

# St. Vincent and The Grenadines Caribbean Region HIV and AIDS Service Provision Assessment Survey 2005

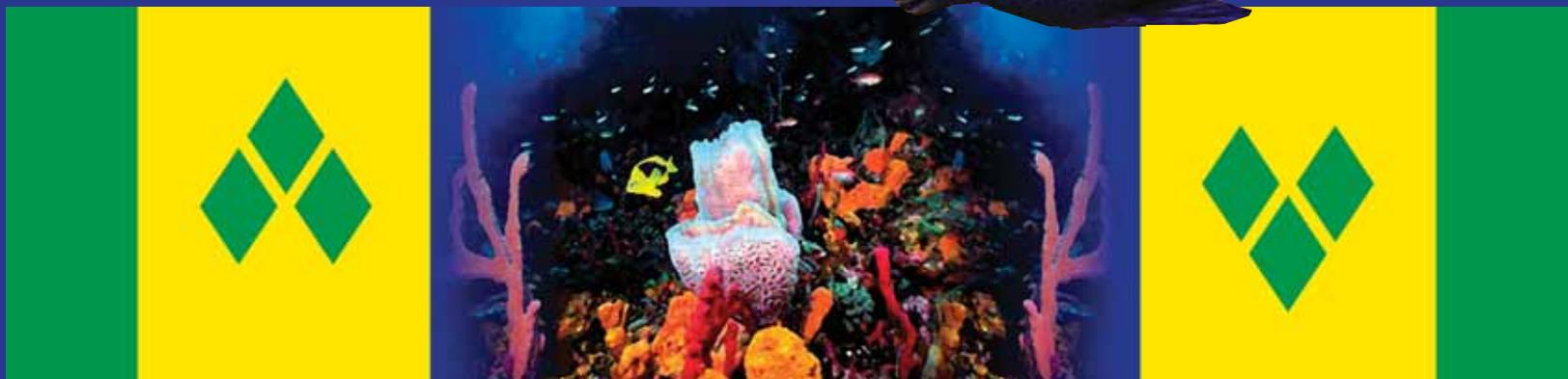
United States Agency for International Development (USAID)/  
Office of the Representative to Barbados

MEASURE Evaluation

AID Inc., Barbados

St. Georges University, Grenada

November 2006



**USAID**  
FROM THE AMERICAN PEOPLE





ST. VINCENT AND THE GRENADINES  
CARIBBEAN REGION  
HIV AND AIDS  
SERVICE PROVISION ASSESSMENT SURVEY 2005

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United States Agency for International Development (USAID)/  
Office of the Representative to Barbados

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## ABBREVIATIONS AND ACRONYMS

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|         |  |
|---------|--|
| 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                        |
| CIMT    | Caribbean Indicators and Measurement Tools               |
| CPT     | Cotrimoxazole Preventive Treatment                       |
| CSME    | CARICOM Single Market and Economy                        |
| CSS     | Care and Support Services                                |
| CSW     | Commercial Sex Workers                                   |
| DFID    | Department for International Development (UK)            |
| DOTS    | Direct Observed Treatment Short-course strategy          |
| ELISA   | Enzyme-Linked Immuno-Sorbent Assay                       |
| FPS     | Fortified Protein Supplementation                        |
| GFATM   | The Global Fund to Fight AIDS, Tuberculosis, and Malaria |
| GOSVG   | Government of Saint Vincent and the Grenadines           |
| HAART   | Highly Active Antiretroviral Therapy                     |
| HIV     | Human Immunodeficiency Virus                             |
| HSPA    | HIV Service Provision Assessment                         |
| INH     | Isoniazid  |
| IV      | Intravenous  |
| MOH     | Ministry of Health                                       |
| MSM     | Men Who Have Sex with Men                                |
| NAP     | National AIDS Program                                    |
| NGO     | Non-Governmental Organization                            |
| NHAC    | National HIV/AIDS Commission                             |
| 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/AIDS                              |
| PMP     | Performance Monitoring Plan                              |
| PMTCT   | Prevention of Mother- To- Child Transmission             |
| RPR     | Rapid Plasma Reagin (syphilis test)                      |
| STIs    | Sexually Transmitted Infections                          |
| SVG     | St. Vincent and the Grenadines                           |
| TB      | Tuberculosis   |
| UNAIDS  | Joint United Nations Program on HIV/AIDS                 |
| 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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## KEY FINDINGS

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The HIV/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) and opportunistic infection (OI) treatment services, and a prevention strategy that reaches the vulnerable and at-risk populations. A solid recordkeeping and reporting system is essential for monitoring and 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 2005 St. Vincent and the Grenadines 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 St. Vincent and the Grenadines, the HSPA findings provides 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 St. Vincent and the Grenadines HSPA captured information on these region-specific indicators in addition to the standard HSPA indicators. Since HIV and AIDS services are not offered across all facilities or facility types, and these services are relatively few, the sample is disproportionately representative of known sites for HIV and AIDS services. Although the emphasis of the HSPA is on public facilities, if private or non-government facilities are important providers of HIV and AIDS services, they were also included. The survey was conducted in a sample of 24 facilities (18 public facilities) in St. Vincent and the Grenadines, 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.

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

### Region-specific findings

- ▶ Three-quarters of the facilities providing HIV counseling and testing (CT) have at least one trained counselor

- ▶ About half of those providing counseling services have been recently trained (in the past 3 years).
- ▶ One-third of TB service providers and half of STI service providers have been trained recently.
- ▶ A total of 49 percent of health workers surveyed had a positive attitude towards PLHIV
- ▶ Six of the nine facilities offering PMTCT services reported having provided services to residents of other countries and one facility provided ARV prophylaxis to a resident of another country within the month preceding the survey.

#### HIV testing system<sup>1</sup>

- ▶ Of 18 public facilities surveyed, 16 have an HIV testing system.
- ▶ Quality conditions exist in all CT sites in 3 of those 16 facilities.
- ▶ Recordkeeping and documentation of counseling are not routine for all service sites.
- ▶ Policy guidelines for CT are not readily accessible in all service sites.
- ▶ Of 16 facilities, 9 offer youth-friendly services.

#### Availability of basic care and support services

- ▶ TB diagnostic and treatment services are limited.
- ▶ STI services are widely available.
- ▶ Treatment of opportunistic infections (OIs) and palliative care are not as widely available as TB and STI services.
- ▶ Nosocomial infection prevention, although practiced in most facilities, is not fully available in all sites of facilities.
- ▶ Supervision of staff is limited.
- ▶ Protocols and guidelines are not widely available.

#### Availability of advance care and support services

- ▶ Medicines and resources to treat OIs (e.g., IV for fungal infections and herpes) are limited.
- ▶ Lab services for diagnoses are limited.
- ▶ Many providers other than counseling staff have not been recently trained.
- ▶ Sound recordkeeping systems are needed.
- ▶ ART is available in one facility.
- ▶ Although PEP is available, no facility had observed ARV medicines.
- ▶ Elements to support quality: Protocols and guidelines are the major weaknesses.

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<sup>1</sup>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.

- ▶ Of the 18 public facilities surveyed, half (9 of 18) offer some aspects of PMTCT services (i.e., pre- and post-test counseling and HIV testing services, ARV prophylaxis to prevent mother-to-child transmission (MTCT), infant feeding counseling, and/or family planning counseling or referral). Only one public facility offers all four items for the minimum package of PMTCT, and one reported all items for PMTCT + services.<sup>2</sup>

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<sup>2</sup> PMTCT+ is defined as a facility having all components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV-infected women and their families.



# CHAPTER 1: OVERVIEW OF THE HEALTH SYSTEM IN ST. VINCENT AND THE GRENADINES

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## 1.1 BACKGROUND

St. Vincent and the Grenadines is located in the Eastern Caribbean region, and comprises a string of islands between the Caribbean Sea and North Atlantic Ocean, north of Trinidad and Tobago. The country includes the main island of St. Vincent and the inhabited islands and islets of Bequia, Mustique, Mayreau, Canouan, Union Island, and Palm Island. The land area of St. Vincent and the Grenadines is approximately 389 square kilometers (Saint Vincent itself is 344 square kilometers) which is almost twice the size of Washington, DC. The mainland and islands include six parishes: Charlotte, Grenadines, Saint Andrew, Saint David, Saint George, and Saint Patrick. Most of the land area and the majority of the country's 2005-estimated population of 117,534 live on St. Vincent.<sup>3</sup> The population is dispersed between the urban and rural areas, of which approximately 70,000 people live in urban areas (58 percent of the population) and close to 50,000 people reside in rural locations. The projected population in 2030 will be 100,000 urban residents and 31,000 rural residents.<sup>4</sup> Mainland St. Vincent is linked to the Grenadines by sea as well as air transport via local airports. There is no international airport on any of the islands. However, connections can be made to St. Vincent and the Grenadines via several other islands in the region.<sup>5</sup> The official language spoken in St. Vincent and the Grenadines is English.

St. Vincent and the Grenadines is rated fairly well in terms of human development measures. It is ranked 87th on the list of 177 countries included in the United Nations Development Program's Human Development Report 2005. The Human Development Index (HDI) value for St. Vincent and the Grenadines is 0.755 (the highest rated country had an HDI Index value of 0.963). UNDP classifies countries rated 0.500–0.799 as "Medium Human Development Index Countries."

## 1.2 HIV AND AIDS IN THE CARIBBEAN

According to a recent report from the Caribbean Epidemiology Centre (CAREC), the HIV and AIDS epidemic in the Caribbean is a growing problem across the region, and it has begun to affect 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

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<sup>3</sup> CIA World Factbook. Available at <http://www.cia.gov/cia/publications/factbook/geos/vc.html>. Accessed September 29, 2005.

<sup>4</sup> The United Nations Department of Economic and Social Affairs, Population Division, Urban and Rural Areas 2003 table. Available at [http://www.un.org/esa/population/publications/wup2003/2003urban\\_rural.htm](http://www.un.org/esa/population/publications/wup2003/2003urban_rural.htm). Accessed June 20, 2005.

<sup>5</sup> Pan American Health Organization. Country Health Profiles. Available at <http://www.paho.org/english/dd/ais/coredata.htm>. Accessed September 30, 2005.



reported AIDS cases in the Americas, and the size of the epidemic is second only to that in Sub-Saharan Africa. Approximately 350,000 to 590,000 people living with HIV (PLHIV) call the region home.

AIDS is now the leading cause of death among 15 to 45-year-olds in the Caribbean. CAREC reports that 73 percent of cases are diagnosed in people of this age group. Although the gender distribution of the disease is predominantly weighted towards males (2:1), young women between the ages of 15 and 24 are particularly at risk. The annual incidence of HIV among females of this age group is from three to six times higher than among 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 (STIs). Intravenous drug users are also a risk group in the Caribbean. However, this population seems to be concentrated on certain islands.

Seventy-nine percent of people living with HIV and AIDS in the Caribbean are from Haiti and the Dominican Republic, making the island of Hispaniola the “epicenter of the epidemic in the Caribbean region and the Western Hemisphere.”<sup>6</sup>

### 1.3 HIV AND AIDS IN ST. VINCENT AND THE GRENADINES

HIV and AIDS were first reported in St. Vincent and the Grenadines in 1984, and documented cases have risen almost yearly since then. From 1984 to 1993, St. Vincent and the Grenadines reported 128 documented cases of HIV. In contrast, the country reported 108 documented new cases in 2004 alone. By the end of 2004, the cumulative total had risen to 796 cases of HIV, with 54 percent (431) becoming AIDS cases. As of December 2004, 391 people were living with AIDS.<sup>7</sup> Using the 2001 census population of 106,258 results in a documented HIV prevalence of 0.4 percent.<sup>6</sup>

A population-based survey has not been conducted in St. Vincent and the Grenadines to measure HIV prevalence using biomarker technology. However, the Ministry of Health and the Environment does report routine surveillance and routine health information on HIV and AIDS. CAREC has reported that the annual incidence rate varies from 60 to 63 per 100,000 population for the period 2000–2002.<sup>8</sup> The Ministry of Health and the Environment in St. Vincent and the Grenadines has calculated using reported and

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<sup>6</sup> Caribbean Epidemiology Centre. 2004. *Status and trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002*. Port of Spain, Trinidad: Caribbean Epidemiology Centre.

<sup>7</sup> St. Vincent and the Grenadines Ministry of Health and the Environment. 2005. *We can do it together: St. Vincent and the Grenadines HIV/AIDS/STI National Strategic Plan 2004-2009, Draft*. Government of St. Vincent and the Grenadines; October 29.

<sup>6</sup> Browne, M. HIV/AIDS Epidemiology Profile for St. Vincent and the Grenadines.

<sup>8</sup> Caribbean Epidemiology Centre. *Status and Trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002*.

documented cases that “AIDS-related deaths account for about 5 percent of total deaths annually with male AIDS-related deaths responsible for about 66 percent and female deaths about 34 percent.”<sup>9</sup>

The relationship between sexually transmitted diseases and HIV is documented; syphilis, gonorrhea, and chlamydia have been linked to HIV transmission, and the treatment of STIs in high-prevalence areas has been shown to reduce HIV transmission.<sup>10</sup> Eighty-eight cases of gonorrhea were reported from 1996 to 1999 and it is highly likely that gonorrhea is underreported. The prevalence of syphilis among pregnant women dropped from 5.0 percent in 1996 to 3.7 percent in 1999.<sup>11</sup>

Compared with other countries in the Caribbean region, St. Vincent and the Grenadines has a relatively low HIV infection rate and would be considered a concentrated or low epidemic country. However, incidences of HIV and AIDS are rising and will continue to do so if prevention, care, support, and treatment programs are not continued and scaled up.

Currently, care and treatment services are minimal. In the rapid scale-up to ensure that services are available, St. Vincent and the Grenadines is working with several international and regional partners. These partners include The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). St. Vincent and the Grenadines is part of the Organization of Eastern Caribbean States (OECS) sub region to receive a multicountry grant from GFATM.<sup>12</sup> This grant is coordinated by the Regional 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 St. Vincent and the Grenadines to assist with building and opening voluntary counseling and testing (VCT) centers and rapid testing services.

Regionally, with the assistance and guidance of the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) and the Caribbean HIV/AIDS Regional Training Initiative (CHART) network, key capacity needs for providers of HIV and AIDS care and treatment are being addressed in the OECS region. Furthermore, with assistance and guidance from

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<sup>9</sup> St. Vincent and the Grenadines Ministry of Health and the Environment. 2005. *We can do it together: St. Vincent and the Grenadines HIV/AIDS/STI National Strategic Plan 2004-2009, Draft*.

<sup>10</sup> Fitzgerald, J., M. Dahl-Regis, P. Gomez, and A. Del Riego. 2005. A multidisciplinary approach to scaling up HIV/AIDS treatment and care: The experience of the Bahamas. *Rev Panam Salud Publica/Pan Am J Public Health*, 17(1), 66–72.

<sup>11</sup> PAHO Country Health Profile.

<sup>12</sup> Portfolio of grants in multi-country Americas (OECS). Available at <http://www.theglobalfund.org/search/portfolio.aspx?countryID=MAE&lang=en>. Accessed February 28, 2006.



CHRC, important care and support indicators will be monitored consistently in the region.<sup>13</sup>

The main mode of transmission of HIV in Saint Vincent and the Grenadines appears to be via heterosexual sex; both men and women are affected. From 1984 to 2004, females outnumbered males in age groups 0-9, 15-19, and 65-69. All other age group categories have been dominated by males. HIV is also being transmitted from male-to-male sexual contact, although the extent is not yet well understood. St. Vincent and the Grenadines reported to CAREC that “Seventeen percent of [HIV] cases are reported among men who have sex with men.”<sup>14</sup> Lastly, vertical transmission or mother-to-child transmission (MTCT) of HIV has been reported from 1984 to 2004 in the St. Vincent and Grenadines’ HIV/AIDS Strategic Plan as 3–4 percent of HIV cases.

From 1988, when St. Vincent and the Grenadines recorded the first vertical transmission of HIV, to 2004, there have been 30 reported and documented HIV-positive infants born to HIV-infected mothers. Of those 30, 21 have since died.<sup>15</sup>

The data on orphans and vulnerable children in St. Vincent and the Grenadines is difficult to find, since it has not been identified as an issue in the context of HIV and AIDS at this point in the country’s epidemic. Although there is an orphanage in the suburbs of Kingstown, it is unknown whether any children in residence were orphaned because of HIV and AIDS.

The epidemic may also be taking its toll on the health care system. A study in 1997 found that the average length of stay in all wards of the hospital was 5.6 days. It was also found that the average stay for a patient with AIDS was 27 days, almost five times the stay of a person without the illness. This additional time in the hospital highlights the higher levels of health care consumption needed by those with AIDS.<sup>16</sup>

### 1.4 SELECTED HEALTH AND DEMOGRAPHIC CHARACTERISTICS

The average life expectancy in St. Vincent and the Grenadines is 73.62 years. Women typically outlive men by almost 4 years—women’s life expectancy is 75.51 years and men’s is 71.78 years.<sup>17</sup>

The infant mortality rate (IMR) in the island chain is 14.78 deaths per 1,000 live births. Male infants tend to fare worse than their female counterparts do; IMR for males is 16.09 deaths/1,000 live births, in contrast to 13.44 deaths/1,000 live births for females.<sup>18</sup>

<sup>13</sup> Caribbean Indicators and Measurement Tools (CIMT). Available from the Caribbean Health Research Council: <http://www.chrc-caribbean.org/CIMT.php>. Accessed February 28, 2006.

<sup>14</sup> Caribbean Epidemiology Centre. *Status and Trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002*.

<sup>15</sup> Ibid.

<sup>16</sup> St. Vincent and the Grenadines Ministry of Health and the Environment. 2005. *We can do it together: St. Vincent and the Grenadines HIV/AIDS/STI National Strategic Plan 2004-2009, Draft*.

<sup>17</sup> CIA World Factbook (2005 est.).

Chronic, non-communicable diseases have been considered the main causes of death, disability, and illness in St. Vincent and the Grenadines for the past 20 years. The top five leading causes of death from 1995 to 2000 were cancer, ischemic heart disease, endocrine and metabolic diseases, immunity disorders, and cerebrovascular and hypertensive disease. Chronic diseases have been responsible for more than 50 percent of total deaths.<sup>19</sup>

Approximately 50 percent of the country's population falls between 20 and 59 years of age. Important health issues in this group include HIV and AIDS and other sexually transmitted diseases, hypertension, heart disease, diabetes, and cancer.<sup>20</sup>

Almost one-third (27.1 percent) of the population is under age 15 (male 16,208/female 15,621). In contrast, only 6.4 percent of the population is 65 years and older (male 3,280/female 4,255). Well over half (66.5 percent) of the population is 15–64 years old (male 40,287/female 37,883). The estimated fertility rate of the island for 2005 was 1.85 children born per woman, which is under the replacement rate of 2.1.<sup>21</sup> The net migration rate for St. Vincent and the Grenadines was -7.61 migrant(s)/1,000 population (2005 est.).

## 1.5 GENERAL ORGANIZATION OF THE HEALTH SYSTEM

According to the Pan-American Health Organization, (PAHO), health promotion services are offered mainly through the Ministry of Health's Health Promotion Unit. A network of family life educators at Youth Guidance Centers carry out school activities. Community activities are geared primarily toward out-of-school youths. Educational programs on HIV and AIDS are provided to individuals, communities, and institutions.<sup>22</sup>

In addition to the routine health care that adolescents receive in the government-operated district health centers, the Ministry of Health and the Environment delegated specific responsibilities for Adolescent Health to the National Family Planning Programme in 1999. A PAHO description of the program states that “the objectives for the adolescent health programmes are aimed at promoting healthy development as well as preventing and responding promptly to health problems. These programmes are structured to include adolescents in and out of school. In 1999, adolescent clinics, adolescent groups and youth guidance centers were established in several communities to educate and train adolescents in reproductive health, family life and skills training. Most public and private care providers carry out disease surveillance. All information is

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<sup>18</sup> PAHO Country Health Profile (2005 est.).

<sup>19</sup> St. Vincent and the Grenadines Ministry of Health and the Environment. 2005. *We can do it together: St. Vincent and the Grenadines HIV/AIDS/STI National Strategic Plan 2004-2009, Draft.*

<sup>20</sup> PAHO Country Health Profile.

<sup>21</sup> CIA World Factbook.

<sup>22</sup> PAHO Country Health Profile.



forwarded to the Epidemiological Unit for collation and analyses in coordination with the Health Information Unit.”<sup>23</sup>

The Ministry of Health and Environment owns and operates all public health care facilities, sets the standards for care, and regulates practice within the health sector. The MOH’s Chief Medical Officer interfaces with the operations of private health care facilities. The Ministry of Health is also responsible for regulating health care practitioners (including private pharmacists), who must be both registered and accredited to practice in the country. All nurses are required to register with the General Nursing Council.<sup>24</sup>

A group of 10 non-governmental organizations (NGOs) in St. Vincent and the Grenadines have come together to form the National Network of NGOs (NNN). The organization works to eliminate redundancy, to use resources efficiently, and to assure that each of the member organizations can work to highlight the comparative advantage of each of the member organizations. The group meets once a month. The Network is currently working with various stakeholders to prepare a policy brief for parliament.<sup>25</sup>

### 1.6 GENERAL ORGANIZATION OF THE PUBLIC HEALTH SECTOR

St. Vincent and the Grenadines is divided into nine health districts. Acute and ambulatory care, primary care, emergency care, and family planning services are delivered daily in 39 health centers staffed with (at a minimum) a staff nurse/midwife, a nursing assistant and a community health aide.<sup>26</sup> Child health services, antenatal and postnatal care are offered at the centers on a weekly basis. Each health center serves 1,200 to 3,000 persons. Most health districts also offer monthly outpatient clinics, home, and community visits. District health teams include the district medical officer, environmental health officer, family life educator, social worker and pharmacist.<sup>27</sup>

The Kingstown General Hospital (a 209-bed referral hospital offering various categories of specialist care) offers secondary and emergency care. Acute care, not requiring specialist intervention, is also provided by five rural hospitals (located in the Health Districts of Georgetown, Marriaquia, Chateaubelair, Northern and Southern Grenadines)<sup>28</sup> with a combined capacity of 58 beds. Auxiliary diagnostic services are offered mainly through the main referral hospital. Two privately operated clinical

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<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> MEASURE Evaluation. June 2005. St. Vincent and the Grenadines National HIV/AIDS Program Capacity Development Consultation, Draft.

<sup>26</sup> St. Vincent and the Grenadines Ministry of Health and the Environment. 2005. *We can do it together: St. Vincent and the Grenadines HIV/AIDS/STI National Strategic Plan 2004-2009*, Draft.

<sup>27</sup> PAHO Country Health Profile.

<sup>28</sup> St. Vincent and the Grenadines Ministry of Health and the Environment. 2005. *We can do it together: St. Vincent and the Grenadines HIV/AIDS/STI National Strategic Plan 2004-2009*, Draft.

laboratories offer services to the public.<sup>29</sup> One private hospital, also in Kingstown, provides complementary services.<sup>30</sup>

According to the International Monetary Fund, St. Vincent and the Grenadines has 1,110 people per physician and 526 people per hospital bed.<sup>31</sup>

Health care workers receive training internationally, including training in North America and Europe. The Ministry of Health has endorsed continuing medical education to improve efficiency and productivity and has financed organization and hosting of such activities.<sup>32</sup>

The National AIDS Plan has guidelines for the provision of VCT according to a nationally approved standard. According to a 2005 report, 55 health care workers have been trained in the provision of VCT, including six trainers and one advanced trainer. However, those trained in VCT were not yet providing the services in 2005 because of a lack of infrastructural capacity.<sup>33</sup>

## 1.7 NATIONAL HIV AND AIDS PROGRAMS

A National AIDS Coordinator was appointed for St. Vincent and the Grenadines in November 1999.<sup>34</sup> The first National Strategic Plan for HIV and AIDS was written for 2001–2006, and was developed with NGOs, private sector personnel, PLHIV, religious organizations, the Chamber of Commerce, teachers, police officers, government employees, and representatives from CAREC, PAHO, and the general public.<sup>35</sup>

The HIV/AIDS National Strategic Plan called for the following six priority areas:

1. Strengthen intersectoral management, organizational structures, and institutional capacity
2. Design and implement care, support, and treatment programs for PLWHA and their families
3. Develop and implement HIV/AIDS/STI control programs with priority to youth and high-risk/vulnerable groups
4. Conduct research and training programs

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<sup>29</sup> PAHO Country Health Profile.

<sup>30</sup> St. Vincent and the Grenadines Ministry of Health and the Environment. 2005. *We can do it together: St. Vincent and the Grenadines HIV/AIDS/STI National Strategic Plan 2004-2009, Draft*.

<sup>31</sup> IMF Country Reports (2002). Available at <http://www.imf.org/external/pubind.htm>. Accessed June 20, 2005.

<sup>32</sup> Ibid.

<sup>33</sup> MEASURE Evaluation.

<sup>34</sup> PAHO Country Health Profile.

<sup>35</sup> St. Vincent and the Grenadines Ministry of Health and the Environment. 2005. *We can do it together: St. Vincent and the Grenadines HIV/AIDS/STI National Strategic Plan 2004-2009, Draft*.



5. Upgrade surveillance systems
6. Implement advocacy programs.<sup>36</sup>

After seeking funding for the plan from The World Bank, the timeline was revised to cover the period 2004–2009. It is based on the same six priority areas as the original plan. The new plan includes a care and treatment program in which medication is provided free of cost to clients. PLHIV and their families receive financial support, and the staffing of the treatment program was expanded. The staff now includes a director, four counselors, a social worker, a psychologist, a clerk, and an office attendant. The program operates under the auspices of the Ministry of Health and the Environment.<sup>37</sup>

The goals of the revised National Strategic Plan are as follows:

- ▶ Reduce the incidence of HIV
- ▶ Decrease the case fatality rate of PLHIV
- ▶ Offer support to people living with HIV and AIDS and their families.<sup>38</sup>

A formalized system of care including treatment with antiretrovirals (ARVs) began nationally in August of 2003. To support this program, the laboratory at the Milton Cato Memorial Hospital increased its capacity to perform and analyze CD4 counts through immuno-magnetic separation technology. Additional staffing, such as a clinical care coordinator and counselors were also assigned. In May 2005, 144 clients were registered on the Care and Treatment Program. Thirty-eight percent of these (55 patients) were on ARVs.<sup>39</sup>

Since 2003, voluntary counseling and testing (VCT) providers and trainers have received overseas training. Several national training events have been organized, and approximately 55 health care workers and other appropriate personnel have been locally trained to deliver VCT services. Current plans call for 18 VCT sites to be established at various locations throughout St. Vincent and the Grenadines. As part of the National Strategic Plan, in-depth counseling skills became part of the continuing education program for health care workers.<sup>40</sup> VCT for HIV is offered to all pregnant women. Antiretroviral treatment (Nevirapine) is offered to women testing positive.<sup>41</sup>

The National Plan gives high priority to a safe blood supply for medical transfusion. Measures to keep the supply safe include HIV antibody screening, blood donor

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<sup>36</sup> Ibid.

<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> PAHO Country Health Profile; and St. Vincent and the Grenadines Ministry of Health and the Environment. 2005. *We can do it together: St. Vincent and the Grenadines HIV/AIDS/STI National Strategic Plan 2004-2009, Draft.*

selection, prevention of avoidable transfusion, and blood banking. Screening donors from HIV began in the early 1990s and is ongoing.<sup>42</sup>

## 1.8 FUNDING OF THE HEALTH SECTOR

From 1995 to 1999, the government of St. Vincent and the Grenadines spent an average of 3.9 percent of the gross domestic product (GDP) on health and health care—totaling approximately EC\$31.13 million per year. Health sector expenditures in 1999 went to hospital services (32.8 percent), community health services (12.2 percent), and pharmaceuticals (13.1 percent). That year, user fees totaled 2.21 percent of total health expenditure, less than the projected 6 percent.<sup>43</sup>

Additional funds are garnered from regional and global partner organizations for specific programs and disease areas. Some of these partners include CAREC/PAHO, GFATM, the Department for International Development-UK (DFID) and The World Bank.

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<sup>42</sup> St. Vincent and the Grenadines Ministry of Health and the Environment. 2005. *We can do it together: St. Vincent and the Grenadines HIV/AIDS/STI National Strategic Plan 2004-2009, Draft.*

<sup>43</sup> PAHO Country Health Profile.



## CHAPTER 2: SURVEY METHODOLOGY

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### 2.1 OVERVIEW

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

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

### 2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE HSPA

The Caribbean HSPA was commissioned by the USAID Caribbean Regional office, with technical assistance from Macro International Inc. under the MEASURE Evaluation Project.

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 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 USAID Performance Monitoring Plan (PMP)
  - ▶ To provide estimates of indicators for the Caribbean Indicators and Measurement Tools (CIMT), which include information from the CIMT/UNAIDS/WHO/Global Fund Care and Support (CSS) Indicators:
    - ▶ Proportion of health care facilities that have the capacity and conditions to provide basic-level HIV testing and HIV and AIDS clinical management
    - ▶ Proportion of health care facilities that have the capacity and conditions to provide advanced-level HIV and AIDS care and support services including provision of ART.

### 2.3 HSPA CONTENT AND METHODS FOR DATA COLLECTION

#### 2.3.1 Content of the HSPA

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

#### 2.3.2 Methods for 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 CSS and on referral linkages between services. Specifically, it collects information on the HIV and AIDS-related services provided by the facility (i.e., inpatient and outpatient services, VCT services, PMTCT services and laboratory services), linkages to other HIV and AIDS-related services for patients and their families (i.e., home-based care), availability of guidelines

and protocols for HIV and AIDS-related CSS, the availability of medicines and supplies, facility conditions, and health information management systems.

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

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

## 2.4 SAMPLING DESIGN

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

### 2.4.1 Sample of Facilities

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

In each country, a number of facilities 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 HSPA.

In St. Vincent and the Grenadines, hospitals, labs and larger health centers are well represented. However, the smaller health centers are not included in the sample either because of the limited number of people served and services provided, the inaccessibility of the facility, or unavailability of health care providers. Twenty-four facilities were surveyed in St. Vincent and the Grenadines.



### 2.4.2 Sample of Health Service Providers

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

To ensure that the relevant providers were interviewed in each facility, providers were selected without consideration of how well they represent the qualification and number of staff who were assigned to the facility. Thus, the results of the health worker interviews are potentially biased because the staff present on the day of the survey may not be representative of the staff who normally provide the services of interest in the facility.

## 2.5 SURVEY IMPLEMENTATION

### 2.5.1 Training and Supervision of Data Collectors

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

### 2.5.2 Data Collection Instruments

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

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

### 2.5.3 Data Collection Methods

The survey was conducted in March and May 2005. Data collection consisted of key informant interviews with the most knowledgeable person about a service, observations of facility resources in each service area, interviews with service providers to learn about training and stigma and GPS readings of the geographic coordinates of each facility. Although some facility surveys include observation of providers to assess the

quality of care provided and interview of patients upon exiting the service, these are not a part of the HSPA.

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

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

Most facilities in the St. Vincent and the Grenadines HSPA were surveyed during the main visit in January 2005. However, several facilities in two other districts were surveyed on a return visit by two of the HSPA survey team members. The St. Vincent and the Grenadines survey team was made up of nine people.

#### 2.5.4 Process for Data Management and Report Writing

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

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



### 2.5.5 Data Analysis and Conventions Followed in Developing the Indicators

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

- ▶ **Assessing the Availability of Items.** Unless specifically indicated, the HSPA considered observed items as available. HIV and AIDS services are frequently offered in a variety of service sites within large facilities. For example, HIV testing may be offered to clients who come to a VCT clinic, but also may be offered to sick clients attending different outpatient clinics as well as to inpatients on different types of inpatient units. Among elements identified for supporting the quality of services related to HIV and AIDS, some need only be at any location in a facility, with the assumption that all units can access the item (e.g., medicines, laboratory tests, facility-level policies). Recordkeeping is necessary for clients who receive services from any service site, but the records may be kept in different locations, depending on the organization of a facility. Some items, such as service statistics and client records may be centralized or decentralized, depending on the organization of a facility. For this survey, it 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, 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 their hands or for guidelines to remind them of information when providing services to clients. Thus, some items, such as those for infection control, and guidelines and protocols, need to be near each relevant service delivery area. The analyses of the quality of HIV and AIDS and related services for this survey follow the general conventions when determining whether a facility meets the standards defined as those necessary to provide high-quality services.
- ▶ **Provider Information.** Not infrequently, providers indicated that they “personally provided” a service that the facility did not offer. Providers may have indicated services they provided outside the facility. For the HSPA, only providers from facilities that offered the service in question were included in the analysis.
- ▶ **Development of Aggregate Variables.** Aggregating the data into subsets makes it possible to analyze many pieces of information and to see how they relate to the overall capacity to provide services. It also enables monitoring of changes in capacity to provide services and changes in adherence to standards, since there may be improvements in some items but not in others. The aggregate variables presented in this report are based on definitions of the common indicators developed for the Presidential Emergency Plan for AIDS Relief Initiative by an international technical working group, comprising representatives from World Health Organization (WHO), UNAIDS, USAID, and other organizations, including NGOs that implement HIV/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 were 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 facilities are included in the report.



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

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### 3.1 OVERVIEW

The National AIDS Secretariat (NAS) of St. Vincent and the Grenadines is located under the Ministry of Health and Environment to provide coordination and to support the National AIDS Program (NAP). The NAS is located in its own building and is funded by the government of St. Vincent and the Grenadines as well as through loans/grants from The World Bank and the Global Fund for AIDS, TB and Malaria.<sup>44</sup> The National AIDS Program staff includes a director, clinical care coordinator and manager, M&E advisor, HIV counselors, administrative staff, a line ministry coordinator and a program coordinator. The St. Vincent and the Grenadines NAP has been assisted by several international and regional partners to develop a multisectoral strategic plan to address HIV and AIDS and to develop a national HIV and AIDS monitoring and evaluation plan. The capacity of the NAP is strong, but continues to require assistance to make operational all of the services needed for HIV transmission prevention and optimal maintenance of Persons Living with HIV and AIDS (PLHIVs); this includes monitoring and evaluation of the services provided.

Public clinical services are administered by the Ministry of Health and the Environment and provide several HIV and AIDS-related services that are integrated into the health care system. Providers of HIV and AIDS related services are also trained and stationed in St. Vincent and the Grenadines. However, due to economic and social constraints in the country, more assistance and training is needed to scale up services fully. This report will provide some information to assist the country, its partners and international donors in better understanding the current state of HIV and AIDS service provision in St. Vincent and the Grenadines.

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

An international technical working group comprising representatives from the World Health Organization (WHO), the United Nations program on HIV/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

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<sup>44</sup> St. Vincent and the Grenadines National HIV/AIDS Program Capacity Development Consultation.



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, STIs) 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 for people living with HIV and AIDS.
2. Capacity to provide advanced-level services for HIV and AIDS
  - 2.1 Systems and items to support the management of opportunistic infections and the provision of palliative care for the advanced care of people living with HIV and AIDS
  - 2.2 Systems and items to support advanced services for the care of people living with HIV and AIDS
  - 2.3 Systems and items to support antiretroviral combination therapy
  - 2.4 Conditions to provide advanced inpatient care for people living with HIV and AIDS
  - 2.5 Conditions to support home care services
  - 2.6 Post-exposure prophylaxis (PEP).
3. Data availability and recordkeeping systems for monitoring HIV and AIDS and support
4. Capacity to provide services for prevention of mother-to-child transmission (PMTCT and PMTCT+)
5. Availability of youth-friendly services (additional indicator).

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

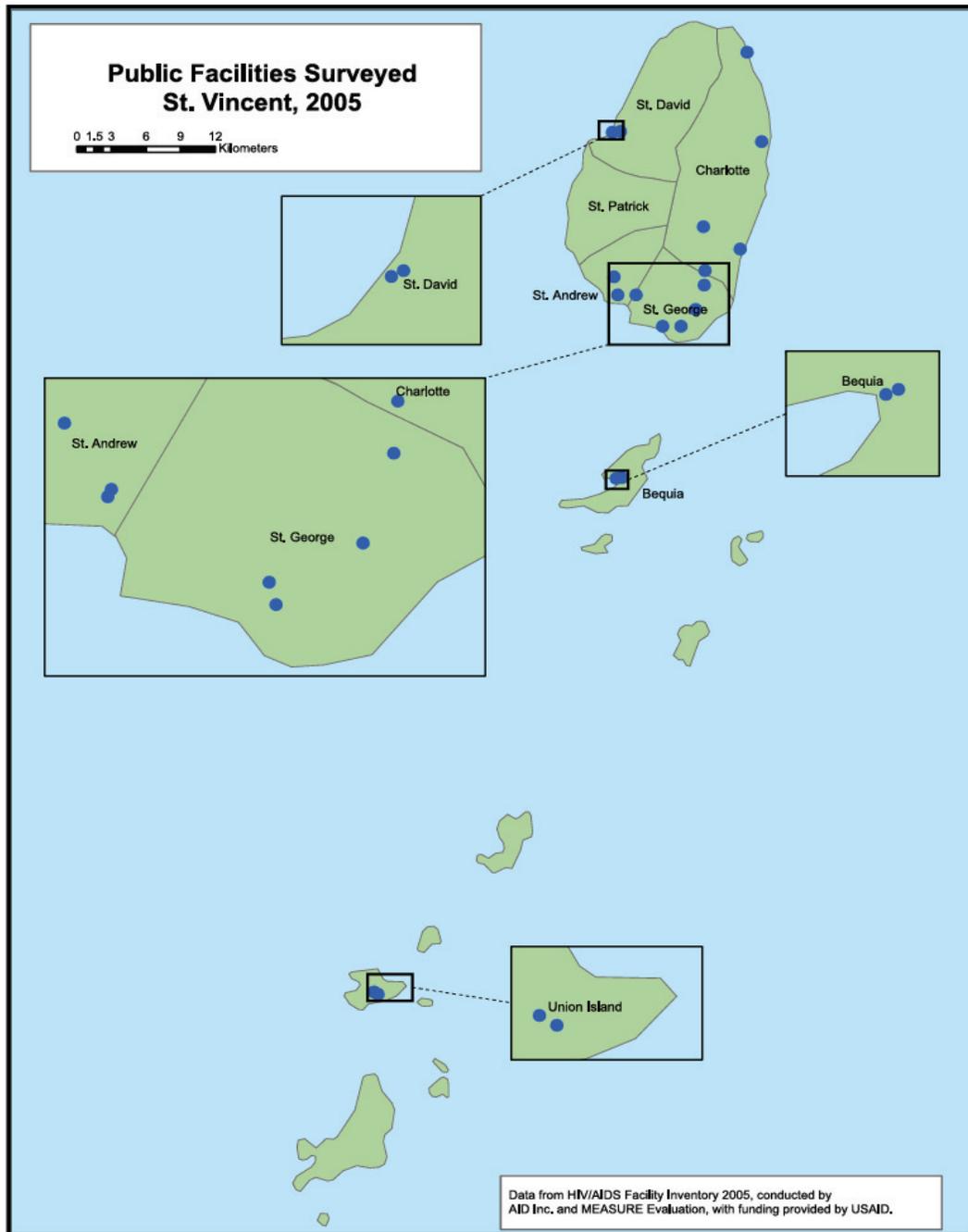
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<sup>45</sup> MEASURE Evaluation Project. September 2005. Report of Preliminary Findings Phase I, Eastern Caribbean HIV/AIDS Service Provision Inventory. Macro International Inc. and University of North Carolina.

### 3.2 AVAILABILITY OF PROVIDERS AND SERVICES

The HSPA assessed the availability of HIV and AIDS-related services in St. Vincent and the Grenadines. As shown in Figure 3.2, the survey included 18 public facilities and 77 public providers.

Figure 3.2: Map showing the location of the public facilities surveyed, St. Vincent and the Grenadines 2005





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

- ▶ **Voluntary Counseling and Testing (VCT).** The survey defines a facility as offering counseling and testing if clients are offered the HIV test, and then either the facility conducts the test or there is a system for the facility to receive results back and to follow up with 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, STIs, 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)
- ▶ **Post-Exposure Prophylaxis (PEP).** This refers to provision of ARV medicines for prevention of infection, for persons at risk. Since PEP requires access to ARVs, it is not surprising that this is available most often in facilities where ART services are available. (Advanced-level)
- ▶ **Prevention of Mother-To-Child Transmission (PMTCT).** A facility is defined as offering PMTCT services if any activities related to prevention of transmission are offered. This may include only counseling about exclusive breastfeeding for PMTCT, or may include all components of PMTCT services, including provision of ARV 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, the observed policy/guidelines for youth-friendly services require at least one provider trained in providing youth-friendly services, and the facility reports implementing youth-friendly services.

### 3.2.1 Region-Specific Findings

#### Training of Service Providers

In St. Vincent and the Grenadines, the HSPA surveyed 77 service providers from among the 18 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 which will be helpful in assessing the provider and service availability in St. Vincent and the Grenadines.

Of the 18 public facilities surveyed in the HSPA, 8 of the 16 facilities with an HIV testing system in place (Figure 3.2.1a) had at least one counselor trained in pre- and post-test counseling by the Caribbean HIV/AIDS Regional Training Initiative (CHART)/JHU (Table 3.2.1a) . An HIV testing system is defined in the HSPA as a facility offering counseling and testing, where clients are offered 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: Map showing the location of facilities with an HIV testing system, St. Vincent and the Grenadines 2005

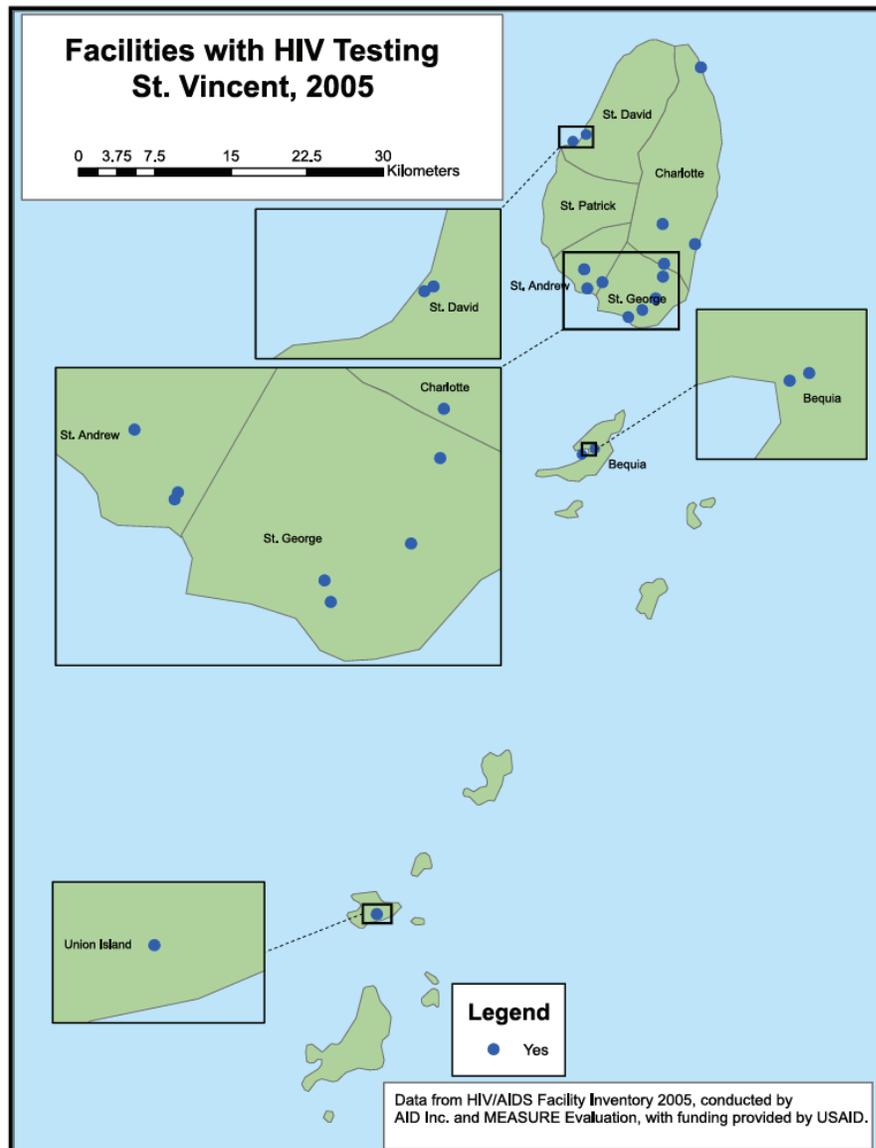




Table 3.2.1a: Number of public facilities sampled, number of those facilities with an HIV testing system (VCT)<sup>1</sup>, and number of facilities with an HIV testing system with at least one counselor of pre- and post-test counseling trained by CHART, HSPA SVG 2005

| Number of facilities sampled <sup>2</sup> | Number of sampled facilities with HIV testing system | Number of sampled facilities with HIV testing system with at least one counselor of pre- and post-test counseling trained by CHART |
|---|--|--|
| 18  | 16   | 8  |

<sup>1</sup> Facility either 1) conducts tests or 2) has an affiliated external laboratory or an agreement with a testing site that tests and returns test results to the facility.

<sup>2</sup> Includes only public facilities.

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

Of the 18 public facilities surveyed, only one offers ART services, as reported in Table 3.2.1b.<sup>46</sup> That table also reports that in the one public facility offering ART services, there is only one provider trained in ART by CHART as ART director and one trained in adherence counseling. It could be a capacity issue, that there is few staff to train, and/or that there is only one main facility that provides this service in the country.

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

| Number of facilities | Number of facilities offering ART services | Number of facilities reporting a director of ART services | Number of facilities reporting a director of ART services trained by CHART/JHU | Number of facilities reporting provision of adherence counseling | Number of facilities reporting provision of any counseling for ART medicines | Number of facilities reporting at least one trained provider of adherence counseling | Number of facilities reporting at least one trained provider of adherence counseling trained by CHART |
|----------------------|--|---|--|--|--|--|---|
| 18                   | 1  | 1   | 1  | 1  | 1  | 1  | 1   |

In Table 3.2.1c, health worker responses are reported regarding training that they have received from CHART. Except in ordering and/or prescribing laboratory tests for monitoring ART, no one had received training from CHART in the specified areas. The discrepancy between Table 3.2.1b and 3.2.1c may be because either the person interviewed for ART services was not fully informed of the training background of staff or the person who has the ART training from CHART was not interviewed as a health worker or was not present at the facility on the day of HSPA survey interview.

<sup>46</sup> For the purposes of this inventory, ART is defined as prescribing ART, medical follow-up for ART clients, or ordering/prescribing lab tests to monitor ART.

Table 3.2.1c: Number of facilities with at least one CHART-trained provider in ART as reported by interviewed providers, HSPA SVG 2005<sup>1</sup>

| Number of facilities | Number of facilities with at least one trained provider in/of: |  |                 |   |                           |   |  |  |
|----------------------|--|--|-----------------|---|---------------------------|---|--|--|
|                      | Adherence counseling for ART                                   | Adherence counseling for ART who reported being trained by CHART | Prescribing ART | Prescribing ART who reported being trained by CHART | Medical follow-up for ART | Medical follow-up for ART who reported being trained by CHART | Ordering and/or prescribing lab tests for monitoring ART | Ordering and/or prescribing lab tests for monitoring ART who reported being trained by CHART |
| 18                   | 0  | 0  | 0               | 0   | 0                         | 0   | 1  | 0  |

<sup>1</sup>Results reported at facility level for public facilities only. Provider is considered trained provider if training occurred within the last year.

Tables 3.2.1c and 3.2.1d correspond. Since there were none reported above, no public facilities reported ART by CHART training for their providers in the Health Worker Interview of the HSPA, except for one facility of the 18 mentioned in Table 3.2.1c, showing at least one trained provider in ordering and/or prescribing laboratory tests for monitoring ART. Table 3.2.1d seems to correspond with Table 3.2.1c in that it reports only one ART trained provider of the 77 interviewed reporting receiving training in ordering and/or prescribing lab tests within the last year. No provider reported training by CHART.

Table 3.2.1d: Number of CHART-trained providers in ART, as reported by providers,<sup>1</sup> HSPA SVG 2005

| Number of providers | Number of trained providers in/of— |  |                 |   |                           |   |  |  |
|---------------------|------------------------------------|--|-----------------|---|---------------------------|---|--|--|
|                     | Adherence counseling for ART       | Adherence counseling for ART who reported being trained by CHART | Prescribing ART | Prescribing ART who reported being trained by CHART | Medical follow-up for ART | Medical follow-up for ART who reported being trained by CHART | Ordering and/or prescribing lab tests for monitoring ART | Ordering and/or prescribing lab tests for monitoring ART who reported being trained by CHART |
| 77                  | 0                                  | 0  | 0               | 0   | 0                         | 0   | 1  | 0  |

<sup>1</sup>Results reported at facility level for public facilities only. Provider is considered trained provider if training occurred within the last year.

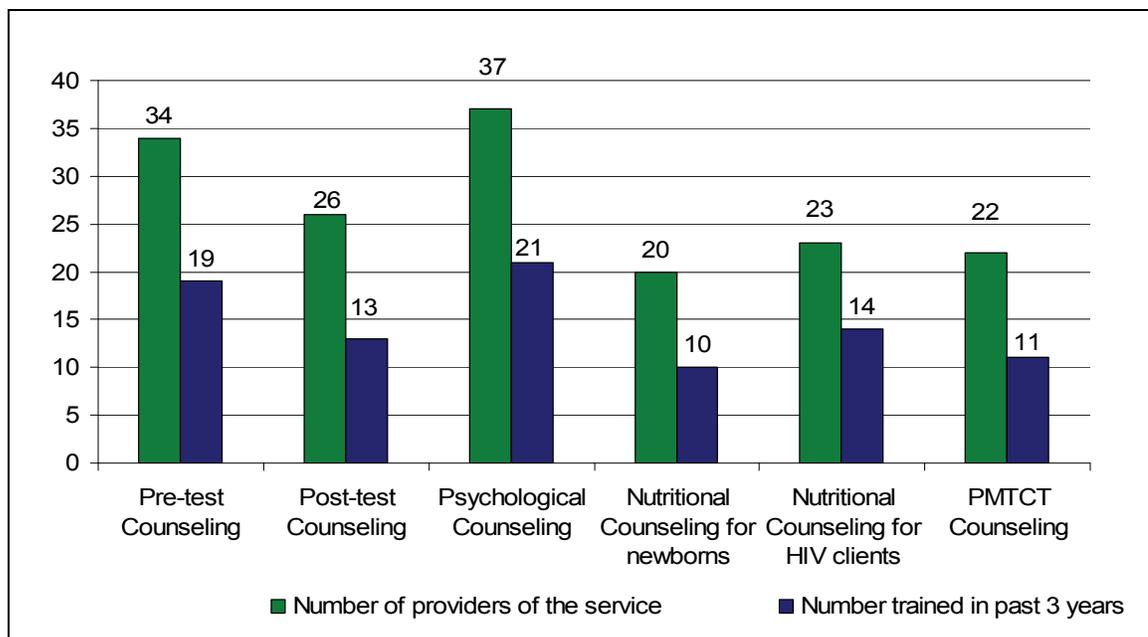


### Proportion of Providers of HIV and AIDS-Related Services That Are Trained in Those Services

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 can be found in Section 3.4).

The HSPA looked at providers of HIV and AIDS-related services and their specific area of service provision and then of those who had been trained recently (within the last 3 years). Figure 3.2.1b shows the number of providers of counseling services of the 77 total providers surveyed.

Figure 3.2.1b: Number of providers of HIV and AIDS-related counseling who were trained in their area of counseling, HSPA St. Vincent and the Grenadines 2005



Of the six types of counseling identified, psychological counseling had the highest number of providers as well as the highest number of providers trained within the last 3 years—21 out of 37 providers of the service. In pre-test counseling, 34 of 77 providers provided this service. However, only 19 of 34 providing the service had been trained in the last 3 years. A similar ratio exists among providers of post-test counseling services for HIV, where half of those who provide the service (13 of 26) were trained within the last 3 years.

Figure 3.2.1b further illustrates that nutritional counseling for newborns and PMTCT counseling had similar numbers; half of the providers for newborns (10 of 20 providers), and half of the providers of PMTCT counseling (11 of 22) were trained in the last 3 years. Of the total number of providers, 23 of 77 provided nutritional counseling for HIV clients, and of those 23, 14 reported that they were trained in the last 3 years.

It is also important to look at the proportion of providers who see/treat some of the common diseases often linked with HIV and AIDS, including sexually transmitted infections (STIs), malaria and TB. Although malaria is a standard disease area assessed in the HSPA, it should be noted that it is not a major concern in St. Vincent and the Grenadines. Table 3.2.1e shows the number of providers of STI and malaria diagnoses/treatment and TB services who were trained recently. As to be expected, malaria diagnosis and treatment has the lowest number of those trained. The largest proportion of those who have recently received training is among those who provide STI diagnoses and treatment (11 of 21 providers of the service have been trained in the last 3 years). Thirty-one health care professionals provide TB services, and close to one-third of providers (11 of 31) 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 as to 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 percent to 10 percent, but rise to 50 percent in those with HIV.<sup>47</sup>

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

| Total number of providers | STI diagnosis/treatment            |   | Malaria diagnosis/treatment        |   | TB services <sup>1</sup>           |   |
|---------------------------|------------------------------------|---|------------------------------------|---|------------------------------------|---|
|                           | Number of providers of the service | Number of providers trained within last 3 years | Number of providers of the service | Number of providers trained within last 3 years | Number of providers of the service | Number of providers trained within last 3 years |
| 77                        | 21                                 | 11  | 6                                  | 1   | 31                                 | 11  |

<sup>1</sup>TB services defined as clinical diagnosis, sputum diagnosis, prescription of treatment, follow-up treatment, or (directly observed treatment short-course strategy (DOTS)).

### 3.2.2 Service Provider Stigma

Provider stigma can play a major role in the quality of services provided to PLHIVs. One study and literature review completed in Barbados found that “generally, health care settings with high levels of fear and discriminatory practices have few measures in place to reduce the risk of occupational exposure as well as no management protocols and policy guidelines for dealing with HIV/AIDS. The survival rate for HIV/AIDS patients is higher among practitioners with more experience in HIV/AIDS management. Service

<sup>47</sup> Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. *Top HIV Med*, 2004, 12(5), 144–149.



providers need to be more aware of how their prejudices affect client's health-seeking behavior and to develop sensitivity to enable them to effectively work with PLHIVs."<sup>48</sup>

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

1. People who are infected with HIV should not be treated in the same place as other patients in order to protect other patients from infection.
2. People with HIV are generally to blame for getting infected.
3. Providing health services to people infected with HIV is a waste of resources, since they will die soon anyway.
4. Clients who have sexual relations with people of the same sex deserve to receive the same level and quality of health care as other clients.
5. Health providers have to be careful not to get a reputation for treating HIV-positive clients, since this might affect who might go to them for other health services.
6. You avoid touching the clothing and belongings of clients whom you know or suspect have HIV for fear of becoming HIV infected.

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

In St. Vincent and the Grenadines, of the 77 public facility providers surveyed, only half (49 percent) showed a positive attitude toward PLHIV (Table 3.2.2). Since this is only a sample of providers in St. Vincent and the Grenadines, one cannot make assumptions about 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 held more stigmatizing attitudes.<sup>50</sup>

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<sup>48</sup> Massiah E., T. C. Roach, C. Jacobs, et al. 2005. Stigma, discrimination, and HIV/AIDS knowledge among physicians in Barbados. *Rev Panam Salud Publica/Pan Am J Public Health*, 16(6): 395–401. p. 397.

<sup>49</sup> United States Agency for International Development. *Working Report Measuring HIV Stigma: Results of a Field Test in Tanzania*. Silver Spring, MD: Social and Scientific Systems, Inc., The Synergy Project; 2005.

<sup>50</sup> Ibid.

Table 3.2.2: Of the public facilities sampled, percentage of providers with an accepting attitude towards people living with HIV/AIDS,<sup>1</sup> HSPA SVG 2005

| Total number of public providers | Percentage of public providers with a positive attitude toward PLHIV |
|----------------------------------|--|
| 77                               | 49   |

<sup>1</sup>Based upon six questions related to HIV/AIDS stigma.

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

With the creation of the CARICOM Single Market and Economy (CSME) in 1989 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).<sup>51</sup> In terms of provision of ART and PMTCT services to residents of other countries in public facilities in St. Vincent and the Grenadines, Table 3.2.3 illustrates that there is some record of this happening at some public facilities. One facility reported offering ART to patients who live in another country. The HSPA found that nine public facilities in St. Vincent and the Grenadines offer PMTCT services; six of those facilities reported that they have provided PMTCT services to residents of other countries. Of the facilities that offer PMTCT services, one reported providing ARV prophylaxis to residents of other countries during the last month. It should be noted that due to the way that the question is posed, the response could be capturing residents of other countries who live in St. Vincent and the Grenadines rather than persons who travel there to receive services. Unfortunately, data were not available that specified from which countries the patient(s) came.

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

| Number of facilities | Number of facilities offering ART service | Of those offering ART, number with ART patients that live in another country | Number of facilities offering PMTCT services | Of those offering PMTCT, number that:                              |  |
|----------------------|---|--|--|--|--|
|                      |   |  |  | Report any PMTCT service provision to residents of other countries | Report providing ARV prophylaxis to residents of other countries during the last month |
| 18                   | 1   | 1  | 9  | 6  | 1  |

<sup>51</sup> 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..



Further, mechanisms to track movement of PLHIVs around the region are not in place, which makes additional or regular follow-up of these clients difficult. This also makes it difficult to assess the “full picture” of migration for health services. Nevertheless, this is an interesting finding and might be something to study further and assess whether programs, countries, and the region should address it. It has been reported elsewhere that because of high levels of stigma and discrimination, people often seek services outside their own health districts 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 high-quality services available throughout the region.<sup>52, 53</sup>

### 3.3 BASIC-LEVEL SERVICES FOR HIV AND AIDS

#### 3.3.1 Availability of Basic-Level Services

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

Of the 18 public facilities surveyed, 17 provide STI services, 16 provide an HIV testing system, and 14 offer some form of TB diagnostic or treatment services. Of the 18 surveyed public facilities, only 5 reported that they offered malaria treatment services. This is not necessarily negative, as malaria is not a common disease in St. Vincent and the Grenadines and may not be a factor of concern in the country.

The HSPA reports information for basic-level treatment of opportunistic infections and palliative care services in the facilities surveyed. Table 3.3.1 illustrates that of the 18 public facilities, 12 offer treatment for opportunistic infections for HIV and AIDS clients, and similarly, 12 offer palliative care for HIV and AIDS clients. One caveat to interpreting these data is that one cannot assume that the 12 facilities that offer palliative care are the same 12 that offer treatment for opportunistic infections. Further analysis is needed to determine whether these are overlapping or different facilities.

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<sup>52</sup> 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. Washington, DC: World Health Organization, September 26–30.

<sup>53</sup> MEASURE Evaluation. 2005. *The Implications of a Caribbean Community (CARICOM) Single Market and Economy (CSME) for Population Mobility and the Spread of HIV.*

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

| Total number of facilities | Number of facilities with HIV testing system | Number of facilities offering STI services | Number of facilities offering any TB diagnostic or treatment services | Number of facilities offering malaria treatment services | Number of facilities offering treatment for opportunistic infections for HIV/AIDS clients | Number of facilities offering palliative care for HIV/AIDS clients |
|----------------------------|--|--|---|--|---|--|
| 18                         | 16   | 17   | 14  | 5  | 12  | 12   |

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

### 3.3.2 Voluntary Counseling and Testing

A facility is defined as having an HIV testing system in place if the facility offers counseling and HIV testing to clients and has a record of clients who received test results (i.e., facility conducts the test, has an affiliated laboratory, or has an agreement with a testing site to return test results to the facility). A facility where clients are referred elsewhere for testing or receiving results was not defined as having an HIV testing system, since it is expected that the referral location counsels and follows up on test results. Table 3.3.2 illustrates that of the 18 public facilities in St. Vincent and the Grenadines that were surveyed, 16 offer an HIV testing system, as defined above.

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

| Total number of facilities | Number of facilities with HIV testing system | Among facilities with an HIV testing system: |   |  |   |  |
|----------------------------|--|--|---|--|---|--|
|                            |  | Number of facilities offering STI services   | Number of facilities offering any TB diagnostic or treatment services | Number of facilities offering malaria treatment services | Number of facilities offering treatment for opportunistic infections for HIV/AIDS clients | Number of facilities offering palliative care for HIV/AIDS clients |
| 18                         | 16   | 15   | 13  | 5  | 11  | 11   |

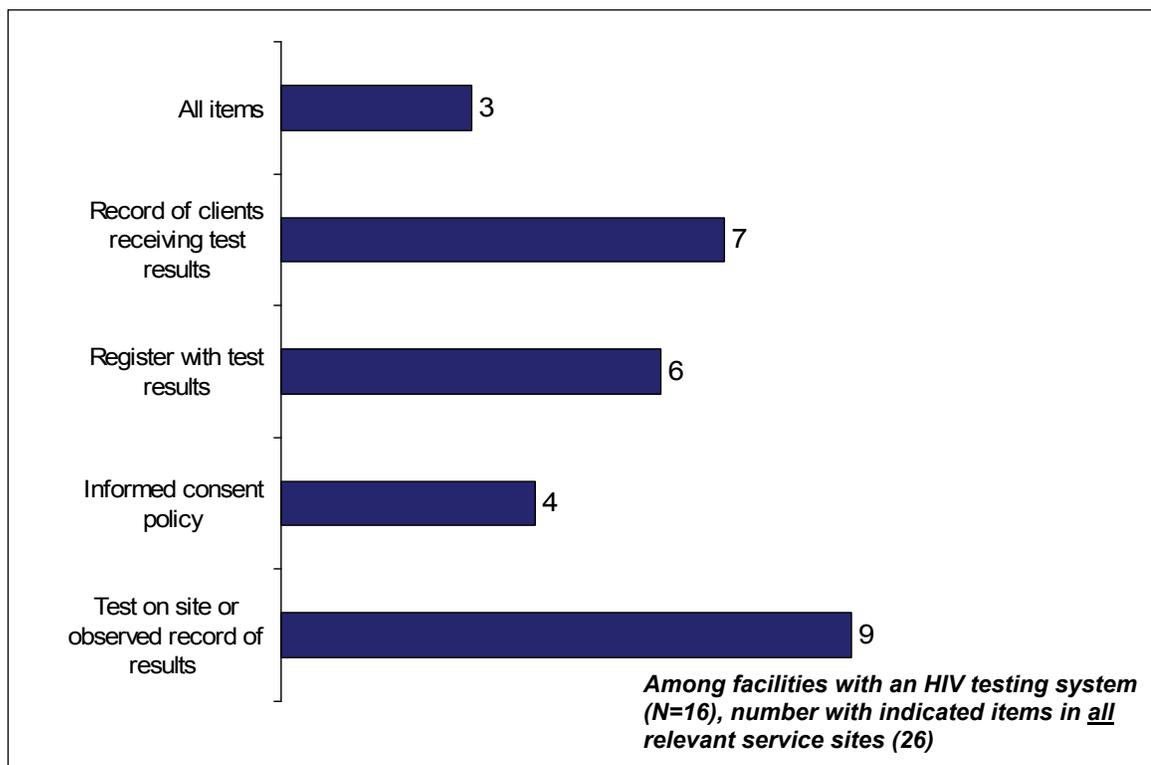
Beyond an HIV testing system, a menu of services needs to be available in facilities that have an HIV testing system in place to provide clients with basic-level care, support and treatment for HIV and AIDS-related conditions. Table 3.3.2 shows that among the 16 public facilities that provide an HIV testing system, 13 offer TB diagnostic or treatment services, 5 offer malaria treatment services, 15 offer STI services, 11 offer treatment for opportunistic infections for HIV and AIDS clients, and 11 offer palliative care for



HIV/AIDS clients. It is interesting to note, when comparing Table 3.3.1 with Table 3.3.2, that there is only one facility offering basic HIV and AIDS-related services that does not have an HIV testing system in place. Unfortunately, at this stage, the HSPA is unable to assess which of these clinics are overlapping in the services they provide; however, this might be an important question for further analysis of the HSPA to fully understand where services exist and overlap to assess where to focus scale-up.

In Figure 3.3.2a, the system for testing and providing results for HIV tests is examined in depth. Several service sites within facilities provide testing services. More specifically, 9 of 16 total facilities have HIV tests available, or there is an observed record of results for the tests conducted outside the facility. In terms of consent policies, which are an important component of HIV testing, 4 of 16 facilities had an informed consent policy for HIV testing observed in all relevant service sites. This is an area that can improve with minimal scale-up of the HIV testing system and is a very important piece of the program in terms of human rights.

Figure 3.3.2a: System for testing and providing results for HIV test, HSPA St. Vincent and the Grenadines 2005

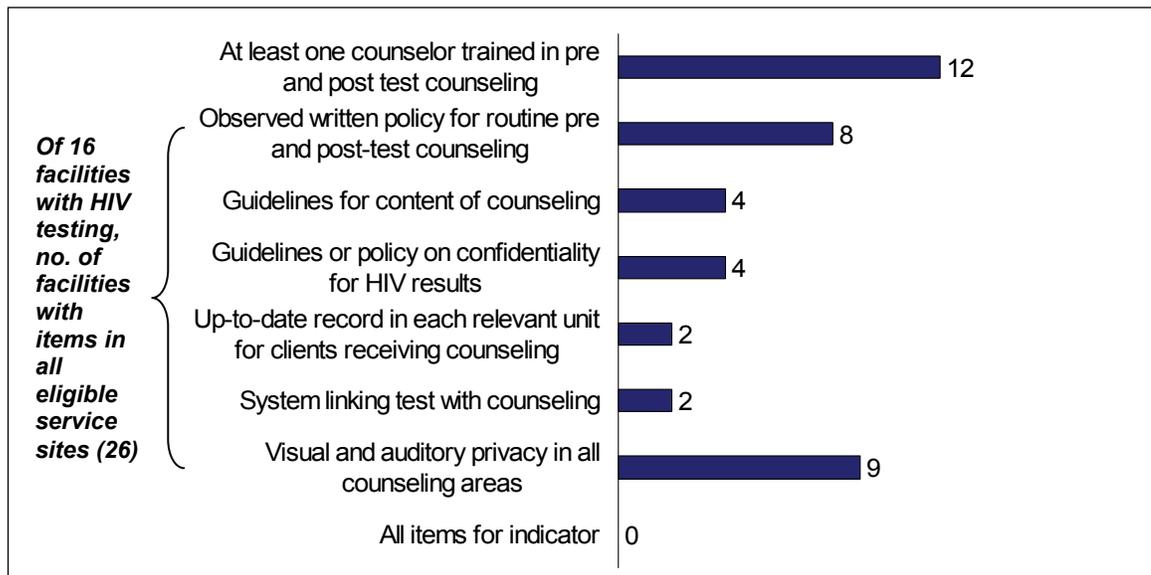


In facilities with an observed register with HIV test results, only 6 of 16 facilities were compliant, but there were 7 of 16 facilities with an observed record for clients having received HIV test results. This is surprising, because it is expected that there would be the same or fewer facilities with records for clients receiving results than for registers with HIV test results. However, to maintain confidentiality, facilities may not be keeping

registers with HIV results. Since only negative results are returned, the facility may only have records showing that the clients received their results, but there would not be a register with the actual HIV test results.<sup>54</sup>

Systems and trained counselors are needed to ensure full coverage for high-quality HIV testing and counseling services. Within the 16 facilities with an HIV testing system, counseling and testing are provided at 26 sites. Figure 3.3.2b shows that many of the facilities report having at least one counselor trained in pre- and post-test counseling assigned to counseling and testing sites (12 of 16 facilities with an HIV testing system). Also, half of the facilities had an observed written policy for routine provision of pre- and post-test counseling for HIV testing (8 of 16), which is important for consistency of information given to clients. Among the systems in place in service sites within facilities, 4 of 16 facilities had observed guidelines for content of pre- and post-test counseling in all eligible service sites. Similarly, four facilities had observed guidelines or policy on confidentiality for HIV test results in all eligible service sites. Both of these results at first glance may seem low and should be interpreted with caution. However, it should be noted that large facilities (i.e., hospitals) may have numerous sites where counseling and testing are provided. If one counselor is covering more than one site, it may not be necessary to have guidelines at each site.

Figure 3.3.2b: Systems and qualified staff for pre- and post-test counseling



<sup>54</sup> Comments, email message and discussion between Aimee Benson, MEASURE Evaluation/UNC Chapel Hill; Altrena Mukuria, Macro International Inc.; and Nancy Fronczak, Macro International Inc., January 2006.



Since “stigma, shame, and denial also surround HIV/AIDS in many parts of the Caribbean and frequently preclude open discussion of personal sexual issues,”<sup>55</sup> at a site or facility offering HIV testing and counseling, it is important to have privacy to respect confidentiality of the client. Visual and auditory privacy are required in all counseling areas. Nine of the 16 facilities have an HIV testing system with this type of privacy 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 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. Tuberculosis (TB) and sexually transmitted infections (STIs) are both illnesses associated with HIV and AIDS. International programs such as “Roll Back Malaria” are being addressed in conjunction with those addressing HIV and AIDS, TB, and STIs, in an effort 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 and whether they provide other HIV and AIDS-related services. Figure 3.3.3a shows that there were 13 such facilities.

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<sup>55</sup> Inciardi, J. A. , J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. *AIDS Care*, 17 (Supplement 1/June), S9–S25.

Figure 3.3.3a: Location of facilities providing care and support services, St. Vincent and the Grenadines 2005

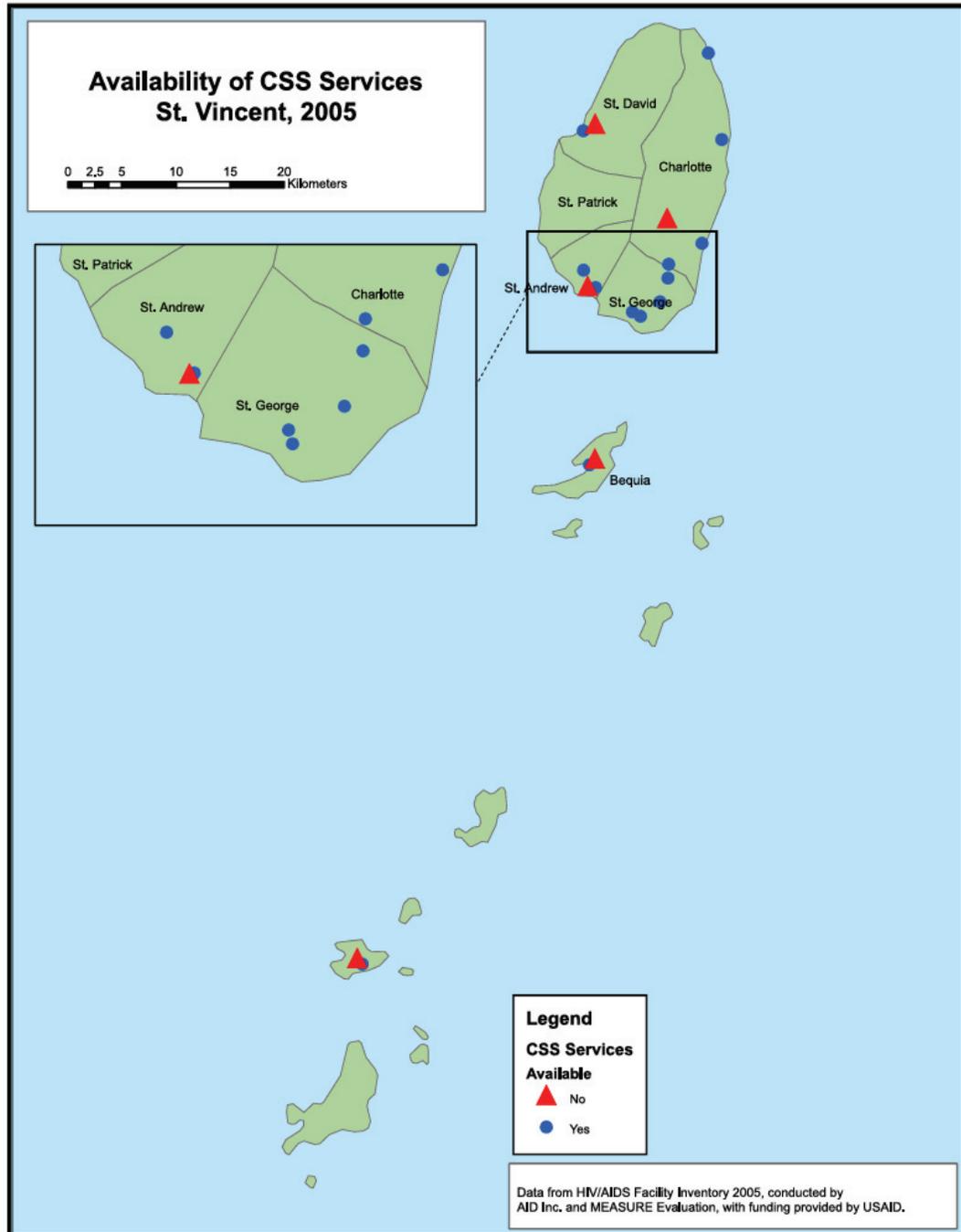




Table 3.3.3a illustrates that of the 18 public facilities surveyed, 13 offer CSS. Previously, it was shown that 16 facilities had an HIV testing system (Table 3.2.1a, page 25). However, 12 of 13 facilities that offer CSS have an HIV testing system and offer STI services. TB diagnostic or treatment services are offered by 14 of the 18 surveyed facilities, but 10 of 13 CSS facilities offer any TB diagnostic or treatment services. Although, 5 surveyed facilities offer malaria treatment, 4 of the 13 CSS facilities offer malaria treatment services.

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

| Total number of facilities | Number of facilities offering CSS for HIV/AIDS clients | Among facilities offering CSS for HIV/AIDS clients— |                              |   |  |
|----------------------------|--|---|------------------------------|---|--|
|                            |  | Number with HIV testing system                      | Number offering STI services | Number offering any TB diagnostic or treatment services | Number offering malaria treatment services |
| 18                         | 13   | 12  | 12                           | 10  | 4  |

### 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. 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.<sup>56</sup> Of the 18 facilities, 7 facilities had at least half of the interviewed providers of TB, malaria, or STI services receiving pre- or in-service training related to one of these topics during the past 3 years (Table 3.3.3b). One more facility 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 (8 of 18). 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.

<sup>56</sup> Massiah E., T. C. Roach, C. Jacobs, et. al. 2004. Stigma, discrimination, and HIV/AIDS knowledge among physicians in Barbados. *Rev Panam Salud Publica/Pan Am J Public Health*, 16(6), 395–401.

Table 3.3.3b: Number of facilities with supportive management practices for health service providers who treat infections relevant to HIV and AIDS,<sup>1</sup> HSPA SVG 2005

| Number of facilities | Number of facilities with:   |  |
|----------------------|--|--|
|                      | At least half of the interviewed providers of TB, malaria, or STI services received pre- or in-service training related to one of these topics during the past 3 years | At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the past 3 months |
| 18                   | 7  | 8  |

<sup>1</sup> Number of public facilities having the indicated conditions to support health service providers.

<sup>2</sup> All records, guidelines, medicines, and trained and supervised staff for offering tuberculosis, malaria, and STI.

### Tuberculosis Services and Service-Related Conditions

TB is one of the most common OIs associated with HIV and AIDS and 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 and AIDS worldwide are co-infected with TB. People that are both HIV-positive and infected with TB are up to 50 times more likely to develop active TB in a given year than are HIV-negative people.<sup>57</sup>

TB diagnosis and treatment is considered an essential component of care for HIV and AIDS clients. The World Health Organization 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 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

<sup>57</sup> WHO. Frequently asked questions about HIV and TB; 2005. Available at <http://www.who.int/tb/hiv/faq/en/index.html>.



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.<sup>58</sup> Tables 3.3.3 c, d, e, and f illustrate different service conditions for TB. Thirteen facilities with 17 service sites offer any TB services (Table 3.3.3c). Only 3 of the 13 facilities offering any TB services follow the DOTS treatment (Table 3.3.3c). The DOTS treatment strategy is either 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 is available. Another strategy comprises follow-up treatment only, which includes follow-up of clients after intensive treatment for TB by a different clinic/site/facility. Seven of 13 facilities offering TB services report that they perform follow-up treatment. A facility may use more than one treatment strategy. They could do DOTS plus follow-up.

Table 3.3.3c: Tuberculosis services<sup>1</sup>, HSPA SVG 2005

| Number of facilities offering any TB services | Number of TB service sites | Among facilities offering any TB services, number reporting they follow indicated treatment strategy <sup>2</sup> |                                       |  | Among facilities offering any TB services, number with:            |   |  |   |
|---|----------------------------|---|---------------------------------------|--|--|---|--|---|
|   |                            | DOTS <sup>3</sup>   | Follow-up treatment only <sup>4</sup> | No direct observation component <sup>5</sup> | Observed client register at any site where TB treatment is offered | Observed TB treatment protocol at all sites where TB treatment is offered | All first-line TB medicines available <sup>6</sup> | All items for TB indicator <sup>7</sup> |
| 13  | 17                         | 3   | 7                                     | 3  | 1  | 2   | 2  | 0                                       |

<sup>1</sup> Number of public facilities having the indicated components for management of TB.

<sup>2</sup> More than one treatment strategy may apply if facility offers TB services from multiple sites.

<sup>3</sup> Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

<sup>4</sup> Follow-up clients after intensive treatment offered elsewhere.

<sup>5</sup> Provides initial TB treatment but no direct observation component.

<sup>6</sup> Any combination of INH, rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.

<sup>7</sup> 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.

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

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, only 2 of the 13 facilities where TB treatment is offered had an observed TB treatment protocol at all sites; similarly, 2 of the 13 facilities offering any TB services had all first-line TB medicines available. These medicines include any combination of INH, rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients. First-line treatment is important to treat the disease fully and to help prevent multidrug resistant TB. In Table 3.3.3c, only one facility of the 13 offering any TB services had an observed client register at any site where TB treatment is offered; yet several facilities offering any TB services reported that they provide follow-up treatment, which would be difficult if there were no available register.

CSS is linked with TB service conditions. Nine facilities that offer CSS for HIV and AIDS clients also offer any TB services (Figure 3.3.3b). There is a real need to have appropriate guidelines on hand for diagnosing TB and HIV and treating the two in co-infection situations. Further, providers of HIV and AIDS services need to stay abreast of new information and indications for preventing and treating opportunistic diseases that reflect the breadth of co-infection concerns.<sup>59</sup> Of the nine facilities that offer CSS and TB diagnostic and treatment, three follow the DOTS system and five provide follow up treatment only to those who were diagnosed elsewhere. Two of the nine facilities do not provide direct observations.

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<sup>59</sup> Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis.



Figure 3.3.3b: Availability of CSS services and TB treatment or diagnosis, HSPA St. Vincent and the Grenadines 2005

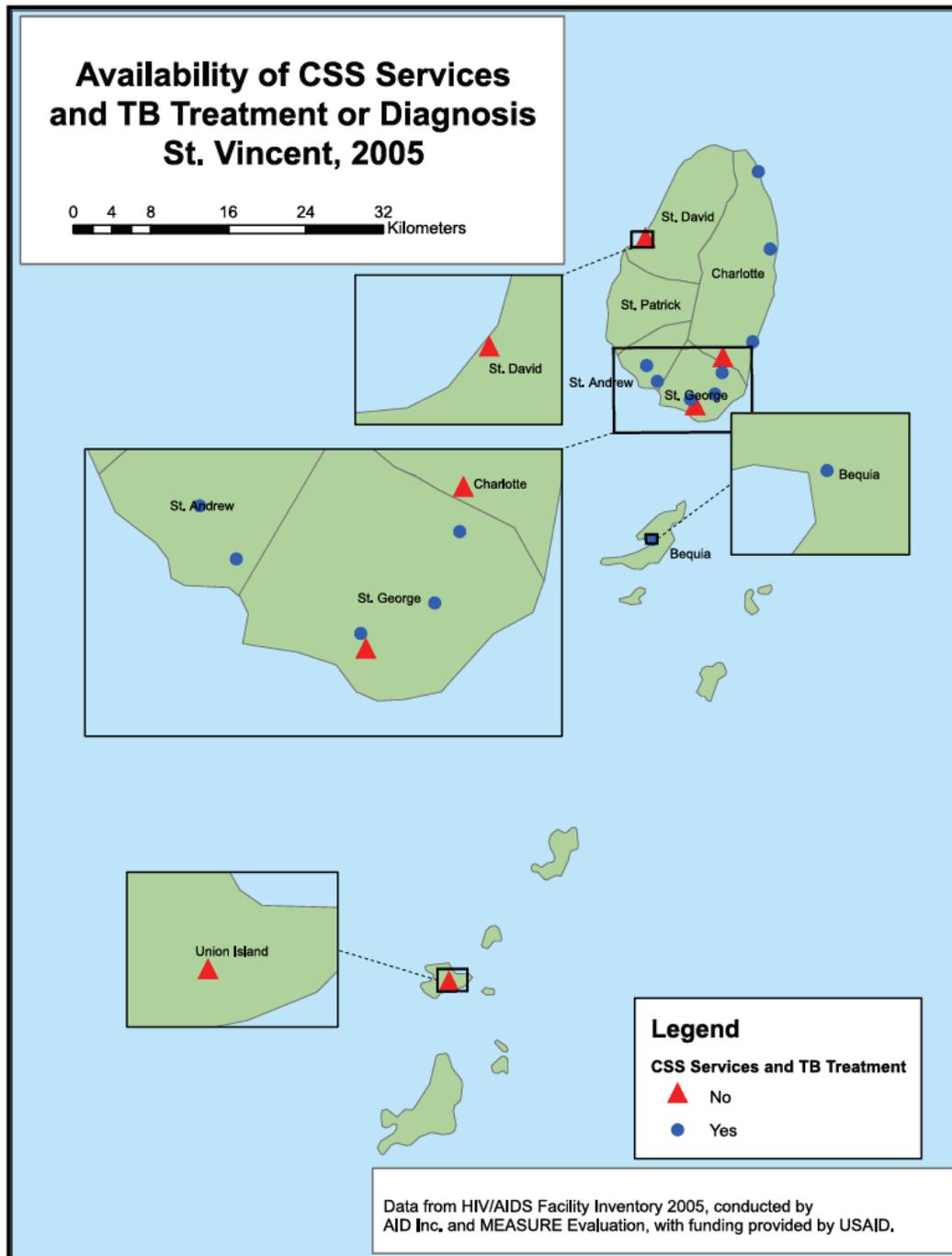


Table 3.3.3d: Tuberculosis services among facilities offering CSS for HIV/AIDS clients,<sup>1</sup> HSPA SVG 2005

| Among facilities offering CSS for HIV/AIDS clients, number offering any TB services | Among facilities offering CSS for HIV/AIDS clients, number of TB service sites | Among facilities offering CSS for HIV/AIDS clients and offering any TB services, number reporting they follow indicated treatment strategy <sup>2</sup> |                                       |  | Among facilities offering CSS for HIV/AIDS clients and offering any TB services, number with— |   |  |   |
|---|--|---|---------------------------------------|--|---|---|--|---|
|   |  | DOTS <sup>3</sup>   | Follow-up treatment only <sup>4</sup> | No direct observation component <sup>5</sup> | Observed client register at any site where TB treatment is offered                            | Observed TB treatment protocol at all sites where TB treatment is offered | All first-line TB medicines available <sup>6</sup> | All items for TB indicator <sup>7</sup> |
| 9   | 13   | 3   | 5                                     | 2  | 1   | 2   | 2  | 0                                       |

<sup>1</sup> Among public facilities offering any care and support services (CSS) for HIV/AIDS clients and offering any TB treatment or follow-up services, number having the indicated components for management of TB, by country.

<sup>2</sup> More than one treatment strategy may apply if facility offers TB services from multiple sites.

<sup>3</sup> Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

<sup>4</sup> Follow-up clients after intensive treatment offered elsewhere.

<sup>5</sup> Provides initial TB treatment but no direct observation component.

<sup>6</sup> Any combination of INH, rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.

<sup>7</sup> 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.

Imperative to service conditions for TB are the proper and functioning resources and supplies for diagnosing TB. Table 3.3.3e illustrates the tools available among facilities with any TB diagnostic or treatment services. It is difficult to clinically diagnosis TB patients who may be co-infected with HIV or AIDS with only one diagnostic tool: x-ray diagnosis, bacteriologic diagnosis, blood culture or nucleic acid amplification assays.<sup>60 61</sup> Thus, it is important to assess what is available in-country to best understand where the gaps might occur to focus scale-up. Since the numbers are the same between all facilities and facilities of providers of care and support, the care and support table is not included. Of the 13 facilities that provided any TB diagnostic or treatment services, nine use a sputum test for TB diagnosis. However, only one facility has all items for conducting a sputum test for TB (includes sputum microscopy, culture, or rapid test). Nine of 13

<sup>60</sup> Kaplan, J. 2005. Diagnosis, treatment, and prevention of selected common HIV-related opportunistic infections in the Caribbean region.

<sup>61</sup> Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis.



facilities offering TB diagnostic or treatment services diagnose TB using X-ray, but only one facility among those had X-ray capacity (i.e., reported performing X-rays for diagnostic purposes).

Table 3.3.3e: Resources and supplies for diagnosing tuberculosis, HSPA SVG 2005<sup>1</sup>

| Total number of facilities | Number of facilities with any TB diagnostic or treatment services <sup>2</sup> | TB diagnosis using sputum                                 |  |                                      |  | TB diagnosis using X-ray  |  |
|----------------------------|--|---|--|--------------------------------------|--|---|--|
|                            |  | Among facilities diagnosing TB using sputum, number with: |  |                                      | Number of facilities diagnosing TB using sputum test | Among facilities diagnosing TB using X-ray, number with X-ray capacity <sup>5</sup> | Number of facilities diagnosing TB using X-ray |
|                            |  | All items for conducting sputum test for TB <sup>3</sup>  | Observed record of sputum test results | All items for indicator <sup>4</sup> |  |   |  |
| 18                         | 13   | 1   | 1                                      | 1                                    | 9  | 1   | 9  |

<sup>1</sup> Number of public facilities with the indicated TB diagnostic elements.

<sup>2</sup> Unit follows up TB patients, prescribes initial therapy, or conducts TB test.

<sup>3</sup> Includes sputum microscopy, culture, or rapid test.

<sup>4</sup> All items for conducting test with observed record of test results.

<sup>5</sup> Facility reports performing X-rays for diagnostic purposes.

As noted earlier in the report, 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. Table 3.3.3f illustrates facilities that report having a DOTS strategy and are a part of the national program. Of the 18 facilities in St. Vincent and the Grenadines, 8 report that they are part of the national DOTS program and 3 report that they follow the DOTS strategy. However, as noted below, two of the three facilities that follow DOTS strategy have all first-line TB medicines available. None of the three facilities following DOTS strategy had observed client register for DOTS or observed TB treatment protocol in all eligible service sites. In terms of the protocol, this might only be available in certain service sites within the facility, which would have made the facility ineligible for this count.

Table 3.3.3f: Tuberculosis treatment and/or follow-up using DOTS, HSPA SVG 2005<sup>1</sup>

| Number of facilities | Number of facilities with indicated TB activities |   |                                   | Among facilities following DOTS strategy, number with— |  |  |   | Number of DOTS strategy service sites |
|----------------------|---|---|-----------------------------------|--|--|--|---|---------------------------------------|
|                      | Any TB diagnostic or treatment services           | Report they are part of national DOTS program | Follow DOTS strategy <sup>2</sup> | Observed client register for DOTS                      | Observed TB treatment protocol in all eligible service sites | All first-line TB medicines available <sup>3</sup> | All items for TB indicator <sup>4</sup> |                                       |
| 18                   | 13  | 8   | 3                                 | 0  | 0  | 2  | 0                                       | 4                                     |

<sup>1</sup> Number of public facilities having the indicated components for management of TB.

<sup>2</sup> Treatment strategy followed is either direct observe 2 months, follow-up 6 months, or direct observe 6 months.

<sup>3</sup> Any combination of INH, rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.

<sup>4</sup> 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.

To scale up services to diagnose and rapidly treat patients for TB, it might be beneficial to consider the feasibility of modeling the Haiti system, in which TB testing and diagnosis is performed if patients present for an HIV test with a cough and if possible 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.<sup>62</sup>

### Sexually Transmitted Infection Services and Service-Related Conditions

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

<sup>62</sup> Ibid.



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/AIDS clients be screened for syphilis.

Table 3.3.3g shows that most of the facilities (17 of 18 surveyed) in St. Vincent and the Grenadines offer STI services. However aside from having condoms in any service area or pharmacy (15 of 17 facilities offering STI services), few facilities (3 of 17 offering STI services) have all STI medicines available to treat STIs. Even fewer facilities (2 of 17) that have observed STI treatment protocols in all relevant units. However, large facilities like hospitals with multiple service sites may not have the protocol in every site. In addition, in some facilities, one or two people may provide the service in multiple sites and may have the protocol in one site, but not in another.

Table 3.3.3g: Diagnosis and treatment for STIs, HSPA SVG 2005<sup>1</sup>

| Total number of facilities | Number of facilities that offer STI services | Number of STI treatment service sites | Among facilities offering STI services, number with:  |  |   |   |
|----------------------------|--|---------------------------------------|---|--|---|---|
|                            |  |                                       | Observed STI treatment protocol in all relevant units | All STI medicines available in facility <sup>2</sup> | Condoms in any service area or pharmacy | All items for STI services <sup>3</sup> |
| 18                         | 17   | 28                                    | 2   | 3  | 15                                      | 0                                       |

<sup>1</sup> Number of public facilities having the indicated components for management of STIs.

<sup>2</sup> At least one medicine for treating syphilis (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhoea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycillin, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tindazole, or miconazole vaginal suppository).

<sup>3</sup> Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.

### Malaria Services and Service-Related Conditions

Although malaria is not a major disease concern in St. Vincent and the Grenadines, it was assessed in the HSPA (Table 3.3.3h). The low numbers in this area should not be seen as totally negative. However, if patients with malaria were to present themselves to the health system for care, there is only one facility that had observed malarial medicines where they could be treated. On the other hand, five facilities report that

they offer treatment services, which may mean that clients would be given a prescription to have filled elsewhere.

Table 3.3.3h: Malaria diagnosis and treatment services, HSPA SVG 2005<sup>1</sup>

| Total number of facilities | Number of facilities that offer malaria treatment services | Number of malaria treatment service sites | Among facilities offering malaria services, number with:  |   |  |
|----------------------------|--|---|---|---|--|
|                            |  |   | Observed malaria treatment protocol in all relevant units | Any anti-malarial medicines in the facility | Treatment protocol in all relevant units and medicines in facility |
| 18                         | 5  | 6   | 0   | 1   | 0  |

<sup>1</sup> Number of public facilities having the indicated components for management of malaria:

### Infection Control

Infection control practices need to be followed in all sites where 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:

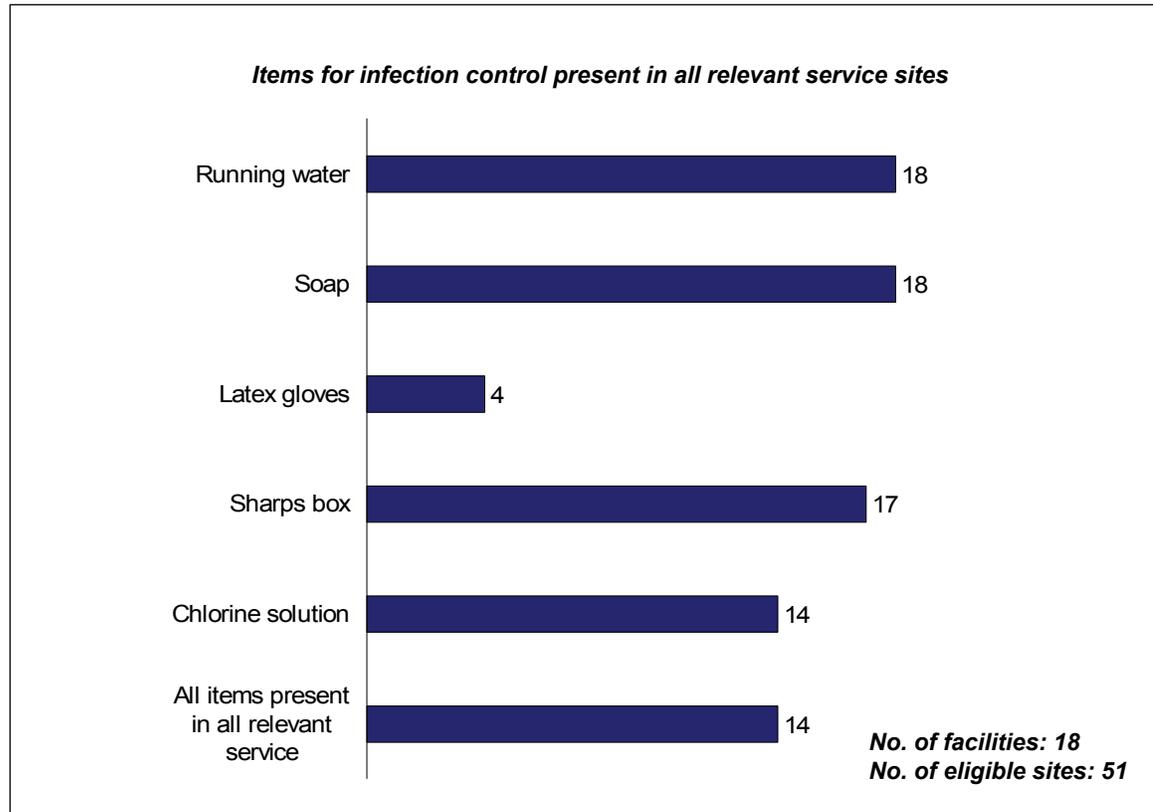
- ▶ Soap and running water, for hand washing
- ▶ A chlorine based mixture for decontaminating equipment, prior to cleaning and processing for reuse
- ▶ Latex examination gloves
- ▶ A “sharps” container, for immediately placing needles and blades to prevent injury and transmission of blood-borne infections.

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

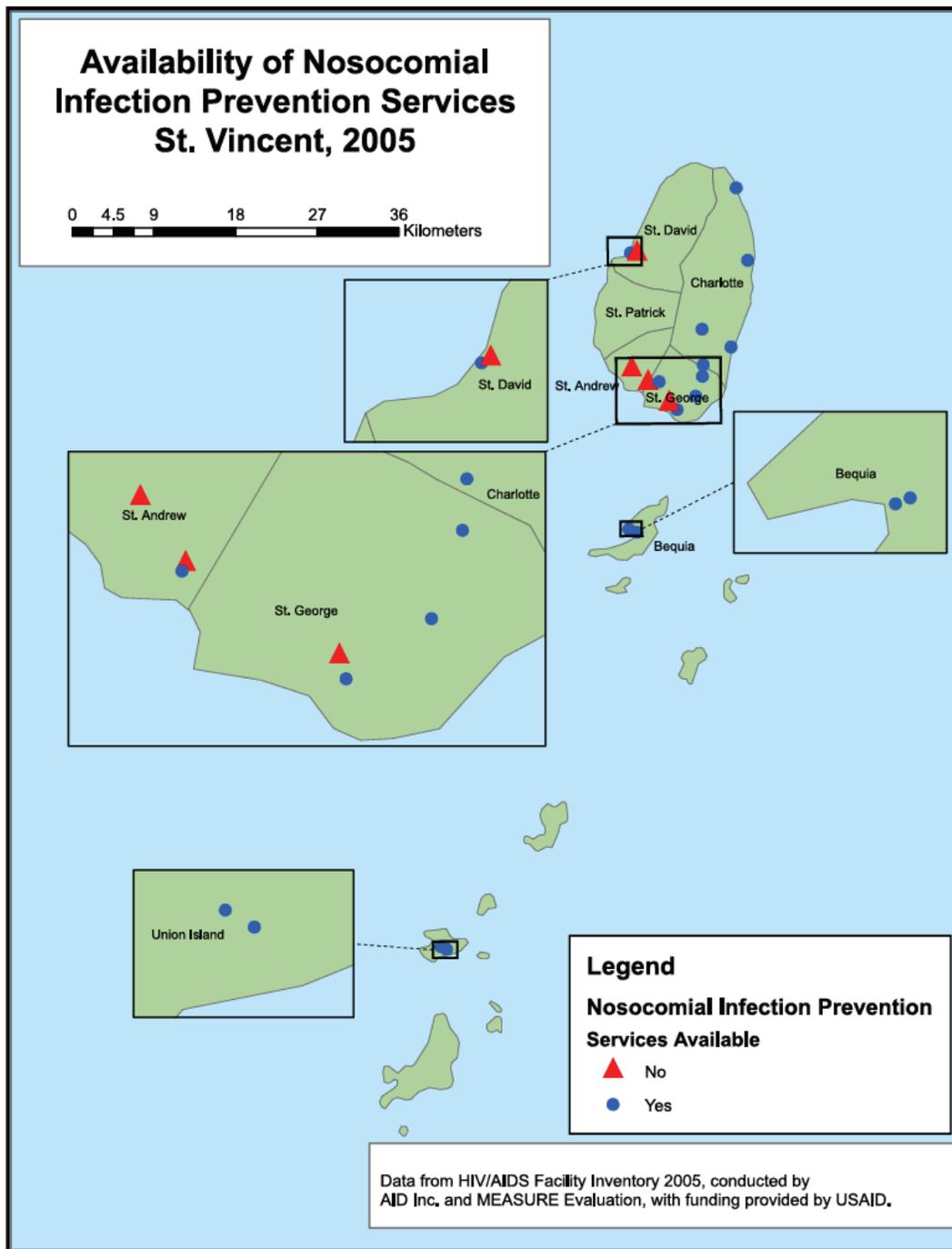


Figure 3.3.3c: Elements at public facility service sties for preventing nosocomial infections, HSPA St. Vincent and the Grenadines 2005



There were 51 eligible service sites among the 18 facilities surveyed (Figure 3.3.3c). The results show that all of the facilities have latex gloves, running water and soap in all relevant service areas (this includes all assessed outpatient or inpatient client examination areas, all VCT or PMTCT sites where blood is drawn or HIV testing is conducted, and the blood-drawing area of the laboratory). However, in terms of having sharps boxes and chlorine solution in all relevant service areas, there are fewer facilities that qualify under this definition. Most facilities (14 of 18) have all items present (running water, soap, latex gloves, sharps box, and chlorine disinfecting solution) in all eligible service sites. (Figure 3.3.3c and Figure 3.3.3d)

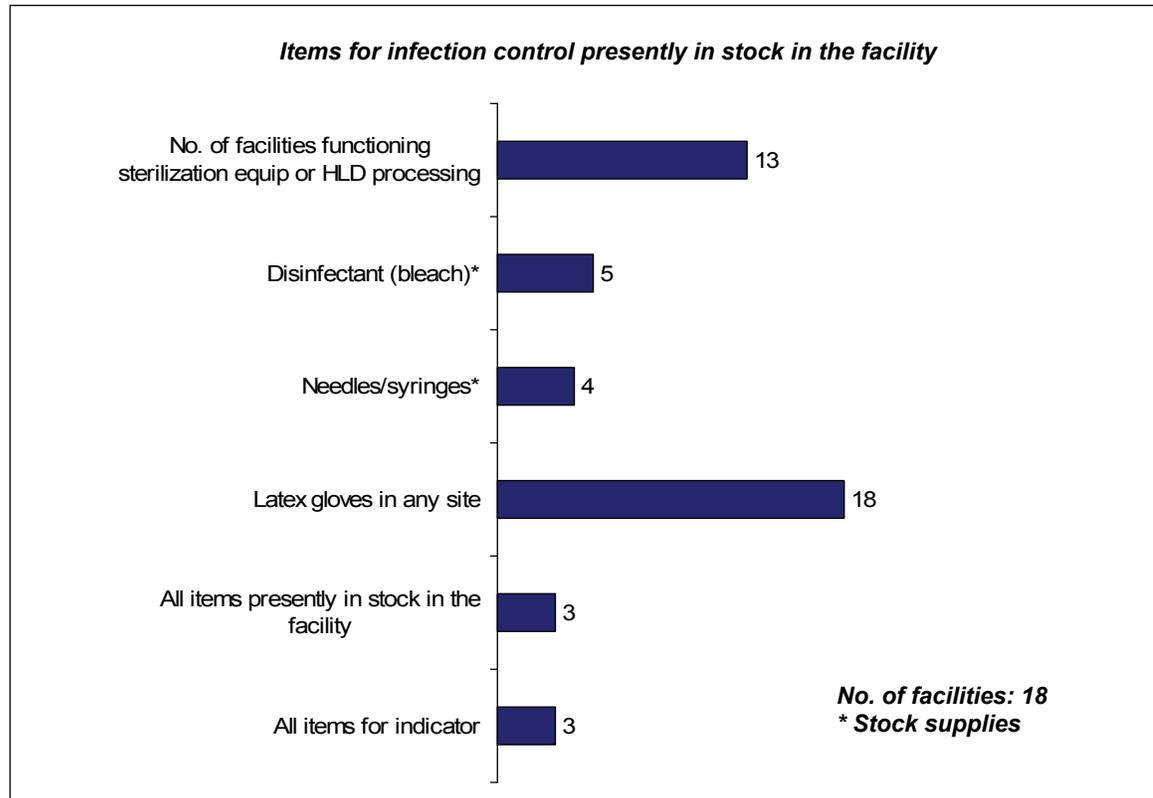
Figure 3.3.3d: Location of sites offering nosocomial infection prevention services, SVG HSPA 2005





Infection control is examined further in Figure 3.3.3e, which shows the number of facilities with items in stock in the facility for infection control.

Figure 3.3.3e: Elements for preventing nosocomial infections presently in stock, HSPA St. Vincent and the Grenadines 2005



Although most facilities (13 of 18) have equipment for sterilization or HLD processing, only three facilities have all items presently in stock for preventing nosocomial infections. Attention may need to be focused on the other materials needed for full coverage of infection control. Only 5 of 18 facilities had disinfectant (bleach), and 4 of 18 had needles/syringes in stock.

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

#### Availability of Services

Because of the suppression of their immune response, HIV and AIDS clients are at high risk for developing OIs. All facilities providing any 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
- ▶ Recordkeeping to document the burden of disease related to HIV and AIDS
- ▶ Confidentiality guidelines
- ▶ Individual client records to support continuity of care.

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

Among the 13 facilities that provide CSS, it is encouraging to see that almost all of them (12 of 13) offer treatment for OIs and the same amount (12 of 13) offer palliative care for HIV and AIDS clients (Table 3.3.4).

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

| Total number of facilities | Number of facilities offering CSS for HIV/AIDS clients | Among facilities offering CSS for HIV/AIDS clients:                         |  |
|----------------------------|--|---|--|
|                            |  | Number offering treatment for opportunistic infections for HIV/AIDS clients | Number offering palliative care for HIV/AIDS clients |
| 18                         | 13   | 12  | 12   |

### 3.4 ADVANCED-LEVEL TREATMENT, CARE AND SUPPORT SERVICES FOR HIV AND AIDS CLIENTS

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



equipment, and implementation of record keeping allowing monitoring of HIV and AIDS services. PMTCT is also seen as an advanced level of 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, including a spinal tap kit and laboratory capacity for culturing specimens, liver function tests, hematological testing (such as white blood cell count, anemia test, platelet count, blood urea nitrogen [BUN] and creatinine), India ink stain and Gram stain, enzyme-linked immuno-sorbent assay (ELISA) for HIV or having a documented system for referral and receiving results for the above mentioned tests including a record or register where the referral and test result is included and an indication that the test result or follow-up was provided to the person tested. If the laboratory or pharmacy is external to the facility but has a formal agreement and is the designated laboratory or pharmacy for the facility, the laboratory capacity and the availability of medicines should have been assessed in the external referral location.
- ▶ **Antiretroviral Therapy (ART).** This refers to provision of antiretroviral (ARV) medicines for treatment of HIV and AIDS-infected persons.
- ▶ **Post-Exposure Prophylaxis (PEP).** This refers to provision of ARV medicines for prevention of infection of HIV and for persons at risk who may have been exposed to HIV.
- ▶ **Opportunistic Infections (OIs).** This includes the treatment and care of basic OIs (TB, STI, malaria) and *Cryptococcus* fungal infections, respiratory infections, other bacterial infections, herpes infections, parasitic infections, herpes ophthalmic infection, diseases of the nervous system and mental disorders. The medication required to treat these infections should be available at the clinic or pharmacy associated with the facility.<sup>63</sup>
- ▶ **Palliative Symptomatic Treatment.** This refers to the relief of pain and nervous system symptoms as well as providing fortified protein supplementation (FPS).
- ▶ **Pediatric AIDS Care.** The facility should have at least one inpatient or outpatient unit that provides care and support services to children and infants and reports providing pediatric AIDS care.
- ▶ **Nutritional Rehabilitation Services.** There should be at least one outpatient or inpatient unit that provides care and support services for and reports providing nutritional rehabilitation services.

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<sup>63</sup> For a list of relevant treatment/medication for these infections, please see: MEASURE DHS. HIV/AIDS Service Provision Assessment Rational and List of Facility Survey Indicators for Monitoring HIV/AIDS Programs. Calverton, MD: Macro International Inc.; 2005. (unpublished document), Indicators 2, p. 8

Specific areas of advanced services assessed are illustrated in Table 3.4a. As the numbers show, St. Vincent and the Grenadines needs to scale up in all facilities to provide a full complement of advanced-level services for HIV and AIDS, which include ART, PEP, pediatric AIDS care, nutritional rehabilitation services, FPS, and intravenous (IV) treatment for fungal infections. The country has considerably more facilities that offer pediatric AIDS care (10 of 18) and nutritional rehabilitation services (10 of 18) than the other services. Also, 5 of 18 total facilities offer FPS as well as nutritional rehabilitation and FPS together for HIV-positive clients and those with AIDS. In addition to the previously mentioned facilities, 3 of the 18 are facilities that offer IV treatment for fungal infections to patients who are HIV-positive or living with AIDS.

Table 3.4a: Advanced HIV/AIDS-related service provision by public facilities surveyed, HSPA SVG 2005

| Total number of facilities | Number of facilities with lab services <sup>1</sup> | Number of facilities offering ART | Number of facilities reporting PEP available | Number of facilities with observed PEP medicines | Number of public facilities offering: |                                     |   |  |  |
|----------------------------|---|-----------------------------------|--|--|---------------------------------------|-------------------------------------|---|--|--|
|                            |   |                                   |  |  | Pediatric AIDS care                   | Nutritional rehabilitation services | Fortified protein supplementation (FPS) | Both nutritional rehabilitation services and FPS | IV treatment of fungal infections <sup>2</sup> |
| 18                         | 1   | 1                                 | 2  | 0  | 10                                    | 10                                  | 5                                       | 5  | 3 <sup>2</sup>                                 |

<sup>1</sup> Facility was deemed to have lab services if a lab questionnaire had been completed.

<sup>2</sup> Reported for only inpatient clinics/units, as question was not asked of outpatient units.

Table 3.4b examines service provision among facilities with an HIV testing system. Among the 16 public facilities that have an HIV testing system, one site offers ART. Since St. Vincent and the Grenadines is a collection of very small islands, it is not surprising that one main facility would supply ARTs for the population. However, this does present a problem, as patients, regardless of which island they reside on, may need to travel a significant distance to receive ART. This could be a substantial barrier for some patients infected with AIDS.



Table 3.4b: Advanced HIV and AIDS-Related Service Provision by Public Facilities with an HIV Testing System, HSPA Dominica 2005

| Total number of facilities | Number of facilities with HIV testing system | Among facilities with HIV testing system: |                     |                                |                                    |   |   |   |  |  |
|----------------------------|--|---|---------------------|--------------------------------|------------------------------------|---|---|---|--|--|
|                            |  | Number with lab services <sup>1</sup>     | Number offering ART | Number reporting PEP available | Number with observed PEP medicines | Number offering pediatric AIDS services | Number offering nutritional rehabilitation services | Number of facilities offering fortified protein supplementation (FPS) | Number of facilities offering both nutritional rehabilitation services and FPS | Number of facilities offering IV treatment of fungal infections <sup>2</sup> |
| 18                         | 16   | 1   | 1                   | 2                              | 0                                  | 9                                       | 9   | 5   | 5  | 3  |

<sup>1</sup> Facility was deemed to have lab services if a lab questionnaire was completed.

<sup>2</sup> Reported for only inpatient clinics/units, as question was not asked of outpatient units.

It has been noted that 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.<sup>64</sup> 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 in St. Vincent and the Grenadines is key to determining a strategy for expanding ART services, if necessary.

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

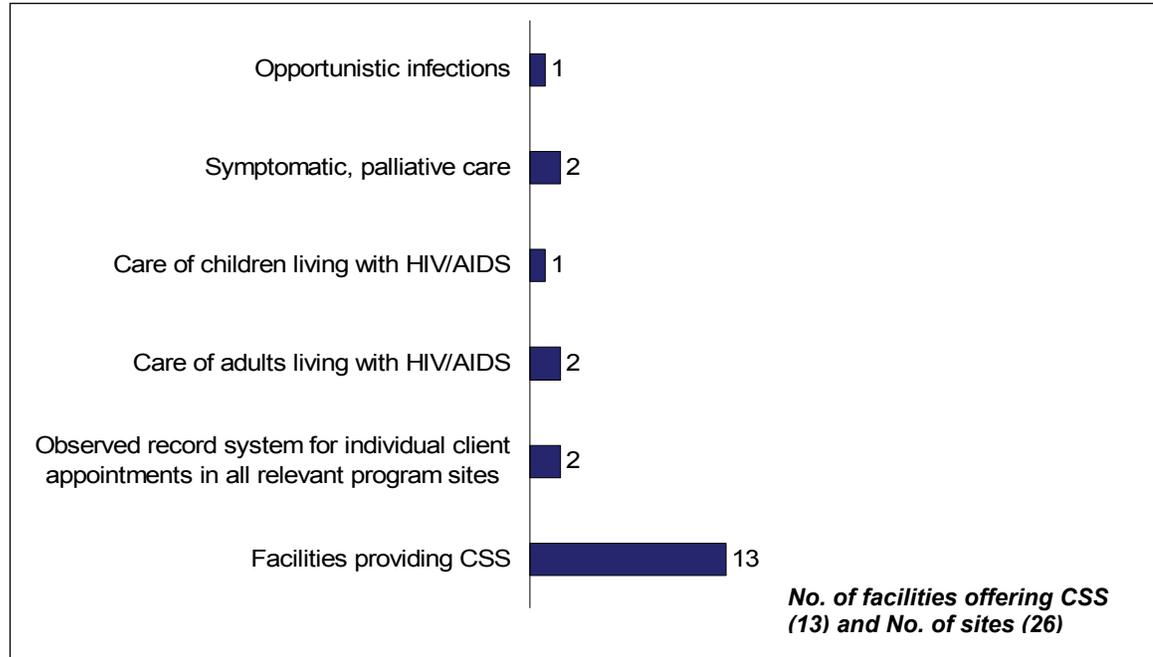
#### Guidelines and Protocols

It is important that guidelines and protocols are available at service delivery sites, so reference can be made as necessary to maintain a minimum quality of HIV and AIDS and related service provision. For the purposes of this survey, advanced-level treatment capacity requires that a facility have access to at least two of the most common medications used for treating an indicated condition. Protocols or guidelines for treating the common opportunistic infections available in each service area are assessed, as well as whether trained staff are available in the facility. Among the 13 facilities providing care and support services for HIV and AIDS clients, few (2 of 13) have an observed record system for individual client appointment in all relevant program sites (Figure 3.4.1a). These may be present in some of the sites. Equally, few (1 or 2) facilities offering CSS

<sup>64</sup> Fitzgerald, J., M. Dahl-Regis, P. Gomez, and A. Del Riego. 2005. A multidisciplinary approach to scaling up HIV/AIDS treatment and care: The experience of the Bahamas.

had, in all service areas, observed guidelines/protocols for opportunistic infections, symptomatic palliative care, care of children and adults living with HIV and AIDS).

Figure 3.4.1a: Protocols and guidelines to support advanced services for HIV and AIDS, HSPA St. Vincent and the Grenadines 2005

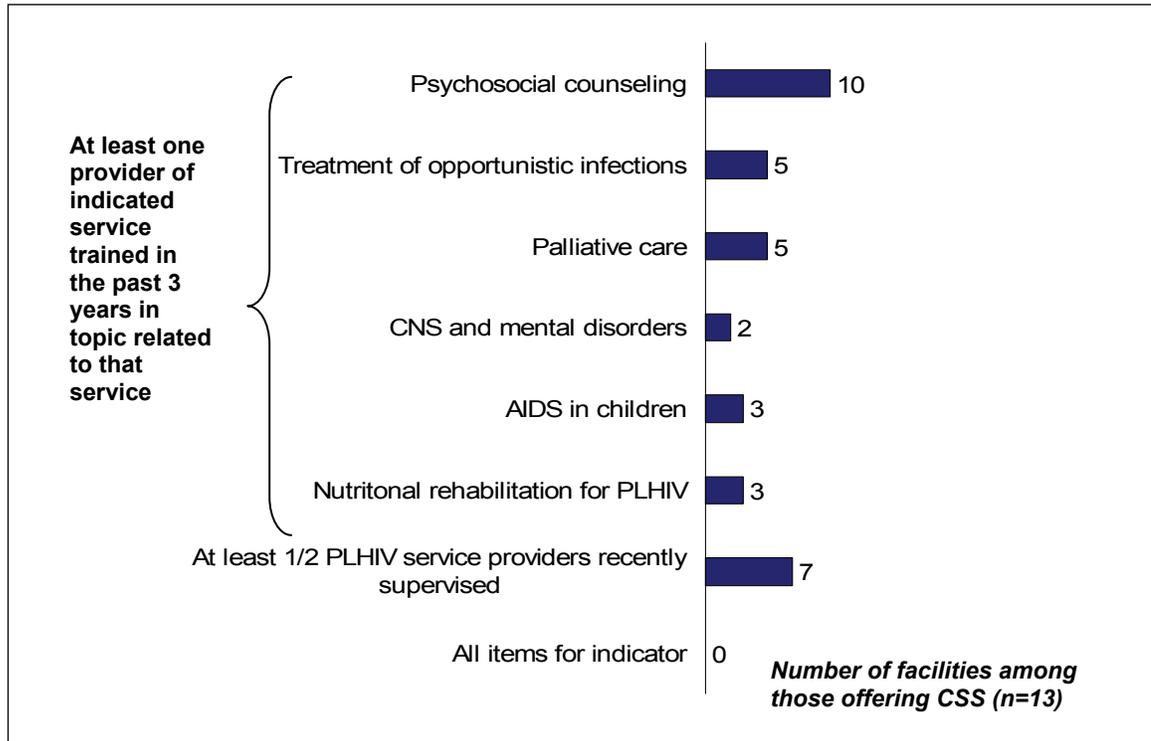


### Trained Providers

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 recently been trained (in the past 3 years) in his/her area of service provision. Several facilities have at least one provider of psychological counseling trained in the past 3 years (10 of 13). Five of 13 facilities have at least one provider trained in the past 3 years in treating OIs and in providing palliative care. Fewer facilities had at least one provider of treatment for OIs who was trained in the past 3 years in central nervous system and mental disorders, AIDS in children, and nutritional rehabilitation for HIV and AIDS clients. To maintain quality service provision, staff should be regularly supervised. Just over half of the facilities reported that at least half of service providers for PLHIV were supervised during the past 3 months (Figure 3.4.1b). To maintain quality service provision, staff should be supervised regularly.



Figure 3.4.1b: Systems and items to support advanced services for HIV and AIDS, HSPA St. Vincent and the Grenadines 2005



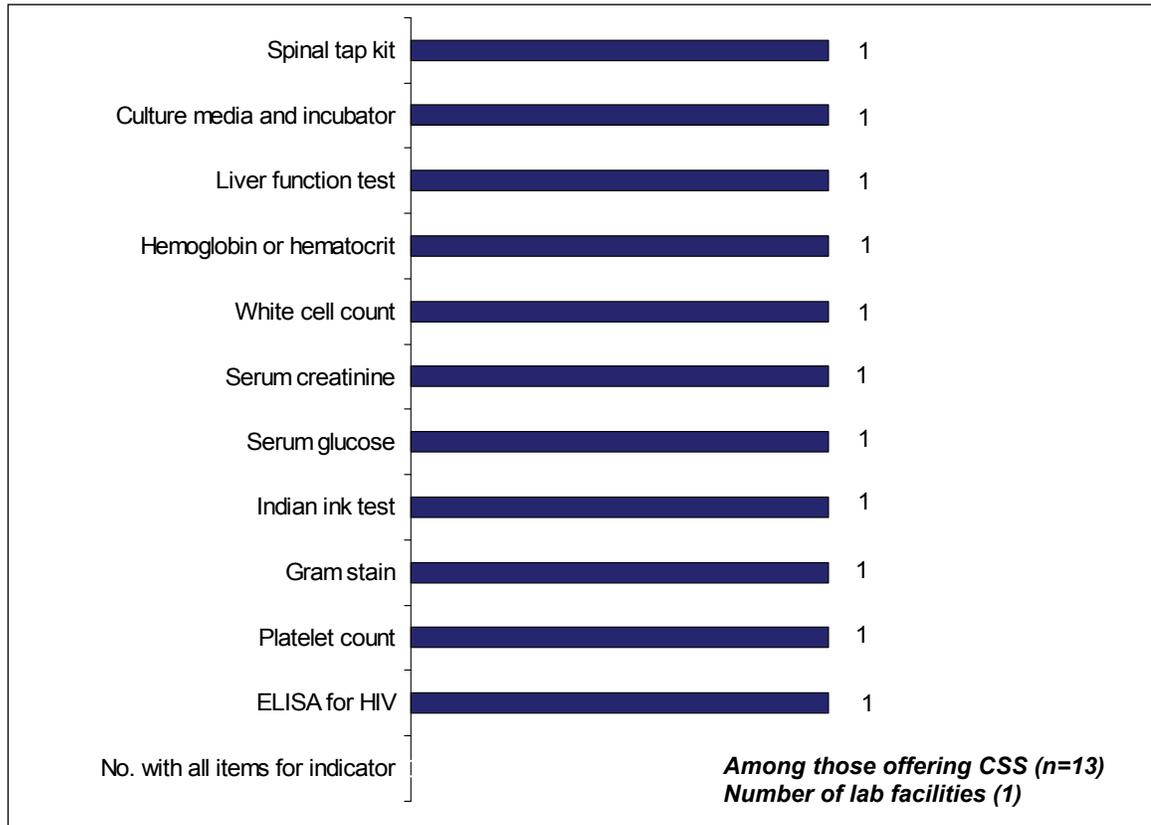
### 3.4.2 Laboratory Services

As shown in (Table 3.4a, page 52), of the 18 public facilities surveyed and 16 with an HIV testing system (Table 3.4b, page 53), only one public laboratory facility was identified.

More explicitly (Figure 3.4.2), 13 facilities in St. Vincent and the Grenadines offer care and support services for clients with HIV and AIDS, who need easy access to laboratory services. Nevertheless, there was no facility with all of the necessary items to conduct the indicated laboratory investigations (Figure 3.4.2). Since there is only one public facility in St. Vincent and the Grenadines with all of the items to conduct an ELISA for HIV test, facilities offering VCT most likely send their tests to this laboratory for results. Depending on the number of tests and the staffing, space and resources of the laboratory (as well as taking into account any private or NGO facilities), this could soon become a burden on this section of the health system. This would also be true for the other tests.

As noted above, the context needs to be considered in order to decide whether St. Vincent and the Grenadines may need to scale up existing laboratories or set up new laboratory facilities to meet the current need or increasing demand for HIV and AIDS counseling and testing.

Figure 3.4.2: Advanced care for HIV/AIDS clients: Laboratory diagnostics, HSPA St. Vincent and the Grenadines 2005



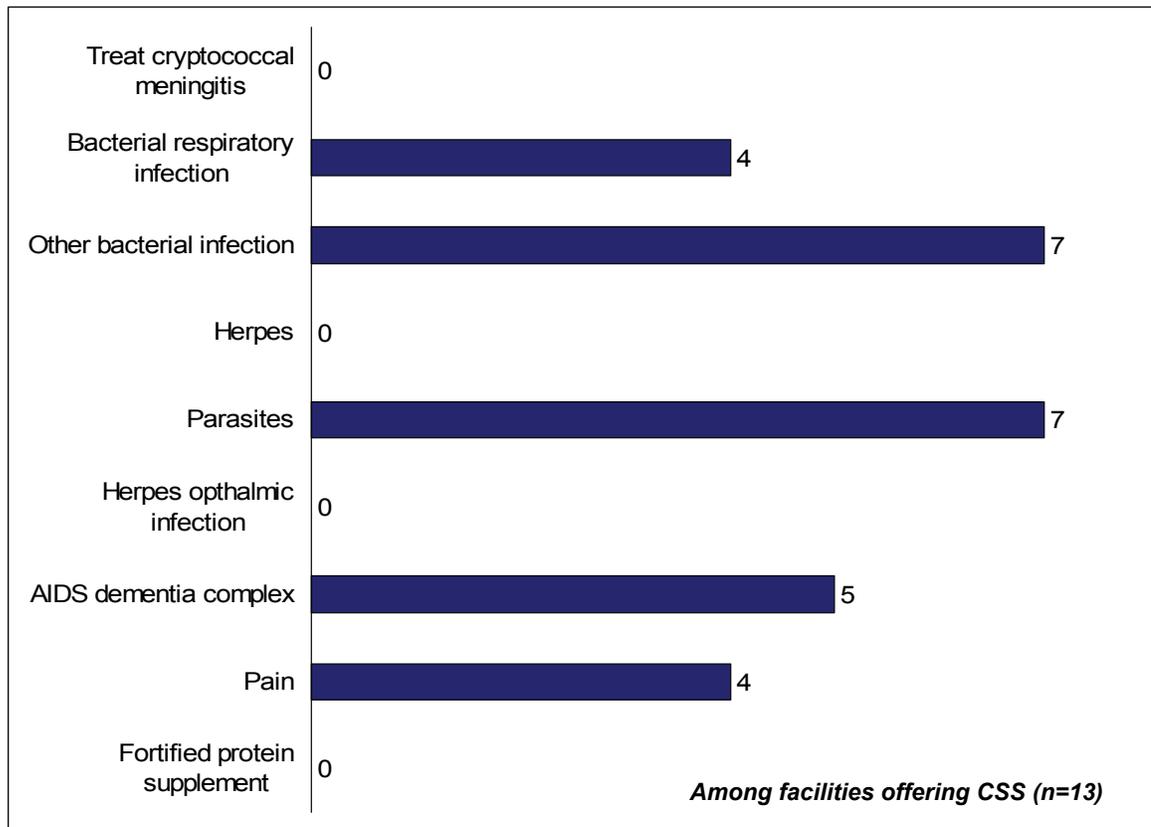
### 3.4.3 Advanced-Level Treatment of Opportunistic Infections and Palliative Care

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 the common opportunistic infections in each service area is assessed, as well as whether trained staff are available in the facility.

As shown in Figure 3.4.3, about half of the facilities (7 of 13) that offer CSS to HIV and AIDS clients had at least two medicines for treating other bacterial infections and parasites. Less than half of the care and support facilities offer at least two medicines for treating AIDS dementia complex (5 of 13), pain (4 of 13) and bacterial respiratory infections (4 of 13).



Figure 3.4.3: Advanced care for PLHIV Medicines, HSPA St. Vincent and the Grenadines 2005



Notes:

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

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

Bacterial respiratory infection—Acyclovir, ceftriaxone, ciprofloxacin, gentamycin, cotrimoxazole, and dapsone.

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

Herpes—Acyclovir and gancyclovir.

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

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

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

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

Fortified protein supplement.

Other illnesses need advanced-level treatment as well. Figure 3.4.3 also 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. 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

Several global and regional initiatives have sparked the rapid scale-up of ART in the Caribbean and around the world. These initiatives include the PANCAP Strategic Framework to coordinate the many initiatives in the region: Millennium Development Goals, the Special Session of the United Nations General Assembly (UNGASS), the “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 was a high level of commitment and intensified action of countries in the region and heightened support from development partners.<sup>65</sup>

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 offer treatment and care services fully to HIV and AIDS clients.<sup>66</sup> Nonetheless, St. Vincent and the Grenadines is making strides and is committed to offering barrier-free treatment for HIV and AIDS. These survey results can help present information that partners can use to identify the areas that are most important to address. In Figure 3.4.4a there is only one facility and five sites that offer ART. However, there were no observed guidelines/protocols in all eligible ART service sites. Guidelines/protocols may have been available in some sites within the facility. Since there is only one facility providing ART, this does not appear to be an unreasonable situation.

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<sup>65</sup> 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. Washington, DC: World Health Organization, September 26–30.

<sup>66</sup> Ibid.



Figure 3.4.4a: Protocols and guidelines for antiretroviral combination therapy services, HSPA St. Vincent and the Grenadines 2005

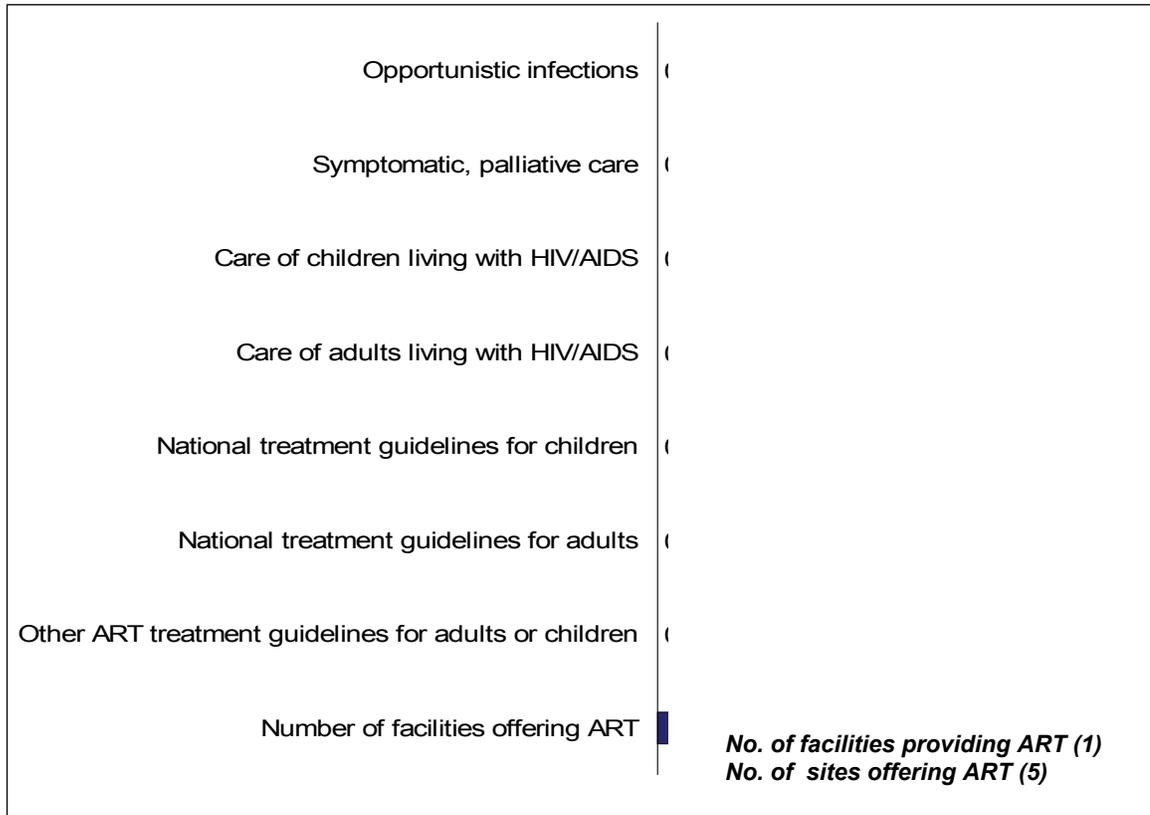


Figure 3.4.4b shows that in the facility that provides ART, there is laboratory capacity for monitoring ART, at least one ARV medication available, and there were no stock-outs for any ARV during the past 6 months. There were no up-to-date pharmacy stock cards for ARVs. Nonetheless, ARVs in this facility were stored under secure conditions.

Figure 3.4.4b: Monitoring ART and ARV storage and stock conditions, HSPA St. Vincent and the Grenadines 2005

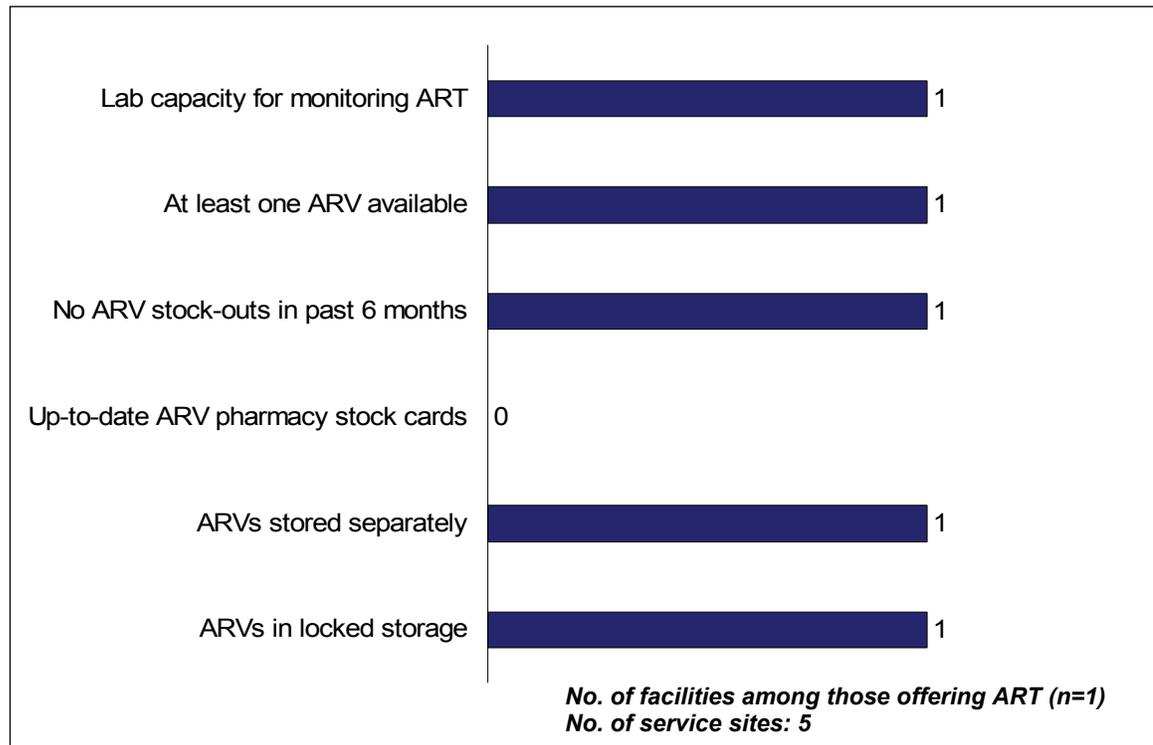
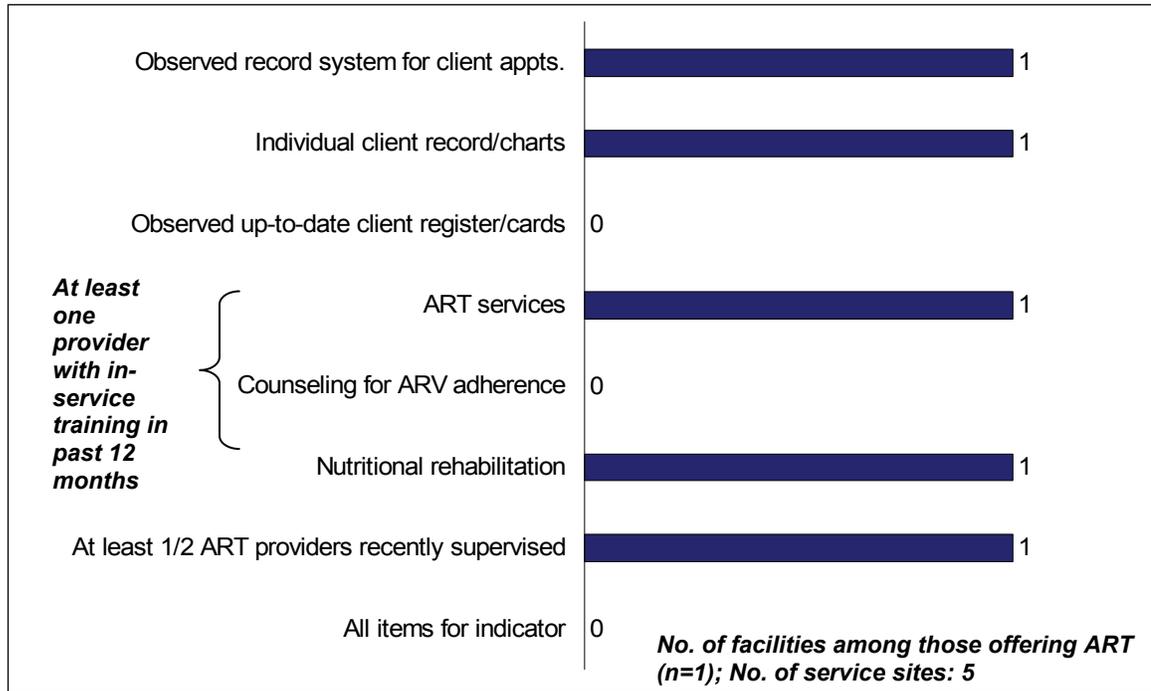


Figure 3.4.4c further assessed systems and items to support antiretroviral combination therapy services. Within the one facility that offers ART, there is an observed record system for individual client appointments for ART clients. However, there does not seem to be additional individual client records or registers to track the number of clients served. This might not be a concern if the number of clients is relatively low, but it will become important as the number of clients increases. At least one interviewed provider of ART services had related in-service training in the past year, and at least one interviewed provider of nutritional rehabilitation related to HIV and AIDS had received a related in-service training in the past 12 months. Staff received supervision in the past 3 months. One of the possible reasons for the lack of trained adherence counselor is that none of the pharmacists (who are the ones who do adherence counseling) was interviewed.



Figure 3.4.4c: Systems and items to support antiretroviral combination therapy, HSPA St. Vincent and the Grenadines 2005



### 3.4.5 Post-Exposure Prophylaxis

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

Although 2 of the 18 total public facilities reported PEP available (Figure 3.4.5a), neither had PEP medicines (Figure 3.4.5b, page 63). Further, this access to PEP includes facilities that offer PEP or have a system to refer staff for PEP. If only two facilities report that PEP is prescribed but none has ARVs for PEP, service providers are left without clear referrals for treatment, if necessary. This issue should be addressed as soon as possible. Unfortunately, PEP guidelines are not available in any of the facilities where staff prescribe PEP and records for monitoring records/registers of staff receiving PEP are lacking (Figure 3.4.5b).

Figure 3.4.5a: Availability of post-exposure prophylaxis, HSPA St. Vincent and the Grenadines 2005

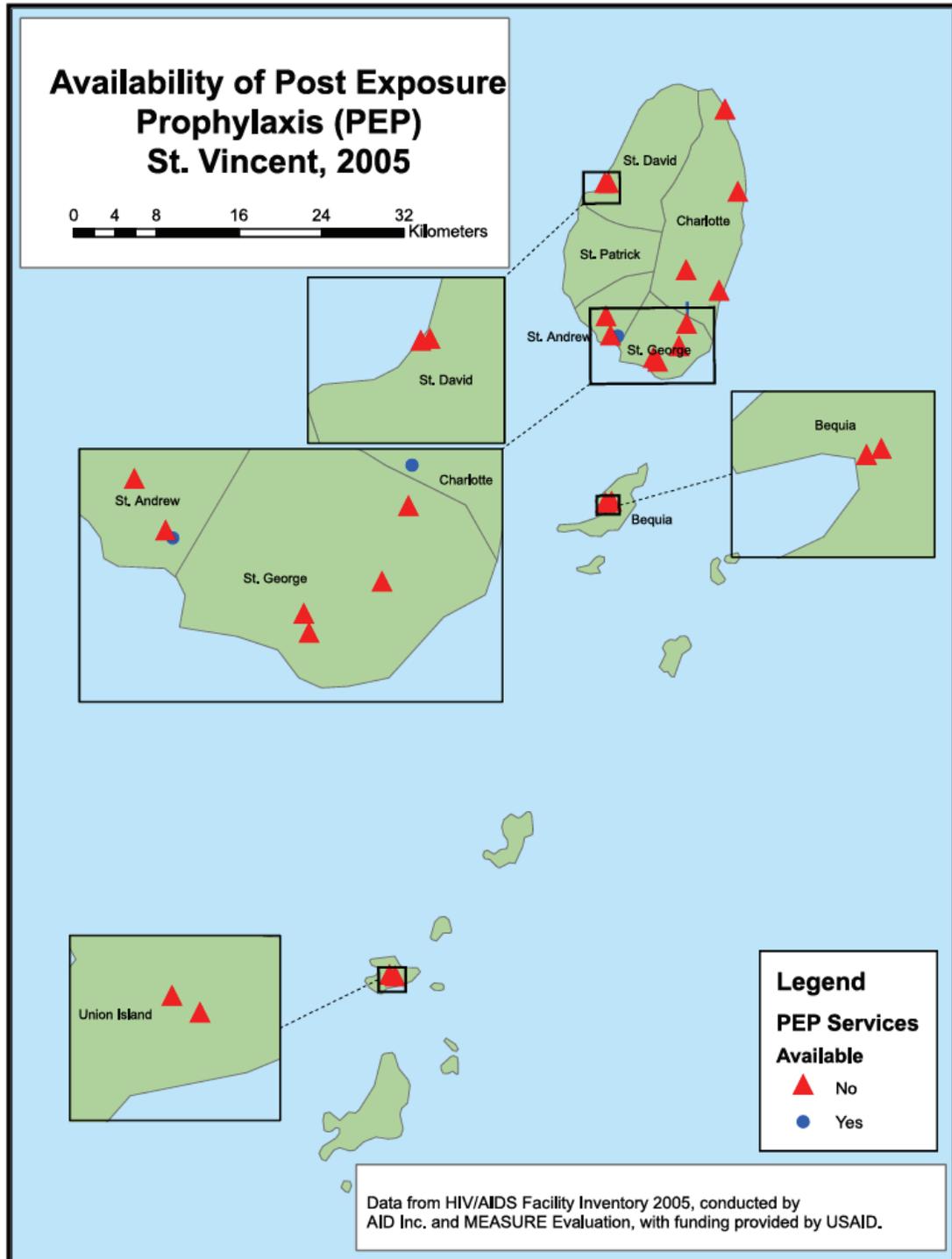
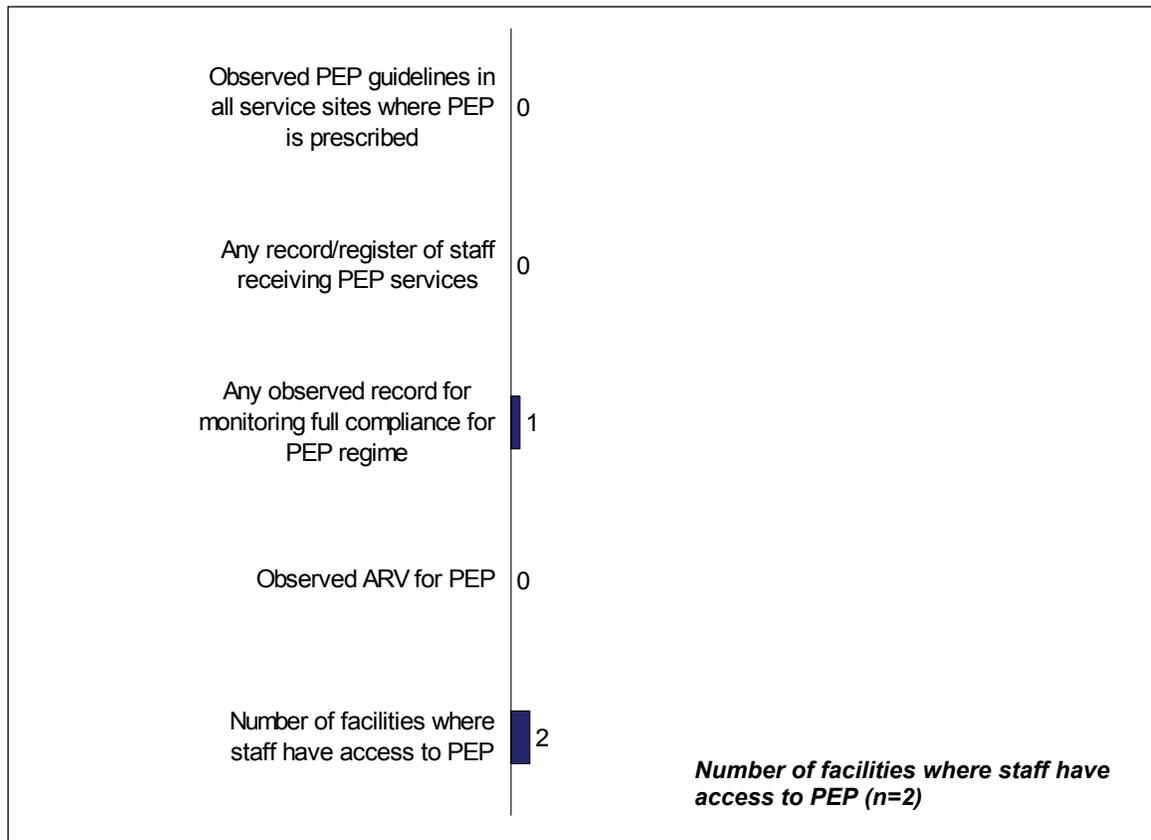




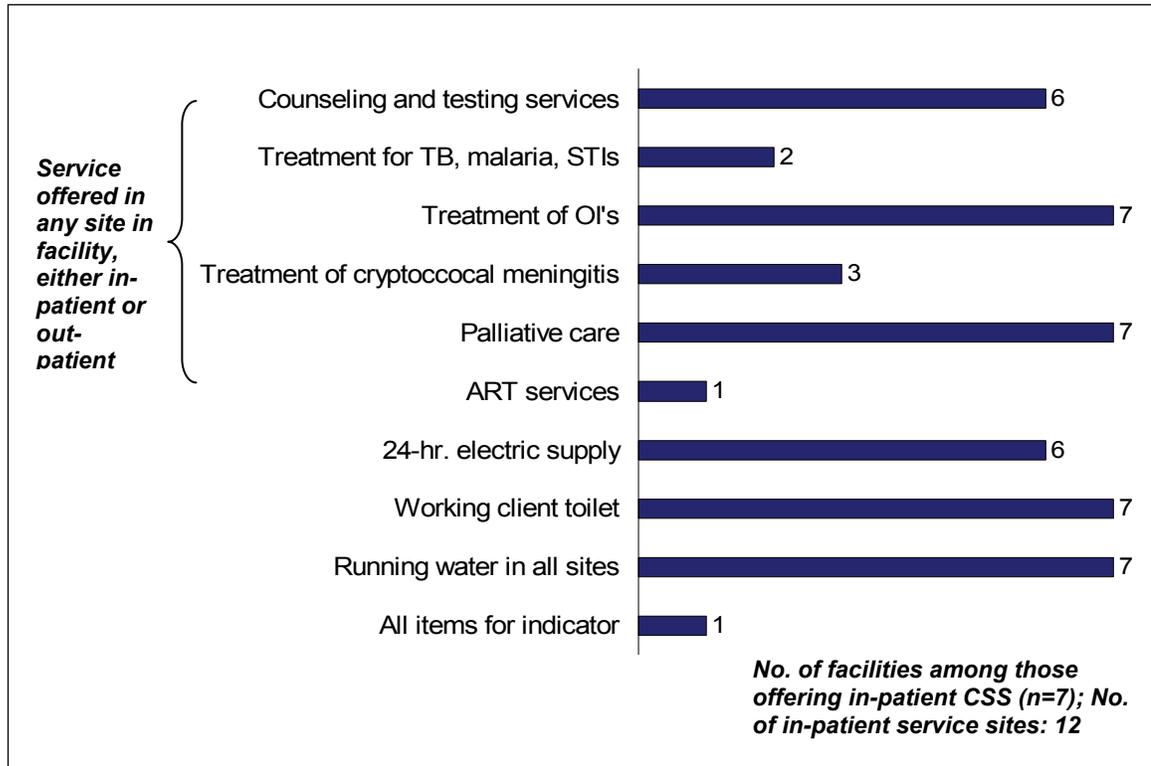
Figure 3.4.5b: Post-exposure prophylaxis, HSPA St. Vincent and the Grenadines 2005



### 3.4.6 Inpatient Care and Support Services

The ability for a facility to provide inpatient services for clients needing advanced-level care (Figure 3.4.6) is important for treating and supporting HIV and AIDS clients. Seven of the 18 surveyed facilities report that they offer inpatient care and support services for clients with HIV and AIDS. Among the seven facilities offering inpatient care and support services, six offer counseling and testing services for HIV in either inpatient or outpatient service sites. All facilities in St. Vincent and the Grenadines offering inpatient care and support services for HIV and AIDS clients offer treatment for opportunistic infections and palliative care in either inpatient or outpatient sites within the facility.

Figure 3.4.6: Services and conditions for inpatient care for PLHIV needing advanced services, HSPA St. Vincent and the Grenadines 2005



A few sites have treatment for all three diseases (TB, malaria, and STIs) in one facility; these sites are few because of the inclusion of malaria treatment (which is not essential in St. Vincent and the Grenadines) in this indicator. ART is only offered in one facility in the whole country, even though inpatient care is offered for PLHIV in seven facilities.

### 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.<sup>67</sup>

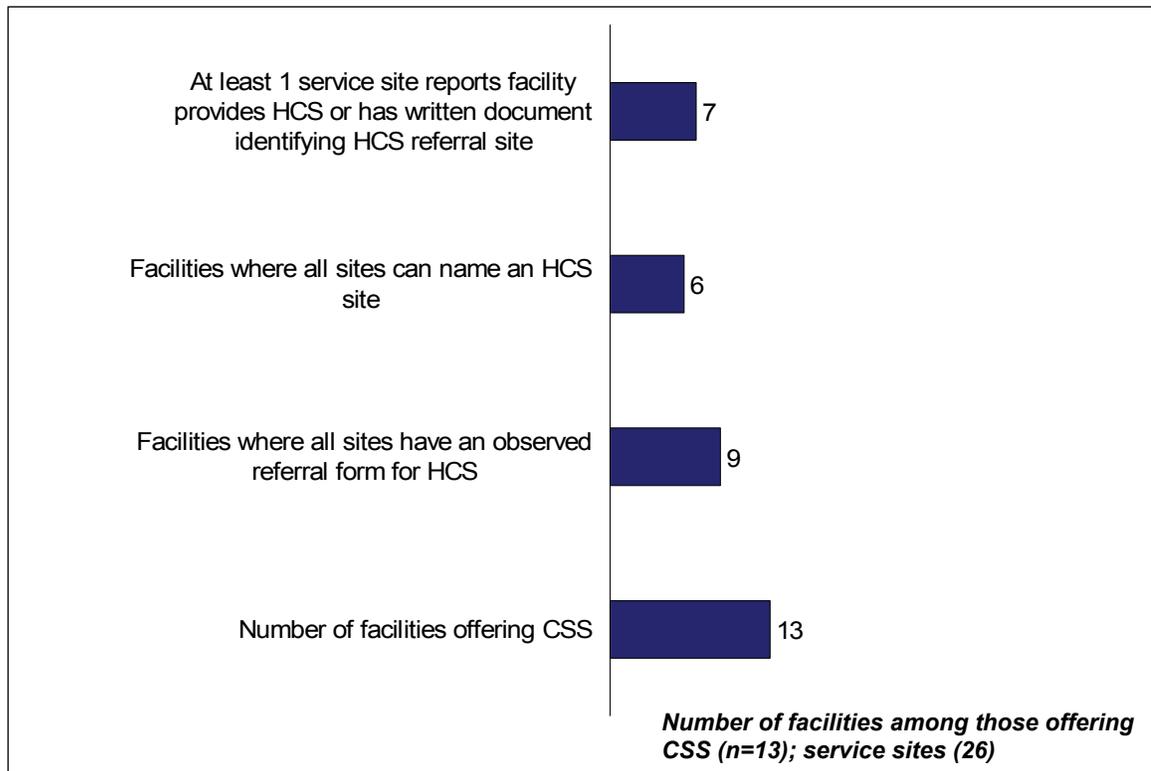
In countries where advanced-level care for HIV and AIDS patients is available, home-based care services are often part of the program, since it can be difficult for patients to transport themselves to a health care facility. In some cases, this can be dangerous as

<sup>67</sup> United States Agency for International Development. *Working Report Measuring HIV Stigma: Results of a Field Test in Tanzania*. Silver Spring, MD: Social and Scientific Systems, Inc., The Synergy Project; 2005.



well because of the extreme stigma and discrimination that clients might encounter if they have physical symptoms caused by AIDS. St. Vincent and the Grenadines has 7 of the 13 CSS facilities having at least one service site that either reports that the facility provides home care or has an observed written document identifying referral sites for home care services (Figure 3.4.7). Further, at 9 facilities of the 13 offering CSS all relevant service sites have an observed referral form for home care services. It is encouraging that more than half of the facilities report making referrals, although it is not possible to state which services are being sourced.

Figure 3.4.7: Conditions to support home care services, HSPA St. Vincent and the Grenadines 2005



### 3.4.8 Pediatric AIDS Care

Most children with HIV were born to mothers with HIV, while some may have received a transfusion of infected blood. However, where ARVs and good antenatal care 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.<sup>68</sup>

<sup>68</sup> The New Mexico AIDS InfoNet. Children and HIV. Available at [http://www.aidsinfonet.org/factsheet\\_detail.php?fsnumber=612](http://www.aidsinfonet.org/factsheet_detail.php?fsnumber=612). Accessed January 30, 2006.

In assessing the 18 public facilities in St. Vincent and the Grenadines, Table 3.4a, page 52 shows that there are 10 sites that offer pediatric AIDS services. Of the 16 facilities with an HIV testing system, there are nine that offer pediatric AIDS services (Table 3.4b, page 53). Three facilities of 13 that offer CSS had at least one provider of pediatric AIDS care who was trained in the past 3 years (Figure 3.4.1b, page 55). Information on the geographic distribution of pediatric AIDS care services, would be useful for planning scale-up.

### 3.4.9 Nutritional Rehabilitation Services

Unintentional loss of weight and lean body mass is a major cause of morbidity and mortality in PLHIV. Maintaining adequate nutritional status can help strengthen the immune system, thus ensuring sufficient nutrients to maintain energy and normalize weight and proper bodily functions. Nutritional rehabilitation services help PLHIV to manage complications; it promotes positive responses to medical treatment and improves the quality of life.<sup>69</sup>

Table 3.4a indicates that 10 of the 18 public facilities report that they offer nutritional rehabilitation services. Of the 13 CSS facilities that may be well positioned to serve PLHIV, only 3 have at least one provider who has been recently trained (in the past 3 years) in nutritional rehabilitation for HIV/AIDS (Figure 3.4.1b).

## 3.5 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

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

Even with a low estimated HIV prevalence, St. Vincent and the Grenadines has services providing PMTCT. This is important, especially in tracking trends of the disease through antenatal clinics (ANC).

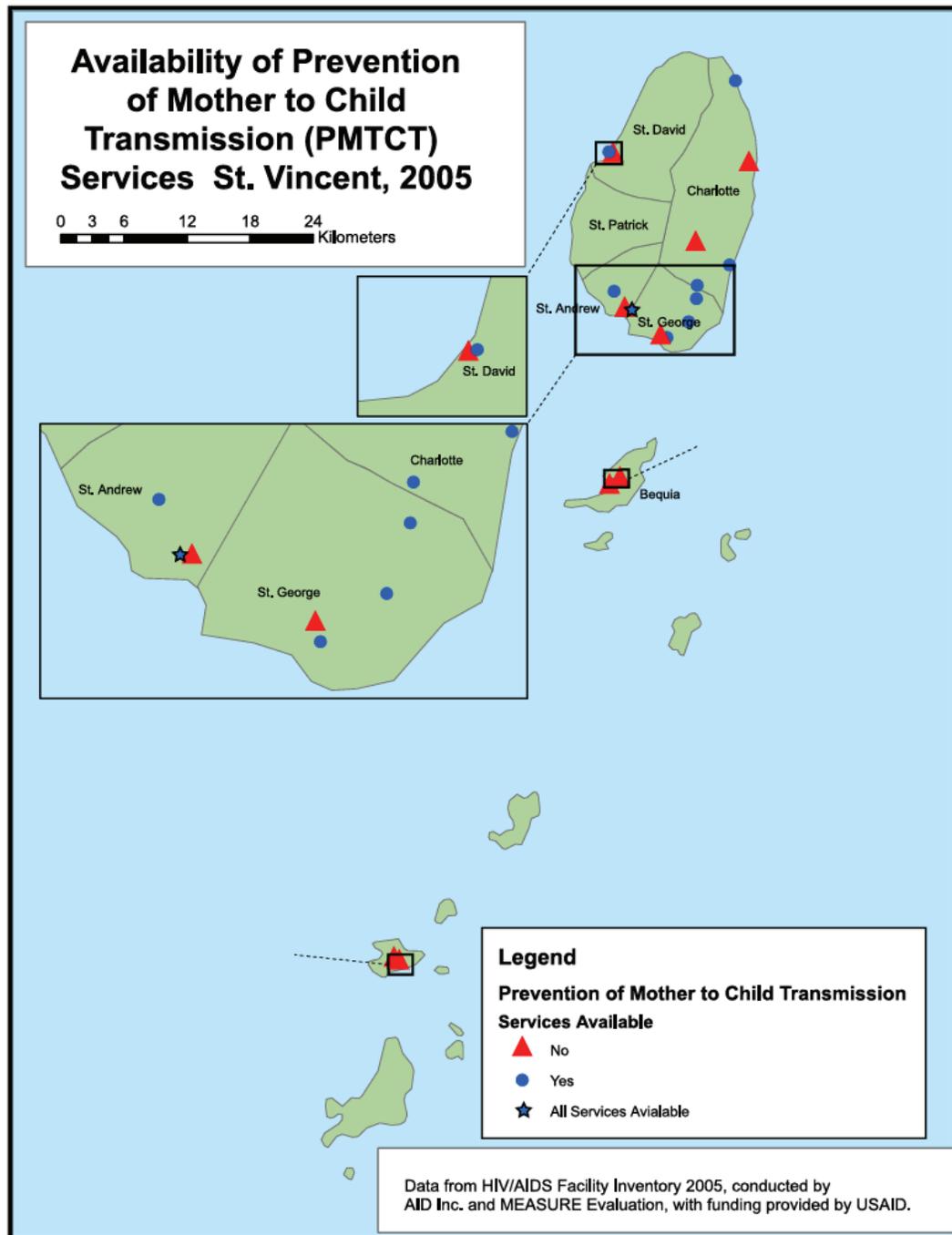
Of 18 public facilities surveyed, half offer any of the PMTCT services listed in Figure 3.5.

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<sup>69</sup> *HIV/AIDS: A Guide for Nutritional Care and Support*. 2<sup>nd</sup> Ed. Food and Nutrition Technical Assistance Project, Academy for Educational Development, Washington, DC, 2004.



Figure 3.5: Location of PMTCT Services



However, the only component offered by all nine facilities was family planning counseling or referral. The survey also found that 7 of the 9 facilities offer infant feeding counseling. The other PMTCT services listed in Figure 3.5 are not as readily available. Only four of the nine facilities offering any PMTCT services offer pre- and post-test counseling and

HIV testing services. Similarly, ARV prophylaxis to prevent MTCT was reported in only one of nine facilities offering any PMTCT services in St. Vincent and the Grenadines.

The HSPA in St. Vincent and the Grenadines reports that only one public facility of the nine that offer any PMTCT services offers all four items for the minimum package of PMTCT, and one that reported all items for PMTCT + services (Table 3.5).<sup>70</sup>

Table 3.5: Availability of services for PMTCT of HIV/AIDS at public facilities surveyed<sup>1</sup> HSPA Dominica 2005

| Total number of facilities | Number of facilities offering any PMTCT services | Number of sites offering PMTCT services | Number of facilities reporting they offer the indicated PMTCT services |                                 |                           |  |   |                                       |                                   |
|----------------------------|--|---|--|---------------------------------|---------------------------|--|---|---------------------------------------|-----------------------------------|
|                            |  |   | Pre- and post-test counseling and HIV testing services                 | ARV prophylaxis to prevent MTCT | Infant feeding counseling | Family planning counseling or referral | All four items for minimum package PMTCT <sup>2</sup> | Offering PMTCT+ services <sup>3</sup> | All items for PMTCT+ <sup>4</sup> |
| 18                         | 9  | 9                                       | 4  | 1                               | 7                         | 9                                      | 1   | 1                                     | 1                                 |

<sup>1</sup> Number of public facilities offering any services for PMTCT of HIV/AIDS, and among these, number with the indicated program components.

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

<sup>3</sup> Any components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV-infected women and their families.

<sup>4</sup> All components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV-infected women and their families.

<sup>70</sup> PMTCT+ is defined as a facility having all components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV-infected women and their families.



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

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### 4.1 OVERVIEW

A good HIV and AIDS record and reporting system allows data to be collected to follow patient care, provides key epidemiological information, and helps 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.<sup>71</sup>

St. Vincent and the Grenadines does not currently have an electronic mechanism for collecting HIV and AIDS health information. It is however collecting information in patient registries that is compiled for quarterly and annual reporting. The HIV/AIDS Unit of the Ministry of Health and Environment is dedicated to collecting high-quality information and is making strides by standardizing patient registries, client intake forms, and summary forms, which are sent to the Monitoring and Evaluation (M&E) Advisor for compilation at the national level. The HIV/AIDS Unit is exploring ways to implement an HIV and AIDS Health Information System through collaboration and information sharing at the national level. The Director and the M&E Advisor in the HIV/AIDS Unit have been involved in regional-level workshops to assist countries in moving towards standard information collection and building HIV and AIDS Information Systems.

St. Vincent and the Grenadines is exploring opportunities to mechanize VCT client information to systematically report to the M&E Advisor to compile and then share with donors, officials, program managers, and counselors. This is an ongoing process, and St. Vincent and the Grenadines is motivated to take the necessary steps to prepare and lay the groundwork to implement an HIV and AIDS Health Information System.

The HSPA provides useful information in routine data collection for HIV and AIDS from which 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. For St. Vincent and the Grenadines, individual client record/charts were observed in all eligible units in 5 of the 13 facilities offering CSS. In the same number of facilities (5 of 13), a register with HIV and AIDS-related client diagnoses was observed in

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<sup>71</sup> Pan American Health Organization. *Scaling up Health systems to Respond to the Challenges of HIV/AIDS—Latin America and the Caribbean*. World Health Organization: Washington, DC. 2003.



any eligible outpatient and any eligible inpatient clinic/unit.<sup>72</sup> Similarly, only 5 of the 13 facilities offering CSS had confidentiality guidelines in all eligible clinic clinics/units. These numbers seem low, as they are not even meeting the 50 percent mark. In addition, none of the 13 facilities that offered CSS included all components for routine data collection for HIV and AIDS. This could be problematic, as care for PLHIV can be complicated and difficult to follow appropriately if clear and consistent records are not kept on patients, and the quality of patient care can be affected. 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 and AIDS services, HSPA SVG 2005

| Number of service sites in facilities offering CSS for HIV/AIDS clients | Number of facilities offering CSS for HIV/AIDS clients | Number of facilities  |   |  |                                     |
|---|--|---|---|--|-------------------------------------|
|   |  | Individual client record/chart observed in all eligible units | Register with HIV/AIDS related client diagnoses observed in any eligible outpatient and any eligible inpatient clinic/unit <sup>1</sup> | Confidentiality guideline in all eligible client clinic/unit | All items for indicator in facility |
| 26  | 13   | 5   | 5   | 5  | 0                                   |

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

#### 4.2.1 Records for Care and Support Services

In Figure 4.2.1, information is presented to show the status of recordkeeping systems for monitoring HIV and AIDS care and support. There are 16 facilities offering HIV counseling and testing systems. However, only one of the 16 facilities with observed records indicated clients receiving pre-test and post-test counseling and indicated those who received their test results. Also, only 3 of the 16 facilities submitted any reports for HIV testing services (Figure 4.2.1). There seems to be a small percentage of facilities offering counseling and testing that have recordkeeping systems in place for these services. This area will definitely need the attention of the HIV/AIDS Unit and perhaps some further assessment to understand why reports are not being submitted or why records are not routinely kept. Perhaps few or no clients are accessing these services and this is why routine records are not kept. However, scale-up in this area will be imperative, especially as the number of patients increases.

<sup>72</sup> 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.

Figure 4.2.I: Facilities with record keeping systems for monitoring HIV and AIDS care and support, HSPA St. Vincent and the Grenadines 2005

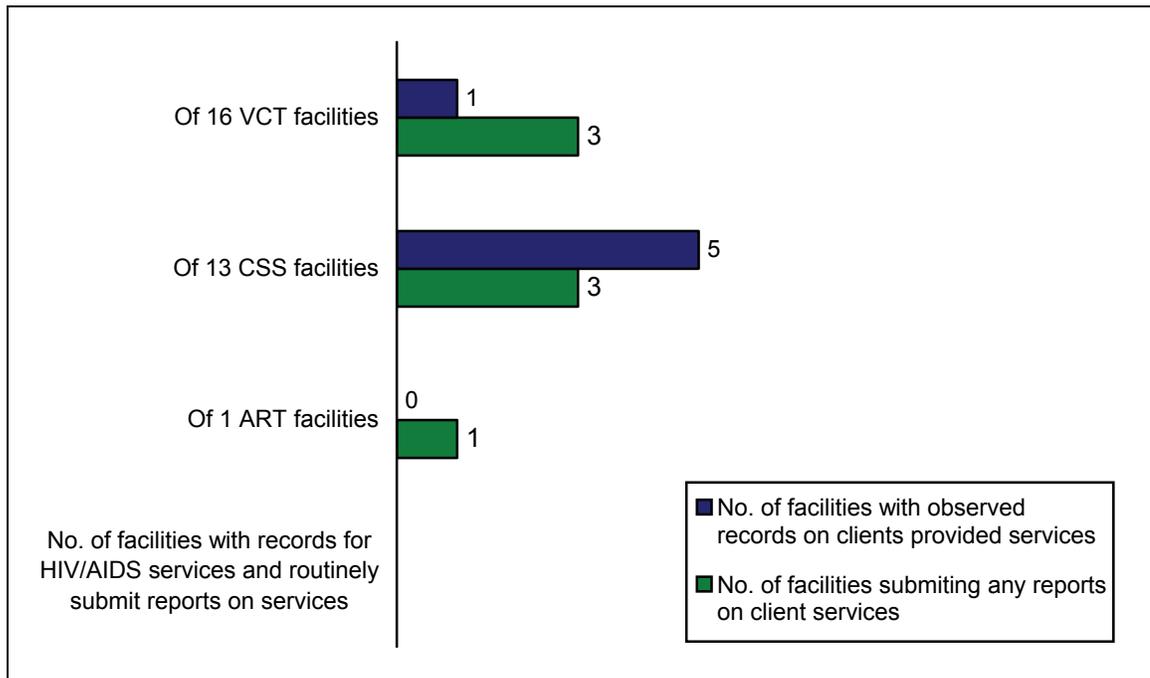


Figure 4.2.I also shows recordkeeping information among facilities offering ART, of which there is one facility in St. Vincent and the Grenadines. However, this facility indicated that reports are submitted for ART services, but there were no records observed that gave the number of clients receiving ARV treatment. Since the indicator requires that the records be updated in the past 30 days, and if the observed records were updated more than 30 days ago, the response would be no records observed.

Among the 13 facilities surveyed that offer CSS, the recordkeeping system seems to be weak. Five of the 13 facilities had records (observed during the survey) documenting clients treated for HIV and AIDS-related illnesses, such as common OIs (i.e., fungal infections, oral thrush etc.).

Unfortunately, fewer facilities (3 of 13) offering CSS submitted any reports for treating HIV and AIDS-related illnesses. Likewise, no facilities that provide CSS were surveyed that had records for HIV and AIDS services offered and routinely submitted reports on these services. Having records for and submitting reports on this information enables decision makers and partners to better understand the treatment demands on the facility and to assist in improving supplies and services. Perhaps the number of PLHIV is still relatively low, so that this is not a priority for service providers. It will be critical to explore how to scale up patient recordkeeping to document important monitoring information for program improvement and patient follow-up.



## 4.2.2 Records for Prevention of Mother-to-Child Transmission of HIV

### PMTCT

Eleven sites within nine facilities offer any PMTCT services. Very few facilities that offer PMTCT services also have specific documentation (Table 4.2.2a). For example, a record was observed of women attending ANC and who accepted HIV testing at only four of the nine facilities offering PMTCT services. Similarly, in four facilities of the nine that offer PMTCT, a record was observed of women who received HIV test results, and only three of those facilities had records that were observed of women who received post-test counseling for HIV (by serostatus). Although one facility reported providing ARV for HIV-positive women (Figure 3.5, page 67), no facilities that had a record of HIV-positive pregnant women who were provided a complete ARV course for PMTCT, and not surprisingly, no facilities had all of the recordkeeping documentation (Table 4.2.2a). These findings call for the need to strengthen the health information system.

Table 4.2.2a: Availability of service records for PMTCT services,<sup>1</sup> HSPA SVG 2005

| Number of facilities | Number of sites offering PMTCT services | Number of facilities offering any PMTCT services | Number of facilities offering PMTCT services and having indicated documentation |  |  |  |                         |
|----------------------|---|--|---|--|--|--|-------------------------|
|                      |   |  | Observed record of women attending ANC and who accepted HIV testing             | Observed record of women who received HIV test results | Observed record of women who received post-test counseling (by serostatus) | Observed record of HIV+ pregnant women who were provided a complete ARV course for PMTCT | All items for indicator |
| 18                   | 11                                      | 9  | 4   | 4  | 3  | 0  | 0                       |

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

### PMTCT+

All elements for PMTCT+ services have been defined to include 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. There are two sites across within facility that offer PMTCT+ services as defined in Table 4.2.2b. However, perhaps because there is only one facility in the country offering this service and there may be few clients accessing these services, records of women and their family members do not seem to be routinely recorded or stored. This program area perhaps can be explored by the Ministry of Health and the Environment with their partners in the scale-up of prevention, care and support services, as it is an important program area to monitor trends and follow patients on medication.

Table 4.2.2b: Availability of service records for PMTCT+ services,<sup>1</sup> HSPA SVG 2005

| Number of facilities | Number of sites offering PMTCT+ services | Number of facilities offering PMTCT+ services <sup>2</sup> | Number of facilities   |  |  |
|----------------------|--|--|--|--|--|
|                      |  |  | Observed record of HIV+ pregnant women who receive therapeutic ARV | Observed record of family member who receive ARV | All elements and records PMTCT+ <sup>3</sup> |
| 18                   | 2  | 1  | 0  | 0  | 0  |

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

<sup>2</sup> PMTCT+ service provision is defined as having ARV treatment for HIV-positive women and her family members.

<sup>3</sup> All elements for PMTCT+ services: Counseling and Testing services, ARV prophylaxis for mother and newborn, counseling on infant feeding and family planning for HIV positive women, ARV treatment for HIV-positive women and family members, counseling and testing records for ANC clients, records on ARV prophylaxis provided, and records on therapeutic ARV for women receiving PMTCT services.



## CHAPTER 5: AVAILABILITY OF YOUTH-FRIENDLY SERVICES

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### 5.1 OVERVIEW

The Caribbean region's youth population is becoming more susceptible to HIV and AIDS.<sup>73</sup> CAREC notes in the *Status and Trends Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002* that "73 percent of AIDS 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."<sup>74</sup>

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

### 5.2 SERVICE CONDITIONS FOR YOUTH-FRIENDLY SERVICES

The HSPA reports that of the 16 facilities with an HIV testing system, only 9 offer youth-friendly HIV testing services. Encouragingly, seven of the nine facilities offering youth-friendly HIV testing services have at least one recently trained provider for YFS. However, only three of the nine facilities offering youth-friendly HIV testing services had policy/guidelines that were observed for these services. Few facilities offering YFS had both observed policy/guidelines and trained staff to provide services (Table 5.2).

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<sup>73</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin.

<sup>74</sup> Caribbean Epidemiology Centre. *Status and Trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002*.



Table 5.2: Youth-friendly services for HIV/AIDS,<sup>1</sup> HSPA Dominica 2005

| Number of facilities with an HIV testing system | Number of facilities offering youth-friendly HIV testing services <sup>2</sup> | Number of facilities with          |  |                                      |
|---|--|------------------------------------|--|--------------------------------------|
|   |  | Observed policy/guidelines for YFS | At least one trained provider for YFS <sup>3</sup> | All items for indicator <sup>4</sup> |
| 16  | 9  | 3                                  | 7  | 2                                    |

<sup>1</sup> Percentage of facilities offering any YFS for counseling and testing for HIV/AIDS, and among these, percentage with indicated item.

<sup>2</sup> Facility offers VCT or PMTCT services.

<sup>3</sup> 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.

<sup>4</sup> Facility offers YFS, has observed policy/guidelines, and has trained staff for YFS

Further, targeting these strategies at young women and designing youth-friendly facilities/health services with a gendered lens is also imperative as the trend in HIV infection in the region is turning more towards young women.<sup>75</sup>

Although approximately only half of the facilities with an HIV testing system (9 of 16) have youth-friendly HIV testing services, this still represents an effort to address the needs of a key target group for HIV and AIDS prevention, care, and support. Having YFS sites/facilities available is paramount to reaching this at-risk population. St. Vincent and the Grenadines, 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 a very different epidemiologic picture from St. Vincent and the Grenadines, but where there are youth programs addressing similar issues), which highlights the importance of programmatic impacts behavior change, such as communication skills around sexual negotiation and building on social norms around prevention activities, these may be effective in preventing HIV infection in young people.<sup>76</sup>

<sup>75</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin.

<sup>76</sup> Holschneider, S., and C. S. Alexander. 2003. Social and psychological influences on HIV preventive behaviors of youth in Haiti. *Journal of Adolescent Health*, 33, 31–40.

## CHAPTER 6: CONCLUSION

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The HSPA provides a mechanism for assessing capacity, availability of services and training needs related to goals and priority program areas in the National Strategic Plan for HIV. It also acts as a valuable resource for identifying key areas that could use more financial and human resources as well as specialized support to enable St. Vincent and the Grenadines to expand services and implement additional programs.

The HSPA data are useful in supporting the implementation of the National Strategic Plan for HIV, in which the five major components are to—

- ▶ Strengthen institutional capacity for program management, monitoring, and evaluation
- ▶ Develop, strengthen, and implement relevant programs
- ▶ Strengthen care support systems
- ▶ Conduct research
- ▶ Upgrade surveillance systems.

Data from the HSPA pinpoint areas of strength and areas for further capacity building. Some of the strengths identified in this report include the HIV testing systems, youth-friendly services, availability of PMTCT services, home care services, main laboratory, pediatric AIDS care services and facilities offering STI care and treatment services. The country has one key facility that seems well stocked, secure and available to treat patients with HIV and AIDS with ART and that has fairly good infection control measures in many facilities and service sites.

Some areas that St. Vincent and the Grenadines might consider addressing or assessing more in depth to see where improvements would be most effective include TB care and treatment, recordkeeping (although this is currently being addressed in the HIV/AIDS Unit/NAS with the M&E Advisor) and available guidelines and protocols in service sites/facilities for major disease areas related to HIV and AIDS and ART. Consideration should be made in the training of providers of HIV and AIDS-related care, treatment, and support services as well as to reduce provider stigma and discrimination.

With local, national and regional partners, St. Vincent and the Grenadines has the potential to continue and expand their supply of effective HIV and AIDS care and support services. The Caribbean HSPA is a useful tool of baseline data for country-level decision makers and their partners to identify strengths and challenges to address in program scale-up as the region faces a growing HIV and AIDS epidemic.

It is anticipated that this report will be used by health service and program professionals, line ministries, other government officials and key decision makers. This will enable resources to be appropriated to the most beneficial areas. Further, MEASURE Evaluation, in coordination with national and regional partners, plans to hold data information and use workshops that will assist stakeholders in using, presenting, and disseminating the results of this country and the full regional report.



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**APPENDIX: SURVEY INSTRUMENT**

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

**1. Facility Identification**

|  |  |
|--|--|
| 001 NAME OF FACILITY _____<br>002 LOCATION OF FACILITY _____<br>003 COUNTRY _____<br>004 DISTRICT _____<br>005 FACILITY NUMBER ..... | FACILITY CODE<br>COUNTRY NUMBER ..... <input type="text"/> <input type="text"/><br><br>DISTRICT NUMBER ..... <input type="text"/> <input type="text"/><br><br>FACILITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> |
|--|--|

|  |   |
|--|---|
| 006 TYPE OF FACILITY:<br>NATIONAL REFERRAL/TERTIARY HOSPITAL 01<br>GENERAL HOSPITAL ..... 02<br>DISTRICT HOSPITAL ..... 03<br>HOSPITAL ..... 04<br>POLYCLINIC/HEALTH CENTR ..... 05<br>HEALTH POST ..... 06<br>STAND-ALONE VCT ..... 07<br>DOCTOR'S OFFICE ..... 08<br><br>OTHER _____ 96<br>(SPECIFY) | FACILITY TYPE ..... <input type="text"/> <input type="text"/> |
|--|---|

|   |  |
|---|--|
| 007 MANAGING AUTHORITY<br>GOVERNMENT ..... 01<br>NGO ..... 02<br>PRIVATE (FOR-PROFIT) ..... 03<br>PRIVATE (NOT FOR-PROFIT) ..... 04<br>SEMIAUTONOMOUS ..... 05<br>MISSION ..... 06<br><br>OTHER _____ ... 96<br>(SPECIFY) | MANAGING AUTHORITY ..... <input type="text"/> <input type="text"/> |
|---|--|

**2. Information about Interview**

|  |         |         |         |            |       |       |                    |       |       |  |
|--|---------|---------|---------|------------|-------|-------|--------------------|-------|-------|--|
| 008 INTERVIEWER VISITS:<br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Visit 1</td> <td style="width:33%; text-align: center;">Visit 2</td> <td style="width:33%; text-align: center;">Visit 3</td> </tr> <tr> <td>DATE _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TEAM LEADER: _____</td> <td>_____</td> <td>_____</td> </tr> </table><br>RESULT CODES:<br>1 COMPLETED<br>2 RESPONDENT NOT AVAILABLE<br>3 REFUSED<br>4 PARTIALLY COMPLETED<br>6 OTHER | Visit 1 | Visit 2 | Visit 3 | DATE _____ | _____ | _____ | TEAM LEADER: _____ | _____ | _____ | RESULT CODE FROM LAST ATTEMPT ..... <input type="text"/> |
| Visit 1  | Visit 2 | Visit 3 |         |            |       |       |                    |       |       |  |
| DATE _____   | _____   | _____   |         |            |       |       |                    |       |       |  |
| TEAM LEADER: _____   | _____   | _____   |         |            |       |       |                    |       |       |  |

|   |  |   |   |   |     |       |      |
|---|--|---|---|---|-----|-------|------|
| 009 Date: _____<br><br>010 Name of the interviewer: _____ | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> </tr> </table><br>INTERVIEWER CODE ..... <input type="text"/> <input type="text"/> | DAY | MONTH | YEAR |
| <input type="text"/> <input type="text"/>                 | <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/> |   |   |     |       |      |
| DAY   | MONTH  | YEAR                                      |   |   |     |       |      |

|   |                      |
|---|----------------------|
| 011 CHECKED BY MONITOR/SUPERVISOR:.....<br>SIGNATURE _____ DATE _____ | <input type="text"/> |
|---|----------------------|

**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 ..... | FACILITY CODE ..... <input style="width: 20px; height: 20px;" type="text"/>    |
| 013 LATITUDE .....      | DEGREES/DECIM    b <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . c <input style="width: 20px; height: 20px;" type="text"/> |
| 014 LONGITUDE .....     | DEGREES/DECIM    b <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . c <input style="width: 20px; height: 20px;" type="text"/> |

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

Facility code:

|        |      |     |  |  |  |  |
|--------|------|-----|--|--|--|--|
|        |      |     |  |  |  |  |
| COUNT. | DIST | FAC |  |  |  |  |

I would like to start by asking about the overall facility organization and availability of services.  
 For each of the services that I mention, please indicate if the facility provides the service through a specific clinic or service unit.  
**FOR EACH SERVICE MENTIONED, MAKE CERTAIN THE SERVICE IS OFFERED AS A SERVICE SEPARATE FROM THE GENERAL OPD CURATIVE CARE SERVICE. IF YES, MARK AN 'X' IN THE CORRESPONDING BOX FOR "CLINIC/UNIT EXISTS".**  
 IF THERE ARE MORE THAN ONE SUCH CLINIC/UNIT IN THE FACILITY, USE THE CODE FOR 'OTHER'.  
 NEXT, ASK: Are clients who are suspected or confirmed to have HIV/AIDS ever seen initially, or provided with any services related to HIV/AIDS in this clinic/unit? IF CLIENTS WITH SUSPECTED OR CONFIRMED HIV/AIDS ARE PROVIDED AIDS-RELATED SERVICES IN THAT CLINIC/UNIT, MARK AN 'X' IN THE CORRESPONDING BOX FOR "HIV/AIDS CLIENTS". IF CLIENTS SUSPECTED OF HAVING HIV/AIDS ARE REFERRED ELSEWHERE, AND THE CLINIC/UNIT DOES NOT PROVIDE ANY SERVICES RELATED TO HIV/AIDS, THEN LEAVE THE BOX FOR "HIV/AIDS CLIENTS" BLANK.

| CLINIC/UNIT  | CLINIC/<br>UNIT<br>EXISTS | HIV/AIDS<br>CLIENTS      | ELIGIBLE QUESTIONNAIRES (QRE)<br>SERVICE PROVIDED |                          |                          |                          |                          |                          |                          |                          |                          |  |
|--|---------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
|  |                           |                          | Mod B or C  | Mod G                    | Mod H                    | Mod I                    | Mod J                    | Mod D                    | Mod E                    | Mod F                    |                          |  |
|  |                           |                          | OPD or IPD  | TB                       | VCT                      | ART                      | PMTCT                    | HMIS                     | LAB                      | PHARM                    |                          |  |
| 01 GENERAL OUTPATIENT  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 02 PEDIATRIC OUTPATIENT  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 03 ANTENATAL CARE (ANC) (OPD)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 04 FAMILY PLANNING (FP) (OPD)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 05 LABOR AND DELIVERY (OPD)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 06 RESPIRATORY (TB/PCP) (OPD)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 07 VCT OR CT ONLY (OPD)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 08 PMTCT ONLY (OPD)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 09 HIV/AIDS ONLY (OPD)   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 10 OUTPATIENT C/U COMBINES SPECIAL<br>DIAGNOSES INCLUDING HIV/AIDS (OPD) | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 11 SEXUALLY TRANSMITTED INFECTION<br>(OPD)                               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 12 GYNECOLOGY (OPD)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 13 UROLOGY (OPD)   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 14 DERMATOLOGY (OPD)   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 15 EMERGENCY (ER) (OPD)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 16 HYPERTENSION, DIABETES<br>CHRONIC ILLNESS (OPD)                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 17 MENTAL HEALTH (OPD)   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 18 COUNSELING (OPD)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 19 OTHER OPD<br>(SPECIFY TYPE)   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 20 OTHER OPD<br>(SPECIFY TYPE)   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 21 OTHER OPD<br>(SPECIFY TYPE)   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| 22 HMIS (OPD or OPD&IPD)   |                           |                          |   |                          |                          |                          |                          |                          | <input type="checkbox"/> |                          |                          |  |
| 23 LAB (OPD or OPD & IPD)  |                           |                          |   |                          |                          |                          |                          |                          |                          | <input type="checkbox"/> |                          |  |
| 24 PHARMACY (OPD or OPD & IPD)   |                           |                          |   |                          |                          |                          |                          |                          |                          |                          | <input type="checkbox"/> |  |

|                                    |  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|------------------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 25                                 | GENERAL MEDICAL INPATIENT<br>(Male and Female)           | <input type="checkbox"/> |                          |                          |                          |
| 26                                 | MALE MEDICAL INPATIENT                                   | <input type="checkbox"/> |                          |                          |                          |
| 27                                 | FEMALE MEDICAL INPATIENT                                 | <input type="checkbox"/> |                          |                          |                          |
| 28                                 | PEDIATRIC INPATIENT                                      | <input type="checkbox"/> |                          |                          |                          |
| 29                                 | HIV/AIDS INPATIENT                                       | <input type="checkbox"/> |                          |                          |                          |
| 30                                 | DELIVERY INPATIENT                                       | <input type="checkbox"/> |                          |                          |                          |
| 31                                 | RESPIRATORY (TB/PCP)<br>INPATIENT                        | <input type="checkbox"/> |                          |                          |                          |
| 32                                 | UNIT COMBINES SPECIAL<br>DIAGNOSES INCLUDING<br>HIV/AIDS | <input type="checkbox"/> |                          |                          |                          |
| 33                                 | SURGERY INPATIENT<br>(Male and Female)                   | <input type="checkbox"/> |                          |                          |                          |
| 34                                 | MALE SURGICAL  | <input type="checkbox"/> |                          |                          |                          |
| 35                                 | FEMALE SURGICAL  | <input type="checkbox"/> |                          |                          |                          |
| 36                                 | OTHER IPD _____<br>(SPECIFY)                             | <input type="checkbox"/> |                          |                          |                          |
| 37                                 | OTHER IPD _____<br>(SPECIFY)                             | <input type="checkbox"/> |                          |                          |                          |
| 38                                 | OTHER IPD _____<br>(SPECIFY)                             | <input type="checkbox"/> |                          |                          |                          |
| 39                                 | INPATIENT ONLY HMIS                                      |                          |                          |                          |                          |                          |                          |                          | <input type="checkbox"/> |                          |                          |
| 40                                 | INPATIENT ONLY LAB                                       |                          |                          |                          |                          |                          |                          |                          | <input type="checkbox"/> |                          |                          |
| 41                                 | INPATIENT ONLY PHARMACY                                  |                          |                          |                          |                          |                          |                          |                          | <input type="checkbox"/> |                          |                          |
|                                    |  |                          |                          | OPD or IPD               | TB                       | VCT                      | ART                      | PMTCT                    | HMIS                     | LAB                      | PHARM                    |
| TOTAL QREs COMPLETED               |  | <input type="checkbox"/> |
| TOTAL HEALTH WORKER INTERVIEW QREs |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |

**STAFF LISTING FORM**

INTERVIEWER CODE

STAFF LISTING CODE

FACILITY CODE

COUNTRY    DISTRICT    FACILITY

| CLINIC/<br>UNIT<br>NUMBER | PROVIDER CODE AND NAME |      | QUALIFICATION *<br>(ENTER NUMBER) | SERVICE RELATED TO HIV/AIDS |          |       |     |            |                   | LAB | TB | DELIVERY | OTHER (SPECIFY) | INTERVIEW COMPLETE |    |
|---------------------------|------------------------|------|-----------------------------------|-----------------------------|----------|-------|-----|------------|-------------------|-----|----|----------|-----------------|--------------------|----|
|                           | CODE                   | NAME |                                   | COUNSEL                     | HIV TEST | PMTCT | ART | SOC. SERV. | CLINICAL CARE HIV |     |    |          |                 | YES                | NO |
|                           |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 01                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 02                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 03                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 04                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 05                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 06                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 07                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 08                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 09                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 10                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 11                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 12                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 13                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 14                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 15                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 16                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 17                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 18                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 19                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 20                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 21                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 22                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 23                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 24                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |
| 25                        |                        |      |                                   |                             |          |       |     |            |                   |     |    |          |                 |                    |    |

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

**STAFF LISTING FORM**

INTERVIEWER CODE

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STAFF LISTING CODE

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FACILITY CODE

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COUNTRY    DISTRICT    FACILITY

| CLINIC/<br>UNIT<br>NUMBER | PROVIDER CODE<br>AND NAME   |      | QUALI-<br>FICATION<br>*<br>(ENTER<br>NUMBER) | SERVICE RELATED TO HIV/AIDS |      |       |     |           |                         | LAB | TB | DELIVERY | OTHER<br>(SPECIFY) | INTERVIEW<br>COMPLETE |    |
|---------------------------|---|------|--|-----------------------------|------|-------|-----|-----------|-------------------------|-----|----|----------|--------------------|-----------------------|----|
|                           | CIRCLE<br>PROVIDER CODE<br>FOR THOSE<br>SELECTED FOR<br>INTERVIEW | NAME |  | COUNSEL                     | TEST | PMTCT | ART | SOC. SER. | CLINICAL<br>CARE<br>HIV |     |    |          |                    | YES                   | NO |
|                           | CODE  |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 26                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 27                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 28                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 29                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 30                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 31                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 32                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 33                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 34                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 35                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 36                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 37                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 38                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 39                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 40                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 41                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 42                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 43                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 44                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 45                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 46                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 47                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 48                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 49                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |
| 50                        |   |      |  |                             |      |       |     |           |                         |     |    |          |                    |                       |    |

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

**SECTION A: OVERVIEW OF HIV/AIDS SERVICES**

|   |   |  |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
|---|---|--|--------|------|---|---------|--|---------------|--|--|--|--|------|---|--|--|-------------|--|---|--|-----|--|-------|--|------|--|
| <b>Code of facility:</b>  | <table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td align="center" colspan="2">COUNTRY</td> <td align="center" colspan="2">DISTRICT</td> </tr> </table> |  |        |      |   | COUNTRY |  | DISTRICT      |  | <table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td align="center" colspan="3">FACILITY</td> </tr> </table> |  |  |      | FACILITY  |  |  | QRE<br>TYPE | <table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px; text-align:center;">A</td> </tr> </table> | A |  |     |  |       |  |      |  |
|   |   |  |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
| COUNTRY   |   | DISTRICT   |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
|   |   |  |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
| FACILITY  |   |  |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
| A   |   |  |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
| <b>Interviewer Code:</b>  | <table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>   |  |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
|   |   |  |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
| <p>Now I will read a statement explaining this facility inventory and asking your consent to participate.</p> <p>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services and questions about general operations at this facility. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. At a later point during our visit, we will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.</p> <p>The information you provide us will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about ___ minutes of your time to ask some basic questions and to learn about the different service units in this facility. After that, I will request to speak with others in the facility. We expect to spend (<i>one day / one-half day</i>) 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 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.</p> <p>Do you have any questions for me at this time?</p> |   |  |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
| 100   | Do I have your agreement to participate?<br>Thank you. Let's begin now.   | YES ..... 1<br>NO ..... 2  | → STOP |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
| 101   | RECORD THE TIME AT<br>BEGINNING OF INTERVIEW  | <table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:10px; text-align:center;">:</td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td align="center" colspan="5">24 HOUR CLOCK</td> </tr> </table> |        |      | : |         |  | 24 HOUR CLOCK |  |  |  |  | Date | <table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> </tr> <tr> <td align="center" colspan="2">DAY</td> <td align="center" colspan="2">MONTH</td> <td align="center" colspan="2">YEAR</td> </tr> </table> |  |  |             |  |   |  | DAY |  | MONTH |  | YEAR |  |
|   |   | :  |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
| 24 HOUR CLOCK   |   |  |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
|   |   |  |        |      |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |
| DAY   |   | MONTH  |        | YEAR |   |         |  |               |  |  |  |  |      |   |  |  |             |  |   |  |     |  |       |  |      |  |

| NO. | QUESTIONS  | CODING CATEGORIES  |  | GO TO |
|-----|--|--|--|-------|
| 102 | <b>GO TO FACILITY CHECKLIST PORTION OF COVER.<br/>AFTER THE FIRST TWO COLUMNS ARE FILLED IN, CONTINUE WITH THIS QUESTIONNAIRE AT Q103</b>  |  |  |       |
| 103 | Now I have some questions about staffing for this facility. The staffing I am referring to include those who provide outpatient services, and (if applicable) inpatient services. For each qualification that I mention, please tell me how many staff of this qualification your facility is authorized to have, and then tell me how many of this qualification are actually assigned to the facility. |  |  |       |
|     | QUALIFICATION  | (a)<br>NUMBER<br>AUTHORIZED                                    | (b)<br>ACTUAL NUMBER<br>ASSIGNED TO FACILITY                   |       |
| 01  | Specialist/Consultant Physician .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 02  | Physician (on site) .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 03  | Physician (visiting) .....   | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 04  | Medical Officer/Physician .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 05  | Physician's Assistant/Medex (on site) .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 06  | Physician's Assistant/Medex (visiting) .....   | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 07  | Head Nurse or Nurse/Midwife .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 08  | Nurse/Midwife .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 09  | Nurse .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 10  | Midwife .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 11  | Family Nurse Practitioner .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 12  | Nursing Assistant .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 13  | Clinic Aide/Personal Care Assistant (PCA) .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 14  | Public Health/Community Health Nurse .....   | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 15  | Community Health Worker .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 16  | Community Health Aide .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 17  | Health Visitor .....   | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 18  | Health Educator .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 19  | Lab technician/technologist .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 20  | Lab assistant .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 21  | Social worker .....  | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |
| 22  | HIV/AIDS counselor .....   | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |       |

| NO.   | QUESTIONS  | CODING CATEGORIES  |   | GO TO    |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
|---|--|--|---|----------|--|----------|-------|--------|----------------------|-------|----------------------|-------|----------------------|---------|----------------------|-------------------|----------------------|----------------|----------------------|---------------|----------------------|-----------|----------------------|-------------|----------------------|------------------|----------------------|--|
| 23  | Other counselor .....  | <input type="text"/>   | <input type="text"/>  |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| 24  | Psychologist .....   | <input type="text"/>   | <input type="text"/>  |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| 25  | Nutritionist .....   | <input type="text"/>   | <input type="text"/>  |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| 26  | All other clinical staff (non-administrative) .....  | <input type="text"/>   | <input type="text"/>  |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| 104   | SUM THE NUMBER OF STAFF REPORTED IN COLUMN (a) AND COLUMN (b).   | <input type="text"/>   | <input type="text"/>  |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| You have told me that there are (TOTAL STAFF) clinical staff assigned to this facility. Is this correct?<br>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?<br>This might include seconded staff from other organizations or volunteers. | YES ..... 1<br>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.   |  | <table border="1"> <thead> <tr> <th colspan="2">SERVICES</th> </tr> <tr> <th>HIV/AIDS</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>DOCTOR</td> <td><input type="text"/></td> </tr> <tr> <td>MEDEX</td> <td><input type="text"/></td> </tr> <tr> <td>NURSE</td> <td><input type="text"/></td> </tr> <tr> <td>MIDWIFE</td> <td><input type="text"/></td> </tr> <tr> <td>NURSING ASSISTANT</td> <td><input type="text"/></td> </tr> <tr> <td>LAB TECHNICIAN</td> <td><input type="text"/></td> </tr> <tr> <td>LAB ASSISTANT</td> <td><input type="text"/></td> </tr> <tr> <td>COUNSELOR</td> <td><input type="text"/></td> </tr> <tr> <td>COMM WORKER</td> <td><input type="text"/></td> </tr> <tr> <td>OTHER (CLINICAL)</td> <td><input type="text"/></td> </tr> </tbody> </table> | SERVICES |  | HIV/AIDS | OTHER | DOCTOR | <input type="text"/> | MEDEX | <input type="text"/> | NURSE | <input type="text"/> | MIDWIFE | <input type="text"/> | NURSING ASSISTANT | <input type="text"/> | LAB TECHNICIAN | <input type="text"/> | LAB ASSISTANT | <input type="text"/> | COUNSELOR | <input type="text"/> | COMM WORKER | <input type="text"/> | OTHER (CLINICAL) | <input type="text"/> |  |
| SERVICES  |  |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| HIV/AIDS  | OTHER  |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| DOCTOR  | <input type="text"/>   |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| MEDEX   | <input type="text"/>   |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| NURSE   | <input type="text"/>   |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| MIDWIFE   | <input type="text"/>   |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| NURSING ASSISTANT   | <input type="text"/>   |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| LAB TECHNICIAN  | <input type="text"/>   |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| LAB ASSISTANT   | <input type="text"/>   |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| COUNSELOR   | <input type="text"/>   |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| COMM WORKER   | <input type="text"/>   |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| OTHER (CLINICAL)  | <input type="text"/>   |  |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| 107   | SUM THE NUMBER OF OTHER PEOPLE WHO WORK WITH THE FACILITY.   | TOTALS   | <input type="text"/>  |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| 108   | Is there a pharmacy or other place where medications for outpatients are stored?<br>PROBE FOR TYPE   | OPD, OR OPD & IPD ..... 1<br>IPD ONLY ..... 2<br>NO ..... 3            |   |          |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |
| 109   | Does the facility have a computer?<br>(REPORTED RESPONSE IS ACCEPTABLE)<br>IF YES, ASK: Is the computer functioning today?   | YES, FUNCTIONING ..... 1<br>YES, NOT FUNCTIONING ..... 2<br>NO ..... 3 |   | → 111    |  |          |       |        |                      |       |                      |       |                      |         |                      |                   |                      |                |                      |               |                      |           |                      |             |                      |                  |                      |  |



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

| NO.   | QUESTIONS  | CODING CATEGORIES  | GO TO                        |
|---|--|--|------------------------------|
| 130   | THE REMAINING QUESTIONS RELATE TO PEP. HAS AN INFORMED CONSENT BEEN RECEIVED FROM THE RESPONDENT FOR PEP?  | YES ..... 1<br>NO ..... 2  |                              |
| 131   | Do staff in this facility have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?  | YES, PEP IN THIS FACILITY ..... 1<br>YES, REFERRED TO OTHER FACILITY FOR PEP ..... 2<br>NO PEP AVAILABLE ..... 3   | →133<br>→139                 |
| 132   | Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment?<br><br>IF YES, ASK TO SEE ANY REGISTER/RECORD   | YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1<br>YES, RECORD SHOWS REFERRAL ONLY ..... 2<br>YES, RECORD SHOWS TREATMENT ONLY ..... 3<br>NO RECORD OR REFERRAL ..... 4  | →138<br>→138<br>→138<br>→138 |
| 133   | ASK TO GO TO WHERE PEP MEDICINES ARE STORED AND RECORD WHICH MEDICINES ARE PRESENT.  | COMBIVIR (ZDV/3TC) ..... A<br>STAVUDINE ..... B<br>LAMIVUDINE ..... C<br>INDINAVIR ..... D<br>OTHER ..... W<br>OTHER ..... X<br>NONE ..... Y   |                              |
| 134   | DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?  | YES, LOCKED, SEPARATE FROM OTHER MEDICINES ..... 1<br>YES, LOCKED, BUT NOT SEPARATE FROM OTHER MEDICINES ..... 2<br>NO, NOT LOCKED, SEPARATE FROM OTHER MEDICINES ..... 3<br>NO, NOT LOCKED, AND NOT SEPARATE FROM OTHER MEDICINES ..... 4<br>OTHER ..... 6<br>(SPECIFY) |                              |
| 135   | Is the PEP regime prescribed by a provider in this clinic/unit, that is, where the medicines are stored?   | YES ..... 1<br>NO ..... 2  | →137                         |
| 136   | Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES. (SEE GUIDELINES #4)   | YES, OBSERVED, COMPLETE ..... 1<br>YES, OBSERVED, INCOMPLETE ..... 2<br>YES, REPORTED, NOT SEEN ..... 3<br>NO ..... 4  |                              |
| 137   | Is a record maintained for staff who are referred to this facility for or prescribed PEP at this facility? IF YES, ASK TO SEE THE REGISTER/RECORD  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |                              |
| 138   | Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.  | YES, OBSERVED, COMPLETE ..... 1<br>YES, OBSERVED, INCOMPLETE ..... 2<br>YES, REPORTED, NOT SEEN ..... 3<br>NO ..... 4  |                              |
| <b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER</b>   |  |  |                              |
| 139   | RECORD THE TIME AT END OF INTERVIEW<br><br><div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div><br>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**

|                          |  |   |   |          |          |
|--------------------------|--|---|---|----------|----------|
| <b>Code of facility:</b> | <input type="text"/> <input type="text"/><br>COUNTRY | <input type="text"/> <input type="text"/><br>DISTRICT | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>FACILITY | QRE TYPE | <b>B</b> |
| <b>Interviewer Code:</b> | <input type="text"/> <input type="text"/><br>        |   |   |          |          |

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

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

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

|      |  |   |  |
|------|--|---|--|
| 200  | INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT   | CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/> |  |
|      |  | NAME OF UNIT _____  |  |
| 200a | MANAGING AUTHORITY<br>GOVERNMENT ..... 01<br>NGO ..... 02<br>PRIVATE (FOR-PROFIT) ..... 03<br>PRIVATE (NOT FOR-PROFIT) ..... 04<br>SEMIAUTONOMOUS ..... 05<br>MISSION ..... 06<br><br>OTHER _____ .... 96<br>(SPECIFY) | MANAGING AUTHORITY ..... <input type="text"/> <input type="text"/>    |  |

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

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

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

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

Do you have any questions for me at this time?

|     |   |  |  |
|-----|---|--|--|
| 201 | Do I have your agreement to participate?<br>Thank you. Let's begin now. | YES ..... 1<br>NO ..... 2  | → STOP   |
| 202 | RECORD THE TIME AT BEGINNING OF INTERVIEW                               | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/><br>24 HOUR CLOCK | DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>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.<br><br>Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b> . |  |  |
|   | THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW.<br><br>INDICATE WHETHER STAFF LIST WAS COMPLETED.  | YES ..... 1<br>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/><br>NO ..... 2  |  |
| Next, I want to understand any policies or practices for prescribing or referring clients in this clinic/unit for HIV test counseling or HIV testing. |   |  |  |
| 204   | Do providers in this clinic/unit provide counseling for HIV tests?  | YES ..... 1<br>NO ..... 2  |  |
| 205   | Do providers in this clinic/unit ever prescribe HIV tests or refer clients to other clinic/units (either in this facility or outside) for HIV tests?  | YES ..... 1<br>NO ..... 2  | → 213  |
| 206   | When an HIV test is prescribed or a client referred for an HIV test, what is the procedure for the client to receive the test?<br><br>AFTER RESPONSE IS PROVIDED PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL RESPONSES THAT APPLY.   | <b>CLINIC/UNIT IN THIS FACILITY</b><br>RAPID TEST ONSITE IN CLINIC/UNIT ... A<br>CLIENT SENT TO OTHER CLINIC/UNIT ... B<br>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/><br>BLOOD DRAWN IN THIS CLINIC/UNIT AND SENT TO LAB ..... C<br>CLIENT SENT TO LAB ..... D<br><b>CLIENT REFERRED OUTSIDE FACILITY</b><br>VCT STAND-ALONE SITE ..... E<br>PMTCT STAND-ALONE SITE ..... F<br>POLYCLINIC / HEALTH CENTRE ..... G<br>DISTRICT OR REGIONAL HOSPITAL ... H<br>OUTSIDE, AFFILIATED LABORATORY ... I<br>OUTSIDE, UNAFFILIATED LABORATORY J<br><br>OTHER _____ X<br>(SPECIFY) | → (V)CT QRE<br><br>→ (V)CT QRE<br>→ (V)CT QRE<br><br>→ (V)CT QRE |
| 207   | CHECK Q206 TO DETERMINE IF CLIENT IS EVER REFERRED OUTSIDE THE FACILITY FOR THE HIV TEST  | YES, EVER REFERRED OUTSIDE FACILITY 1<br>NO, TEST PROVIDED INSIDE FACILITY 2   | → 213  |
| 208   | Does this clinic/unit have an agreement with the referral site for HIV tests that test results will be returned to the clinic/unit, either directly or through the client?  | YES ..... 1<br>NO ..... 2  | → (V)CT QRE  |
| 209   | Is there a record of clients who are referred for HIV tests? IF YES, ASK TO SEE WHERE THE INFORMATION IS RECORDED.  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   | → 212  |
| 211   | Does the referral form have a place where the name and location of the referral site can be entered?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   | → 213<br>→ 213<br>→ 213  |

| NO. | QUESTIONS   | CODING CATEGORIES   | GO TO       |
|-----|---|---|-------------|
| 212 | <p>Do you use any method to provide client information to the referral site or to help the client receive services from the referral site?</p> <p>IF YES, ASK: What methods do you use?</p> <p>CIRCLE ALL THAT APPLY.</p> | <p>PATIENT SENT WITH MEDICAL CHART/RECORD ..... A</p> <p>CALL TO GIVE CLIENT INFORMATION ... B</p> <p>REFERRAL LETTER ..... C</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO METHOD USED ..... Y</p>   |             |
| 213 | <p>What is the normal practice for this clinic/unit if a person comes voluntarily to ask for an HIV test?</p> <p>PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE.</p>  | <p>PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS CLINIC/UNIT ... 1</p> <p>MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME .... 2</p> <p>REFER WITHOUT APPOINTMENT FOR TEST WITHIN FACILITY ..... 3</p> <p>REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT 4</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T PROVIDE SERVICE OR REFERRAL 7</p>                           |             |
| 214 | <p>Does this clinic/unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p>  | → PMTCT QRE |
| 215 | <p>CHECK Q206, Q208, AND Q214 TO SEE IF THIS CLINIC/UNIT IS ELIGIBLE FOR A (V)CT OR A PMTCT QUESTIONNAIRE.</p>  | <p>YES ELIGIBLE FOR (V)CT OR PMTCT ... 1</p> <p>NO NOT ELIGIBLE ..... 2</p>   | → 219       |
| 216 | <p>Is an individual client chart/record maintained for all suspected or confirmed HIV/AIDS clients?</p> <p>IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.</p>  | <p>YES, IN UNIT, OBSERVED ..... 1</p> <p>YES, IN UNIT, REPORTED, NOT SEEN .... 2</p> <p>YES, PROVIDED OR KEPT ELSEWHERE IN FACILITY ..... 3</p> <p>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/></p> <p>YES, IN CENTRAL RECORDS ..... 4</p> <p>ONLY IF CLIENT PROVIDES ..... 5</p> <p>OTHER _____ 6</p> <p>SPECIFY</p> <p>NO INDIVIDUAL RECORD ..... 7</p> |             |
| 217 | <p>Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this clinic/unit?</p> <p>IF YES: May I see the written policy?</p>                                     | <p>YES, OBSERVED ..... 1</p> <p>YES, REPORTED, NOT SEEN ..... 2</p> <p>NO ..... 3</p>   | → 219       |
| 218 | <p>Does the policy specify that no one, <b>including family</b>, can be informed of the HIV/AIDS status without the client's consent?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p>  |             |

| NO. | QUESTIONS   | CODING CATEGORIES   |  |   |               | GO TO          |
|-----|---|---|--|---|---------------|----------------|
| 219 | Now I would like to talk with the person most familiar with <b>clinical care services</b> that are available in this clinic/unit.<br>IF SAME RESPONDENT, MARK YES AND CONTINUE.<br>IF NEW RESPONDENT, READ TEXT ON PAGE 1.<br>DOES THE RESPONDENT AGREE TO PARTICIPATE? | YES .....   | 1  | NO .....  | 2             |                |
| 220 | For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.  | SERVICE OFFERED IN THIS FACILITY                          |  | REFER CLIENTS OUTSIDE FACILITY  | NO SERVICE    |                |
|     |   | PROVIDE SERVICE THIS CLINIC                               | REFER TO OTHER CLINIC/UNIT THIS FACILITY |   |               |                |
| 01  | Prescribe treatment for tuberculosis (TB) or provide follow-up treatment  | 1 → TB QRE  | 2  | 3   | 4             |                |
| 02  | Diagnose tuberculosis (TB)  | 1 → TB QRE  | 2  | 3   | 4             |                |
| 03  | Prescribe treatment for sexually transmitted infections (STIs)  | 1   | 2  | 3   | 4             |                |
| 04  | Prescribe treatment for malaria   | 1   | 2  | 3   | 4             |                |
| 221 | Do you have written guidelines on any of the following topics in this clinic/unit?<br>IF YES: May I see it please?  | OBSERVED, COMPLETE  | OBSERVED, INCOMPLETE                     | REPORTED, NOT SEEN  | NOT AVAILABLE |                |
| 01  | National guidelines for Universal Precautions (19)  | 1 → 03  | 2  | 3   | 4             |                |
| 02  | Other guidelines for infection control (19)   | 1   | 2  | 3   | 4             |                |
| 03  | National guidelines on management of STIs (13)  | 1 → 05  | 2  | 3   | 4             |                |
| 04  | Other guidelines for management of STIs (13)  | 1   | 2  | 3   | 4             |                |
| 05  | WHO guidelines on syndromic management of STIs (13)   | 1   | 2  | 3   | 4             |                |
| 06  | Guidelines for routinely offering HIV tests to all STI clients  | 1   |  | 3   | 4             |                |
| 07  | National guidelines for the management of malaria (14)  | 1 → 222   | 2  | 3   | 4             |                |
| 08  | Other guidelines for the management of malaria (14)   | 1   | 2  | 3   | 4             |                |
| 222 | Do you provide any clinical care for suspected or confirmed HIV/AIDS clients besides PMTCT or CT?<br><br>CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE, OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR HELP IN LIVING WITH HIV/AIDS OR FOR SOCIAL SERVICES FOR PLHA. | YES .....   | 1  | NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY ENTER CLINIC/UNIT NUMBER ..... | 2             | → 229          |
|     |   | NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY ..... | 3  | OTHER _____   | 6             | → 231<br>→ 229 |
|     |   | SPECIFY   |  |   |               |                |

| NO. | QUESTIONS   | CODING CATEGORIES                |  |                              |  |                        | GO TO |
|-----|---|----------------------------------|--|------------------------------|--|------------------------|-------|
| 223 | Now I would like to talk with the person most familiar with <b>clinical services for HIV/AIDS</b> that are offered by this clinic/unit. OBTAIN INFORMED CONSENT IF NEW RESPONDENT. HAS CONSENT BEEN OBTAINED?   | YES .....                        | 1                                      | NO .....                     | 2  |                        |       |
| 224 | For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.  | SERVICE OFFERED IN THIS FACILITY |  |                              | REFER CLIENTS OUTSIDE FACILITY                             | NO SERVICE NO REFERRAL |       |
|     |   | PROVIDE SERVICE THIS CLINIC      | REFER TO OTHER CLINIC                  | INPATIENT SERVICE ONLY       |  |                        |       |
| 01  | Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections   | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 02  | Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care   | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 03  | Nutritional rehabilitation services with client education and diet supplementation  | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 04  | Fortified protein supplementation (FPS)   | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 05  | Prescribe or provide follow-up for ARV therapy in the facility or community based   | 1<br>→ ART QRE                   | 2                                      | 3                            | 4  | 5                      |       |
| 06  | Care for pediatric HIV/AIDS patients  | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 07  | Dental Services   | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 08  | Gynecology  | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 09  | Other HIV/AIDS services _____<br>(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                  |  |                              |  | NO SERVICE NO REFERRAL |       |
|     |   | ROUTINELY                        |  | SELECTIVELY                  |  |                        |       |
|     |   | PROVIDE SERVICE THIS CLINIC      | REFERRED TO OTHER CLINIC THIS FACILITY | REFERRED TO OUTSIDE FACILITY | SERVICE SOMETIMES OFFERED (MAY BE IN THIS CLINIC OR REFER) |                        |       |
| 01  | Test or screen for tuberculosis   | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 02  | Preventive treatment for TB (Isoniazid or INH)  | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 03  | Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT) for pneumonia.  | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 04  | Micronutrient supplementation such as vitamins or iron  | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 05  | Family planning services for HIV/AIDS clients   | 1                                | 2                                      | 3                            | 4  | 5                      |       |
| 06  | Condom distribution for preventing further transmission of HIV/AIDS.  | 1                                | 2                                      | 3                            | 4  | 5                      |       |

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

| NO. | QUESTIONS   | CODING CATEGORIES  |   |                        |                  | GO TO                   |
|-----|---|--|---|------------------------|------------------|-------------------------|
| 228 | For each specialty support service I mention, please tell me if you offer it to clients either in this facility or through referral. PROBE FOR WHERE SERVICE IS OFFERED. IF THROUGH REFERRAL ASK TO SEE ANY LIST OF REFERRAL SITES. IF THERE IS NO WRITTEN LIST, ASK IF THE PROVIDER CAN NAME A SITE. | YES, SERVICE IS AVAILABLE THIS FACILITY  | YES, CLIENT REFERRED OUTSIDE AND LIST OF REFERRAL SITES AVAILABLE |                        |                  | NO SERVICE NO REFERRAL  |
|     |   |  | OBSERVED  | NOT SEEN, AND PROVIDER |                  |                         |
|     |   |  |   | CAN NAME SITE          | CANNOT NAME SITE |                         |
| 01  | Home-based care services for people living with HIV/AIDS and their families   | 1  | 2   | 3                      | 4                | 5                       |
| 02  | PLHA support group  | 1  | 2   | 3                      | 4                | 5                       |
| 03  | Emotional/spiritual support   | 1  | 2   | 3                      | 4                | 5                       |
| 04  | Support for orphans or other vulnerable children  | 1  | 2   | 3                      | 4                | 5                       |
| 05  | Social support, such as food, material, income generating projects and fee exemption for PLHA and their families  | 1  | 2   | 3                      | 4                | 5                       |
| 06  | Legal services  | 1  | 2   | 3                      | 4                | 5                       |
| 07  | Education on HIV care for patients and their families   | 1  | 2   | 3                      | 4                | 5                       |
| 08  | Traditional medicines (e.g. bushtea)  | 1  | 2   | 3                      | 4                | 5                       |
| 09  | Other HIV/AIDS services _____ (SPECIFY)   | 1  | 2   | 3                      | 4                | 5                       |
| 229 | When you refer the client to another clinic/unit <b>within the facility</b> for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3<br>NO REFERRALS WITHIN FACILITY ..... 4   |   |                        |                  | → 231<br>→ 231<br>→ 231 |
| 230 | Do you use any method to provide client information to the referral site or to help the client receive services from the referral site?<br><br>IF YES, ASK: What method do you use?<br><br>CIRCLE ALL THAT APPLY.   | PATIENT SENT WITH MEDICAL CHART/RECORD ..... A<br>CALL TO GIVE CLIENT INFORMATION ... B<br>REFERRAL LETTER ..... C<br>OTHER _____ X<br>(SPECIFY)<br>NO METHOD USED ..... Y |   |                        |                  |                         |
| 231 | Is there a register or record of clients you refer for any type of HIV/AIDS-related services? IF YES, ASK TO SEE IT.  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |   |                        |                  |                         |
| 232 | When you refer the client <b>to another facility</b> for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3<br>NO REFERRALS TO OTHER FACILITY ..... 4   |   |                        |                  | → 234<br>→ 235          |
| 233 | Does the referral form have a place where the name of the referral site can be entered?   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |   |                        |                  | → 235<br>→ 235<br>→ 235 |
| 234 | Do you use any method to provide client information to the referral site or to help the client receive services from the referral site?<br><br>IF YES, ASK: What method do you use?<br><br>CIRCLE ALL THAT APPLY.   | PATIENT SENT WITH MEDICAL CHART/RECORD ..... A<br>CALL TO GIVE CLIENT INFORMATION ... B<br>REFERRAL LETTER ..... C<br>OTHER _____ X<br>(SPECIFY)<br>NO METHOD USED ..... Y |   |                        |                  |                         |
| 235 | Do you have a system for making individual client appointments for HIV/AIDS clients? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |   |                        |                  |                         |

| NO.  | QUESTIONS  | CODING CATEGORIES   | GO TO  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
|--|--|---|--|-------|----|---------------|-------|----|------------------|-------|----|----------------------------|-------|----|-----------------------|-------|----|-------------------------------------|-------|----|-----------|-------|----|-------------------|-------|----|------------------------------|-------|----|------------------|-------|----|------------------|-------|----|--|-------|--|------------------|--|--|-------|----------------------|----------------------|-------|----------------------|----------------------|-------|----------------------|----------------------|-------|----------------------|----------------------|-------|----------------------|----------------------|-------|----------------------|----------------------|-------|----------------------|----------------------|-------|----------------------|----------------------|-------|----------------------|----------------------|-------|----------------------|----------------------|-------|----------------------|----------------------|--|
| 236  | CHECK Q224 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.  | YES ..... 1<br>NO ..... 2   | → 246  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 237  | When a client receives services in this clinic/unit, where is the diagnosis recorded?<br><br>PROBE FOR ALL APPLICABLE AND CIRCLE ALL THAT APPLY.<br><br>ASK TO SEE ANY RECORDS THAT ARE PRESENT IN THE CLINIC/UNIT   | <b>ONLY</b> INDIVIDUAL CLIENT CHART/RECORD UNIT REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, KEPT IN UNIT ..... A<br>SPECIFIC REGISTER FOR HIV/AIDS CLIENTS KEPT IN UNIT ..... B<br>INDIVIDUAL CLIENT CHART/RECORD REGISTER IN COMPUTER ..... C<br>REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS, IN CENTRAL RECORDS ..... D<br>SPECIFIC REGISTER FOR HIV/AIDS CLIENTS IN CENTRAL RECORDS ..... E<br>OTHER ..... F<br>..... G<br>..... X<br>(SPECIFY)<br>NO RECORD MAINTAINED ..... Y | → 242<br><br><br><br><br><br><br><br><br><br>→ 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<br>MORE THAN 30 DAYS AGO ..... 2<br>NO DATE RECORDED ..... 3<br>REGISTER NOT SEEN ..... 4   | → 242  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| FOR EACH DIAGNOSIS LISTED, COUNT THE NUMBER OF CLIENT VISITS DURING THE PREVIOUS 12 MONTHS OR 1000 ENTRIES, WHICHEVER IS LESS. |  |   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 239  | <table border="0"> <tr> <td>01</td> <td>ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH)</td> <td>.....</td> </tr> <tr> <td>02</td> <td>TOXOPLASMOSIS</td> <td>.....</td> </tr> <tr> <td>03</td> <td>KAPOSI'S SARCOMA</td> <td>.....</td> </tr> <tr> <td>04</td> <td>AIDS-RELATED COMPLEX (ARC)</td> <td>.....</td> </tr> <tr> <td>05</td> <td>HERPES ZOSTER/SIMPLEX</td> <td>.....</td> </tr> <tr> <td>06</td> <td>PCP (PNEUMOCYSTIS CARNII PNEUMONIA)</td> <td>.....</td> </tr> <tr> <td>07</td> <td>PNEUMONIA</td> <td>.....</td> </tr> <tr> <td>08</td> <td>TB (TUBERCULOSIS)</td> <td>.....</td> </tr> <tr> <td>09</td> <td>IMMUNOSUPPRESSION / HIV/AIDS</td> <td>.....</td> </tr> <tr> <td>10</td> <td>WASTING SYNDROME</td> <td>.....</td> </tr> <tr> <td>11</td> <td>CHRONIC DIARRHEA</td> <td>.....</td> </tr> <tr> <td>12</td> <td>OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____</td> <td>.....</td> </tr> </table> | 01  | ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH)               | ..... | 02 | TOXOPLASMOSIS | ..... | 03 | KAPOSI'S SARCOMA | ..... | 04 | AIDS-RELATED COMPLEX (ARC) | ..... | 05 | HERPES ZOSTER/SIMPLEX | ..... | 06 | PCP (PNEUMOCYSTIS CARNII PNEUMONIA) | ..... | 07 | PNEUMONIA | ..... | 08 | TB (TUBERCULOSIS) | ..... | 09 | IMMUNOSUPPRESSION / HIV/AIDS | ..... | 10 | WASTING SYNDROME | ..... | 11 | CHRONIC DIARRHEA | ..... | 12 | OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____ | ..... | <table border="0"> <tr> <td colspan="3">NUMBER OF VISITS</td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | NUMBER OF VISITS |  |  | ..... | <input type="text"/> | <input type="text"/> |  |
| 01   | ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH)   | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 02   | TOXOPLASMOSIS  | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 03   | KAPOSI'S SARCOMA   | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 04   | AIDS-RELATED COMPLEX (ARC)   | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 05   | HERPES ZOSTER/SIMPLEX  | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 06   | PCP (PNEUMOCYSTIS CARNII PNEUMONIA)  | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 07   | PNEUMONIA  | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 08   | TB (TUBERCULOSIS)  | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 09   | IMMUNOSUPPRESSION / HIV/AIDS   | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 10   | WASTING SYNDROME   | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 11   | CHRONIC DIARRHEA   | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 12   | OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____   | .....   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| NUMBER OF VISITS   |  |   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| .....  | <input type="text"/>   | <input type="text"/>  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| .....  | <input type="text"/>   | <input type="text"/>  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| .....  | <input type="text"/>   | <input type="text"/>  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| .....  | <input type="text"/>   | <input type="text"/>  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| .....  | <input type="text"/>   | <input type="text"/>  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| .....  | <input type="text"/>   | <input type="text"/>  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| .....  | <input type="text"/>   | <input type="text"/>  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| .....  | <input type="text"/>   | <input type="text"/>  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| .....  | <input type="text"/>   | <input type="text"/>  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| .....  | <input type="text"/>   | <input type="text"/>  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| .....  | <input type="text"/>   | <input type="text"/>  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 240  | RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION   | NUMBER OF FULL MONTHS OF DATA ..... <input type="text"/> <input type="text"/><br>ENTER '97' IF UNABLE TO DETERMINE  |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |
| 241  | RECORD THE TOTAL NUMBER OF VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED, FOR ANY TYPE OF DIAGNOSIS   | TOTAL NUMBER OF VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |  |       |    |               |       |    |                  |       |    |                            |       |    |                       |       |    |                                     |       |    |           |       |    |                   |       |    |                              |       |    |                  |       |    |                  |       |    |  |       |  |                  |  |  |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |       |                      |                      |  |

| NO. | QUESTIONS   | CODING CATEGORIES   | GO TO                              |
|-----|---|---|------------------------------------|
| 242 | Are reports regularly compiled on the number of visits by clients who seek treatment from this clinic/unit for HIV/AIDS related illnesses?  | YES, FOR ALL VISITS ..... 1<br>YES, FOR CONFIRMED HIV/AIDS ONLY . 2<br>NO ..... 3   | → 246                              |
| 243 | How frequently are the compiled reports submitted to someone outside of this clinic/unit?   | MONTHLY OR MORE OFTEN ..... 1<br>EVERY 2-3 MONTHS ..... 2<br>EVERY 4-6 MONTHS ..... 3<br>LESS OFTEN THAN<br>EVERY 6 MONTHS ..... 4<br>NEVER ..... 5   | → 245                              |
| 244 | To whom are the reports sent?<br><br>CIRCLE ALL THAT APPLY.   | RECORDS OFFICER ..... A<br>FACILITY DIRECTOR ..... B<br>DISTRICT LEVEL ..... C<br>MOH (CMO, SURVEILLANCE, SMO, ETC.) D<br>NATIONAL AIDS PROGRAM ..... E<br>OTHER _____ X<br>(SPECIFY)   |                                    |
| 245 | Do you use a standardized form for your reports?  | YES ..... 1<br>NO ..... 2   |                                    |
| 246 | Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/facility or are staff referred elsewhere for the PEP?                 | YES, PEP IN THIS CLINIC/UNIT ..... 1<br>YES, PEP PROVIDED ELSEWHERE IN<br>FACILITY ..... 2<br>ENTER CLINIC/UNIT <input type="text"/> <input type="text"/><br>NUMBER<br>YES, REFERRED TO OTHER FACILITY<br>FOR PEP ..... 3<br>NO PEP AVAILABLE ..... 4 | → 248<br><br><br><br><br><br>→ 253 |
| 247 | Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD                           | YES, RECORD SHOWS REFERRED<br>AND RECEIVED PEP ..... 1<br>RECORD SHOWS REFERRAL ONLY . 2<br>NO RECORD OF REFERRAL ..... 3   | → 252<br>→ 252<br>→ 252            |
| 248 | HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?  | YES ..... 1<br>NO ..... 2   | → 253                              |
| 249 | Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?  | YES ..... 1<br>NO ..... 2   | → 253                              |
| 250 | Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)   | YES, OBSERVED, COMPLETE ..... 1<br>YES, OBSERVED, INCOMPLETE ..... 2<br>YES, REPORTED, NOT SEEN ..... 3<br>NO ..... 4   |                                    |
| 251 | Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  |                                    |
| 252 | Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED. | YES, OBSERVED, COMPLETE ..... 1<br>YES, OBSERVED, INCOMPLETE ..... 2<br>YES, REPORTED, NOT SEEN ..... 3<br>NO ..... 4   |                                    |
| 253 | Does this clinic/unit ever keep patients overnight for observation or treatment?<br><br>PROBE FOR CORRECT RESPONSE.   | YES, BUT THERE ARE NO<br>FORMAL INPATIENT SERVICES ... 1<br>YES, ADMITTED AS INPATIENT<br>TO THIS CLINIC/UNIT ..... 2<br>NO, ADMITTED AS INPATIENT TO OTHER<br>CLINIC/UNIT, THIS FACILITY ..... 3<br>NO OVERNIGHT CARE ..... 4                        | → 257<br><br>→ 257<br>→ 257        |

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

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



| NO.  | QUESTIONS  | CODING CATEGORIES                |                    |               |            | GO TO                                   |                         |                    |            |       |
|--|--|----------------------------------|--------------------|---------------|------------|---|-------------------------|--------------------|------------|-------|
| <b>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)</b> |  |                                  |                    |               |            |   |                         |                    |            |       |
| 266  | ITEM   | <b>a) IS THE ITEM AVAILABLE?</b> |                    |               |            | <b>b) IS THE ITEM IN WORKING ORDER?</b> |                         |                    |            |       |
|  |  | OBSERVED                         | REPORTED, NOT SEEN | NOT AVAILABLE | DON'T KNOW | YES                                     | NO                      | DON'T KNOW         |            |       |
| 01   | AUTOCLAVE pressure; wet heat (electric)  | 1 → 01b                          | 2 → 01b            | 3<br>02       | 8<br>02    | 1                                       | 2                       | 8                  |            |       |
| 02   | AUTOCLAVE pressure; wet heat (non-electric)  | 1 → 02b                          | 2 → 02b            | 3<br>03       | 8<br>03    | 1                                       | 2                       | 8                  |            |       |
| 03   | DRY HEAT STERILIZER  | 1 → 03b                          | 2 → 03b            | 3<br>04       | 8<br>04    | 1                                       | 2                       | 8                  |            |       |
| 04   | POT W/COVER (FOR STEAM OR BOILING)   | 1                                | 2                  | 3             | 8          |   |                         |                    |            |       |
| 05   | HEAT SOURCE (STOVE/COOKER)   | 1 → 05b                          | 2 → 05b            | 3<br>06       | 8<br>06    | 1                                       | 2                       | 8                  |            |       |
| 06   | AUTOMATIC TIMER  | 1 → 06b                          | 2 → 06b            | 3<br>07       | 8<br>07    | 1                                       | 2                       | 8                  |            |       |
| 07   | TST INDICATOR STRIPS (TAPE INDICATING STERILIZATION)   | 1                                | 2                  | 3             | 8          |   |                         |                    |            |       |
| 08   | WRITTEN GUIDELINES FOR PROCESSING  | 1                                | 2                  | 3             | 8          |   |                         |                    |            |       |
| 267  | ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS OBSERVED OR REPORTED AS A PRACTICE. |                                  |                    |               |            | OBSERVED                                | REPORTED, NOT SEEN      | NO/ NOT APPLICABLE | DON'T KNOW |       |
| 01   | Wrapped in sterile cloth, sealed with TST tape   |                                  |                    |               |            | 1                                       | 2                       | 3                  | 8          |       |
| 02   | Stored in sterile container with lid that clasps shut  |                                  |                    |               |            | 1                                       | 2                       | 3                  | 8          |       |
| 03   | Stored unwrapped inside an autoclave or dry-heat sterilizer  |                                  |                    |               |            | 1                                       | 2                       | 3                  | 8          |       |
| 04   | On tray, covered with cloth or wrapped without TST sealing tape  |                                  |                    |               |            | 1                                       | 2                       | 3                  | 8          |       |
| 05   | In container with disinfectant or antiseptic   |                                  |                    |               |            | 1                                       | 2                       | 3                  | 8          |       |
| 06   | Other _____ (SPECIFY)  |                                  |                    |               |            | 1                                       | 2                       | 3                  | 8          |       |
| 268  | Date of sterilization written on packet or container with processed items  |                                  |                    |               |            | 1                                       | 2                       | 3                  | 8          |       |
| 269  | Storage location dry and clean   |                                  |                    |               |            | 1                                       | 2                       | 3                  | 8          |       |
| 270  | FILTER: INDICATE IF THE WASTE DISPOSAL SITE FOR OUTPATIENT SERVICES HAS ALREADY BEEN ASSESSED.   |                                  |                    |               |            | YES ALREADY ASSESSED                    | NOT PREVIOUSLY ASSESSED | 1                  | 2          | → 277 |



**SECTION C: HIV/AIDS INPATIENT CARE**

|   |   |  |   |   |
|---|---|--|---|---|
| <b>Code of facility:</b>  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>COUNTRY DISTRICT FACILITY  | <b>QRE TYPE</b>  | <input checked="" type="checkbox"/>       |   |
| <b>Interviewer Code:</b>  | <input type="text"/> <input type="text"/>   |  |   |   |
| <p><b>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.</b></p> <p><b>CRITERIA FOR ELIGIBILITY:</b> THE FACILITY CARES FOR ANY ADMITTED PATIENTS WITH CONFIRMED OR SUSPECTED HIV/AIDS, REGARDLESS OF REASON FOR ADMISSION; <b>OR</b> PROVIDERS SOMETIMES PRESCRIBE HIV/AIDS TESTS FOR INPATIENTS <b>OR</b> 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.</p>   |   |  |   |   |
| 300   | INDICATE WHICH INPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT   | CLINIC/UNIT CODE FROM COVER  | <input type="text"/> <input type="text"/> |   |
|   |   | NAME OF UNIT _____   |   |   |
| 300a  | MANAGING AUTHORITY<br>GOVERNMENT ..... 01<br>NGO ..... 02<br>PRIVATE (FOR-PROFIT) ..... 03<br>PRIVATE (NOT FOR-PROFIT) ... 04<br>SEMIAUTONOMOUS ..... 05<br>MISSION ..... 06<br><br>OTHER _____ ... 96<br>(SPECIFY) | MANAGING AUTHORITY   | <input type="text"/> <input type="text"/> |   |
| <p>Now I will read a statement explaining this facility inventory and asking your consent to participate.</p> <p>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services and questions about general operations at this facility. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.</p> <p>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.</p> <p>Do you have any questions for me at this time?</p> |   |  |   |   |
| 301   | Do I have your agreement to participate?<br>Thank you. Let's begin now.   | YES ..... 1<br>NO ..... 2  |   | <b>→ STOP</b>   |
| 302   | RECORD THE TIME AT BEGINNING OF INTERVIEW   | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/><br>24 HOUR CLOCK | DATE                                      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DAY MONTH YEAR |

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

| NO. | QUESTIONS  | CODING CATEGORIES                     |  |  |                  | GO TO                  |
|-----|--|---------------------------------------|--|--|------------------|------------------------|
| 312 | The next set of questions is regarding <b>clinical services</b> available in this clinic/unit. Are you able to answer these questions? IF NO, FIND MOST APPROPRIATE RESPONDENT AND READ CONSENT STATEMENT ON PAGE 1. DOES THE RESPONDENT AGREE TO PARTICIPATE?   | YES .....                             | 1  | NO .....   | 2                |                        |
| 313 | For each service I mention, please tell me whether it is provided here in this clinic/unit or if clients are referred elsewhere.   | SERVICE OFFERED                       |  | CLIENT REFERRED ON DISCHARGE                                     |                  | NO SERVICE NO REFERRAL |
|     |  | PROVIDERS FROM THIS UNIT              | PROVIDER FROM OTHER UNIT PROVIDE SERVICE | CLINIC/UNIT IN THIS FACILITY                                     | OUTSIDE FACILITY |                        |
| 01  | Prescribe treatment for tuberculosis (TB) or provide follow-up treatment   | 1→ TB QRE                             | 2  | 3  | 4                | 5                      |
| 02  | Diagnose tuberculosis (TB)   | 1→ TB QRE                             | 2  | 3  | 4                | 5                      |
| 03  | Prescribe treatment for sexually transmitted infections (STIs)   | 1                                     | 2  | 3  | 4                | 5                      |
| 04  | Prescribe treatment for malaria  | 1                                     | 2  | 3  | 4                | 5                      |
| 314 | Do you have written guidelines on any of the following topics in this clinic/unit? IF YES: May I see the guideline please?   | OBSERVED, COMPLETE                    | OBSERVED INCOMPLETE                      | REPORTED AVAILABLE, NOT SEEN                                     | NOT AVAILABLE    |                        |
| 01  | National guidelines for Universal Precautions (19)   | 1→ 03                                 | 2  | 3  | 4                |                        |
| 02  | Other guidelines for infection control (19)  | 1                                     | 2  | 3  | 4                |                        |
| 03  | National guidelines on management of STIs (13)   | 1→ 05                                 | 2  | 3  | 4                |                        |
| 04  | Other guidelines for management of STIs (13)   | 1                                     | 2  | 3  | 4                |                        |
| 05  | WHO Syndromic approach to diagnosing STI (13)  | 1                                     | 2  | 3  | 4                |                        |
| 06  | Guidelines for routinely offering HIV tests to all STI clients   | 1                                     |  | 3  | 4                |                        |
| 07  | National guidelines for the management of malaria (14)   | 1→ 315                                | 2  | 3  | 4                |                        |
| 08  | Other guidelines for the management of malaria (14)  | 1                                     | 2  | 3  | 4                |                        |
| 315 | Does this clinic/unit provide any clinical care or support services for suspected or confirmed HIV/AIDS clients besides PMTCT or CT?<br><br>CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE, OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR HELP IN LIVING WITH HIV/AIDS OR FOR SOCIAL SERVICES FOR PLHA. | YES .....                             | 1  | NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY ..... | 2                | → 323                  |
|     |  | ENTER CLINIC/UNIT NUMBER .....        | <input type="text"/>                     | NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY .....        | 3                | → 326                  |
|     |  | OTHER _____                           | 6  | (SPECIFY)  |                  | → 323                  |
| 316 | Where are inpatients diagnosed or suspected having HIV kept in relation to other patients?<br><br>CIRCLE ALL THAT APPLY.   | MIXED (HIV/AIDS AND OTHER) .....      | A  | CLUSTERED (HIV/AIDS IN SEPARATE PART OF ROOM WITH OTHERS) .....  | B                |                        |
|     |  | SEPARATE UNIT/ROOM FOR HIV/AIDS ..... | C  |  |                  |                        |

| NO. | QUESTIONS   | CODING CATEGORIES                        |  |                              |   | GO TO                   |   |
|-----|---|--|--|------------------------------|---|-------------------------|---|
| 317 | The next set of questions is regarding <b>clinical services for HIV/AIDS</b> available in this clinic/unit. Are you able to answer these questions? IF NO, FIND MOST APPROPRIATE RESPONDENT AND READ CONSENT STATEMENT ON PAGE 1. DOES THE RESPONDENT AGREE TO PARTICIPATE?   | YES ..... 1<br>NO ..... 2                |  |                              |   |                         |   |
| 318 | For each service I will mention, please tell me whether it is provided here or if clients are referred elsewhere.   | SERVICE OFFERED                          |  | CLIENT REFERRED ON DISCHARGE |   | NO SERVICE, NO REFERRAL |   |
|     |   | PROVIDERS FROM THIS UNIT                 | PROVIDER FROM OTHER UNIT PROVIDES SERVICE                | CLINIC/UNIT IN THIS FACILITY | OUTSIDE FACILITY  |                         |   |
| 01  | Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections   | 1  | 2  | 3                            | 4   | 5                       |   |
| 02  | Systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis  | 1  | 2  | 3                            | 4   | 5                       |   |
| 03  | Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care   | 1  | 2  | 3                            | 4   | 5                       |   |
| 04  | Nutritional rehabilitation services with client education and diet supplementation  | 1  | 2  | 3                            | 4   | 5                       |   |
| 05  | Fortified protein supplementation (FPS)   | 1  | 2  | 3                            | 4   | 5                       |   |
| 06  | Prescribe Antiretroviral Therapy (ART)  | 1 →<br>ART QRE                           | 2  | 3                            | 4   | 5                       |   |
| 07  | Care for pediatric HIV/AIDS patients  | 1  | 2  | 3                            | 4   | 5                       |   |
| 08  | Dental Care   | 1  | 2  | 3                            | 4   | 5                       |   |
| 09  | Gynecology  | 1  | 2  | 3                            | 4   | 5                       |   |
| 10  | Other HIV/AIDS services<br>(SPECIFY)  | 1  | 2  | 3                            | 4   | 5                       |   |
| 319 | Next I want to ask about specific services that are offered to HIV/AIDS clients who are seen in this unit.<br><br>For each preventive service I mention, please tell me whether you routinely offer it to your clients.<br><br>PROBE FOR WHETHER SERVICE IS OFFERED IN THIS CLINIC/UNIT OR THROUGH REFERRAL WITHIN OR OUTSIDE THIS FACILITY | SERVICE OFFERED                          |  |                              |   | NO SERVICE, NO REFERRAL |   |
|     |   | ROUTINELY                                |  | SELECTIVELY                  |   |                         |   |
|     |   | TO INPATIENTS                            |  | CLIENT REFERRED ON DISCHARGE | SERVICE SOMETIMES OFFERED (MAY BE BY THIS FACILITY OR OTHER FACILITY) |                         |   |
|     |   | INPATIENT UNIT BY PROVIDERS IN THIS UNIT | ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT | THIS FACILITY                |   | OTHER FACILITY          |   |
| 01  | Test or screen for tuberculosis (TB)  | 1  | 2  | 3                            | 4   | 5                       | 6 |
| 02  | Preventive treatment for TB (INH)   | 1  | 2  | 3                            | 4   | 5                       | 6 |
| 03  | Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT) for pneumonia   | 1  | 2  | 3                            | 4   | 5                       | 6 |
| 04  | Micronutrient supplementation such as vitamins or iron  | 1  | 2  | 3                            | 4   | 5                       | 6 |
| 05  | Family planning services for HIV/AIDS clients   | 1  | 2  | 3                            | 4   | 5                       | 6 |
| 06  | Condom distribution for preventing further transmission of HIV/AIDS   | 1  | 2  | 3                            | 4   | 5                       | 6 |



| NO. | QUESTIONS  | CODING CATEGORIES  |  |                  | GO TO                   |   |
|-----|--|--|--|------------------|-------------------------|---|
| 322 | For each support or educational service I mention, please tell me if you offer it to clients either in this clinic or through referral? PROBE FOR WHERE SERVICE IS OFFERED. IF THROUGH REFERRAL ASK TO SEE ANY LIST OF REFERRAL SITES. IF THERE IS NO WRITTEN LIST, ASK IF THE PROVIDER CAN NAME A SITE. | YES,<br>SERVICE IS<br>AVAILABLE IN<br>THIS FACILITY  | YES, CLIENT REFERRED OUTSIDE FROM A LIST OF REFERRAL SITES |                  | SERVICE NEVER OFFERED   |   |
|     |  | OBSERVED   | NOT SEEN, AND PROVIDER                                     |                  |                         |   |
|     |  |  | CAN NAME SITE  | CANNOT NAME SITE |                         |   |
| 01  | Home-based care services for people living with HIV/AIDS and their families  | 1  | 2  | 3                | 4                       | 5 |
| 02  | PLHA support group   | 1  | 2  | 3                | 4                       | 5 |
| 03  | Emotional/spiritual support  | 1  | 2  | 3                | 4                       | 5 |
| 04  | Support for orphans or other vulnerable children   | 1  | 2  | 3                | 4                       | 5 |
| 05  | Social support such as food, material, income generating projects and fee exemption, for PLHA and their families   | 1  | 2  | 3                | 4                       | 5 |
| 06  | Legal services   | 1  | 2  | 3                | 4                       | 5 |
| 07  | Education on HIV care for patients and their families  | 1  | 2  | 3                | 4                       | 5 |
| 08  | Traditional sources  | 1  | 2  | 3                | 4                       | 5 |
| 09  | Other HIV/AIDS services _____<br>(SPECIFY)   | 1  | 2  | 3                | 4                       | 5 |
| 323 | When you refer the client to another clinic/unit <b>within the facility</b> , for services, do you use a referral form?<br>IF YES, ASK TO SEE THE REFERRAL FORM  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3<br>NO REFERRAL WITHIN FACILITY ..... 4  |  |                  | → 325<br>→ 325<br>→ 326 |   |
| 324 | Do you use any method to provide client information to the referral site or to help the client receive services from the referral site?<br><br>IF YES, ASK: What methods do you use?<br><br>CIRCLE ALL THAT APPLY  | PATIENT SENT WITH MEDICAL<br>CHART/RECORD ..... A<br>CALL TO GIVE CLIENT INFORMATION .. B<br>REFERRAL LETTER ..... C<br>OTHER _____ X<br>(SPECIFY)<br>NO METHOD USED ..... Y |  |                  |                         |   |
| 325 | Is there a register or record where it is noted when a client is referred to another clinic/unit <b>within the facility</b> for a service<br>IF YES, ASK TO SEE THE REGISTER/RECORD.   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |  |                  |                         |   |
| 326 | When you refer the client <b>to another facility</b> for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3<br>NO REFERRALS TO OTHER FACILITY ..... 4   |  |                  | → 328<br>→ 329          |   |
| 327 | Does the referral form have a place where the name of the referral site can be entered?  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |  |                  | → 329<br>→ 329<br>→ 329 |   |
| 328 | Do you use any method to provide client information to the referral site or to help the client receive services from the referral site?<br><br>IF YES, ASK: What method do you use?<br><br>CIRCLE ALL THAT APPLY   | PATIENT SENT WITH MEDICAL<br>CHART/RECORD ..... A<br>CALL TO GIVE CLIENT INFORMATION .. B<br>REFERRAL LETTER ..... C<br>OTHER _____ X<br>(SPECIFY)<br>NO METHOD USED ..... Y |  |                  |                         |   |
| 329 | Do you have a system for making individual client appointments for follow-up after discharge?<br>IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |  |                  |                         |   |



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

| NO.  | QUESTIONS   | CODING CATEGORIES   | GO TO |
|--|---|---|-------|
| 345  | Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?  | YES . . . . . 1<br>NO . . . . . 2   | → 349 |
| 346  | Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)   | YES, OBSERVED, COMPLETE . . . . . 1<br>YES, OBSERVED, INCOMPLETE . . . . . 2<br>YES, REPORTED, NOT SEEN . . . . . 3<br>NO . . . . . 4             |       |
| 347  | Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit?<br>IF YES, ASK TO SEE THE RECORD   | YES, OBSERVED . . . . . 1<br>YES, REPORTED, NOT SEEN . . . . . 2<br>NO . . . . . 3  |       |
| 348  | Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED. | YES, OBSERVED . . . . . 1<br>YES, REPORTED, NOT SEEN . . . . . 2<br>NO . . . . . 3  |       |
| 349  | Is there a toilet that patients from this unit can use?<br>IF YES, ASK TO SEE THE TOILET AND INDICATE THE CONDITION   | YES, FUNCTIONING, CLEAN . . . . . 1<br>YES, FUNCTIONING, NOT CLEAN . . . . . 2<br>YES, NOT FUNCTIONING. . . . . 3<br>NO CLIENT TOILET . . . . . 4 |       |
| ASK TO SEE WHERE PROCEDURES AND EXAMINATIONS FOR INPATIENTS ARE CONDUCTED, IF THIS IS SEPARATE FROM PATIENT UNITS. IF THERE IS MORE THAN ONE ROOM IN A PATIENT UNIT, RANDOMLY SELECT ONE ROOM IN THAT UNIT AND INDICATE THE ROOM'S CONDITIONS. |   |   |       |
| 350  | INDICATE WHICH PATIENT ROOM THE FOLLOWING DATA IS FROM  | INPATIENT UNIT . . . . . 1<br>EXAM/PROCEDURE ROOM . . . . . 2<br>OTHER _____ 6<br>(SPECIFY TYPE)  |       |
| 351  | INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA  | OBSERVED      REPORTED, NOT SEEN      NOT AVAILABLE   |       |
| 01   | PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)  | 1 → 04      2      3  |       |
| 02   | AUDITORY PRIVACY  | 1      2      3   |       |
| 03   | VISUAL PRIVACY  | 1      2      3   |       |
| 04   | RUNNING WATER   | 1 → 06      2      3  |       |
| 05   | WATER IN BUCKET OR BASIN (WITHOUT TAP)  | 1      2      3   |       |
| 06   | SOAP  | 1      2      3   |       |
| 07   | SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER  | 1      2      3   |       |
| 08   | SHARPS CONTAINER  | 1      2      3   |       |
| 09   | DISPOSABLE LATEX GLOVES   | 1 → 11      2      3  |       |
| 10   | DISPOSABLE NON-LATEX GLOVES   | 1      2      3   |       |
| 11   | CHLORINE BASED DECONTAMINATION SOLUTION   | 1      2      3   |       |
| 12   | CONDOMS   | 1      2      3   |       |
| 13   | SPINAL TAP KIT (LUMBAR PUNCTURE)  | 1      2      3   |       |
| 14   | RAPID TEST FOR HIV  | 1      2      3   |       |
| 15   | DISPOSABLE NEEDLES  | 1      2      3   |       |
| 16   | DISPOSABLE SYRINGES   | 1      2      3   |       |
| 17   | EXAMINATION TABLE   | 1      2      3   |       |
| 18   | MASKS   | 1      2      3   |       |
| 19   | GOGGLES / GLASSES   | 1      2      3   |       |







| NO.   | QUESTIONS  | CODING CATEGORIES                                    |                    |               |            | GO TO                            |               |            |   |
|---|--|--|--------------------|---------------|------------|----------------------------------|---------------|------------|---|
| 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   | AUTOCCLAVE pressure; wet heat (electric)             | 1 → 01b            | 2 → 01b       | 3<br>02 ↙  | 8<br>02 ↙                        | 1             | 2          | 8 |
|   | 02   | AUTOCCLAVE pressure; wet heat (non-electric)         | 1 → 02b            | 2 → 02b       | 3<br>03 ↙  | 8<br>03 ↙                        | 1             | 2          | 8 |
|   | 03   | DRY HEAT STERILIZER                                  | 1 → 03b            | 2 → 03b       | 3<br>04 ↙  | 8<br>04 ↙                        | 1             | 2          | 8 |
|   | 04   | POT W/COVER (FOR STEAM OR BOILING)                   | 1                  | 2             | 3          | 8                                |               |            |   |
|   | 05   | HEAT SOURCE (STOVE/COOKER)                           | 1 → 05b            | 2 → 05b       | 3<br>06 ↙  | 8<br>06 ↙                        |               |            |   |
|   | 06   | AUTOMATIC TIMER                                      | 1 → 06b            | 2 → 06b       | 3<br>07 ↙  | 8<br>07 ↙                        | 1             | 2          | 8 |
|   | 07   | TST INDICATOR STRIPS (TAPE INDICATING STERILIZATION) | 1                  | 2             | 3          | 8                                |               |            |   |
| 08  | WRITTEN GUIDELINES FOR PROCESSING  | 1  | 2                  | 3             | 8          |                                  |               |            |   |
| 363   | ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AND INDICATE WHICH OF THE BELOW WAS OBSERVED, OR REPORTED, AS A PRACTICE | OBSERVED   |                    |               |            | REPORTED, NOT SEEN               | NOT AVAILABLE | DON'T KNOW |   |
| 01  | Wrapped in sterile cloth, sealed with TST tape   | 1  | 2                  | 3             | 8          |                                  |               |            |   |
| 02  | Stored in sterile container with lid that clasps shut  | 1  | 2                  | 3             | 8          |                                  |               |            |   |
| 03  | Stored unwrapped inside an autoclave or dry-heat sterilizer  | 1  | 2                  | 3             | 8          |                                  |               |            |   |
| 04  | On tray, covered with cloth or wrapped without TST sealing tape  | 1  | 2                  | 3             | 8          |                                  |               |            |   |
| 05  | In container with disinfectant or antiseptic   | 1  | 2                  | 3             | 8          |                                  |               |            |   |
| 06  | Other _____ (SPECIFY)  | 1  | 2                  | 3             | 8          |                                  |               |            |   |
| 364   | Date of sterilization written on packet or container with processed items  | 1  | 2                  | 3             | 8          |                                  |               |            |   |
| 365   | Storage location dry and clean   | 1  | 2                  | 3             | 8          |                                  |               |            |   |
| 366   | INDICATE IF THE WASTE DISPOSAL SITE FOR INPATIENT SERVICES HAS ALREADY BEEN ASSESSED.                                | YES, SAME SITE FOR OUT AND INPATIENT .....           |                    |               |            | 1                                | → 373         |            |   |
|   |  | YES INPATIENT SITE ASSESSED .....                    |                    |               |            | 2                                | → 373         |            |   |
|   |  | NOT PREVIOUSLY ASSESSED .....                        |                    |               |            | 3                                |               |            |   |



**SECTION D. HEALTH MANAGEMENT SYSTEM**

|                          |  |   |  |   |
|--------------------------|--|---|--|---|
| <b>Code of facility:</b> | <input type="text"/> <input type="text"/><br>COUNTRY | <input type="text"/> <input type="text"/><br>DISTRICT | <input type="text"/> <input type="text"/> <input type="text"/><br>FACILITY | QRE <input checked="" type="checkbox"/> D<br>TYPE |
| <b>Interviewer Code:</b> | <input type="text"/> <input type="text"/>            |   |  |   |

|      |  |                             |   |
|------|--|-----------------------------|---|
| 400  | INDICATE WHICH HMIS UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT  | CLINIC/UNIT CODE FROM COVER | <input type="text"/> <input type="text"/> |
| 400a | MANAGING AUTHORITY<br>GOVERNMENT ..... 01<br>NGO ..... 02<br>PRIVATE (FOR-PROFIT) ..... 03<br>PRIVATE (NOT FOR-PROFIT) ..... 04<br>SEMIAUTONOMOUS ..... 05<br>MISSION ..... 06<br><br>OTHER _____ .... 96<br>(SPECIFY) | MANAGING AUTHORITY .....    | <input type="text"/> <input type="text"/> |

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

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

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

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

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

Do you have any questions for me at this time?

|     |   |                           |        |
|-----|---|---------------------------|--------|
| 401 | Do I have your agreement to participate?<br>Thank you. Let's begin now. | YES ..... 1<br>NO ..... 2 | → STOP |
|-----|---|---------------------------|--------|

|     |   |  |      |   |
|-----|---|--|------|---|
| 402 | RECORD THE TIME AT BEGINNING OF INTERVIEW | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/><br>24 HOUR CLOCK | DATE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DAY MONTH YEAR |
|-----|---|--|------|---|

| NO. | QUESTIONS   | CODING CATEGORIES                         |                       |                      | GO TO |
|-----|---|---|-----------------------|----------------------|-------|
| 403 | What is your current professional qualification?<br><br>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                     |                      | → 409 |
|     |   | YES, INFORMAL . . . . .                   | 2                     |                      |       |
|     |   | NO . . . . .                              | 3                     |                      |       |
| 405 | How long was your training in HMIS?<br>RECORD EITHER DAYS OR MONTHS,<br>WHICHEVER IS MOST APPROPRIATE.<br>IF MORE THAN ONE TRAINING, ADD THE<br>DURATION OF ALL TRAINING.                     | NUMBER OF DAYS . . . . .                  | <input type="text"/>  | <input type="text"/> |       |
|     |   | NUMBER OF MONTHS . . . . .                | <input type="text"/>  | <input type="text"/> |       |
| 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?<br>RECORD '01' FOR LESS THAN ONE YEAR   | YEARS . . . . .                           | <input type="text"/>  | <input type="text"/> |       |
| 410 | Do you conduct training of staff in HMIS, for example, recording, compiling, and reporting data?<br>IF YES, ASK: Do you provide formal or informal training? IF BOTH, RECORD FORMAL.          | YES, FORMAL . . . . .                     | 1                     |                      | → 412 |
|     |   | YES, INFORMAL . . . . .                   | 2                     |                      |       |
|     |   | NO . . . . .                              | 3                     |                      |       |
| 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?<br>IF YES, ASK: May I see the guidelines please?  | OBSERVED                                  | REPORTED,<br>NOT SEEN | NOT<br>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<br>OBSERVED  | YES,<br>REPORTED<br>NOT SEEN | NO<br>REPORT | NOT<br>APPLICABLE       |
| 01  | Outpatient services   | 1  | 2                            | 3            | 4                       |
| 02  | Inpatient services  | 1  | 2                            | 3            | 4                       |
| 03  | Laboratory services   | 1  | 2                            | 3            | 4                       |
| 04  | Respiratory/Tuberculosis services   | 1  | 2                            | 3            | 4                       |
| 05  | HIV counseling and testing services   | 1  | 2                            | 3            | 4                       |
| 06  | Antiretroviral treatment services   | 1  | 2                            | 3            | 4                       |
| 07  | Prevention of mother-to-child transmission services   | 1  | 2                            | 3            | 4                       |
| 08  | Sources based outside facility (community health workers, traditional birth attendants, etc.)   | 1  | 2                            | 3            | 4                       |
| 414 | WAS '1' OR '2' MARKED FOR ANY SERVICES LISTED IN Q413, INDICATING REPORTS ON SERVICES FOR PLHA?   | YES ..... 1<br>NO ..... 2  |                              |              | → 429                   |
| 415 | Do you receive or compile reports of deaths in the facility attributed to HIV/AIDS?<br>IF YES, ASK TO SEE A REPORT  | YES,<br>OBSERVED   | YES,<br>REPORTED<br>NOT SEEN | NO<br>REPORT | NOT<br>APPLIC.          |
|     |   | 1  | 2 → 418                      | 3 → 418      | 4 → 418                 |
| 416 | How many deaths attributed to HIV/AIDS were reported for the past 12 months?  | NUMBER OF DEATHS ..... <input type="text"/> <input type="text"/> <input type="text"/>  |                              |              |                         |
| 417 | RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION  | MONTHS OF DATA ..... <input type="text"/> <input type="text"/>   |                              |              |                         |
| 418 | How frequently are reports on HIV/AIDS services or patients submitted to someone outside of this facility?  | MONTHLY OR MORE OFTEN ..... 1<br>EVERY 2-3 MONTHS ..... 2<br>EVERY 4-6 MONTHS ..... 3<br>LESS OFTEN THAN<br>EVERY 6 MONTHS ..... 4<br>NEVER ..... 5  |                              |              | → 420                   |
| 419 | To whom are the reports sent?<br><br>CIRCLE ALL THAT APPLY.   | RECORDS OFFICER ..... A<br>FACILITY DIRECTOR ..... B<br>DISTRICT LEVEL ..... C<br>MOH (CMO, SURVEILLANCE, SMO, ETC.) D<br>NATIONAL AIDS PROGRAM ..... E<br>OTHER _____ X<br>(SPECIFY)  |                              |              |                         |
| 420 | ASK TO SEE THE REPORT FOR <u>NEWLY DIAGNOSED</u> HIV CASES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER  | NEW HIV/AIDS CASES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>REPORT NOT SEEN ..... 9994<br>NO REPORT COMPILED ..... 9995<br>NOT APPLICABLE ..... 9997                         |                              |              | → 422<br>→ 422<br>→ 422 |
| 421 | RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION  | MONTHS OF DATA ..... <input type="text"/> <input type="text"/>   |                              |              |                         |
| 422 | ASK TO SEE THE REPORT FOR <u>OUTPATIENT CLIENT VISITS</u> FOR SERVICES FOR HIV/AIDS RELATED ILLNESSES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER REPORTED. COMPLETE Q428(A) TO COLLECT INFORMATION, THEN RETURN TO Q423. | CLIENT VISITS FOR HIV/AIDS RELATED ILLNESS ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>REPORT NOT SEEN ..... 9994<br>NO REPORT COMPILED ..... 9995<br>NOT APPLICABLE ..... 9997 |                              |              | → 425<br>→ 425<br>→ 425 |



| NO. | QUESTIONS  | CODING CATEGORIES  | GO TO |  |  |  |
|-----|--|--|-------|--|--|--|
| 430 | How often does this unit provide feedback on data quality to service units?  | MONTHLY OR MORE OFTEN ..... 1<br>EVERY 2-3 MONTHS ..... 2<br>EVERY 4-6 MONTHS ..... 3<br>LESS OFTEN THAN<br>EVERY 6 MONTHS ..... 4<br>WHEN NECESSARY/NOT REGULARLY 5<br>NEVER ..... 6  |       |  |  |  |
| 431 | Where do you store completed, recorded data forms/reports?<br>Describe the storage situation.<br><br>CIRCLE ALL THAT APPLY | DESTROYED/SHREDDED ..... A<br>THROWN AWAY ..... B<br>FILE CABINET(S) ..... C<br>BOXES ..... D<br>FILE ROOM / MEDICAL RECORDS ..... E<br><br>OTHER _____ X<br>SPECIFY _____   |       |  |  |  |
| 432 | Are completed forms stored in an inaccessible location where confidentiality is ensured?                                   | YES ..... 1<br>NO ..... 2<br>NOT APPLICABLE ..... 3  |       |  |  |  |
| 433 | Have forms ever been lost due to damage of some sort?<br><br>IF YES, Describe the damage.                                  | YES ..... 1<br>DESCRIBE _____<br><br>NO ..... 2  |       |  |  |  |
| 434 | How often are results of analyzed data fed back to service units or the facility director for improving service provision? | MONTHLY OR MORE OFTEN ..... 1<br>EVERY 2-3 MONTHS ..... 2<br>EVERY 4-6 MONTHS ..... 3<br>LESS OFTEN THAN<br>EVERY 6 MONTHS ..... 4<br>WHEN NECESSARY/NOT REGULARL. 5<br>NEVER ..... 6  |       |  |  |  |
| 435 | In your opinion, are the data ever used to improve service provision?  | YES ..... 1<br>NO ..... 2  |       |  |  |  |
| 436 | Do you have a copy machine?  | YES ..... 1<br>NO ..... 2  | → 439 |  |  |  |
| 437 | Is the copy machine functioning today?   | YES ..... 1<br>NO ..... 2  |       |  |  |  |
| 438 | Do you ever run out of supplies for the photocopy machine, such as paper or toner?<br>IF YES, How frequently?              | YES, AT LEAST ONCE PER MONTH ... 1<br>YES, AT LEAST ONCE EVERY<br>THREE MONTHS ..... 2<br>YES, AT LEAST ONCE PER YEAR ... 3<br>NO ..... 4  |       |  |  |  |
| 439 | Do you have a computer?  | YES ..... 1<br>NO ..... 2  | → 458 |  |  |  |
| 440 | What is the capacity of your hard drive?   | GIGABYTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table><br>DON'T KNOW ..... 998 |       |  |  |  |
|     |  |  |       |  |  |  |
| 441 | How is the computer hardware maintained?   | CONTRACT ..... 1<br>IN-HOUSE TECHNICIAN ..... 2<br>NOT MAINTAINED REGULARLY ..... 3<br>DON'T KNOW ..... 8  |       |  |  |  |
| 442 | Do you have a central database?  | YES ..... 1<br>NO ..... 2  | → 447 |  |  |  |
| 443 | In what software is this database maintained?  | _____  |       |  |  |  |

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

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

**SECTION E: LABORATORY AND OTHER DIAGNOSTICS**

|  |   |  |
|--|---|--|
| <b>Code of facility:</b> <input type="text"/>   |   | QRE <input type="checkbox"/><br>TYPE   |
| <b>Interviewer Code:</b> <input type="text"/> <input type="text"/>   |   |  |
| 500  | INDICATE WHICH LABORATORY THE DATA IN THIS QUESTIONNAIRE REPRESENT  | LAB IN FACILITY ..... 1<br>CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/><br>AFFILIATED EXTERNAL LAB ..... 2<br>PRIVATE LAB, UNAFFILIATED ..... 3 |
| 500a   | MANAGING AUTHORITY<br>GOVERNMENT ..... 01<br>NGO ..... 02<br>PRIVATE (FOR-PROFIT) ..... 03<br>PRIVATE (NOT FOR-PROFIT) ..... 04<br>SEMIAUTONOMOUS ..... 05<br>MISSION ..... 06<br><br>OTHER _____ ..... 96<br>(SPECIFY) | MANAGING AUTHORITY ..... <input type="text"/> <input type="text"/>   |
| <p align="center"><b>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</b></p>   |   |  |
| <p>Now I will read a statement explaining this facility inventory and asking your consent to participate.</p> <p>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about laboratory services related to HIV/AIDS care and support that are available today. We will ask to see some records of tests conducted. We are not interested in names of patients -- only numbers. We will not record your name so it cannot be linked with the information you give us.</p> <p>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.</p> <p>Do you have any questions for me at this time?</p> |   |  |
| 501  | Do I have your agreement to participate?<br>Thank you. Let's begin now.   | YES ..... 1<br>NO ..... 2    → STOP  |
| 502  | RECORD THE TIME AT BEGINNING OF INTERVIEW <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>   | DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                       |
|  | 24 HOUR CLOCK   | DAY    MONTH    YEAR   |

| NO.  | QUESTIONS  | CODING CATEGORIES   |                      |                    | GO TO  |
|--|--|---|----------------------|--------------------|--|
| 503  | <p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide laboratory services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and <b>present today.</b></p> | <p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW.</p> <p>INDICATE WHETHER STAFF LIST WAS COMPLETED.</p> |                      |                    | <p>YES ..... 1</p> <p>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/></p> <p>NO ..... 2</p> |
| Next, I would like to know about guidelines that are available in the laboratory area. |  |   |                      |                    |  |
| 504  | <p>For each topic I mention, please tell me if you have any written guidelines relating to this topic in the laboratory area?</p> <p>IF YES: May I see the guidelines?</p>   | 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  | <p>Does this laboratory conduct tests for HIV?</p> <p>IF YES, For which reasons are they conducted?</p> <p>CIRCLE ALL THAT APPLY</p>   | <p>CLIENT DIAGNOSIS ..... A</p> <p>BLOOD SCREENING ..... B</p> <p>SCREENING (VISA, INSURANCE, SCHOOL, EMPLOYMENT) ..... C</p> <p>NO HIV TESTS ..... Y</p>       |                      |                    | → 528  |
| 506  | <p>Are there any written guidelines related to any of the topics I will ask, in the laboratory area?</p> <p>IF YES, ASK: May I see the guideline please?</p>   | OBSERVED, COMPLETE  | OBSERVED, INCOMPLETE | REPORTED, NOT SEEN | NOT AVAILABLE  |
| 01   | Written guidelines on counseling for HIV testing (1)   | 1 → 04  | 2                    | 3                  | 4  |
| 02   | Written guidelines on confidentiality and disclosure of HIV test results   | 1   |                      | 3                  | 4  |
| 03   | Laboratory guidelines for HIV testing  | 1   |                      | 3                  | 4  |
| 04   | Other guidelines relevant to HIV/AIDS or related services (SPECIFY) _____  | 1   |                      | 3                  | 4  |
| 507  | Do you do HIV testing for clients <b>not</b> 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?  | <p>YES ..... 1</p> <p>NO ..... 2</p>  |                      |                    |  |
| 508  | Is pre-test counseling for HIV testing done in this lab?   | <p>YES ..... 1</p> <p>NO ..... 2</p>  |                      |                    | → VCT QRE  |

| NO.   | QUESTIONS   | CODING CATEGORIES                                       |   |                                      | GO TO                       |                      |                      |   |
|---|---|---|---|--------------------------------------|-----------------------------|----------------------|----------------------|---|
| 509   | Do you have any record of HIV test results for tests conducted in this laboratory? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.   | YES .....   | 1   |                                      | → 513                       |                      |                      |   |
|   |   | NO .....  | 2   |                                      |                             |                      |                      |   |
| 510   | INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE INDICATED CLIENT NUMBERS FOR THE PAST 12 MONTHS.   | (A)<br>RECORD AVAILABLE AND OBSERVED                    |   | (B)<br>NUMBERS FROM OBSERVED RECORDS |                             |                      |                      |   |
|   |   | YES   | REPORTED,<br>NOT SEEN                             | NO<br>RECORD                         | NUMBER OF<br>CLIENTS        | MONTHS<br>OF DATA    |                      |   |
|   |   | 01  | 1 → 01b   | 2<br>02                              | 3<br>02                     | <input type="text"/> | <input type="text"/> |   |
|   |   | 02  | 1 → 02b   | 2<br>03                              | 3<br>03                     | <input type="text"/> | <input type="text"/> |   |
|   |   | 03  | 1 → 03b   | 2<br>04                              | 3<br>04                     | <input type="text"/> | <input type="text"/> |   |
| 04  | 1 → 04b   | 2<br>511  | 3<br>511  | <input type="text"/>                 | <input type="text"/>        |                      |                      |   |
| 511   | IN Q510, WERE NUMBERS GIVEN FOR NUMBER OF CLIENTS OR NUMBER OF TESTS DONE?  | CLIENTS .....   | 1   |                                      |                             |                      |                      |   |
|   |   | TESTS .....   | 2   |                                      |                             |                      |                      |   |
| 512   | CHECK Q510 (03) and (04). IS RESPONSE '1' MARKED FOR EITHER QUESTION?   | YES .....   | 1   |                                      | → 514                       |                      |                      |   |
|   |   | NO .....  | 2   |                                      |                             |                      |                      |   |
| 513   | Does the laboratory have any system for providing HIV test results directly to clients?<br><br>IF YES, ASK TO SEE ANY DOCUMENTATION THAT SHOWS CLIENTS ARE PROVIDED WITH HIV TEST RESULTS.  | YES, DOCUMENTATION FOR PROVIDING RESULTS OBSERVED ..... | 1   |                                      | → VCT QRE                   |                      |                      |   |
|   |   | YES, DOCUMENTATION REPORTED NOT SEEN .....              | 2   |                                      |                             |                      |                      |   |
|   |   | YES, ORAL SYSTEM ONLY .....                             | 3   |                                      |                             |                      |                      |   |
|   |   | NO .....  | 4   |                                      |                             |                      |                      |   |
| 514   | Is post-test counseling for HIV testing provided in this lab?   | YES .....   | 1   |                                      | → VCT QRE                   |                      |                      |   |
|   |   | NO .....  | 2   |                                      |                             |                      |                      |   |
| Now I would like to see the equipment and the reagents necessary to conduct the different tests I will ask you about. |   |   |   |                                      |                             |                      |                      |   |
| 515   | For the following HIV/AIDS related tests, please tell me if the laboratory conducts the test or not. If yes, please show me if all items necessary for the test are available today. MAKE SURE EQUIPMENT AND REAGENTS NECESSARY TO CONDUCT THE TEST TODAY ARE AVAILABLE. IF NOT, ASK IF THE TEST IS NORMALLY DONE, OR IS NEVER DONE IN THIS LABORATORY. | ALL ITEMS FOR TEST                                      |   |                                      | TEST NOT CONDUCTED THIS LAB | DON'T KNOW           |                      |   |
|   |   | AVAILABLE TODAY   |   | NORMALLY AVAILABLE, NOT TODAY        |                             |                      |                      |   |
|   |   | HIV/AIDS RELATED TEST                                   | OBSERVED  |                                      | REPORTED, NOT SEEN          |                      |                      |   |
|   |   | 01  | Rapid test for HIV                                | 1                                    | 2                           | 3                    | 4                    | 8 |
|   |   | 02  | ELISA (enzyme-linked immunosorbent assay) for HIV | 1                                    | 2                           | 3                    | 4                    | 8 |
| 03  | CD4 count   | 1   | 2   | 3                                    | 4                           | 8                    |                      |   |
| 04  | Western Blot test   | 1   | 2   | 3                                    | 4                           | 8                    |                      |   |



| NO. | QUESTIONS   | CODING CATEGORIES   |              |   | GO TO   |
|-----|---|---|--------------|---|---|
| 526 | Are there any fees charged for any services or items related to HIV/AIDS tests?   | YES .....   | 1            |   | → 528   |
|     |   | NO .....  | 2            |   |   |
| 527 | For each of the following items, indicate if there is any fee, and if yes, the amount of the fee                            | (A)<br>FEE  |              | (B)<br>AMOUNT IN MAIN<br>LOCAL CURRENCY |   |
|     |   | YES   | NO           | N/A                                     |   |
| 01  | HIV test  | 1 → 01b   | 2 ↙<br>02 ↙  | 3 ↘<br>02 ↘                             | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 02  | CD4 test  | 1 → 02b   | 2 ↙<br>03 ↙  | 3 ↘<br>03 ↘                             | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 03  | Complete Blood Count  | 1 → 03b   | 2 ↙<br>04 ↙  | 3 ↘<br>04 ↘                             | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 04  | OTHER _____<br>(SPECIFY)  | 1 → 04b   | 2 ↙<br>528 ↙ | 3 ↘<br>528 ↘                            | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 528 | Do you ever send blood outside the facility for HIV testing?  | YES .....   | 1            |   | → 533   |
|     |   | NO .....  | 2            |   |   |
| 529 | For which HIV test do you send blood outside?   | ELISA .....   | A            |   |   |
|     |   | WESTERN BLOT .....  | B            |   |   |
|     |   | OTHER _____   | X            |   |   |
|     |   | SPECIFY   |              |   |   |
| 530 | Do you have a record with the result of the HIV/AIDS tests conducted elsewhere?<br>IF YES, ASK TO SEE THE REGISTER          | YES, OBSERVED .....   | 1            |   | → 532   |
|     |   | YES, REPORTED, NOT SEEN .....                                     | 2            |   |   |
|     |   | NO .....  | 3            |   |   |
| 531 | Does the register indicate if the client has received the results?  | YES, OBSERVED .....   | 1            |   |   |
|     |   | YES, REPORTED, NOT SEEN .....                                     | 2            |   |   |
|     |   | NO .....  | 3            |   |   |
| 532 | After receiving the results, how are the results provided to the client?  | LAB PROVIDES WRITTEN COPY<br>OF RESULTS TO CLIENT .....           | 1            |   |   |
|     |   | LAB TELLS CLIENT VERBALLY<br>ONLY .....                           | 2            |   |   |
|     |   | LAB PROVIDES RESULTS TO<br>HEALTHWORKER WHO TELLS<br>CLIENT ..... | 3            |   |   |
|     |   | OTHER _____   | 6            |   |   |
|     |   | (SPECIFY)   |              |   |   |
|     |   | DON'T KNOW .....  | 8            |   |   |
| 533 | CHECK Q505. IS 'A', 'B' OR 'C' CIRCLED,<br>INDICATING THAT THIS LAB CONDUCTS HIV TESTS?                                     | YES .....   | 1            |   | → 549   |
|     |   | NO .....  | 2            |   |   |
| 534 | Are reports regularly compiled on the number of newly diagnosed HIV/AIDS cases, whether done in this lab or by another lab? | YES .....   | 1            |   | → 540   |
|     |   | NO .....  | 2            |   |   |
| 535 | How frequently are the compiled reports submitted to someone outside of this clinic/unit?                                   | MONTHLY OR MORE OFTEN .....                                       | 1            |   | → 537   |
|     |   | EVERY 2-3 MONTHS .....  | 2            |   |   |
|     |   | EVERY 4-6 MONTHS .....  | 3            |   |   |
|     |   | LESS OFTEN THAN<br>EVERY 6 MONTHS .....                           | 4            |   |   |
|     |   | NEVER .....   | 5            |   |   |

| NO. | QUESTIONS  | CODING CATEGORIES   | GO TO          |                |
|-----|--|---|----------------|----------------|
| 536 | To whom are the reports sent?<br><br>CIRCLE ALL THAT APPLY   | RECORDS OFFICER ..... A<br>FACILITY DIRECTOR ..... B<br>DISTRICT LEVEL ..... C<br>MOH (CMO, SURVEILLANCE, SMO) D<br>NATIONAL AIDS PROGRAM ..... E<br>OTHER _____ X<br>(SPECIFY) |                |                |
| 537 | Do you use a standardized form for your reports?<br><br>ASK TO SEE A COMPLETED FORM.                                   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  | → 540<br>→ 540 |                |
| 538 | RECORD THE NUMBER OF NEWLY DIAGNOSED HIV/AIDS CASES DURING THE PAST 12 MONTHS.   | NEW HIV/AIDS CASES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |                |                |
| 539 | RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION   | MONTHS OF DATA ..... <input type="text"/> <input type="text"/>  |                |                |
| 540 | Do you record results by the clinic/unit ordering the HIV test or test results?<br><br>IF YES, ASK TO SEE THE REGISTER | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  | → 542<br>→ 542 |                |
| 541 | Indicate if HIV test results are recorded separately for the following clinics/units:                                  | YES   | NO             | NOT APPLICABLE |
| 01  | VCT  | 1   | 2              | 3              |
| 02  | PMTCT with VCT   | 1   | 2              | 3              |
| 03  | Surveillance   | 1   | 2              | 3              |
| 04  | Blood bank or blood for transfusion  | 1   | 2              | 3              |
| 05  | General or specialty outpatient clinic/units (except VCT or PMTCT)   | 1   | 2              | 3              |
| 06  | Inpatient units, either by separate units or as total inpatient units  | 1   | 2              | 3              |
| 07  | By sero-status, irrespective of source   | 1   | 2              | 3              |
| 542 | How many providers have ordered HIV tests for private clients from this lab during the last 6 months?                  | NUMBER OF PROVIDERS <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98  | → 544          |                |
| 543 | RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION   | MONTHS OF DATA ..... <input type="text"/> <input type="text"/>  |                |                |
| 544 | How many providers have ordered CD4 counts for private clients from this lab during the last 6 months?                 | NUMBER OF PROVIDERS <input type="text"/> <input type="text"/><br>DON'T DO CD4 COUNTS ..... 97<br>DON'T KNOW ..... 98  | → 546<br>→ 546 |                |
| 545 | RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION   | MONTHS OF DATA ..... <input type="text"/> <input type="text"/>  |                |                |

| NO. | QUESTIONS   | CODING CATEGORIES                |                    |               |            | GO TO                                   |    |            |
|-----|---|----------------------------------|--------------------|---------------|------------|---|----|------------|
| 546 | Is blood for HIV/AIDS testing drawn in the laboratory area?   | YES .....                        | 1                  | NO .....      | 2          | → 549                                   |    |            |
| 547 | ASK TO SEE WHERE THE BLOOD IS DRAWN FOR THE HIV/AIDS TEST AND INDICATE IF THE FOLLOWING ARE AVAILABLE IN THE ROOM OR IMMEDIATELY ADJACENT | OBSERVED                         | REPORTED, NOT SEEN | NOT AVAILABLE |            |   |    |            |
| 01  | PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)  | 1 → 04                           | 2                  | 3             |            |   |    |            |
| 02  | AUDITORY PRIVACY  | 1                                | 2                  | 3             |            |   |    |            |
| 03  | VISUAL PRIVACY  | 1                                | 2                  | 3             |            |   |    |            |
| 04  | RUNNING WATER   | 1 → 06                           | 2                  | 3             |            |   |    |            |
| 05  | WATER IN BUCKET OR BASIN (WITHOUT TAP)  | 1                                | 2                  | 3             |            |   |    |            |
| 06  | SOAP  | 1                                | 2                  | 3             |            |   |    |            |
| 07  | SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER  | 1                                | 2                  | 3             |            |   |    |            |
| 08  | SHARPS CONTAINER  | 1                                | 2                  | 3             |            |   |    |            |
| 09  | DISPOSABLE LATEX GLOVES   | 1 → 11                           | 2                  | 3             |            |   |    |            |
| 10  | DISPOSABLE GLOVES-NON LATEX   | 1                                | 2                  | 3             |            |   |    |            |
| 11  | CHLORINE BASED DECONTAMINATION SOLUTION   | 1                                | 2                  | 3             |            |   |    |            |
| 12  | CONDOMS   | 1                                | 2                  | 3             |            |   |    |            |
| 13  | DISPOSABLE NEEDLES  | 1                                | 2                  | 3             |            |   |    |            |
| 14  | DISPOSABLE SYRINGES   | 1                                | 2                  | 3             |            |   |    |            |
| 15  | MASKS   | 1                                | 2                  | 3             |            |   |    |            |
| 16  | GOGGLES / GLASSES   | 1                                | 2                  | 3             |            |   |    |            |
| 548 | ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?  | YES .....                        | 1                  | NO .....      | 2          |   |    |            |
| 549 | Now I would like to see specific equipment necessary for other tests. Is the following equipment available, and is it functioning today?  | <b>a) IS THE ITEM AVAILABLE?</b> |                    |               |            | <b>b) IS THE ITEM IN WORKING ORDER?</b> |    |            |
|     |   | OBSERVED                         | REPORTED, NOT SEEN | NOT AVAILABLE | DON'T KNOW | YES                                     | NO | DON'T KNOW |
| 01  | Microscope  | 1 → 01b                          | 2 → 01b            | 3<br>02 ↙     | 8<br>02 ↙  | 1                                       | 2  | 8          |
| 02  | Refrigerator  | 1 → 02b                          | 2 → 02b            | 3<br>03 ↙     | 8<br>03 ↙  | 1                                       | 2  | 8          |
| 03  | Incubator   | 1 → 03b                          | 2 → 03b            | 3<br>04 ↙     | 8<br>04 ↙  | 1                                       | 2  | 8          |
| 04  | Test tubes  | 1                                | 2                  | 3             | 8          |   |    |            |
| 05  | Reaction wells / trays  | 1                                | 2                  | 3             | 8          |   |    |            |
| 06  | Glass slides and covers   | 1                                | 2                  | 3             | 8          |   |    |            |
| 07  | Autocytometer   | 1                                | 2                  | 3 → 550       | 8 → 550    | 1                                       | 2  | 8          |

| NO.  | QUESTIONS  | CODING CATEGORIES                           |                    |                                  |                                | GO TO                                   |    |            |
|--|--|---|--------------------|----------------------------------|--------------------------------|---|----|------------|
| <p>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.</p> <p>The first tests I want to know about are microbiology tests.</p> |  |   |                    |                                  |                                |   |    |            |
|  |  | <b>a) ARE ALL ITEMS FOR TEST AVAILABLE?</b> |                    |                                  |                                | <b>b) IS THE ITEM IN WORKING ORDER?</b> |    |            |
|  |  | OBSERVED                                    | REPORTED, NOT SEEN | NORMALLY AVAILABLE BUT NOT TODAY | TEST NOT CONDUCTED IN THIS LAB | YES                                     | NO | DON'T KNOW |
| 550  | <b>MALARIA TESTS</b>                               | 1   |                    |                                  | 4<br>551 ↙                     |   |    |            |
| 01   | Giemsa stain                                       | 1   | 2                  | 3                                | 4                              |   |    |            |
| 02   | Leishman stain                                     | 1   | 2                  | 3                                | 4                              |   |    |            |
| 03   | Field stain  | 1   | 2                  | 3                                | 4                              |   |    |            |
| 04   | Other _____<br>(SPECIFY)                           | 1   | 2                  | 3                                | 4                              |   |    |            |
| 551  | <b>GONORRHEA TESTS</b>                             | 1   |                    |                                  | 4<br>552 ↙                     |   |    |            |
| 01   | Chocolate agar (culture medium)                    | 1   | 2                  | 3                                | 4                              |   |    |            |
| 02   | PCR  | 1   | 2                  | 3                                | 4                              |   |    |            |
| 03   | Other _____<br>(SPECIFY)                           | 1   | 2                  | 3                                | 4                              |   |    |            |
| 552  | <b>GRAM STAIN</b>                                  | 1   |                    |                                  | 4<br>553 ↙                     |   |    |            |
| 01   | Crystal violet                                     | 1   | 2                  | 3                                | 4                              |   |    |            |
| 02   | Lugol's iodine                                     | 1   | 2                  | 3                                | 4                              |   |    |            |
| 03   | Acetone  | 1   | 2                  | 3                                | 4                              |   |    |            |
| 04   | Neutral red, carbol fuchsin, or other counterstain | 1   | 2                  | 3                                | 4                              |   |    |            |
| 553  | <b>CHLAMYDIA TEST</b>                              | 1   |                    |                                  | 4<br>554 ↙                     |   |    |            |
| 01   | Giemsa stain                                       | 1   | 2                  | 3                                | 4                              |   |    |            |
| 02   | ELISA  | 1   | 2                  | 3                                | 4                              |   |    |            |
| 03   | PCR  | 1   | 2                  | 3                                | 4                              |   |    |            |
| 04   | Other _____<br>(SPECIFY)                           | 1   | 2                  | 3                                | 4                              |   |    |            |

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

| NO.   | QUESTIONS   | CODING CATEGORIES   |                    |                                      |                                | GO TO                                   |    |            |
|---|---|---|--------------------|--------------------------------------|--------------------------------|---|----|------------|
| 565   | Do you send blood outside the facility for viral load testing?  | YES .....   | 1                  | NO .....                             | 2                              | → 568                                   |    |            |
| 566   | Do you have a record with results of the viral load tests conducted elsewhere?<br>IF YES, ASK TO SEE THE REGISTER | YES, OBSERVED .....   | 1                  | YES, REPORTED, NOT SEEN ...          | 2                              |   |    |            |
|   |   | NO .....  | 3                  |                                      |                                |   |    |            |
| 567   | After receiving the results, how are the results provided to the client?  | LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT .....        | 1                  | LAB TELLS CLIENT VERBALLY ONLY ..... | 2                              |   |    |            |
|   |   | LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT ..... | 3                  | OTHER _____                          | 6                              |   |    |            |
|   |   | (SPECIFY)   |                    | DON'T KNOW .....                     | 8                              |   |    |            |
| The next set of tests I want to know about are serological tests. |   |   |                    |                                      |                                |   |    |            |
|   |   | <b>a) ARE ALL ITEMS FOR TEST AVAILABLE?</b>                 |                    |                                      |                                | <b>b) IS THE ITEM IN WORKING ORDER?</b> |    |            |
|   |   | OBSERVED  | REPORTED, NOT SEEN | NORMALLY AVAILABLE BUT NOT TODAY     | TEST NOT CONDUCTED IN THIS LAB | YES                                     | NO | DON'T KNOW |
| 568   | SYPHILIS TESTS  | 1   |                    |                                      | 4<br>569 ↙                     |   |    |            |
| 01  | VDRL (Venereal Disease Research Laboratory slide test)  | 1   | 2                  | 3                                    | 4                              |   |    |            |
| 02  | Rotator or shaker for VDRL  | 1 → 02b   | 2 → 02b            | 3<br>03 ↙                            | 4<br>03 ↙                      | 1                                       | 2  | 8          |
| 03  | Reactive protein reagent test (RPR)   | 1   | 2                  | 3                                    | 4                              |   |    |            |
| 04  | Other _____<br>(SPECIFY)  | 1   | 2                  | 3                                    | 4                              |   |    |            |
| 569   | Pregnancy tests   | 1   | 2                  | 3                                    | 4                              |   |    |            |
| The next set of tests I want to know about are hematology tests.  |   |   |                    |                                      |                                |   |    |            |
| 570   | Hemocytometer or coulter counter for total lymphocyte count or full blood count.                                  | 1 → b   | 2 → b              | 3<br>571 ↙                           | 4<br>571 ↙                     | 1                                       | 2  | 8          |
| 571   | FILTER: DOES THIS LAB HAVE A HEMOCYTOTEMETER?   | YES .....   | 1                  | NO .....                             | 2                              | → 573                                   |    |            |

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

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

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

| NO.   | QUESTIONS  | CODING CATEGORIES  |                    |                              |                       | GO TO      |
|---|--|--|--------------------|------------------------------|-----------------------|------------|
| <b>POST EXPOSURE PROPHYLAXIS (PEP)</b>  |  |  |                    |                              |                       |            |
| 588   | Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?                              | YES, PEP IN THIS CLINIC/UNIT ... 1                                 |                    |                              |                       | → 590      |
|   |  | YES, PEP PROVIDED ELSEWHERE IN FACILITY ..... 2                    |                    |                              |                       |            |
|   |  | ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> |                    |                              |                       |            |
|   |  | YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3                    |                    |                              |                       |            |
|   |  | NO PEP AVAILABLE ..... 4   |                    |                              |                       | → 595      |
| 589   | Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD                                    | YES, RECORD SHOWS REFERRED FACILITY AND RECEIVED PEP . 1           |                    |                              |                       | → 594      |
|   |  | RECORD SHOWS REFERRAL ONLY 2                                       |                    |                              |                       | → 594      |
|   |  | NO RECORD OF REFERRAL ..... 3                                      |                    |                              |                       | → 594      |
| 590   | HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?   | YES ..... 1  |                    |                              |                       | → 595      |
|   |  | NO ..... 2   |                    |                              |                       |            |
| 591   | Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?   | YES ..... 1  |                    |                              |                       |            |
|   |  | NO ..... 2   |                    |                              |                       | → 595      |
| 592   | Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES  | YES, OBSERVED, COMPLETE ..... 1                                    |                    |                              |                       |            |
|   |  | YES, OBSERVED, INCOMPLETE ... 2                                    |                    |                              |                       |            |
|   |  | YES, REPORTED NOT SEEN ..... 3                                     |                    |                              |                       |            |
|   |  | NO ..... 4   |                    |                              |                       |            |
| 593   | Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD   | YES, OBSERVED ..... 1  |                    |                              |                       |            |
|   |  | YES, REPORTED, NOT SEEN ..... 2                                    |                    |                              |                       |            |
|   |  | NO ..... 3   |                    |                              |                       |            |
| 594   | Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.          | YES, OBSERVED ..... 1  |                    |                              |                       |            |
|   |  | YES, REPORTED, NOT SEEN ..... 2                                    |                    |                              |                       |            |
|   |  | NO ..... 3   |                    |                              |                       |            |
| 595   | Does this facility have a pathology department or other location where examination of PAP smears or histology tests are carried out? IF YES, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE TESTS | YES ..... 1  |                    |                              |                       |            |
|   |  | NO ..... 2   |                    |                              |                       | → 597      |
| 596   | Do you have all items today, for performing the following tests?   | <b>ARE ALL ITEMS FOR TEST AVAILABLE?</b>                           |                    |                              |                       |            |
|   |  | AVAILABLE TODAY  |                    | NORMALLY AVAILABLE NOT TODAY | NO TEST THIS FACILITY | DON'T KNOW |
|   |  | OBSERVED   | REPORTED, NOT SEEN |                              |                       |            |
| 01  | PAP smears   | 1  | 2                  | 3                            | 4                     | 8          |
| 02  | Histology  | 1  | 2                  | 3                            | 4                     | 8          |
| 597   | RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT   | COMPLETE (V)CT Q508, Q513 & Q514                                   |                    | 1                            | NOT APPLICABLE 2      |            |
| <b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>  |  |  |                    |                              |                       |            |
| 598   | RECORD THE TIME AT END OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>  | 24 HOUR CLOCK  |                    |                              |                       |            |
| THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE |  |  |                    |                              |                       |            |

**SECTION F: MEDICATION AND SUPPLIES**

|   |   |   |
|---|---|---|
| <b>Code of facility:</b> <input type="text"/> <input type="text"/><br><span style="margin-left: 100px;">COUNTRY</span> <span style="margin-left: 50px;">DISTRICT</span> <span style="margin-left: 50px;">FACILITY</span>  |   | QRE <input type="checkbox"/> F<br>TYPE  |
| <b>Interviewer Code:</b> <input type="text"/> <input type="text"/>  |   |   |
| 600   | INDICATE WHICH PHARMACY THE DATA IN THIS QUESTIONNAIRE REPRESENT  | CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/>   |
| 600a  | MANAGING AUTHORITY<br>GOVERNMENT ..... 01<br>NGO ..... 02<br>PRIVATE (FOR-PROFIT) ..... 03<br>PRIVATE (NOT FOR-PROFIT) ..... 04<br>SEMIAUTONOMOUS ..... 05<br>MISSION ..... 06<br><br>OTHER _____ ... 96<br>(SPECIFY) | MANAGING AUTHORITY <input type="text"/> <input type="text"/>  |
| <b>ASK TO SPEAK WITH THE PERSON IN CHARGE OF THE PHARMACY, WHO IS PRESENT TODAY</b>   |   |   |
| Now I will read a statement explaining this facility inventory and asking your consent to participate.<br>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.<br><br>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about the availability of various pharmaceutical and other supplies available for HIV/AIDS related services. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us.<br><br>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.<br><br>Do you have any questions for me at this time? |   |   |
| 601   | Do I have your agreement to participate?<br>Thank you. Let's begin now.   | YES ..... 1<br>NO ..... 2    → STOP   |
| 602   | RECORD THE TIME AT BEGINNING OF INTERVIEW <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/><br><span style="margin-left: 100px;">24 HOUR CLOCK</span>                             | DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><span style="margin-left: 100px;">DAY    MONTH    YEAR</span> |

| NO.  | MEDICATION/SUPPLY ITEM                         | CODING CATEGORIES    |                                 |                                    |                  |                                    |    |
|--|--|----------------------|---------------------------------|------------------------------------|------------------|------------------------------------|----|
| <b>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, AS IF THERE HAS BEEN ANY STOCK OUT (NONE OF THE MEDICINE AVAILABLE) DURING THE LAST SIX MONTHS</b> |  |                      |                                 |                                    |                  |                                    |    |
| 603  | GENERAL MEDICINES<br>(ORAL IF NOT STATED)      | a                    |                                 |                                    |                  | b                                  |    |
|  |  | OBSERVED             |                                 | REPORTED<br>AVAILABLE,<br>NOT SEEN | NOT<br>AVAILABLE | STOCK OUT<br>IN LAST<br>SIX MONTHS |    |
|  |  | ALL UNITS<br>IN DATE | AT LEAST<br>ONE UNIT<br>IN DATE |                                    |                  | YES                                | NO |
| 01   | Acetaminophen/paracetamol/<br>panadol          |                      | 2 → 01b                         | 3<br>02                            | 4<br>02          | 1                                  | 2  |
| 02   | Acetylsilic acid/aspirin (oral)                |                      | 2 → 02b                         | 3<br>03                            | 4<br>03          | 1                                  | 2  |
| 03   | Acyclovir ophthalmic                           |                      | 2 → 03b                         | 3<br>04                            | 4<br>04          | 1                                  | 2  |
| 04   | Acyclovir oral                                 |                      | 2 → 04b                         | 3<br>05                            | 4<br>05          | 1                                  | 2  |
| 05   | Albendazole oral                               |                      | 2 → 05b                         | 3<br>06                            | 4<br>06          | 1                                  | 2  |
| 06   | Amoxicillin/ampicillin oral                    | 1 → 06b              | 2 → 06b                         | 3<br>07                            | 4<br>07          | 1                                  | 2  |
| 07   | Amoxicillin/clavulanate<br>(Augmentin) oral    |                      | 2 → 07b                         | 3<br>08                            | 4<br>08          | 1                                  | 2  |
| 08   | Ampicillin, injectable                         | 1 → 08b              | 2 → 08b                         | 3<br>09                            | 4<br>09          | 1                                  | 2  |
| 09   | Amphotericin B injectable                      |                      | 2 → 09b                         | 3<br>10                            | 4<br>10          | 1                                  | 2  |
| 10   | Azithromycin                                   |                      | 2 → 10b                         | 3<br>11                            | 4<br>11          | 1                                  | 2  |
| 11   | Bleomycin Injectable                           |                      | 2 → 11b                         | 3<br>12                            | 4<br>12          | 1                                  | 2  |
| 12   | Ceftriaxone (Rocephin), injectable             |                      | 2 → 12b                         | 3<br>13                            | 4<br>13          | 1                                  | 2  |
| 13   | Clotrimazole topical preparations              |                      | 2 → 13b                         | 3<br>14                            | 4<br>14          | 1                                  | 2  |
| 14   | Clotrimazole vaginal suppositories             |                      | 2 → 14b                         | 3<br>15                            | 4<br>15          | 1                                  | 2  |
| 15   | Ciprofloxacin oral                             | 1 → 15b              | 2 → 15b                         | 3<br>16                            | 4<br>16          | 1                                  | 2  |
| 16   | Chloramphenicol oral                           | 1 → 16b              | 2 → 16b                         | 3<br>17                            | 4<br>17          | 1                                  | 2  |
| 17   | Chloramphenicol injectable                     | 1 → 17b              | 2 → 17b                         | 3<br>18                            | 4<br>18          | 1                                  | 2  |
| 18   | Codein oral                                    |                      | 2 → 18b                         | 3<br>19                            | 4<br>19          | 1                                  | 2  |
| 19   | Co-trimoxazole oral<br>(Bactrim/Septra/Seprin) | 1 → 19b              | 2 → 19b                         | 3<br>20                            | 4<br>20          | 1                                  | 2  |
| 20   | Clarithromycin                                 |                      | 2 → 20b                         | 3<br>21                            | 4<br>21          | 1                                  | 2  |
| 21   | Clindamycin                                    |                      | 2 → 21b                         | 3<br>22                            | 4<br>22          | 1                                  | 2  |
| 22   | Cloxacillin                                    |                      | 2 → 22b                         | 3<br>23                            | 4<br>23          | 1                                  | 2  |

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

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

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

| NO. | MEDICATION/SUPPLY ITEM                                | CODING CATEGORIES                 |            |            |            |    |
|-----|---|-----------------------------------|------------|------------|------------|----|
| 605 | Where are medicines for TB (tuberculosis) kept?       | PHARMACY . . . . .                | 1          | →          | 607        |    |
|     |   | KEPT IN TB UNIT . . . . .         | 2          | →          | 607        |    |
|     |   | NO TB MEDICINES IN FACILITY . . . | 3          | →          | 607        |    |
| 606 | MEDICINES FOR TUBERCULOSIS                            | a                                 |            |            | b          |    |
|     |   | OBSERVED                          | REPORTED   | NOT        | STOCK OUT  |    |
|     |   | AT LEAST                          | AVAILABLE, | AVAILABLE  | IN LAST    |    |
|     |   | ONE UNIT                          | NOT SEEN   |            | SIX MONTHS |    |
|     |   | IN DATE                           |            |            | YES        | NO |
| 01  | Amikacin  | 2 → 01b                           | 3<br>02 ↙  | 4<br>02 ↙  | 1          | 2  |
| 02  | Capreomycin   | 2 → 02b                           | 3<br>03 ↙  | 4<br>03 ↙  | 1          | 2  |
| 03  | Cycloserine   | 2 → 03b                           | 3<br>04 ↙  | 4<br>04 ↙  | 1          | 2  |
| 04  | Ethambutol  | 2 → 04b                           | 3<br>05 ↙  | 4<br>05 ↙  | 1          | 2  |
| 05  | Ethionamide   | 2 → 05b                           | 3<br>06 ↙  | 4<br>06 ↙  | 1          | 2  |
| 06  | Gatifloxacin  | 2 → 06b                           | 3<br>07 ↙  | 4<br>07 ↙  | 1          | 2  |
| 07  | Isoniazid (INH)                                       | 2 → 07b                           | 3<br>08 ↙  | 4<br>08 ↙  | 1          | 2  |
| 08  | Levofloxacin  | 2 → 08b                           | 3<br>09 ↙  | 4<br>09 ↙  | 1          | 2  |
| 09  | Moxifloxacin  | 2 → 09b                           | 3<br>10 ↙  | 4<br>10 ↙  | 1          | 2  |
| 10  | p-Aminosalylic acid                                   | 2 → 10b                           | 3<br>11 ↙  | 4<br>11 ↙  | 1          | 2  |
| 11  | Pyrazinamide  | 2 → 11b                           | 3<br>12 ↙  | 4<br>12 ↙  | 1          | 2  |
| 12  | Rifabutin   | 2 → 12b                           | 3<br>13 ↙  | 4<br>13 ↙  | 1          | 2  |
| 13  | Rifampin  | 2 → 13b                           | 3<br>14 ↙  | 4<br>14 ↙  | 1          | 2  |
| 14  | Rifapentine   | 2 → 14b                           | 3<br>15 ↙  | 4<br>15 ↙  | 1          | 2  |
| 15  | Streptomycin  | 2 → 15b                           | 3<br>16 ↙  | 4<br>16 ↙  | 1          | 2  |
| 16  | Isoniazid + rifampin (Rifina)                         | 2 → 16b                           | 3<br>17 ↙  | 4<br>17 ↙  | 1          | 2  |
| 17  | Isoniazid + rifampin +<br>pyrazinamide (RHZ, Rifater) | 2 → 17b                           | 3<br>18 ↙  | 4<br>18 ↙  | 1          | 2  |
| 18  | Isoniazid + ethambutol<br>(EH)                        | 2 → 18b                           | 3<br>19 ↙  | 4<br>19 ↙  | 1          | 2  |
| 19  | Other _____<br>(SPECIFY)                              | 2 → 19b                           | 3<br>607 ↙ | 4<br>607 ↙ | 1          | 2  |

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

| NO. | MEDICATION/SUPPLY ITEM   | CODING CATEGORIES  |                     |  |                  |                                    |    |           |
|-----|--|--|---------------------|--|------------------|------------------------------------|----|-----------|
| 609 | Does this facility stock any antiretroviral medicines?   | YES .....  | 1                   | NO .....                                 | 2                | → 613                              |    |           |
| 610 | ASK TO SEE THE ANTIRETROVIRAL MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY.  | OBSERVED   |                     | a  |                  | b                                  |    |           |
|     |  | AT LEAST<br>ALL UNITS<br>IN DATE   | ONE UNIT<br>IN DATE | REPORTED<br>AVAILABLE,<br>NOT SEEN       | NOT<br>AVAILABLE | STOCK OUT<br>IN LAST<br>SIX MONTHS |    |           |
|     |  |  |                     |  |                  | YES                                | NO |           |
| 01  | AZT + 3TC / Combivir   |  | 1 → 01b             | 2<br>02                                  | 3<br>02          | 1                                  | 2  |           |
| 02  | Zidovudine (ZDV, AZT)  |  | 1 → 02b             | 2<br>03                                  | 3<br>03          | 1                                  | 2  |           |
| 03  | Abacavir/ABC   |  | 1 → 03b             | 2<br>04                                  | 3<br>04          | 1                                  | 2  |           |
| 04  | Didanosine/ddI   |  | 1 → 04b             | 2<br>05                                  | 3<br>05          | 1                                  | 2  |           |
| 05  | Lamivudine/3TC   |  | 1 → 05b             | 2<br>06                                  | 3<br>06          | 1                                  | 2  |           |
| 06  | Stavudine/d4T  |  | 1 → 06b             | 2<br>07                                  | 3<br>07          | 1                                  | 2  |           |
| 07  | Tenofovir disoproxil fumarate [Viread]   |  | 1 → 07b             | 2<br>08                                  | 3<br>08          | 1                                  | 2  |           |
| 08  | Efavirenz (EFZ) / Stocrin / Sustiva  |  | 1 → 08b             | 2<br>09                                  | 3<br>09          | 1                                  | 2  |           |
| 09  | Nevirapine (NVP)   |  | 1 → 09b             | 2<br>10                                  | 3<br>10          | 1                                  | 2  |           |
| 10  | Indinavir / Crixivan   |  | 1 → 10b             | 2<br>11                                  | 3<br>11          | 1                                  | 2  |           |
| 11  | Kaletra / Lopinavir / Ritonavir  |  | 1 → 11b             | 2<br>12                                  | 3<br>12          | 1                                  | 2  |           |
| 12  | Nelfinavir / Viracept  |  | 1 → 12b             | 2<br>13                                  | 3<br>13          | 1                                  | 2  |           |
| 13  | Ritonavir / Norvir   |  | 1 → 13b             | 2<br>14                                  | 3<br>14          | 1                                  | 2  |           |
| 14  | Saquinavir / Invirase  |  | 1 → 14b             | 2<br>15                                  | 3<br>15          | 1                                  | 2  |           |
| 15  | Other _____<br>(SPECIFY)   |  | 1 → 15b             | 2<br>611                                 | 3<br>611         | 1                                  | 2  |           |
| 611 | ARE THE ANTIRETROVIRALS STORED SEPARATE FROM OTHER MEDICINES?  | YES .....  | 1                   | NO .....                                 | 2                |                                    |    |           |
| 612 | ARE THE ANTIRETROVIRAL DRUGS STORED UNDER LOCKED CONDITIONS?   | YES .....  | 1                   | NO .....                                 | 2                |                                    |    |           |
| 613 | Is there a register or stock cards where the amount of each medicine received and the amount disbursed is recorded?<br>IF YES, ASK: May I see the records? | YES, OBSERVED .....  | 1                   | YES, REPORTED, NOT SEEN ...              | 2                | NO .....                           | 3  | → 616     |
| 614 | CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN Q613.  | REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES ..... | 1                   | REGISTER/STOCK CARDS UPDATED DAILY ..... | 2                | OTHER _____                        | 6  | (SPECIFY) |

| NO. | MEDICATION/SUPPLY ITEM   | CODING CATEGORIES  |    |                                  |
|-----|--|--|----|----------------------------------|
| 615 | FOR EACH OF THE FOLLOWING MEDICINES THAT ARE AVAILABLE, RECORD IF THE AMOUNT OF STOCK ON THE STOCK CARD, OR THE AMOUNT THAT CAN BE CALCULATED, MATCHES THE INVENTORY OBSERVED IN STORAGE. USE THE MOST UPDATED SOURCE. | YES  | NO | MEDICINE NOT AVAILABLE           |
| 01  | Amoxicillin/ampicillin oral  | 1  | 2  | 3                                |
| 02  | Ampicillin injectable  | 1  | 2  | 3                                |
| 03  | AZT + 3TC / Combivir   | 1  | 2  | 3                                |
| 04  | Ciprofloxacin oral   | 1  | 2  | 3                                |
| 05  | Co-trimoxazole oral  | 1  | 2  | 3                                |
| 06  | Erythromycin   | 1  | 2  | 3                                |
| 07  | Indinavir / Crixivan   | 1  | 2  | 3                                |
| 08  | Nevirapine (NVP)   | 1  | 2  | 3                                |
| 09  | Penicillin, Benzathine benzyl injectable / Septrin   | 1  | 2  | 3                                |
| 616 | OBSERVE THE PLACE WHERE MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.   |  |    |                                  |
| 01  | ARE THE MEDICINES OFF THE FLOOR AND PROTECTED FROM WATER?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |    |                                  |
| 02  | ARE THE MEDICINES PROTECTED FROM <u>DIRECT</u> SUNLIGHT OR FLOURESCENT LIGHTING?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |    |                                  |
| 03  | IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |    |                                  |
| 04  | IS THE ROOM AIR CONDITIONED OR HAVE A COOLING SYSTEM?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |    |                                  |
| 05  | ARE THE MEDICINES OR IS THE PHARMACY AS A WHOLE KEPT LOCKED WHEN NO STAFF ARE PRESENT?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8  |    |                                  |
| 617 | When was the last time that you received a routine supply of medicines?  | WITHIN PRIOR 4 WEEKS ..... 1<br>BETWEEN 4-12 WEEKS ..... 2<br>MORE THAN 12 WEEKS AGO ... 3<br>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<br>NEED DETERMINED ELSEWHERE ..... 2<br>DEPENDS ON MEDICINE ..... 3<br>DON'T KNOW ..... 8 |    | → 620<br>→ 620<br>→ 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<br>STANDARD FIXED SUPPLY ..... 2<br>DEPENDS ON MEDICINE ..... 3<br>DON'T KNOW ..... 8   |    | → 622<br>→ 622<br>→ 622<br>→ 622 |

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

| NO.   | MEDICATION/SUPPLY ITEM   | CODING CATEGORIES |   |                  |                                    |    |
|---|--|-------------------|---|------------------|------------------------------------|----|
| 624   | I would like to see supplies that you have in stock. Please show me the following stock supply items if they area kept here. | a                 |   |                  | b                                  |    |
|   |  | OBSERVED          | REPORTED<br>AVAILABLE,<br>NOT SEEN  | NOT<br>AVAILABLE | STOCK OUT<br>IN LAST<br>SIX MONTHS |    |
|   |  |                   |   |                  | YES                                | NO |
| 01  | Condoms  | 1 → 01b           | 2 ↘<br>02 ↙   | 3 ↘<br>02 ↙      | 1                                  | 2  |
| 02  | Disposable needles   | 1 → 02b           | 2 ↘<br>03 ↙   | 3 ↘<br>03 ↙      | 1                                  | 2  |
| 03  | Disposable syringes  | 1 → 03b           | 2 ↘<br>04 ↙   | 3 ↘<br>04 ↙      | 1                                  | 2  |
| 04  | Disinfectant for cleaning surfaces<br>(bleach or other cleaning solution)  | 1 → 04b           | 2 ↘<br>05 ↙   | 3 ↘<br>05 ↙      | 1                                  | 2  |
| 05  | Hand-washing soap  | 1 → 05b           | 2 ↘<br>625 ↙  | 3 ↘<br>625 ↙     | 1                                  | 2  |
| <b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER</b>   |  |                   |   |                  |                                    |    |
| 625   | RECORD THE TIME AT<br>END OF INTERVIEW   |                   | <div style="text-align: center;"> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/><br/>           24 HOUR CLOCK         </div> |                  |                                    |    |
| THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE |  |                   |   |                  |                                    |    |

**SECTION G: TUBERCULOSIS TREATMENT**

|   |   |  |                    |
|---|---|--|--------------------|
| <b>Code of facility:</b> <input type="text"/> <input type="text"/><br><span style="margin-left: 100px;">COUNTRY</span> <span style="margin-left: 50px;">DISTRICT</span> <span style="margin-left: 50px;">FACILITY</span>  |   | QRE <input type="checkbox"/><br>TYPE <input checked="" type="checkbox"/> <b>G</b>  |                    |
| <b>Interviewer Code:</b> <input type="text"/> <input type="text"/>  |   |  |                    |
| 700   | INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT   | CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/>  | NAME OF UNIT _____ |
| 700a  | MANAGING AUTHORITY<br>GOVERNMENT ..... 01<br>NGO ..... 02<br>PRIVATE (FOR-PROFIT) ..... 03<br>PRIVATE (NOT FOR-PROFIT) ... 04<br>SEMIAUTONOMOUS ..... 05<br>MISSION ..... 06<br><br>OTHER _____ ... 96<br>(SPECIFY) | MANAGING AUTHORITY ..... <input type="text"/> <input type="text"/>   |                    |
| <b>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.</b>   |   |  |                    |
| Now I will read a statement explaining this facility inventory and asking your consent to participate.<br>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.<br><br>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about tuberculosis services provided here, including services for clients who you think are HIV infected or have AIDS, but this is not confirmed by a blood test, as well as for those clients who are confirmed by test to have an HIV/AIDS related illness. We will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.<br><br>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.<br><br>Do you have any questions for me at this time? |   |  |                    |
| 701   | Do I have your agreement to participate?<br>Thank you. Let's begin now.   | YES ..... 1<br>NO ..... 2  | → STOP             |
| 702   | RECORD THE TIME AT BEGINNING OF INTERVIEW<br><input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/><br>24 HOUR CLOCK   | DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DAY                  MONTH                  YEAR |                    |

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

| 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) _____<br>SPECIFY  | 1    2    3    4  |                         |
| 711 | Is this facility included in the national DOTS program? (DIRECTLY OBSERVED TREATMENT STRATEGY)                                   | YES ..... 1<br>NO ..... 2   |                         |
| 712 | What treatment strategy is followed by providers in this clinic/unit for TB treatment?   | DIRECT OBSERVE 2M, FOLLOW UP 6M ... 1<br>DIRECT OBSERVE 6M ..... 2<br>NO DIRECT OBSERVED TREATMENT ..... 3<br>FOLLOW UP CLIENTS ONLY AFTER<br>INTENSIVE TREATMENT PROVIDED<br>ELSEWHERE ..... 4 | → 716<br>→ 716          |
| 713 | Who directly observes treatment during the first two months or until the client is sputum negative?<br><br>CIRCLE ALL THAT APPLY | HOSPITAL STAFF ..... A<br>STAFF, IN FACILITY ..... B<br>OUTREACH WORKER, BASED AT<br>FACILITY ..... C<br>COMMUNITY WORKER ..... D<br>OTHER _____ X<br>(SPECIFY)                                 |                         |
| 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<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  | → 716<br>→ 716          |
| 715 | Is the record/register up-to-date for the prior week for all clients receiving their DOTS medications?                           | YES ..... 1<br>NO ..... 2<br>CANT DETERMINE ..... 7   |                         |
| 716 | From where does this facility receive TB medications?<br><br>CIRCLE ALL THAT APPLY.  | NATIONAL TB CONTROL PROGRAM ..... A<br>DIRECT PURCHASE ..... B<br>DONATIONS FROM NGOS ..... C<br>OTHER _____ X<br>(SPECIFY)   |                         |
| 717 | Are TB medicines kept in this clinic/unit? IF YES, ASK TO SEE THE MEDICINES AND INDICATE HOW THEY ARE SUPPLIED.                  | YES, PREPACKAGED FOR CLIENTS ..... 1<br>YES, BULK JARS ..... 2<br>NO, MEDICINES IN PHARMACY ONLY ..... 3<br>NO MEDICINES IN FACILITY ..... 4  | → 719<br>→ 722<br>→ 722 |

| NO. | QUESTIONS   | CODING CATEGORIES            |                         |                              |               | GO TO                        |    |
|-----|---|------------------------------|-------------------------|------------------------------|---------------|------------------------------|----|
| 718 | ASK TO SEE THE PREPACKAGED MEDICINES AND RECORD IF THERE IS A PACKAGE FOR ALL CLIENTS CURRENTLY UNDER DOTS TREATMENT. | YES, ALL CLIENTS .....       |                         | 1                            | → 720         |                              |    |
|     |   | NO, SOME CLIENTS ONLY .....  |                         | 2                            | → 720         |                              |    |
|     |   | NO MEDICINES AVAILABLE ..... |                         | 3                            | → 720         |                              |    |
| 719 | ASK TO SEE THE TB MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY                                    | a                            |                         |                              |               | b                            |    |
|     |   | OBSERVED                     |                         |                              |               | STOCK OUT IN LAST SIX MONTHS |    |
|     |   | ALL UNITS VALID              | AT LEAST ONE UNIT VALID | REPORTED AVAILABLE, NOT SEEN | NOT AVAILABLE | YES                          | NO |
| 01  | Amikacin  |                              | 2 →01b                  | 3<br>02 ↙                    | 4<br>02 ↙     | 1                            | 2  |
| 02  | Capreomycin   |                              | 2 →02b                  | 3<br>03 ↙                    | 4<br>03 ↙     | 1                            | 2  |
| 03  | Cycloserine   |                              | 2 →03b                  | 3<br>04 ↙                    | 4<br>04 ↙     | 1                            | 2  |
| 04  | Ethambutol  |                              | 2 →04b                  | 3<br>05 ↙                    | 4<br>05 ↙     | 1                            | 2  |
| 05  | Ethionamide   |                              | 2 →05b                  | 3<br>06 ↙                    | 4<br>06 ↙     | 1                            | 2  |
| 06  | Gatifloxacin  |                              | 2 →06b                  | 3<br>07 ↙                    | 4<br>07 ↙     | 1                            | 2  |
| 07  | Isoniazid (INH)   |                              | 2 →07b                  | 3<br>08 ↙                    | 4<br>08 ↙     | 1                            | 2  |
| 08  | Levofloxacin  |                              | 2 →08b                  | 3<br>09 ↙                    | 4<br>09 ↙     | 1                            | 2  |
| 09  | Moxifloxacin  |                              | 2 →09b                  | 3<br>10 ↙                    | 4<br>10 ↙     | 1                            | 2  |
| 10  | p-Aminosallyclic acid   |                              | 2 →10b                  | 3<br>11 ↙                    | 4<br>11 ↙     | 1                            | 2  |
| 11  | Pyrazinamide  |                              | 2 →11b                  | 3<br>12 ↙                    | 4<br>12 ↙     | 1                            | 2  |
| 12  | Rifabutin   |                              | 2 →12b                  | 3<br>13 ↙                    | 4<br>13 ↙     | 1                            | 2  |
| 13  | Rifampin  |                              | 2 →13b                  | 3<br>14 ↙                    | 4<br>14 ↙     | 1                            | 2  |
| 14  | Rifapentine   |                              | 2 →14b                  | 3<br>15 ↙                    | 4<br>15 ↙     | 1                            | 2  |
| 15  | Streptomycin  |                              | 2 →15b                  | 3<br>16 ↙                    | 4<br>16 ↙     | 1                            | 2  |
| 16  | Isoniazid + rifampin (Rifina)   |                              | 2 →16b                  | 3<br>17 ↙                    | 4<br>17 ↙     | 1                            | 2  |
| 17  | Isoniazid + rifampin + pyrazinamide (RHZ, Rifater)  |                              | 2 →17b                  | 3<br>18 ↙                    | 4<br>18 ↙     | 1                            | 2  |
| 18  | Isoniazid + ethambutol (EH)   |                              | 2 →18b                  | 3<br>19 ↙                    | 4<br>19 ↙     | 1                            | 2  |
| 19  | Other _____<br>(SPECIFY)  |                              | 2 →19b                  | 3<br>720 ↙                   | 4<br>720 ↙    | 1                            | 2  |

| NO. | QUESTIONS  | CODING CATEGORIES  | GO TO |
|-----|--|--|-------|
| 720 | Are TB medicines also kept elsewhere in this facility, like in the pharmacy or central supplies?   | YES ..... 1<br>NO ..... 2  |       |
| 721 | Do you take TB medicines from this unit to another unit in this facility or to another facility?<br>CIRCLE ALL THAT APPLY  | YES, ANOTHER UNIT, THIS FACILITY .. A<br>YES, ANOTHER FACILITY ..... B<br>NO ..... Y   |       |
| 722 | Does this clinic/unit provide routine follow-up for any clients who are placed on TB treatment?<br><br>IF NO, INDICATE WHERE FOLLOW-UP OF TB CLIENTS IS CARRIED OUT. | YES, INTENSIVE TREATMENT ONLY ..... 1<br>YES, FULL TREATMENT ..... 2<br>NO, CLIENTS REFERRED TO INPATIENT UNIT ..... 3<br>NO, CLIENTS REFERRED TO HEALTH CENTER ..... 4<br>NO, CLIENTS REFERRED ELSEWHERE ..... 6<br>(SPECIFY)<br>NO FOLLOW-UP AND NO REFERRAL . . . . 7 |       |
| 723 | Now I want to know about your records. Do you have any record of the number of newly diagnosed TB clients for this clinic/unit, during the past 12 months?           | YES ..... 1<br>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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |       |
| 725 | RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION   | MONTHS OF DATA ..... <input type="text"/> <input type="text"/>   |       |
| 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<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |       |
| 727 | FILTER: CHECK Q722. WAS RESPONSE '3', '4', '6', OR '7'?  | YES ..... 1<br>NO ..... 2  | → 733 |

| NO. | QUESTIONS   | CODING CATEGORIES  | GO TO  |
|-----|---|--|--|
| 728 | Do you have a register or list of clients currently being followed by this unit for TB treatment?<br>IF YES, May I see it?  | YES, REGISTER OR LIST OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  | → 732<br>→ 733   |
| 729 | INDICATE THE DATE THE MOST RECENT CLIENT BEGAN TB TREATMENT   | WITHIN PAST 30 DAYS ..... 1<br>MORE THAN 30 DAYS AGO ..... 2<br>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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |  |
| 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>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?<br>IF YES, ASK TO SEE THE REGISTER/RECORD                       | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>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?<br><br>PROBE FOR WHETHER ROUTINE OR SUSPECT CASES | YES, ROUTINELY, TESTED IN UNIT ..... 1<br>YES, SUSPECT ONLY, IN UNIT ..... 2<br>YES, ROUTINELY REFERRED ..... 3<br>YES, SUSPECT ONLY, REFERRED ..... 4<br>NO ..... 5<br>DON'T KNOW ..... 8 | → VCT QRE & → 737<br>→ VCT QRE & → 737<br>→ 737<br>→ 737 |
| 734 | Do you have a register or list of new TB patients who were referred elsewhere for an HIV test or counseling?<br>IF YES, ASK TO SEE THE REGISTER OR LIST.  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   | → 737<br>→ 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |  |
| 736 | RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION  | MONTHS OF DATA ..... <input type="text"/> <input type="text"/>   |  |
| 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?<br>YES, ASK TO SEE THE REGISTER OR LIST.   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   | → 739<br>→ 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 ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |  |

| NO.   | QUESTIONS  | CODING CATEGORIES  | GO TO                        |          |                |            |   |   |              |   |   |  |
|---|--|--|------------------------------|----------|----------------|------------|---|---|--------------|---|---|--|
| 739   | <b>Other than TB services,</b><br>does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS?<br>CARE AND SUPPORT MEANS ANY PREVENTIVE CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, SOCIAL SERVICES, OR HIV TESTS. | YES ..... 1<br><br>NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY ..... 2<br>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/><br>NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY ..... 3<br>OTHER ..... 6<br>(SPECIFY) | → OPD<br>OR IPD QRE<br>→ 747 |          |                |            |   |   |              |   |   |  |
| 740   | Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?  | YES, PEP IN THIS CLINIC/UNIT ..... 1<br>YES, PEP PROVIDED ELSEWHERE IN FACILITY ..... 2<br>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/><br>YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3<br>NO PEP AVAILABLE ..... 4             | → 742<br><br><br><br>→ 747   |          |                |            |   |   |              |   |   |  |
| 741   | Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment?<br>IF YES, ASK TO SEE A/ANY REGISTER/RECORD   | YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1<br>RECORD SHOWS REFERRAL ONLY ..... 2<br>NO RECORD OF REFERRAL ..... 3   | → 746<br>→ 746<br>→ 746      |          |                |            |   |   |              |   |   |  |
| 742   | HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?   | YES ..... 1<br>NO ..... 2  | → 747                        |          |                |            |   |   |              |   |   |  |
| 743   | Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?   | YES ..... 1<br>NO ..... 2  | → 747                        |          |                |            |   |   |              |   |   |  |
| 744   | Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES   | YES, OBSERVED, COMPLETE ..... 1<br>YES, OBSERVED, INCOMPLETE ..... 2<br>YES, REPORTED, NOT SEEN ..... 3<br>NO ..... 4  |                              |          |                |            |   |   |              |   |   |  |
| 745   | Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |                              |          |                |            |   |   |              |   |   |  |
| 746   | Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |                              |          |                |            |   |   |              |   |   |  |
| 747   | RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT   | <table border="0"> <tr> <td></td> <td>COMPLETE</td> <td>NOT APPLICABLE</td> </tr> <tr> <td>(V)CT Q733</td> <td>1</td> <td>2</td> </tr> <tr> <td>OPD/IPD Q739</td> <td>1</td> <td>2</td> </tr> </table>   |                              | COMPLETE | NOT APPLICABLE | (V)CT Q733 | 1 | 2 | OPD/IPD Q739 | 1 | 2 |  |
|   | COMPLETE   | NOT APPLICABLE   |                              |          |                |            |   |   |              |   |   |  |
| (V)CT Q733  | 1  | 2  |                              |          |                |            |   |   |              |   |   |  |
| OPD/IPD Q739  | 1  | 2  |                              |          |                |            |   |   |              |   |   |  |
| <b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>  |  |  |                              |          |                |            |   |   |              |   |   |  |
| 748   | RECORD THE TIME AT END OF INTERVIEW<br><input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/><br>24 HOUR CLOCK  |  |                              |          |                |            |   |   |              |   |   |  |
| THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE |  |  |                              |          |                |            |   |   |              |   |   |  |

**SECTION H: COUNSELING AND TESTING**

|   |   |  |
|---|---|--|
| <b>Code of facility:</b> <input type="text"/> <input type="text"/><br><span style="margin-left: 100px;">COUNTRY</span> <span style="margin-left: 50px;">DISTRICT</span> <span style="margin-left: 50px;">FACILITY</span>  |   | QRE <input type="checkbox"/><br>TYPE <input type="checkbox"/> <b>H</b>   |
| <b>Interviewer Code:</b> <input type="text"/> <input type="text"/>  |   |  |
| 800   | INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT   | CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/><br>NAME OF UNIT _____  |
| 800a  | MANAGING AUTHORITY<br>GOVERNMENT ..... 01<br>NGO ..... 02<br>PRIVATE (FOR-PROFIT) ..... 03<br>PRIVATE (NOT FOR-PROFIT) ... 04<br>SEMIAUTONOMOUS ..... 05<br>MISSION ..... 06<br><br>OTHER _____ ... 96<br>(SPECIFY) | MANAGING AUTHORITY ..... <input type="text"/> <input type="text"/>   |
| <p><b>ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT COUNSELING AND TESTING SERVICES PROVIDED BY THIS UNIT.</b></p> <p>Now I will read a statement explaining this facility inventory and asking your consent to participate.</p> <p>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.</p> <p>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.</p> <p>Do you have any questions for me at this time?</p> |   |  |
| 801   | Do I have your agreement to participate?<br>Thank you. Let's begin now.   | YES ..... 1<br>NO ..... 2    → STOP  |
| 802   | RECORD THE TIME AT BEGINNING OF INTERVIEW<br><input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/><br>24 HOUR CLOCK   | DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DAY    MONTH    YEAR |

| NO. | QUESTIONS  | CODING CATEGORIES   | GO TO      |                               |   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
|-----|--|---|------------|-------------------------------|---|------------|----|---|---|---|---|----|---|---|---|---|----|---|---|---|---|----|---|---|---|---|--|
| 803 | <p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b>.</p> | <p>YES ..... 1</p> <p>NUMBER OF <input type="text"/> <input type="text"/> STAFF LISTED</p> <p>NO ..... 2</p>  |            |                               |   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 804 | <p>Which services or units have referred patients for counseling and testing to this clinic/unit in the last 6 months?</p> <p>READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.</p>  | <p>GENERAL INPATIENT UNITS..... A</p> <p>GENERAL OPD CLINIC/UNIT..... B</p> <p>ANC CLINIC/UNIT ..... C</p> <p>MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS ..... D</p> <p>OTHER CLINIC/UNIT THIS FACILITY U</p> <p>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER CLINIC/UNIT THIS FACILITY V</p> <p>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER CLINIC/UNIT THIS FACILITY W</p> <p>ENTER CLINIC/UNIT NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NONE ..... Y</p> |            |                               |   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 805 | How many days each week are counseling services for HIV/AIDS available in this clinic/unit?  | DAYS PER WEEK ..... <input type="text"/>  |            |                               |   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 806 | How many days each week are testing services for HIV available in this clinic/unit?  | DAYS PER WEEK ..... <input type="text"/>  |            |                               |   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 807 | When a client is referred for, or receives an HIV test, are they counseled here?   | <p>YES ..... 1</p> <p>NO ..... 2</p>  | → 809      |                               |   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 808 | <p>Is counseling provided routinely?</p> <p>IF YES, Is counseling always provided by a counselor who has received training?</p> <p>ASK ABOUT EACH TYPE OF COUNSELING.</p>  | <table border="1"> <thead> <tr> <th></th> <th>COUNSELING ROUTINELY PROVIDED</th> <th>COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>02</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>03</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>04</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> </tbody> </table>  |            | COUNSELING ROUTINELY PROVIDED | COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT | DON'T KNOW | 01 | 1 | 2 | 3 | 8 | 02 | 1 | 2 | 3 | 8 | 03 | 1 | 2 | 3 | 8 | 04 | 1 | 2 | 3 | 8 |  |
|     | COUNSELING ROUTINELY PROVIDED  | COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT   | DON'T KNOW |                               |   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 01  | 1  | 2   | 3          | 8                             |   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 02  | 1  | 2   | 3          | 8                             |   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 03  | 1  | 2   | 3          | 8                             |   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 04  | 1  | 2   | 3          | 8                             |   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 01  | Pretest counseling   | 1   | 2          | 3                             | 8   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 02  | Post-test for positive results   | 1   | 2          | 3                             | 8   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 03  | Post-test for negative results   | 1   | 2          | 3                             | 8   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |
| 04  | Follow-up counseling for HIV/AIDS clients (after initial post-test counseling).  | 1   | 2          | 3                             | 8   |            |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |    |   |   |   |   |  |

| NO. | QUESTIONS   | CODING CATEGORIES            |                         |                          |                      | GO TO    |
|-----|---|------------------------------|-------------------------|--------------------------|----------------------|----------|
| 809 | Do you have any written guidelines related to HIV test counseling?  | YES .....                    | 1                       |                          |                      | → 811    |
|     |   | NO .....                     | 2                       |                          |                      |          |
| 810 | I am going to ask you about different guidelines related to HIV/AIDS. If you have the guidelines, may I see them?   | OBSERVED,<br>COMPLETE        | OBSERVED,<br>INCOMPLETE | REPORTED,<br>NOT<br>SEEN | NOT<br>AVAILABLE     |          |
| 01  | National Guidelines on counseling for HIV testing (1)   | 1 →09                        | 2                       | 3                        | 4                    |          |
| 02  | Other guidelines on counseling for HIV testing (1)  | 1 →09                        | 2                       | 3                        | 4                    |          |
| 03  | Pretest counseling (subset of 1)  | 1                            | 2                       | 3                        | 4                    |          |
| 04  | Post test counseling for positive results (subset of 1)   | 1                            | 2                       | 3                        | 4                    |          |
| 05  | Post test counseling for negative results (subset of 1)   | 1                            | 2                       | 3                        | 4                    |          |
| 06  | Pretest and post-test counseling is routine (subset of 1)   | 1                            | 2                       | 3                        | 4                    |          |
| 07  | Policy on informed consent (subset of 1)  | 1                            | 2                       | 3                        | 4                    |          |
| 08  | Policy on confidentiality regarding disclosure of HIV status (subset of 1)  | 1                            | 2                       | 3                        | 4                    |          |
| 09  | Confidentiality policy that specifically mentions <b>family members</b> will not be informed without client consent   | 1                            |                         | 3                        | 4                    |          |
| 10  | HIV testing procedures  | 1                            |                         | 3                        | 4                    |          |
| 811 | How long have <b>counseling services</b> been offered from this clinic/unit?<br><br>IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.                                       |                              | YEARS                   | <input type="text"/>     | <input type="text"/> |          |
|     |   |                              | MONTHS                  | <input type="text"/>     | <input type="text"/> |          |
| 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                       |                          |                      | → HW QRE |
|     |   | YES, NOT PRESENT TODAY ..... | 2                       |                          |                      | → 814    |
|     |   | NO .....                     | 3                       |                          |                      |          |
| 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                       |                          |                      | → 817    |
|     |   | GROUP ONLY .....             | 2                       |                          |                      |          |
|     |   | INDIVIDUAL AND GROUP .....   | 3                       |                          |                      |          |
|     |   | NO PRETEST COUNSELING .....  | 4                       |                          |                      | → 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, .....                   |                         | <input type="text"/>     | <input type="text"/> |          |
|     |   | NUMBER OF SESSIONS           |                         |                          |                      |          |
|     |   | NO .....                     | 995                     |                          |                      | → 817    |
| 816 | RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION  | MONTHS OF DATA .....         |                         | <input type="text"/>     | <input type="text"/> |          |

| NO. | QUESTIONS   | CODING CATEGORIES   |                    |             |   | GO TO   |
|-----|---|---|--------------------|-------------|---|---|
| 817 | Are there any records or registers that provide numbers of clients receiving pre or post test counseling?   | YES, CLIENT RECORDED ONCE FOR PACKAGE (COUNSELING AND TEST) 1<br>YES ..... 2<br>NO ..... 3  |                    |             |   | → 822<br><br>→ 822  |
| 818 | ASK TO SEE ANY RECORD OR REGISTER OF CLIENTS WHO RECEIVED ANY HIV TEST COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.      | (A) RECORD AVAILABILITY   |                    |             | (B) NUMBERS FROM OBSERVED RECORDS   |   |
|     |   | OB-SERVED   | REPORTED, NOT SEEN | NO RECORD   | NUMBER OF CLIENTS   | MONTHS OF DATA  |
|     | 01  | TOTAL CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING  | 1 →01b             | 2 }<br>02←  | 3 }<br>02←  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 02  | TOTAL CLIENTS RECEIVING POST-TEST COUNSELING  | 1 →02b  | 2 }<br>819←        | 3 }<br>819← | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/>   |
| 819 | What is the most recent date recorded for either pre or post test counseling?   | WITHIN PAST 30 DAYS ..... 1<br>MORE THAN 30 DAYS ..... 2<br>NO DATE RECORDED ..... 3<br>NO REPORT SEEN ..... 4  |                    |             |   |   |
| 820 | Is there a client number or other identifier for clients receiving pre and post test counseling?  | YES ..... 1<br>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<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  |                    |             |   |   |
| 822 | DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED  | PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY ..... 1<br>OTHER ROOM WITH VISUAL AND AUDITORY PRIVACY ..... 2<br>VISUAL PRIVACY ONLY ..... 3<br>NO PRIVACY ..... 4 |                    |             |   |   |
| 823 | Are the sexual partners of people testing positive for HIV contacted?   | YES, ROUTINELY ..... 1<br>YES, ONLY IF CONSENT FROM PATIENT GIVEN ..... 2<br>NO ..... 3   |                    |             |   | → 825   |
| 824 | Who contacts the partners of people testing positive for HIV?   | STAFF FROM THIS UNIT ..... 1<br>STAFF FROM ANOTHER UNIT, THIS FACILITY ..... 2<br>STAFF FROM ANOTHER FACILITY ... 3<br>OTHER ..... 6<br>_____<br>(SPECIFY)        |                    |             |   |   |
| 825 | Does this clinic/unit have any specific youth friendly services (YFS)?  | YES ..... 1<br>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<br>YES, OBSERVED, NOT COMPLETE .. 2<br>YES, REPORTED NOT SEEN ..... 3<br>NO ..... 4   |                    |             |   |   |

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

| NO. | QUESTIONS   | CODING CATEGORIES                                   |  | GO TO  |   |   |
|-----|---|---|--|--|---|---|
| 833 | HAS INFORMATION ON THE LABORATORY WHERE THE HIV TEST IS CONDUCTED BEEN PREVIOUSLY COLLECTED (EITHER DURING OUTPATIENT OR OTHER INPATIENT DATA COLLECTION)?  | YES .....   | 1  | → LAB QRE  |   |   |
|     |   | NO .....  | 2  |  |   |   |
|     |   | RAPID TEST ONLY, NO LAB .....                       | 3  |  |   |   |
|     |   | LAB OFFSITE .....                                   | 4  |  |   |   |
| 834 | How long have HIV testing services been offered from this clinic/unit?<br><br>IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.   | YEARS   | <input type="text"/> <input type="text"/>            |  |   |   |
|     |   | MONTHS  | <input type="text"/> <input type="text"/>            |  |   |   |
| 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  | → 837<br><br>→ 837<br>→ 837<br><br>→ 841             |   |   |
|     |   | YES, RECORDS MAINTAINED ELSEWHERE IN FACILITY ..... | 2  |  |   |   |
|     |   | ENTER CLINIC/UNIT NUMBER .....                      | <input type="text"/> <input type="text"/>            |  |   |   |
|     |   | YES, RECORDS IN LAB .....                           | 3  |  |   |   |
|     |   | OTHER _____ (SPECIFY) .....                         | 6  |  |   |   |
|     |   | NO .....  | 7  |  |   |   |
|     |   |   |  |  |   |   |
| 836 | INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE REQUESTED NUMBERS.   | (a)<br>RECORD AVAILABILITY                          |  | (b)<br>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 <input type="text"/> <input type="text"/><br>02 ←  | 3 <input type="text"/> <input type="text"/><br>02 ←  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 02  | TOTAL FEMALE CLIENTS RECEIVING HIV TEST   | 1 →02b  | 2 <input type="text"/> <input type="text"/><br>03 ←  | 3 <input type="text"/> <input type="text"/><br>03 ←  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 03  | TOTAL CLIENTS AGE 15-24 YEARS   | 1 →03b  | 2 <input type="text"/> <input type="text"/><br>04 ←  | 3 <input type="text"/> <input type="text"/><br>04 ←  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 04  | TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT   | 1 →04b  | 2 <input type="text"/> <input type="text"/><br>05 ←  | 3 <input type="text"/> <input type="text"/><br>05 ←  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 05  | TOTAL CLIENTS WHO RECEIVED TEST RESULTS   | 1 →05b  | 2 <input type="text"/> <input type="text"/><br>06 ←  | 3 <input type="text"/> <input type="text"/><br>06 ←  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 06  | TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS  | 1 →06b  | 2 <input type="text"/> <input type="text"/><br>837 ← | 3 <input type="text"/> <input type="text"/><br>837 ← | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

| NO. | QUESTIONS   | CODING CATEGORIES   | GO TO                          |
|-----|---|---|--------------------------------|
| 837 | Are reports regularly compiled on the number of clients in this clinic/unit who receive testing or counseling services for HIV/AIDS?  | YES, FOR POS AND NEG RESULTS .... 1<br>YES, FOR POS RESULTS ONLY ..... 2<br>NO ..... 3  | → 841                          |
| 838 | How frequently are the compiled reports submitted to someone outside of this clinic/unit?   | MONTHLY OR MORE OFTEN .... 1<br>EVERY 2-3 MONTHS ..... 2<br>EVERY 4-6 MONTHS ..... 3<br>LESS OFTEN THAN<br>EVERY 6 MONTHS ..... 4<br>NEVER ..... 5  | → 840                          |
| 839 | To whom do you send these reports?<br><br>CIRCLE ALL THAT APPLY.  | RECORDS OFFICER ..... A<br>FACILITY DIRECTOR ..... B<br>DISTRICT LEVEL ..... C<br>MOH (CMO, SURVEILLANCE, SMO, ETC.) D<br>NATIONAL AIDS PROGRAM ..... E<br>OTHER _____ X<br>(SPECIFY)   |                                |
| 840 | Do you use a standardized form for your reports?  | YES ..... 1<br>NO ..... 2   |                                |
| 841 | Is an individual client chart or record maintained for all HIV positive clients?<br><br>IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.   | YES, IN UNIT, OBSERVED ..... 1<br>YES, IN UNIT, REPORTED, NOT SEEN .. 2<br>YES, PROVIDED OR KEPT IN OTHER<br>CLINIC/UNIT IN FACILITY ..... 3<br>ENTER CLINIC/UNIT<br>NUMBER ..... <input type="text"/> <input type="text"/><br>YES, IN CENTRAL RECORDS ..... 4<br>ONLY IF CLIENT PROVIDES ..... 5<br>OTHER _____ 6<br>SPECIFY<br>NO INDIVIDUAL RECORD ..... 7 |                                |
| 842 | <b>Other than (V)CT services,</b><br>does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS?<br><br>CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, OR SOCIAL SERVICES. | YES ..... 1<br><br>NO, HIV/AIDS CLIENTS ARE REFERRED<br>ELSEWHERE, THIS FACILITY ..... 2<br>ENTER CLINIC/UNIT<br>NUMBER ..... <input type="text"/> <input type="text"/><br>NO, HIV/AIDS CLIENTS ARE REFERRED<br>TO OTHER FACILITY ..... 3<br>OTHER _____ 6<br>(SPECIFY)   | → OPD<br>OR IPD QRE<br>& → 850 |

| NO.   | QUESTIONS   | CODING CATEGORIES  | GO TO                      |          |                |          |   |   |              |   |   |  |
|---|---|--|----------------------------|----------|----------------|----------|---|---|--------------|---|---|--|
| 843   | Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?                     | YES, PEP IN THIS CLINIC/UNIT ..... 1<br>YES, PEP PROVIDED ELSEWHERE IN FACILITY ..... 2<br>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/><br>YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3<br>NO PEP AVAILABLE ..... 4 | → 845<br><br><br><br>→ 850 |          |                |          |   |   |              |   |   |  |
| 844   | Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD                           | YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1<br>RECORD SHOWS REFERRAL ONLY ..... 2<br>NO RECORD OF REFERRAL ..... 3   | → 849<br>→ 849<br>→ 849    |          |                |          |   |   |              |   |   |  |
| 845   | HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?  | YES ..... 1<br>NO ..... 2  | → 850                      |          |                |          |   |   |              |   |   |  |
| 846   | Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?  | YES ..... 1<br>NO ..... 2  | → 850                      |          |                |          |   |   |              |   |   |  |
| 847   | Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)   | YES, OBSERVED, COMPLETE ..... 1<br>YES, OBSERVED, INCOMPLETE ..... 2<br>YES, REPORTED, NOT SEEN ..... 3<br>NO ..... 4  |                            |          |                |          |   |   |              |   |   |  |
| 848   | Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |                            |          |                |          |   |   |              |   |   |  |
| 849   | Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED. | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3   |                            |          |                |          |   |   |              |   |   |  |
| 850   | RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT  | <table border="0"> <tr> <td></td> <td>COMPLETE</td> <td>NOT APPLICABLE</td> </tr> <tr> <td>LAB Q833</td> <td>1</td> <td>2</td> </tr> <tr> <td>OPD/IPD Q842</td> <td>1</td> <td>2</td> </tr> </table>   |                            | COMPLETE | NOT APPLICABLE | LAB Q833 | 1 | 2 | OPD/IPD Q842 | 1 | 2 |  |
|   | COMPLETE  | NOT APPLICABLE   |                            |          |                |          |   |   |              |   |   |  |
| LAB Q833  | 1   | 2  |                            |          |                |          |   |   |              |   |   |  |
| OPD/IPD Q842  | 1   | 2  |                            |          |                |          |   |   |              |   |   |  |
| <b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>  |   |  |                            |          |                |          |   |   |              |   |   |  |
| 851   | RECORD THE TIME AT END OF INTERVIEW   | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/><br>24 HOUR CLOCK   |                            |          |                |          |   |   |              |   |   |  |
| THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE |   |  |                            |          |                |          |   |   |              |   |   |  |

**SECTION I: ANTIRETROVIRAL THERAPY**

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>Code of facility:</b>  | <input type="text"/> <input type="text"/> <input type="text"/>  | <input type="text"/> <input type="text"/>   | <input type="text"/> <input type="text"/> <input type="text"/> | QRE<br>TYPE   | I |
|   | COUNTRY   | DISTRICT  | FACILITY   |   |   |
| <b>Interviewer Code:</b>  | <input type="text"/> <input type="text"/>   |   |  |   |   |
| 900   | INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT   | CLINIC/UNIT CODE FROM COVER   | <input type="text"/> <input type="text"/>                      |   |   |
|   |   | NAME OF UNIT _____  |  |   |   |
| 900a  | MANAGING AUTHORITY<br>GOVERNMENT ..... 01<br>NGO ..... 02<br>PRIVATE (FOR-PROFIT) ..... 03<br>PRIVATE (NOT FOR-PROFIT) ... 04<br>SEMIAUTONOMOUS ..... 05<br>MISSION ..... 06<br><br>OTHER _____ ... 96<br>(SPECIFY) | MANAGING AUTHORITY  | <input type="text"/> <input type="text"/>                      |   |   |
| <b>ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT ART SERVICES PROVIDED BY THIS UNIT.</b>  |   |   |  |   |   |
| Now I will read a statement explaining this facility inventory and asking your consent to participate.<br><br>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.<br><br>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.<br><br>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.<br><br>Do you have any questions for me at this time? |   |   |  |   |   |
| 901   | Do I have your agreement to participate?<br>Thank you. Let's begin now.   | YES ..... 1<br>NO ..... 2   | → STOP   |   |   |
| 902   | RECORD THE TIME AT BEGINNING OF INTERVIEW   | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | DATE   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |   |
|   |   | 24 HOUR CLOCK   |  | DAY MONTH YEAR  |   |

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

| NO.                 | QUESTIONS  | CODING CATEGORIES   | GO TO      |                |                      |                |   |   |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
|---------------------|--|---|------------|----------------|----------------------|----------------|---|---|--|--|---------------------|---------|---------------------|------------|----------------|-----------|----------------|----|--------------------------------------|--------|--------|---|---|---|---|---|----|--|--------|--------|---|---|---|---|---|----|---------------------------|--------|--------|---|---|---|---|---|----|--|--------|--------|---|---|---|---|---|----|---------------------------|--------|--------|---|---|---|---|---|----|--|--------|--------|---|---|---|---|---|----|---------------------------|--------|--------|---|---|---|---|---|----|--|--------|--------|---|---|---|---|---|----|---|--------|--------|---|---|---|---|---|----|--------------------------------|---------|---------|---|---|---|---|---|--|
| 910                 | <p>Which ARV drugs are prescribed in this clinic/unit?</p> <p>CIRCLE ALL THAT APPLY.</p> <p>AFTER THE RESPONSE, READ THE NAME OF EACH DRUG TO VERIFY THAT THE DRUG IS NOT PRESCRIBED BY THE CLINIC/UNIT.</p>   | AZT+3TC (COMBIVIR) ..... A<br>ZIDOVUDINE (ZDV, AZT) ..... B<br>ABACAVIR/ABC ..... C<br>DIDANOSINE/ddI ..... D<br>EFAVIRENZ /EFZ / STOCORIN ..... E<br>LAMIVUDINE/3TC ..... F<br>NEVIRAPINE/NVP ..... G<br>TENOFOVIR DISOPROXIL FUMARATE (VIREAD) ..... H<br>INDINAVIR (CRIXIVAN) ..... I<br>KALETRA (LOPINAVIR / RIONAVIR) ..... J<br>NELFINAVIR (VIRACEPT) ..... K<br>RITONAVIR (NORVIR) ..... L<br>SAQUINAVIR (INVIRASES) ..... M<br>STAVUDINE/D4T ..... N<br>OTHER _____ X<br>SPECIFY _____  |            |                |                      |                |   |   |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| 911                 | <p>Are ARV drugs stored in this clinic/unit or in the pharmacy/central supply or both?</p>   | KEPT IN THIS CLINIC/UNIT ..... 1<br>KEPT IN PHARMACY ..... 2<br>KEPT IN BOTH CLINIC/UNIT AND PHARMACY ..... 3<br>OTHER _____ 6<br>(SPECIFY) _____   |            |                |                      |                |   |   |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| 912                 | <p>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 &amp; each criteria I mention please indicate if a client at that stage is eligible for ART from this facility.</p> <p>READ EACH STAGE AND EACH CRITERIA AND CIRCLE ALL THAT APPLY</p> <p>WHO stage 1 = NO SYMPTOMS OF ILLNESS<br/>           WHO stage 2 = SOME SYMPTOMS, MOSTLY AMBULATORY<br/>           WHO STAGE 3 = SOME SYMPTOMS, IN BED MORE THAN NORMAL<br/>           WHO STAGE 4 = SOME SYMPTOMS, MOST OF TIME IN BED</p> | <table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="6">ELIGIBILITY CRITERIA</th> </tr> <tr> <th>CLIENT NOT ELIGIBLE</th> <th>ROUTINE</th> <th>SOCIAL OR ADHERENCE</th> <th>CD4+ COUNT</th> <th>HIV VIRAL LOAD</th> <th>COMMITTEE</th> <th>DOCTOR OPINION</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>WHO stage 1 - No symptoms of illness</td> <td>A → 02</td> <td>B → 02</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>02</td> <td>WHO stage 1 - No symptoms and pregnant</td> <td>A → 03</td> <td>B → 03</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>03</td> <td>WHO stage 2 - Symptomatic</td> <td>A → 04</td> <td>B → 04</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>04</td> <td>WHO stage 2 - Symptomatic and pregnant</td> <td>A → 05</td> <td>B → 05</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>05</td> <td>WHO stage 3 - Symptomatic</td> <td>A → 06</td> <td>B → 06</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>06</td> <td>WHO stage 3 - Symptomatic and pregnant</td> <td>A → 07</td> <td>B → 07</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>07</td> <td>WHO stage 4 - Symptomatic</td> <td>A → 08</td> <td>B → 08</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>08</td> <td>WHO stage 4 - Symptomatic and pregnant</td> <td>A → 09</td> <td>B → 09</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>09</td> <td>Current active life-threatening OI disease (e.g., TB, meningitis)</td> <td>A → 10</td> <td>B → 10</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> <tr> <td>10</td> <td>Newborn of HIV infected mother</td> <td>A → 913</td> <td>B → 913</td> <td>C</td> <td>D</td> <td>E</td> <td>F</td> <td>G</td> </tr> </tbody> </table> |            |                | ELIGIBILITY CRITERIA |                |   |   |  |  | CLIENT NOT ELIGIBLE | ROUTINE | SOCIAL OR ADHERENCE | 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 | A → 03 | B → 03 | C | D | E | F | G | 03 | WHO stage 2 - Symptomatic | A → 04 | B → 04 | C | D | E | F | G | 04 | WHO stage 2 - Symptomatic and pregnant | A → 05 | B → 05 | C | D | E | F | G | 05 | WHO stage 3 - Symptomatic | A → 06 | B → 06 | C | D | E | F | G | 06 | WHO stage 3 - Symptomatic and pregnant | A → 07 | B → 07 | C | D | E | F | G | 07 | WHO stage 4 - Symptomatic | A → 08 | B → 08 | C | D | E | F | G | 08 | WHO stage 4 - Symptomatic and pregnant | A → 09 | B → 09 | C | D | E | F | G | 09 | Current active life-threatening OI disease (e.g., TB, meningitis) | A → 10 | B → 10 | C | D | E | F | G | 10 | Newborn of HIV infected mother | A → 913 | B → 913 | C | D | E | F | G |  |
|                     |  | ELIGIBILITY CRITERIA  |            |                |                      |                |   |   |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| CLIENT NOT ELIGIBLE | ROUTINE  | SOCIAL OR ADHERENCE   | 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   | A → 03  | B → 03     | C              | D                    | E              | F | G |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| 03                  | WHO stage 2 - Symptomatic  | A → 04  | B → 04     | C              | D                    | E              | F | G |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| 04                  | WHO stage 2 - Symptomatic and pregnant   | A → 05  | B → 05     | C              | D                    | E              | F | G |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| 05                  | WHO stage 3 - Symptomatic  | A → 06  | B → 06     | C              | D                    | E              | F | G |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| 06                  | WHO stage 3 - Symptomatic and pregnant   | A → 07  | B → 07     | C              | D                    | E              | F | G |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| 07                  | WHO stage 4 - Symptomatic  | A → 08  | B → 08     | C              | D                    | E              | F | G |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| 08                  | WHO stage 4 - Symptomatic and pregnant   | A → 09  | B → 09     | C              | D                    | E              | F | G |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| 09                  | Current active life-threatening OI disease (e.g., TB, meningitis)  | A → 10  | B → 10     | C              | D                    | E              | F | G |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| 10                  | Newborn of HIV infected mother   | A → 913   | B → 913    | C              | D                    | E              | F | G |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |
| 913                 | <p>Are social or other criteria related to the client's personal situation considered prior to starting ART?</p> <p>IF YES, Tell me which ones.</p> <p>READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.</p>   | Geographic criteria ..... A<br>Proof of capacity to attend clinic regularly ..... B<br>Disclosure to significant other (if applicable) ..... C<br>No ART if social problem:<br>Alcoholic ..... D<br>Drug addict ..... E<br>Mental illness ..... F<br>Homeless ..... G<br>OTHER _____ X<br>(SPECIFY) _____<br>NO SOCIAL CRITERIA APPLIED ..... Y   |            |                |                      |                |   |   |  |  |                     |         |                     |            |                |           |                |    |                                      |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |                           |        |        |   |   |   |   |   |    |  |        |        |   |   |   |   |   |    |   |        |        |   |   |   |   |   |    |                                |         |         |   |   |   |   |   |  |

| NO. | QUESTIONS   | CODING CATEGORIES   | GO TO |  |  |  |
|-----|---|---|-------|--|--|--|
| 914 | <p>Are adherence criteria considered prior to starting ART?<br/>IF YES, Tell me which ones.</p> <p>READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.</p>  | <p>Consistent use of co-trimoxazole ..... A<br/>Required pre-ART clinic visits made on time ..... B<br/>Treatment assistant identified ..... C<br/>Pill trial (e.g. with placebos) ..... D<br/>OTHER _____ X<br/>(SPECIFY)<br/>NO ADHERENCE CRITERIA APPLIED Y</p>  |       |  |  |  |
| 915 | <p>Do any patients receiving ART in this clinic/unit live in another country?</p> <p>IF YES, About how many are currently under the care of this clinic/unit?</p> <p>IF YES, From which countries?</p>  | <p>YES ..... 1</p> <p>NUMBER OF PATIENTS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>NO ..... 2<br/>DON'T KNOW ..... 8</p> <p>(LIST COUNTRIES HERE) _____<br/>_____<br/>_____</p> |       |  |  |  |
|     |   |   |       |  |  |  |
| 916 | <p>Is a <u>total lymphocyte count (TLC)</u> always done prior to starting ART? IF YES, What is the most common practice for conducting the test?<br/>READ EACH RESPONSE.</p>  | <p>YES, CONDUCTED IN THIS FACILITY ..... 1<br/>YES, CLIENT GOES ELSEWHERE ..... 2<br/>YES, BLOOD SENT ELSEWHERE ..... 3<br/>NO ..... 4</p>  | → 918 |  |  |  |
| 917 | <p>After the initial <u>TLC test</u>, do you retest for a follow-up level?</p>  | <p>ONLY IF INDICATED BY PATIENT<br/>CONDITION ..... 1<br/>EVERY MONTH ..... 2<br/>EVERY 2-3 MONTHS ..... 3<br/>EVERY 4-6 MONTHS ..... 4<br/>EVERY YEAR ..... 5<br/>OTHER _____ 6<br/>(SPECIFY)<br/>NO FOLLOW-UP ..... 7</p>   |       |  |  |  |
| 918 | <p>Is a <u>CD4 count</u> always determined prior to starting ART? IF YES, What is the most common practice for providing the test?<br/>READ EACH RESPONSE.</p>  | <p>YES, CONDUCTED IN THIS FACILITY ..... 1<br/>YES, CLIENT GOES ELSEWHERE ..... 2<br/>YES, BLOOD SENT ELSEWHERE ..... 3<br/>NO ..... 4</p>  | → 920 |  |  |  |
| 919 | <p>After the initial <u>CD4 count</u>, do you retest for a follow-up level?</p>   | <p>ONLY IF INDICATED BY PATIENT<br/>CONDITION ..... 1<br/>EVERY MONTH ..... 2<br/>EVERY 2-3 MONTHS ..... 3<br/>EVERY 4-6 MONTHS ..... 4<br/>EVERY YEAR ..... 5<br/>OTHER _____ 6<br/>(SPECIFY)<br/>NO FOLLOW-UP ..... 7</p>   |       |  |  |  |
| 920 | <p>Is an <u>HIV RNA Viral load level</u> always done prior to starting ART? IF YES, What is the most common practice for providing the test?<br/>READ EACH RESPONSE.</p>  | <p>YES, CONDUCTED IN THIS FACILITY ..... 1<br/>YES, CLIENT GOES ELSEWHERE ..... 2<br/>YES, BLOOD SENT ELSEWHERE ..... 3<br/>NO ..... 4</p>  | → 922 |  |  |  |
| 921 | <p>After the initial <u>HIV RNA Viral load level</u>, do you retest for a follow-up level?<br/>IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically?<br/>IF PERIODICALLY, ASK:<br/>How often is follow-up testing done?</p> | <p>ONLY IF INDICATED BY PATIENT<br/>CONDITION ..... 1<br/>EVERY MONTH ..... 2<br/>EVERY 2-3 MONTHS ..... 3<br/>EVERY 4-6 MONTHS ..... 4<br/>EVERY YEAR ..... 5<br/>OTHER _____ 6<br/>(SPECIFY)<br/>NO FOLLOW-UP ..... 7</p>   |       |  |  |  |

| 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 _____<br>(SPECIFY)  | 1  | 2           | 3     | 8          |       |
| 923 | When a client is started on ART, are any of the following types of counseling offered?<br>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?<br><br>CIRCLE ALL THAT APPLY.<br><br>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 _____  | X           |       |            |       |
|     |   | (SPECIFY)  |             |       |            |       |
|     |   | NO COUNSELING .....  | Y           |       |            | → 928 |
| 925 | In total, how many different people provide this counseling?  | <input type="text"/> <input type="text"/><br>NUMBER OF PEOPLE<br>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           |       |            | → 928 |
|     |   | NONE .....   | 3           |       |            | → 928 |
|     |   | DON'T KNOW .....   | 8           |       |            |       |
| 927 | How many counselors attended any CHART or Johns Hopkins training on adherence counseling?   | <input type="text"/> <input type="text"/><br>NUMBER TRAINED BY CHART/JH<br>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 |
|-----|--|---|-------|
| 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<br>MORE THAN 30 DAYS AGO ..... 2<br>NO DATE RECORDED ..... 3<br>REGISTER/RECORDS NOT SEEN ..... 4   |       |
| 933 | How many clients are currently receiving ART through this clinic/unit?   | TOTAL NUMBER OF CLIENTS ON ART ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>NONE ..... 0000<br>DON'T KNOW ..... 9998                  |       |
| 934 | How many <u>female</u> clients are currently receiving ART through this clinic/unit?   | TOTAL NUMBER OF FEMALE CLIENTS ON ART ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>NONE ..... 0000<br>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 ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>NONE ..... 0000<br>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 ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>NONE ..... 0000<br>DON'T KNOW ..... 9998                 |       |
| 937 | During the past 12 months, how many ART clients have died?   | NUMBER OF CLIENTS DIED ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>NONE ..... 0000<br>DON'T KNOW ..... 9998                          | → 939 |
| 938 | INDICATE MONTHS OF DATA IN Q937  | MONTHS OF DATA ..... <input type="text"/> <input type="text"/>  |       |
| 939 | During the past 12 months, how many ART clients have been lost to follow-up?   | NUMBER OF CLIENTS LOST TO FOLLOW-UP ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>NONE ..... 0000<br>DON'T KNOW ..... 9998             | → 941 |
| 940 | INDICATE MONTHS OF DATA IN Q 939   | MONTHS OF DATA ..... <input type="text"/> <input type="text"/>  |       |
| 941 | WAS THE INFORMATION IN Q933 TO Q940 OBTAINED FROM RECORDS OR PROVIDED BY THE RESPONDENT FROM MEMORY?   | RECORDS ..... 1<br>RESPONDENT KNOWLEDGE/MEMORY ... 2  |       |
| 942 | Are reports regularly compiled on the numbers of clients receiving ART?  | YES ..... 1<br>NO ..... 2   | → 946 |
| 943 | How frequently are the compiled reports submitted to someone outside of this clinic/unit?  | MONTHLY OR MORE OFTEN ..... 1<br>EVERY 2-3 MONTHS ..... 2<br>EVERY 4-6 MONTHS ..... 3<br>LESS OFTEN THAN<br>EVERY 6 MONTHS ..... 4<br>NEVER ..... 5                                   | → 945 |
| 944 | To whom do you send these reports?<br><br>CIRCLE ALL THAT APPLY.   | RECORDS OFFICER ..... A<br>FACILITY DIRECTOR ..... B<br>DISTRICT LEVEL ..... C<br>MOH (CMO, SURVEILLANCE, SMO, ETC.) D<br>NATIONAL AIDS PROGRAM ..... E<br>OTHER _____ X<br>(SPECIFY) |       |

| NO. | QUESTIONS   | CODING CATEGORIES   | GO TO |  |  |
|-----|---|---|-------|--|--|
| 945 | Do you use a standardized form for your reports?  | YES ..... 1<br>NO ..... 2   |       |  |  |
| 946 | Is an individual client chart or record maintained for all ART clients?<br><br>IF KEPT IN THIS CLINIC/UNIT, ASK TO SEE A BLANK OR CURRENT CHART/RECORD  | YES, IN UNIT, OBSERVED ..... 1<br>YES, IN UNIT, REPORTED, NOT SEEN ... 2<br>YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY ..... 3<br>ENTER CLINIC/UNIT NUMBER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table><br>YES, IN CENTRAL RECORDS ..... 4<br>ONLY IF CLIENT PROVIDES ..... 5<br>OTHER _____ 6<br>SPECIFY<br>NO INDIVIDUAL RECORD ..... 7 |       |  |  |
|     |   |   |       |  |  |
| 947 | Do you have a system for making individual client appointments for follow-up?<br>IF YES, ASK TO SEE SYSTEM  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  | → 949 |  |  |
| 948 | Does the appointment system indicate if the client kept the appointment or not?   | YES ..... 1<br>NO ..... 2   |       |  |  |
| 949 | Does this facility provide nutrition rehabilitation services for HIV/AIDS patients?<br>NUTRITIONAL REHABILITATION REFERS TO EDUCATION ABOUT EATING WELL, EARLY IDENTIFICATION OF DEFICIENCIES, PROVIDING FORTIFIED PROTEIN SUPPLEMENT (FPS).<br>IF YES, ASK: Which of the following are routine components of the nutritional rehabilitation services?<br>READ EACH RESPONSE AND CIRCLE ALL THAT APPLY. | Nutritional counseling ..... A<br>Teach early identification of deficiencies ..... B<br>Provide vitamins ..... C<br>Provide fortified protein supplement ..... D<br>Provide other diet supplement ..... X<br>_____<br>(SPECIFY)<br>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?<br><br>CIRCLE ALL THAT APPLY   | YES, DISTRIBUTE ARVS ..... A<br>YES, CLIENT TREATMENT SUPPORT ... B<br>YES, HOME CARE ..... C<br>YES, TRACING IRREGULAR ATTENDEES D<br>YES, OTHER _____ X<br>(SPECIFY)<br>NO ..... Y  | → 956 |  |  |
| 951 | When clients are referred to community based health workers, do you have a formal system for making the referral, such as a referral slip or other means?<br>IF YES: What method do you use?<br><br>CIRCLE ALL THAT APPLY   | YES, REFERRAL SLIP, OBSERVED ..... A<br>YES, REFERRAL SLIP, NOT OBSERVED . B<br>PATIENT SENT WITH MEDICAL CHART/RECORD ..... C<br>CALL TO GIVE CLIENT INFORMATION ... D<br>REFERRAL LETTER ..... E<br>OTHER _____ X<br>(SPECIFY)<br>NO METHOD ..... Y<br>NOT APPLICABLE / CBHW IN FACILITY Z  |       |  |  |
| 952 | When community based health workers refer clients to the facility, is there a formal system for making the referral such as a referral slip or other means?<br>IF YES, What method is used?<br><br>CIRCLE ALL THAT APPLY  | YES, REFERRAL SLIP OBSERVED ..... A<br>YES, REFERRAL SLIP NOT OBSERVED . B<br>PATIENT SENT WITH MEDICAL CHART/RECORD ..... C<br>CALL TO GIVE CLIENT INFORMATION ... D<br>OTHER _____ X<br>(SPECIFY)<br>NO METHOD ..... Y<br>NOT APPLICABLE / CBHW IN FACILITY Z   |       |  |  |
| 953 | Do you have a reporting format that the community health worker completes, or that facility staff complete for the community work? IF YES, ASK TO SEE A COPY OF A RECENT REPORT   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3<br>DON'T KNOW ..... 8  |       |  |  |

| NO.  | QUESTIONS   | CODING CATEGORIES   | GO TO  |
|--|---|---|--|
| 954  | Is there a system for periodic supervision of the community health worker? IF YES, ASK TO SEE EVIDENCE OF A SYSTEM SUCH AS A SUPERVISORY SCHEDULE OR REPORT   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3<br>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<br>WITHIN PAST 2-6 MONTHS ..... 2<br>WITHIN PAST 7-12 MONTHS ..... 3<br>MORE THAN 12 MONTHS AGO ..... 4<br>NO TRAINING ..... 5  |  |
| 956  | <b>Other than ART services,</b><br>does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS?<br><br>CARE AND SUPPORT MEANS ANY PREVENTIVE CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, SOCIAL SERVICES, OR HIV TESTS. | YES ..... 1<br><br>NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY<br>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> ..... 2<br><br>NO, CLIENTS ARE REFERRED TO OTHER FACILITY ..... 3<br>OTHER _____ 6<br>(SPECIFY) | → OPD OR IPD QRE & → 964   |
| 957  | Do staff in this clinic/unit have access to post-prophylaxis (PEP)? IF YES, Is the PEP provided in this clinic/unit or are staff referred elsewhere for the PEP?  | YES, PEP IN THIS CLINIC/UNIT ..... 1<br>YES, PEP PROVIDED ELSEWHERE IN FACILITY<br>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> ..... 2<br>YES, REFERRED TO OTHER FACILITY FOR PEP ..... 3<br>NO PEP AVAILABLE ..... 4        | → 959<br><br>→ 964   |
| 958  | Is there a register or record that shows that a worker has been referred elsewhere for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD   | YES, RECORD SHOWS REFERRED AND RECEIVED PEP ..... 1<br>RECORD SHOWS REFERRAL ONLY ..... 2<br>NO RECORD OF REFERRAL ..... 3  | → 963<br>→ 963<br>→ 963  |
| 959  | HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?  | YES ..... 1<br>NO ..... 2   | → 964  |
| 960  | Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?  | YES ..... 1<br>NO ..... 2   | → 964  |
| 961  | Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)   | YES, OBSERVED, COMPLETE ..... 1<br>YES, OBSERVED, NOT COMPLETE ..... 2<br>YES, REPORTED, NOT SEEN ..... 3<br>NO ..... 4   |  |
| 962  | Is a record maintained for staff who are referred to this clinic/unit or prescribed PEP in this clinic/unit? IF YES, ASK TO SEE THE RECORD  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  |  |
| 963  | Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  |  |
| 964  | RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT  | COMPLETE NOT APPLICABLE<br>OPD/IPD Q956 1 2   |  |
| <b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b> |   |   |  |
| 965  | RECORD THE TIME AT END OF INTERVIEW   | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/><br>24 HOUR CLOCK  | <b>THANK THE RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE.</b> |

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

|   |   |  |
|---|---|--|
| <b>Code of facility:</b> <input type="text"/>  |   | QRE <input checked="" type="checkbox"/> <b>J</b><br>TYPE   |
| COUNTRY    DISTRICT    FACILITY   |   |  |
| <b>Interviewer Code:</b> <input type="text"/> <input type="text"/>  |   |  |
| 1000  | INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT   | CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/><br>NAME OF UNIT _____  |
| 1000a   | MANAGING AUTHORITY<br>GOVERNMENT ..... 01<br>NGO ..... 02<br>PRIVATE (FOR-PROFIT) ..... 03<br>PRIVATE (NOT FOR-PROFIT) ... 04<br>SEMIAUTONOMOUS ..... 05<br>MISSION ..... 06<br><br>OTHER _____ ... 96<br>(SPECIFY) | MANAGING AUTHORITY ..... <input type="text"/> <input type="text"/>   |
| <p><b>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.</b></p>   |   |  |
| <p>Now I will read a statement explaining this facility inventory and asking your consent to participate.</p> <p>My name is _____. We are here on behalf of Associates for International Development, Inc. based in Barbados to assist in knowing more about health services related to HIV/AIDS.</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit here. We will be asking you questions about HIV/AIDS-related care and support services. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. We will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.</p> <p>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.</p> <p>Do you have any questions for me at this time?</p> |   |  |
| 1001  | Do I have your agreement to participate?<br>Thank you. Let's begin now.   | YES ..... 1<br>NO ..... 2    → STOP  |
| 1002  | RECORD THE TIME AT BEGINNING OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>   | DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|   | 24 HOUR CLOCK   | DAY    MONTH    YEAR   |

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

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

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

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

| NO.  | QUESTIONS   | CODING CATEGORIES   |                                 |   | GO TO                                     |
|------|---|---|---------------------------------|---|---|
| 1018 | When a client is referred for, or receives an HIV test, are they counseled here? IF YES, PROBE FOR EACH TYPE OF COUNSELING WHETHER IT IS PROVIDED ROUTINELY (TO ALL CLIENTS) AND IF THE COUNSELOR IS ALWAYS SOMEONE WHO IS TRAINED IN COUNSELING.                             | COUNSELING ROUTINELY PROVIDED   |                                 | COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT | DON'T KNOW                                |
|      |   | ALWAYS BY TRAINED COUNSELOR   | NOT ALWAYS BY TRAINED COUNSELOR |   |   |
| 01   | Pretest counseling  | 1   | 2                               | 3   | 8   |
| 02   | Post-test for positive results  | 1   | 2                               | 3   | 8   |
| 03   | Post-test for negative results  | 1   | 2                               | 3   | 8   |
| 04   | Follow-up counseling for HIV/AIDS clients (after initial post-test counseling).   | 1   | 2                               | 3   | 8   |
| 1019 | Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW   | YES, PRESENT TODAY ..... 1<br>YES, NOT PRESENT TODAY ..... 2<br>NO ..... 3  |                                 |   | → HW QRE<br>→ 1021                        |
| 1020 | IF YES, Did this person receive training for counseling from CHART or Johns Hopkins/JHPIEGO?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8   |                                 |   |   |
| 1021 | ASK TO SEE THE ROOM WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED.<br><br>DESCRIBE THE SETTING.   | PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY ..... 1<br>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY ..... 2<br>VISUAL PRIVACY ONLY ..... 3<br>NO PRIVACY ..... 4 |                                 |   |   |
| 1022 | Does this clinic/unit have any specific youth friendly services (YFS)?  | YES ..... 1<br>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<br>YES, OBSERVED, NOT COMPLETE ..... 2<br>YES, REPORTED NOT SEEN ..... 3<br>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<br>YES, NOT PRESENT TODAY ..... 2<br>NO ..... 3  |                                 |   |   |
| 1025 | ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY. | SERVICES IN SEPARATE ROOM ..... A<br>DISCOUNT FEES ..... B<br>NO FEES ..... C<br>OTHER _____ ..... X<br>(SPECIFY)   |                                 |   |   |
| 1026 | What is the age at which youth can receive services without parental consent?   | AGE IN YEARS  |                                 |   | <input type="text"/> <input type="text"/> |

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

| NO.  | QUESTIONS   | CODING CATEGORIES  |               |  | GO TO  |  |  |  |  |  |
|------|---|--|---------------|--|--|--|--|--|--|--|
| 1034 | Which antiretroviral medicines are used for ART prophylaxis for newborns in this clinic/unit?<br><br>CIRCLE ALL THAT APPLY                | AZT+3TC (COMBIVIR) .....   | A             |  |  |  |  |  |  |  |
|      |   | ZIDOVUDINE (ZDV,AZT) .....                                       | B             |  |  |  |  |  |  |  |
|      |   | ABACAVIR/ABC .....   | C             |  |  |  |  |  |  |  |
|      |   | DIDANOSINE/DDI .....   | D             |  |  |  |  |  |  |  |
|      |   | EFAVIRENZA /EFZ / STOCORIN                                       | E             |  |  |  |  |  |  |  |
|      |   | LAMIVUDINE/3TC .....   | F             |  |  |  |  |  |  |  |
|      |   | NEVIRAPINE/NVP .....   | G             |  |  |  |  |  |  |  |
|      |   | TENOFOVIR DISOPROXIL FUMARATE (VIREAD) .....                     | H             |  |  |  |  |  |  |  |
|      |   | INDINAVIR (CRIVAN) .....   | 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  |               | <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> |  |  |  |  |  |  |
|      |   |  |               |  |  |  |  |  |  |  |
| 1036 | Are there any fees charged for any services or items related to PMTCT services, including breast-milk substitutes.                        | YES .....  | 1             |  | → 1038   |  |  |  |  |  |
|      |   | NO .....   | 2             |  |  |  |  |  |  |  |
| 1037 | For each of the following items, indicate if there is any routine fee to the client, and if yes, the amount                               | (a) FEE  |               |  | (b) AMOUNT IN MAIN LOCAL CURRENCY  |  |  |  |  |  |
|      |   | YES  | NO            | NA   |  |  |  |  |  |  |
| 01   | Fee for HIV test  | 1 → 01b  | 2 ↙<br>02 ↙   | 3 ↘<br>02 ↘  | <table border="1" style="display: inline-table; width: 80px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> |  |  |  |  |  |
|      |   |  |               |  |  |  |  |  |  |  |
| 02   | Fee for antiretroviral prophylaxis for mother   | 1 → 02b  | 2 ↙<br>03 ↙   | 3 ↘<br>03 ↘  | <table border="1" style="display: inline-table; width: 80px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> |  |  |  |  |  |
|      |   |  |               |  |  |  |  |  |  |  |
| 03   | Fee for antiretroviral prophylaxis for newborn  | 1 → 03b  | 2 ↙<br>04 ↙   | 3 ↘<br>04 ↘  | <table border="1" style="display: inline-table; width: 80px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> |  |  |  |  |  |
|      |   |  |               |  |  |  |  |  |  |  |
| 04   | Fee for breast-milk substitute / formula (PER MONTH SUPPLY)   | 1 → 04b  | 2 ↙<br>05 ↙   | 3 ↘<br>05 ↘  | <table border="1" style="display: inline-table; width: 80px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> |  |  |  |  |  |
|      |   |  |               |  |  |  |  |  |  |  |
| 05   | OTHER _____<br>(SPECIFY)  | 1 → 05b  | 2 ↙<br>1038 ↙ |  | <table border="1" style="display: inline-table; width: 80px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> |  |  |  |  |  |
|      |   |  |               |  |  |  |  |  |  |  |
| 1038 | Does this clinic/unit provide any PMTCT services to residents of other countries?<br>IF YES, Which services?<br><br>CIRCLE ALL THAT APPLY | HIV TESTING .....  | A             |  |  |  |  |  |  |  |
|      |   | PRE-TEST COUNSELING .....  | B             |  |  |  |  |  |  |  |
|      |   | POST-TEST COUNSLING .....  | C             |  |  |  |  |  |  |  |
|      |   | COUNSELING ON INFANT FEEDING .....                               | D             |  |  |  |  |  |  |  |
|      |   | FAMILY PLANNING SERVICES .....                                   | E             |  |  |  |  |  |  |  |
|      |   | ARV PROPHYLAXIS FOR WOMEN .....                                  | F             |  |  |  |  |  |  |  |
|      |   | ARV PROPHYLAXIS FOR NEWBORN .....                                | G             |  |  |  |  |  |  |  |
|      |   | DELIVERY FOR HIV POSITIVE WOMEN .....                            | H             |  |  |  |  |  |  |  |
|      |   | BREAST MILK SUBSTITUTES FOR NEWBORNS OF HIV POSITIVE WOMEN ..... | I             |  |  |  |  |  |  |  |
|      |   | FOLLOW UP TESTING OF NEWBORN .....                               | J             |  |  |  |  |  |  |  |
|      |   | ART FOR HIV POSITIVE WOMEN .....                                 | K             |  |  |  |  |  |  |  |
|      |   | OTHER _____  | X             |  |  |  |  |  |  |  |
|      |   | SPECIFY  |               |  |  |  |  |  |  |  |
|      |   | NO SERVICES TO NON-RESIDENTS .....                               | Y             |  | → 1040   |  |  |  |  |  |

| NO.  | QUESTIONS   | CODING CATEGORIES  | GO TO            |
|------|---|--|------------------|
| 1039 | During the last month, have any residents of other countries received ARV prophylaxis to prevent HIV transmission to the newborn?<br><br>IF YES, How many?<br><br>IF YES, From which countries? | YES . . . . . 1<br>NUMBER OF PATIENTS <input type="text"/> <input type="text"/> <input type="text"/><br><br>NO . . . . . 2<br>DONT KNOW . . . . . 8<br><br>(LIST COUNTRIES HERE) _____<br><br>_____<br><br>_____ |                  |
| 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)?<br>IF YES, ASK TO SEE THE REGISTER/RECORDS FOR LAST 12 MONTHS.   | YES, OBSERVED . . . . . 1<br>YES, REPORTED, NOT SEEN . . . . . 2<br>NO . . . . . 3   | → 1043<br>→ 1043 |
| 1041 | RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS (OR ADMISSIONS) DURING THE PAST 12 MONTHS.   | NUMBER OF FIRST VISIT ANC CLIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |                  |
| 1042 | INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN Q 1041.  | MONTHS OF DATA . . . . . <input type="text"/> <input type="text"/>   |                  |
| 1043 | CHECK Q1006 (02) TO SEE IF GROUP PRE-TEST INFORMATION OR COUNSELING IS PROVIDED BY CLINIC/UNIT.   | YES . . . . . 1<br>NO . . . . . 2  | → 1046           |
| 1044 | Are there records of the group pretest information sessions?<br>IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.  | YES,<br>NUMBER OF SESSIONS . . . . . <input type="text"/> <input type="text"/> <input type="text"/><br><br>NO . . . . . 995  | → 1046           |
| 1045 | RECORD THE NUMBER OF MONTHS OF DATA AVAILABLE IN Q1044.   | MONTHS OF DATA . . . . . <input type="text"/> <input type="text"/>   |                  |
| 1046 | Are there any records or registers that provide numbers of clients receiving pre or post test counseling or HIV testing?  | YES . . . . . 1<br>YES, BUT PMTCT CANNOT BE DISTINGUISHED FROM VCT . . . . . 2<br>NO . . . . . 3   | → 1051<br>→ 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)<br>RECORD/REGISTER    |                              |                               | (b)<br>NUMBERS FROM OBSERVED RECORDS |                           |
|      |   | OBSERVED                  | REPORTED, NOT SEEN           | NOT AVAIL                     | NUMBER OF CLIENTS                    | MONTHS OF DATA            |
|      |   | 1 → 01b                   | 2 → 02                       | 3 → 02                        | <input type="text"/>                 | <input type="text"/>      |
|      |   | 1 → 02b                   | 2 → 03                       | 3 → 03                        | <input type="text"/>                 | <input type="text"/>      |
|      |   | 1 → 03b                   | 2 → 04                       | 3 → 04                        | <input type="text"/>                 | <input type="text"/>      |
|      |   | 1 → 04b                   | 2 → 05                       | 3 → 05                        | <input type="text"/>                 | <input type="text"/>      |
|      |   | 1 → 05b                   | 2 → 06                       | 3 → 06                        | <input type="text"/>                 | <input type="text"/>      |
|      |   | 1 → 06b                   | 2 → 07                       | 3 → 07                        | <input type="text"/>                 | <input type="text"/>      |
| 07   | TOTAL ANC CLIENTS WITH POSITIVE HIV TESTS WHO RECEIVED TEST RESULTS   | 1 → 07b                   | 2 → 1048                     | 3 → 1048                      | <input type="text"/>                 | <input type="text"/>      |
| 1048 | IS THE INFORMATION IN Q1041 AND Q1047 FOR THE SAME GROUP OF WOMEN?  | YES .....                 | NO .....                     | 1<br>2                        |                                      |                           |
| 1049 | WHAT IS THE MOST RECENT DATE RECORDED FOR EITHER PRE OR POST TEST COUNSELING?   | WITHIN PAST 30 DAYS ..... | MORE THAN 30 DAYS .....      | NO DATE RECORDED .....        | NO COUNSELING PROVIDED .....         | 1<br>2<br>3<br>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 .....       | YES, REPORTED NOT SEEN ..... | NO .....                      |                                      | 1<br>2<br>3               |
| 1051 | Is there any record of the HIV status of infants born to HIV positive women?  | YES .....                 | NO RECORD .....              | SEROSTATUS NOT ASSESSED ..... |                                      | 1<br>2 → 1055<br>3 → 1055 |
| 1052 | ASK TO SEE ANY RECORD OR REGISTER OF HIV POSITIVE WOMEN AND THE HIV STATUS OF THEIR INFANT FOR THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE            | (a)<br>RECORD/REGISTER    |                              |                               | (b)<br>NUMBERS FROM OBSERVED RECORDS |                           |
|      |   | OBSERVED                  | REPORTED, NOT SEEN           | NOT AVAIL                     | NUMBER OF INFANTS                    | MONTHS OF DATA            |
|      |   | 1 → 01b                   | 2 → 02                       | 3 → 02                        | <input type="text"/>                 | <input type="text"/>      |
|      |   | 1 → 02b                   | 2 → 03                       | 3 → 03                        | <input type="text"/>                 | <input type="text"/>      |
| 01   | TOTAL NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN.   | 1 → 01b                   | 2 → 02                       | 3 → 02                        | <input type="text"/>                 | <input type="text"/>      |
| 02   | NUMBER OF INFANTS TESTED FOR HIV WHO WERE BORN TO HIV POSITIVE WOMEN  | 1 → 02b                   | 2 → 03                       | 3 → 03                        | <input type="text"/>                 | <input type="text"/>      |
| 03   | NUMBER OF HIV POSITIVE INFANTS  | 1 → 03b                   | 2 → 1053                     | 3 → 1053                      | <input type="text"/>                 | <input type="text"/>      |

| NO.  | QUESTIONS   | CODING CATEGORIES   | GO TO            |
|------|---|---|------------------|
| 1053 | CLARIFY WITH THE RESPONDENT WHETHER THE INFANTS IN Q1052 INCLUDE ONLY THOSE OF WOMEN WHO DELIVERED IN THE FACILITY, OR IF THEY ARE INFANTS FROM HIV POSITIVE WOMEN REGARDLESS OF WHETHER THEY WERE ANC OR DELIVERY CLIENTS.                                     | INFANTS OF ALL HIV+ WOMEN ..... 1<br>INFANTS OF HIV+ WOMEN WHO DELIVER<br>IN FACILITY ..... 2<br>DON'T KNOW ..... 8   |                  |
| 1054 | ARE THE INFANTS IN Q1052 LINKED WITH THE HIV POSITIVE WOMEN IN Q1047 (06)?  | YES ..... 1<br>NO ..... 2   |                  |
| 1055 | Are any reports regularly compiled on the pregnant women in this clinic who receive testing or counseling services related to HIV/AIDS? IF YES, ASK TO SEE THEM. CLARIFY WHETHER THE REPORTS PROVIDE INFORMATION ON PREGNANT WOMEN<br><br>CIRCLE ALL THAT APPLY | YES, REPORTS COMBINE PREGNANT<br>AND NON-PREGNANT CLIENTS ..... A<br>YES, PREGNANT CLIENTS REPORTED<br>SEPARATELY ..... B<br>YES, FOR CONFIRMED HIV/AIDS ONLY;<br>PREGNANT CLIENTS SPECIFIED ..... C<br>YES, FOR CONFIRMED HIV/AIDS ONLY;<br>PREGNANCY STATUS NOT SPECIFIED ..... D<br>NO ..... Y | → 1060           |
| 1056 | Which statistics do you submit for pregnant women or infants?<br><br>CIRCLE ALL THAT APPLY  | NUMBER OF PREGNANT WOMEN<br>RECEIVING PRETEST COUNSELING ..... A<br>RECEIVING POST TEST COUNSELING ..... B<br>TESTED FOR HIV ..... C<br>INFANTS OF HIV POSITIVE WOMEN<br>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<br>EVERY 2-3 MONTHS ..... 2<br>EVERY 4-6 MONTHS ..... 3<br>LESS OFTEN THAN<br>EVERY 6 MONTHS ..... 4<br>NEVER ..... 5   | → 1059           |
| 1058 | Where are reports on pregnant women receiving services related to testing for HIV in this clinic sent?<br><br>CIRCLE ALL THAT APPLY.  | RECORDS OFFICER ..... A<br>FACILITY DIRECTOR ..... B<br>DISTRICT LEVEL ..... C<br>MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D<br>NATIONAL AIDS PROGRAM ..... E<br>OTHER _____ X<br>(SPECIFY)   |                  |
| 1059 | Do you use a standardized form for your reports?  | YES ..... 1<br>NO ..... 2   |                  |
| 1060 | CHECK Q 1006 (10) TO SEE IF ART PROPHYLAXIS FOR PMTCT IS OFFERED.   | YES ..... 1<br>NO ..... 2   | → 1070           |
| 1061 | Is there a record that indicates the HIV positive ANC clients who received ART prophylaxis for PMTCT during the past 12 months? IF YES, ASK TO SEE THE RECORD.  | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  | → 1066<br>→ 1066 |
| 1062 | How many of the HIV positive ANC clients in Q1047 (06) have already delivered?  | NUMBER HIV+<br>DELIVERED ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW ..... 9998   | → 1066           |
| 1063 | How many clients in Q1062 received ART prophylaxis before delivery?   | NUMBER WOMEN<br>RECEIVING ARV ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>PROPHYLAXIS<br>DON'T KNOW ..... 9998   |                  |

| NO.  | QUESTIONS   | CODING CATEGORIES   | GO TO              |                                      |   |   |
|------|---|---|--------------------|--------------------------------------|---|---|
| 1064 | How many of the newborns of women in Q1062 were provided the ART prophylactic dose? IF ART IS PROVIDED FOR INFANT AND AND MOTHER TOGETHER AND RECORDED ONCE, THIS IS ACCEPTABLE FOR STATISTICS.   | NUMBER NEWBORN RECEIVING ARV ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>PROPHYLAXIS<br>DON'T KNOW ..... 9998                                    |                    |                                      |   |   |
| 1065 | HOW MANY MONTHS OF DATA WERE USED IN Q1062, Q1063 AND Q1064?  | MONTHS OF DATA <input type="text"/> <input type="text"/>  |                    |                                      |   |   |
| 1066 | Do you submit reports on the HIV positive ANC clients who receive ART prophylaxis through this clinic?  | YES ..... 1<br>NO ..... 2   | → 1070             |                                      |   |   |
| 1067 | How often do you submit these reports?  | MONTHLY OR MORE OFTEN ..... 1<br>EVERY 2-3 MONTHS ..... 2<br>EVERY 4-6 MONTHS ..... 3<br>LESS OFTEN THAN EVERY 6 MONTHS ..... 4   |                    |                                      |   |   |
| 1068 | Where are reports on ANC clients receiving ART prophylaxis for HIV/AIDS through this clinic sent?<br><br>CIRCLE ALL THAT APPLY.   | RECORDS OFFICER ..... A<br>FACILITY DIRECTOR ..... B<br>DISTRICT LEVEL ..... C<br>MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D<br>NATIONAL AIDS PROGRAM ..... E<br>OTHER ..... X<br>(SPECIFY) _____ |                    |                                      |   |   |
| 1069 | Do you use a standardized form for your reports?  | YES ..... 1<br>NO ..... 2   |                    |                                      |   |   |
| 1070 | Is there a register or record maintained for women receiving PMTCT services that specifies when they received a given service? COULD BE INDICATED BY WEEKS GESTATION OR DATE.<br>IF YES, ASK TO SEE THE REGISTER/RECORD (THIS INFORMATION MAY BE RECORDED ON INDIVIDUAL CLIENT CARDS) | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  | → 1072<br>→ 1072   |                                      |   |   |
| 1071 | AMONG WOMEN CURRENTLY RECEIVING PMTCT SERVICES, RECORD THE CORRECT RESPONSE. IT MAY BE NECESSARY TO REVIEW ANC AS WELL AS PMTCT RECORDS TO COLLECT THE INFORMATION.   | (a)<br>RECORD/REGISTER  |                    | (b)<br>NUMBERS FROM OBSERVED RECORDS |   |   |
|      |   | OBSERVED  | REPORTED, NOT SEEN | NOT AVAIL                            | NUMBER OF CLIENTS   | MONTHS OF DATA                            |
|      |   | 1 → 01b   | 2 → 02             | 3 → 02                               | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
|      |   | 1 → 02b   | 2 → 03             | 3 → 03                               | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
|      |   | 1 → 03b   | 2 → 04             | 3 → 04                               | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
|      |   | 1 → 04b   | 2 → 05             | 3 → 05                               | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 05   | TOTAL HIV POSITIVE WOMEN RECEIVING COUPLES COUNSELING PAST 12 MONTHS  | 1 → 05b   | 2 → 1072           | 3 → 1072                             | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

| NO.  | QUESTIONS  | CODING CATEGORIES   | GO TO   |
|------|--|---|---|
| 1072 | CHECK Q1006 (14) IF ARV THERAPY FOR TREATMENT IS PROVIDED TO HIV POSITIVE WOMEN.   | YES ..... 1<br>NO ..... 2   | → 1074  |
| 1073 | Is there any record of the HIV positive women who are receiving ARV therapy for treatment or who have been referred for treatment?<br>IF YES, ASK TO SEE THE REGISTER/RECORD                   | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  |   |
| 1074 | CHECK Q1006 (15) IF ARV THERAPY FOR TREATMENT IS PROVIDED TO FAMILY OF HIV POSITIVE WOMEN  | YES ..... 1<br>NO ..... 2   | → 1076  |
| 1075 | Is there any record of the family members of HIV positive women who are receiving ARV therapy for treatment or who have been referred for treatment?<br>IF YES, ASK TO SEE THE REGISTER/RECORD | YES, OBSERVED ..... 1<br>YES, REPORTED, NOT SEEN ..... 2<br>NO ..... 3  |   |
| 1076 | Are deliveries conducted in this facility?   | YES ..... 1<br>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<br>DELIVERY/MATERNITY ..... 2   |   |
| 1078 | Is the HIV serostatus determined for all women who deliver in the facility, in order to establish appropriate care?<br><br>IF YES, RECORD ALL ACCEPTED METHODS FOR ASSESSING SEROSTATUS        | CLIENT HISTORY ..... A<br>CLIENT ANC RECORD ..... B<br>TESTING, VOLUNTARY ..... C<br>TESTING, OBLIGATORY ..... D<br>OTHER ..... X<br>SPECIFY<br>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)<br>RECORD/REGISTER  | (b)<br>NUMBERS FROM OBSERVED RECORDS  |
|      |  | OBSERVED      REPORTED, NOT SEEN      NOT AVAIL   | NUMBER OF CLIENTS      MONTHS OF DATA   |
|      |  | 1 → 01b    2 → 02    3 → 02   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|      |  | 01    TOTAL DELIVERIES IN THE FACILITY  |   |
| 02   | TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY  | 1 → 02b    2 → 03    3 → 03   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 03   | TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY AND RECEIVING ARV PROPHYLAXIS  | 1 → 03b    2 → 1080    3 → 1080   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| NO.  | QUESTIONS  | CODING CATEGORIES                              |                       |                  | GO TO |
|------|--|--|-----------------------|------------------|-------|
| 1080 | Are there any written guidelines for delivery of HIV positive women?<br>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?<br><br>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 _____<br>(SPECIFY)                       | X                     |                  |       |
|      |  | NONE .....                                     | Y                     |                  |       |
|      |  | DON'T KNOW .....                               | Z                     |                  |       |
| 1082 | ASK TO SEE THE DELIVERY ROOM AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA   | OBSERVED                                       | REPORTED,<br>NOT SEEN | NOT<br>AVAILABLE |       |
| 01   | PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)   | 1 → 04   | 2                     | 3                |       |
| 02   | AUDITORY PRIVACY   | 1  | 2                     | 3                |       |
| 03   | VISUAL PRIVACY   | 1  | 2                     | 3                |       |
| 04   | RUNNING WATER  | 1 → 06   | 2                     | 3                |       |
| 05   | WATER IN BUCKET OR BASIN (WITHOUT TAP)   | 1  | 2                     | 3                |       |
| 06   | SOAP   | 1  | 2                     | 3                |       |
| 07   | SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER   | 1  | 2                     | 3                |       |
| 08   | SHARPS CONTAINER   | 1  | 2                     | 3                |       |
| 09   | DISPOSABLE LATEX GLOVES  | 1 → 11   | 2                     | 3                |       |
| 10   | DISPOSABLE NON-LATEX GLOVES  | 1  | 2                     | 3                |       |
| 11   | CHLORINE BASED DECONTAMINATION SOLUTION  | 1  | 2                     | 3                |       |
| 12   | SPINAL TAP KIT (LUMBAR PUNCTURE)   | 1  | 2                     | 3                |       |
| 13   | RAPID TEST FOR HIV   | 1  | 2                     | 3                |       |
| 14   | DISPOSABLE NEEDLES   | 1  | 2                     | 3                |       |
| 15   | DISPOSABLE SYRINGES  | 1  | 2                     | 3                |       |
| 16   | EXAMINATION TABLE  | 1  | 2                     | 3                |       |
| 17   | MASKS  | 1  | 2                     | 3                |       |
| 18   | GOGGLES / GLASSES  | 1  | 2                     | 3                |       |

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

**HEALTH WORKER INTERVIEW**

|                          |  |   |   |   |   |                                      |
|--------------------------|--|---|---|---|---|--------------------------------------|
| <b>Code of facility:</b> | <input type="text"/> <input type="text"/><br>COUNTRY | <input type="text"/> <input type="text"/><br>DISTRICT | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>FACILITY | <b>Staff Listing Code:</b>                | <input type="text"/> <input type="text"/> | QRE <input type="checkbox"/><br>TYPE |
| <b>Interviewer Code:</b> | .....  |   |   | <input type="text"/> <input type="text"/> | <b>Provider Code from Staff List:</b>     | .....                                |
| <b>DATE:</b>             | <input type="text"/> <input type="text"/><br>DAY     | <input type="text"/> <input type="text"/><br>MONTH    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>YEAR     | <b>Provider Sex:</b>                      | (1=MALE; 2=FEMALE) .....                  |                                      |
|                          |  |   |   | <b>Provider Status:</b>                   | (1=Assigned; 2=Seconded)                  |                                      |

CHECKED BY MONITOR/SUPERVISOR:

SIGNATURE \_\_\_\_\_ DATE   
DAY MONTH YEAR

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

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

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

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

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

Do you have any questions for me at this time?

|     |   |   |       |
|-----|---|---|-------|
| 100 | Do I have your agreement to participate?<br>Thank you. Let's begin now. | YES ..... 1<br>NO ..... 2   | →STOP |
| 101 | RECORD THE TIME AT<br>BEGINNING OF INTERVIEW                            | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> |       |



| NO.  | QUESTIONS   | CODING CLASSIFICATION |                        |                 |                               | GO TO                |                      |
|--|---|-----------------------|------------------------|-----------------|-------------------------------|----------------------|----------------------|
| 109  | Now I want to ask you about services you provide. In your position here do you ever provide any client services other than laboratory tests?                                    | YES ..... 1           | NO ..... 2             |                 |                               | → 132                |                      |
| 110  | Do you personally provide diagnosis and/or treatment of STIs?   | YES ..... 1           | NO ..... 2             |                 |                               |                      |                      |
| 111  | Do you personally provide diagnosis and/or treatment of malaria?  | YES ..... 1           | NO ..... 2             |                 |                               |                      |                      |
| 112  | Do you provide any services that are designed to be Youth Friendly, that is that have a specific aim to encourage utilization by adolescents and young people?                  | YES ..... 1           | NO ..... 2             |                 |                               |                      |                      |
| 113  | What is the age at which youth can receive services here without parental consent?  | AGE IN YEARS          |                        |                 |                               | <input type="text"/> | <input type="text"/> |
| 114  | Now I want to ask you about any pre-service or in-service training you have received during the past 3 years. Were any of the following topics were covered: ASK FOR EACH TOPIC | YES, IN PAST 1 YEAR   | YES, IN PAST 2-3 YEARS | YES, >3 YRS AGO | NO PRE OR IN-SERVICE TRAINING |                      |                      |
| 01   | Universal precautions   | 1                     | 2                      | 3               | 4                             |                      |                      |
| 02   | Other infection prevention  | 1                     | 2                      | 3               | 4                             |                      |                      |
| 03   | Health Management Information Systems (HMIS) or reporting requirements for any service  | 1                     | 2                      | 3               | 4                             |                      |                      |
| 04   | Family Planning   | 1                     | 2                      | 3               | 4                             |                      |                      |
| 05   | Counseling and information sharing related to problems that affect adolescents and young people   | 1                     | 2                      | 3               | 4                             |                      |                      |
| 06   | Diagnosis and treatment of problems that affect adolescents and young people  | 1                     | 2                      | 3               | 4                             |                      |                      |
| 07   | Diagnosis and treatment of physical/sexual abuse in adolescents and young people  | 1                     | 2                      | 3               | 4                             |                      |                      |
| 08   | Interaction and/or communication skills for working with adolescents and young people   | 1                     | 2                      | 3               | 4                             |                      |                      |
| 09   | Confidentiality and rights to non-discrimination practices for People Living with HIV/AIDS  | 1                     | 2                      | 3               | 4                             |                      |                      |
| 10   | Syndromic approach to diagnosis and treatment of STIs   | 1                     | 2                      | 3               | 4                             |                      |                      |
| 11   | Other diagnosis and treatment of STIs (other than HIV/AIDS)   | 1                     | 2                      | 3               | 4                             |                      |                      |
| 12   | Diagnosis and treatment for malaria   | 1                     | 2                      | 3               | 4                             |                      |                      |
| Now I want to ask about services you personally provide and any in-service or pre-service training related to specific health services |   |                       |                        |                 |                               |                      |                      |
| <b>Maternal Health</b>   |   |                       |                        |                 |                               |                      |                      |
| 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 <b>delivery services</b> ? By that I mean conducting the actual deliveries of newborns.               | YES ..... 1           | NO ..... 2             |                 |                               |                      |                      |

| NO.                 | QUESTIONS   | CODING CLASSIFICATION  |   | GO TO   |   |
|---------------------|---|------------------------|---|---|---|
| <b>Tuberculosis</b> |   |                        |   |   |   |
| 118                 | In your current position at this facility, do you ever personally provide <b>tuberculosis services</b> or have you received any pre-service or in-service training on subjects related to such services? This includes diagnosis and laboratory services. | YES .....              | 1   | → 120   |   |
|                     |   | NO .....               | 2   |   |   |
| 119                 | Please indicate whether you provide or have had formal training in the following services:  | (a)<br>PROVIDE SERVICE | (b)<br>LENGTH OF TIME PROVIDING SERVICE (YRS) | (c)<br>PRE- OR IN-SERVICE TRAINING  | (d)<br>TRAINED BY (CIRCLE ALL THAT APPLY)                               |
| 01                  | Clinical diagnosis of tuberculosis  | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 → 02  | CHART / JH A<br>MOH B<br>OTHER X<br><hr/> OTHER Y<br><hr/> DON'T KNOW Z |
| 02                  | Sputum diagnosis for TB   | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 → 03  | CHART / JH A<br>MOH B<br>OTHER X<br><hr/> OTHER Y<br><hr/> DON'T KNOW Z |
| 03                  | Prescribe treatment for TB  | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 → 04  | CHART / JH A<br>MOH B<br>OTHER X<br><hr/> OTHER Y<br><hr/> DON'T KNOW Z |
| 04                  | Follow-up treatment for TB  | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 → 05  | CHART / JH A<br>MOH B<br>OTHER X<br><hr/> OTHER Y<br><hr/> DON'T KNOW Z |
| 05                  | Direct Observation Treatment Strategy (DOTS)  | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 → 120 | CHART / JH A<br>MOH B<br>OTHER X<br><hr/> OTHER Y<br><hr/> DON'T KNOW Z |
| <b>HIV/AIDS</b>     |   |                        |   |   |   |
| 120                 | In your current position at this facility, do you personally provide any services related to <b>counselling for HIV testing or for other services</b> , or have you received training on such services?   | YES .....              | 1   | → 122   |   |
|                     |   | NO .....               | 2   |   |   |

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

| NO. | QUESTIONS  | CODING CLASSIFICATION     |   |  |                            | GO TO                             |
|-----|--|---------------------------|---|--|----------------------------|-----------------------------------|
|     |  | (a)<br>PROVIDE<br>SERVICE | (b)<br>LENGTH OF<br>TIME<br>PROVIDING<br>SERVICE<br>(YRS) | (c)<br>PRE- OR IN-SERVICE<br>TRAINING  | (d)<br>TRAINED<br>BY       |                                   |
| 08  | Adherence counseling for ART   | YES 1<br>NO 2 →c          | <input type="checkbox"/> <input type="checkbox"/>         | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 →09  | CHART / JH<br>MOH<br>OTHER | A<br>B<br>X<br><hr/> Y<br><hr/> Z |
| 09  | Counseling or prescribing ARV for post-exposure prophylaxis  | YES 1<br>NO 2             |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 →10  | CHART / JH<br>MOH<br>OTHER | A<br>B<br>X<br><hr/> Y<br><hr/> Z |
| 10  | Education for patient and families on HIV care   | YES 1<br>NO 2             |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 →11  | CHART / JH<br>MOH<br>OTHER | A<br>B<br>X<br><hr/> Y<br><hr/> Z |
| 11  | Nutrition counseling to HIV/AIDS infected clients  | YES 1<br>NO 2             |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 →12  | CHART / JH<br>MOH<br>OTHER | A<br>B<br>X<br><hr/> Y<br><hr/> Z |
| 12  | Primary prevention of HIV, such as behavior change, education, partner counseling, condom promotion and distribution   | YES 1<br>NO 2             |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 →122 | CHART / JH<br>MOH<br>OTHER | A<br>B<br>X<br><hr/> Y<br><hr/> Z |
| 122 | In your current position at this facility, do you ever personally provide any <b>clinical services</b> for HIV/AIDS patients, or have you received training in the provision of such services? |                           | YES . . . . . 1<br>NO . . . . . 2                         | → 124  |                            |                                   |

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

| NO. | QUESTIONS   | CODING CLASSIFICATION  |   |   |   | GO TO |
|-----|---|------------------------|---|---|---|-------|
| 124 | In your current position at this facility, do you ever personally provide any <b>preventive therapeutic interventions for HIV/AIDS patients</b> , or have you received training related to such services? | YES .....              | 1   | NO .....  | 2   | → 126 |
| 125 | Please indicate whether you provide or have had formal training in the following services:  | (a)<br>PROVIDE SERVICE | (b)<br>LENGTH OF TIME PROVIDING SERVICE (YRS)     | (c)<br>PRE- OR IN-SERVICE TRAINING  | (d)<br>TRAINED BY   |       |
| 01  | Preventive treatment for TB (INH or isoniazid)  | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING ..... | CHART / JH A<br>MOH B<br>OTHER X<br>OTHER Y<br>DON'T KNOW Z | → 02  |
| 02  | Preventive treatment for other opportunistic infections such as cotrimoxazole preventive therapy (CPT)  | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING ..... | CHART / JH A<br>MOH B<br>OTHER X<br>OTHER Y<br>DON'T KNOW Z | → 03  |
| 03  | ARV prophylaxis for prevention of mother to child transmission (PMTCT)  | YES 1<br>NO 2 → c      | <input type="checkbox"/> <input type="checkbox"/> | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING ..... | CHART / JH A<br>MOH B<br>OTHER X<br>OTHER Y<br>DON'T KNOW Z | → 04  |
| 04  | Recommended delivery practices for women who may be HIV positive  | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING ..... | CHART / JH A<br>MOH B<br>OTHER X<br>OTHER Y<br>DON'T KNOW Z | → 05  |
| 05  | Ordering or prescribing post-exposure prophylaxis (PEP)   | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING ..... | CHART / JH A<br>MOH B<br>OTHER X<br>OTHER Y<br>DON'T KNOW Z | → 126 |
| 126 | In your current position at this facility, do you ever personally provide any services related to <b>care and support for HIV/AIDS patients</b> , or have you received training related to such services? | YES .....              | 1   | NO .....  | 2   | → 128 |

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

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

| NO. | QUESTIONS  | CODING CLASSIFICATION  |   |   |   | GO TO           |                               |
|-----|--|------------------------|---|---|---|-----------------|-------------------------------|
| 133 | Please indicate whether you provide or have had formal training in the following services:   | (a)<br>PROVIDE SERVICE | (b)<br>LENGTH OF TIME PROVIDING SERVICE (YRS) | (c)<br>PRE- OR IN-SERVICE TRAINING  | (d)<br>TRAINED BY   |                 |                               |
| 01  | Sputum diagnosis of TB   | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 → 02  | CHART / JH A<br>MOH B<br>OTHER X<br><hr/> OTHER Y<br><hr/> DON'T KNOW Z |                 |                               |
| 02  | HIV testing  | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 → 03  | CHART / JH A<br>MOH B<br>OTHER X<br><hr/> OTHER Y<br><hr/> DON'T KNOW Z |                 |                               |
| 03  | Drawing blood for HIV tests  | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 → 04  | CHART / JH A<br>MOH B<br>OTHER X<br><hr/> OTHER Y<br><hr/> DON'T KNOW Z |                 |                               |
| 04  | Laboratory tests for monitoring ART  | YES 1<br>NO 2          |   | YES, IN PAST 12 MOS .. 1<br>YES, IN PAST 2-3 YRS .. 2<br>YES, > 3 YRS AGO .. 3<br>NO TRAINING . . . . . 4 → 134 | CHART / JH A<br>MOH B<br>OTHER X<br><hr/> OTHER Y<br><hr/> DON'T KNOW Z |                 |                               |
| 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 _____<br>(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<br>NO . . . . . 2   |   |                 | → 137                         |
| 136 | IF YES, SPECIFY THE SUBJECTS OF OTHER IN-SERVICE OR PRE-SERVICE TRAINING   |                        |   | YES, IN PAST 1 YEAR   | YES, IN PAST 2-3 YEARS  |                 |                               |
| 01  | _____  |                        |   | 1   | 2   |                 |                               |
| 02  | _____  |                        |   | 1   | 2   |                 |                               |

| NO.  | QUESTIONS  | CODING CLASSIFICATION  | GO TO |
|--|--|--|-------|
| 137  | <p>Have you received any informal training on-the-job from a colleague for any of the types of services I mentioned previously?</p> <p>IF YES, Which services?</p> <p>READ LIST OF TYPES OF SERVICES AT RIGHT, IF NECESSARY</p> <p>CIRCLE ALL THAT APPLY</p> | <p>MATERNAL OR NEWBORN HEALTH ..... A</p> <p>TUBERCULOSIS SERVICES ..... B</p> <p>COUNSELING FOR HIV TESTING OR OTHER COUNSELING RELATED TO HIV/AIDS .. C</p> <p>CLINICAL SERVICES ..... D</p> <p>PREVENTIVE THERAPEUTIC INTERVENTIONS FOR HIV/AIDS PATIENTS ..... E</p> <p>CARE AND SUPPORT FOR HIV/AIDS PATIENTS ..... F</p> <p>LAB SERVICES FOR TB OR HIV TESTS ..... G</p> <p>OTHER _____ X</p> <p style="padding-left: 40px;">SPECIFY</p> <p>NO INFORMAL TRAINING ..... Y</p> |       |
| <b>Personal working situation</b>  |  |  |       |
| Finally, I would like to ask you a few additional questions about HIV/AIDS and working with clients who may have HIV/AIDS                      |  |  |       |
| 138  | <p>What should you do if you got a needle stick injury?</p> <p>PROBE: ANYTHING ELSE?</p> <p>CIRCLE ALL THAT ARE MENTIONED.</p>   | <p>SQUEEZE FINGER AND PUT IT IN ALCOHOL/IODINE ..... A</p> <p>SQUEEZE FINGER AND WASH WITH BLEACH/OTHER DISINFECTANT ..... B</p> <p>WASH WITH SOAP AND WATER ..... C</p> <p>REPORT TO MANAGER ..... D</p> <p>GET AN HIV TEST IMMEDIATELY ..... E</p> <p>GET ANTIRETROVIRAL OR REFERRAL FOR ARVs ..... F</p> <p>OTHER _____ X</p> <p style="padding-left: 40px;">(SPECIFY)</p> <p>NOTHING ..... Y</p> <p>DON'T KNOW ..... Z</p>   |       |
| 139  | <p>If you had a choice, would you work with patients living with HIV/AIDS?</p>   | <p>YES ..... 1</p> <p>DEPENDS ..... 2</p> <p>NO ..... 3</p> <p>DON'T KNOW ..... 8</p>  |       |
| 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  | <p>People who are infected with HIV should <b>not</b> be treated in the same place as other patients in order to protect other patients from infection.</p>  | <p>STRONGLY AGREE ..... 1</p> <p>AGREE ..... 2</p> <p>DISAGREE ..... 3</p> <p>STRONGLY DISAGREE ..... 4</p>  |       |
| 141  | <p>People with HIV are generally to blame for getting infected.</p>  | <p>STRONGLY AGREE ..... 1</p> <p>AGREE ..... 2</p> <p>DISAGREE ..... 3</p> <p>STRONGLY DISAGREE ..... 4</p>  |       |
| 142  | <p>Providing health services to people infected with HIV is a waste of resources since they will die soon anyway.</p>  | <p>STRONGLY AGREE ..... 1</p> <p>AGREE ..... 2</p> <p>DISAGREE ..... 3</p> <p>STRONGLY DISAGREE ..... 4</p>  |       |
| 143  | <p>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.</p>  | <p>STRONGLY AGREE ..... 1</p> <p>AGREE ..... 2</p> <p>DISAGREE ..... 3</p> <p>STRONGLY DISAGREE ..... 4</p>  |       |
| 144  | <p>Health providers have a right to know the HIV status of all patients.</p>   | <p>STRONGLY AGREE ..... 1</p> <p>AGREE ..... 2</p> <p>DISAGREE ..... 3</p> <p>STRONGLY DISAGREE ..... 4</p>  |       |

| NO. | QUESTIONS   | CODING CLASSIFICATION   | GO TO                   |
|-----|---|---|-------------------------|
| 145 | Health providers have to be careful not to get a reputation for treating HIV positive clients, since this might affect who might go to them for other health services.  | STRONGLY AGREE ..... 1<br>AGREE ..... 2<br>DISAGREE ..... 3<br>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<br>AGREE ..... 2<br>DISAGREE ..... 3<br>STRONGLY DISAGREE ..... 4  |                         |
| 147 | Who should be told the result of an HIV test performed at a health care facility?<br><br>CIRCLE ALL THAT APPLY  | ONLY THE PATIENT ..... A<br>THE PATIENT'S NUCLEAR FAMILY MEMBERS ..... B<br>THE PATIENT'S EMPLOYER ..... C<br>HEALTH CARE PROVIDERS ..... D<br>OTHER _____ X<br>SPECIFY<br>NO ONE ..... Y |                         |
| 148 | I don't want to know the result, but have you ever had an HIV test?   | YES ..... 1<br>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<br>WAS OFFERED ..... 2<br>WAS REQUIRED ..... 3   |                         |
| 150 | In your opinion, when used correctly, how effective are condoms in preventing HIV infections. Use a scale of 0 to 10 with 0 being least and 10 being maximum.   | CONDOM EFFECTIVENESS IN PREVENTING HIV INFECTION <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98   |                         |
| 151 | Now I want to ask you a few more questions about your work in this facility.<br><br>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 ..... <input type="text"/> <input type="text"/>   |                         |
| 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.<br><br>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 ..... <input type="text"/> <input type="text"/> <input type="text"/>   |                         |
| 153 | Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility.<br><br>Do you receive technical supervision in your work?<br><br>IF YES, ASK: When was the most recent time?   | YES, IN THE PAST 3 MONTHS ..... 1<br>YES, IN THE PAST 4-6 MONTHS ..... 2<br>YES, IN THE PAST 7-12 MONTHS ..... 3<br>YES, MORE THAN 12 MONTHS AGO ..... 4<br>NO ..... 5                    | → 156<br>→ 156<br>→ 156 |
| 154 | How many times in the past six months has your work been supervised?  | NUMBER OF TIMES <input type="text"/> <input type="text"/>   |                         |







