides helpful information in routine data collection for HIV and AIDS, 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. The results show that there are 7 service sites across the 4 facilities offering care and support services (CSS) for HIV and AIDS clients. Of the public facilities surveyed that provide CSS, 50 percent were observed to have registers to track HIV- and AIDS-related client diagnoses in any eligible outpatient and/or inpatient clinic or unit. However, no individual client records/charts were observed across all eligible units nor was a confidentiality guideline found in any of the facilities.

These numbers seem very low, especially when considering that none of the facilities offering CSS included all components for routine data collection for HIV. However, it should be noted that the client records and confidentiality guidelines must be observed in all eligible units. Although a facility with multiple units may have these items in one unit, the indicator strictly requires that they be present in all units. Nevertheless, care for PLHIV can be complicated and difficult to follow appropriately if clear and consistent records are not kept on patients, and the quality of patient care can be affected.

[60] Pan American Health Organization. 2003. Scaling up Health systems to Respond to the Challenges of HIV/AIDS—Latin America and the Caribbean. Washington, DC: World Health Organization.

Additionally, the government and programs may not be documenting the "full picture" of the epidemic and the number of clients being seen in their facilities.

Table 4.2: Records for HIV/AIDS services in public facilities offering care and support services for HIV/AIDS clients, HSPA Antigua and Barbuda 2006

Number of facilities offering CSS for HIV/AIDS clients	Number of service sites in facilities offering CSS for HIV/AIDS clients[1]	Percentage of facilities with			
		Individual client record/chart observed in all eligible clinic/units	Register with HIV/AIDS-related client diagnoses observed in any eligible outpatient and any eligible inpatient clinic/unit[2]	Confidentiality guideline in all eligible client clinic/unit	All items for indicator in facility
4	7	0	50	0	0

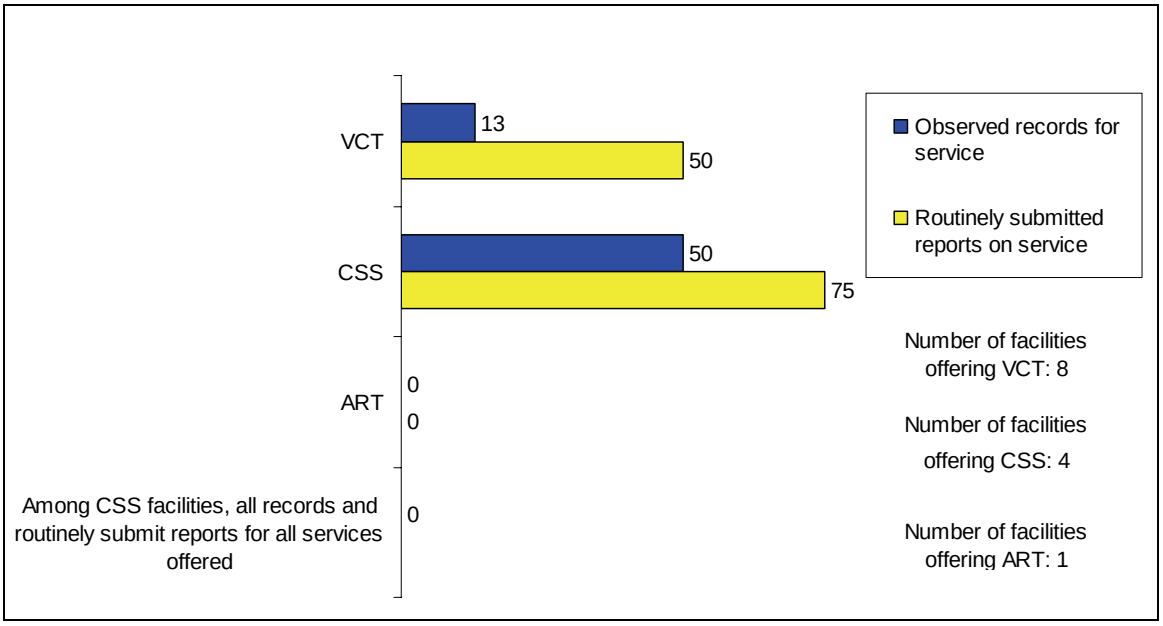
[1]The reported number of sites is unweighted.
[2]Within facilities where CSS are offered in any outpatient clinic/unit, at least one outpatient unit had an observed register with HIV- and AIDS-related client diagnoses and where CSS are offered in any inpatient unit and at least one inpatient unit had an observed register with HIV- and AIDS-related client diagnoses observed.

4.2.1 Records for Care and Support Services

The tracking of client receipt of pre- and post-test counseling and test results is inconsistent, with only 13 percent of the 8 facilities that offer counseling and testing having observable records indicating that clients received pre- and post-test counseling and test results (Figure 4.2.1). Fifty percent of the 8 facilities submitted any reports for HIV testing services. Since data on counseling and testing (pre- and post-test counseling and receipt of test results) are best collected at service delivery sites and are significant to program implementation monitoring and ongoing surveillance, it is crucial that the monitoring and evaluation (M&E) capacity within the NAP M&E Unit is improved.

Record-keeping and tracking clients receiving ART is also very important, not only for financial management and for anticipating program delivery costs, but also for donor reporting. The one facility in Antigua that offers ART maintains no records indicating the number of clients receiving ARV treatment and has not submitted any reports for ART services (Figure 4.2.1). It is likely that, given the relatively small number of clients on ART, records are kept informally. As programs scale up and as more HIV-positive clients enter the system, it will become increasingly important to maintain accurate records.

Figure 4.2.1: Facilities with record-keeping systems for monitoring HIV/AIDS care and support, HSPA Antigua and Barbuda 2006



Facilities were slightly better at reporting than at documenting treatment of HIV- and AIDS-related illnesses. In 50 percent of facilities offering CSS, records documenting clients treated for HIV- and AIDS-related illnesses were observed, but 75 percent of the facilities reported that they submit reports.

None of the facilities with records for HIV and AIDS services routinely submits reports on the services provided (Figure 4.2.1).

4.2.2 Prevention of Mother-To-Child Transmission (PMTCT)

PMTCT

The greatest challenge to tracking PMTCT service delivery is in tracking ARV treatment among pregnant women. None of the five facilities offering any PMTCT services could provide records of all items for routine record-keeping for these services.

In looking at PMTCT service records, the HSPA found that of the 9 public facilities, 5 offer any PMTCT services. From the data, we see that each facility has at least one site with PMTCT services. Less than fifty percent of the facilities that offered PMTCT services were observed to have specific documentation, as shown in Table 4.2.2a. For example, only 20 percent of the facilities offering PMTCT services had observable records of women attending antenatal care and who accepted HIV testing. Similarly, 20 percent of the facilities had observable records of women who received their HIV test results. It should be noted that the community staff is not informed of the mother's HIV status. Although counseling on breastfeeding is offered but not done outside of these facilities, no facility had observable records of women who received post-test

counseling for HIV (by serostatus). As well, 20 percent of the facilities reported providing ARV for HIV+ women (Table 3.5, page 62,) but there were no facilities that had a record of HIV+ pregnant women who were provided a complete ARV course for PMTCT, thus, no facility had record-keeping documentation for all the items listed (Table 4.2.2a). This illustrates the need for greater record-keeping capacity among facilities offering PMTCT services, not only for reporting but for planning, programmatic, and advocacy needs.

Table 4.2.2a: Availability of service records for PMTCT services among public facilities that offer any PMTCT services, HSPA Antigua and Barbuda 2006

Number of facilities	Number of facilities offering PMTCT services	Number of sites offering PMTCT services [1]	Percentage 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 offered a complete ARV course for PMTCT	All items for indicator
9	5	6	20	20	0	0	0

[1]Number of sites is unweighted.

PMTCT+

All elements for PMTCT+ services have been defined to include counseling and testing (CT) services, ARV prophylaxis for mother and newborn, counseling on infant feeding and family planning, 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. None of the facilities in Antigua and Barbuda offered PMTCT+ services (Table 4.2.2b).

Table 4.2.2b: Availability of service records for PMTCT+ services[1] among public facilities that offer any PMTCT+ services, HSPA Antigua and Barbuda 2006

Number of facilities	Number of facilities offering PMTCT+ services	Number of sites offering PMTCT+ services[2]	Percentage of facilities		
			Observed record of HIV-positive pregnant women who receive therapeutic ARV	All elements and records of PMTCT+[3]	PMTCT women and family referred outside PMTCT unit for ART, no further follow-up by PMTCT clinic/unit
9	0	0	NA	NA	NA

[1]Facility offers ARV therapy for HIV-infected women and their families.

[2]Number of sites is unweighted.

[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).

Donor reporting and very importantly, National HIV/AIDS program planning and financial management, rely on accurate record-keeping.

CHAPTER 5: AVAILABILITY OF YOUTH-FRIENDLY SERVICES (YFS)

5.1 OVERVIEW

The youth population in the Caribbean is becoming increasingly susceptible to HIV and AIDS. According to several sources, "the face of HIV in the region has become increasingly young and female."[61] Also, CAREC notes in the Status and Trends Analysis of the Caribbean HIV/AIDS Epidemic from 1982-2002 that "73 percent of cases diagnosed are between 15 and 44 years, with close to 50 percent 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."[62]

Since youth are a major target group in HIV and AIDS prevention and treatment, the HSPA asked questions about youth and the provision of youth-friendly services (YFS). This indicator is defined using information from the facility or unit representatives (under VCT and PMTCT services) and provider responses available regarding general YFS, whether there are any written policies or guidelines for the YFS available, and whether specific staff have received training in providing YFS. The HSPA also asked if YFS included a separate room and if there are discounts or waived fees for youth to make the services more accessible.

5.2 SERVICE CONDITIONS FOR YOUTH-FRIENDLY SERVICES

Only one out of 8 facilities with an HIV testing system in Antigua and Barbuda has youth-friendly HIV testing services. Although YFS policies/guidelines were not observed, there was one trained provider in YFS (Table 5.2). Having YFS sites/facilities available is paramount to reaching this at-risk population. Antigua and Barbuda, as other countries in the Caribbean, should also consider how to adapt, enhance, and scale up prevention programs. For example, programs might look to research findings based on the program experiences in Haiti. Although Haiti has a very different epidemiologic picture than does Antigua and Barbuda, there are youth programs highlighting the importance of programmatic impact on behavior changes such as communication skills around sexual negotiation and building on social norms around prevention activities. These programs may be effective in preventing HIV infection in young people.[63] Further, targeting these strategies at young women and designing youth-friendly facilities/health services through a gendered lens is also imperative, as the trend in HIV infection in the region is turning more towards young women.[64]

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[61]Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005.
[62]CAREC. 2004.
[63]Holschneider, S., C. S. Alexander. 2003. Social and psychological influences on HIV preventive behaviors of youth in Haiti. *Journal of Adolescent Health*. *33*, 31–40.
[64]Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005.

Table 5.2: Youth-friendly services for HIV/AIDS among public facilities, HSPA Antigua and Barbuda 2006

Number of facilities with an HIV testing system	Number of facilities with youth-friendly HIV testing services	Percentage of facilities with		
		Observed policy/guidelines for YFS	At least one trained provider for YFS[1]	All items for indicator[2]
8	1	0	100	0

[1]Provider reports having received training related to youth-specific services during the past 3 years or facility. In-charge reports that there is a trained provider, but the provider was not present the day of the survey.

[2]Facility offers YFS, has observed policy/guidelines, and has trained staff for YFS.

Youth-friendly HIV prevention services may prove key to curbing the epidemic. It is crucial to reach young people early, "before adolescents start developing lifelong sexual habits."[65] Although YFS as an HIV prevention program might encounter some resistance because of cultural and social norms in the Caribbean, it may stem the spread of HIV within this major target group.

[65] 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 outlined in the Antigua and Barbuda National Strategic Plan.[66] The major priority areas of the National Strategic Plan are—

1. Education and prevention
2. Policy and legislation
3. Treatment, care, and support
4. Employment and social mobilization
5. Surveillance, epidemiology, and research
6. Program coordination and management.

The HSPA data are useful in identifying the needs and existing capacities upon which to build in order to address these goals, as well as the following six priority program areas:

- Program design, implementation, evaluation, and management
- Advocacy, human rights, policy development, and legislation
- Provision of treatment and care for PLHIVs
- Prevention of HIV among the general population
- Prevention of HIV among vulnerable groups (including youth)
- Prevention of mother-to-child transmission of HIV and AIDS.

Data from the HSPA pinpoint areas for further capacity building, particularly in program implementation monitoring; data management; and tracking ongoing advocacy, rights, and policy developments. Currently, among the 4 facilities that offer care and support services to HIV and AIDS clients, records and client registers are not found consistently across all eligible service units. None had client records/charts observed in all eligible units, although 50 percent had registers with HIV- and AIDS-related client diagnoses observed in some of the eligible service units within the facility. The one facility offering ART had no observed records indicating the number of clients receiving ARV treatment nor did it submit any reports for ART services. This reflects the need for a confidential record-keeping system. Currently a HIV care coordinator could be tracking this information informally because of the fear of exposing sensitive information on individual clients through the routine record-keeping system. While the lack of a formal system may work now, as Antigua and Barbuda scales up its HIV and AIDS programming, a confidential record-keeping system will be required across service delivery units.

Data from the HSPA can highlight specific strengths and weaknesses in comprehensive care for persons living with HIV and AIDS; the availability and level of service for care

[66] Antigua and Barbuda HIV/AIDS Program Report: December 2003 to June 2004.

and support services to PLHIV; the availability of medicines related to ART, OI, and palliative care; the control of nosocomial infections; and the level of stigma associated with PLHIV as reported by health service providers. There is the need for systems and trained staff to ensure full coverage for high-quality HIV testing and counseling services. The one facility that offers ART services reported no provider trained in prescribing ART, ordering and/or prescribing laboratory tests for monitoring ART, or medical follow-up for ART. There was one trained provider in adherence counseling who reported being trained by CHART. Fifty percent of the 4 facilities providing CSS to HIV and AIDS clients offer TB diagnostic or treatment services. None of the facilities had all the first-line TB medicines available. None of the 8 public facilities with an HIV testing system offered protein supplementation along with nutritional rehabilitation services. Thirteen percent offered IV treatment of fungal infections.

Of 45 health care providers interviewed in public facilities, 51 percent displayed a positive attitude toward PLHIV. In reaching out to the population more generally, the National AIDS Secretariat would do well to begin with health care providers by educating them about issues of stigma and building more positive attitudes toward PLHIV.

More training is required to address prevention program areas. As Antigua and Barbuda scales up its VCT programs and creates greater demand for counseling and testing, more access (more facilities with an HIV testing system in place) and additional and/or more recent training for providers in pre- and post-test counseling and PMTCT will be required. The availability and supply of STI medicines and other STI services should also grow to meet increased demand. At the time of the HSPA, all facilities offering STI treatment services had all STI medicines available.

There is a need to strengthen PMTCT services in Antigua and Barbuda. HSPA data show that only 20 percent of the five public facilities surveyed provided all four items of the minimum package of PMTCT (pre- and post-test counseling and HIV testing services, ARV prophylaxis to prevent MTCT, infant feeding counseling, and family planning counseling or referral).

Antigua and Barbuda's health care system has a strong base from which to build its capacity. A targeted response to the findings in the HSPA can help Antigua and Barbuda meet its national strategic goals.

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APPENDIX A: TABLES

Table 1.1 System for testing and for offering results for HIV test

Percentage of facilities[1] with an HIV testing system, and among these, percentage with the indicated items for counseling and testing (CT), by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities with HIV testing system[2]	Number of facilities	Percentage of facilities with indicated items:						Number of facilities with HIV testing system	Number of service sites[6] with HIV testing system
			HIV test available in facility or affiliated lab	HIV test available or observed record of results for testing conducted outside facility	Item observed in all relevant service sites in the facility			All items for indicator[5]		
					Informed consent policy for HIV testing observed in all relevant service sites[3]	Observed register with HIV test results	Observed record for clients receiving HIV test results[4]			
Facility Type										
Hospital	100	3	67	67	33	0	0	0	3	10
Health Center	83	6	0	40	100	20	20	20	5	7
Laboratory	100	5	100	100	20	100	60	0	5	9
Other	100	3	0	33	100	67	67	33	3	3
Authority										
Government	89	9	25	63	88	25	25	25	8	17
Non-governmental	100	8	63	63	38	75	50	0	8	12
Tier										
Advanced	100	10	70	80	40	60	40	10	10	21
Basic	86	7	0	33	100	33	33	17	6	8
Total	**94**	**17**	**44**	**63**	**63**	**50**	**38**	**13**	**16**	**29**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

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

[2]Facility either conducts the test, has an affiliated external laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility.

[3]If national VCT guidelines are present, this is accepted as having a confidentiality policy, as this is specified in the guidelines.

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

[5]HIV test available or records showing test results are received by facility, and informed consent policy in all relevant service sites, and observed register with HIV test results and observed register for clients receiving HIV test results.

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

Table 1.2 Systems and qualified staff for pre and post test counseling

Among facilities with a system for HIV testing, percentage with indicated components for counseling and testing (CT) services, by background characteristics, Antigua SPA 2006

Background characteristics	Percentage of facilities where:								Number of facilities with HIV testing system[4]	Number of service sites[5] with HIV testing system
	Facility has observed written policy for routine provision of pre and post test counseling for HIV testing[1]	Facility has at least one counselor trained in pre and post test counseling assigned to a HIV testing site	Item in all elig ble sites					All items for indicator[3]		
			Observed guidelines for content of pre and post test counseling[2]	Observed guidelines or policy on confidentiality for HIV test results	Observed up-to-date record in each relevant unit for clients receiving pre and post test counseling	Observed system linking test results with pre and post test counseling	Visual and auditory privacy possible in all counseling areas			
Facility Type										
Hospital	67	67	33	33	0	0	67	0	3	10
Health Center	100	100	100	100	0	0	80	0	5	7
Laboratory	20	20	20	20	0	0	20	0	5	9
Other	100	100	100	100	0	0	100	0	3	3
Authority										
Government	100	100	88	88	0	0	75	0	8	17
Non-governmental	38	38	38	38	0	0	50	0	8	12
Tier										
Advanced	50	50	40	40	0	0	50	0	10	21
Basic	100	100	100	100	0	0	83	0	6	8
Total	**69**	**69**	**63**	**63**	**0**	**0**	**63**	**0**	**16**	**29**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

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

[2]Pre test counseling may consist of general education for groups or individual client counseling.

[3]Facility has written policy for HIV counseling, at least one trained counselor assigned to CT, observed guidelines for content of counseling, policy on confidentiality, records of clients receiving counseling, and visual and auditory privacy in all counseling areas.

[4]Facility either conducts the test, or has an affiliated external laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility.

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

Table 1.3a Tuberculosis treatment and/or follow-up using Direct Observed Treatment Short-course (DOTS)

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage having the indicated components for management of tuberculosis (TB), by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB activities			Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and following DOTS strategy, percentage with				Number of facilities offering CSS for HIV/AIDS clients and following DOTS strategy	Number of sites offering CSS and TB service using DOTS strategy
			Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy[1]		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]		
Facility Type												
Hospital	67	3	50	0	0	2	na	na	na	na	0	0
Health Center	50	6	33	0	0	3	na	na	na	na	0	0
Laboratory	0	5	na	na	na	0	na	na	na	na	na	na
Other	33	3	100	0	0	1	na	na	na	na	0	0
Authority												
Government	44	9	50	0	0	4	na	na	na	na	0	0
Non-governmental	25	8	50	0	0	2	na	na	na	na	0	0
Tier												
Advanced	20	10	50	0	0	2	na	na	na	na	0	0
Basic	57	7	50	0	0	4	na	na	na	na	0	0
Total	**35**	**17**	**50**	**0**	**0**	**6**	na	na	na	na	**0**	**0**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

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

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

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

Table 1.3b Treatment, and/or follow-up for tuberculosis

Among facilities offering any care and support services (CSS) for HIV/AIDS clients and any tuberculosis (TB) treatment services, percentage having indicated components for management of TB, by background characteristics, Antigua SPA 2006.

Background characteristic	Among facilities offering CSS for HIV/AIDS clients and offering any TB services, percentage reporting they follow indicated treatment strategy[1]			Among facilities offering CSS for HIV/AIDS clients and offering any TB services, percentage with				Number of facilities offering CSS for HIV/AIDS clients and offering any TB services	Number of sites offering CSS and TB service
	DOTS[2]	Follow-up treatment only[3]	Other strategies[4]	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available[5]	All items for TB indicator[6]		
Facility Type									
Hospital	0	0	100	0	0	100	0	1	1
Health Center	0	100	0	0	0	0	0	1	1
Laboratory	na	na	na	na	na	na	na	0	0
Other	0	0	100	0	0	0	0	1	1
Authority									
Government	0	50	50	0	0	50	0	2	2
Non-governmental	0	0	100	0	0	0	0	1	1
Tier									
Advanced	0	0	100	0	0	100	0	1	1
Basic	0	50	50	0	0	0	0	2	2
Total	**0**	**33**	**67**	**0**	**0**	**33**	**0**	**3**	**3**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

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

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

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

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

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

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

Table 1.3c Resources and supplies for diagnosing tuberculosis

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage diagnosing (TB), and percentage with the indicated diagnostic elements, by background characteristics, Antigua SPA 2006.

Background characteristic	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB diagnostic activities			Number of facilities offering CSS for HIV/AIDS clients	TB diagnosis using sputum				TB diagnosis using X-ray	
					Among facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum[2], percentage with:			Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum test	Percentage with X-ray capacity[4]	Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using X-ray
	Any TB diagnostic or treatment services[1]	Use sputum for TB diagnosis[2]	Use X-ray for TB diagnosis		All items for conducting sputum test for TB	Observed record of sputum test results	All items for indicator[3]			
Facility Type										
Hospital	50	50	50	2	100	100	100	1	0	1
Health Center	33	0	0	3	na	na	na	0	na	0
Laboratory	na	na	na	0	na	na	na	na	na	na
Other	100	100	0	1	0	0	0	1	na	0
Authority										
Government	50	25	25	4	100	100	100	1	0	1
Non-governmental	50	50	0	2	0	0	0	1	na	0
Tier										
Advanced	50	50	50	2	100	100	100	1	0	1
Basic	50	25	0	4	0	0	0	1	na	0
Total	**50**	**33**	**17**	**6**	**50**	**50**	**50**	**2**	**0**	**1**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

[1]Unit follows up TB patients, or prescr bes initial therapy, or conducts TB test.

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

[3]All items for conducting test or documented system for sending sputum elsewhere, and record of test results.

[4]Functioning X-ray machine with films.

Table 1.3d Malaria diagnosis and treatment

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage offering malaria treatment, and among those, percentage having the indicated components for supporting services for malaria, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities that offer malaria treatment services	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and malaria services, percentage with			Number of facilities offering CSS for HIV/AIDS clients and offering of malaria treatment services	Within facilities offering CSS for HIV/AIDS clients, number of service sites offering malaria treatment services
			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		
Facility Type							
Hospital	50	2	0	100	0	1	2
Health Center	0	3	na	na	na	0	0
Laboratory	na	0	na	na	na	na	na
Other	0	1	na	na	na	0	0
Authority							
Government	25	4	0	100	0	1	2
Non-governmental	0	2	na	na	na	0	0
Tier							
Advanced	50	2	0	100	0	1	2
Basic	0	4	na	na	na	0	0
Total	**17**	**6**	**0**	**100**	**0**	**1**	**2**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

Table 1.3e Diagnosis and treatment for sexually transmitted infections

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage offering treatment for sexually transmitted infections (STIs), and among these, percentage having the indicated compoents to support services for STISs, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities that offer STI services	Number of facilities offering CSS for HIV/AIDS clients	Percentage of facilities offering CSS for HIV/AIDS clients and STI services, with				Number of facilities offering CSS for HIV/AIDS clients and offering STI treatment services	Within facilities offering CSS for HIV/AIDS clients, number of sites offering STI treatment
			Observed STI treatment protocol in all relevant units	All STI medicines available in facility[1]	Condoms in any service area or pharmacy	All items for STI services[2]		
Facility Type								
Hospital	100	2	0	50	50	0	2	4
Health Center	33	3	0	100	100	0	1	1
Laboratory	na	0	na	na	na	na	na	na
Other	100	1	100	0	100	0	1	1
Authority								
Government	50	4	0	100	100	0	2	4
Non-governmental	100	2	50	0	50	0	2	2
Tier								
Advanced	100	2	0	50	50	0	2	4
Basic	50	4	50	50	100	0	2	2
Total	**67**	**6**	**25**	**50**	**75**	**0**	**4**	**6**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

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

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

Table 1.3f Supportive management practices for health service providers who treat infections relevant to HIV/AIDS

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated conditions to support health service providers, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities with:			Number of facilities offering CSS for HIV/AIDS clients
			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	All items for all components of indicator[1]	
Facility Type						
Hospital	67	3	50	0	0	2
Health Center	50	6	33	67	0	3
Laboratory	0	5	na	na	na	0
Other	33	3	100	0	0	1
Authority						
Government	44	9	50	50	0	4
Non-governmental	25	8	50	0	0	2
Tier						
Advanced	20	10	50	0	0	2
Basic	57	7	50	50	0	4
Total	**35**	**17**	**50**	**33**	**0**	**6**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

[1]All records, guidelines, medicines, and trained and supervised staff for offering tuberculosis, malaria, and STI services (Tables 1.3b, 1.3d, 1.3e, 1.3f).

Table 1.4a Elements for preventing nosocomial infections

Among all facilities, percentage with the indicated infection control elements in all relevant service delivery sites, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities with indicated items for infections control present in all relevant service areas[1]						Number of facilities	Number of elig ble service sites
	Running water	Soap	Latex gloves	Sharps box	Chlorine solution	All items present in all relevant service areas		
Facility Type								
Hospital	100	100	100	67	67	33	3	28
Health Center	100	100	100	67	67	50	6	16
Laboratory	100	100	100	80	80	60	5	13
Other	100	100	100	33	67	33	3	6
Authority								
Government	100	100	100	56	56	33	9	41
Non-governmental	100	100	100	75	88	63	8	22
Tier								
Advanced	100	100	100	70	70	50	10	44
Basic	100	100	100	57	71	43	7	19
Total	100	100	100	65	71	47	17	63

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

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

Table 1.4b Availability of stock elements for preventing nosocomial infections

Among all facilities, percentage with the indicated infection control elements, by background characteristics, Antigua SPA 2006

Background characteristic	Percentage of facilities with functioning equipment for sterilization or high level disinfecting	Percentage of facilities with stock supplies for infection control present		Percentage of facilities with latex gloves at any site in facility	Percentage of facilities with all items present[1]	All items for indicator[2]	Number of facilities
		Disinfectant (bleach)	Needles/ syringes				
Facility Type							
Hospital	100	33	67	100	33	0	3
Health Center	100	67	67	100	50	50	6
Laboratory	20	0	0	100	0	0	5
Other	33	0	33	100	0	0	3
Authority							
Government	89	56	67	100	44	33	9
Non-governmental	38	0	13	100	0	0	8
Tier							
Advanced	40	10	20	100	10	0	10
Basic	100	57	71	100	43	43	7
Total	**65**	**29**	**41**	**100**	**24**	**18**	**17**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

[1]Disinfectant, needles and syringes, and latex gloves are available in facilitiy stores.

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

Table 1.4c Additional items for prevention of nosocomial infections

Percentage of facilities with indicated elements for prevention of infections, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities with:			Number of facilities
	Observed guidelines for infection prevention in any assessed site in facility	Observed guidelines for sterilization/high level disinfection in any assessed site in facility	Adequate disposal system for hazadous waste for all assessed sites[1]	
Facility Type				
Hospital	33	67	67	3
Health Center	17	17	83	6
Laboratory	20	0	80	5
Other	33	0	67	3
Authority				
Government	22	22	78	9
Non-governmental	25	13	75	8
Tier				
Advanced	20	20	80	10
Basic	29	14	71	7
Total	**24**	**18**	**76**	**17**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.
[1]Hazardous waste is incinerated, burned and buried, or removed offsite, and there is no unprotected hazardous waste observed.

Table 1.5a Elements to support quality treatment for opportunistic infections

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering treatment for opportunistic infections (OIs) and, among these, percentage with the indicated components for offering service, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Percentage of facilities offering CSS for HIV/AIDS clients and offering treatment for opportunistic infections (OIs)	Number of facilities	Percentage of facilities offering CSS for HIV/AIDS clients with:		Number of facilities offering CSS for HIV/AIDS clients and offering treatment for OIs	Number of CSS and OI treatment service sites
				Observed protocol for treating opportunistic infections present in all OI treatment service sites	At least one provider of OI services received training related to OIs in the past 3 years		
Facility Type							
Hospital	67	67	3	0	50	2	5
Health Center	50	50	6	33	0	3	3
Laboratory	0	0	5	na	na	0	0
Other	33	33	3	100	0	1	1
Authority							
Government	44	44	9	25	25	4	6
Non-governmental	25	25	8	50	0	2	3
Tier							
Advanced	20	20	10	0	50	2	5
Basic	57	57	7	50	0	4	4
Total	**35**	**35**	**17**	**33**	**17**	**6**	**9**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

Table 1.5b Availability of treatments for opportunistic infections and palliative care

Among facilities offering care and support services (CSS) for HIV/AIDS clients and offering treatment for opportunistic infections (OIs) associated with HIV/AIDS, percentage with medicines for treating the indicated conditions, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients with at least one medicine for managing the indicated conditions or with the indicated item									Number of facilities offering CSS for HIV/AIDS clients and offering treatment for OIs	Number of CSS and OI treatment service sites
	Topical fungal infection[1]	Bacterial pneumonia[2]	Other bacterial infections[3]	Vitamin supplementation[4]	Management of chronic diarrhea[5]	Basic management of pain[6]	De-worming[7]	Intravenous fluid for rehydration[8]	Oral rehydration salts		
Facility Type											
Hospital	50	50	50	50	50	50	50	50	50	2	5
Health Center	33	67	67	67	0	67	67	33	67	3	3
Laboratory	na	na	na	na	na	na	na	na	na	0	0
Other	0	0	0	0	0	0	0	0	0	1	1
Authority											
Government	50	75	75	75	25	75	75	50	75	4	6
Non-governmental	0	0	0	0	0	0	0	0	0	2	3
Tier											
Advanced	50	50	50	50	50	50	50	50	50	2	5
Basic	25	50	50	50	0	50	50	25	50	4	4
Total	**33**	**50**	**50**	**50**	**17**	**50**	**50**	**33**	**50**	**6**	**9**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

[1]Flucoconazole or clotrimazole or ketoconazole or nystatin or Violet of Gentian.

[2]Amoxicillin or ampicillin or chloramphenicol

[3]Tetracycline or nalidixic acid or cotrimoxazole or erythromycin or penicillin

[4]Iron or any multivitamin

[5]Loperamide or dipenoylate or oral codeine

[6]Paracetamol or aspirin or ibuprofen

[7]Albendazole or mebendazole

[8]Normal saline or D5NS or ringers lactate or plasma expanders

Table 1.5c INH for preventing tuberculosis in HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering intermittent preventive treatment (IPT) for tuberculosis (TB) to HIV/AIDS clients using the indicated practices, and among these, percentage with indicated program elements, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities offering IPT for TB under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients	Among facilities ever offering IPT for TB, percentage with		Number of facilities offering CSS for HIV/AIDS clients and reporting they ever offer IPT for TB	Number of service sites that report they ever offer CSS and IPT for TB
	Routinely refers clients elsewhere[1]	Selectively offers[2]	Routinely offers[3]		Observed protocol for IPT for TB in al service sites ever offering IPT for TB	INH available		
Facility Type								
Hospital	0	0	50	2	0	100	1	2
Health Center	33	33	0	3	0	0	1	1
Laboratory	na	na	na	0	na	na	na	na
Other	100	0	0	1	na	na	0	0
Authority								
Government	25	25	25	4	0	50	2	3
Non-governmental	50	0	0	2	na	na	0	0
Tier								
Advanced	0	0	50	2	0	100	1	2
Basic	50	25	0	4	0	0	1	1
Total	**33**	**17**	**17**	**6**	**0**	**50**	**2**	**3**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

[1]At least one site in the facility offers preventive TB therapy routinely through referral, and no site in facility routinely or selectively offers the preventive TB therapy.

[2]At least one site in the facility offers preventive TB therapy sometimes, but no site provides it routinely.

[3]At least one site in the facility reports it provides preventive TB therapy to all HIV/AIDS clients.

Table 1.5d Co-trimoxazole treatment for preventing pneumonia in HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering co-trimoxazole to HIV/AIDS clients for prevention of pneumonia (CPT) using the indicated practices, and among those offering routine CPT, percentage with indicated program elements, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities offering CPT for HIV/AIDS clients under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients	Among facilities routinely offering preventive CPT, percentage with		Number of facilities offering CSS for HIV/AIDS clients and reporting they ever offer CPT	Number of service sites that report they ever offer CSS and CPT
	Routinely refers clients elsewhere[1]	Selectively offers[2]	Routinely offers[3]		Observed protocol for CPT in all service sites ever offering CPT	Co-trimoxazole available		
Facility Type								
Hospital	0	50	0	2	0	100	1	1
Health Center	33	0	33	3	0	0	1	1
Laboratory	na	na	na	0	na	na	na	na
Other	0	0	100	1	0	0	1	1
Authority								
Government	25	25	25	4	0	50	2	2
Non-governmental	0	0	50	2	0	0	1	1
Tier								
Advanced	0	50	0	2	0	100	1	1
Basic	25	0	50	4	0	0	2	2
Total	**17**	**17**	**33**	**6**	**0**	**33**	**3**	**3**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

[1]At least one site in the facility offers CPT routinely through referral, and no site in facility routinely or selectively offers CPT.

[2]At least one site in the facility offers CPT sometimes, but no site provides it routinely.

[3]At least one site in the facility reports it routinely provides CPT.

Table 1.5e Records for HIV/AIDS services

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage where indcated items were found in indicated elig ble sites, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities with				Number of facilities offering CSS for HIV/AIDS clients	Number of service sites in facilities offering CSS for HIV/AIDS clients
	Individual client record/chart observed in all elig ble clinic/units	Register with HIV/AIDS related client diagnoses observed in any eligible outpatient and any elig ble clinic/unit[1]	Confidentiality guideline in all elig ble client clinic/unit	All items for indicator in facility		
Facility Type						
Hospital	0	50	0	0	2	6
Health Center	0	33	0	0	3	3
Laboratory	na	na	na	na	0	0
Other	0	0	0	0	1	1
Authority						
Government	0	50	0	0	4	7
Non-governmental	0	0	0	0	2	3
Tier						
Advanced	0	50	0	0	2	6
Basic	0	25	0	0	4	4
Total	**0**	**33**	**0**	**0**	**6**	**10**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

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

Table 2.1a Advanced care for HIV/AIDS clients: Medicines

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with the indicated medicines to support the management of opportunistic infections and the provision of palliative care (symptomatic treatment) for the advanced care of people living with HIV/AIDS, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities offering systemic IV treatment for fungal infections	Percentage of facilities with at least two medicines for treating each of the indicated conditions								Percentage of facilities with fortified protein supplement[9]	Number of facilities offering CSS for HIV/AIDS clients
				Cryptococcal fungal[1]	Bacterial respiratory infection[2]	Other bacterial infection[3]	Herpes[4]	Parasites[5]	Herpes ophthalmic infection[6]	AIDS dementia complex[7]	Pain[8]		
Facility Type													
Hospital	67	3	100	0	50	50	0	50	0	50	50	0	2
Health Center	50	6	0	0	33	67	0	67	0	67	67	0	3
Laboratory	0	5	na	na	na	na	na	na	na	na	na	na	0
Other	33	3	100	0	0	0	0	0	0	0	0	0	1
Authority													
Government	44	9	25	0	50	75	0	75	0	75	75	0	4
Non-governmental	25	8	100	0	0	0	0	0	0	0	0	0	2
Tier													
Advanced	20	10	100	0	50	50	0	50	0	50	50	0	2
Basic	57	7	25	0	25	50	0	50	0	50	50	0	4
Total	**35**	**17**	**50**	**0**	**33**	**50**	**0**	**50**	**0**	**50**	**50**	**0**	**6**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

[1]Amphotericin B, fluconazole, Itraconazole, and Ketoconazole

[2]Acylcovir, ceftriaxone, ciprofloxacine, gentamycine, cotrimoxazole,and dapsone

[3]Tetracyclin, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycyline, clindamycin, norfloxacin, and cloxacillin

[4]Acyclovir and gancyclovir

[5]Metronidazole, tindazole, nalidixic acid, and cotrimoxazole

[6]One of: Acyclovir ophthalmic or acyclovir oral

[7]Cotrimoxazole, Phenobarbital, fansidar, and dexamethasone

[8]One from each group: Group 1 (Diazapam, dapsone, indomethacin, prednisolone) ; Group 2 (oral codein, diclofenac injectable, dipyrone injectable, oral morphine)

[9]Fortified protein supplement

Table 2.1b Laboratory testing capacity for monitoring HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with the indicated laboratory testing capacity or with system for receiving results of indicated test when test is conducted outside the facility, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities with all items to conduct the indicated laboratory investigations[1]												Number of facilities offering CSS for HIV/AIDS clients
			Kit for spinal tap	Culture media and incubator	Liver function test	Hemoglobin or hematocrit	White cell count	BUN and serum creatinine	Serum glucose	Indian ink test	Gram stain	Platelet count	Enzyme-linked immunosorbent assay (ELISA) for HIV	All items for indicator [2]	
Facility Type															
Hospital	67	3	50	50	100	100	100	100	100	50	50	100	50	0	2
Health Center	50	6	0	0	0	0	0	0	0	0	0	0	0	0	3
Laboratory	0	5	na	na	na	na	na	na	na	na	na	na	na	na	0
Other	33	3	0	0	0	0	0	0	0	0	0	0	0	0	1
Authority															
Government	44	9	0	25	25	25	25	25	25	25	25	25	25	0	4
Non-governmental	25	8	50	0	50	50	50	50	50	0	0	50	0	0	2
Tier															
Advanced	20	10	50	50	100	100	100	100	100	50	50	100	50	0	2
Basic	57	7	0	0	0	0	0	0	0	0	0	0	0	0	4
Total	**35**	**17**	**17**	**17**	**33**	**33**	**33**	**33**	**33**	**17**	**17**	**33**	**17**	**0**	**6**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

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

[2] Has all laboratory testing capacity or system for receiving results, as well as all indicated medicines within the facility (see Table 2.1a)

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

Among facilities reporting they offer any care or support services (CSS) for HIV/AIDS clients, percentage having protocols or guideline for the indicated topic, by background characteristics, Antigua SPA 2006.

	Percentage of eligible facilities with:					Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients
	Observed guidelines/protocols for offering the service, in all sites where clinical CSS is offered				Observed record system for individual client appointments in all relevant program sites		
Background characteristics	Opportunistic infections	Symptomatic, palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS			
Facility Type							
Hospital	0	0	0	0	0	2	6
Health Center	33	33	33	33	67	3	3
Laboratory	na	na	na	na	na	0	0
Other	100	100	100	100	100	1	1
Authority							
Government	25	25	25	25	50	4	7
Non-governmental	50	50	50	50	50	2	3
Tier							
Advanced	0	0	0	0	0	2	6
Basic	50	50	50	50	75	4	4
Total	**33**	**33**	**33**	**33**	**50**	**6**	**10**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

Table 2.2b Management and support for health service providers of advanced services for HIV/AIDS

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated items to support service providers for HIV/AIDS, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of eligible facilities with:								Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients
	At least one provider of indicated HIV/AIDS service trained in the past 3 years in topic related to that service						At least half of providers of services for PLHIV were supervised during past 3 months	All items for indicator[1]		
	Psychological counseling	Treatment of opportunistic infections	Palliative care	Central nervous system and mental disorders	AIDS in children	Nutritional rehabilitation for HIV/AIDS infectious persons				
Facility Type										
Hospital	50	50	50	50	0	50	0	0	2	6
Health Center	100	0	33	0	0	33	0	0	3	3
Laboratory	na	na	na	na	na	na	na	na	0	0
Other	100	0	0	0	100	100	0	0	1	1
Authority										
Government	100	25	50	25	0	50	0	0	4	7
Non-governmental	50	0	0	0	50	50	0	0	2	3
Tier										
Advanced	50	50	50	50	0	50	0	0	2	6
Basic	100	0	25	0	25	50	0	0	4	4
Total	**83**	**17**	**33**	**17**	**17**	**50**	**0**	**0**	**6**	**10**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

[1]Observed guidelines for managing opportunistic infections, palliative care, and general care of HIV/AIDS infected adults and children, and trained providers for each of the relevant HIV/AIDS services, and at least half of the providers of these services were supervised during the past 3 months.

Table 2.3a Protocols and guidelines for antiretroviral combination therapy services

Among all facilities, percentage offering antiretroviral therapy (ART), and among these, percentage with the indicated items, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities offering ART	Number of facilities	Observed guidelines/protocols in all elig ble ART service sites						Number of facilities offering ART	Number of sites offering ART services
							ART treatment guidelines:			
			Opportunistic infections	Symptomatic, palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS	National ART treatment guidelines for (adults and pediatric)	Other ART treatment guidelines for adults or pediatrics		
Facility Type										
Hospital	33	3	0	0	0	0	0	0	1	1
Health Center	0	6	na	na	na	na	na	na	0	0
Laboratory	0	5	na	na	na	na	na	na	0	0
Other	33	3	100	100	100	100	100	100	1	1
Authority										
Government	11	9	0	0	0	0	0	0	1	1
Non-governmental	13	8	100	100	100	100	100	100	1	1
Tier										
Advanced	10	10	0	0	0	0	0	0	1	1
Basic	14	7	100	100	100	100	100	100	1	1
Total	**12**	**17**	**50**	**50**	**50**	**50**	**50**	**50**	**2**	**2**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

Table 2.3b Systems and items to support antiretroviral combination therapy services

Among facilities offering antiretroviral (ARV) therapy (ART), percentage with the indicated ART program components, by background characteristics, Antigua SPA 2006.

Background characteristics	ART medicines		Up-to-date pharmacy stock cards for ARVs	ARVs storage		Lab capacity for monitoring ART[1]	Number of facilities offering ART	Number of sites offering ART
	At least one ARV available	No stock-outs for any ARV during past 6 months		Separate from other medicines	Separate from other medicines and locked			
Facility Type								
Hospital	100	100	100	0	0	100	1	1
Health Center	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	0	0
Other	100	0	0	100	0	0	1	1
Authority								
Government	100	100	100	0	0	100	1	1
Non-governmental	100	0	0	100	0	0	1	1
Tier								
Advanced	100	100	100	0	0	100	1	1
Basic	100	0	0	100	0	0	1	1
Total	**100**	**50**	**50**	**50**	**0**	**50**	**2**	**2**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

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

Table 2.3c Systems and items to support antiretroviral combination therapy services

Among facilities offering antiretroviral (ARV) therapy (ART), percentage with indicated program components, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities offering ART and having								Number of facilities offering ART	Number of sites offering ART services
	Observed record system for individual client appointments for ART clients	Individual client record/chart for ART clients	Observed up-to-date register/client cards where number of current ART clients can be calculated	At least one interviewed provider of indicated service has related in-service training in the past 12 months			At least half of interviewed providers of ART were personally supervised during past 3 months	All items for indicator[1]		
				ART services	Counseling for adherence to ARV drug therapy	Nutritional rehabilitation related to HIV/AIDS				
Facility Type										
Hospital	0	100	0	0	100	100	100	0	1	1
Health Center	na	na	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	na	na	0	0
Other	100	100	100	0	0	0	0	0	1	1
Authority										
Government	0	100	0	0	100	100	100	0	1	1
Non-governmental	100	100	100	0	0	0	0	0	1	1
Tier										
Advanced	0	100	0	0	100	100	100	0	1	1
Basic	100	100	100	0	0	0	0	0	1	1
Total	**50**	**100**	**50**	**0**	**50**	**50**	**50**	**0**	**2**	**2**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

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

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

Among facilities offering inpatient care and support services (CSS), percentage with the indicated program and infrastructure items to support quality HIV/AIDS services, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities offering inpatient CSS for HIV/AIDS clients	Number of facilities	Among facilities offering inpatient CSS services, percentage with										Number of facilities offering inpatient CSS for HIV/AIDS	Number of inpatient CSS sites for HIV/AIDS
			Indicated service offered in facility at any site, either inpatient or outpatient											
			Counseling and testing (CT) services for HIV	Treatment for TB, malaria, and sexually transmitted infections	Treatment for opportunistic infections	Treatment for Kaposi's sarcoma	Palliative care	Antiretroviral therapy (ART)	With 24-hour regular electric supply	A functioning client toilet for inpatients	Running water in all inpatient client units	All items for indicator[1]		
Facility Type														
Hospital	67	3	100	50	100	100	100	50	100	100	100	50	2	3
Health Center	0	6	na	na	na	na	na	na	na	na	na	na	0	0
Laboratory	0	5	na	na	na	na	na	na	na	na	na	na	0	0
Other	0	3	na	na	na	na	na	na	na	na	na	na	0	0
Authority														
Government	11	9	100	100	100	100	100	100	100	100	100	100	1	2
Non-governmental	13	8	100	0	100	100	100	0	100	100	100	0	1	1
Tier														
Advanced	20	10	100	50	100	100	100	50	100	100	100	50	2	3
Basic	0	7	na	na	na	na	na	na	na	na	na	na	0	0
Total	**12**	**17**	**100**	**50**	**100**	**100**	**100**	**50**	**100**	**100**	**100**	**50**	**2**	**3**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

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

Table 2.5 Post-exposure prophylaxis (PEP)

Percentage of facilities offering post-exposure prophylaxis (PEP) or having a system to refer staff for PEP. Among these facilities, percentage where the indicated elements are present, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities where staff have access to PEP	Number of facilities	Percentage of facilities offering PEP and having:							Number of facilities where staff have access to PEP	Number of service sites where PEP is prescribed
			Observed PEP guidelines present in all service sites where PEP is prescribed	Any record/register of staff receiving PEP services	Any observed record for monitoring full compliance for PEP regime	Observed antiretroviral (ARV) for PEP	PEP ARV storage conditions[1]				
							Locked and stored apart from other ARVs	Locked and stored with medicines	Unlocked		
Facility Type											
Hospital	33	3	0	100	0	100	0	100	0	1	6
Health Center	100	6	67	0	0	0	0	0	0	6	6
Laboratory	80	5	0	0	0	0	0	0	0	4	4
Other	67	3	50	0	0	50	0	0	50	2	3
Authority											
Government	89	9	63	13	0	13	0	13	0	8	13
Non-governmental	63	8	0	0	0	20	0	0	20	5	6
Tier											
Advanced	60	10	17	17	0	17	0	17	0	6	11
Basic	100	7	57	0	0	14	0	0	14	7	8
Total	**76**	**17**	**38**	**8**	**0**	**15**	**0**	**8**	**8**	**13**	**19**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

[1]ARVs may be available in more than one location within a facility and the storage conditions may be different in different locations.

Table 3.1 Facilities with record-keeping systems for monitoring HIV/AIDS care and support

Among all facilities offering the indicated service, percentage with up-to-date records for the indicated information, by background characteristics, Antigua SPA 2006.

Background characteristics	Among facilities offering counseling and testing for HIV, percentage		Number of facilities offering counseling and testing	Among facilities offering antiretroviral (ARV) therapy (ART), percentage		Number of facilities offering ART	Among facilities offering any care and support services for HIV/AIDS clients, percentage		Among facilities offering CSS for HIV/AIDS clients, percentage having records for HIV/AIDS services offered[1], and routinely submitting reports on these services	Number of facilities offering CSS for HIV/AIDS clients
	With records indicating clients receiving pre test and post test counseling and received test results	Submitting any reports for HIV testing services		With records indicating number of clients receiving ARV treatment	Submitting any reports for ART services		With records documenting clients treated for HIV/AIDS related illnesses	Submitting any reports for HIV/AIDS related illnesses treated		
Facility Type										
Hospital	33	67	3	0	0	1	50	50	0	2
Health Center	0	40	5	na	na	0	33	67	0	3
Laboratory	0	20	5	na	na	0	na	na	na	0
Other	0	33	3	100	100	1	0	100	0	1
Authority										
Government	13	50	8	0	0	1	50	75	0	4
Non-governmental	0	25	8	100	100	1	0	50	0	2
Tier										
Advanced	10	30	10	0	0	1	50	50	0	2
Basic	0	50	6	100	100	1	25	75	0	4
Total	**6**	**38**	**16**	**50**	**50**		**33**	**67**	**0**	**6**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

[1] HIV testing, ART, and/or CSS for HIV/AIDS clients

Table 3.2 Youth friendly services for HIV/AIDS

Percentage of facilities offering any youth friendly services (YFS) for counseling and testing for HIV/AIDS, and among these, percentage with indicated item, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities offering YFS with VCT or PMTCT services	Number of facilities with an HIV testing system	Percentage of facilities with			Number of facilities with youth friendly HIV testing services
			Observed policy/guidelines for YFS	At least one trained provider for YFS[1]	All items for indicator[2]	
Facility Type						
Hospital	0	3	na	na	na	0
Health Center	20	5	0	100	0	1
Laboratory	0	5	na	na	na	0
Other	33	3	0	100	0	1
Authority						
Government	13	8	0	100	0	1
Non-governmental	13	8	0	100	0	1
Tier						
Advanced	10	10	0	100	0	1
Basic	17	6	0	100	0	1
Total	**13**	**16**	**0**	**100**	**0**	**2**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.
[1]Provider reports having received training related to youth-specific services during the past 3 years, or facility in-charge reports there is a trained provider, but the provider was not present the day of the survey.
[2]Facility offers YFS, has observed policy/guidelines, and has trained staff for YFS

Formerly labeled at Indicator 5.

Table 3.3 Facilities with home or community-based linkages

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with the indicated components for home or community care and support, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities with						Number of facilities offering CSS for HIV/AIDS clients	Number of sites in facilities offering CSS for HIV/AIDS clients
		All eligible sites in facility						
	Facility offers HC or has a written document naming referral site	Can name a HC site where clients can be referred	Have an observed written referral form for client referral	Links with community-based health workers for ART services	Observed policy or guidelines for community home-based care for HIV/Aids clients	At least one trained provider for community home-based care for HIV/AIDS clients[1]		
Facility Type								
Hospital	0	0	0	50	0	0	2	6
Health Center	67	67	0	0	0	33	3	3
Laboratory	na	na	na	na	na	na	0	0
Other	100	100	100	100	0	0	1	1
Authority								
Government	50	50	0	25	0	25	4	7
Non-governmental	50	50	50	50	0	0	2	3
Tier								
Advanced	0	0	0	50	0	0	2	6
Basic	75	75	25	25	0	25	4	4
Total	**50**	**50**	**17**	**33**	**0**	**17**	**6**	**10**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

[1]Provider has received in-service training in the past 3 years for training caregivers and/or patients in HIV/AIDS care, palliative care, or specific home-based services for HIV/AIDS clients.

Table 4.1 Availability of services for prevention of mother to child transmission of HIV/AIDS

Percentage of facilities offering any services for prevention of mother to child transmission (PMTCT) of HIV/AIDS, and, among these, percentage with the indicated program components, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities offering any PMTCT services	Number of facilities	Percentage of facilities reporting they offer the indicated PMTCT services							Number of facilities offering PMTCT services	Number of sites offering 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[1]	ARV therapeutic treatment for HIV+ women and family (PMTCT+)	All items for PMTCT+[2]		
Facility Type											
Hospital	67	3	100	50	100	100	50	0	0	2	3
Health Center	33	6	100	0	50	100	0	0	0	2	2
Laboratory	0	5	na	na	na	na	na	na	na	0	0
Other	33	3	0	0	100	0	0	0	0	1	1
Authority											
Government	56	9	80	20	80	80	20	0	0	5	6
Non-governmental	0	8	na	na	na	na	na	na	na	0	0
Tier											
Advanced	30	10	67	33	100	67	33	0	0	3	4
Basic	29	7	100	0	50	100	0	0	0	2	2
Total	**29**	**17**	**80**	**20**	**80**	**80**	**20**	**0**	**0**	**5**	**6**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

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

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

Table 4.2a Availability of service records for PMTCT services

Among facilities offering services for prevention of mother to child transmission of HIV (PMTCT), percentage with the indicated doumentation observed and up-to-date, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities offering any PMTCT services	Number of facilities	Percentage of facilities offering PMTCT services and having indicated documentation					Number of facilities offering PMTCT services	Number of sites offering PMTCT services
			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 offered a complete ARV course for PMTCT	All items for indicator		
Facility Type									
Hospital	67	3	50	50	0	0	0	2	3
Health Center	33	6	0	0	0	0	0	2	2
Laboratory	0	5	na	na	na	na	na	0	0
Other	33	3	0	0	0	0	0	1	1
Authority									
Government	56	9	20	20	0	0	0	5	6
Non-governmental	0	8	na	na	na	na	na	0	0
Tier									
Advanced	30	10	33	33	0	0	0	3	4
Basic	29	7	0	0	0	0	0	2	2
Total	**29**	**17**	**20**	**20**	**0**	**0**	**0**	**5**	**6**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

Table 4.2b Availability of service records for PMTCT+ services

Among facilities offering services for prevention of mother to child transmission of HIV and antiretroviral treatment (ART) for HIV positive women and their families (PMTCT+), percentage with the indicated up-to-date documentation, by background characteristics, Antigua SPA 2006.

Background characteristics	Percentage of facilities offering PMTCT+ services	Number of facilities	Percentage of facilities			Number of facilities offering PMTCT+ services	Number of sites offering PMTCT+ services
			Observed record of HIV+ pregnant women who receive therapeutic ARV	All elements and records of PMTCT+[1]	PMTCT women and family referred outside PMTCT unit for ART, no further follow-up by PMTCT clinic/unit		
Facility Type							
Hospital	0	3	na	na	na	0	0
Health Center	0	6	na	na	na	0	0
Laboratory	0	5	na	na	na	0	0
Other	0	3	na	na	na	0	0
Authority							
Government	0	9	na	na	na	0	0
Non-governmental	0	8	na	na	na	0	0
Tier							
Advanced	0	10	na	na	na	0	0
Basic	0	7	na	na	na	0	0
Total	**0**	**17**	**0**	**0**	**0**	**0**	**0**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.
[1]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).

Table 5.1a Tuberculosis treatment and/or follow-up using Direct Observed Treatment Short-course (DOTS)

Among all facilities percentage treating tuberculosis (TB) and, among those following direct observed short-course (DOTS) strategy, percentage having the indicated components, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage with indicated TB activities			Number of facilities	Among facilities following DOTS strategy for TB, percentage with				Number of facilities following DOTS strategy for TB	Number of sites offering TB service using DOTS strategy
	Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy[1]		Observed client register for DOTS	Observed TB treatment protocol in all elig ble service sites	All first-line TB medicines available[2]	All items for TB indicator[3]		
Facility Type										
Hospital	33	0	0	3	na	na	na	na	0	0
Health Center	17	0	0	6	na	na	na	na	0	0
Laboratory	0	0	0	5	na	na	na	na	0	0
Other	33	0	0	3	na	na	na	na	0	0
Authority										
Government	22	0	0	9	na	na	na	na	0	0
Non-governmental	13	0	0	8	na	na	na	na	0	0
Tier										
Advanced	10	0	0	10	na	na	na	na	0	0
Basic	29	0	0	7	na	na	na	na	0	0
Total	**18**	**0**	**0**	**17**	na	na	na	na	**0**	**0**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

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

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

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

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

Among facilities offering any tuberculosis treatment services, percentage having the indicated components for management of tuberculosis (TB), by background characteristics, Antigua SPA 2006.

Background characteristic	Among facilities offering any TB services, percentage reporting they follow indicated treatment strategy[1]			Among facilities offering any TB services, percentage with				Number of facilities offering any TB services	Number of sites offering TB services
	DOTS[2]	Follow-up treatment only[3]	Other strategies[4]	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available[5]	All items for TB indicator[6]		
Facility Type									
Hospital	0	0	100	0	0	100	0	1	1
Health Center	0	100	0	0	0	0	0	1	1
Laboratory	na	na	na	na	na	na	na	0	0
Other	0	0	100	0	0	0	0	1	1
Authority									
Government	0	50	50	0	0	50	0	2	2
Non-governmental	0	0	100	0	0	0	0	1	1
Tier									
Advanced	0	0	100	0	0	100	0	1	1
Basic	0	50	50	0	0	0	0	2	2
Total	**0**	**33**	**67**	**0**	**0**	**33**	**0**	**3**	**3**

NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.

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

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

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

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

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

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

Table 5.1c Resources and supplies for diagnosing tuberculosis

Among all facilities, percentage offering TB diagnosis, and having the indicated elements for diagnosis, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities with indicated TB diagnostic activities			Total number of facilities	TB diagnosis using sputum				TB diagnosis using X-ray	
					Among facilities diagnosing TB using sputum[2], percentage with			Number of facilities diagnosing TB using sputum test	Percentage with X-ray capacity[4]	Number of facilities diagnosing TB using X-ray
	Any TB diagnostic or treatment services[1]	Use sputum for TB diagnosis[2]	Use X-ray for TB diagnosis		All items for conducting sputum test for TB	Observed record of sputum test results	All items for indicator[3]			
Facility Type										
Hospital	33	33	33	3	100	100	100	1	0	1
Health Center	17	0	0	6	na	na	na	0	na	0
Laboratory	0	0	0	5	na	na	na	0	na	0
Other	33	33	0	3	0	0	0	1	na	0
Authority										
Government	22	11	11	9	100	100	100	1	0	1
Non-governmental	13	13	0	8	0	0	0	1	na	0
Tier										
Advanced	10	10	10	10	100	100	100	1	0	1
Basic	29	14	0	7	0	0	0	1	na	0
Total	**18**	**12**	**6**	**17**	**50**	**50**	**50**	**2**	**0**	**1**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

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

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

[3]All items for conducting test or documented system for sending sputum elsewhere, and record of test results.

[4]Functioning X-ray machine with films.

Table 5.1d Malaria diagnosis and treatment

Among all facilities, percentage offering malaria treatment services, and among these, percentage having the indicated components for management of malaria, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities that offer malaria treatment services	Total number of facilities	Among facilities offering malaria services, percentage with			Number of facilities offering malaria treatment services	Number of sites offering malaria treatment services
			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		
Facility Type							
Hospital	33	3	0	100	0	1	2
Health Center	0	6	na	na	na	0	0
Laboratory	0	5	na	na	na	0	0
Other	0	3	na	na	na	0	0
Authority							
Government	11	9	0	100	0	1	2
Non-governmental	0	8	na	na	na	0	0
Tier							
Advanced	10	10	0	100	0	1	2
Basic	0	7	na	na	na	0	0
Total	**6**	**17**	**0**	**100**	**0**	**1**	**2**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

Table 5.1e Diagnosis and treatment for sexually transmitted infections

Among all facilities, percentage offering treatment for sexually transmitted infections (STIs), and among these, percentage having the indicated components for supporting services for STIs, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities that offer STI services	Total number of facilities	Percentage of facilities offering STI services, with				Number of facilities offering STI treatment services	Number of sites offering STI treatment
			Observed STI treatment protocol in all relevant units	All STI medicines available in facility[1]	Condoms in any service area or pharmacy	All items for STI services[2]		
Facility Type								
Hospital	100	3	0	67	67	0	3	6
Health Center	17	6	0	100	100	0	1	1
Laboratory	0	5	na	na	na	na	0	0
Other	67	3	50	0	100	0	2	2
Authority								
Government	33	9	0	100	100	0	3	6
Non-governmental	38	8	33	0	67	0	3	3
Tier								
Advanced	40	10	0	50	75	0	4	7
Basic	29	7	50	50	100	0	2	2
Total	**35**	**17**	**17**	**50**	**83**	**0**	**6**	**9**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

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

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

Table 5.1f Supportive management practices for health service providers who treat infections relevant to HIV/AIDS

Among all facilities, percentage having the indicated conditions to support health service providers, by background characteristics, Antigua SPA 2006.

Background characteristic	Percentage of facilities with:			Number of 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	At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the past 3 months	All items for all components of indicator[1]	
Facility Type				
Hospital	33	0	0	3
Health Center	33	33	0	6
Laboratory	0	0	0	5
Other	33	0	0	3
Authority				
Government	33	22	0	9
Non-governmental	13	0	0	8
Tier				
Advanced	10	0	0	10
Basic	43	29	0	7
Total	**24**	**12**	**0**	**17**

NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.

[1]All records, guidelines, medicines, and trained and supervised staff for offering tuberculosis, malaria, and STI services (Tables 5.1b, 5.1d, 5.1e, 5.1f).

APPENDIX B: SURVEY INSTRUMENT

EASTERN CARIBBEAN HIV/AIDS SERVICE PROVISION INVENTORY (HSPI) 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 CENTRE	05
HEALTH POST/MEDICAL STATION	06
STAND-ALONE VCT/HEALTH PROMOTION CLINIC	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 1
2 RESPONDENT NOT AVAILABLE 2
3 FACILITY REFUSED 3

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 "position"

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

012 WAYPOINT NAME	WAYPOINT NAME 0 COUNTRY FACILITY
013 LATITUDE	DEGREES/DECIM b c
014 LONGITUDE	DEGREES/DECIM b c

FACILITY CHECKLIST FOR QUESTIONNAIRES: OUTPATIENT & INPATIENT SERVICES

COUNTRY DISTRICT FAC

I would like to start by asking about the overall facility organization and availability of services.
I want to know about the different clinc/units that provide services. I am going to mention different types of services and clinic/units that may offer the services. I need to know about specific clinic/units, and about where different HIV/AIDS related services are offered.

LIST ALL MAIN OUTPATIENT (OPD) CLINIC/UNITS. COMPLETE AN OPD/IPD QRE FOR ALL MAIN UNITS WHERE CURATIVE OR HIV/AIDS RELATED SERVICES ARE OFFERED. IF STAFF FROM THE CLINIC/UNIT OFFER ANY OF THE INDICATED HIV/AIDS SERVICES, MARK THE "ELIGIBLE QUESTIONNAIRE COLUMN WITH AN " / " IF A PARTICULAR SECTION IS REQUIRED, AND AS SOON AS THAT SECTION IS DONE, MAKE A COMPLETE "X" IN THE BOX TO INDICATE THAT THIS SECTION WAS REQUIRED AND IT IS DONE

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

OUTPATIENT (OPD) CLINIC/UNITS

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

INPATIENT (IPD) UNITS

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

	CLINIC/UNIT	DESCRIPTION OF CLINIC/UNIT	ELIGIBLE QUESTIONNAIRES (QRE) SERVICE PROVIDED							
			Mod B or C OPD or IPD	Mod G TB	Mod H VCT	Mod I ART	Mod J PMTCT	Mod D HMIS	Mod E LAB	Mod F PHARM
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
			OPD or IPD	TB	VCT	ART	PMTCT	HMIS	LAB	PHARM
TOTAL QRES COMPLETED										
TOTAL HEALTH WORKER INTERVIEW QRES										

OUTPATIENT (OPD) CLINIC/UNITS

01= General Outpatient
02= Pediatric Outpatient
03= Antenatal Care
04= Family Planning
05= Delivery (Outpatient)
06= Tuberculosis (TB)
07= VCT or CT (may be stand alone)
08= PMTCT
09= Specific HIV/AIDS Only (may be ART unit)
10= Specific Diagnoses (Including HIV/AIDS)
11= STI
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13= Urology
15= Emergency/Casualty
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17= Social Services Department/home based care/community services (HIV/AIDS specific)
18= Service statistics/medical records/HMIS
19= Laboratory (OPD &/or IPD)
20= Pharmacy
96= Other OPD _____ (SPECIFY)

INPATIENT (IPD) UNITS

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

STAFF LISTING FORM

INTERVIEWER CODE [ ][ ]

FACILITY CODE [ ][ ] [ ][ ] [ ][ ][ ]
COUNTRY DISTRICT FACILITY

CLINIC/ UNIT NUMBER: line	unit	STAFF LINE #	PROVIDER CODE AND NAME: WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*	SERVICE RELATED TO HIV/AIDS: QUALI-FICATION ENTER NUMBER	COUNSEL	HIV TEST: PRESCRIBE, DRAW BLOOD OR DO TEST	PMTCT	ART	SOCIAL SERVICES	CLINICAL CARE HIV	LAB	TB	DELIVERY	OTHER (SPECIFY)	INDIVIDUAL HW INTERVIEW COMPLETE: YES	
		01														
		02														
		03														
		04														
		05														
		06														
		07														
		08														
		09														
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		22														
		23														
		24														
		25														

*Provider Qualification Code:
01=Specialist/Consultant Physician **02=**Physician/Medical Doctor **03=**Medical Officer **04=**Intern **05=**Nurse-Midwife **06=**Nurse **07=**Midwife
08=Family Nurse Practitioner **09=**Nursing Assistant **10**=Clinic Aide **11=**PH/Community Health Nurse **12=**Community Health Worker
13=Community Health Aide **14=**District 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 [ ][ ]

FACILITY CODE [ ][ ] [ ][ ] [ ][ ][ ]
COUNTRY DISTRICT FACILITY

CLINIC/ UNIT NUMBER: line	unit	STAFF LINE #	PROVIDER CODE AND NAME: WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*	SERVICE RELATED TO HIV/AIDS: QUALI-FICATION ENTER NUMBER	COUNSEL	HIV TEST: PRESCRIBE DRAW BLOOD OR DO TEST	PMTCT	ART	SOCIAL SERVICES	CLINICAL CARE HIV	LAB	TB	DELIVERY	OTHER (SPECIFY)	INDIVIDUAL HW INTERVIEW COMPLETE: YES	
		26														
		27														
		28														
		29														
		30														
		31														
		32														
		33														
		34														
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13=Community Health Aide **14=**District Health Visitor **15=**Health Educator **16=**Lab Technician/Technologist **17**=Lab Assistant
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STAFF LISTING FORM

INTERVIEWER CODE [ ][ ]

FACILITY CODE [ ][ ] [ ][ ] [ ][ ][ ]

COUNTRY DISTRICT FACILITY

CLINIC/ UNIT NUMBER line	unit	STAFF LINE #	PROVIDER CODE AND NAME: WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*	SERVICE RELATED TO HIV/AIDS: QUALI-FICATION ENTER NUMBER	COUNSEL	HIV TEST: PRESCRIBE DRAW BLOOD OR DO TEST	PMTCT	ART		CLINICAL CARE HIV	LAB	TB	DELIVERY	OTHER	INDIVIDUAL HW INTERVIEW COMPLETE YES	
		51														
		52														
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		58														
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STAFF LISTING FORM

INTERVIEWER CODE [ ][ ]

FACILITY CODE [ ][ ] [ ][ ] [ ][ ][ ]

COUNTRY DISTRICT FACILITY

CLINIC/ UNIT NUMBER line	unit	STAFF LINE #	PROVIDER CODE AND NAME: WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*	SERVICE RELATED TO HIV/AIDS: QUALIFICATION ENTER NUMBER	COUNSEL	HIV TEST: PRESCRIBE DRAW BLOOD OR DO TEST	PMTCT	ART		CLINICAL	LAB	TB	DELIVERY	OTHER	INDIVIDUAL HW INTERVIEW COMPLETE: YES	
		71														
		72														
		73														
		74														
		75														
		76														
		77														
		78														
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		94														
		95														

*Provider Qualification Code:

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07=Midwife **08=**Family Nurse Practitioner **09=**Nursing Assistant **10=**Clinic Aide **11=**PH/Community Health Nurse **12=**Community Health Worker
13=Community Health Aide **14=**District 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)

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 Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit. 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 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* in total here talking to staff members. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide 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 [ ][ ] . [ ][ ] (12-HOUR CLOCK) Date [ ][ ] (DAY) [ ][ ] (MONTH) [ ][ ][ ][ ] (YEAR)		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
102	**REVIEW OVERALL ORGANIZATION OF FACILITY AND IDENTIFY CRITICAL CLINIC/UNITS ON CHECKLIST**		
103	Now I have some questions about staffing for this facility. I am interested in the staffing norm, or number of staff with the qualification, that the facility is authorized to have, and the number actually assigned. Please provide the information for the highest technical qualification the staff have, not their position. - for example, a public health nurse trained as an HIV counselor is a public health nurse. ENTER 000 IF NO STAFFING NORM.		

NO.	QUESTIONS	CODING CATEGORIES			GO TO
	QUALIFICATION	(a) ESTABLISHMENT (NUM. AUTHORIZED)	(b) ACTUAL NUMBER ASSIGNED TO FACILITY	(c) AVE. NUM. DYS PER MONTH	
01	Specialist/Consultant Physician-onsite				
02	(NOT APPLICABLE)	9 9 5	9 9 5		
03	Specialist/consultant or physician (visiting)				
04	Medical Officer/Physician/House officer, District medical officer, etc.				
05	Intern (on site)				
06	Intern (visiting)				
07	Nurse/Midwife				
08	Nurse				
09	Midwife				
10	Family Nurse Practitioner				
11	Nursing Assistant				
12	Clinic Aide/Personal Care Assistant (PCA)				
13	Public Health/Community Health Nurse				
14	Community Health Worker				
15	Community Health Aide				
16	District Health Visitor				
17	Health Educator				
18	Lab technician/technologist				
19	Lab assistant				
20	Social worker				
21	HIV/AIDS counselor				
22	Other counselor				
23	Psychologist				
24	Nutritionist				

NO.	QUESTIONS	CODING CATEGORIES			GO TO
	QUALIFICATION	(a) NUMBER AUTHORIZED	(b) ACTUAL NUMBER ASSIGNED TO FACILITY	(c) AVE. NUM. DYS PER MONTH	
25	Pharmacist				
26	Pharmacy assistant				
27	All other staff with clinical training or providing client services (e.g., radiologist, dietician, dentist, surgical/anesthetic staff, etc.)				
104	SUM THE NUMBER OF STAFF REPORTED IN COLUMN (b).	TOTAL ASSIGNED CLINICAL/CLIENT SERVICE STAFF			
	You have told me that there are (TOTAL STAFF) with clinical training or providing client services 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 ONLY	SERVICES: NOT ONLY HIV/AIDS	
01	Doctor	DOCTOR			
02	Intern	INTERN			
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 client service staff	OTHER CLIENT SERVICE PROVIDERS			
107	SUM THE NUMBER OF OTHER PEOPLE WHO WORK WITH THE FACILITY.	TOTALS			
108	Among all staff (either assigned or seconded) how many are foreign ? (FOREIGN = NON-CARICOM EXCEPT SURINAME)	TOTAL FOREIGN SERVICE PROVIDERS			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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
110	Is there access to email/internet within the facility? IF NOT FUNCTIONING, ASK ABOUT EMAIL ACCESS WHEN COMPUTER FUNCTIONS	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 RADIO . . . . . 2 ONLY PERSONAL CELL, PAY OR OFF-SITE BORROWED PHONE . . . . . 3 NO 4	
112	Does this facility have a stand-by or back-up generator? IF YES, ASK: Is the generator functioning and is fuel routinely available? (REPORTED RESPONSE IS ACCEPTABLE)	YES, FUNCTIONING AND FUEL ROUTINELY AVAILABLE . . . . . 1 YES, FUNCTIONING BUT FUEL NOT ROUTINELY AVAILABLE . . . . . 2 YES, BUT NOT FUNCTIONING . . . . . 3 NO GENERATOR 4	
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 <u>not</u> 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 . . . . 01 PIPED FROM UNPROTECTED SOURCE, SUCH AS UNPROTECTED WELL OR BOREHOLE 02 PIPED FROM UNKNOWN SOURCE . . . . . 03 PROTECTED STAND-PIPE (WELL/BOREHOLE) 04 UNPROTECTED STAND-PIPE (WELL/BOREHOLE) 05 RAINWATER PROTECTED . . . . . 06 RAINWATER UNPROTECTED . . . . . 07 RIVER OR LAKE OR POND . . . . . 08 OTHER _____ . . . . . 09 SPECIFY DON'T KNOW 98	
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	→ 128
119	How many days in the last 6 months was water unavailable?	DAYS [ ][ ][ ]	
120-12 QUESTIONS DELETED			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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, WRITTEN IN CONTRACT . . . . . 1 YES, NOT WRITTEN IN CONTRACT . . . . . 2 NO . . . . . 3 DON'T KNOW 8	
129	Do you have any staff who have been trained in both pre and post test counseling for HIV/AIDS?	YES, TRAINED COUNSELOR IN FACILITY . . . . . 1 NO TRAINED COUNSELOR IN FACILITY . . . . . 2 DON'T KNOW 8	
	POST EXPOSURE PROPHYLAXIS		
130	Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV/AIDS. Are at-risk , clients, for example, rape victims, offered or referred for PEP? IF YES, ASK: Is the PEP provided in this facility, or are clients referred elsewhere for PEP?	YES, PEP IN THIS FACILIT . . . . . 1 YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 2 NO PEP AVAILABLE . . . . . 3 DON'T KNOW 8	
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	→ 139
132	Is there a non-client service unit where staff who are exposed either receive the prescription or a referral for PEP? NON CLIENT UNIT MEANS ANY LOCATION NOT ELIGIBLE FOR OPD/IPD QRE.	YES . . . . . 1 NO, PEP SERVICES ONLY ON CLIENT SERVICE UNITS 2	→ 139
133	GO TO MAIN PEP SERVICE OR REFERRAL SITE. IF NO CENTRAL SITE FOR PEP SERVICES, GO TO MAIN STORAGE SITE FOR PEP MEDICINES. Is there a centrally maintained register or record that shows that a worker has been prescribed PEP or has been referred for PEP? IF YES, ASK: May I see the register/record? GO TO WHERE THE RECORD/REGISTER IS MAINTAINED AND CIRCLE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED	REFERRED FOR PEP . . . . . A RECEIVED PRE-PEP HIV TEST . . . . . B RECEIVED PEP ARV DRUGS . . . . . C RECEIVED POST-PEP HIV TEST . . . . . D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS . . . . . E INFORMATION ONLY AVAILABLE IN INDIVIDUAL HEALTH RECORDS . . . . . F NO RECORDS FOR PEP . . . . . Y	
134	Is the PEP regime prescribed by a provider in this clinic/unit?	YES . . . . . 1 NO 2	→ 136
134a	What is the PEP regimen that is most commonly prescribed?	ZIDOVUDINE . . . . . 1 OTHER _____ 6	
135	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	
136	ASK TO GO TO THE MAIN PLACE IN THE FACILITY WHERE PEP MEDICINES ARE STORED, AND INDICATE IF MEDICINES ARE AVAILABLE. IF YES, INDICATE IF INFORMED CONSENT WAS RECEIVED FROM RESPONDENT.	NO PEP MEDICINES IN FACILITY . . . . . 1 YES PEP MEDS, YES INFORMED CONSENT . . . 2 YES, MEDICINES, NO INFORMED CONSENT . . . 3	→ 139 → 139

NO.	QUESTIONS	CODING CATEGORIES	GO TO
137	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 ZIDOVUDINE . . . . . E OTHER _____ . . . . . X (SPECIFY NONE . . . . . Y	
138	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES? IF THERE WERE NO PEP MEDICINES PRESENT, DESCRIBE THE NORMAL STORAGE AND SECURITY WHEN PEP DRUGS ARE AVAILABLE.	LOCKED, SEPARATE FROM OTHER MEDICINES AND ARVS . . . . . 1 LOCKED, BUT NOT SEPARATE FROM OTHER MEDICINES OR ARVS . . . . . 2 NOT LOCKED, SEPARATE FROM OTHER MEDICINES . . . . . 3 NOT LOCKED, AND NOT SEPARATE FROM OTHER MEDICINES OR ARVS . . . 4 OTHER _____ . . . . . 6 (SPECIFY)	
	STERILIZATION/HIGH LEVEL DISINFECTING EQUIPMENT		
139	ASK THE RESPONDENT TO TAKE YOU TO THE MAIN AREA WHERE EQUIPMENT IS CLEANED AND STERILIZED OR DISINFECTED AND ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE PROCESSES USED.		
	What procedure is used for **decontaminating** and **cleaning** syringes or equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED USING SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT SOLUTION . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . . . . . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . . . . . 05 OTHER _____ . . . . . 06 (SPECIFY) NO REUSABLE SYRINGES OR EQUIPMENT . . . 07 NONE . . . . . 95 DON'T KNOW 98	 → 147 → 147
140	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
141	After cleaning, which are the **final** processing methods most commonly used for disinfecting **syringes and needles?**	YES	NO	DON'T KNOW	
01	Use disposables **only**	1 → 142	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2		
142	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	NO	DON'T KNOW	
01	No equipment sterilized or disinfected	1 → 143	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2		

NO.	QUESTIONS	CODING CATEGORIES	GO TO

143 **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)**

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

	ASK TO SEE WHERE ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS AN OBSERVED OR REPORTED PRACTICE	OBSERVED	REPORTED, NOT SEEN	NO/ NOT APPLICABLE	DON'T KNOW
01	Wrapped in sterile cloth/autoclave paper, sealed with 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/paper or wrapped without sealing tape	1	2	3	8
05	In container with disinfectant or antiseptic	1	2	3	8
06	OTHER CLEAN	1	2	3	8
07	OTHER, NOT CLEAN	1	2	3	8
145	Date of sterilization written on packet or container with processed items	1	2	3	8
146	Storage location dry and clean	1	2	3	8

NO.	QUESTIONS	CODING CATEGORIES	GO TO
147	ASK TO GO TO THE MAIN LOCATION AT THE FACILITY FOR DISPOSAL OF HAZARDOUS WASTE. How does this facility finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?	BURNED IN INCINERATOR . . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE LANDFILL . . . . . 04 BURNED AND NOT BURIED . . . . . 05 BURIED AND NOT BURNED . . . . . 06 THROWN IN TRASH/OPEN PIT . . . . . 07 THROWN IN PIT LATRINE . . . . . 08 REMOVED OFFSITE . . . . . 09 NOT APPLICABLE . . . . . 10 OTHER _____ 96 (SPECIFY)	
148	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	
149	How does this facility finally dispose of needles and other sharps?	SAME SITE AS OTHER WASTE (Q147) 01 BURNED IN INCINERATOR . . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE LANDFILL . . . . . 04 BURNED AND NOT BURIED . . . . . 05 BURIED AND NOT BURNED . . . . . 06 THROWN IN TRASH/OPEN PIT . . . . . 07 THROWN IN PIT LATRINE . . . . . 08 REMOVED OFFSITE . . . . . 09 NOT APPLICABLE . . . . . 10 OTHER _____ 96 (SPECIFY)	→ 151
150	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	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
151	CHECK Q147 AND Q149, IS '09' CIRCLED, INDICATING THAT UNBURNED WASTE IS REMOVED OFFSITE FOR DISPOSAL?	YES . . . . . 1 NO 2	→ 153
152	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 TAKEN TO LOCAL LANDFILL AND BURNED 2 TAKEN TO LOCAL LANDFILL AND NOT BURNED . . . . . 3 OTHER _____ . . . . 6 (SPECIFY) DON'T KNOW 8	
153	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	
	REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.		
154	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. IF THERE ARE NO HIV/AIDS OR RELATED SERVICES OFFERED IN THE FACILITY, COMPLETE AT LEAST ONE OPD QRE FOR THE FACILITY

200	INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER [ ][ ][ ] LINE UNIT 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 . . . . . [ ][ ]
200b	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS CLINIC/UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS CLINIC/UNIT	

	YES	NOT APPLICABLE
(V)CT Q204, Q206, OR Q208	1	2
PMTCT Q214	1	2
TB Q220 (01, 02 or 03)	1	2
ART Q224 (07 OR 08)	1	2

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 Ministry of Health, based in _____ (Country) 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. 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 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	[ ][ ] . [ ][ ] (12 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.	NUMBER OF STAFF LISTED [ ][ ]	
	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	Other than for prevention of mother to child transmission (PMTCT), do providers in this clinic/unit ever provide any individual counseling for HIV tests? By this I mean either pre- or post-test counseling?	YES . . . . . 1 ONLY PROVIDE PRETEST EDUCATION OR GENERAL PREVENTIVE INFORMATION . . 2 COUNSELING ALWAYS BY PROVIDER FROM OTHER CLINIC/UNIT . . . . . 3 NO COUNSELING FOR HIV TESTING 4	Q:VCT
205	Other than for prevention of mother to child transmission (PMTCT) 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	Other than for PMTC when a provider wants a a client to receive an HIV test, what is the procedure that is followed? NOTE: IF BLOOD IS DRAWN IN CLINIC/UNIT (WHETHER SENT TO LAB OR TO OUTSIDE FACILITY), CIRCLE E, F, OR G. CIRCLE 'I' CLIENT/BLOOD SENT OUTSIDE **ONLY** IF THIS CLINIC/UNIT DIRECTLY SENDS CLIENT OR BLOOD. IF SPECIMEN IS SENT OUTSIDE FACILITY BY THE LAB, RESPONSE '1' DOES NOT APPLY. AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY.	**TESTING IN THIS FACILITY** RAPID TEST IN THIS CLINIC/UNIT . . . . . A CLIENT SENT TO (V)CT CLINIC/UNIT . . . . . B CLIENT SENT TO PMTCT CLINIC/UNIT . . C CLIENT REFERRED OTHER CLINIC/UNIT . . THIS FACILITY (NON-VCT/PMTCT) . . . . . D **BLOOD DRAWN IN THIS CLINIC/UNIT** BY CLINIC/UNIT STAFF . . . . . E BY LAB STAFF OR TECHNICIAN . . . . . F BY EXTERNAL VCT/PMTCT STAFF . . . . . G **CLIENT SENT TO LAB** . . . . . H **TESTING OUTSIDE FACILITY:** CLIENT/BLOOD SENT DIRECTLY BY CLINIC/ UNIT TO SITE OUTSIDE THIS FACILITY I OTHER _____ . . X (SPECIFY)	Q:VCT Q:VCT Q:VCT Q:VCT
207	CHECK Q206: IS "I" CIRCLED, INDICATING CLIENT OR BLOOD ARE SENT OUTSIDE FACILITY, BY CLINIC/UNIT	YES . . . . . 1 NO 2	→ 213
208	Does this clinic/unit have an agreement with the external testing site for HIV tests that test results will be returned to the clinic/unit, either directly or through the client?	YES . . . . . 1 NO 2	Q:VCT
209	Is there a record of clients who are referred for HIV tests? IF YES, ASK TO SEE WHERE THE INFORMATION IS RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
210	When you refer the client **to another facility** for an HIV test, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 212 → 212

NO.	QUESTIONS	CODING CATEGORIES	GO TO
211	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED . . . . . 1 NO 2	→ 213 → 213
212	Do you use any [other] method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What methods do you use? CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT . . . . . C WRITE NOTE/LETTER ON BLANK PAPER . . . . . D OTHER _____ . . . . . X (SPECIFY) NONE . . . . . 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. CIRCLE ALL THAT APPLY.	IF PROVIDER AVAILABLE, PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS CLINIC/UNIT A MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME . . . . . B REFER WITHOUT APPOINTMENT FOR TEST WITHIN FACILITY . . . . . C REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT . . . . . D OTHER _____ . . X (SPECIFY) DON'T PROVIDE SERVICE OR REFERRAL . . . . . Y	
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	Q: PMTCT
215	QUESTION DELETED		
216	Is an individual client chart/record maintained for clients receiving services in this clinic/unit? IF THIS IS THE PRACTICE FOR EITHER ALL PATIENTS OR ONLY HIV/AIDS PATIENTS, THE ANSWER IS 'YES'. 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 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	
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, AND CIRCLE '1' INDICATING INFORMED CONSENT WAS PROVIDED.	YES . . . . . 1 IF NO AGREEMENT, SEEK ASSISTANCE OF FACILITY/UNIT IN-CHARGE. IF NO AGREEMENT TO PROVIDE FURTHER INFORMATION ON CLINICAL SERVICES, CIRCLE '2' 2	→ END QRE

NO.	QUESTIONS	CODING CATEGORIES				GO TO
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 medicines for treatment of tuberculosis?	1→ TB QRE	2	3	4	
02	Make the diagnosis of tuberculosis?	1→ TB QRE	2	3	4	
03	Provide follow-up treatment/care for clients with tuberculosis? THIS INCLUDES COMMUNITY LEVEL F/U	1→ TB QRE	2	3	4	
04	Prescribe treatment for sexually transmitted infections (STIs)	1	2	3	4	
05	Prescribe treatment for malaria	1	2	3	4	

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 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 providers assigned to this unit ever provide treatment or follow-up for clients whom they think have HIV/AIDS? IF YES, CONFIRM THAT THE SERVICE IS RELATED TO HIV/AIDS, SUCH AS TREATMENT OF OPPORTUNISTIC INFECTIONS (ORAL CANDIDIASIS, CHRONIC DIARRHEA, RESPIRATORY INFECTIONS, ETC) OR SOCIAL SERVICES/COUNSELING SERVICES RELATED TO CARE AND SUPPORT FOR HIV/AIDS.	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, WITHIN FACILITY . . . . . 2 NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 OTHER _____ . . . . . 6 (SPECIFY) NEVER REFER OR PROVIDE SERVICES FOR HIV/AIDS 7	 → 229 → 231 → 231 → 249
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. CIRCLE '1' TO INDICATE INFORMED CONSENT RECEIVED.	YES . . . . . 1 NO IS NOT ACCEPTABLE. IF NO OTHER RESPONDENT AVAILABLE, CONTINUE WITH PREVIOUS RESPONDENT.	

NO.	QUESTIONS	CODING CATEGORIES					GO TO
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	Systemic intravenous treatment of specific fungal infections such as cryptoccocal meningitis?	1	2	3	4	5	
03	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5	
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the severely debilitated client? [HOSPICE CARE]	1	2	3	4	5	
05	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5	
06	Fortified protein supplementation (FPS)	1	2	3	4	5	
07	Prescribe ARV therapy?	1 → ART QRE	2	3	4	5	
08	Provide follow-up services for clients on antiretroviral treatment [THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES]	1 → ART QRE	2	3	4	5	
09	Care for pediatric HIV/AIDS patients	1	2	3	4	5	
10	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 IN THIS CLINIC/UNIT OR THROUGH REFERRAL WITHIN OR OUTSIDE THIS FACILITY.	SERVICE OFFERED				
		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	NO SERVICE NO REFERRAL
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				→
227	For each service I mention, are written guidelines available? IF YES: Could you please show them to me?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	
01	National guidelines for the clinical management of HIV/AIDS infection in adults (8)	1	2	3		
02	Other guidelines for the clinical management of HIV/AIDS infection in adults (8)	1	2	3	4	
03	Guidelines for management of opportunistic infections (subset of 8)	1	2	3		
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		
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		
16	Other guidelines relevant to HIV/AIDS or related services _____ (SPECIFY)	1	//////////	3		

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	CANNOT NAME SITE	
01	Home-based care services for people living with HIV/AIDS (PLHA) 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 REFERRAL WITHIN FACILITY 4	→ 231 → 231
230	Do you use any [other] method to provide client information to the other clinic/unit 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 RECORDS/FILE/CARD . . . . . A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . C WRITE NOTE/LETTER ON BLANK PAPER . . . . . D OTHER _____ (SPECIFY) . . . . . X NONE . . . . . 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, ONLY WRITTEN IN INDIVIDUAL CLIENT CHART/REC 3 NO 4	
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 → 234 → 235
233	Does the referral form have a place where the name of the referral site can be entered?	YES, OBSERVED . . . . . 1 NO 2	→ 235 → 235

NO.	QUESTIONS	CODING CATEGORIES	GO TO
234	Do you use any [other] method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use? CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT . . . . . C WRITE NOTE/LETTER ON BLANK PAPER . . . . . D OTHER _____ . . . . . X (SPECIFY) NONE . . . . . 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	
236	CHECK Q224 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES . . . . . 1 NO 2	 → 249
237	Where can we find information on the numbers of clients seen in this clinic/unit who received services for HIV/AIDS related diagnoses, such as opportunistic infections? IF RESPONSE IS "NEVER SEE HIV/AIDS CLIENTS" PROBE TO ENSURE DIAGNOSES OR CODES THAT INDICATE PROBABLE HIV/AIDS ARE NEVER USED. INDICATE THE RESPONSE FOR WHERE THE DATA WILL BE COLLECTED FOR THIS CLINIC/UNIT.	CLINIC/UNIT REGISTER/RECORDS . . . . . 1 CLINIC/UNIT COMPUTER . . . . . 2 CENTRAL FACILITY REGISTER/RECORD . . . . . 3 CENTRAL FACILITY COMPUTER . . . . . 4 INFORMATION NOT RECORDED ANYWHERE OR ONLY IN INDIVIDUAL CLIENT CHART/RECORD 5	 → 242 → 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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
239	EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this clinic/unit during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the clinic/unit records. START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT VISITS, WHICHEVER IS THE LEAST NUMBER OF CLIENTS. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT VISIT FELL. IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.		
		NUMBER OF VISITS	
01	ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) ABOVE 5 YEARS OF AGE		
02	TOXOPLASMOSIS		
03	KAPOSI'S SARCOMA		
04	AIDS-RELATED COMPLEX (ARC)		
05	HERPES ZOSTER/SIMPLEX		
06	PCP (PNEUMOCYSTIS CARNII PNEUMONIA)		
07	PNEUMONIA (ABOVE 5 YEARS OF AGE)		
08	TB (TUBERCULOSIS)		
09	IMMUNOSUPPRESSION / HIV/AIDS		
10	WASTING SYNDROME		
11	CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE)		
12	OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____		
240	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION	NUMBER OF FULL MONTHS OF DATA . . . . . ENTER '98' 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	
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	→ 249
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/NO FIXED TIME . . . . . 4 NEVER 5	→ 245

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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	
246-248	QUESTIONS DELETED		
	POST EXPOSURE PROPHYLAXIS (PEP)		
249	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker? IF NO, ASK, Do any providers in this clinic/unit refer exposed workers elsewhere for PEP?	YES, PEP PRESCRIBED/STAFF REFERRED BY THIS CLINIC/UNIT . . . . . 1 PEP PRESCRIBED/STAFF REFERRED BY OTHER SITE THIS FACILITY . . . . . 2 NO REFERRALS, STAFF CAN SEEK PEP AT OTHER FACILITY IF DESIRED . . . . . 3 NO ACCESS TO PEP 4	→ 253 → 253 → 253
249a	Is there a register or record maintained in this clinic/unit for workers who have been prescribed PEP or who have been referred for PEP? IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE AND CIRCLE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED	REFERRED FOR PEP . . . . . A RECEIVED PRE-PEP HIV TEST . . . . . B RECEIVED PEP ARV DRUGS . . . . . C RECEIVED POST-PEP HIV TEST . . . . . D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS. . . . . E INFORMATION ONLY AVAILABLE IN INDIVIDUAL HEALTH RECORDS . . . . . F NO RECORDS FOR PEP . . . . . Y	
249b	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	
250	Are any PEP drugs ever stored in this clinic/unit? IF YES, ASK TO SEE THE PEP DRUGS	YES . . . . . 1 NO 2	→ 253
251	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) . . . . . A STAVUDINE . . . . . B LAMIVUDINE . . . . . C INDINAVIR . . . . . D OTHER _____ . . . . . W (SPECIFY) OTHER _____ . . . . . X (SPECIFY) NONE AVAILABLE TODAY . . . . . Y	
252	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES? IF THERE WERE NO PEP MEDICINES PRESENT, DESCRIBE THE NORMAL STORAGE AND SECURITY WHEN PEP DRUGS ARE AVAILABLE.	LOCKED, SEPARATE FROM OTHER MEDICINES AND ARVS . . . . . 1 LOCKED, BUT NOT SEPARATE FROM OTHER MEDICINES OR ARVS . . . . . 2 NOT LOCKED, SEPARATE FROM OTHER MEDICINES . . . . . 3 NOT LOCKED, AND NOT SEPARATE FROM OTHER MEDICINES OR ARVS . . . . . 4 OTHER _____ . . . . . 6 (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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 NO, ADMITTED AS INPATIENT TO OTHER CLINIC/UNIT, THIS FACILITY . . . . . 2 NO OVERNIGHT CARE 3	
254-256	QUESTIONS DELETED		
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	
258a	FILTER: ARE CLIENT EXAMINATIONS OR PROCEDURES EVER CONDUCTED IN THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 259c

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 → 08	2	3
07	HAND SANITIZER	1	2	3
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3
09	SHARPS CONTAINER	1	2	3
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3
11	DISPOSABLE NON-LATEX GLOVES	1	2	3
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3
14	CONDOMS	1	2	3
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3
16	RAPID TEST FOR HIV	1	2	3
17	DISPOSABLE NEEDLES	1	2	3
18	DISPOSABLE SYRINGES	1	2	3
19	EXAMINATION TABLE	1	2	3
20	MASKS	1	2	3
21	GOGGLES / GLASSES	1	2	3

NO.	QUESTIONS	CODING CATEGORIES	GO TO
259a	IS THERE A PROCEDURE ROOM THAT IS DIFFERENT FROM THE PREVIOUSLY ASSESSED ROOM? IF YES, GO TO THAT ROOM AND ASSESS.	YES . . . . . 1 NONE 2	→ 259c

259b	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 →	08	2	3
07	HAND SANITIZER	1		2	3
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1		2	3
09	SHARPS CONTAINER	1		2	3
10	DISPOSABLE LATEX GLOVES	1 →	12	2	3
11	DISPOSABLE NON-LATEX GLOVES	1		2	3
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 →	14	2	3
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1		2	3
14	CONDOMS	1		2	3
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1		2	3
16	RAPID TEST FOR HIV	1		2	3
17	DISPOSABLE NEEDLES	1		2	3
18	DISPOSABLE SYRINGES	1		2	3
19	EXAMINATION TABLE	1		2	3
20	MASKS	1		2	3
21	GOGGLES / GLASSES	1		2	3

259c	Is this the main outpatient clinic/unit?	YES . . . . . 1 NO 2	→ 260
259d	IS THERE A SEPARATE DERMATOLOGY OR DENTAL CLINIC/UNIT? IF YES, GO TO THE UNIT INDICATED AT THE RIGHT, AND ASSESS.	DERMATOLOGY . . . . . 1 DENTAL . . . . . 2 NONE 3	→ 260

NO.	QUESTIONS	CODING CATEGORIES			GO TO
259e	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 →	08	2	3
07	HAND SANITIZER	1		2	3
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1		2	3
09	SHARPS CONTAINER	1		2	3
10	DISPOSABLE LATEX GLOVES	1 →	12	2	3
11	DISPOSABLE NON-LATEX GLOVES	1		2	3
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 →	14	2	3
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1		2	3
14	CONDOMS	1		2	3
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1		2	3
16	RAPID TEST FOR HIV	1		2	3
17	DISPOSABLE NEEDLES	1		2	3
18	DISPOSABLE SYRINGES	1		2	3
19	EXAMINATION TABLE	1		2	3
20	MASKS	1		2	3
21	GOGGLES / GLASSES	1		2	3
259f	IS THERE AN OTHER SEPARATE DERMATOLOGY OR DENTAL CLINIC/UNIT? IF YES, GO TO THE UNIT INDICATED AT THE RIGHT, AND ASSESS.	DERMATOLOGY . . . . . 1 DENTAL . . . . . 2 NONE 3			→ 260

NO.	QUESTIONS	CODING CATEGORIES			GO TO
259g	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 →	08	2	3
07	HAND SANITIZER	1		2	3
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1		2	3
09	SHARPS CONTAINER	1		2	3
10	DISPOSABLE LATEX GLOVES	1 →	12	2	3
11	DISPOSABLE NON-LATEX GLOVES	1		2	3
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 →	14	2	3
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1		2	3
14	CONDOMS	1		2	3
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1		2	3
16	RAPID TEST FOR HIV	1		2	3
17	DISPOSABLE NEEDLES	1		2	3
18	DISPOSABLE SYRINGES	1		2	3
19	EXAMINATION TABLE	1		2	3
20	MASKS	1		2	3
21	GOGGLES / GLASSES	1		2	3

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	STERILIZATION AND HIGH-LEVEL DISINFECTING		
	ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION		
260	What procedure is used for **decontaminating** and **cleaning** syringes or equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED USING SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT SOLUTION . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . . . . . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . . . . . 05 OTHER _____ (SPECIFY) . . 06 NO REUSABLE SYRINGES OR EQUIPMENT 07 NONE . . . . . 95 DON'T KNOW 98	 → 271 → 261
260a	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
261	Where are reusable syringes or used equipment from this clinic/unit most commonly sterilized or disinfected before being reused again?	NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY . . . . . 1 THIS CLINIC/UNIT . . . . . 2 OTHER CLINIC/UNIT THIS FACILITY . . . . . 3 ENTER CLINIC/UNIT LINE AND NUMBER [ ][ ][ ][ ] SEND TO OTHER FACILITY . . . . . 4 OTHER _____ (SPECIFY) . . 6 NO ITEMS EVER STERILIZED OR DISINFECTED FOR REUSE 7	→ 271 → 263 → 271 → 271 → 271
262	HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION.	YES . . . . . 1 NO 2	→ 271

263	After cleaning, which are the **final** processing methods most commonly used for disinfecting **syringes and needles?**	YES	NO	DON'T KNOW
01	Use disposables **only**	1 → 264	2	8
02	Dry heat sterilization	1	2	8
03	Autoclave	1	2	8
04	Steam	1	2	8
05	Boiling	1	2	8
06	Chemical method	1	2	8
07	Other _____ (SPECIFY)	1	2	//////////////

NO.	QUESTIONS	CODING CATEGORIES			GO TO
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	NO	DON'T KNOW	
01	No equipment sterilized or disinfected	1 → 266	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2	//////////	

265 QUESTION DELETED

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? OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	b) IS THE ITEM IN WORKING ORDER YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1 → 01b	2 → 01b	3 → 02	8 → 02	1	2	
02	Non-electric autoclave (PRESSURE/ WET HEAT)	1 → 02b	2 → 02b	3 → 03	8 → 03	1	2	
03	Electric dry heat sterilizer	1 → 03b	2 → 03b	3 → 04	8 → 04	1	2	
04	Electric boiler or steamer (no pressure)	1 → 04b	2 → 04b	3 → 05	8 → 05	1	2	
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8	//////////		
06	Heat source (STOVE/COOKER)	1 → 06b	2 → 06b	3 → 07	8 → 07	1	2	
07	Automatic timer	1 → 07b	2 → 07b	3 → 08	8 → 08	1	2	
08	TST indicator strips (TAPE INDICATING STERILIZATION)	1	2	3	8	//////////		
09	Written guidelines for processing	1	2	3	8	//////////		

NO.	QUESTIONS	CODING CATEGORIES				GO TO
267	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS AN OBSERVED OR REPORTED PRACTICE	OBSERVED	REPORTED, NOT SEEN	NO/ NOT APPLICABLE	DON'T KNOW	
01	Wrapped in sterile cloth/autoclave paper, sealed with 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/paper or wrapped without sealing tape	1	2	3	8	
05	In container with disinfectant or antiseptic	1	2	3	8	
06	OTHER CLEAN	1	2	3	8	
07	OTHER, NOT CLEAN	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	QUESTION DELETED					
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? IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"	BURNED IN INCINERATOR . . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE LANDFILL . . . . . 04 BURNED AND NOT BURIED . . . . . 05 BURIED AND NOT BURNED . . . . . 06 THROWN IN TRASH/OPEN PIT . . . . . 07 THROWN IN PIT LATRINE . . . . . 08 REMOVED OFFSITE . . . . . 09 NOT APPLICABLE . . . . . 10 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? IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"	SAME SITE AS OTHER WASTE (Q271) . . . . . 01 BURNED IN INCINERATOR . . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE LANDFILL . . . . . 04 BURNED AND NOT BURIED . . . . . 05 BURIED AND NOT BURNED . . . . . 06 THROWN IN TRASH/OPEN PIT . . . . . 07 THROWN IN PIT LATRINE . . . . . 08 REMOVED OFFSITE . . . . . 09 NOT APPLICABLE . . . . . 10 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				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
275	CHECK Q271 AND Q273, IS '09' CIRCLED, INDICATING THAT UNBURNED WASTE IS 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 LANDFILL AND BURNED . . 2 TAKEN TO LOCAL LANDFILL AND NOT BURNED . . . . . 3 OTHER _____ (SPECIFY) . . . . . 6 DON'T KNOW 8	
277	ASSESS GENERAL CLEANLINESS OF CLINIC/UNIT. • A CLINIC/UNIT IS CLEAN IF THE FLOORS ARE SWEPT AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A CLINIC/UNIT IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	CLINIC/UNIT CLEAN . . . . . 1 CLINIC/UNIT NOT CLEAN 2	
	REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER		
278	RECORD THE TIME AT END OF INTERVIEW [ ][ ] . [ ][ ] 12 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 [ ][ ][ ][ ] LINE UNIT 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 ..... [ ][ ]
300b	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	COMPLETE / NOT APPLICABLE (V)CT Q304, Q306 Q306b: 1 / 2 PMTCT Q307: 1 / 2 TB Q313 (01, 02, 03): 1 / 2 ART Q318 (07 OR 08): 1 / 2

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 Ministry of Health, based in _____ (Country) 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. 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 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	[ ][ ] . [ ][ ] (12 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.	NUMBER OF STAFF LISTED [ ][ ]	
	Next I want to understand any policies or practices for prescribing or referring clients in this unit for HIV counseling and/or testing		
304	Other than for prevention of mother to child transmission (PMTCT), do providers in this unit **ever provide any individual counseling for** HIV tests? By this I mean either pre- or post-test counseling?	YES . . . . . 1 ONLY PROVIDE PRETEST EDUCATION/ GENERAL PREVENTIVE INFORMATION . . . 2 COUNSELING ALWAYS BY PROVIDER FROM OTHER CLINIC/UNIT . . . . . 3 NO COUNSELING FOR HIV TESTING 4	Q:VCT
305	Other than for prevention of mother to child transmission (PMTCT) do providers in this 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	→ 307
306	Other than for PMTCT, when a provider wants a client to receive an HIV test, what is the procedure that is followed? NOTE: IF BLOOD IS DRAWN IN UNIT (WHETHER SENT TO LAB OR TO OUTSIDE FACILITY), CIRCLE E,F, OR G. CIRCLE 'I' CLIENT/BLOOD SENT OUTSIDE **ONLY** IF THIS CLINIC/UNIT DIRECTLY SENDS CLIENT OR BLOOD. IF SPECIMEN IS SENT OUTSIDE FACILITY BY THE LAB, RESPONSE '1' DOES NOT APPLY. AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	**TESTING IN THIS FACILITY** RAPID TEST IN THIS UNIT . . . . . A CLIENT SENT TO (V)CT CLINIC/UNIT . . . . B CLIENT SENT TO PMTCT CLINIC/UNIT. . . . . C CLIENT REFERRED OTHER CLINIC/UNIT THIS FACILITY (NON-VCT/PMTCT) . . . . D **BLOOD DRAWN IN THIS CLINIC/UNIT** BY UNIT STAFF . . . . . E BY LAB STAFF OR TECHNICIAN . . . . . F BY EXTERNAL VCT/PMTCT STAFF . . . . G **CLIENT SENT TO LAB** . . . . . H **TESTING OUTSIDE FACILITY:** CLIENT/BLOOD SENT DIRECTLY BY CLINIC/UNIT TO SITE OUTSIDE THIS FACILITY . . . . . I OTHER _____ . . . . X (SPECIFY)	Q:VCT Q:VCT Q:VCT Q:VCT
306a	CHECK Q306: IS 'I' CIRCLED, INDICATING CLIENT OR BLOOD ARE SENT OUTSIDE FACILITY, BY CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 307
306b	Does this clinic/unit have an agreement with the external testing site for HIV tests that test results will be returned to the clinic/unit, either directly or through the client?	YES . . . . . 1 NO 2	Q:VCT
306c	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	
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	Q:PMTCT
308	QUESTION DELETED		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
309	Is an individual client chart/record maintained for clients receiving services in this clinic/unit? IF THIS IS THE PRACTICE FOR EITHER ALL PATIENTS OR ONLY HIV/AIDS PATIENTS, THE ANSWER IS 'YES'. 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 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	
312	Now I would like to talk with the person most familiar with **clinical care services** that are available in this unit. IF SAME RESPONDENT, MARK YES AND CONTINUE. IF NEW RESPONDENT, READ TEXT ON PAGE 1, AND CIRCLE '1' INDICATING INFORMED CONSENT WAS PROVIDED.	YES . . . . . 1 IF NO AGREEMENT, SEEK ASSISTANCE OF FACILITY/UNIT IN-CHARGE. IF NO AGREEMENT TO PROVIDE FURTHER INFORMATION ON CLINICAL SERVICES, CIRCLE '2' 2	→ END QRE

313	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		CLIENT REFERRED ON DISCHARGE		NO SERVICE NO REFERRAL
		PROVIDERS FROM THIS UNIT	PROVIDERS FROM OTHER CLINIC/UNIT OR SAME PROVIDERS FOR OPD AND IPD PROVIDE SERVICE	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY	
01	Prescribe medicines for treatment of tuberculosis?	1→ TB QRE	2	3	4	5
02	Make the diagnosis of tuberculosis?	1→ TB QRE	2	3	4	5
03	Provide follow-up treatment/care for clients with tuberculosis? THIS INCLUDES COMMUNITY F/U	1→ TB QRE	2	3	4	5
04	Prescribe treatment for sexually transmitted infections (STIs)	1	2	3	4	5
05	Prescribe treatment for malaria	1	2	3	4	5

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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
315	Do providers assigned to this unit ever provide treatment or follow-up for clients whom they think have HIV/AIDS? IF YES, CONFIRM THAT THE SERVICE IS RELATED TO HIV/AIDS, SUCH AS TREATMENT OF OPPORTUNISTIC INFECTIONS (ORAL CANDIDIASIS, CHRONIC DIARRHEA, RESPIRATORY INFECTIONS, ETC) OR SOCIAL SERVICES/COUNSELING SERVICES RELATED TO CARE AND SUPPORT FOR HIV/AIDS.	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, WITHIN FACILITY . . . . . 2 NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 OTHER _____ . . . . 6 (SPECIFY) NEVER REFER OR PROVIDE SERVICES FOR HIV/AIDS 7	 → 323 → 325 → 325 → 345
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	
317	The next set of questions is regarding **clinical services for HIV/AIDS** available in this 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 IS NOT ACCEPTABLE. IF NO OTHER RESPONDENT AVAILABLE, CONTINUE WITH PREVIOUS RESPONDENT.	

318	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		CLIENT REFERRED ON DISCHARGE		NO SERVICE NO REFERRAL
		PROVIDERS FROM THIS UNIT	PROVIDERS FROM OTHER CLINIC/UNIT OR SAME PROVIDERS FOR OPD AND IPD PROVIDE 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	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5
04	Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care	1	2	3	4	5
05	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5
06	Fortified protein supplementation (FPS)	1	2	3	4	5
07	Prescribe Antiretroviral Therapy (ART)	1→ ART QRE	2	3	4	5
08	Provide follow-up services for clients on antiretroviral treatment (THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES]	1→ ART QRE	2	3	4	5
09	Care for pediatric HIV/AIDS patients	1	2	3	4	5
10	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES					GO TO
319	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 IN THIS CLINIC/UNIT OR THROUGH REFERRAL WITHIN OR OUTSIDE THIS FACILITY.	**SERVICE OFFERED**					
		ROUTINELY				SELECTIVELY	
		TO INPATIENTS		CLIENT REFERRED ON DISCHARGE			
		INPATIENT UNIT BY PROVIDERS IN THIS UNIT	ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT	THIS FACILITY	OTHER FACILITY	SOMETIMES OFFERED (MAY BE BY THIS FACILITY OR OTHER FACILITY)	NO SERVICE NO REFERRAL
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
320	Do you have any written guidelines for HIV/AIDS services or care for HIV/AIDS clients available in this unit?	YES . . . . . 1 NO 2					→ 322

NO.	QUESTIONS	CODING CATEGORIES			GO TO
321	For each service I mention, if written guidelines are available, could you please show them to me?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE
01	National guidelines for the clinical management of HIV/AIDS infection in adults (8)	1	2	3	4
02	Other guidelines for the clinical management of HIV/AIDS infection in adults (8)	1	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 specialty support 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 REFFERAL 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 (PLHA) 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
324	Do you use any [other] method to provide client information to the other clinic/unit 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 RECORDS/FILE/CARD . . . . . A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . C WRITE NOTE/LETTER ON BLANK PAPER . . . . . D OTHER _____ (SPECIFY) . . . . . X NONE . . . . . Y	
325	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	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
326	When you refer the client **to another facility** for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO . . . . . 3 NO REFERRALS TO OTHER FACILITY 4	 → 328 → 328 → 329
327	Does the referral form have a place where the name of the referral site can be entered?	YES, OBSERVED . . . . . 1 NO 2	→ 329 → 329
328	Do you use any [other] method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use? CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . C WRITE NOTE/LETTER ON BLANK PAPER . . . . . D OTHER _____ . . . . . X (SPECIFY) NONE . . . . . 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	
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	Where can we find information on the numbers of clients seen in this unit who received services for HIV/AIDS related diagnoses, such as opportunistic infections? IF RESPONSE IS "NEVER SEE HIV/AIDS CLIENTS" PROBE TO ENSURE DIAGNOSES OR CODES THAT INDICATE PROBABLE HIV/AIDS ARE NEVER USED. INDICATE THE RESPONSE FOR WHERE THE DATA WILL BE COLLECTED FOR THIS UNIT.	UNIT REGISTER/RECORDS/ . . 1 UNIT COMPUTER . . . . . 2 CENTRAL FACILITY REGISTER/RECORD 3 CENTRAL FACILITY COMPUTER 4 INFORMATION NOT RECORDED ANYWHERE 5	 → 336 → 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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
333	EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this UNIT during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the UNIT records. START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT ADMISSIONS/DISCHARGES, WHICHEVER IS THE SMALLEST NUMBER. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT ADMISSION/DISCHARGE FELL. IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.		
		NUMBER OF ADMISSIONS OR DISCHARGES	
	01 ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT)		
	02 TOXOPLASMOSIS		
	03 KAPOSI'S SARCOMA		
	04 AIDS-RELATED COMPLEX (ARC)		
	05 HERPES ZOSTER/SIMPLEX		
	06 PCP (PNEUMOCYSTIS CARNII PNEUMONIA)		
	07 PNEUMONIA (ABOVE 5 YEARS OF AGE)		
	08 TB (TUBERCULOSIS)		
	09 IMMUNOSUPPRESSION / HIV/AIDS		
	10 WASTING SYNDROME		
	11 CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE)		
	12 OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____	NUMBER OF ADMISSIONS OR DISCHARGES	
334	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION.	NUMBER OF FULL MONTHS OF DATA DON'T KNOW 98	
335	RECORD THE TOTAL NUMBER OF INPATIENT CLIENTS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED, FOR ANY TYPE OF DIAGNOSIS.	TOTAL NUMBER OF PATIENTS	
336	Are reports regularly compiled on the number of clients receiving treatment in this unit for HIV/AIDS related illnesses?	YES, FOR ALL CLIENTS 1 YES, FOR CONFIRMED HIV/AIDS ONLY 2 NO 3	→ 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/NO FIXED TIME 4 NEVER 5	→ 339

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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	
342-344 QUESTIONS DELETED			
	POST EXPOSURE PROPHYLAXIS (PEP)		
345	Do any providers in this unit prescribe the PEP regime for an exposed worker? IF NO, ASK, Do any providers in this clinic/unit refer exposed workers elsewhere for PEP?	YES, PEP PRESCRIBED/STAFF REFERRED BY THIS UNIT . . . . . 1 PEP PRESCRIBED/STAFF REFERRED BY OTHER SITE THIS FACILITY . . . . . 2 NO REFERRALS, STAFF CAN SEEK PEP AT OTHER FACILITY IF DESIRED . . . . . 3 NO ACCESS TO PEP 4	 → 349 → 349 → 349
345a	Is there a register or record maintained in this clinic/unit for workers who have been prescribed PEP or who have been referred for PEP? IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE AND CIRCLE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED	REFERRED FOR PEP . . . . . A RECEIVED PRE-PEP HIV TEST . . . . . B RECEIVED PEP ARV DRUGS . . . . . C RECEIVED POST-PEP HIV TEST . . . . . D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS. . . . . E INFORMATION ONLY AVAILABLE IN INDIVIDUAL HEALTH RECORDS . . . . F NO RECORDS FOR PEP . . . . . Y	
346	Are there any written guidelines for post-exposure prophylaxis available in this 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	Are any PEP drugs ever stored in this clinic/unit? IF YES, ASK TO SEE THE PEP DRUGS	YES . . . . . 1 NO 2	 → 349

NO.	QUESTIONS	CODING CATEGORIES	GO TO
348a	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) . . . . . A STAVUDINE . . . . . B LAMIVUDINE . . . . . C INDINAVIR . . . . . D OTHER _____ . . . . . W (SPECIFY) OTHER _____ . . . . . X (SPECIFY NONE AVAILABLE TODAY . . . . . Y	
348b	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES? IF THERE WERE NO PEP MEDICINES PRESENT, DESCRIBE THE NORMAL STORAGE AND SECURITY WHEN PEP DRUGS ARE AVAILABLE.	LOCKED, SEPARATE FROM OTHER MEDICINES AND ARVS . . . . . 1 LOCKED, BUT NOT SEPARATE FROM OTHER MEDICINES OR ARVS . . . . . 2 NOT LOCKED, SEPARATE FROM OTHER MEDICINES . . . . . 3 NOT LOCKED, AND NOT SEPARATE FROM OTHER MEDICINES OR ARVS . . 4	
349	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	

RANDOMLY SELECT ONE OF THE PATIENT AREAS TO ASSESS FOR INFECTION PREVENTION. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE EITHER IN THE PATIENT AREA, OR IN AN ADJACENT AREA WITH REASONABLE PROXIMITY FOR USE BY PROVIDERS, IF NEEDED.

350	QUESTION DELETED				
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→ 08		3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1→ 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1→ 14	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
16	RAPID TEST FOR HIV	1	2	3	
17	DISPOSABLE NEEDLES	1	2	3	
18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
352	Is there a treatment/procedure room in this unit that is different from the patient area assessed in previous question? IF YES, ASK TO SEE AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE	YES . . . . . 1 NO 2	→ 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→ 08 / 2 / 3	
07	HAND SANITIZER	1 / 2 / 3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1 / 2 / 3	
09	SHARPS CONTAINER	1 / 2 / 3	
10	DISPOSABLE LATEX GLOVES	1→ 12 / 2 / 3	
11	DISPOSABLE NON-LATEX GLOVES	1 / 2 / 3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1→ 14 / 2 / 3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1 / 2 / 3	
14	CONDOMS	1 / 2 / 3	
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1 / 2 / 3	
16	RAPID TEST FOR HIV	1 / 2 / 3	
17	DISPOSABLE NEEDLES	1 / 2 / 3	
18	DISPOSABLE SYRINGES	1 / 2 / 3	
19	EXAMINATION TABLE	1 / 2 / 3	
20	MASKS	1 / 2 / 3	
21	GOGGLES / GLASSES	1 / 2 / 3	
354-355 QUESTIONS DELETED			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	STERILIZATION AND HIGH-LEVEL DISINFECTING		
	ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION		
356	What procedure is used for **decontaminating** and **cleaning** syringes or equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED USING SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT SOLUTION . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . . . . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . . . . 05 OTHER _____ . . . . 06 (SPECIFY) NO REUSABLE SYRINGES OR EQUIPMENT 07 NONE . . . . . 95 DON'T KNOW 98	 → 367 → 357
356a	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
357	Where are reusable syringes or used equipment from this unit most commonly sterilized or disinfected before being reused again?	NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY . . . . . 1 THIS CLINIC/UNIT . . . . . 2 OTHER CLINIC/UNIT THIS FACILITY . . . . 3 ENTER CLINIC/UNIT LINE AND NUMBER [ ][ ][ ][ ] SEND TO OTHER FACILITY . . . . . 4 OTHER _____ 6 (SPECIFY) NO ITEMS EVER STERILIZED OR DISINFECTED FOR REUSE 7	→ 367 → 359 → 367 → 367 → 367
358	HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION.	YES . . . . . 1 NO 2	→ 367

NO.	QUESTIONS	CODING CATEGORIES			GO TO
359	After cleaning, which are the **final** processing methods most commonly used for disinfecting **syringes and needles?**	YES	NO	DON'T KNOW	
01	Use disposables **only**	1 → 360	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2	//////////	
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	NO	DON'T KNOW	
01	No equipment sterilized or disinfected	1 → 362	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2	//////////	
361	QUESTION DELETED				

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	Electric autoclave (PRESSURE AND WET HEAT)	1 → 01b	2 → 01b	3 → 02	8 → 02	1	2	8
02	Non-electric autoclave (PRESSURE /WET HEAT)	1 → 02b	2 → 02b	3 → 03	8 → 03	1	2	8
03	Electric dry heat sterilizer	1 → 03b	2 → 03b	3 → 04	8 → 04	1	2	8
04	Electric boiler or steamer (no pressure)	1 → 04b	2 → 04b	3 → 05	8 → 05	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8			
06	Heat source (STOVE/COOKER)	1 → 06b	2 → 06b	3 → 07	8 → 07	1	2	8
07	Automatic timer	1 → 07b	2 → 07b	3 → 08	8 → 08	1	2	8
08	TST indicator strips (TAPE INDICATING STERILIZATION)	1	2	3	8			
09	Written guidelines for processing	1	2	3	8			

363	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS AN OBSERVED OR REPORTED PRACTICE	OBSERVED	REPORTED, NOT SEEN	NO/ NOT APPLICABLE	DON'T KNOW
01	Wrapped in sterile cloth/autoclave paper, sealed with tape	1	2	3	8
02	Stored in sterile container with lid that clasps shut	1	2		8
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8
04	On tray, covered with cloth/paper or wrapped without sealing tape	1	2	3	8
05	In container with disinfectant or antiseptic	1	2	3	8
06	OTHER CLEAN	1	2	3	8
07	OTHER, NOT CLEAN	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	QUESTION DELETED				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
367	Finally, I would like to ask a few questions about the waste disposal practices for hazardous waste. How does this unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes? IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"	BURNED IN INCINERATOR . . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE LANDFILL . . . . . 04 BURNED AND NOT BURIED . . . . . 05 BURIED AND NOT BURNED . . . . . 06 THROWN IN TRASH/OPEN PIT . . . . . 07 THROWN IN PIT LATRINE . . . . . 08 REMOVED OFFSITE . . . . . 09 NOT APPLICABLE . . . . . 10 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 clinic/unit finally dispose of needles and other sharps? IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"	SAME SITE AS OTHER WASTE (Q367) 01 BURNED IN INCINERATOR . . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE LANDFILL . . . . . 04 BURNED AND NOT BURIED . . . . . 05 BURIED AND NOT BURNED . . . . . 06 THROWN IN TRASH/OPEN PIT . . . . . 07 THROWN IN PIT LATRINE . . . . . 08 REMOVED OFFSITE . . . . . 09 NOT APPLICABLE . . . . . 10 OTHER _____ 96 (SPECIFY)	→ 371
370	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	
371	CHECK Q367 AND Q369, IS '09' CIRCLED, INDICATING THAT UNBURNED WASTE IS 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 LANDFILL AND BURNED 2 TAKEN TO LOCAL LANDFILL AND NOT BURNED . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
373	ASSESS GENERAL CLEANLINESS OF UNIT. • A UNIT IS CLEAN IF THE FLOORS ARE SWEPT AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A UNIT IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	UNIT CLEAN . . . . . 1 UNIT NOT CLEAN 2	
	REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER		
374	RECORD THE TIME AT END OF INTERVIEW [ ][ ] : [ ][ ] 12 HOUR CLOCK		

SECTION D. HEALTH MANAGEMENT SYSTEM

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

QRE TYPE **D**

Interviewer Code: [ ][ ]

CLINIC/UNIT CODE FROM COVER [ ][ ][ ][ ]
LINE UNIT

400	INDICATE WHICH HMIS UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	OUTPATIENT ONLY . . . . . 1 INPATIENT ONLY . . . . . 2 BOTH IN AND OUTPATIENT 3	
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.

My name is _____. We are here on behalf of Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)

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 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 [ ][ ] . [ ][ ] (12 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.	1) NUMBER OF DAYS ..... [ ][ ] 2) NUMBER OF MONTHS ..... [ ][ ]	→ 406
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 responsible for HMIS records/reports in this facility? RECORD '00' 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	QUESTION DELETED				
415	Do you receive or compile reports of deaths in the facility attributed to HIV/AIDS? IF YES, ASK TO SEE A REPORT	YES, OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLICABLE
		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/NO FIXED TIME ..... 4 NEVER ..... 5 NEVER PROVIDE SERVICES FOR HIV/AIDS CLIENTS 6			→ 420 → 429
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)			
419a	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.	QUESTIONS	CODING CATEGORIES	GO TO
419b	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	
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	 → 424 → 424 → 424
421	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... [ ][ ]	
422-423	QUESTIONS DELETED		
424	Do you receive or compile reports that indicate specific HIV/AIDS related diagnoses for inpatients or outpatients seen in the facility? IF RESPONSE IS "INFORMATION NOT AVAILABLE" PROBE TO DETERMINE IF REPORTS ON CLIENT DIAGNOSES ARE SUBMITTED FOR HMIS, AND IF SO , ENSURE THAT DIAGNOSES OR CODES THAT INDICATE PROBABLE HIV/AIDS ARE NEVER USED. CIRCLE MOST APPROPRIATE RESPONSE.	INFORMATION AVAILABLE, DATA NOT YET RECORDED ..... 1 INFORMATION AVAILABLE, OPD AND IPD DATA ALREADY RECORDED IN OPD AND/OR IPD QRE ..... 2 INFORMATION REPORTED AVAILABLE, BUT NOT SEEN ..... 3 INFORMATION NOT AVAILABLE 4	 → 429 → 429 → 429
425	INDICATE CLIENT INFORMATION FOR WHICH THE FOLLOWING QUESTION IS COMPLETED.	OUTPATIENT CLIENTS ONLY ..... 1 INPATIENT CLIENTS ONLY ..... 2 BOTH OUTPATIENT AND INPATIENT 3	→ 426 (A) → 426 (B)

NO.	QUESTIONS	CODING CATEGORIES	GO TO
426	RECORD THE NUMBER OF CLIENTS WITH THE ADMISSION/DISCHARGE/VISIT DIAGNOSES BELOW, FOR THE PAST 12 MONTHS. ENSURE DATA INCLUDES PEDIATRICS AND ADULTS. IF MORE THAN ONE DIAGNOSIS IS INDICATED FOR A CLIENT, CHOOSE THE ONE MOST INDICATIVE OF HIV/AIDS RELATED ILLNESS.		

DIAGNOSIS	NUMBER (A) OUTPATIENT VISITS	NUMBER (B) INPATIENT ADMISSIONS/DISCHARGES
1 ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT)		
2 TOXOPLASMOSIS		
3 KAPOSI'S SARCOMA		
4 AIDS-RELATED COMPLEX (ARC)		
5 HERPES ZOSTER/SIMPLEX		
6 PCP (PNEUMOCYSTIS CARNII PNEUMONIA)		
7 PNEUMONIA (ABOVE 5 YEARS OF AGI		
8 TB (TUBERCULOSIS)		
9 IMMUNOSUPPRESSION / HIV/AIDS		
10 WASTING SYNDROME		
11 CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE)		
12 OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIB/AIDS RELATED SERVICE (SPECIFY) _____		

427	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN THE PREVIOUS QUESTION		
428	RECORD THE TOTAL NUMBER OF OUTPATIENT VISITS AND INPATIENT ADMISSIONS/ DISCHARGES FOR THE TIME PERIOD INDICATED IN Q.427	TOTAL OPD VISITS TOTAL IPD ADMISSIONS/DISCHARGES	
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 _____ (SPECIFY) X	
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	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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 a secure location where confidentiality is ensured?	YES ..... 1 NO ..... 2 NOT APPLICABLE 7	
433	Is there ever a problem with loss of forms or damage? IF YES, ASK: What have been the most common causes for lost or damaged forms?	PESTS ..... A WATER/DAMPNESS ..... B FIRE ..... C THEFT ..... D MISPLACED ..... E OTHER _____ X (SPECIFY) NOT A PROBLEM ..... Y	
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 REGULARLY ..... 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 [ ][ ][ ]	
441	How is the computer hardware maintained?	CONTRACT ..... 1 IN-HOUSE TECHNICIAN ..... 2 NOT MAINTAINED REGULARLY 3	
442	Do you have a central database?	YES ..... 1 NO 2	→ 447
443	In what software is this database maintained?	EXCEL ..... 0 1 FOXPRO ..... 0 2 ACCESS ..... 0 3 LOTUS ..... 0 4 DBASE ..... 0 5 PEACHTREE ..... 0 6 QUATROPRO ..... 0 7 EPI INFO ..... 0 8 OTHER _____ 9 6 (SPECIFY)	

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	→ 446
445	How is the database backed up? CIRCLE ALL THAT APPLY	FLOPPY DISK . . . . . A CD-ROM . . . . . B NETWORK . . . . . C TAPE . . . . . D FLASH DRIVE . . . . . E OTHER _____ . . . . . X SPECIFY	
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	
449	Is your computer connected to an external network?	YES . . . . . 1 NO 2	
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	
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	
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?	VIRUS SCAN-UPDATED ROUTINELY . . . . . A VIRUS SCAN-NO ROUTINE UPDATE . . . . . B FIREWALL . . . . . C OTHER _____ X (SPECIFY) NO . . . . . Y	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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	
458	In your opinion, do you currently have sufficient staff to handle your HMIS needs?	YES ..... 1 NO 2	
459	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.			
460	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 12 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 [ ][ ][ ]

Interviewer Code: [ ][ ]

LINE AND CLINIC/UNIT NUMBER [ ][ ][ ][ ] LINE UNIT

QRE TYPE [E]

500	INDICATE SETTING FOR LAB	LAB IN FACILITY . . . . . 1 AFFILIATED EXTERNAL LAB . . . . . 2 AREA LOCKED/NO ACCESS . . . . . 3 PRIVATE LAB-NON-AFFILIATED. . . . . 4 FACILITY HAS NO LAB. 5	→ STOP
500a	Does this lab provide services for both outpatients and inpatients, or does it provide services for out or inpatients only?	OUTPATIENT ONLY . . . . . 1 INPATIENT ONLY . . . . . 2 BOTH OUT- AND INPATIENTS 3	
500b	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . . . 04 SEMIAUTONOMOUS . . . . . 05 MISSION . . . . . 06 OTHER _____ . . . 96 (SPECIFY)	1) MANAGING AUTHORITY . . . . . [ ][ ] 2) NUMBER OF DAYS PER MONTH LABORATORY ROUTINELY PROVIDES SERVICE [ ][ ]	
500c	CHECK QUESTION Q500. IS THE RESPONSE 3', NO ACCESS CIRCLED?	YES . . . . . . NO	→ STOP
500d	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	COMPLETE / NOT APPLICABLE (V)CT Q508, Q512 Q513, Q539 1 / 2	

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

My name is _____. We are here on behalf of Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)

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 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 [ ][ ] . [ ][ ] (12 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.	NUMBER OF STAFF LISTED [ ][ ]			
	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 LAB CONDUCTS NO HIV TESTS ..... Y			→ 535
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 → 03	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			Q:VCT
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			→ 512

NO.	QUESTIONS	CODING CATEGORIES				GO TO
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 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/PROVIDERS WHO RECEIVED TEST RESULTS	1 → 05b	2 → 06	3 → 06		
06	TOTAL CLIENTS/PROVIDERS RECEIVING POSITIVE RESULTS	1 → 06b	2 → 511	3 → 511		

511	IN Q510, WERE NUMBERS GIVEN FOR NUMBER OF CLIENTS OR NUMBER OF TESTS DONE?	CLIENTS. . . . . 1 TESTS. 2	
512	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	Q:VCT Q:VCT Q:VCT
513	Is post-test counseling for HIV testing provided in this lab?	YES. . . . . 1 NO. 2	Q:VCT

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

514 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

		a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
515	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	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 → 516	8 → 516	1	2	8

NO.	QUESTIONS	CODING CATEGORIES	GO TO
516	Is there an established system for **external** quality control for any HIV test? IF YES, ASK: Which HIV test is the external quality control used for? CIRCLE ALL THAT APPLY.	ELISA . . . . . A RAPID TEST . . . . . B WESTERN BLOT . . . . . C OTHER _____ X (SPECIFY) NO EXTERNAL QUALITY CONTROL . . . Y	→ 522
517	What system is used for external quality control for HIV tests? CIRCLE ALL THAT APPLY.	PROFICIENCY PANEL . . . . . A EXTERNAL INSPECTION/OBSERVATION OF TECHNIQUE . . . . . B SEND BLOOD FOR RETESTING . . . . . C OTHER _____ . X (SPECIFY) DON'T KNOW . . . . . Z	
518	CHECK Q517 . IF 'A' OR 'C' ARE CIRCLED, INDICATE THE MOST APPROPRIATE RESPONSE FOR HOW OFTEN THE EXTERNAL QUALITY CONTROL IS USED.	(a) NUMBER OF TIMES PER YEAR (PROFICIENCY . . . . . [ ][ ] NO PROFICIENCY PANEL . . . . . .95 (b) SEND EVERY FIXED NUMBER OF TESTS . . . . . 1 SEND FIXED PERCENT OF TESTS . 2 NO FIXED NUMBER/PERCENT . . . . . 3 "C" NOT CIRCLED . . . . . 4 (c) INDICATE THE FIXED NUMBER/PERCENT SAMPLES SENT FOR Q518(b). [ ][ ][ ]	→ 519 → 519
519	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	→ 522 → 522
520	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	
521	What is the most recent error rate that is recorded?	PERCENT ERROR RATE . . . . . [ ][ ] DON'T KNOW 98	
522	Is there any other system used for quality control of laboratory tests for HIV/AIDS? IF YES, INDICATE THE OTHER SYSTEM(S) UTILIZED.	INTERNAL QUALITY CONTROL . . . . . A OTHER _____ X (SPECIFY) NO . . . . . Y	→ 524
523	Is there any record of the results from the other quality control test(s) mentioned in previous question? IF YES, ASK TO SEE THE RECORD OR REPORT.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
524	Are there any fees charged for any services or items related to HIV/AIDS tests?	YES ALWAYS . . . . . 1 YES SOMETIMES . . . . . 2 NEVER 3	→ 526

NO.	QUESTIONS	CODING CATEGORIES				GO TO
525	For each of the following items, indicate if there is any fee, and if yes, the amount of the fee	(A) FEE YES	NO	N/A	(B) AMOUNT IN MAIN LOCAL CURRENCY	
01	HIV test (rapid)	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	ELISA test	1 → 04b	2 → 526	3 → 526		
526	Do you send blood outside the facility for CD4 count?	YES . . . . . 1 NO 2				→ 529
527	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				
528	After receiving the CD4 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				
529	Next, I want to know if PCR (polymerase chain reaction) tests for viral load are done at this labor 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				→ 532
530	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				→ 532
531	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA. . . . . [ ][ ]				
532	Do you send blood outside the facility for viral load testing?	YES . . . . . 1 NO 2				→ 535
533	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				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
534	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	
535	Do you ever send blood outside the facility for HIV testing? [INCLUDES CONFIRMATION TEST]	YES ..... 1 NO 2	→ 540
536	For which HIV test do you send blood outside?	ELISA ..... A WESTERN BLOT ..... B OTHER _____ X SPECIFY	
537	Do you have a record with the result of the HIV/AIDS tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN .... 2 NO 3	→ 540
538	Does the register indicate if the client/provider has received the results?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	
539	After receiving the results, how are the results provided to the client/provider?	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	Q:VCT
540	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	→ 546
541	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/NO FIXED TIME .. 4 NEVER 5	→ 543
542	To whom are the reports sent? CIRCLE ALL THAT APPLY	RECORDS OFFICER ..... FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO) D NATIONAL AIDS PROGRAM ..... E OTHER _____ X (SPECIFY)	
543	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	
544	RECORD THE NUMBER OF NEWLY DIAGNOSED HIV/AIDS CASES DURING THE PAST 12 MONTHS.	NEW HIV/AIDS CASES ..... [ ][ ][ ][ ] DON'T KNOW 9998	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
545	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA. . . . . [ ][ ]	
546	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	 → 548 → 548

547	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 OR PMTCT ALONE	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

548	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	 → 550
549	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA. . . . . [ ][ ]	
550	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	 → 552 → 552
551	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
552	Is blood for HIV/AIDS testing drawn in the laboratory area?	YES . . . . . 1 NO 2	 → 555

NO.	QUESTIONS	CODING CATEGORIES			GO TO
553	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 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE GLOVES-NON LATEX	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
16	DISPOSABLE SYRINGES	1	2	3	
17	MASKS	1	2	3	
18	GOGGLES / GLASSES	1	2	3	
554	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			

555	Now I would like to see specific equipment necessary for other tests. Is the following equipment available, and is it functioning today?	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Microscope	1→ 01b	2→ 01b	3 02	8 02	1	2	8
02	Refrigerator [TEMPERATURE MUST BE BETWEEN 2-8 DEGREES C]	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	3 556	8 556	1	2	8

NO.	QUESTIONS	CODING CATEGORIES							GO TO
556	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	
01	**MALARIA TESTS**	1			4 → 557				
02	Giemsa stain	1	2	3	4				
03	Leishman stain	1	2	3	4				
04	Field stain	1	2	3	4				
05	Other _____ (SPECIFY)	1	2	3	4				
557 01	**GONORRHEA TESTS**	1			4 → 558				
02	Chocolate agar (culture medium)	1	2	3	4				
03	PCR	1	2	3	4				
04	Other _____ (SPECIFY)	1	2	3	4				
558 01	**GRAM STAIN**	1			4 → 559				
02	Crystal violet	1	2	3	4				
03	Lugol's iodine	1	2	3	4				
04	Acetone	1	2	3	4				
05	Neutral red, carbol fuchsin, or other counterstain	1	2	3	4				
559 01	**CHLAMYDIA TEST**	1			4 → 560				
02	Giemsa stain	1	2	3	4				
03	ELISA	1	2	3	4				
04	PCR	1	2	3	4				
05	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?			
560	**OTHER TESTS**	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW	
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				
561	Does this laboratory ever send any specimens for initial culture outside the facility?	YES . . . . . 1 NO 2							
562 01	**TUBERCULOSIS TEST**	1			4 567				
02	AFB or Ziehl-Neelson test, with stain, such as methyl blue, present	1	2	3	4				
03	New rapid test for TB	1	2	3	4				
04	Culture	1	2	3	4				
05	Other test for TB _____ (SPECIFY)	1	2	3	4				
563	Does this laboratory record TB test results? IF YES: May I please see the register?	YES, OBSERVED. . . . . 1 YES, REPORTED, NOT SEE. . . . . 2 NO 3							 → 565 → 565
564	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							
565	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							 → 567
566	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA. . . . . [ ][ ]							

NO.	QUESTIONS	CODING CATEGORIES							GO TO
567	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	
01	SYPHILIS TESTS	1			4 → 568				
02	VDRL (Venereal Disease Research Laboratory slide test)	1	2	3	4				
03	Rotator or shaker for VDRL	1 → 03b	2 → 03b	3 → 04	4 → 04	1	2	8	
04	Rapid plasma reagent test (RPR)	1	2	3	4				
05	Other _____ (SPECIFY)	1	2	3	4				
568	Pregnancy tests	1	2	3	4				
569	The next set of tests I want to know about are hematology tests.								
	Hemocytometer or coulter counter for total lymphocyte count or full blood count.	1 → b	2 → b	3 → 570	4 → 570	1 → 573	2	8	
570 01	ANEMIA TEST (HEMOGLOBIN OR HEMATOCRIT)	1			4 → 571				
02	Hemoglobinometer	1 → 02b	2 → 02b	3 → 03	4 → 03	1	2	8	
03	Colorimeter or spectrascope	1 → 03b	2 → 03b	3 → 04	4 → 04	1	2	8	
04	Drabkin's solution (for colorimeter)	1	2	3	4				
05	Capillary tubes for hematocrit	1	2	3	4				
06	Centrifuge for hematocrit	1 → 06b	2 → 06b	3 → 07	4 → 07	1	2	8	
07	Litmus paper for hemoglobin test (with valid expiration date)	1	2	3	4				
08	Other _____ (SPECIFY)	1	2	3	4				
571	Platelet count	1	2	3	4				
572	White cell count	1	2	3	4				
573	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							
574	Does this laboratory ever send blood outside the facility for total lymphocyte count?	YES . . . . . 1 NO 2							→ 577
575	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							

NO.	QUESTIONS	CODING CATEGORIES	GO TO
576	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	

577	The next set of tests I want to know about are chemistry tests	a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCT-ED IN THIS LAB	YES	NO	DON'T KNOW
01	Blood chemistry analyzer that provides serum creatinine, serum glucose, and liver function tests	1	2	3	4	1 → 578	2	8
02	Serum creatinine	1	2	3	4			
03	Serum glucose	1	2	3	4			
04	Liver function test	1	2	3	4			

578	Does this laboratory ever send any specimens outside the facility for serum creatinine or serum glucose tests?	YES ..... 1 NO 2	
579	Does this laboratory ever send any specimens outside the facility for Liver Function Tests (LFT)	YES ..... 1 NO 2	

BLOOD TRANSFUSION AND SCREENING

580	Now I want to ask about screening of blood for blood transfusions. Does this laboratory screen blood for infectious diseases?	YES ..... 1 NO 2	→ 582

581	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

PHLEBOTOMY SERVICES

582	Is blood drawn in the laboratory area? IF YES, IS IT THE SAME AREA AS SEEN FOR Q553(HIV TESTS) OR A DIFFERENT ROOM?	YES, SAME AREA AS Q553 ..... 1 YES, DIFFERENT AREA ..... 2 NO BLOOD DRAWN. 3	→ 585 → 585

NO.	QUESTIONS	CODING CATEGORIES			GO TO
583	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 → 05	2	3	
04	HAND SANITIZER	1	2	3	
05	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
06	SHARPS CONTAINER	1	2	3	
07	DISPOSABLE LATEX GLOVES	1 → 09	2	3	
08	DISPOSABLE NON-LATEX GLOVES	1	2	3	
09	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 11	2	3	
10	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
11	DISPOSABLE NEEDLES	1	2	3	
12	DISPOSABLE SYRINGES	1	2	3	
13	MASKS	1	2	3	
14	GOGGLES / GLASSES	1	2	3	
584	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			
585	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			→ 587

586	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

587	Does this facility perform diagnostic X-rays? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED.	YES . . . . . 1 NO 2	→ 589

NO.	QUESTIONS	CODING CATEGORIES						GO TO
588	ASK TO SEE THE FOLLOWING EQUIPMENT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:	(b) **EQUIPMENT/ITEMS AVAILABLE?**			(c) **ITEM IN WORKING ORDER?**			
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	YES	NO	DON'T KNOW	
01	X-RAY MACHINE	1→ c	2→ c	3 → 02	1	2	8	
02	FILM FOR X-RAYS	1	2	3				
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER								
589	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] : [ ][ ] 12 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

Interviewer Code: [ ][ ]

QRE TYPE [F]

LINE AND CLINIC/UNIT NUMBER [ ][ ][ ][ ]
LINE UNIT

600	INDICATE WHICH CLIENTS HAVE ACCESS TO MEDICINES REPORTED IN THIS QRE.	OUTPATIENT ONLY . . . . . 1 INPATIENT ONLY. . . . . 2 BOTH IN AND OUTPATIENT . . . . . 3 AREA LOCKED/NO ACCESS . . . . . 4 NO MEDICINES STORED IN . . . . . . FACILITY 5	→ STOP → STOP
600b	MANAGING AUTHORITY GOVERNMENT . . . . . 01 NGO . . . . . 02 PRIVATE (FOR-PROFIT) . . . . . 03 PRIVATE (NOT FOR-PROFIT) . . . . . 04 SEMIAUTONOMOUS . . . . . 05 MISSION . . . . . 06 OTHER _____ . . . . . 96 (SPECIFY)	1) MANAGING AUTHORITY . . . . . [ ][ ] 2) NUMBER OF DAYS PER MONTH PHARMACY ROUTINELY PROVIDES SERVICE [ ][ ]	

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

My name is _____. We are here on behalf of Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)

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 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 [ ][ ] . [ ][ ] 12 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

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
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
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

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
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
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

NO.	MEDICATION/SUPPLY ITEM	OBSERVED		CODING CATEGORIES			
			AT LEAST ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
						YES	NO
66	Vitamin B6		2 → 66b	3 67	4 67	1	2
67	Any other B vitamins		2 → 67b	3 604	4 604	1	2
604	**ANTIMALARIALS**						
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	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 → 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
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 AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE			YES	NO
01	AZT + 3TC / Combivir		2 → 01b	3 02	4 02	1	2
02	Zidovudine (ZDV, AZT)		2 → 02b	3 03	4 03	1	2
03	Abacavir/ABC		2 → 03b	3 04	4 04	1	2
04	Didanosine/ddI		2 → 04b	3 05	4 05	1	2
05	Lamivudine/3TC		2 → 05b	3 06	4 06	1	2
06	Stavudine/d4T		2 → 06b	3 07	4 07	1	2
07	Tenofovir disoproxil fumarate [Viread]		2 → 07b	3 08	4 08	1	2
08	Efavirenz (EFZ) / Stocorin / Sustiva		2 → 08b	3 09	4 09	1	2
09	Nevirapine (NVP)		2 → 09b	3 10	4 10	1	2
10	Indinavir / Crixivan		2 → 10b	3 11	4 11	1	2
11	Kaletra / Lopinavir / Ritonavir		2 → 11b	3 12	4 12	1	2
12	Nelfinavir / Viracept		2 → 12b	3 13	4 13	1	2
13	Ritonavir / Norvir		2 → 13b	3 14	4 14	1	2
14	Saquinavir / Invirase		2 → 14b	3 15	4 15	1	2
15	Other _____ (SPECIFY)		2 → 15b	3 611	4 611	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
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 DAY ITEM REMOVED FROM STOCK . . . 2 OTHER _____ (SPECIFY) 6	
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 <u>DIRECT</u> 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	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
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
620	Routinely, when you order medicines, which best describes the system you use to determine <u>how much</u> 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 describes the <u>routine</u> system for deciding <u>when</u> 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	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
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	

624	I would like to see supplies that you have in stock. Please show me the following stock supply items if they are kept here.	a			b	
		OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS YES	STOCK OUT IN LAST SIX MONTHS 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	☐☐ . ☐☐ 12 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

QRE TYPE **G**

Interviewer Code: [ ][ ]

700	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	LINE AND CLINIC/UNIT NUMBER [ ][ ] LINE [ ][ ] 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 . . . . . [ ][ ]
700b	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND CLARIFY IF Q733a '1' IS CIRCLED, WHETHER THIS UNIT REQUIRES A VCT QRE OR NOT	REQUIRED NOT APPLICABLE VCT 1 2

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 Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit 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.
of patients -- we only want to count numbers of patients.

The information you provide 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 [ ][ ] . [ ][ ] 12 HOUR CLOCK	DATE [ ][ ] DAY [ ][ ] MONTH [ ][ ][ ][ ] YEAR	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
703	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS or TB, who are assigned to this clinic/unit and 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.	NUMBER OF STAFF LISTED [ ][ ]	
704	QUESTION DELETED		
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 REFER TO OTHER CLINIC/UNIT THIS FACILITY . . . . . G REFER TO OUTSIDE FACILITY . . . . . H NO TB DIAGNOSTIC SERVICES . . . . . Y	→ 710 → 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 AND CHECK IF TB DIAGNOSTIC RESULTS ARE RECORDED	YES, OBSERVED REFERRALS AND RESULTS. . . . . 1 YES, OBSERVED REFERRALS ONLY, NO RESULTS . . . . . 2 REPORTED, NOT SEEN . . . . . 3 NO RECORD 4	
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 NEVER REFER TO OTHER FACILITY 4	→ 710 → 710
709	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use? CIRCLE ALL THAT APPLY	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . C WRITE NOTE/LETTER ON BLANK PAPER . . . . . D OTHER _____ . . . . . X (SPECIFY) NONE . . . . . 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? NOTE: RESPONSE 1 AND 2 ONLY APPLY IF THE CLINIC/UNIT ITSELF DIRECTLY OBSERVES AND THEN FOLLOWS-UP THE CLIENT, OR THE CLINIC/UNIT DIRECTLY OBSERVES WHILE CLIENT IS PATIENT, AND THEN DISCHARGES TO A FACILITY THAT PARTICIPATES IN THE DOTS STRATEGY AS WELL. THIS IMPLIES LINKAGE OF CLIENT TREATMENT STRATEGY AND RECORDS BETWEEN THE FACILIITES OR CLINIC/UNITS.	DIRECT OBSERVE 2M, FU 6M . . . . . 1 DIRECT OBSERVE 6M . . . . . 2 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M DIRECT OBSERVATION ELSEWHERE . . . . . 3 DIAGNOSE AND TREAT IN OPD OR WHILE INPATIENT. DISCHARGE TO OTHER CLINIC/UNIT FOR F/UP . . . . . 4 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE . . . . . 5 NO ROUTINE FOLLOW-UP OF TREATMENT 6 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE . . . . . 7 FOLLOW UP AFTER SPUTUM NEG. NO DOTS 8	→ 716 → 716 → 716 → 716 → 723 → 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 8	
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 CENTRAL MEDICAL STORES . . . . . D OTHER _____ (SPECIFY) X NO TB MEDS IN FACILITY . . . . . Y	→ 723
717	Are any TB medicines that are individually packaged for clients kept in this clinic/unit? IF YES, ASK TO SEE THE MEDICINES AND INDICATE IF PREPACKAGED MEDICINES ARE AVAILABLE FOR ALL CLIENTS	YES, AVAILABLE FOR ALL CLIENTS . . . . . 1 YES, AVAILABLE FOR SOME, NOT ALL CLIENTS . . . . . 2 NO INDIVIDUALLY PACKAGED TB MEDICINES IN CLINIC/UNIT . . . . . 3 NO TB MEDICINES STORED IN CLINIC/UNIT AREA 4	→ 723

NO.	QUESTIONS	CODING CATEGORIES	GO TO
718	Does this clinic/unit have tuberculosis medicines in bulk jars? IF YES, ASK TO SEE THE MEDICINES	YES . . . . . 1 BULK MEDICINES NOT IN THIS CLINIC/UNIT . 2	→ 721

719	ASK TO SEE THE TB MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY	a: OBSERVED: ALL UNITS VALID	a: OBSERVED: AT LEAST ONE UNIT VALID	a: REPORTED AVAILABLE, NOT SEEN	a: NOT AVAILABLE	b: STOCK OUT IN LAST SIX MONTHS: YES	b: STOCK OUT IN LAST SIX MONTHS: NO
01	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	QUESTION DELETED		
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	QUESTION DELETED		
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	QUESTION DELETED		
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	 → 734 → 734 → 737 → 737
733a	CLARIFY IF THE HIV TESTING IS LINKED WITH VCT OR CT SERVICES IN OTHER UNIT, OR IF THIS UNIT PROVIDES HIV TESTING INDEPENDENT OF OTHER CLINIC/UNITS.	HIV TESTING INDEPENDENT OF OTHER CLINIC/UNITS . . . . . 1 HIV TESTING COORDINATED WITH OTHER VCT SERVICES 2	→737 & Q:VCT →737

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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 . . . . [ ][ ][ ][ ]	
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.			
739	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 12 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	LINE AND CLINIC/UNIT NUMBER [ ][ ] LINE [ ][ ] 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 Ministry of Health, based in _____ to assist ir knowing more about health services related to HIV/AIDS. (Country)

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit 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 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 [ ][ ] . [ ][ ] 12 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.	NUMBER OF STAFF LISTED [ ][ ]	
804	QUESTION DELETED		

NO.	QUESTIONS	CODING CATEGORIES				GO TO
805	How many days each month are counseling services for HIV/AIDS available in this clinic/unit?	DAYS PER MONTH . . . . . [ ][ ]				
806	How many days each month are blood drawing or testing services for HIV available in this clinic/unit?	DAYS PER MONTH . . . . . [ ][ ]				
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		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	
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	2	3	4	
02	Other guidelines on counseling for HIV testing (1)	1	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	Written informed consent that client must sign	1	2	3	4	
09	Policy on confidentiality regarding disclosure of HIV status (subset of 1)	1	2	3	4	
10	Confidentiality policy that specifically mentions **family members** will not be informed without client consent	1	//////////	3	4	
11	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.	1) YEARS [ ][ ] 2) MONTHS [ ][ ]				→ 812

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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	Q: HW → 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 . . . . . [ ][ ]	
817	Are there any records or registers that provide numbers of clients receiving pre or post test counseling?	YES . . . . . 1 NO 2	 → 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	UNIT ONLY RECORDS CLIENT ID AND TEST RESULT, NO WRITTEN RECORDS OF COUNSELING OR RECEIPT OF TEST RESULTS	1 → 01b	2 → 02	3 → 02	[ ][ ][ ][ ]	[ ][ ] → 822
02	TOTAL CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → 02b	2 → 03	3 → 03	[ ][ ][ ][ ]	[ ][ ]
03	TOTAL CLIENTS RECEIVING POST-TEST COUNSELING	1 → 03b	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 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
822	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED IF NO COUNSELING IS DONE, DESCRIBE THE SETTING WHERE TEST IS DISCUSSED WITH CLIENT.	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	→824a
824	Who contacts the partners of people testing positive for HIV? CIRCLE ALL THAT APPLY.	STAFF FROM THIS UNIT. . . . . A STAFF FROM ANOTHER UNIT, THIS FACILITY. . . . . B STAFF FROM ANOTHER FACILITY. . . . . C OTHER _____ X (SPECIFY)	
824a	Do any staff from this facility provide any community services targeted to youth? IF YES, CIRCLE ALL THAT APPLY	RAPPORT PROGRAM. . . . . A PEER COUNSELING. . . . . B VISIT SCHOOLS. . . . . C OTHER _____ D (SPECIFY) NO . . . . . Y	
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	
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	Q: HW
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? ASK SEPARATELY FOR PREGNANT AND NON-PREGNANT YOUTH	1) IF PREGNANT AGE IN YEARS [ ][ ] 2) IF NOT PREGNANT AGE IN YEARS [ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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 → 08 / 2 / 3	
07	HAND SANITIZER	1 / 2 / 3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1 / 2 / 3	
09	SHARPS CONTAINER	1 / 2 / 3	
10	DISPOSABLE LATEX GLOVES	1 → 12 / 2 / 3	
11	DISPOSABLE NON-LATEX GLOVES	1 / 2 / 3	
12	CHLORINE-BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14 / 2 / 3	
13	CHLORINE-BASED DECONTAMINANT- NOT MIXED	1 / 2 / 3	
14	CONDOMS	1 / 2 / 3	
15	RAPID TEST FOR HIV	1 / 2 / 3	
16	DISPOSABLE NEEDLES	1 / 2 / 3	
17	DISPOSABLE SYRINGES	1 / 2 / 3	
18	MASKS	1 / 2 / 3	
19	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	
833	QUESTION DELETED		
834	How long have blood drawing or testing services for HIV 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.	1) YEARS [ ][ ] 2) MONTHS [ ][ ]	→ 835

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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 LINE AND NUMBER [ ][ ][ ][ ] YES, BUT RECORDS KEPT IN LAB. . . . . 3 YES, BUT RECORDS KEPT IN STATISTICS/ MED RECORDS OFFICE [GO TO OFFICE TO COMPLETE Q836] . . . . . 4 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	[ ][ ][ ][ ]	[ ][ ]

837	Are reports regularly compiled on the number of clients in this clinic/unit who receive testing or counseling services for HIV/AIDS? IF YES, ASK FOR EACH TYPE OF INFORMATION AND CIRCLE ALL THAT APPLY.	YES, NEGATIVE TEST RESULTS . . . . . A YES, POSITIVE TEST RESULTS . . . . . B YES, COUNSELING . . . . . C NO . . . . . Y	 → 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/NO FIXED TIME . . . . . 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)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
840	Do you use a standardized form for your reports?	YES . . . . . 1 NO 2	
841	Is an individual client chart/record maintained for clients receiving services in this clinic/unit? IF THIS IS THE PRACTICE FOR EITHER FOR ALL PATIENTS OR ONLY FOR HIV/AIDS PATIENTS, THE ANSWER IS 'YES'. 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 YES, IN CENTRAL RECORDS . . . . . 4 ONLY IF CLIENT PROVIDES . . . . . 5 OTHER _____ . . . . . 6 SPECIFY NO INDIVIDUAL RECORD 7	
841a	Finally, I want to know if you/staff from this clinic/unit routinely provide services to other facilities? IF YES, WRITE THE NAME OF THE FACILITY, AND THE SAMPLE FACILTY NUMBER, IF RELEVANT.	NO, ONLY PROVIDE SERVICES IN THIS FACILITY . . . . . 1 YES, PROVIDE SERVICES IN OTHER FACILITIES 2	→ 842

	NAME OF FACILITIES	841b FACILITY NUMBER	841c AVE. SERVICE DAYS PER MONTH
1)	_____		
2)	_____		
3)	_____		
4)	_____		
5)	_____		

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

842	RECORD THE TIME AT END OF INTERVIEW	___ : ___ 12 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	LINE AND CLINIC/UNIT NUMBER [ ][ ] LINE [ ][ ] UNIT 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 Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit 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.
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 [ ][ ] . [ ][ ] (12 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 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.	NUMBER OF STAFF LISTED [ ][ ]	
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.	1) YEARS [ ][ ] 2) MONTHS [ ][ ]	→ 907
906	QUESTION DELETED		
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	
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)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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				
		NOT APPLIC	CLIENT NOT ELIGIBLE	ROUTINE	SOCIAL OR ADHER-ENCE	CD4+ COUNT	HIV VIRAL LOAD	COMMITTEE	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	Y	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	Y	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	Y	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	Y	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 ADDICTION . . . . . E MENTAL ILLNESS . . . . . F HOMELESS . . . . . G ABILITY TO PAY . . . . . H OTHER _____ X (SPECIFY) NO SOCIAL CRITERIA APPLIED . . . . . Y	
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	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
915a 915b 915c	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? CIRCLE LETTER FOR COUNTRIES	a) YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 b) NUMBER OF PATIENTS [ ][ ][ ] DON'T KNOW . . . . . 998 c) GRENADA . . . . A ANTIGUA. . . E HAITI . . I GUYANA . . . . . B TOBAGO . . . F D/REPUBLIC J SURINAME . . . .C DOMINICA. . G OTHER . . X ST KITTS/NEV . D JAMAICA . . .H DK . . . . Z	 → 916 → 916
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? 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	
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? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically? IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION . . . . . 1 EVERY MONTH . . . . . 2 EVERY 2-3 MONTHS . . . . . 3 EVERY 4-6 MONTHS . . . . . 4 EVERY YEAR . . . . . 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP 7	
920	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_1	ARV medicine	1 → 03b	2 → 04	3 → 04		
03_2					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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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 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	→ 933 → 933
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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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/NO FIXED TIME . . . . . 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)	
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 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	DISTRIBUTE ARVS . . . . . A REFER FOR ART ELIGIBILITY . . . . . B HOME CARE . . . . . C CLIENT TREATMENT SUPPORT . . . . . D PRETEST COUNSELING . . . . . E PREVENTIVE EDUCATION . . . . . F ADHERENCE COUNSELING . . . . . G EMOTIONAL/SOCIAL SUPPORT . . . . . H DEFAULTER FOLLOW-UP . . . . . I YES, NOT HIV/AIDS RELATED . . . . . J YES, OTHER HIV/AIDS RELATED . . . . . X _____ (SPECIFY) NO . . . . . Y	→ 956
951	When clients are referred to community based health workers, do you use a referral form? IF YES, ASK TO SEE THE FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 952

NO.	QUESTIONS	CODING CATEGORIES	GO TO
951a	Do you use any [other] method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What methods do you use? CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . C WRITE NOTE/LETTER ON BLANK PAPER . . . . . D OTHER _____ . . . . X (SPECIFY) NONE . . . . . Y	
952	When community based health workers refer clients to this clinic/unit, do they use a referral form? IF YES, ASK TO SEE THE FORM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 953
952a	Do community based health workers use any [other] method to provide client information to this clinic/unit or to help the client receive services from this clinic/unit? IF YES, ASK: What methods are used? CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . B CBW GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT . . . . . C WRITE NOTE/LETTER ON BLANK PAPER . . . . . D OTHER _____ . . . . . X (SPECIFY) NONE . . . . . Y	
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	
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	
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.			
956	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] . [ ][ ] 12 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 [ ][ ][ ][ ] LINE UNIT 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 Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)

Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit. 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 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 [ ][ ] . [ ][ ] (12 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.	NUMBER OF STAFF LISTED [ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1004	DESCRIBE THE PMTCT SERVICE DELIVERY SETTING FOR THIS CLINIC/UNIT.	SEPARATE PMTCT SERVICES . . . . . 1 PMTCT AND VCT SERVICES TOGETHER . . . . . 2 PMTCT WITH ANC SERVICES . . . . . 3 PMTCT WITH ANC AND DELIVERY (ONE SYSTEM) . . 4 PMTCT WITH DELIVERY BUT NOT ANC . . . . . 5 PMTCT WITH OTHER TYPE OF CLINIC/UNIT 6	
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.	1) YEARS [ ][ ] 2) MONTHS [ ][ ]	→1006

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	
02	Group pretest information or counseling	1	2	3	4	
03	Individual HIV pretest information or counseling	1	2	3	4	
04	Individual HIV post-test counseling	1	2	3	4	
05	Couples counseling for women who are HIV positive	1	2	3	4	
06	Counseling on infant feeding to HIV positive women	1	2	3	4	
07	Counseling on maternal nutrition to HIV positive women	1	2	3	4	
08	Counseling on family planning	1	2	3	4	
09	Family planning services	1	2	3	4	
10	ARV prophylaxis for woman	1	2	3	4	
11	ARV prophylaxis for newborn	1	2	3	4	
12	Provide breast-milk substitutes for newborns of HIV positive women	1	2	3	4	
13	Follow-up counseling for HIV positive women	1	2	3	4	
14	ART for HIV positive women	1	2	3	4	
15	ART for family members of HIV positive women	1	2	3	4	
16	Women-to-Women support groups	1	2	3	4	

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	2	3	4
05	Other Guidelines on counseling for HIV testing (1)	1	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	Pre test and post test counseling is routine (subset of 1)	1	2	3	4
10	Policy on informed consent (subset of 1)	1	2	3	4
11	Written informed consent that client must sign	1	2	3	4
12	Policy on confidentiality regarding disclosure of HIV status	1	2	3	4
13	Confidentiality policy that specifically mentions **family members** will not be informed without client consent	1	////////////////////////// //////////////////////////	3	4
14	HIV testing procedures	1	//////////////////////////	3	4
15	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	 →1014
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 BASED ON SOCIAL/MEDICAL HISTORY . . . . . 3 OTHER _____ 6 (SPECIFY)	
1013	How many days each week are blood drawing or testing services for HIV 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 **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 →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 → 08	2	3
07	HAND SANITIZER	1	2	3
08	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3
09	SHARPS CONTAINER	1	2	3
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3
11	DISPOSABLE NON-LATEX GLOVES	1	2	3
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1	2	3
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3
14	CONDOMS	1	2	3
15	RAPID TEST FOR HIV	1	2	3
16	DISPOSABLE NEEDLES	1	2	3
17	DISPOSABLE SYRINGES	1	2	3
18	MASKS	1	2	3
19	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	 →1021a

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				Q:HW →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. IF NO COUNSELING IS DONE, DESCRIBE THE SETTING WHERE TEST IS DISCUSSED WITH CLIENT.	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . . . . 3 NO PRIVACY 4				
1021a	Do any staff from this facility provide any community services targeted to youth? IF YES, CIRCLE ALL THAT APPLY.	RAPPORT PROGRAM . . . . . A PEER COUNSELING . . . . . B VISIT SCHOOLS . . . . . C OTHER _____ D (SPECIFY) NO . . . . . Y				
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				Q:HW
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)				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1026	What is the age at which youth can receive services without parental consent?	AGE IN YEARS . . . . [ ][ ]	
1027	Are newborns of HIV positive women routinely tested for HIV as soon as possible after birth? PROBE FOR STANDARD PROCEDURE FOR OFFERING HIV TEST FOR INFANT. IT IS UNDERSTOOD THAT MOTHER MAY NOT WANT INFANT TO RECEIVE TEST.	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 (START 32-36 WKS) . . . . . 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-milk 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-milk substitute / formula (PER MONTH SUPPLY)	1 → 04b	2 → 05	3 → 05	[ ][ ][ ][ ]
05	OTHER _____ (SPECIFY)	1 → 05b	2 → 1038	////////////////// //////////////////	[ ][ ][ ][ ]

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1038	Does this clinic/unit provide any PMTCT services to people who normally reside outside of this country? IF YES, Which services? CIRCLE ALL THAT APPLY	HIV TESTING . . . . . A PRE-TEST COUNSELING . . . . . B POST-TEST COUNSELING . . . . . 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	Do any patients receiving PMTCT 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? CIRCLE LETTER FOR COUNTRIES	a) YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 b) NUMBER OF PATIENTS [ ][ ][ ] DON'T KNOW . . . . . 998 c) GRENADA . . . A ANTIGUA . . . . E HAITI . . . . I GUYANA . . . B TOBAGO . . . . F D/REPUB . . . . J SURINAME . . . C DOMINICA . . . . G OTHER _____ X ST KITTS/NEV . . D JAMAICA . . . . H DK . . . . . Z	 → 1040 → 1040
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	(a) RECORD/REGISTER: REPORTED, NOT SEEN	(a) RECORD/REGISTER: NOT AVAIL	(b) NUMBERS FROM OBSERVED RECORDS: NUMBER OF CLIENTS	(b) NUMBERS FROM OBSERVED RECORDS: MONTHS OF DATA
01	UNIT ONLY RECORDS CLIENT ID AND TEST RESULT, NO WRITTEN RECORDS OF COUNSELING OR RECEIPT OF TEST RESULTS	1 → 01b	2 → 02	3 → 02		05
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 RESULTS	1 → 04b	2 → 05	3 → 05		
05	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST	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, THIS FACILITY . . . . . 1 YES, MAINTAINED NATIONAL LEVEL ONLY . . . 2 NO RECORD . . . . . 2 SEROSTATUS NOT ASSESSED 3	 →1055 →1055 →1055

NO.	QUESTIONS	CODING CATEGORIES	GO TO

		(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
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	OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	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		

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 YES, AT NATIONAL LEVEL ONLY . . . . . 2 NO 3	
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/NO FIXED TIME . . . . . 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	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1060	CHECK Q 1006 (10) TO SEE IF ARV PROPHYLAXIS FOR PMTCT IS OFFERED.	YES . . . . . 1 NO 2	 →1069a
1061	Is there a record that indicates the HIV positive ANC clients who received ARV 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 ARV prophylaxis before delivery?	NUMBER WOMEN RECEIVING ARV PROPHYLAXIS . . . . . [ ][ ][ ][ ] DON'T KNOW 9998	
1064	How many of the newborns of women in Q1062 were provided the ARV prophylactic dose? IF ARV IS PROVIDED FOR INFANT 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 ARV prophylaxis through this clinic?	YES . . . . . 1 NO 2	 →1069a
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/NO FIXED TIME 4	
1068	Where are reports on ANC clients receiving ARV prophylaxis for HIV/AIDS through this clinic sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER . . . . . A FACILITY DIRECTOR . . . . . B 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	
1069a	Is an individual client chart/record maintained for clients receiving services in this clinic/unit? IF THIS IS THE PRACTICE FOR EITHER FOR ALL PATIENTS OR ONLY FOR HIV/AIDS PATIENTS, THE ANSWER IS 'YES'. 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 YES, IN CENTRAL RECORDS . . . . . 4 ONLY IF CLIENT PROVIDES . . . . . 5 OTHER _____ . . . . . 6 SPECIFY NO INDIVIDUAL RECORD 7	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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	 →1073 →1073

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 → 1073	3 → 1073		

1072	QUESTION DELETED		
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 WOMEN REFERRED TO ART OUTSIDE THIS CLINIC/UNIT NO FURTHER FOLLOW-UP THIS CLINIC/UNIT . . . . . 3 NO . . . . . 4 ART TREATMENT NOT AVAILABLE 5	 →1076
1074	QUESTION DELETED		
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 WOMEN REFERRED TO ART OUTSIDE THIS CLINIC/UNIT NO FURTHER FOLLOW-UP THIS CLINIC/UNIT . . . . . 3 NO . . . . . 4 ART TREATMENT NOT AVAILABLE 5	
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 INFORMATION COLLECTED IN OTHER PMTCT QRE 3	 →1083

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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	

1079	ASK TO SEE RELEVANT RECORDS FOR THE DATA REQUESTED BELOW FOR THE PAST 12 MONTHS AND RECORD THE CORRECT RESPONSE	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL DELIVERIES IN THE FACILITY	1 → 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		

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	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
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 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	MASKS	1	2	3	
20	GOGGLES / GLASSES	1	2	3	

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

1083	RECORD THE TIME AT END OF INTERVIEW	[ ][ ] : [ ][ ] 12 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

Clinic/Unit Code for provider [ ][ ][ ][ ]
LINE UNIT

QRE TYPE [K]

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

Staff line number from staff listing [ ][ ]

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 this facility inventory and asking your consent to participate

My name is _____. We are here on behalf of Ministry of Health, based in _____ to assist ir knowing more about health services related to HIV/AIDS. (Country)

Your facility was selected to participate in a facility inventory and some staff are being asked to take pa 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 yo work or your position here will never be shared with your responses

The information you provide will be shared with the Ministry of Health, but when made publicly available, wil 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 [ ][ ] . [ ][ ] (12 HOUR CLOCK)		

EDUCATION AND EXPERIENCE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
102	What year did you start working in this facility?	YEARS. . . . . [ ][ ][ ][ ]	
103	Now I would l ke 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/PHYSICIAN . . . . . 03 INTERN . . . . . 04 NURSE-MIDWIFE . . . . . 05 NURSE . . . . . 06 MIDWIFE . . . . . 07 FAMILY NURSE PRACTITIONER . . . . . 08 NURSING ASSISTANT . . . . . 09 CLINIC AIDE/PCA . . . . . 10 PUBLIC HEALTH / COMMUNITY HEALTH NURSE . . . . . 11 COMMUNITY HEALTH WORKER . . . . . 12 COMMUNITY HEALTH AIDE . . . . . 13 DISTRICT HEALTH VISITOR . . . . . 14 HEALTH EDUCATOR . . . . . 15 LAB TECHNICIAN/TECHNOLOGIST . . . . . 16 LAB ASSISTANT . . . . . 17 SOCIAL WORKER . . . . . 18 HIV/AIDS COUNSELOR . . . . . 19 OTHER COUNSELO . . . . . 20 PSYCHOLOGIST . . . . . 21 OTHER_____ 96 (SPECIFY)	
105	What year did you (or do you expect to) graduate with this qualification?	YEARS. . . . . [ ][ ][ ][ ]	
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.	1) YEARS. . . . . [ ][ ] 2) MONTHS. . . . . [ ][ ]	→ 107
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) . . . . . [ ][ ]	
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	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
113	What is the age that youth can receive services here without parental consent? Tell me if the age is different depending on whether the youth is pregnant, or not pregnant.	1) AGE IN YEARS [ ][ ] 2) 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 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 SERVICES

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 SERVICES		
118	In your current position at this facility, do you ever personally provide **tuberculosis service ?** Have you ever received any pre-service or in-service training on subjects related to such services? This includes diagnosis and laboratory services.	YES PROVIDES SERVICE AND/OR . . . . . 1 NO SERVICE AND NO TRAINING 2	→ 120

119	Please indicate whether you provide services 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→ c NO 2→ c		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→ c NO 2→ c		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→ c 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	Follow-up treatment for TB	YES 1→ c NO 2→ c		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→ c NO 2→ c		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 **counseling for HIV testing or for other services**, OR have you received training on such services?	YES PROVIDES SERVICE AND/OR . . . . . 1 NO SERVICE AND NO TRAINING 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 counseling	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 counseling	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 counseling for HIV, after initial post-test counseling or emotional support	YES 1 → c 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	Contact tracing (contacting partners testing positive for HIV)	YES 1 → c 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	Ordering or prescr bing HIV tests	YES 1 → c 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	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 → c 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

NO.	QUESTIONS			CODING CLASSIFICATION		GO TO
		(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 → c NO 2 → c		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 → c NO 2 → c		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 → c NO 2 → c		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 → c NO 2 → c		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 PROVIDES SERVICE AND/OR . . . . . 1 NO SERVICE AND NO TRAINING 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 → c 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	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 → c 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	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 PROVIDES SERVICE AND/OR RECEIVED TRAINING. . . . . 1 NO SERVICE AND NO TRAINING 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 or prophylactic treatment for TB (INH or isoniazid)	YES 1 → c NO 2 → c		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 or prophylactic treatment for other opportunistic infections such as cotrimoxazole preventive therapy (CPT)	YES 1 → c NO 2 → c		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 → c 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 → c NO 2 → c		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 prescr bing post-exposure prophylaxis (PEP)	YES 1 → c NO 2 → c		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 PROVIDES SERVICE AND/OR RECEIVED TRAINING. . . . . 1 NO SERVICE AND NO TRAINING 2	→ 128

NO.	QUESTIONS			CODING CLASSIFICATION		GO TO
	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
01	Nursing care for HIV/AIDS patients	YES 1 → c 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	Training caregivers and/or patients in HIV/AIDS care	YES 1 → c 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	Palliative care for terminally ill AIDS patients, such as symptom or pain control, emotiona and nursing care	YES 1 → c 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	Home-based services for people living with HIV/AIDS and their families	YES 1 → c 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 → c 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 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	Counseling 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			→ 135

NO.	QUESTIONS			CODING CLASSIFICATION		GO TO
	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
01	Sputum diagnosis of TB	YES 1 → c 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 testing	YES 1 → c 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	Drawing blood for HIV tests	YES 1 → c 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	Laboratory tests for monitoring ART	YES 1 → c 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	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	NONE
01	_____	1	2	4 → 137
02	_____	1	2	4

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/ OTHER . . . . . C CLINICAL SERVICES . . . . . D PREVENTIVE/PROPHYLACTIC THERAPEUTIC E CARE AND SUPPORT FOR HIV/AIDS . . . . . F LAB SERVICES FOR TB OR HIV TESTS G OTHER _____ X SPECIFY NO INFORMAL TRAINING . . . . . Y	
	PERSONAL WORK 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 DISINFECTAN . . . . . 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	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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	
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 [ ][ ] 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 . . . . . [ ][ ][ ]	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
153	Now I would l ke to ask you some questions abou 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? (WRITE '90' IF 90 OR MORE TIMES)	NUMBER OF TIMES [ ][ ]	
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 your work well	VERBAL PRAISE 1 2 8	
06	Provide any written comment that you were doing your work well	WRITTEN PRAISE 1 2 8	
07	Provide updates on administrative or technical issues related to your work	UPDATES 1 2 8	
08	Discuss problems you have encountered	DISCUSS 1 2 8	
09	Anything else?	OTHER 1 2 ____ (SPECIFY)	
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 PER DIEM 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

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
161	Describe any incentives that you have received.	UNIFORMS, BACKPACKS, CAPS ETC. . . . . A FREE TICKETS FOR CARE. . . . . B TRAINING. . . . . C FOOD RATION. . . . . D OTHER _____ X (SPECIFY)	
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 SUPERVISC . . . . . A MORE KNOWLEDGE/TRAINING . . . . . B MORE SUPPLIES/STOCK . . . . . C BETTER QUALITY EQUIPMENT/ . . . . . D LESS WORKLOAD (i.e. MORE STAFF . . . . . E BETTER WORKING HOURS . . . . . F MORE INCENTIVES . . . . . G TRANSPORTATION FOR PATIENTS . . . . . H PROVIDING ART . . . . . I INCREASED SECURITY . . . . . J BETTER FACILITY INFRASTRUCTUR . . . . . K MORE AUTONOMY/INDEPENDENCE . . . . . L EMOTIONAL SUPPORT FOR STAFF 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	[ ][ ] . [ ][ ] 12 HOUR CLOCK

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

TR-07-50