

# Suriname

## Caribbean Region

### HIV and AIDS Service Provision Assessment Survey 2006

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

MEASURE Evaluation

St. Georges University, Grenada

August 2007



**USAID**  
FROM THE AMERICAN PEOPLE



TR-07-53



**SURINAME  
CARRIBEAN REGION  
HIV AND AIDS  
SERVICE PROVISION ASSESSMENT SURVEY 2006**

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U.S. Agency for International Development (USAID)  
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This report was made possible by support from the U.S. Agency for International Development (USAID) through Cooperative Agreement GPO-A-00-03-00003-00. The authors' views expressed in this publication do not necessarily reflect the views of USAID or the United States government. This publication can be accessed online at the MEASURE Evaluation Web site: [www.cpc.unc.edu/measure](http://www.cpc.unc.edu/measure).

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## ABBREVIATIONS AND ACRONYMS

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AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal 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
CT	Counseling and Testing
DOTS	Direct Observed Treatment Short-course strategy
ELISA	Enzyme-Linked Immuno-Sorbent Assay
FPS	Fortified Protein Supplementation
GFATM	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
HAART	Highly Active Antiretroviral Therapy
HCS	Home-based Care Services
HIV	Human Immunodeficiency Virus
HSPA	HIV Service Provision Assessment
IDB	Inter-American Development Bank
INH	Isoniazid
IV	Intravenous
MOH	Ministry of Health
MSM	Men who have Sex with Men
NAP	National AIDS Program
NGO	Non-Governmental Organization
OIs	Opportunistic Infections
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 and AIDS
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-To-Child Transmission
RPR	Rapid Plasma Reagin (syphilis test)
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
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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## ACKNOWLEDGEMENTS

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The authors are most appreciative to have been given the opportunity to assist the National AIDS Committee (NAC) and National AIDS Program (NAP) in Suriname in the conduct of the Eastern Caribbean HIV and AIDS Service Provision Assessment (HSPA). MEASURE Evaluation would like to acknowledge the contribution and support of a number of individuals and organizations to the successful completion of the 2005/2006 Caribbean HSPA survey.

We wish to thank the staff of the participating health facilities in each country who patiently responded to all of the questions and enquiries to facilitate the completion of the survey questionnaires. Special thanks to the Department of Public Health and Preventive Medicine at St. George's University (SGU), which fielded the research teams and managed data collection and data entry for Antigua and Barbuda, Grenada, Saint Kitts and Nevis, Trinidad and Tobago and Suriname. We appreciate the data collection teams, which are as follows:

Antigua and Barbuda:	Jean-Machelle Benn-Du Bois Janet Samuel Cheries Smith
Grenada:	Kathleen Daniel Selwyn Charles
Saint Kitts:	Juletta Henderson Stacey Battice
Nevis:	Nicole Slack Andrea Nesbitt
Suriname:	Ingrid Caffé Amalia Clark Widya Punwasi
Trinidad:	Gerald Peters Merle John Joanna Bartholomew
Tobago:	Cecile Beckles Anitta Roseta Nelson Verdine Davis

We would like to thank the team from the Department of Public Health and Preventive Medicine at SGU for managing and conducting this Phase II project and facilitating the report review meetings in Antigua and Barbuda, St. Kitts and Nevis and Grenada. Kennedy Roberts and Tonia Frame managed the project; Christine Richards and Sherry Noel provided quality assurance oversight. Sherry Noel also managed the data entry process and team. Martin Forde conducted the data analysis and prepared the tables with assistance from Aimee Benson from University of North Carolina. Anika Keens-Douglas provided editorial review and revision to finalize reports, and coordinated the report writing team. This team consisted of St. Claire Forde, Dianne Roberts, and Regan Mendez who drafted the St. Kitts and Nevis, Grenada and Antigua and Barbuda reports, respectively.

The U.S. Agency for International Development (USAID) Mission/Barbados provided financial support to MEASURE Evaluation to undertake the Eastern Caribbean HSPA, and Mary Freyder provided guidance.

At MEASURE Evaluation/University of North Carolina, Sarah Bassett-Hileman and Phil Bardsley were instrumental in laying the groundwork for the survey and initiating the activities. Aimee Benson is appreciated for her untiring work with setting up the data entry system, training of SGU staff, and managing data analysis and preparation of tables and figures along with her inputs into the final reports.

At MEASURE Evaluation/Macro International Inc., Altrena Mukuria was instrumental in managing the Caribbean HSPA process. Nancy Fronczak conducted the training of staff in HSPA survey methodology and provided technical assistance in data analysis. Nelia Hoffman and Chiho Suzuki drafted the Trinidad and Tobago and Suriname reports, respectively. Ingrid Caffé conducted the presentations at the Suriname HSPA Stakeholder's Meeting. Macro International Inc. Publications and Media Resources department assisted with final editing and publication of the reports.

MEASURE DHS staff, Alfredo Aliaga, provided technical advice on weighting the sample. Jeanne Cushing provided technical assistance in data analysis. Andrew Inglis prepared the maps for each of the country reports.

## EXECUTIVE SUMMARY

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The HIV and AIDS Service Provision Assessment (HSPA) was developed to assess the quality and capacity of HIV- and AIDS-related services in high prevalence 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 quality HIV testing and counseling system, accessible antiretroviral therapy (ART), treatment services for opportunistic infections (OIs), and a prevention strategy that reaches the vulnerable and at-risk populations. A solid record-keeping and reporting system is essential for monitoring and surveillance of the epidemic and to assess the capacity of the health system to respond. No matter what level health planners decide is best for the country, each service should be provided at the highest quality possible. The results of the 2006 Suriname HSPA provide baseline information for decision-making on how and where to scale up or strengthen HIV- and AIDS-related services.

The Suriname HSPA findings provide information on both basic- and advanced-level HIV and AIDS services and the availability of record-keeping systems for monitoring HIV and AIDS care and support. Within the Caribbean region, there is a concern for the recent training of health professionals who provide HIV and AIDS services, for health worker attitudes toward people living with HIV and AIDS (PLHIV) and for patient movement within the region. The Suriname 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, given the important role played by private or non-governmental facilities as providers of HIV and AIDS services in Suriname, both public and non-governmental facilities are included. The survey was conducted in a sample of 23 facilities (4 government and 19 non-governmental facilities) in Suriname, 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), ART, post-exposure prophylaxis (PEP), prevention of mother-to-child transmission (PMTCT) and youth-friendly services (YFS). The Suriname HSPA took place between January and June 2006.

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

### Region-specific findings

- ▶ Gaps exist in recent training in counseling and HIV specific services.
- ▶ Sixty-eight percent of health workers at government facilities and 50 percent of health workers at non-governmental facilities surveyed had a positive attitude toward PLHIV.
- ▶ There are opportunities to address migrants seeking testing, counseling, and treatment for HIV and AIDS.

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

- ▶ Three out of four public facilities and 14 out of 19 non-governmental facilities surveyed had an HIV testing system.
- ▶ Among those facilities with HIV testing systems, none of the public facilities had all of the components of an HIV system in place. Thirty-one percent of the non-governmental facilities had all of the components of an HIV system in place.
- ▶ None of the public facilities met all the requirements for youth-friendly HIV testing services, however one weighted facility (2 unweighted facilities) has at least one trained counselor.
- ▶ There is an overall lack of protocols and policies in place at service sites for informed consent, counseling and YFS.

### Availability of basic care and support services

- ▶ There is a lack of available tuberculosis (TB) medicines at TB service sites and items for sputum test where sputum tests are performed.
- ▶ Sites are in need of sexually transmitted infection (STI) protocols.
- ▶ Nosocomial infection prevention, although practiced in all facilities, was not fully available in all sites of facilities.
- ▶ None of the government and 30 percent of non-governmental facilities have at least half staff supervised in past 3 months. A low percentage of staff was recently supervised for clinical services in facilities.

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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.



### Availability of advanced care and support services

- ▶ Facilities offering PMTCT services did not have all four components of PMTCT services in place.
- ▶ None of the facilities surveyed provided all items of PMTCT+.
- ▶ Facilities lack protocols and guidelines in facilities for treating OIs and meningitis, palliative care, and serving children and adults living with HIV and AIDS.
- ▶ Facilities lack supply of PEP.
- ▶ Record-keeping systems for client appointments are inconsistent.
- ▶ Referral system for home-based care services (HCS) among CSS sites is weak.



# CHAPTER 1: OVERVIEW OF THE HEALTH SYSTEM IN SURINAME

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## 1.1 BACKGROUND

The Republic of Suriname is a nation on the northeast coast of South America. It is bordered by the North Atlantic Ocean in the north, Guyana in the west, Brazil in the south, and French Guiana in the east. Approximately 492,000 people<sup>2</sup> live in the 163,820 sq km area,<sup>3</sup> divided into 10 administrative districts.<sup>4</sup> Seventy percent of the population is concentrated in two urban districts covering 0.4 percent of the land area, and 10 percent lives in scattered tribal settlements in the interior, which make up 80 percent of the land area.<sup>5</sup> Although Dutch is the official language, English is also commonly spoken, Sranang Tongo (lingua franca) is the native language of Creoles and much of the younger population, and Hindustani (a dialect of Hindi) and Javanese are also spoken. The country's ethnic composition is diverse: Creole (35%); East Indian (35%); Indonesian (16%); Maroon or Bushnegro (8%); Amerindian (3%); Chinese (2%); and European, Lebanese, and others (1%). The three main religions practiced are Christianity (42%), Hinduism (27%), and Islam (20%).<sup>6</sup>

## 1.2 HIV AND AIDS IN THE CARIBBEAN

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

Seventy-nine percent of PLHIV in the Caribbean are from Haiti and the Dominican Republic, making the island of Hispaniola the “epicenter of the epidemic in the Caribbean region and the Western Hemisphere.”<sup>7</sup>

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<sup>2</sup> Notes from Suriname HSPA Stakeholder's Meeting, August 2007.

<sup>3</sup> Pan American Health Organization. Country Profile. Available at <http://www.paho.org/english/sha/prflsur.html>.

<sup>4</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>5</sup> Ministry of Health Suriname. 2005. Country report on the UNGASS declaration of commitment to HIV/AIDS. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_suriname\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_suriname_en.pdf).

<sup>6</sup> Pan American Health Organization. Country Profile. Available at <http://www.paho.org/english/sha/prflsur.html>.

<sup>7</sup> Caribbean Epidemiology Centre. 2004. Status and trends: Analysis of the Caribbean HIV/AIDS epidemic 1982–2002. Port of Spain, Trinidad: Caribbean Epidemiology Centre.

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 toward 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 three to six times higher than males in the same age group. In the Caribbean there are also sub-groups or more vulnerable groups to HIV and AIDS, which include men who have sex with men (MSM), commercial sex workers (CSW), and the mining population (specific economic migrating populations). Also at higher risk are pregnant women and those 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.

### 1.3 HIV AND AIDS IN SURINAME

According to the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), the HIV and AIDS prevalence rate among adults (aged 15–49) is estimated to be 1.9 percent at the end of 2005 in Suriname.<sup>8</sup> The first case of HIV and AIDS was registered at the Ministry of Health (MOH) in 1983, and the number of cases has since increased to 3,032 by 2004. Since 2004, the gender distribution of new HIV cases has shifted and there are now more females than males.<sup>9</sup> Furthermore, a number of epidemiological patterns observed during 2001 and 2002 are worth noting. First, among reported AIDS cases, 20 percent of the cases were in the age group 0–14 years with 77 percent of these cases occurring in the 0–4 years, indicating mother-to-child transmission of HIV. Second, young women have become part of the most vulnerable groups in Suriname, as indicated by the statistics that 75 percent of new HIV and AIDS cases among reported female cases were in the age group 15–24 years. Third, the age group 50 years and above represented 27 percent of all reported HIV cases and 36 percent of all AIDS cases, suggesting that the AIDS epidemic in Suriname is becoming “grey.”<sup>10</sup> The number of persons hospitalized due to HIV and AIDS has seen an increasing trend over the years. It reached 286 persons in 2004, which was the first year with more females hospitalized than males, most frequently occurring among those in the age group 20–39 years. In 1999, HIV and AIDS became the 10th leading cause of death in Suriname, but in 2004 it became the 6th leading cause of death and remains so to this date.<sup>11</sup>

<sup>8</sup> World Health Organization. 2006. Epidemiological fact sheets on HIV/AIDS and sexually transmitted infections—Suriname. Available at [http://www.who.int/globalatlas/predefinedReports/EFS2006/EFS\\_PDFs/EFS2006\\_SR.pdf](http://www.who.int/globalatlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_SR.pdf).

<sup>9</sup> Ministry of Health Suriname. 2005. Country report on the UNGASS declaration of commitment to HIV/AIDS. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_suriname\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_suriname_en.pdf).

<sup>10</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>11</sup> Ministry of Health Suriname. 2005. Country report on the UNGASS declaration of commitment to HIV/AIDS. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_suriname\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_suriname_en.pdf).



## CHAPTER 1: OVERVIEW OF THE HEALTH SYSTEM IN SURINAME

A number of survey results are available to provide a picture of the epidemic for a number of population groups including pregnant women, female sex workers (FSW), and MSM. First, a countrywide seroprevalence survey conducted in 1991–1992 among 12,200 pregnant women indicated a seroprevalence rate of 0.8 percent among the population group. A number of surveys using other sampling approaches have been conducted more recently (i.e., opportunistic sampling approach and consecutive sampling approach), and results range from a seroprevalence rate of less than 1 percent to 1.4 percent. Second, with regard to FSW, two surveys conducted among street-based FSW in the last 8 years estimated a seroprevalence rate among this population group to be between 22 percent in 1992 and 25 percent in 2000. The rate is expected to be much lower among club-based FSW. Third, a study conducted of 144 MSM in 1997, using a convenience sample, estimated the HIV seroprevalence rate among this group to be 24 percent. Finally, tuberculosis (TB) and HIV coinfections are increasing in Suriname. During 1998 and 2002, TB patients were screened for HIV, and the seroprevalence rate has steadily increased from 3 percent in 1998 to 31.1 percent in 2002.<sup>12</sup>

Given the critical role of HIV testing, efforts to improve access to voluntary counseling and testing (VCT) are underway and a national VCT protocol including the national rapid test algorithm was developed and introduced. The number of VCT sites increased from two in 2003 to six by the end of 2005, and free VCT services were introduced. The scaling up of VCT services will continue as VCT sites are established in all districts.<sup>13</sup>

Initially, the provision of treatment in Suriname was limited due to lack of funds. With the involvement of a working group consisting of volunteers, government, and Pan American Health Organization (PAHO)/WHO an antiretroviral medicine (ARV) treatment fund was established. Additional funds were raised through public fundraising efforts, with which ARV treatment was started in June 2002. The Global Fund grant for Suriname was approved in 2004 and enabled MOH to accelerate expansion of ARV treatment and care. The number of persons under ARV treatment increased from zero in 2002 to 500 in 2005.<sup>14</sup>

### 1.4 SELECTED HEALTH AND DEMOGRAPHIC CHARACTERISTICS

According to data updated for 2001, the average life expectancy in Suriname is 71 years, with women having a longer average lifespan (74 years) than men (68 years). Infant

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<sup>12</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>13</sup> Ministry of Health Suriname. 2005. Country report on the UNGASS declaration of commitment to HIV/AIDS. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_suriname\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_suriname_en.pdf).

<sup>14</sup> Ministry of Health Suriname. 2005. Country report on the UNGASS declaration of commitment to HIV/AIDS. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_suriname\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_suriname_en.pdf).

mortality stands at 17 deaths/1,000 live births.<sup>15</sup> In 2000, the maternal mortality rate was estimated at 153 per 100,000 live births, infant mortality was at 20 per 1,000 live births, and the under five mortality at 30 per 1,000 live births.<sup>16</sup> The population growth rate was estimated to be 0.2 percent in 2006. Currently, 29 percent of the population is in the 0–14 year age range, 65 percent is in the 15–64 year age range, and 6 percent is 65 years old or older. In 1999, it was estimated that between 50–75 percent of the population lived below the national poverty line.<sup>17</sup> During the 1992–1994 period, the leading causes of death were hypertension and heart disease (19%), followed by cerebrovascular accidents (14%), malignant neoplasms (8%), gastroenteritis (5%), and diabetes mellitus (4%).<sup>18</sup>

With regard to vector-born communicable diseases, Suriname experienced a dengue epidemic in 1993–1994 and again in 1996. Malaria has been under control since 2006.<sup>19</sup> It reached unprecedented levels in 1996, with 23 percent positive out of 68,674 slides examined for malaria.<sup>20</sup>

## 1.5 GENERAL ORGANIZATION OF THE HEALTH SYSTEM

This Section provides the context in which to view the findings of the Suriname HIV and AIDS Service Provision Assessment. MOH is responsible for supervising healthcare providers according to norms and standards. The Central Office of MOH includes the Medical, Nursing, and Pharmacological Inspectorates; the Legal Department; the Planning Department; and a General Administrative Department. While the Ministry is the key policy leader in the health system, its functions and capacity need to be strengthened to implement health sector reform. This requires updating legislation and the establishment of a National Health Council. These are two of the priority areas laid out in the 1997–2001 Policy Paper of MOH, which recognized the core problems facing Suriname's healthcare system: financing and the lack of trained personnel. In sum, the Ministry plans to regulate and reorganize the health system by<sup>21</sup>—

- ▶ Institutionalizing a National Health Council to support the Ministry's leadership and advocacy roles.
- ▶ Building management capacity.

<sup>15</sup> Pan American Health Organization. Country Profile. Available at <http://www.paho.org/english/sha/prflsur.html>.

<sup>16</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>17</sup> Pan American Health Organization. Country Profile. Available at <http://www.paho.org/english/sha/prflsur.html>.

<sup>18</sup> Pan American Health Organization. Country Profile. Available at <http://www.paho.org/english/sha/prflsur.html>.

<sup>19</sup> Notes from Suriname HSPA Stakeholder's Meeting, August 2007.

<sup>20</sup> Pan American Health Organization. Country Profile. Available at <http://www.paho.org/english/sha/prflsur.html>.

<sup>21</sup> Pan American Health Organization. Country Profile. Available at <http://www.paho.org/english/sha/prflsur.html>.



## CHAPTER 1: OVERVIEW OF THE HEALTH SYSTEM IN SURINAME

- ▶ Updating health legislation.
- ▶ Continuing to privatize government hospitals, the Regional Health Service, and other institutions.
- ▶ Restoring healthcare facilities in the Interior Region.

### 1.6 FUNDING OF THE HEALTH SECTOR

Three major institutions pay for health services in Suriname:<sup>22</sup>

- ▶ State Insurance Fund (SZF)
- ▶ Ministry of Social Affairs (MSA)
- ▶ Private Firms and Private Health Insurance.

SZF provides a comprehensive health benefits package to approximately 35 percent of the population and is financed with a combination of wage tax contributions, subsidies from general tax revenues, and voluntary premiums. MSA ensures that the disadvantaged population (approximately 42%) has access to state subsidized healthcare services, including hospital services. Private firms and private health insurance cover approximately 20 percent of the population, who receive health coverage through their employers.<sup>23</sup>

In terms of health expenditure, spending by public payers was estimated to account for approximately 4.4 percent of the gross domestic product (GDP) in 1996, half of which was spent by the SZF, 30 percent by MOH and 20 percent by MSA. When private spending is added, Suriname spent about 6.6 percent of GDP on health in 1996.<sup>24</sup> It is estimated that the total national spending on health care (government and private combined) was at US\$40 million in 1996.<sup>25</sup> Major international and bilateral partners supporting Suriname's health sector are the Government of the Netherlands and Belgium, PAHO, United Nations Children's Fund (UNICEF) and Inter-American Development Bank (IDB).<sup>26</sup>

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<sup>22</sup> Inter-American Development Bank. 1999. Suriname: Health sector assessment. Regional Operations Department 3. Available at <http://www.iadb.org/regions/re3/suhlth.pdf>.

<sup>23</sup> Inter-American Development Bank. 1999. Suriname: Health sector assessment. Regional Operations Department 3. Available at <http://www.iadb.org/regions/re3/suhlth.pdf>.

<sup>24</sup> Inter-American Development Bank. 1999. Suriname: Health sector assessment. Regional Operations Department 3. Available at <http://www.iadb.org/regions/re3/suhlth.pdf>.

<sup>25</sup> Pan American Health Organization. Country Profile. Available at <http://www.paho.org/english/sha/prflsur.html>.

<sup>26</sup> Pan American Health Organization. Country Profile. Available at <http://www.paho.org/english/sha/prflsur.html>.

## 1.7 GENERAL ORGANIZATION OF THE HEALTH SECTOR

The Bureau of Public Health is responsible for family health, environmental health, public health, laboratory services and disease control in Suriname. Primary healthcare services in Suriname are provided by the Regional Health Service, the Medical Mission, private practices, polyclinics of private companies, the emergency department of the Academic Hospital, the Dermatologische Dienst, Stichting Lobi and the Youth Dental Service Foundation, the Bureau of Medical Psychology, and the disease control clinics of the Bureau of Public Health. Each institution is responsible for the various aspects of public health in the country.<sup>27</sup>

The Regional Health Service provides health care through 11 health centers, 27 polyclinics, and 19 auxiliary posts located in villages, through which it offers a wide range of health services. Since the late 1990s, the process of decentralization of managerial authority to district health centers and community participation have been pursued. The Medical Mission is a private, nonprofit organization that operates on government subsidies. Its aim is to develop an affordable healthcare system and to promote health awareness at the community level. It is tasked with the responsibility of providing all medical care in the Interior.<sup>28</sup>

The Dermatologische Dienst is tasked with the control of STIs and HIV and AIDS, the elimination of leprosy, and the control of dermatological conditions such as yaws, leishmaniasis, and other communicable diseases. Services are provided through a central polyclinic in Paramaribo, the district hospital in Nickerie, and the district health center in Wonoredjo. The Stichting Lobi Foundation promotes family planning and the prevention of cervical cancer deaths, and works primarily with adolescents, young adults, and inhabitants of the Interior. The Youth Dental Service Foundation offers free dental care to children 0 to 17 years of age.<sup>29</sup>

There are four general hospitals in Paramaribo (Academic Hospital, s'Lands Hospital, Diaconessenhuis Hospital, and St. Vincentius Hospital), a District Hospital in Nickerie, and a psychiatric hospital in the country. Academic Hospital is the only hospital with a department for emergency medicine, and s'Lands Hospital has several special functions related to maternal and child health.<sup>30</sup>

## 1.8 HUMAN RESOURCES

According to the Health Sector Assessment carried out in 1999, lack of qualified professional staff is a serious problem that undermines MOH's functional and leadership

<sup>27</sup> Pan American Health Organization. 1998. Health in the Americas, volume II. Available at <http://www.paho.org/english/HIA1998/Suriname.pdf>.

<sup>28</sup> Pan American Health Organization. 1998. Health in the Americas, volume II. Available at <http://www.paho.org/english/HIA1998/Suriname.pdf>.

<sup>29</sup> Pan American Health Organization. 1998. Health in the Americas, volume II. Available at <http://www.paho.org/english/HIA1998/Suriname.pdf>.

<sup>30</sup> Pan American Health Organization. 1998. Health in the Americas, volume II. Available at <http://www.paho.org/english/HIA1998/Suriname.pdf>.





capacity. A significant proportion of healthcare professionals have left the sector of the country in the last decade, and many will retire in the coming years. Wages and working conditions in the private sector are much more attractive, making it difficult for MOH to recruit and retain skilled health professionals to develop policies and implement programs. Individuals with expertise in economics, public health, epidemiology, management, and statistics are much needed.<sup>31, 32</sup>

### 1.9 NATIONAL HIV AND AIDS PROGRAM

A National Strategic Plan for HIV and AIDS (NSP) was prepared in 2003 and formally adopted by the Council of Ministers in 2004. The NSP became the framework for expanding and strengthening the national response against HIV and AIDS during 2004–2005, and the National AIDS Program's (NAP's) role as the national coordinating body in the fight against HIV and AIDS was reestablished. The plan's five priority areas are as follows:<sup>33</sup>

- ▶ Coordination, policy formulation, legislation, and advocacy
- ▶ Prevention
- ▶ Reduction of stigma and discrimination
- ▶ Treatment, care, and support
- ▶ Monitoring and evaluation.

Furthermore, the support from the Global Fund enhanced the national capacity to develop a comprehensive response to HIV and AIDS, and specific targets, strategies and activities toward achievement of the Millennium Development Goals (MDGs) were established. Specific targets include 25 percent reduction of new HIV infections in the age group 15–24 and 25 percent reduction in the number of HIV-positive pregnant women.<sup>34</sup>

To improve its response to HIV and AIDS, the Government of Suriname initiated the process of establishing a new multisectoral National AIDS Committee (NAC) to function as a high-level policy-formulating body. Members of the NAC will include key Government agencies, non-governmental organizations (NGOs), private sector, civil society, and people living with HIV and AIDS (PLHIV).<sup>35</sup>

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<sup>31</sup> Inter-American Development Bank. 1999. Suriname: Health sector assessment. Regional Operations Department 3. Available at <http://www.iadb.org/regions/re3/suhlth.pdf>.

<sup>32</sup> Pan American Health Organization. 1998. Health in the Americas, volume II. Available at <http://www.paho.org/english/HIA1998/Suriname.pdf>.

<sup>33</sup> Ministry of Health Suriname. 2005. Country report on the UNGASS declaration of commitment to HIV/AIDS. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_suriname\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_suriname_en.pdf).

<sup>34</sup> CCA Report 2006.

<sup>35</sup> Ministry of Health Suriname. 2005. Country report on the UNGASS declaration of commitment to HIV/AIDS. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_suriname\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_suriname_en.pdf).

During 2003–2005, efforts to strengthen the technical capacity of NAP and other agencies to promote prevention strategies aimed at the general population and subgroups identified as priority populations in the NSP were pursued with support from United Nations Population Fund (UNFPA), CAREC, and the University of the West Indies. Condom promotion and distribution continued, and the process of integrating HIV prevention at all levels of the education system was initiated. The second Global Fund grant was received in 2006, which will enable rapid scaling up of prevention efforts, particularly for the priority populations: youth, MSM, CSW, and the interior and migrant populations.<sup>36</sup>

A national VCT protocol was developed and introduced during the period of 2003–2005, and the number of VCT sites saw an increase from two in 2003 to six by the end of 2005. Free VCT services were also introduced, and a campaign was initiated to promote HIV testing. The plan is to establish VCT sites in all districts of the country. Furthermore, provision of ARV in Suriname became possible through an ARV treatment fund in June 2002. With the approval of a Global Fund grant in 2004, MOH was able to further expand ARV treatment and care services. Consequently, the number of persons receiving ARV treatment increased from zero to 500.<sup>37</sup>

Despite its efforts and achievements over the past several years, a number of challenges hamper the Government of Suriname's response to HIV and AIDS. First, the lack of sufficiently trained and/or experienced staff, particularly in the public sector, will remain an issue as outward migration of highly trained and skilled professionals continues. Second, the lack of an effective procurement system for ARVs and other commodities has led to periodic shortages of essential supplies. Third, the integration of treatment services in the primary healthcare system is a challenge particularly in remote and sparsely populated areas. Finally, the continuation of the programs and services beyond expiration of the Global Fund grants is a major issue to be overcome given the limited resources available in-country.<sup>38</sup>

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<sup>36</sup> Ministry of Health Suriname. 2005. Country report on the UNGASS declaration of commitment to HIV/AIDS. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_suriname\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_suriname_en.pdf).

<sup>37</sup> Ministry of Health Suriname. 2005. Country report on the UNGASS declaration of commitment to HIV/AIDS. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_suriname\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_suriname_en.pdf).

<sup>38</sup> CCA Report 2006.

## CHAPTER 2: SURVEY METHODOLOGY

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### 2.1 OVERVIEW

HIV and AIDS is a global problem with an estimated 39.4 million persons infected worldwide and 4.9 million newly infected in 2004 (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2004). According to UNAIDS data, the Caribbean is the second-most affected region in the world. Among adults aged 15 to 49 years, the HIV prevalence rate is estimated to be 2.3 percent. At the end of 2003, an estimated 440,000 people were living with HIV and AIDS in the Caribbean. Of these, 53,000 were newly infected during 2004. It is estimated that there were 36,000 deaths due to AIDS that year (UNAIDS, 2005).

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

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

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

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

## 2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE HSPA

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

Objectives of the study are as follows:

- ▶ To provide information about nine Eastern Caribbean countries regarding—
  - ▶ The location of facilities providing AIDS-related services, by type of service (antiretroviral therapy [ART], prevention of mother-to-child transmission [PMTCT], voluntary counseling and testing [VCT], laboratory services, tuberculosis [TB], sexually transmitted infection [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 CIMT, which include the following CIMT/UNAIDS/WHO/Global Fund Care and Support Indicators:
  - ▶ Proportion of health care facilities that have the capacity and conditions to provide basic-level HIV testing and HIV and AIDS clinical management.
  - ▶ Proportion of health care facilities that have the capacity and conditions to provide advanced-level HIV and AIDS care and support services, including provision of ART.

### 2.3 HSPA CONTENT AND METHODS FOR DATA COLLECTION

#### 2.3.1 CONTENT OF THE HSPA

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

#### 2.3.2 METHODS OF DATA COLLECTION

The HSPA consists of two survey instruments: the facility resources inventory and the Health Worker Interview. The facility resources inventory obtains information on the conditions and capacity of health facilities to provide care and support services and on referral linkages between services. Specifically, it collects information on the HIV- and AIDS-related services 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 care and support services, the availability of medicines and supplies, facility conditions, and health information management systems.

The inventory is comprised of a different module for each area of care and support service, and modules are used in each service site within a facility, where applicable. Data are collected and analyzed at each service site within a facility and then aggregated to present facility-level data. The survey instrument requires interviews with the in-charge of the facility for an overview of HIV and AIDS services as well as interviews with the most knowledgeable person about outpatient care, inpatient care, Health Management Information System (HMIS) reports, laboratory services, pharmacy, TB, counseling and testing, ART, and PMTCT. A separate interview is administered to

healthcare workers providing HIV- and AIDS-related services who are present on the day of the facility survey.

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

## 2.4 SAMPLING DESIGN

Because HIV and AIDS services are not offered across all facility types, and services are relatively scarce, it was important to collect data from all known sites where HIV and AIDS services are offered. This, however, results in the sample being disproportionately representative of these services. Both public and non-governmental facilities were the focus of the survey in Suriname, and accordingly the inventory was carried out in both types of facilities. A list of public and non-governmental facilities and the AIDS-related services they provide were provided by the National AIDS Program Coordinator.

### 2.4.1 SAMPLE OF FACILITIES

The sample used for the HSPA was obtained from the above-mentioned list of 107 facilities. Among these facilities, there are a number of facilities providing the majority of care and treatment to HIV positive individuals, such as ART, PMTCT, and laboratory services. Facilities such as these can be viewed as being more advanced in the level of care they can provide HIV and AIDS clients. In addition to these facilities providing a broad spectrum of care, others provide AIDS-related services on a narrower scale, such as VCT for antenatal patients or TB care to HIV-positive individuals. These types of facilities are seen as providing a more basic level of care.

In Suriname, there are more basic-level care facilities (94) than there are advanced ones (13), which is an important factor in considering the sample of facilities. In order to include the full range of services available, all 13 advanced care facilities were included in the sample. Based on logistical considerations, a sample of 10 basic care facilities was randomly drawn from the 94 basic care facilities, for a total of 23 facilities in the overall sample. Because the advanced care facilities are overrepresented in the sample, compared to their representation in the country as a whole, weights were constructed to account for this in the analysis. Table 2.4.1a provides information on the weighted percent distribution of facilities included in the sample, as well as the weighted and unweighted number of facilities. All other tables and figures in the report are based on the weighted number of public (government) and private (non-governmental) facilities that provide the particular service of interest. There are two exceptions to this general rule: the region-specific tables and figures (Sections 3.2.1 through 3.2.3) and all of the maps, which present the geographic distribution of services in the country, are based on the unweighted number of facilities or providers who provide the service of interest.



## CHAPTER 2: SURVEY METHODOLOGY

Furthermore, it is also important to refer to the footnotes at the bottom of the tables in the report for unweighted numbers that were used in the calculations. Weighted percentages, particularly for government facilities, need to be interpreted in view of the small number of government facilities in the sample (the unweighted total number of facilities is four, and the weighted total is less than one [0.86]).

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

Background characteristic	Percent distribution of facilities (weighted)	Number of facilities	
		Weighted	Unweighted
Type of facility			
Hospital	6	1	6
Health Center	62	14	8
Medical Station	26	6	3
Lab	4	* <sup>1</sup>	4
Other+	2	* <sup>2</sup>	2
Managing authority			
Government	4	* <sup>1</sup>	4
Non-governmental	96	22	19
Tier			
Advanced	12	3	13
Basic	88	20	10
Total	100	23	23

<sup>1</sup> Weighted total less than 1 (0.86).

<sup>2</sup> Weighted total less than 1

+ Other: family planning clinic; stand-alone VCT clinic

Table 2.4.1b displays the weighted and unweighted number of public and non-governmental facilities in Suriname that offer several key services related to HIV and AIDS care. This table should be referenced to determine the actual number of facilities that provide a particular type of service when reviewing the tables and figures that appear in this report, especially when one is trying to interpret weighted percentages for services that are not widely available in the country.<sup>39</sup>

<sup>39</sup> Due to the effects of weighting, these percentages are sometimes based on a weighted number of facilities that is less than 1. In these instances, the percentage appears in parentheses with an accompanying footnote that gives the unweighted number of facilities.

Table 2.4.1b: Number of public and private facilities (weighted and unweighted) providing services, by the service provided, HSPA Suriname 2006

Service provided	Number of public facilities		Number of private facilities	
	Weighted	Unweighted	Weighted	Unweighted
HIV testing	* <sup>1</sup>	3	14	14
Any care and support services (CSS) for HIV/AIDS clients	* <sup>2</sup>	2	9	9
Tuberculosis services (TB)	* <sup>3</sup>	1	6	6
Antiretroviral therapy (ART)	* <sup>3</sup>	1	* <sup>4</sup>	4
Prevention of mother-to-child transmission (PMTCT)	* <sup>3</sup>	1	13	11

<sup>1</sup> Weighted number of facilities less than 1 (0.64).

<sup>2</sup> Weighted number of facilities less than 1 (0.43).

<sup>3</sup> Weighted number of facilities less than 1 (0.22).

<sup>4</sup> Weighted number of facilities less than 1 (0.86).

## 2.4.2 SAMPLE OF HEALTH SERVICE PROVIDERS

The sample of health service providers was selected from providers who were present in the facility on the day of the survey and who provided services assessed by the HSPA. The selection was carried out to ensure that, if available, at least one provider from each service was interviewed. A provider is defined as a physician or a nurse who actually provides client services of some type (counseling, health education, or consultation services). Thus, for example, a nurse who only completed registers and 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 their representativeness of the qualification and number of staff who were assigned to the facility. Thus, the results of the health worker interviewers are potentially biased because the staff present on the day of the survey may not be representative of the staff who normally provided the services of interest in the facility.

## 2.5 STUDY IMPLEMENTATION

### 2.5.1 TRAINING AND SUPERVISION OF DATA COLLECTORS

Survey interviewers were primarily recruited from the Phase II country Ministries of Health and National AIDS Programs service providers, health planners, and epidemiologists experienced in HIV and AIDS services and knowledgeable about survey





implementation and interviewing. A 2-week training was conducted for survey staff at St. George's University (SGU), Grenada, by MEASURE Evaluation staff. It included practical training, role-play in completing all questionnaires and actual survey conduct in health facilities of different types.

### 2.5.2 DATA COLLECTION INSTRUMENTS

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

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

### 2.5.3 DATA COLLECTION METHODS

The survey was conducted between January and June 2006. Data collection consists of key informant interviews with the most knowledgeable person about a service, observations of facility resources in each service area, interviews with service providers to learn about training and stigma, and Global Positioning System (GPS) readings of the geographic coordinates of each facility.

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 offered the day of the survey, or the health facility was closed for training or any other scheduled activity, the teams returned on a day when the service was offered or the facility was open for clients.

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 by quality assurance specialists from SGU.

#### 2.5.4 PROCESS FOR DATA MANAGEMENT AND REPORT WRITING

After the data were collected in country, the questionnaires were sent to SGU where staff entered the results into CPro using double data entry to ensure accurate keying of results. Two separate datasets were produced by (at least) two different data entry clerks. The two datasets were then compared for any keying errors. Errors found during the comparison were corrected to create a final dataset. The biostatistician from SGU Department of Public Health and Preventive Medicine was trained in the analysis of the HSPA. Once a final dataset was completely entered and cleaned, the biostatistician and MEASURE Evaluation/University of North Carolina (UNC) staff completed the data analysis using STATA®. The final data set and the original questionnaires were sent to MEASURE Evaluation/UNC.

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

#### 2.5.5 DATA ANALYSIS AND CONVENTIONS FOLLOWED IN DEVELOPING THE INDICATORS

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

- ▶ **Assessing the availability of items.** Unless specifically indicated, the HSPA considered observed items as available. HIV and AIDS services are frequently offered in 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). Record-keeping is necessary for clients who receive services from any service site, but the records may be kept in different locations depending on the organization of a facility. Some items, such as service statistics and client records may be centralized or decentralized, depending on the organization of a facility. For this survey, it is assumed that as long as a unit offering a service knows where the records are, and the existence of records in that site is verified, this verifies that records are being kept for clients receiving services from the unit. It is not reasonable, however, to assume that providers will run around a facility in search of soap and water to wash hands or guidelines to remind them of information when providing services to a client. Thus, some items, such as those for infection control, and guidelines and protocols, need to be near each relevant service delivery area. The analyses of the quality of HIV and AIDS and related services for this survey follow the general conventions when determining if a facility meets the standards defined as those necessary to provide quality services.



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

### 2.6 MAPPING FACILITIES

The mapping component of this data collection effort is in line with global trends to map health care facilities, such as the Service Availability Mapping (SAM) initiative by WHO. Maps are valuable tools for monitoring programs, and increasing their use will help increase the demand for and use of spatial data in the public health field. As a result of this exercise, maps of each country are made to illustrate the geographic distribution of services, which help to plan and monitor the scale-up of AIDS-related services. Interviewers were trained in the use of GPS units and geographic coordinates of the facilities were obtained during fieldwork (for facilities included in the survey). Maps of the facilities are included in the report. Where the scale of the map is too small to enable the facilities to be distinguished from one another, a blowout area is included to clearly show the number of facilities.



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

### 3.1 OVERVIEW

The National AIDS Committee (NAC) was established in Suriname in 1987 as a division of the Ministry of Health.<sup>40</sup> The NAC has been assisted by the Caribbean Epidemiology Centre (CAREC) and other organizations which have been working with Suriname and other countries in the region to develop multisectoral strategic plans to address HIV and AIDS. The capacity of the NAC, however, requires further expansion in order to address the service needs for HIV transmission prevention and optimal maintenance of people living with HIV and AIDS (PLHIVs).

An international technical working group made up of representatives from the World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS), the U.S. 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 HIV Service Provision Assessment (HSPA) responds to and provides data on the following internationally accepted indicators. They fall into the following broad categories (1–5), with specific indicators listed below each, as necessary:

1. Capacity to provide basic-level services for HIV and AIDS
  - 1.1 System for testing and providing results for HIV infection
  - 1.2 Systems and qualified staff for pre- and post-test counseling
  - 1.3 Specific health services relevant to HIV and AIDS (tuberculosis [TB], malaria, sexually transmitted infection [STI]), including resources and supplies for providing these services
  - 1.4 Elements for preventing nosocomial infections
  - 1.5 Trained staff and resources providing basic interventions for prevention and treatment for PLHIV
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 PLHIV
  - 2.2 Systems and items to support advanced services for the care of PLHIV

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<sup>40</sup> Ministry of Health Suriname. 2005. Country report on the UNGASS declaration of commitment to HIV/AIDS. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_suriname\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_suriname_en.pdf).

- 2.3 Systems and items to support antiretroviral combination therapy
- 2.4 Conditions to provide advanced inpatient care for PLHIV
- 2.5 Conditions to support home care services
- 2.6 Post-exposure prophylaxis (PEP)
- 3. Data availability and record keeping systems for monitoring HIV and AIDS and support
- 4. Capacity to provide services for prevention of mother-to-child transmission (PMTCT and PMTCT+)
- 5. Availability of youth-friendly services (additional indicator)

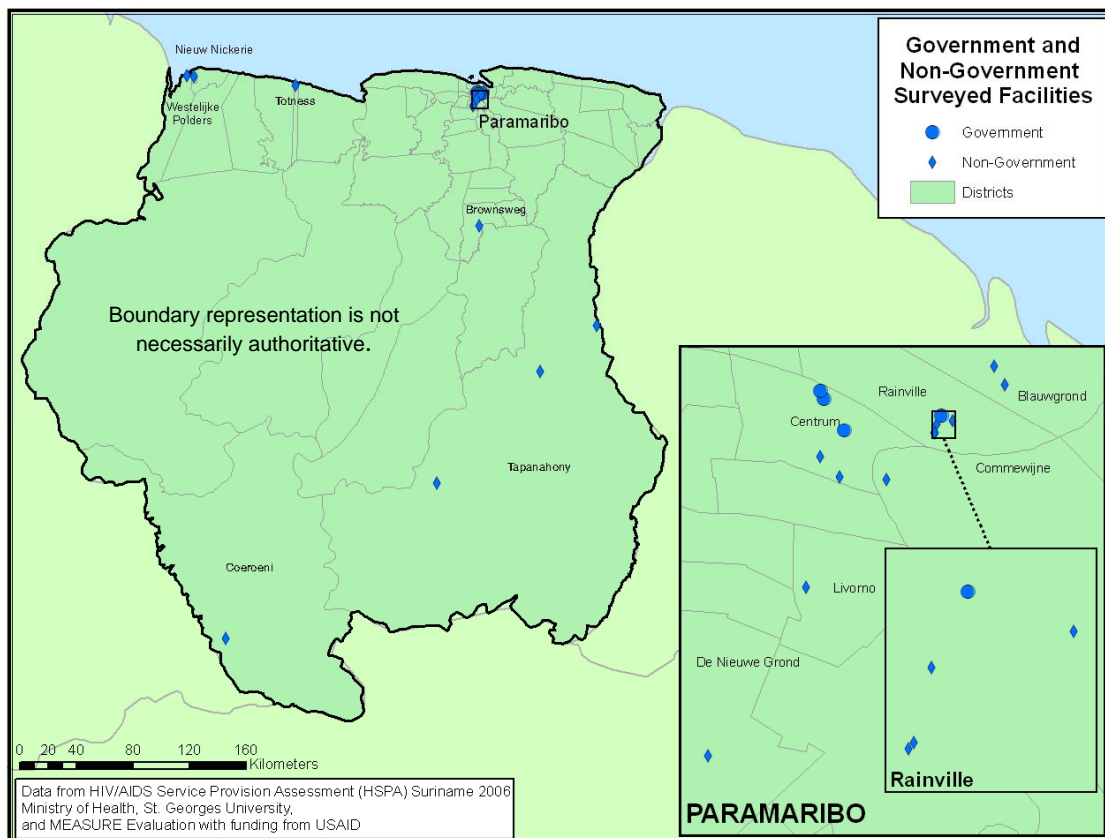
The indicators and components that were collected through a sample of health facilities are reported below. Both government and non-governmental facilities were included in survey and reported here.

### 3.2 AVAILABILITY OF PROVIDERS AND SERVICES

The HSPA assessed the availability of HIV- and AIDS-related services in Suriname. As shown in Figure 3.2., the survey included four public facilities and 19 non-governmental facilities, for a total of 23 facilities. A total of 22 public providers and 72 non-governmental providers were interviewed.



Figure 3.2: Location of the facilities surveyed, HSPA Suriname 2006



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

- ▶ **Voluntary counseling and testing (VCT):** The survey defines a facility as offering voluntary counseling and testing if clients are offered the HIV test, and when either the facility conducts the test or there is a system for the facility to receive results back and to follow-up clients for post-test results (“HIV Testing System”). A facility where clients are simply referred elsewhere was not defined as offering counseling and testing, as it is expected that the other location counsels and follows up on test results. (Basic-Level Services)
- ▶ **Care and support services (CSS):** Care and support services include any services that are directed toward improving the life of an HIV-infected person. These most often include treatment for opportunistic infections, including treatment for illnesses commonly associated with or worsened by HIV infection, such as TB, STIs, and malaria. Other CSS may include palliative care and socioeconomic and psychological support services. Along with CSS, infection control measures were assessed for all service units in the facility. (Basic-Level and Advanced-Level)

- ▶ **Antiretroviral Therapy (ART):** This refers to providing antiretroviral (ARV) medicines for treatment of the HIV-infected person. (Advanced-Level)
- ▶ **Post-Exposure Prophylaxis (PEP):** This refers to provision of ARV medicines for prevention of infection for persons at risk. Since PEP requires access to ARVs, it is not surprising that this is available most often in facilities where ART services are available. (Advanced-Level)
- ▶ **Prevention of Mother-To-Child Transmission (PMTCT):** A facility is defined as offering PMTCT services if any activities related to prevention of transmission are offered. This may include only counseling about exclusive breastfeeding for PMTCT, or may include all components of PMTCT services, including provision of antiretroviral medicines during labor.
- ▶ **Youth-Friendly Services (YFS):** This refers to facilities that have youth-friendly programs for HIV- and AIDS-related services and that have trained providers and guidelines for the services. YFS is considered to be available within a facility when there are policies/guidelines for youth-friendly services, at least one provider trained in providing youth-friendly services, and the facility reports implementing youth-friendly services.

In addition to the key internationally recognized indicators for basic, advanced and other HIV- and AIDS-related services, in the region 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 toward, 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.

### 3.2.1 REGION-SPECIFIC FINDINGS

#### Training of Service Providers

In Suriname, the HSPA interviewed a total of 22 service providers at public facilities and 72 service providers at non-governmental facilities from among the 23 facilities sampled. The 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, which will be helpful in assessing the provider and service availability in Suriname. Of the 23 facilities surveyed, 3 public and 14 non-governmental facilities had an HIV testing system (Figure 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 being in place or without





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pre- and post-test counseling. Two out of three public facilities surveyed with an HIV testing system had at least one counselor trained in pre- and post-test counseling by the Caribbean HIV and AIDS Regional Training Initiative (CHART)/Johns Hopkins University (JHU) (Table 3.2.1a). Six of the 14 non-governmental facilities with an HIV testing system had at least one counselor trained in pre- and post-test counseling by CHART/JHU.

Figure 3.2.1a: Location of facilities with an HIV testing system, HSPA Suriname 2006

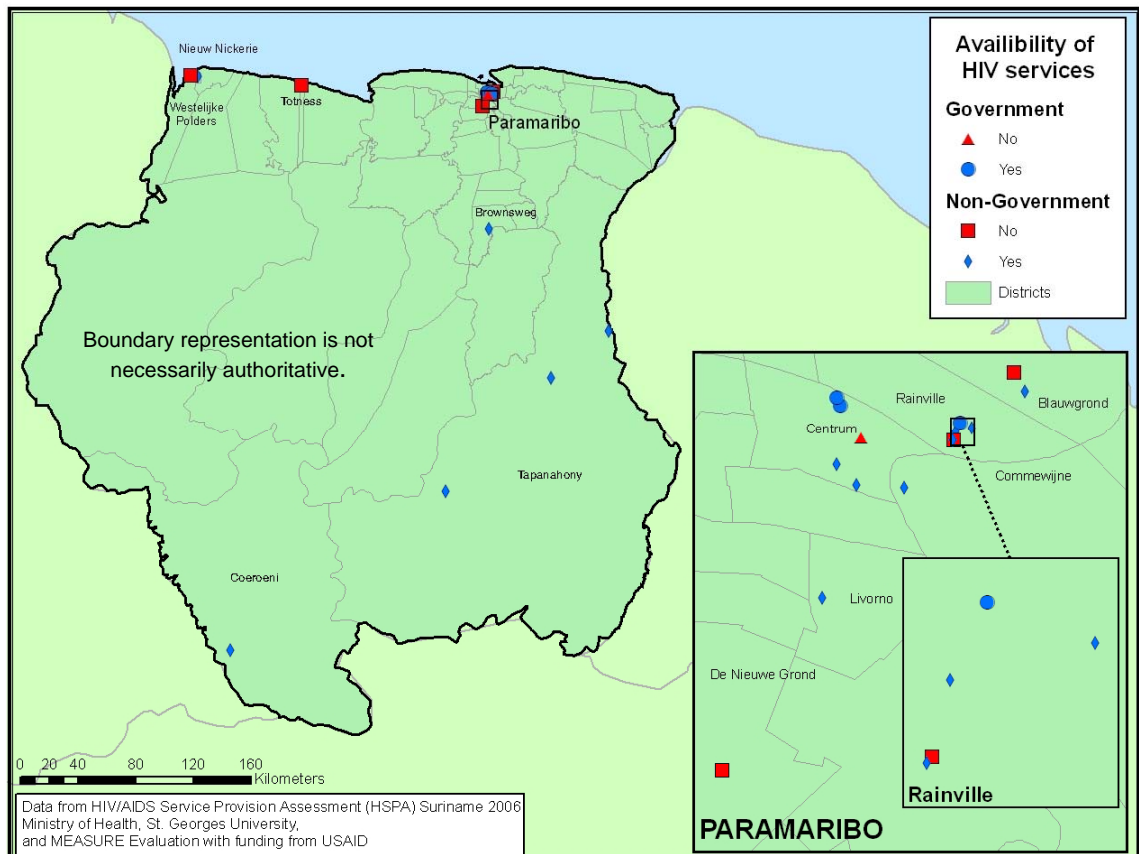


Table 3.2.1a: Number of facilities sampled, number of those facilities with an HIV testing system<sup>1</sup> (VCT), and number of facilities with an HIV testing system with at least one counselor of pre- and post-test counseling trained by CHART, HSPA Suriname 2006

Managing authority	Number of facilities sampled	Number of sampled facilities with HIV testing system	Number of sampled facilities with HIV testing system with at least one counselor of pre- and post-test counseling who reported training by CHART
Government	4	3	2
Non-governmental	19	14	6

<sup>1</sup> Facility offers counseling and testing (on-site or off-site) and keeps records of having received test results.

### Number of clinical sites providing ART by a CHART-trained provider

For the purposes of this assessment, ART is defined to include prescribing ART, medical follow-up of ART clients, ordering/prescribing lab tests to monitor ART, or providing adherence counseling for ART. Two types of interviews were used to report on training of providers. Table 3.2.1b is based on the facility inventory where the person in-charge of a facility was queried about the level of training of staff. Table 3.2.1c is based on the responses from the health workers interviewed about the training they received.

Only one of the four government facilities surveyed reported that they provide ART.<sup>41</sup> There is a director at the facility, but he/she was not trained by CHART/JHU. Four of the 19 non-governmental facilities reported provision of ART, and all four reported having a director, two of whom were trained by CHART/JHU (Table 3.2.1b). The relatively limited number of staff likely challenges the capacity in ART service provision. Capacity building must go hand-in-hand with scaling up programs, resources, and staffing.

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

Managing authority	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
Government	4	1	1	0
Non-governmental	19	4	4	2

<sup>41</sup> For the purposes of this assessment, ART is defined as prescribing ART; medical follow-up for ART clients; or ordering/prescribing lab tests to monitor ART.



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The presence of trained providers at facilities offering ART services is limited. In the health worker interview, none of the providers (of providers interviewed) at the government facility offering ART services reported having been trained in prescribing ART, medical follow-up for ART, and ordering and/or prescribing laboratory tests for monitoring ART in the past year. At the government facility that provides counseling for ART medicines, none of its providers were trained in adherence counseling for ART. On the other hand, of the four non-governmental facilities that offer ART services, one provider (of 33 providers interviewed) reported having been trained in prescribing ART, medical follow-up for ART, and ordering and/or prescribing laboratory tests for monitoring ART in the past year. However, the training was not through CHART. At the four non-governmental facilities providing counseling for ART medicines, there were two providers trained in adherence counseling for ART, but the training was not through CHART (Table 3.2.1c).

Table 3.2.1c: Number of providers surveyed in facilities offering ART who reported receiving training from CHART in ART-related services as reported by providers interviewed.<sup>1</sup> HSPA Suriname 2006

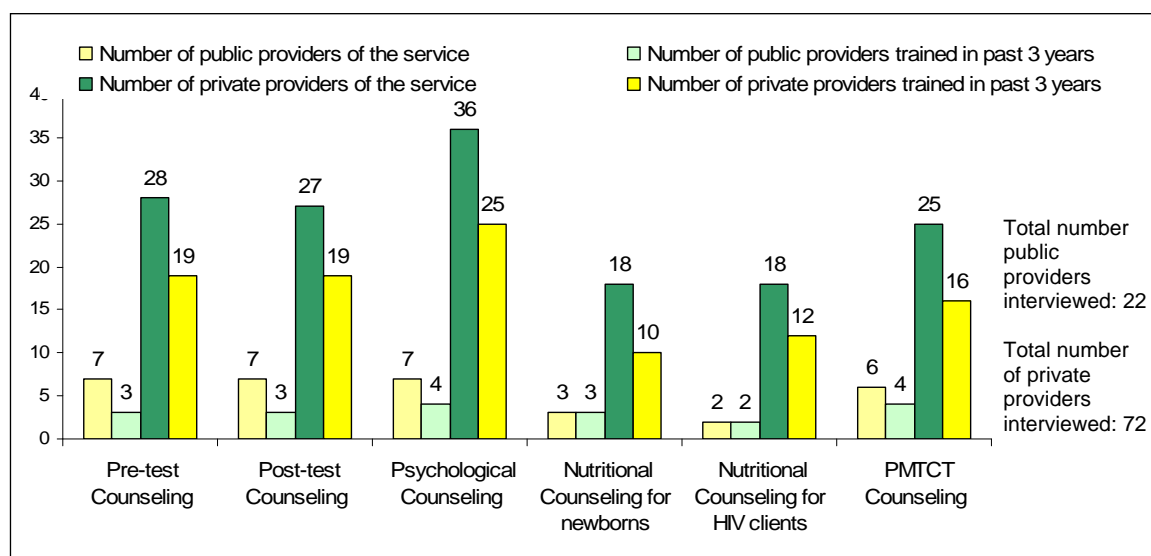
Managing authority	Number of providers surveyed in facilities offering ART services	Number of facilities offering ART services	Of those providers surveyed in facilities offering ART services, number of trained providers in/of						Among those facilities offering ART service, number of facilities reporting provision of any counseling for ART medicines	Of those providers surveyed in facilities offering adherence counseling, number of trained providers in	
			Prescribing ART	Prescribing ART who reported training by CHART	Medical follow-up for ART	Medical follow-up for ART who reported training by CHART	Ordering and/or prescribing lab tests for monitoring ART	Ordering and/or prescribing lab tests for monitoring ART who reported training by CHART		Adherence counseling for ART	Adherence counseling for ART who reported training by CHART
Government	10	1	0	NA	0	NA	0	NA	1	0	NA
Non-governmental	33	4	1	0	1	0	1	0	4	2	0

<sup>1</sup> Results reported at provider level. Provider is considered to be a trained provider of service 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 are reported in Section 3.4). The HSPA looked at providers of HIV- and AIDS-related services and their specific area of service. It then looked at those who had been trained recently (within the past 3 years). Figure 3.2.1b shows the number of providers of counseling services of the 94 total government and non-governmental providers surveyed who were trained recently.

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



The data illustrate that there are very few providers at government facilities who provide HIV- and AIDS-related counseling services. Furthermore, of those providers, at least half have received recent training in the various aspects of HIV- and AIDS-related counseling services. All of the providers of nutritional counseling were trained in the past 3 years. On the other hand, a greater number of providers at non-governmental facilities have received training in the past 3 years. Of the six types of counseling identified (Figure 3.2.1b), psychological counseling had the highest number of non-governmental providers (36), as well as the highest number of non-governmental providers trained (25) within the past 3 years. Furthermore, the data show that over 55 percent of providers of nutritional counseling for new mothers at non-governmental facilities (10 of 18 providers) have been trained within the last 3 years. Over 60 percent of providers of nutritional counseling for HIV clients or of PMTCT counseling have been trained within the last 3 years (12 of 18 providers and 16 of 25 providers respectively).

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



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

infections (STI), malaria and TB. Table 3.2.1d presents the number of providers of STI and malaria diagnoses/treatment and TB services who were trained recently. Given the few government facilities surveyed, the number of providers covering STI diagnosis/treatment, malaria diagnosis/treatment and/or TB services at government facilities is expected to be few compared to non-governmental facilities. There were a low number of providers of malaria diagnosis, but this may be due to the fact that malaria is only a concern in the Interior Region of Suriname. Of the total number of providers surveyed at government facilities, four provide STI diagnosis/treatment, and only one of the four providers has been trained in the last 3 years. Two are providers of malaria diagnosis/treatment, and they have both been recently trained. Of the three providers of TB services, only one has been recently trained.

Data collected from providers at non-governmental facilities illustrates a somewhat different picture. Of the 21 providers of STI diagnosis/treatment, 12 providers have been trained within the last 3 years. Moreover, of the 17 providers of malaria diagnosis/treatment, only 9 have been trained in the last 3 years. However, at non-governmental facilities of the nine providers of TB services, none of them has been recently trained. TB services should be of concern, particularly in terms of whether there is an adequate number of trained providers to handle the patient load if the prevalence of TB increases. TB becomes more of a risk and concern for the health system as HIV prevalence rises. Among people without HIV, the lifetime risks of active TB are 5 to 10 percent. However, the risk rises to 50 percent among those with HIV.<sup>42</sup>

Table 3.2.1d: Number of providers of STI, malaria, and TB services who were trained in the last years, HSPA Suriname 2006

Managing authority	Total number of providers	STI diagnosis/treatment		Malaria diagnosis/treatment		TB services <sup>1</sup>	
		Number of providers of the service	Number of providers of the service trained within last 3 years	Number of providers of the service	Number of providers of the service trained within last 3 years	Number of providers of the service	Number of providers of the service trained within last 3 years
Government	22	4	1	2	2	3	1
Non-governmental	72	21	12	17	9	9	0

<sup>1</sup> TB services defined as either clinical diagnosis, sputum diagnosis, prescribe treatment, follow-up treatment, or DOTS

<sup>42</sup> Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. *Top HIV Med.*, 12(5), 144–149.

### 3.2.2 SERVICE PROVIDER STIGMA

Provider stigma can play a major role in the quality of services provided to PLHIV. One study and literature review completed in Barbados found that “generally, health care settings with high levels of fear and discriminatory practices have few measures in place to reduce the risk of occupational exposure as well as no management protocols and policy guidelines for dealing with HIV and AIDS. The survival rate for HIV and AIDS patients is higher among practitioners with more experience in HIV and AIDS management. Service providers need to be more aware of how their prejudices affect client’s health-seeking behavior and to develop sensitivity to enable them to effectively work with people with HIV and AIDS.”<sup>43</sup>

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

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 clients’ clothing and belongings who you know or suspect have HIV for fear of becoming HIV infected.

Four of the six items are related to internationally recognized measures of health worker attitudes toward PLHIV (1–4) and one item is related to health worker comfort working around PLHIV (6).<sup>44</sup> Item 5 was adapted locally to further explore health worker stigma.

<sup>43</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, p. 397.

<sup>44</sup> United States Agency for International Development. 2005. Working report measuring HIV stigma: Results of a field test in Tanzania. Silver Spring, MD: Social and Scientific Systems, Inc., The Synergy Project, p.58–76.



In Suriname, 68 percent of providers of HIV- and AIDS-related services who were interviewed at government facilities responded with accepting attitudes toward PLHIV. Fifty percent of interviewed providers of HIV- and AIDS-related services at non-governmental facilities responded with accepting attitudes toward PLHIV (Table 3.2.2). Since this is only a convenience sample of providers in the country, 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 healthcare providers without an in-depth knowledge of HIV transmission hold more stigmatizing attitudes.<sup>45</sup>

Table 3.2.2: Of the facilities sampled, percentage of providers with an accepting attitude toward people living with HIV/AIDS,<sup>1</sup> HSPA Suriname 2006

Managing authority	Total number of providers	Percentage of providers with a positive attitude toward PLHIV
Government	22	68
Non-governmental	72	50

<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)

Since the creation of the Caribbean Community and Common Market (CARICOM) Single Market and Economy (CSME) in 1989 with the purpose of advancing integration and promoting economic growth in the region, there has been an anticipated increase in the migrant labor. Such population mobility is likely to increase the spread of HIV and burden the HIV and AIDS response and treatment of some National AIDS Programs (NAPs).<sup>46</sup> Tables 3.2.3a and 3.2.3b illustrate that there is evidence of this happening in Suriname. Table 3.2.3a indicates that one of the four non-governmental facilities offering ART services reported providing ART services to residents of other countries. There was one non-governmental facility that provided ART to clients from one other country. Furthermore, Table 3.2.3b illustrates that 5 of the 11 non-governmental facilities offering PMTCT services reported having provided PMTCT services to residents of other countries. On the other hand, the government facility offering ART or PMTCT services has no record of providing these services to residents of other countries.

Mechanisms to track movement of PLHIV around the region are not currently in place. This makes it difficult to assess migration for health services. It has been reported elsewhere that due to high levels of stigma and discrimination, people often seek services outside their own health districts in order to remain anonymous. It is well

<sup>45</sup> United States Agency for International Development. 2005. Working report measuring HIV stigma: Results of a field test in Tanzania. Silver Spring, MD: Social and Scientific Systems, Inc., The Synergy Project, p.58–76.

<sup>46</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.

known that people travel long distances, even to other countries, for care and treatment of HIV. This underlines the need not only for urgent measures to reduce stigma, but also the importance of having quality services available throughout the region.<sup>47, 48</sup>

Table 3.2.3a: Provision of ART services to residents of other countries, HSPA Suriname 2006

Managing authority	Number of facilities	Number of facilities offering ART service	Of those offering ART, number of facilities that offer services to residents of other countries	Among those that offer ART services to residents of other countries:	
				Median number of clients from other countries	Number of other countries represented in clientele
Government	4	1	0	NA	NA
Non-governmental	19	4	1	0 <sup>1</sup>	1 <sup>2</sup>

<sup>1</sup> There were five clients from other countries seen in the one facility that offers services to residents of other countries.

<sup>2</sup> The country or countries from which these clients came is unknown.

Table 3.2.3b: Provision of PMTCT services to residents of other countries, HSPA Suriname 2006

Managing authority	Number of facilities	Number of facilities offering PMTCT services	Of those offering PMTCT, number of facilities that ever offer services to residents of other countries	Among those that ever offer PMTCT services to residents of other countries:		
				Number with current PMTCT clients who are residents of other countries	Among those with current PMTCT clients who are residents of other countries:	
					Median number of clients from other countries	Number of other countries represented in clientele
Government	4	1	0	0	NA	NA
Non-governmental	19	11	5	0		

<sup>47</sup> Pan American Health Organization. 2005. Access to care for PLHIV. Provisional Agenda Item 4.15 CD46/20 (Eng.); 46th Directing Council, 57th Session of the Regional Committee. Washington, DC: World Health Organization, pp. 26–30.

<sup>48</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.





### 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 reviews the results of basic-level of services for HIV and AIDS, which includes VCT, services for HIV- and AIDS-related care and support (TB, STI, malaria, and infection control), and basic-level treatment of opportunistic infections and provision of palliative care. In this report, a facility is used to describe any health service facility or other non-home-based site where services related to HIV and AIDS are offered. Within one facility, there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Only a percentage of the total number of facilities in Suriname were included in the analysis. Thus, in order for the national level percentages to present an accurate picture of the total percentage of facilities in the country with different service elements, it was necessary to weight the data. In other words, a multiplier was used to ensure that the findings from each type of facility are represented in the total result proportional to the presence of that type of facility in the country. Data from all surveyed facilities were used in the calculations. Although a weighted number may be quite small, it is important to look at Tables 2.1 and 2.2 to see how many facilities were actually surveyed and contributed to the findings. Furthermore, it is also important to refer to the footnotes at the bottom of the tables for unweighted numbers that were used in the calculations. Weighted percentages particularly for public facilities need to be interpreted in view of the small number of public facilities in the sample (the unweighted total number of facilities is four, and the weighted total is less than one [0.86]). All tables and figures in the remaining sections of the report are based on the weighted number of public (government) and private (non-governmental) facilities that provide the particular service of interest.

Table 3.3.1 indicates that of all the basic HIV- and AIDS-related services, HIV testing, STI services and malaria treatment services are provided in at least 50 percent of the government facilities surveyed. TB diagnostic or treatment services, treatment for opportunistic infections for HIV and AIDS clients, and palliative care for HIV and AIDS clients are provided in 25 percent of the government facilities in the survey.

Table 3.3.1 also illustrates that HIV testing and STI services are provided in over 60 percent of the non-governmental facilities in the survey. Of the 22 non-governmental facilities, 63 percent have an HIV testing system, and almost 80 percent offer STI services. However, other types of basic HIV- and AIDS-related services are not offered at many of the non-governmental facilities. Thirty percent of non-governmental facilities offer TB diagnostic or treatment services; however, this may be due to the fact that TB diagnosis and treatment is centralized in Suriname.<sup>49</sup> In addition, less than 40 percent of the facilities offer malaria treatment services; however, this may be due to the fact that

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<sup>49</sup> Notes from Suriname HSPA Stakeholder's Meeting, August 2007.

malaria is not a problem in the coastal areas and therefore services are concentrated in the interior of the country. Twenty-two percent of facilities offer treatment for opportunistic infections for HIV and AIDS clients, and 4 percent of the non-governmental facilities offer palliative care for HIV and AIDS clients.

Table 3.3.1: Basic HIV/AIDS-related service provision by surveyed facilities, HSPA Suriname 2006

Managing authority	Total number of facilities	Percentage of facilities with HIV testing system	Percentage of facilities offering STI services	Percentage of facilities offering any TB diagnostic or treatment services	Percentage of facilities offering malaria treatment services	Percentage of facilities offering treatment for opportunistic infections for HIV/AIDS clients	Percentage of facilities offering palliative care for HIV/AIDS clients
Government	* <sup>1</sup>	(75) <sup>2</sup>	(50) <sup>3</sup>	(25) <sup>4</sup>	(50) <sup>3</sup>	(25) <sup>4</sup>	(25) <sup>4</sup>
Non-governmental	22	63	77	30	39	22	(4) <sup>5</sup>

<sup>1</sup> The weighted total is actually less than 1 (0.86). Unweighted 4 facilities.

<sup>2</sup> Unweighted 3 out of 4

<sup>3</sup> Unweighted 2 out of 4

<sup>4</sup> Unweighted 1 out of 4

<sup>5</sup> Weighted number of facilities less than 1. Unweighted 4 out of 19

### 3.3.2 VOLUNTARY COUNSELING AND TESTING (VCT)

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., a 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 referred location counsels and follows up on test results. Beyond an HIV testing system, a menu of services needs to be available to provide clients with basic-level care, support, and treatment for HIV-related conditions. Table 3.3.2 indicates that among the government facilities with HIV testing system, two out of three of the facilities offer STI services. Similarly, two out of three government facilities offer malaria treatment services. Only one out of three public facilities provide TB diagnostic or treatment services, treatment for opportunistic infections for HIV and AIDS clients, and palliative care for HIV and AIDS clients. Since malaria is a major public health problem particularly in the Interior region, it is not surprising that two out of three government facilities with an HIV testing system in place offer services for malaria treatment. The majority of the non-governmental facilities in the survey that offer counseling and HIV testing to clients also offer STI services (79%). Almost one out of two facilities (48%) provide TB diagnostic or treatment services, and almost two out of three (63%) provide malaria treatment services. Only 6 percent of the non-



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governmental facilities that offer HIV testing also offer treatment for opportunistic infections for HIV and AIDS clients, and palliative care for HIV and AIDS clients respectively.

Table 3.3.2: Basic HIV/AIDS-related service provision by facilities that have an HIV testing system, HSPA Suriname 2006

Managing authority	Total number of facilities	Number of facilities with HIV testing system	Among facilities with HIV testing system:				
			Percent offering STI services	Percent offering any TB diagnostic or treatment services	Percent offering malaria treatment services	Percent offering treatment for opportunistic infections for HIV/AIDS clients	Percent offering palliative care for HIV/AIDS clients
Government	* <sup>1</sup>	* <sup>2</sup>	(67) <sup>3</sup>	(33) <sup>4</sup>	(67) <sup>3</sup>	(33) <sup>4</sup>	(33) <sup>4</sup>
Non-governmental	22	14	79	48	63	(6) <sup>5</sup>	(6) <sup>5</sup>

<sup>1</sup> The weighted total is actually less than 1 (0.86). Unweighted total number of facilities: 4.

<sup>2</sup> The weighted total is 0.64. Unweighted total number of facilities with HIV testing system: 3.

<sup>3</sup> Unweighted 2 out of 3 facilities

<sup>4</sup> Unweighted 1 out of 3 facilities

<sup>5</sup> Weighted number of facilities in cell less than 1. Unweighted 4 out of 14 facilities

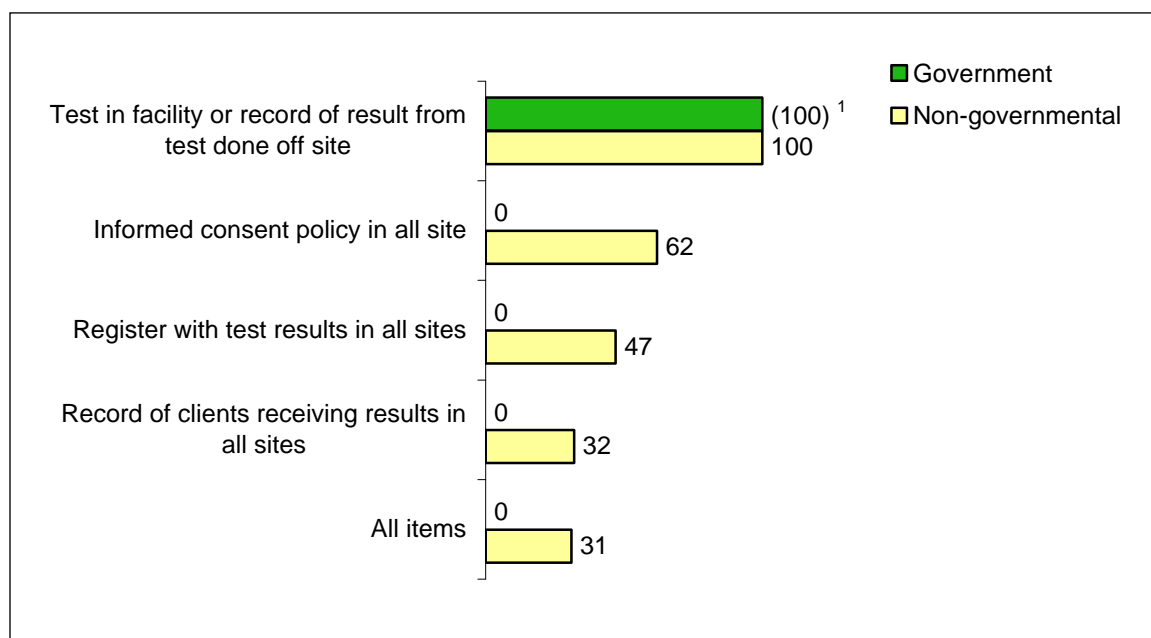
Systems for testing and providing results for HIV tests are shown in Figure 3.3.2a by managing authority<sup>50</sup> (i.e., government vs. non-governmental). In Suriname, one government facility<sup>51</sup> and 14 non-governmental facilities have an HIV testing system (using weighting to ensure that the national proportional representation is correct). The unweighted number of relevant sites in government facilities is 11 and that of non-governmental facilities is 48. In all of the facilities that have HIV testing systems (regardless of the managing authority), testing is conducted in the facility or records of results for tests conducted outside the facility were available. Sixty-two percent of the non-governmental facilities have an informed consent policy for HIV testing, 47 percent have a register with HIV test results recorded, and 32 percent maintain a record of clients having received HIV test results at all sites. All of the following items for the indicator were observed at 31 percent of the non-governmental facilities: the availability of an HIV test in the facility or an affiliated laboratory, observed records of results, an informed consent policy for HIV testing, a register for HIV test results, and a record of clients having received HIV test results.

<sup>50</sup> For information regarding the total number of facilities, consult Appendix A, Table I.1.

<sup>51</sup> The unweighted total number of government facilities with HIV testing system is 3, and the weighted number of government facilities with HIV testing system is actually less than 1.

On the other hand, the government facility with HIV testing system does not have an informed consent policy for HIV testing, a register with HIV test results records, or a record of clients having received HIV test results.

Figure 3.3.2a: Systems for testing and providing results for HIV tests, HSPA Suriname 2006



Systems and trained staff are needed to ensure full coverage for quality HIV testing and counseling services. Additional scale-up will enable Suriname to have systems and qualified staff in place for pre- and post-test counseling. The current situation is shown in Figure 3.3.2b.<sup>52</sup> All of the government facilities with HIV testing systems (3 unweighted number of facilities) have at least one counselor trained in pre- and post-test counseling assigned to counseling and testing sites. On the other hand, 82 percent of the non-governmental facilities in the survey have at least one counselor in pre- and post-test counseling assigned to the facility. However, less than 70 percent of both government and non-governmental facilities have an observed written policy for routine provision of pre- and post-test counseling for HIV testing, which is important for consistency and quality of information given to clients. Among the systems in place in all service sites at non-governmental facilities, over 60 percent of the facilities have observed guidelines for content of pre- and post-test counseling in all eligible service sites. Similarly, over 60 percent of the non-governmental facilities have observed guidelines or a policy on confidentiality for HIV test results in all eligible service sites. In contrast, the government facilities lack these important systems for a quality pre- and post-test counseling system.

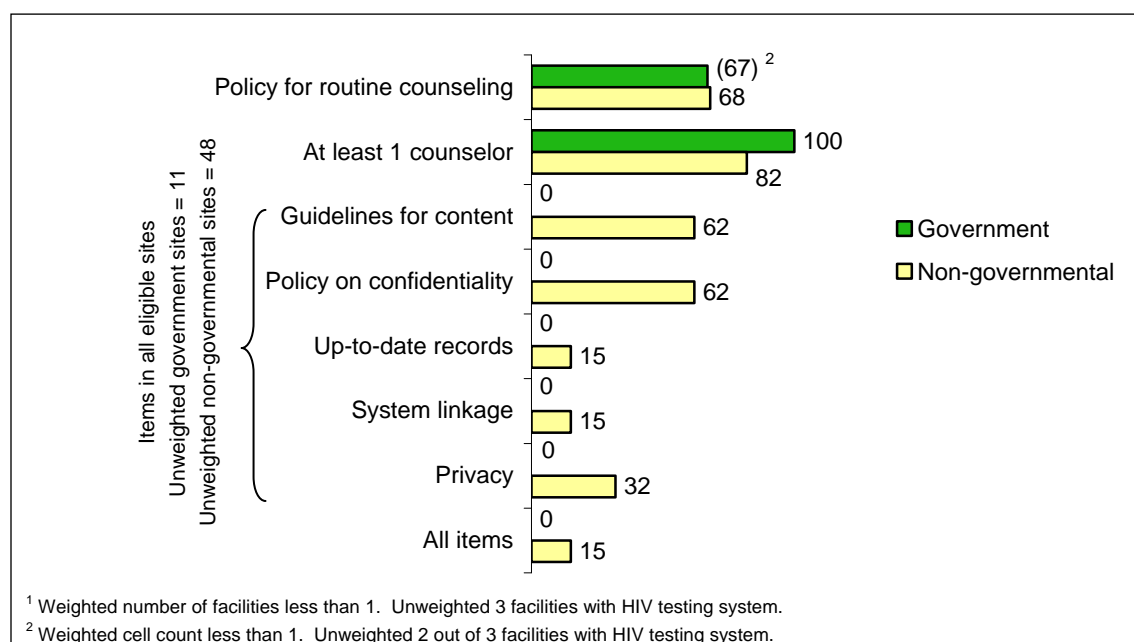
In a site or a facility offering HIV testing and counseling, it is important to have privacy so as to respect confidentiality. As is noted in the literature, “Stigma, shame and denial

<sup>52</sup> For information regarding the total number of facilities, consult Appendix A, Table I.2.



also surround HIV and AIDS in many parts of the Caribbean and frequently preclude open discussion of personal sexual issues.”<sup>53</sup> Thus, it is very important to have visual and auditory privacy possible in all counseling areas. The study revealed that only 32 percent of the non-governmental facilities have this type of privacy available at all eligible service sites. It should be noted that none of the government facilities met the strict definition of having all items present for a complete system for pre- and post-test counseling, and only 15 percent of the non-governmental facilities met the strict definition of having all the items.

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



### 3.3.3 SERVICES AND SERVICE CONDITIONS RELEVANT TO HIV AND AIDS CARE AND SUPPORT

#### Availability of Services

Care and support services (CSS) for PLHIV include any services that are directed towards improving the life of PLHIV. Other CSS may include palliative care and socioeconomic and psychological support services. TB and 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.

<sup>53</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. *AIDS Care*, 17(Suppl. 1), S9–S25.

Facilities were surveyed to assess whether they offer any CSS. Figure 3.3.3a shows the location in Suriname of the 11 such facilities (2 public and 8 non-governmental) that offer CSS for HIV and AIDS.<sup>54</sup>

Figure 3.3.3a: Location of facilities providing care and support services, HSPA Suriname 2006

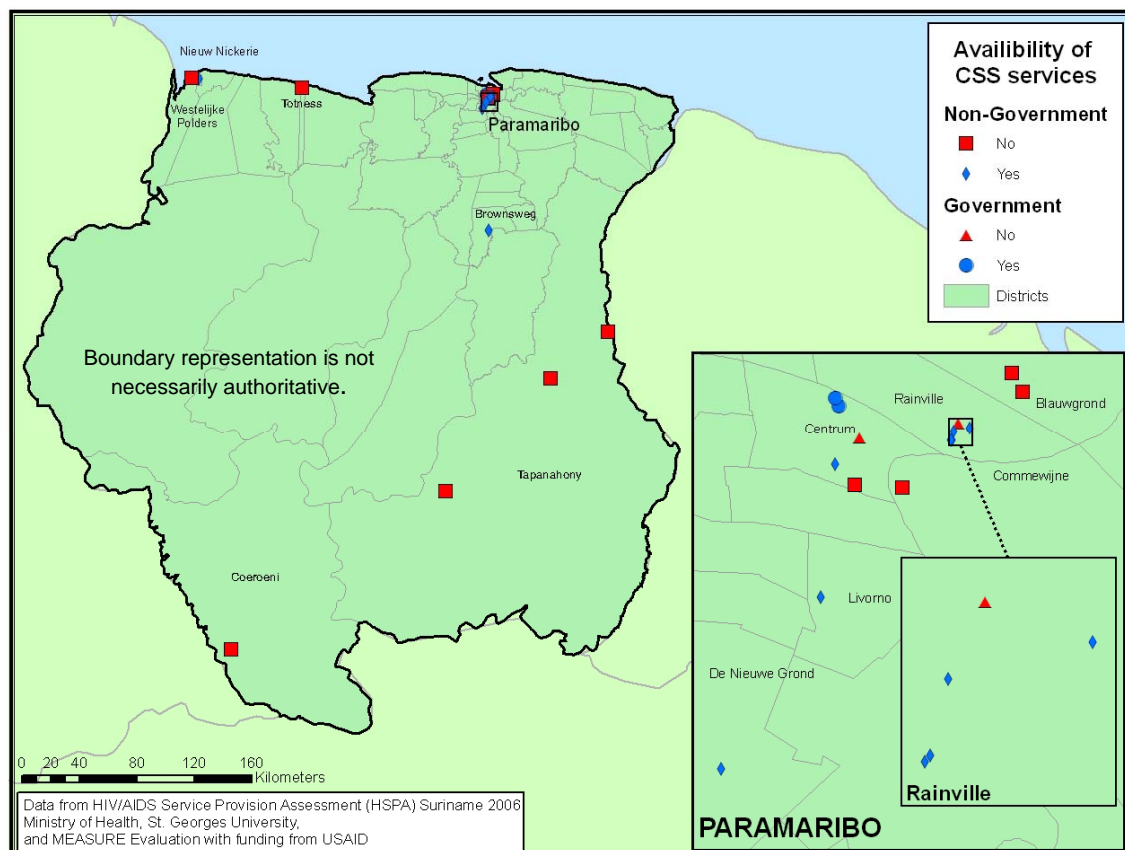


Table 3.3.3a illustrates the extent to which CSS is offered in Suriname. Of the government facilities offering CSS for HIV and AIDS clients (note that  $n < 1$  based on weighting and  $n = 2$  using the unweighted total), all facilities have an HIV testing system in place, offer STI services, and offer malaria treatment services. Fifty percent of the government facilities offering CSS for HIV and AIDS clients offer TB diagnostic or treatment services. On the other hand, of the non-governmental facilities offering CSS for HIV and AIDS clients, 56 percent of these facilities have an HIV testing system in place, and slightly over 70 percent of the facilities offer STI services. Less than one out of three non-governmental facilities offering CSS for HIV and AIDS clients also offer TB diagnostic or treatment services (29%) or malaria treatment services (29%).

<sup>54</sup> There are two public and nine private facilities.



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

Managing authority	Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients:			
			Percent with an HIV testing system	Percent offering STI services	Percent offering any TB diagnostic or treatment services	Percent offering malaria treatment services
Government	* <sup>1</sup>	* <sup>2</sup>	(100) <sup>3</sup>	(100) <sup>3</sup>	(50) <sup>4</sup>	(100) <sup>3</sup>
Non-governmental	22	9	56	73	29	29

<sup>1</sup> The weighted total is actually less than 1 (0.86). Unweighted: 4 facilities.

<sup>2</sup> Weighted number of facilities less than 1. Unweighted 2 out of 4 facilities.

<sup>3</sup> Unweighted 2 out of 2 facilities that offer CSS.

<sup>4</sup> Unweighted 1 out of 2 facilities that offer CSS.

### 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).<sup>55</sup> This includes recent pre- or in-service training of providers and regular supervisory visits to service providers. Of the government facilities in the survey (note that  $n < 1$  is based on weighting, and  $n = 4$  is using the unweighted total) 50 percent of the facilities reported having at least half of the interviewed providers of TB, malaria, or STI services having received pre- or in-service training during the past 3 years (Table 3.3.3b). Similarly, less than 40 percent of the non-governmental facilities reported having at least half of the interviewed providers of TB, malaria, or STI services having received pre- or in-service training during the past 3 years. Moreover, none of the government facilities and only 30 percent of the non-governmental facilities reported having at least half of the interviewed providers of TB, malaria, or STI services having been supervised at least once in the last 3 months. Lack of trained providers seems to be an issue in the region as a whole. 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> 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.

<sup>55</sup> For information regarding the total number of facilities, consult Appendix A, Table 5.1f.

<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, p. 397.



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

Managing authority	Number of facilities	Percentage of facilities with:	
		At least half of the interviewed providers of TB, malaria, or STI services received pre- or in-service training related to one of these topics during the past 3 years	At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the past 3 months
Government	* <sup>1</sup>	(50) <sup>2</sup>	0
Non-governmental	22	38	30

<sup>1</sup> The weighted total is actually less than 1 (0.86). Unweighted: 4 facilities.

<sup>2</sup> Unweighted 2 out of 4 facilities.

### Tuberculosis Services and Related Conditions

Tuberculosis is one of the most common opportunistic infections associated with HIV and AIDS and is one of the leading causes of death in HIV infected persons. With the pandemic of HIV and AIDS, the incidence of TB was noted to increase, and with this came an increased risk of drug resistance. It is estimated that one-third of the 40 million people living with HIV worldwide are co-infected with TB. People that are HIV positive and are infected with TB are up to 50 times more likely to develop active TB in a given year than HIV-negative people.<sup>57</sup>

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

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

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

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





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

TB is a major co-infection in the greater Caribbean region.<sup>58</sup> In resource-constrained settings, diagnosing co-infection or simply diagnosing TB without explicit training (and follow-up for providers) can be complicated. First-line treatment is important to fully treat the disease and to assist in preventing multi-drug resistant TB. Registers would be helpful to any follow-up system for TB. The four tables below illustrate different service conditions for TB in Suriname. It should be noted that like many other countries, TB services in Suriname are centralized to a few facilities and the information provided in the tables below should be put into that context. Table 3.3.3c presents the extent to which the facilities offering any TB treatment services are following indicated treatment strategy.<sup>59</sup> At the government facility offering any TB services (note that  $n < 1$  is based on weighting and  $n = 1$  is using the unweighted total), DOTS and other strategies<sup>60</sup> are offered, but no follow-up treatment is offered to TB clients after intensive treatment was offered elsewhere. Furthermore, while all first-line TB medicines<sup>61</sup> are available at the public facility, the two other items (i.e., client register at site and observed TB treatment protocol) were not in place.

Most of the non-governmental facilities that offer TB services perform follow-up treatment (94%). However, none of these facilities offer DOTS and only 3 percent perform other strategies. Furthermore, all first-line TB medicines are available at only 30 percent of the non-governmental facilities that offer TB services. The two other items (i.e., observance of client register at site and TB treatment protocol) were not in place.

In sum, none of the facilities offering any TB services (government or non-governmental) had all three items on the TB indicator (i.e., observed client register in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility).

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<sup>58</sup> Kaplan, J. 2004/2005. Diagnosis, treatment, and prevention of selected common HIV-related opportunistic infections in the Caribbean region. *Topics in HIV Medicine*, 12(5), 136–141.

<sup>59</sup> For information regarding the total number of facilities, consult Appendix A, Table 5.1b.

<sup>60</sup> Other strategies include either no direct observed treatment or patients are treated while inpatient but discharged to other unit/facility for follow-up.

<sup>61</sup> This includes any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.

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

Managing authority	Number of facilities offering any TB services	Number of unweighted sites offering TB services	Among facilities offering any TB services, percentage reporting they follow indicated treatment strategy <sup>1</sup>			Among facilities offering any TB services, percentage with			
			DOTS <sup>2</sup>	Follow-up treatment only <sup>3</sup>	Other strategies <sup>4</sup>	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available <sup>5</sup>	All items for TB indicator <sup>6</sup>
Government	* <sup>7</sup>	5	(100) <sup>8</sup>	0	(100) <sup>8</sup>	0	0	(100) <sup>8</sup>	0
Non-governmental	6	13	0	94	(3) <sup>9</sup>	0	0	30	0

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

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

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

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

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

<sup>6</sup>Observed client register in any service site, TB treatment protocols in all relevant sites, and all first-line TB medicines available in facility.

<sup>7</sup>Weighted number of facilities less than 1 (0.21). Unweighted 1 out of 4 facilities.

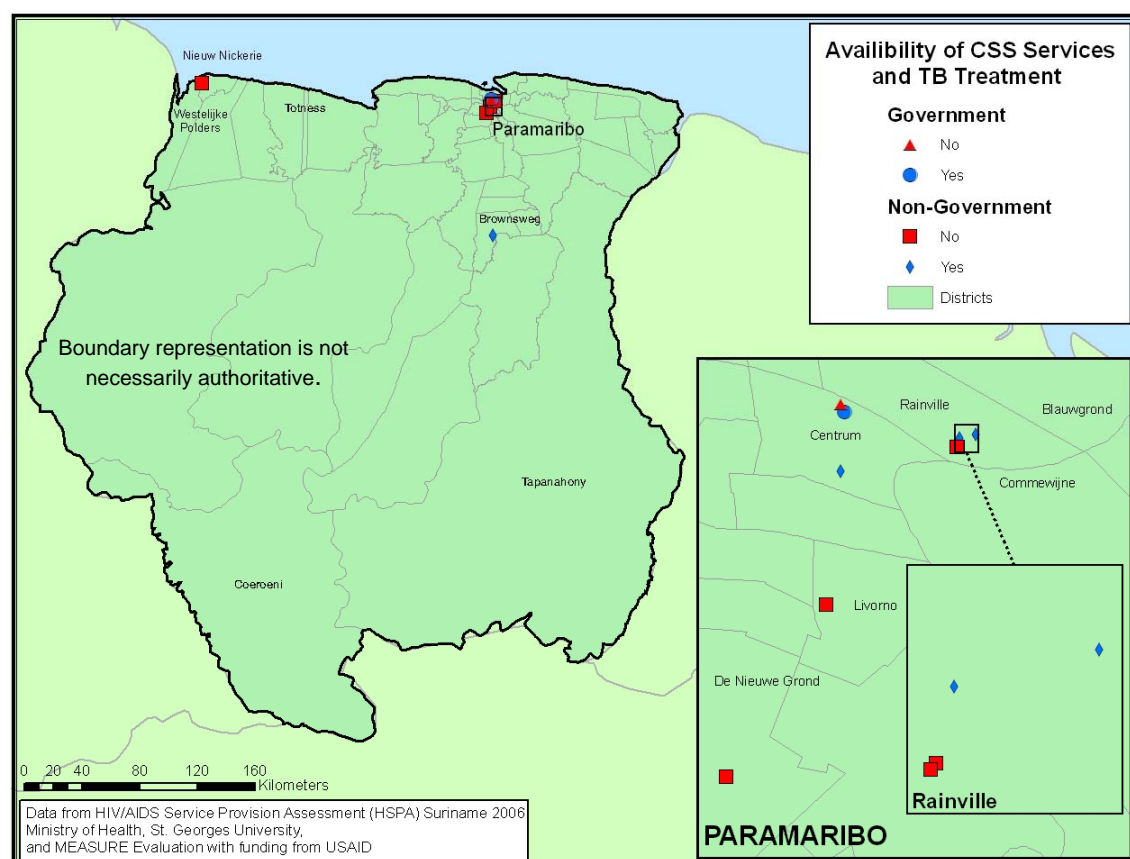
<sup>8</sup>Weighted number of facilities less than 1. Unweighted 1 out of 1 facility that offers any TB services.

<sup>9</sup>Weighted number of facilities less than 1. Unweighted 1 out of 6 facilities that offer any TB services.

When the HSPA considered provision of TB services among facilities that offer CSS for HIV and AIDS clients (Figure 3.3.3b), of the 11 facilities that offer CSS, only 5 (one government and four non-governmental) also provide TB services.



Figure 3.3.3b: Availability of CSS services and TB treatment or diagnosis, HSPA Suriname 2006



There is a real need to have appropriate guidelines on hand for diagnosing TB and HIV, and treating the two in co-infection situations, as provision of ARTs and TB medication in this situation would need special attention. Furthermore, 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>62</sup>

It is imperative for TB services that functioning resources and supplies for diagnosing TB are available. 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>63, 64</sup> Thus, it is important to assess what is available in country to better understand where the gaps might occur so as to facilitate the scaling up of services. Table 3.3.3d below illustrates the resources that are

<sup>62</sup> Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. *Top HIV Med.*, 12(5), 144–149.

<sup>63</sup> Kaplan, J. 2004/2005. Diagnosis, treatment, and prevention of selected common HIV-related opportunistic infections in the Caribbean region. *Topics in HIV Medicine*, 12(5), 136–141.

<sup>64</sup> Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. *Top HIV Med.*, 12(5), 144–149.

available among facilities with any TB diagnostic or treatment services.<sup>65</sup> As the table indicates, resources and supplies for diagnosing tuberculosis are limited in Suriname.

The government facility that provides any TB diagnostic or treatment services (note that  $n < 1$  is based on weighting and  $n = 1$  is using the unweighted total) has all the items necessary for conducting sputum test for TB diagnosis, which includes sputum microscopy, culture, or rapid test. It also maintains a record of sputum test results. However, the facility does not have x-ray capacity (i.e., reported performing x-rays for diagnostic purposes). On the other hand, of the non-governmental facilities providing TB diagnostic or treatment services surveyed, only one out of three facilities reported having all items for conducting sputum test, and none of the facilities have a documented system for sending sputum elsewhere, or for recording test results. Furthermore, only one out of three non-governmental facilities with TB diagnostic or treatment services has x-ray capacity.

Table 3.3.3d: Resources and supplies for diagnosing tuberculosis, HSPA Suriname 2006

Managing authority	Total number of facilities	Number of facilities with any TB diagnostic or treatment services <sup>1</sup>	TB diagnosis using sputum				TB diagnosis using X-ray	
			Among facilities diagnosing TB using sputum <sup>2</sup> , percentage with			Number of facilities diagnosing TB using sputum test	Percentage with X-ray capacity <sup>4</sup>	Number of facilities diagnosing TB using X-ray
			All items for conducting sputum test for TB	Observed record of sputum test results	All items for indicator <sup>3</sup>			
Government	* <sup>4</sup>	* <sup>1</sup>	(100) <sup>7</sup>	(100) <sup>7</sup>	(100) <sup>7</sup>	* <sup>6</sup>	0	* <sup>6</sup>
Non-governmental	22	6	(33) <sup>8</sup>	0	0	* <sup>9</sup>	(33) <sup>8</sup>	* <sup>9</sup>

<sup>1</sup>Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.

<sup>2</sup>Includes sputum microscopy, culture, or rapid test.

<sup>3</sup>All items for conducting test or documented system for sending sputum elsewhere, and record of test results.

<sup>4</sup>Functioning X-ray machine with films.

<sup>5</sup>The weighted total is actually less than 1 (0.86). Unweighted total of 4 facilities.

<sup>6</sup>Weighted total is less than 1. Unweighted 1 out of 4 facilities.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 out of 1 facility that offers any TB services.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 out of 3 facilities that offer any TB services.

<sup>9</sup>Weighted total is less than 1. Unweighted 3 out of 19 facilities.

65 For information regarding the total number of facilities, consult Appendix A, Table 5.1c.



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As noted earlier, DOTS is one strategy to treat patients with TB that is fairly effective as it necessitates the direct observation of a client taking medication administered by a provider (the treatment strategy followed is either directly observe 2 months, follow up 6 months, or directly observe 6 months). Table 3.3.3e below contains information regarding facilities that report having a DOTS strategy and are a part of the national program.<sup>66</sup>

Twenty-five percent of the government facilities in the survey (note that  $n < 1$  is based on weighting and  $n = 4$  is using the unweighted total) that provide some aspect of TB diagnostic or treatment services, reported they are part of the national DOTS program and follow DOTS strategy. Furthermore, among the government facilities following DOTS strategy for TB (note that that is less than one based on weighting and one out of four facilities using the unweighted total), all first-line TB medicines are available, but a client register for DOTS was not in place. A treatment protocol was not observed in all eligible service sites. Consequently, none of the government facilities had all the items for the TB indicator.<sup>67</sup>

On the other hand, 30 percent of the non-governmental facilities provide some aspect of TB diagnostic or treatment services, but only 10 percent reported being a part of the national DOTS program, and none of these facilities follow DOTS strategy.

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<sup>66</sup> For information regarding the total number of facilities, consult Appendix A, Table 5.1a.

<sup>67</sup> The three items for TB indicator are (1) observed client register for DOTS in any service site; (2) TB treatment protocols in all relevant sites; and (3) all first-line TB medicines.

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

Managing authority	Total number of facilities	Percentage with indicated TB activities			Number of facilities following DOTS strategy for TB	Among facilities following DOTS strategy for TB, percentage with				Number of sites offering TB service using DOTS strategy <sup>4</sup>
		Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy <sup>1</sup>		Observed client register for DOTS	Observed TB treatment protocol in all eligible service sites	All first-line TB medicines available <sup>2</sup>	All items for TB indicator <sup>3</sup>	
Government	* <sup>5</sup>	(25) <sup>6</sup>	(25) <sup>6</sup>	(25) <sup>6</sup>	* <sup>6</sup>	0	0	(100) <sup>7</sup>	0	1
Non-governmental	22	30	10	0	0	NA	NA	NA	NA	0

<sup>1</sup>Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

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

<sup>3</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>4</sup>The reported number of sites is unweighted.

<sup>5</sup> The weighted total is actually less than 1 (0.86). Unweighted total of 4 facilities.

<sup>6</sup> Weighted cell count less than 1. Unweighted 1 out of 4 facilities.

<sup>7</sup> Weighted cell count less than 1. Unweighted 1 out of 1 facility that offers DOTS.

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. If possible, clients are treated the same day and co-infected persons are 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>68</sup>

<sup>68</sup> Pape, J. W. 2004. Tuberculosis and HIV in the Caribbean: Approaches to diagnosis, treatment, and prophylaxis. *Top HIV Med.*, 12(5), 144–149.



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

Not only is the most common method of transmission of HIV and AIDS through sexual activities, but there is also a well documented link between other sexually transmitted infections 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, constitute a basic service that should be provided to all at-risk clients.

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

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

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

Table 3.3.3f presents the status of diagnosis and treatment for sexually transmitted infections in Suriname.<sup>69</sup> According to the study, of the government facilities offering STI treatment services (note that  $n < 1$  is based on weighting and  $n = 2$  is using the unweighted total), 100 percent have STI medicines available in the facility, and all have condoms available in any service area or pharmacy. However, an STI treatment protocol was not observed in all relevant units. None of the government facilities had all items for STI services.

In contrast, of the 17 non-governmental facilities that offer STI treatment services, less than 40 percent of these facilities reported observing STI treatment protocol in all relevant units, 50 percent have all STI medicines available at the facilities, and slightly more than 60 percent of these facilities have condoms in any service area or pharmacy. In sum, only 12 percent of the non-governmental facilities that offer STI treatment services had all the items available for STI services (i.e., observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy). It should be noted that large facilities such as hospitals with multiple service sites may not have all of the items in every site, and hence are penalized by this indicator. In

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<sup>69</sup> For information regarding the total number of facilities, consult Appendix A, Table 5.1.e.

addition, in some facilities one or two people may provide the service at multiple sites and thereby may only have a protocol at one site but not another. Strengthening facilities to implement all the essential items of STI services is critical given the role of non-governmental services, and the share of health services provided by these facilities in Suriname.

Table 3.3.3f: Diagnosis and treatment for sexually transmitted infections, HSPA Suriname 2006

Managing authority	Total number of facilities	Number of facilities offering STI treatment services	Number of sites offering STI treatment <sup>1</sup>	Percentage of facilities offering STI services, 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>
Government	* 4	* 5	5	0	(100) <sup>6</sup>	(100) <sup>6</sup>	0
Non-governmental	22	17	17	36	50	62	12

<sup>1</sup>The reported number of sites is unweighted.

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

<sup>4</sup> The weighted total is actually less than 1 (0.86). Unweighted total of 4 facilities.

<sup>5</sup> Weighted number of facilities less than 1. Unweighted 2 out of 4 facilities.

<sup>6</sup> Weighted cell count less than 1. Unweighted 2 out of 2 facilities that offer STI treatment services.

## Malaria Services and Service-Related Conditions

Malaria is a disease concern in the Interior of Suriname. As a result, malaria is diagnosed and treated in a few select locations.<sup>70</sup> Table 3.3.3g presents the status of malaria diagnosis and treatment at facilities in Suriname.<sup>71</sup> Malaria treatment services are offered at government facilities (note that the number of such facilities is less than one based on weighting, and two using the unweighted total). Services are provided in seven sites within the two government facilities providing malaria services. A supply of antimalarial medicines is available at all government facilities. However, a malaria treatment protocol was not observed in all relevant units. In contrast, nine out of 22 non-governmental facilities offer malaria treatment services. Of the nine non-governmental facilities offering malaria treatment services, 93 percent of the facilities had an observed malaria treatment protocol in all relevant units, and 72 percent had a supply of malarial medicine in the facility.

<sup>70</sup> Notes from Suriname HSPA Stakeholder's Meeting, August 2007.

<sup>71</sup> For information regarding the total number of facilities, consult Appendix A, Table 5.1d.





Table 3.3.3g: Malaria diagnosis and treatment, HSPA Suriname 2006

Managing authority	Total number of facilities	Number of facilities offering malaria treatment services	Number of sites offering malaria treatment services <sup>1</sup>	Among facilities offering malaria services, percentage 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
Government	* <sup>2</sup>	* <sup>3</sup>	7	0	(100) <sup>4</sup>	0
Non-governmental	22	9	16	93	72	69

<sup>1</sup> The reported number of sites is unweighted.

<sup>2</sup> The weighted total is actually less than 1 (0.86). Unweighted total of 4 facilities.

<sup>3</sup> Weighted number of facilities less than 1. Unweighted 2 out of 4 facilities.

<sup>4</sup> Weighted cell count less than 1. Unweighted 2 out of 2 facilities that offer malaria treatment services.

## Infection Control

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

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

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

Figure 3.3.3c shows the percentage of facilities that have the infection control items at all of the sites within the facility.<sup>72</sup> It could be a serious problem if a whole facility does not have any infection control system. Complete systems should be in place at least in some sections of the facility. A review of the infection control system is needed to determine if there is a problem with infection control in general, if the facility is just temporarily out of supplies, or if there is a larger system-wide problem. Certainly, the

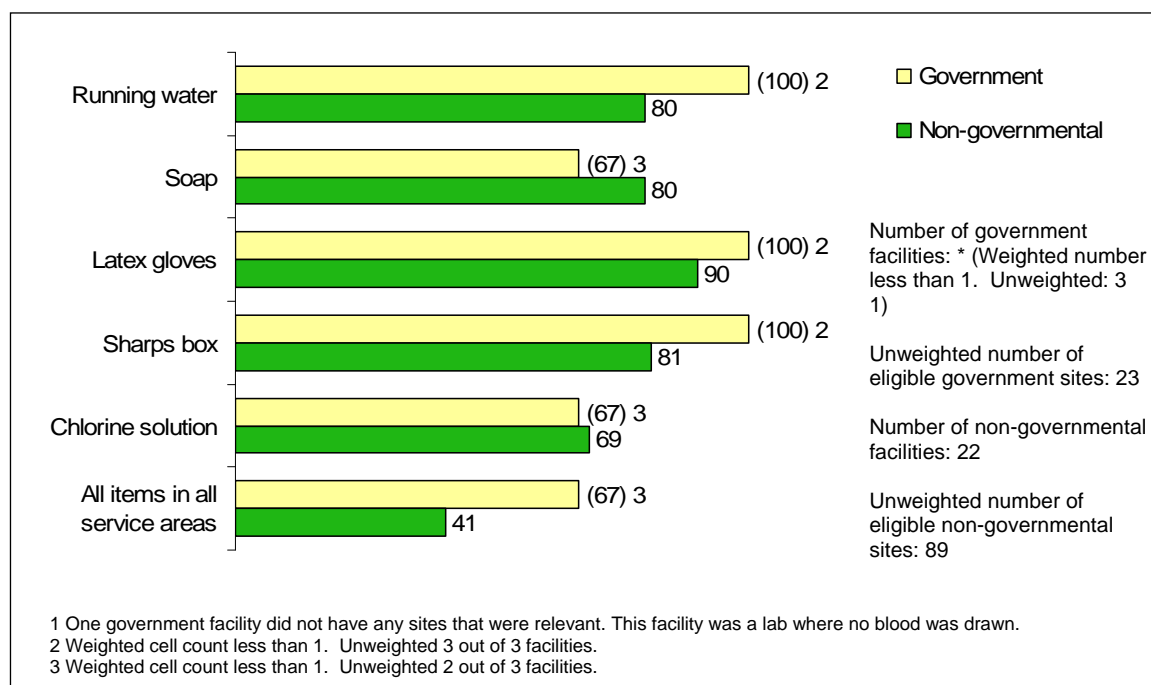
<sup>72</sup> For information regarding the total number of facilities, consult Appendix A, Table I.4a.

aim should be to have all of the sites with a completely functioning infection control system that is fully stocked. By reviewing Figures 3.3.3c and 3.3.3e below, policy-makers and program planners will have a better idea of how their services are achieving full coverage.

Figure 3.3.3c indicates that all of the government facilities in the survey had running water, latex gloves, and a sharps box in all relevant sites. The government facilities were not totally equipped with soap and chlorine solution in all relevant sites. Consequently, only 67 percent of the government facilities had all the elements for preventing nosocomial infections in place in all service areas.<sup>73</sup>

Non-governmental facilities were less equipped with essential elements for preventing nosocomial infections. Figure 3.3.3c illustrates that while latex gloves were available in all relevant sites at 90 percent of the facilities in the survey, running water, soap, and sharps box were available in all relevant sites at only 80 percent of the facilities, and chlorine solution was available in all relevant sites at less than 70 percent of the facilities. Less than 50 percent of the non-governmental facilities in the survey had all the essential items in place in all service areas (41%).

Figure 3.3.3c: Elements at facility service sites for preventing nosocomial infections, HSPA Suriname 2006



<sup>73</sup> The percentages are based on weighted data (cell count < 1). Note that the unweighted count was 3.



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Figure 3.3.3d: Location of sites offering complete nosocomial infection prevention services, HSPA Suriname 2006

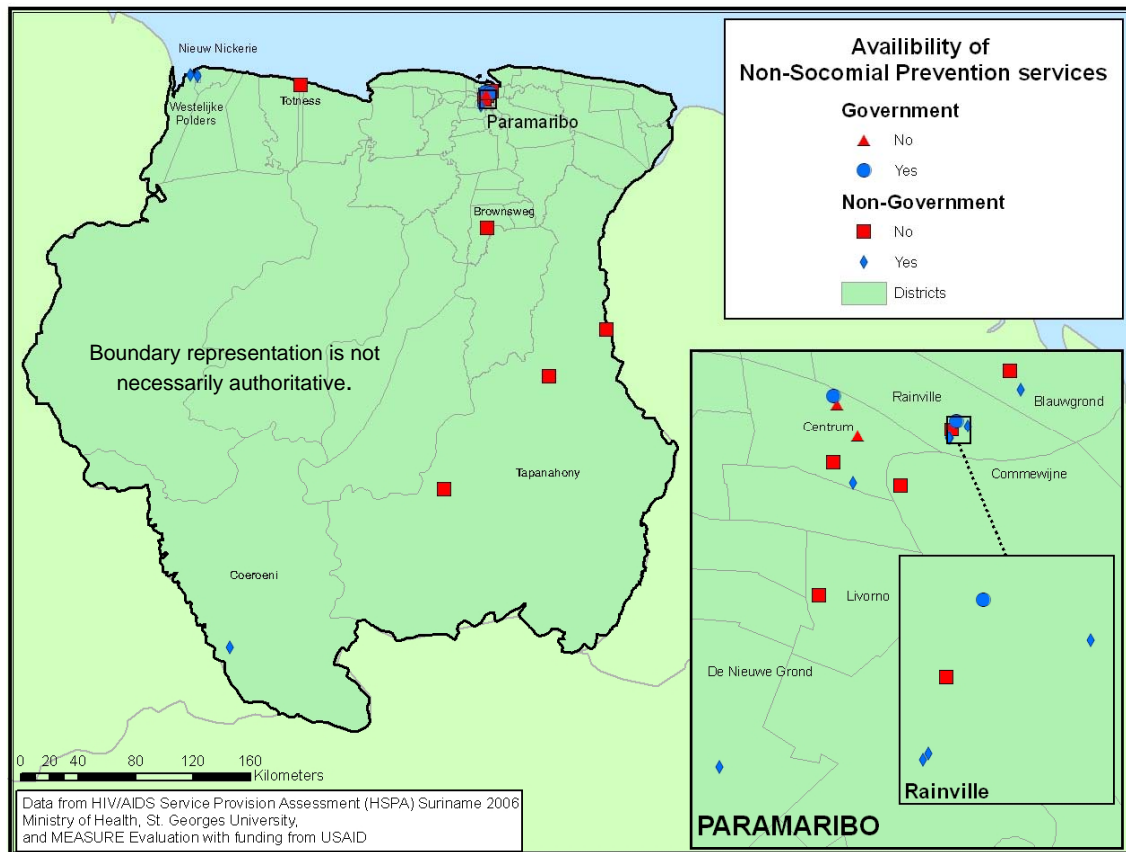


Figure 3.3.3d above presents the location of the two out of three government facilities and 7 out of 19 unweighted non-governmental facilities that have complete nosocomial infection prevention services in all service sites.

Figure 3.3.3e<sup>74</sup> indicates that the government facilities in the survey had functioning sterilization equipment, but only 50 percent had a stock supply of disinfectant solution (bleach) present and had a supply of needles and syringes, and 75 percent had a supply of latex gloves. Overall, only 50 percent of the government facilities had all of the elements for preventing nosocomial infections.<sup>75</sup>

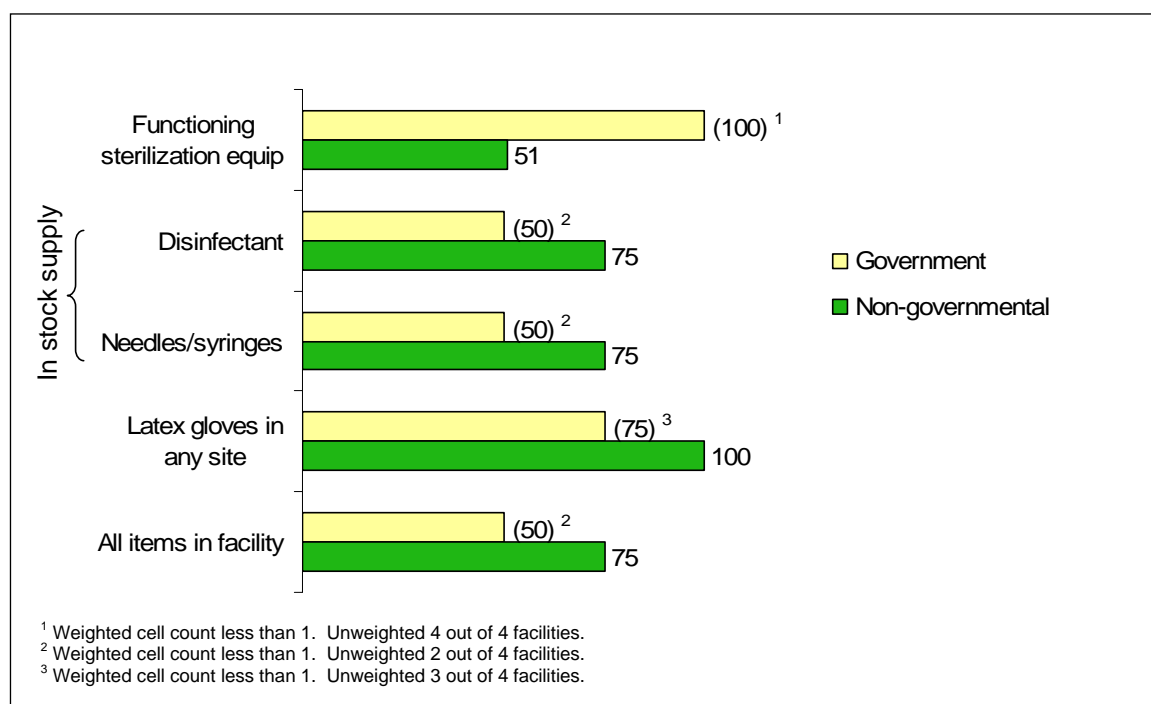
In contrast, non-governmental facilities were better stocked with essential elements for preventing nosocomial infections anywhere within the facilities. Figure 3.3.3e illustrates that while only 51 percent of the non-governmental facilities in the survey had functioning sterilization equipment, all of the facilities had latex gloves at any of the sites,

<sup>74</sup> For information regarding the total number of facilities, consult Appendix A, Table 1.4b.

<sup>75</sup> The percentages are based on weighted data (cell count < 1). Note that the unweighted count was 4.

and 75 percent of the facilities had a stock supply of disinfectant solution (bleach) present and a stock supply of needles and syringes. Overall, 75 percent of the non-governmental facilities had all of the elements for preventing nosocomial infections in the facilities, whereas 50 percent of government facilities met the indicator criteria for preventing nosocomial infections.

Figure 3.3.3e: Elements for preventing nosocomial infections present anywhere within facilities, HSPA Suriname 2006



### 3.3.4 BASIC-LEVEL TREATMENT OF OPPORTUNISTIC INFECTIONS AND PALLIATIVE CARE FOR HIV AND AIDS CLIENTS

#### Availability of Service

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

Table 3.3.4 presents the status of the provision of basic HIV- and AIDS-related services by facilities that offer any CSS. Of the government facilities in the survey that offer CSS for HIV and AIDS clients (note that n<1 is based on weighting and n=2 is using the unweighted total), 50 percent of the facilities offer treatment for opportunistic infections and offer palliative care for HIV and AIDS clients.

Using weighing to ensure the national proportional representation for non-governmental facilities, 9 out of 22 non-governmental facilities offer CSS for HIV and AIDS clients. Of the nine non-governmental facilities, 54 percent offer treatment for



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opportunistic infections for HIV and AIDS clients. Less than 10 percent of these facilities offer palliative care for HIV and AIDS clients. Half of the four unweighted government facilities provide treatment for opportunistic infections and palliative care for HIV and AIDS clients.

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

Managing authority	Total number of facilities	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients:	
			Percent offering treatment for opportunistic infections for HIV/AIDS clients	Percent offering palliative care for HIV/AIDS clients
Government	* <sup>1</sup>	* <sup>2</sup>	(50) <sup>3</sup>	(50) <sup>3</sup>
Non-governmental	22	9	54	(9) <sup>4</sup>

<sup>1</sup> The weighted total is actually less than 1 (0.86). Unweighted total of 4 facilities.

<sup>2</sup> Weighted number of facilities less than 1. Unweighted 2 out of 4 facilities.

<sup>3</sup> Weighted cell count less than 1. Unweighted 1 out of 2 facilities that offer CSS.

<sup>4</sup> Weighted cell count less than 1. Unweighted 4 out of 9 facilities that offer CSS.

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

In addition to assessing a basic-level of HIV- and AIDS-related services, the HSPA also assessed advanced-level services for treatment, care, and support for HIV and AIDS clients. Persons with advanced stages of HIV and AIDS usually have serious illnesses that require a more advanced level of follow-up and treatment than is available at many health facilities. Hospitals should be fully capable of providing all of the advanced care and support services needed for monitoring and treating HIV and AIDS patients. As service development expands, however, it is expected that many of these services will be available outside of hospitals as well. Current programs are focusing on increasing staff training, developing protocols and guidelines, ensuring adequate laboratory and medical equipment, and implementation of record-keeping to allow 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. Such diagnostic and laboratory capacity include having a spinal tap kit and laboratory capacity for culturing specimens; liver function tests; haematological testing (e.g., white blood cell count, anemia test, platelet count, blood urea nitrogen [BUN] and creatinine); India ink stain and Gram stain; and enzyme-linked immuno-sorbent assay for HIV or a documented system for referral

and receiving results for the above mentioned tests. A documented system for HIV assays includes a record or register where the referral and test result is included and an indication that the test result or follow-up was provided to the person tested. If the laboratory or pharmacy is external to the facility but has a formal agreement and is the designated laboratory or pharmacy for the facility, the laboratory capacity and the availability of medicines should be assessed in the external referral location.

- ▶ **Antiretroviral therapy (ART):** This refers to provision of ARV medicines for treatment of an HIV-infected person.
- ▶ **Opportunistic Infections (OIs):** This includes the treatment and care of basic OIs (TB, STI, malaria); cryptococcus fungal infections; respiratory infections; other bacterial infections; herpes infections; herpes ophthalmic infection; parasitic infections; diseases of the nervous system; and mental disorders. The medication required to treat these infections should be available at the clinic or pharmacy associated with the facility.<sup>76</sup>
- ▶ **Palliative Symptomatic Treatment:** This refers to the relief of pain and nervous system symptoms as well as provision of fortified protein supplementation (FPS).
- ▶ **Post-Exposure Prophylaxis (PEP):** This refers to provision of ARV medicines for prevention of infection to persons at risk. Since PEP requires access to ARVs, it is not surprising that this is available most often in facilities where ART services are available.
- ▶ **Pediatric AIDS care:** The facility should have at least one inpatient or outpatient unit that provides care and support services and reports providing pediatric AIDS care.
- ▶ **Nutritional rehabilitation services:** There should be at least one outpatient or inpatient unit that provides care and support services and reports providing nutritional rehabilitation services.

The specific areas of advanced services are illustrated in Table 3.4a below. As can be seen, Suriname has limited capacity to provide advanced-level services for HIV and AIDS. After weighting to ensure national proportional representation, all of the government facilities in the survey have laboratory capacity for monitoring HIV and AIDS clients (note that  $n < 1$  is based on weighting and  $n = 4$  is using the unweighted total). However, three out of four facilities have PEP available to staff, and none of the facilities that have PEP available to staff had observed PEP medicines. Moreover, only 25 percent of the government facilities offer ART, pediatric AIDS care, nutritional rehabilitation services, or FPS. One out of four government facilities offer both nutritional rehabilitation services and FPS.

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<sup>76</sup> For a list of medicines to support the management of opportunistic infections and the provision of palliative care, please see Footnote 88.



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The lack of advanced services is more noticeable in non-governmental facilities. Only 35 percent of the non-governmental facilities have laboratory capacity for monitoring HIV and AIDS clients, 26 percent have PEP available to staff, and only 7 percent of those had observed PEP medicines. Furthermore, only 4 percent of non-governmental facilities offer ART, 3 percent offer pediatric AIDS care, less than one out of three facilities offer nutritional rehabilitation services or FPS, and only one out of five facilities provide both nutritional rehabilitation services and FPS.

Table 3.4a: Advanced HIV/AIDS-related service provision by facilities, HSPA Suriname 2006

Managing authority	Total number of facilities	Percent with any lab capacity for monitoring HIV/AIDS clients <sup>1</sup>	Percent reporting PEP available to staff	Percent reporting PEP available to staff with observed PEP medicines	Percent of public facilities offering:					
					ART	Pediatric AIDS care	Nutritional rehabilitation services	Fortified protein supplementation (FPS)	Both nutritional rehabilitation services and FPS	IV treatment for fungal infections
Government	* <sup>2</sup>	(100) <sup>3</sup>	(75) <sup>4</sup>	0	(25) <sup>6</sup>	(25) <sup>6</sup>	(25) <sup>6</sup>	(25) <sup>6</sup>	(25) <sup>6</sup>	(25) <sup>6</sup>
Non-governmental	22	35	26	(7) <sup>5</sup>	(4) <sup>7</sup>	(3) <sup>8</sup>	32	30	21	(4) <sup>7</sup>

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

<sup>2</sup> The weighted total is actually less than 1 (0.86). Unweighted total of 4 facilities.

<sup>3</sup> Weighted cell count less than 1. Unweighted 4 out of 4 facilities.

<sup>4</sup> Weighted cell count less than 1. Unweighted 3 out of 4 facilities.

<sup>5</sup> Weighted cell count less than 1. Unweighted 2 out of 10 facilities that report PEP available to staff.

<sup>6</sup> Weighted cell count less than 1. Unweighted 1 out of 4 facilities.

<sup>7</sup> Weighted cell count less than 1. Unweighted 4 out of 19 facilities.

<sup>8</sup> Weighted cell count less than 1. Unweighted 3 out of 19 facilities.

The HSPA further assessed the availability of advanced-level services among those facilities with an HIV testing system in place. As Table 3.4b indicates, all government facilities with an HIV testing system in place have laboratory capacity for monitoring HIV and AIDS clients and PEP available to staff (note that n<1 is based on weighting and n=3 is using the unweighted total). However, none of the facilities with an HIV testing system that has PEP available to staff has observed PEP medicines. Thirty-three percent of government facilities with an HIV testing system offer ART, pediatric AIDS care, nutritional rehabilitation services, FPS, or IV treatment for fungal infections respectively.

Thirty-three percent of the facilities offer both nutritional rehabilitation services and FPS.

This limited availability of advanced level HIV and AIDS services is, again, more noticeable in non-governmental facilities. Of the non-governmental facilities with an HIV testing system in place, only half (55%) has laboratory capacity for monitoring HIV and AIDS clients, and one out of four have PEP available to staff. Slightly more than 20 percent of the facilities provide nutritional rehabilitation services, slightly more than 30 percent of the facilities provide FPS; and less than 20 percent offer both nutritional rehabilitation services and FPS. Only 5 or 6 percent of these facilities provide ART, pediatric AIDS care, and IV treatment for fungal infections (Table 3.4b).

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>77</sup> If there were a need for additional services, diversifying staff and providing a balanced and integrated service that delivers ART would be the best approach. An assessment of the human resources available in light of the prevalence and trends of HIV and AIDS is key to determining a strategy for expanding ART services, if necessary.

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<sup>77</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.





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

Managing authority	Total number of facilities	Number of facilities with HIV testing system	Among facilities with HIV testing system, percent offering/reporting:								
			Any lab capacity for monitoring HIV/AIDS clients <sup>1</sup>	PEP available to staff	PEP available to staff with observed PEP medicines	ART	Pediatric AIDS care	Nutritional rehabilitation services	Fortified protein supplementation (FPS)	Both nutritional rehabilitation services and FPS	IV treatment for fungal infections
Government	* 2	* 3	(100) <sup>4</sup>	(100) <sup>4</sup>	0	(33) <sup>6</sup>	(33) <sup>6</sup>	(33) <sup>6</sup>	(33) <sup>6</sup>	(33) <sup>6</sup>	(33) <sup>6</sup>
Non-governmental	22	14	55	25	(12) <sup>5</sup>	(6) <sup>7</sup>	(5) <sup>8</sup>	22	34	19	(6) <sup>7</sup>

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

<sup>2</sup> The weighted total is actually less than 1 (0.86). Unweighted total of 4 facilities.

<sup>3</sup> The weighted total is less than 1. Unweighted total of 3 facilities.

<sup>4</sup> Weighted cell count less than 1. Unweighted 3 out of 3 facilities with an HIV testing system.

<sup>5</sup> Weighted cell count less than 1. Unweighted 2 out of 8 facilities with HIV testing system and report PEP available to staff.

<sup>6</sup> Weighted cell count less than 1. Unweighted 1 out of 3 facilities with an HIV testing system.

<sup>7</sup> Weighted cell count less than 1. Unweighted 4 out of 14 facilities with an HIV testing system.

<sup>8</sup> Weighted cell count less than 1. Unweighted 3 out of 14 facilities with an HIV testing system.

## 3.4.1 SYSTEMS TO SUPPORT SERVICE PROVIDERS OF ADVANCED SERVICES FOR HIV AND AIDS

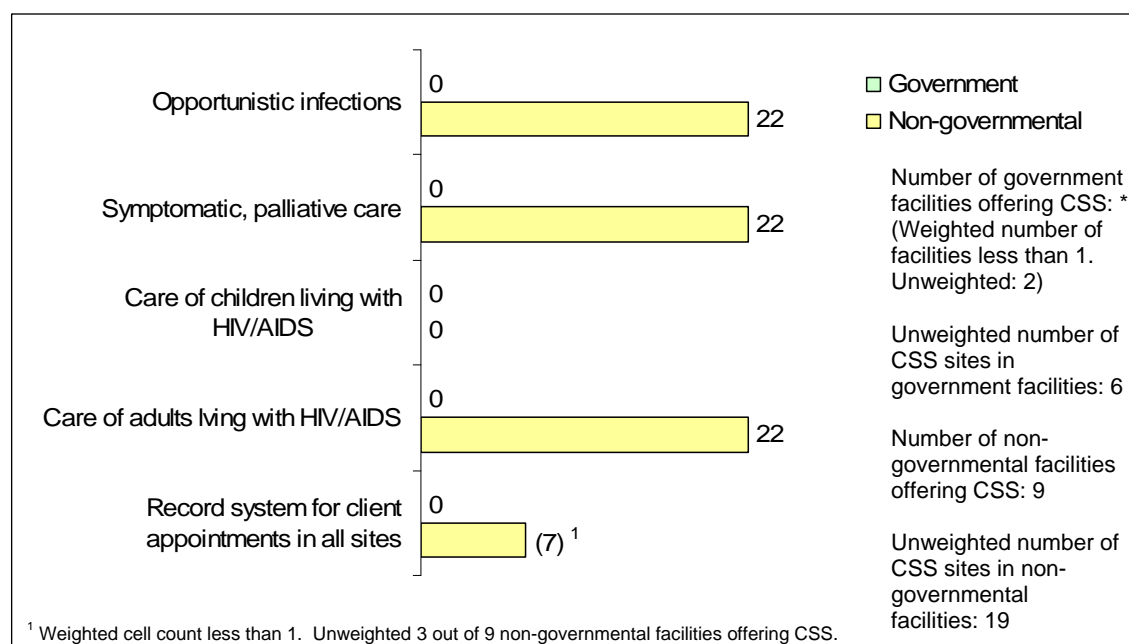
### Guidelines and Protocols

It is important that guidelines and protocols are available in the health facilities so reference can be made as necessary to maintain a minimum quality of HIV and AIDS and related service provisions. Briefly considered in this section are the records kept for client appointments, which is then assessed in more detail in Chapter 4—“Status of the HIV and AIDS Health Information System.” As Figure 3.4.1a illustrates,<sup>78</sup> protocols and guidelines are nonexistent at government facilities offering CSS for HIV and AIDS clients, and there is no record system in place for individual client appointments observed in all relevant program sites of the facility. The situation at non-governmental

<sup>78</sup> For information regarding the total number of facilities, consult Appendix A, Table 2.2a.

facilities is somewhat better. Of the nine non-governmental facilities (and 19 sites across these facilities) offering CSS for HIV and AIDS clients, slightly more than 20 percent had protocols/guidelines for (1) treating opportunistic infections; (2) symptomatic palliative care; and (3) care for adults living with HIV and AIDS. Seven percent of the non-governmental facilities that offer CSS had a record system in place for individual client appointments observed in all relevant program sites of the facility; although a record system may be present in some of the sites in the other facilities. None of the non-governmental facilities has protocols/guidelines for care of children living with HIV and AIDS.

Figure 3.4.1a: Protocols and guidelines to support advanced services for HIV/AIDS, HSPA Suriname 2006





### Trained Providers

In order to provide quality services, health workers need to be up-to-date in best practices. Facilities should have at least one provider who has recently been trained (in the past 3 years). The HSPA assessed training and supervision in palliative and nutritional care, as well as recent training in psychosocial counseling, disorders of the central nervous system and mental functioning, and AIDS in children (Figure 3.4.1b).<sup>79</sup> Of the government facilities in the study offering CSS for HIV and AIDS clients:<sup>80</sup>

- ▶ All facilities reported having at least one provider of psychosocial counseling trained within the last 3 years.
- ▶ Fifty percent reported having at least one provider of treatment for OIs trained within the last 3 years.
- ▶ None of the facilities reported having at least one provider of palliative care trained within the last 3 years.
- ▶ None of the facilities reported having at least one provider of central nervous system and mental disorders trained within the last 3 years.
- ▶ None of the facilities reported having at least one provider of treatment of AIDS in children trained within the last 3 years.
- ▶ Fifty percent of the facilities reported having at least one provider of nutritional rehabilitation for HIV and AIDS trained within the last 3 years.
- ▶ None of the facilities reported having at least 50 percent of service providers for PLHIV supervised in the past 3 months.

Similarly, of the non-governmental facilities in the study offering CSS for HIV and AIDS clients:<sup>81</sup>

- ▶ Almost all of the facilities (98%) reported having at least one provider of psychosocial counseling trained within the last 3 years.
- ▶ Twenty-four percent reported having at least one provider of treatment for OIs trained within the last 3 years.
- ▶ Only 2 percent of the facilities reported having at least one provider of palliative care trained within the last 3 years.
- ▶ None of the facilities reported having at least one provider of central nervous system and mental disorders trained within the last 3 years.

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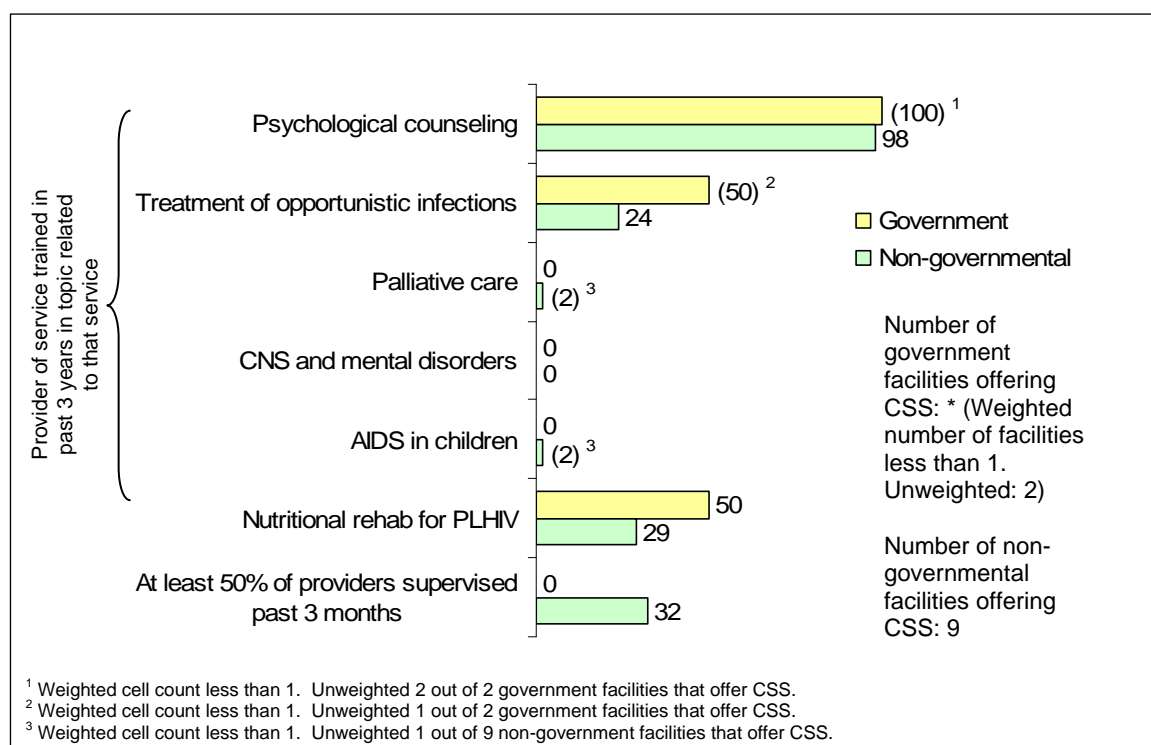
<sup>79</sup> For information regarding the total number of facilities, consult Appendix A, Table 2.2b.

<sup>80</sup> Note that the number of government facilities offering CSS=2 using the unweighted total.

<sup>81</sup> Note that the number of non-governmental facilities offering CSS=9 using the unweighted total.

- ▶ Two percent of the facilities reported having at least one provider of treatment of AIDS in children trained within the last 3 years.
- ▶ Almost 30 percent of the facilities reported having at least one provider of nutritional rehabilitation for HIV and AIDS trained within the last 3 years.
- ▶ Almost one out of three of the facilities reported having at least 50 percent of service providers for PLHIV supervised in the last 3 months.

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



### 3.4.2 LABORATORY SERVICES

As Figure 3.4.282 indicates, all government facilities offering CSS in the survey reported having laboratory testing capacity in the following areas:<sup>83</sup>

- ▶ Liver function test
- ▶ Hemoglobin or hematocrit
- ▶ White cell count

<sup>82</sup> For information regarding the total number of facilities, consult Appendix A, Table 2.1b.

<sup>83</sup> Number of government facilities offering CSS is less than 1 based on weighting and 2 using the unweighted total.



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- ▶ Serum creatinine
- ▶ Serum glucose
- ▶ Platelet count.

Fifty percent of the government facilities in the survey reported having laboratory testing capacity in the following areas:

- ▶ Spinal tap kit
- ▶ Culture media and incubator
- ▶ India ink test
- ▶ Gram stain
- ▶ Enzyme-Linked Immuno-Sorbent Assay (ELISA) for HIV

One out of three (32%) of the non-governmental facilities reported having laboratory testing capacity in the following areas:

- ▶ Hemoglobin or hematocrit
- ▶ White cell count
- ▶ Serum glucose

Less than 10 percent of the non-governmental facilities reported having laboratory testing capacity in the following areas:

- ▶ Liver function test
- ▶ Serum creatinine
- ▶ India ink test
- ▶ Gram stain
- ▶ Platelet count
- ▶ ELISA for HIV

In addition, less than 10 percent of the non-governmental facilities reported having a spinal tap kit. However, in Suriname, this is not considered equipment for primary health care.<sup>84</sup>

None of the non-governmental facilities offering any CSS for HIV and AIDS clients is equipped with culture media and incubator.

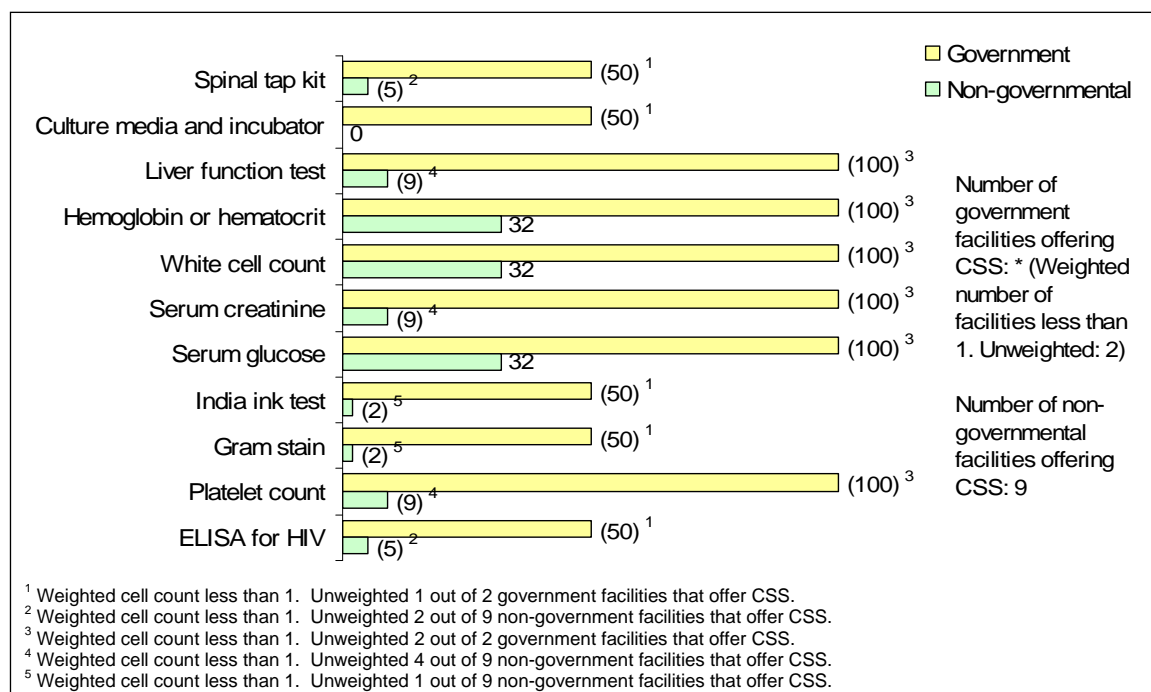
It should be noted that, in Suriname, laboratory tests are offered within a network of laboratories and only certain laboratories provide the more expensive tests, given that there is a relatively small demand for them.<sup>85</sup>

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<sup>84</sup> Notes from Suriname HSPA Stakeholder's Meeting, August 2007.

<sup>85</sup> Notes from Suriname HSPA Stakeholder's Meeting, August 2007.

Figure 3.4.2: Laboratory testing capacity for monitoring HIV/AIDS clients, HSPA Suriname 2006



### 3.4.3 ADVANCED-LEVEL TREATMENT OF OPPORTUNISTIC INFECTIONS AND PALLIATIVE CARE

As defined above, it is crucial that advanced services are available in public facilities to support and care for the later stages of AIDS infection. Advanced-level treatment capacity requires that a facility have access to at least two of the most common medications used for treating an indicated condition.

Among the medicines to treat the most common OIs and provide palliative care are antibiotics and antifungal medicines. Other illnesses need advanced-level treatment as well. Figure 3.4.3<sup>86</sup> shows that none of the facilities surveyed offered medications to manage herpes, which can be quite severe in immuno-compromised patients. Other types of medications to manage opportunistic infections were reported to be available in at least 50 percent, if not all, of the government facilities in the survey. These medications were not as widely available in the non-governmental facilities. Less than 50 percent of the non-governmental facilities in the survey have medications for bacterial respiratory infections, other bacterial infections, and for controlling pain. Less than 30 percent of the non-governmental facilities have medications for managing parasites or AIDS dementia complex. Medications to manage cryptococcal meningitis or herpes ophthalmic infection were available at only 5 percent of the non-governmental facilities. However, this may be because these medicines are not available in the primary health

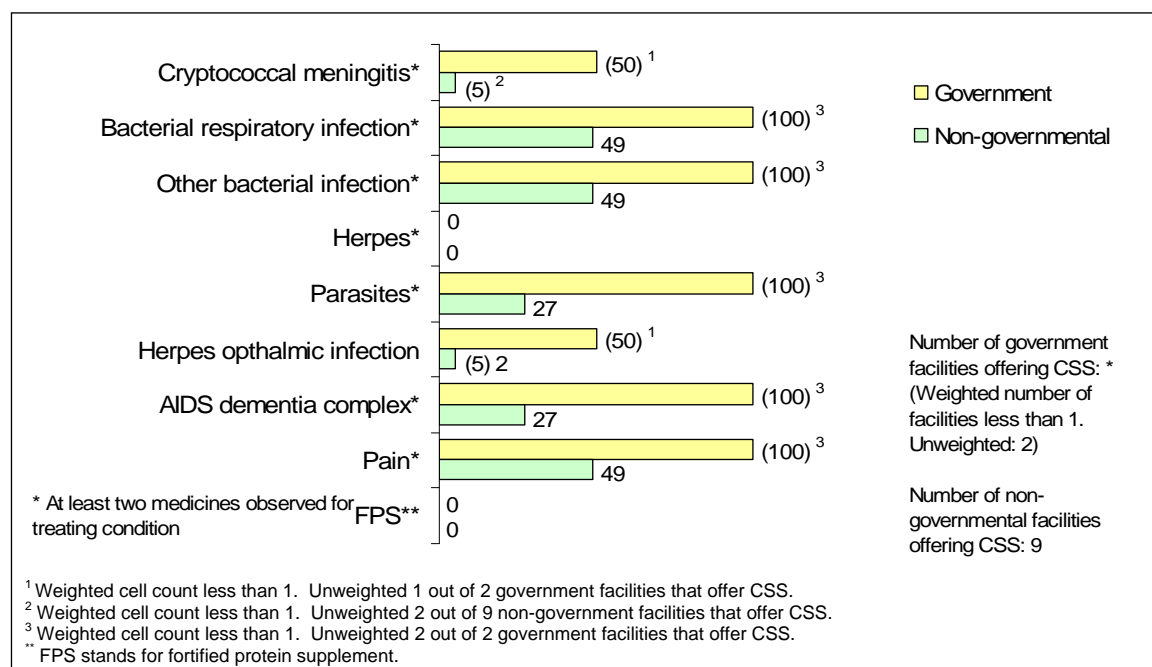
<sup>86</sup> For information regarding the total number of facilities, consult Appendix A, Table 2.1a.



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

care system.<sup>87</sup> Finally, among the facilities in the survey that offer any CSS for HIV and AIDS clients, none of the facilities was found to offer fortified protein supplement. Health planners may want to review the treatment regimen currently implemented to include a wider range of HIV- and AIDS-related medications both government and non-governmental facilities that accept referrals.

Figure 3.4.3: Advanced care for HIV/AIDS clients: Medicines,<sup>88</sup> HSPA Suriname 2006



### 3.4.4 ANTIRETROVIRAL THERAPY

There are several global and regional initiatives that have sparked rapid scale-up of ART in the Caribbean and around the world. These initiatives include the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) Strategic Framework to coordinate the many initiatives in the region: Millennium Development Goals, the Special Session of the United Nations General Assembly (UNGASS), the “3x5” Initiative, Resolution

<sup>87</sup> Notes from Suriname HSPA Stakeholder’s Meeting, August 2007.

<sup>88</sup> 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, tinidazole, nalidixic acid, and cotrimoxazole.

Herpes opthalmic infection—One of Acyclovir opthalmic or acyclovir oral.

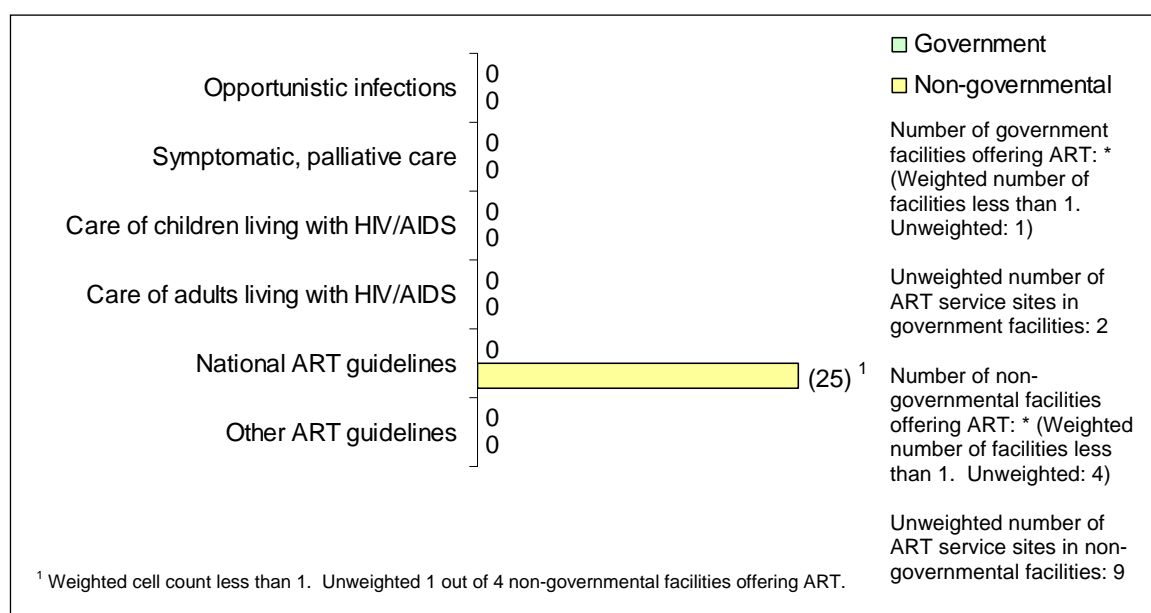
AIDS dementia complex—Cotrimoxazole, Phenobarbital, fansidar, and dexamethasone.

Pain—One from each of the following groups: Group 1 (Diazepam, dapsone, indomethacin, prednisolone); Group 2 (oral codeine, diclofenac injectable, dipyrone injectable, oral morphine) Fortified protein supplement.

CD45.R10 of the 45th Directing Council of the Pan American Health Organization (PAHO), Global Fund grants in the Caribbean Region, The World Bank and others. Scale-up to provide ART is moving along in many countries and as noted by PAHO, from January 2004 to June 2005, “the number of people under treatment rose from 196,000 to 304,415.” To address the steady increase in the demand for treatment there needs to be a high level of commitment and intensified action of countries in the region and heightened support from development partners.<sup>89</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 fully offer treatment and care services to HIV and AIDS clients.<sup>90</sup> It is hoped that this survey can assist in identifying areas that need attention. Figure 3.4.4a<sup>91</sup> illustrates that none of the government or non-governmental facilities that offer ART have guidelines or protocols for treating OIs, symptomatic or palliative care, or care and treatment of children or adults living with HIV and AIDS. Only 25 percent of the non-governmental facilities and none of the government facilities that offer ART have national ART guidelines at all service sites.

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



<sup>89</sup> Pan American Health Organization. 2005. Access to care for PLHIV. Provisional Agenda Item 4.15 CD46/20 (Eng.); 46th Directing Council, 57th Session of the Regional Committee. Washington, DC: World Health Organization, pp. 4–5, 7.

<sup>90</sup> Pan American Health Organization. 2005. Access to care for PLHIV. Provisional Agenda Item 4.15 CD46/20 (Eng.); 46th Directing Council, 57th Session of the Regional Committee. Washington, DC: World Health Organization, pp. 4–5, 7.

<sup>91</sup> For information regarding the total number of facilities, consult Appendix A, Table 2.3a.





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

The capacity to support antiretroviral combination therapy services with monitoring/tracking records and availability and security of ARVs is weak particularly at non-governmental facilities (Figure 3.4.4b).<sup>92, 93</sup> The study revealed that all government facilities in the survey that offer ART services reported having at least one ARV available, no ARV stock-outs in the past 6 months, ARV stored separate from other medicines, and that the facilities have laboratory capacity for monitoring ART. However, none of the government facilities that offer ART services reported having up-to-date stock cards or having ARVs stored separately from other medicines and locked. In contrast, while all non-governmental facilities in the survey offering ART services reported having laboratory capacity for monitoring ART, only 50 percent of the facilities reported having at least one ARV available, or ARV stored separately and locked. None of the non-governmental facilities in the survey that offer ART services reported having no experience of ARV stock-outs in the past 6 months or up-to-date stock cards.

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

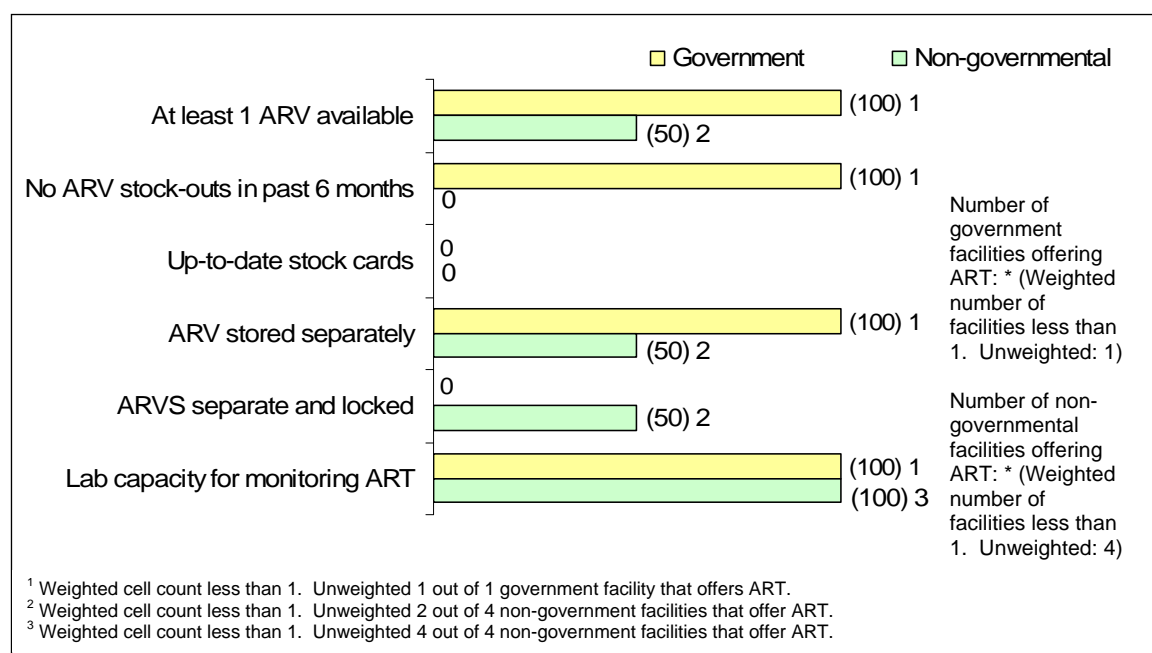


Figure 3.4.4c below further assesses systems and items to support antiretroviral combination therapy services.<sup>94</sup> Individual client records/charts for ART clients were observed at all government and non-governmental facilities that offer ART services. However, while the system for ART client appointments was in place at all the government facilities, only 75 percent of the non-governmental facilities had the system in place. Furthermore, none of the facilities (neither government nor non-governmental

<sup>92</sup> Note that the number of government facilities that offer ART is less than 1 based on weighting, and 1 using the unweighted total.

<sup>93</sup> For information regarding the total number of facilities, consult Appendix A, Table 2.3b.

<sup>94</sup> For information regarding the total number of facilities, consult Appendix A, Table 2.3c.

facilities) had up-to-date registers or client cards from which the number of current ART clients could be calculated.

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

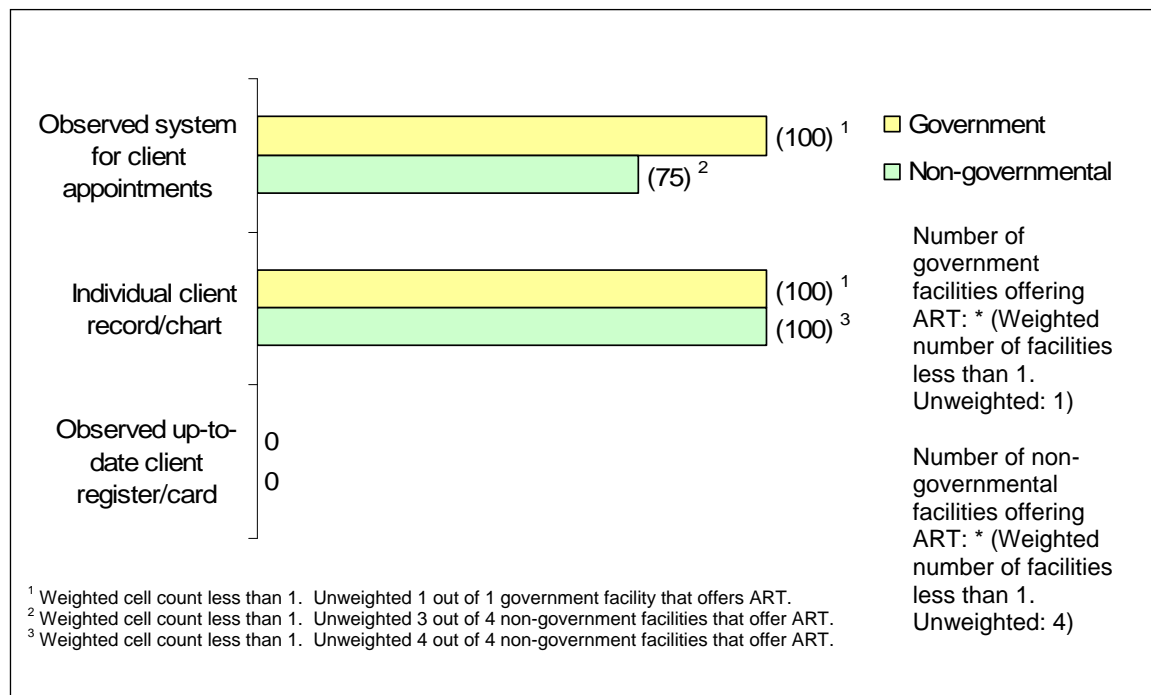
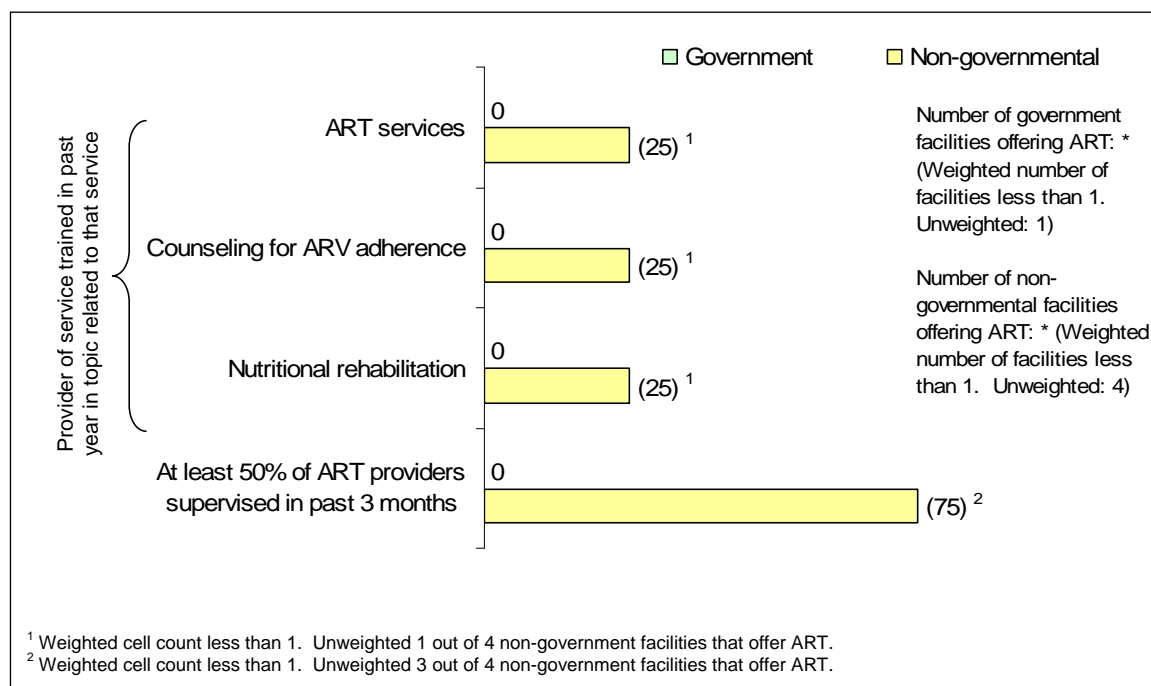


Figure 3.4.4d<sup>95</sup> illustrates that management and support for health service providers at facilities are extremely weak. First, none of the government facilities that offer ART has a recently trained (past 1 year) ART provider in any of the indicated areas (ART services, counseling for ARV adherence, or nutritional rehabilitation). Furthermore, none of the government facilities had at least 50 percent of the ART providers that were supervised in the past 3 months. At non-governmental facilities, the situation is slightly better. Twenty-five percent of the non-governmental facilities have at least one recently trained (past 1 year) ART provider in the indicated areas (ART services, counseling for ARV adherence, or nutritional rehabilitation). Moreover, 75 percent of the non-governmental facilities have at least 50 percent of the ART providers that were supervised in the past 3 months.

<sup>95</sup> For information regarding the total number of facilities, consult Appendix A, Table 2.3c.



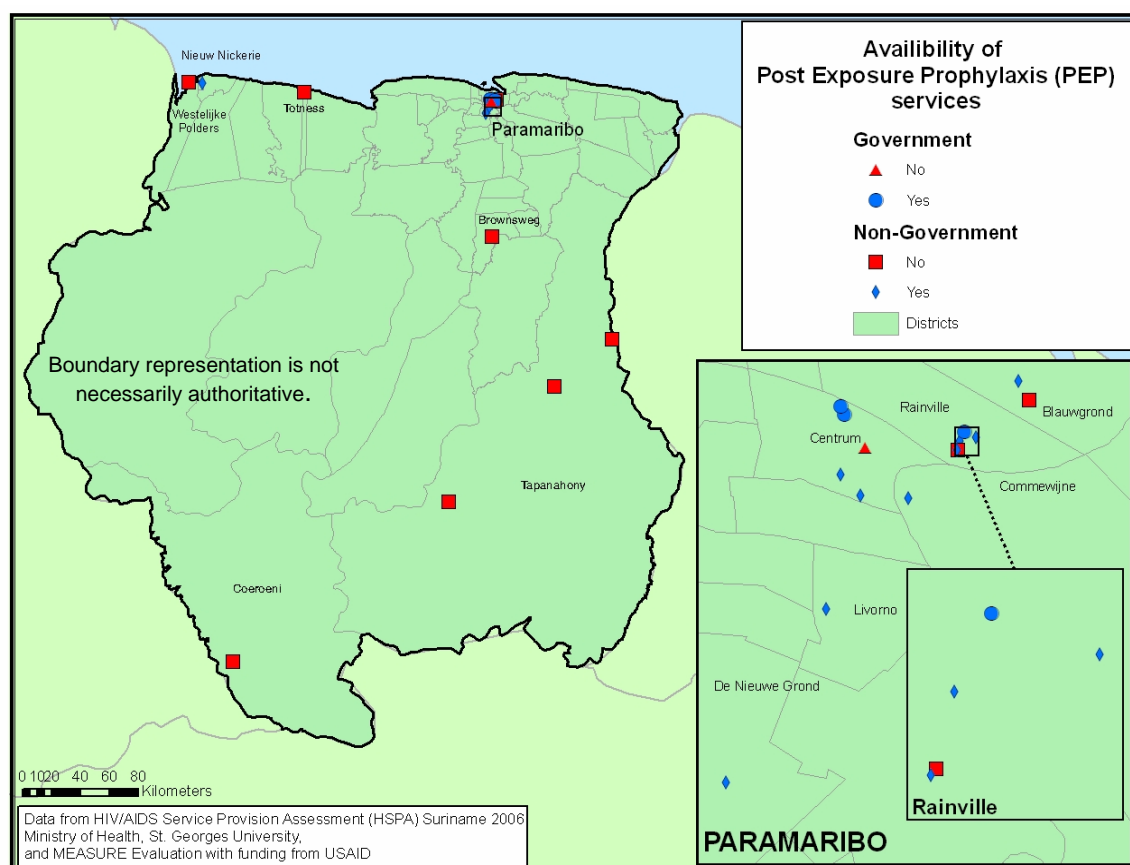
Figure 3.4.4d: Management and support for health service providers of ART, HSPA Suriname 2006



### 3.4.5 POST-EXPOSURE PROPHYLAXIS

Ideally, PEP should be available to all health service providers, who are at risk of exposure to HIV through needle-pricks and other blood exposure, as well as to the general public, due to inadvertent exposure (such as rape victims). Even facilities that do not officially offer HIV- and AIDS-related services should have access to PEP, since it is frequently not known which clients may be infected. The location of sites at which PEP is offered in Suriname is shown in Figure 3.4.5a.

Figure 3.4.5a: Availability of post-exposure prophylaxis, HSPA Suriname 2006



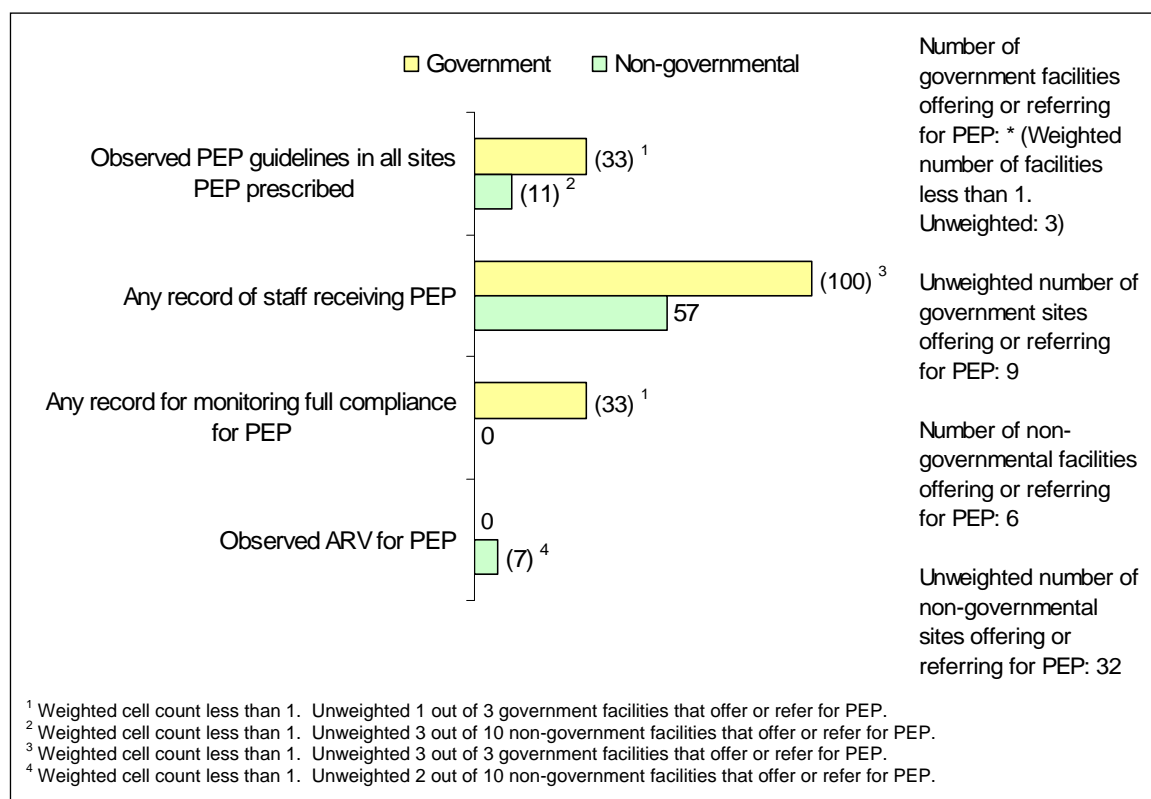
Among the facilities offering PEP or referring staff for PEP in Suriname, PEP guidelines were observed at only one out of three government facilities and about 1 out of 10 non-governmental facilities. While all government facilities maintained a record of staff receiving PEP, less than 60 percent of non-governmental facilities maintained such record. Moreover, records for monitoring staff's full compliance with PEP existed in only 33 percent of government facilities, and did not exist at all at non-governmental facilities. Finally, none of the government facilities and only 7 percent of the non-governmental facilities had observed ARVs for PEP (Figure 3.4.5b).<sup>96, 97</sup>

<sup>96</sup> Number of government facilities offering or referring for PEP is 3 using the unweighted total. Number of non-governmental facilities offering or referring for PEP is 10 using the unweighted total.

<sup>97</sup> For information regarding the total number of facilities, consult Appendix A, Table 2.5.



Figure 3.4.5b: Post-exposure prophylaxis (PEP), HSPA Suriname 2006

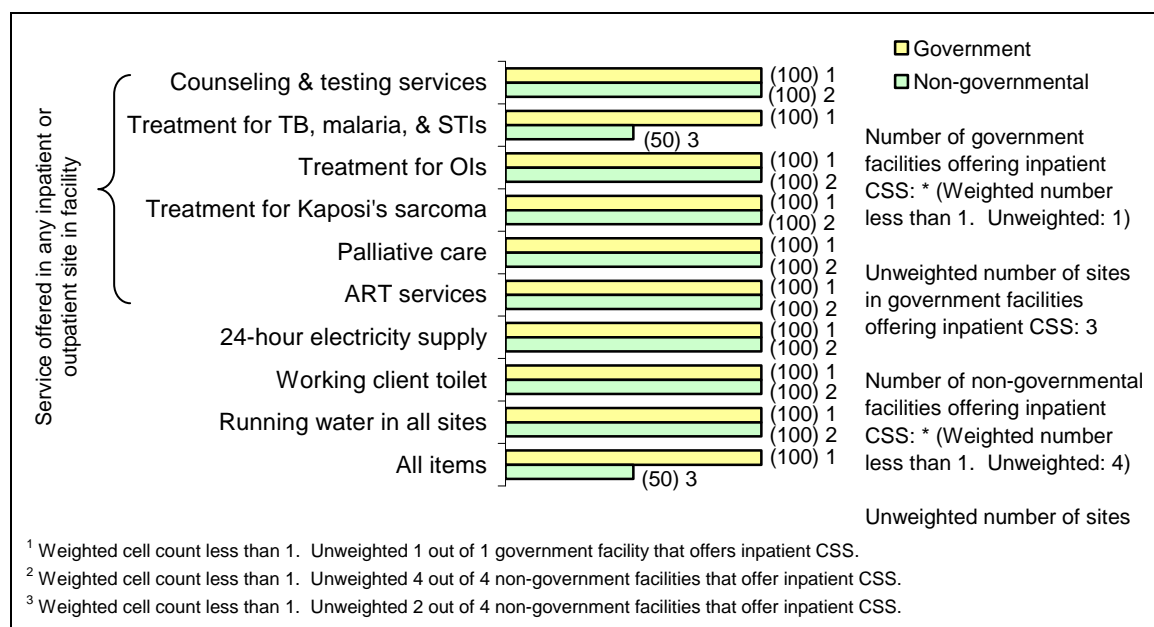


### 3.4.6 INPATIENT CARE AND SUPPORT SERVICES

The ability for a facility to provide inpatient services for clients needing advanced-level care is important for treating and supporting HIV and AIDS clients (Figure 3.4.6).<sup>98</sup> All facilities (government and non-governmental facilities) offering inpatient CSS for HIV and AIDS clients were found to provide (1) counseling and testing services for HIV, (2) treatment for opportunistic infections, (3) treatment for Kaposi's sarcoma, (4) palliative care, and (5) ART services. Furthermore, all government facilities that offer inpatient CSS provided treatment for TB, malaria, and STIs. However, only 50 percent of non-governmental facilities provided the service. All facilities (government and non-governmental facilities) that offer inpatient CSS have (1) a 24-hour regular electric supply, (2) a functioning client toilet for inpatients, and (3) running water in all inpatient client units. In sum, the government facilities in the survey had all items for the indicator in place, while 50 percent of non-governmental facilities had all items for the indicator.

<sup>98</sup> For information regarding the total number of facilities, consult Appendix A, Table 2.4.

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



### 3.4.7 HOME-BASED CARE AND SUPPORT SERVICES

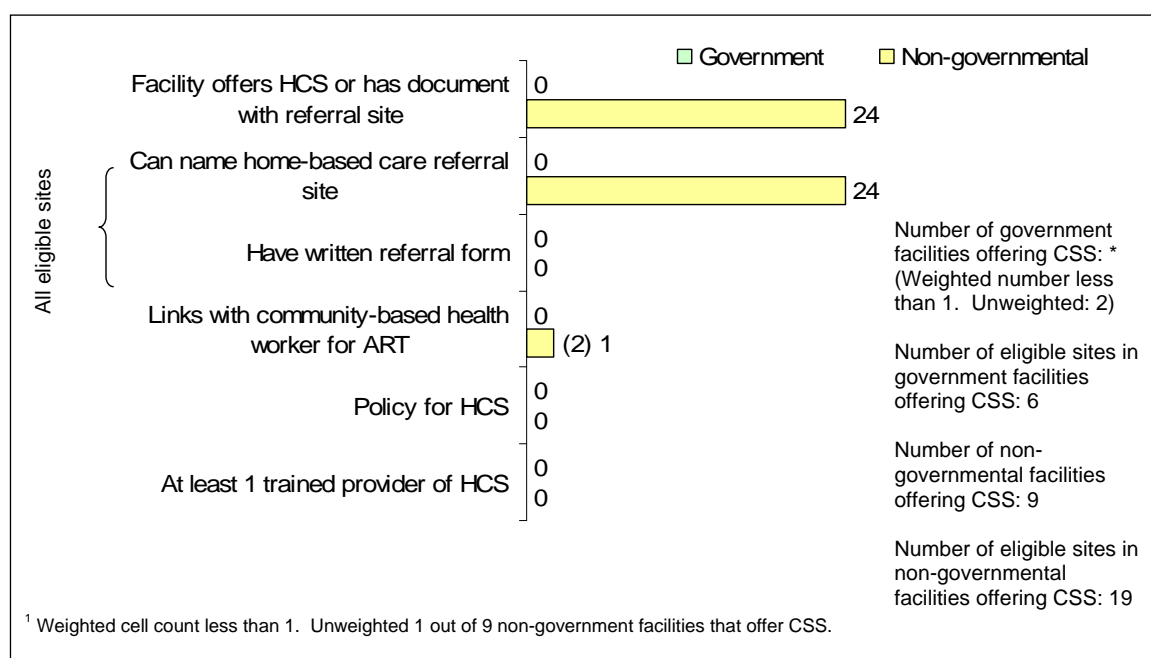
Home-based care provides support to PLHIV and their families. This includes medical care, counseling, social support (emotional, physical, financial and/or material), and other social services. Many home-based care programs are managed by community-based groups outside of the medical care establishment.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

In countries where advanced-level care for HIV and AIDS patients is available, home-based care services (HCS) are often part of the program since it can be difficult for patients to transport themselves to a healthcare facility. In some cases, this can be dangerous as well due to the extreme stigma and discrimination that a client might encounter if they have physical symptoms caused by AIDS. Figure 3.4.7 indicates that conditions to support HCS are weak in Suriname.<sup>99</sup> Government facilities that offer CSS do not have any aspects of HCS for HIV and AIDS clients. On the other hand, almost one out of four non-governmental facilities that offer CSS provide HCS or had a written document with a referral site identified. Similarly, almost one out of four non-governmental facilities had providers in all relevant services sites who are able to name HCS referral site. Only 2 percent of the non-governmental facilities in the study that offer CSS had links with community-based health workers for ART. None of the facilities (government or non-governmental) reported having a written referral form, a policy for HCS or at least one trained provider of HCS.

<sup>99</sup> For information regarding the total number of facilities, consult Appendix A, Table 3.3.



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



### 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, a pediatric practitioner trained in HIV should treat HIV in children.<sup>100</sup>

For the purposes of the HSPA, a facility is identified as offering pediatric AIDS care if at least one inpatient or outpatient unit provides care and support services and reports providing pediatric AIDS care. Table 3.4a (Page 53) indicates that 25 percent of the public facilities and 3 percent of the non-governmental facilities surveyed in Suriname offer pediatric AIDS services. None of the government facilities that offer CSS had a provider of pediatric AIDS care who was trained in the past 3 years, and only 2 percent of the non-governmental facilities 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 58).

<sup>100</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).

### 3.4.9 NUTRITIONAL REHABILITATION SERVICES

A major cause of morbidity and mortality in PLHIV is unintentional loss of weight and lean body mass. The nutrition of HIV-infected persons and persons with AIDS is crucial to their longevity and ability to live positively. Maintaining adequate nutritional status can help strengthen the immune system, 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>101</sup>

Twenty-five percent of the government facilities surveyed in Suriname offered nutritional rehabilitation services, and 25 percent offered fortified protein supplementation along with nutritional rehabilitation services. On the other hand, 32 percent of the non-governmental facilities offered nutritional rehabilitation services, and 21 percent offered fortified protein supplementation along with nutritional rehabilitation services (Table 3.4a, Page 53). Half of the government facilities offering CSS have a recently-trained (past 3 years) provider of nutritional rehabilitation for PLHIV, and slightly less than 30 percent of the non-governmental facilities have a recently-trained provider of nutritional rehabilitation for PLHIV (Figure 3.4.1b, Page 58).

## 3.5 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)

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

Generally accepted standards for PMTCT include the following:

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

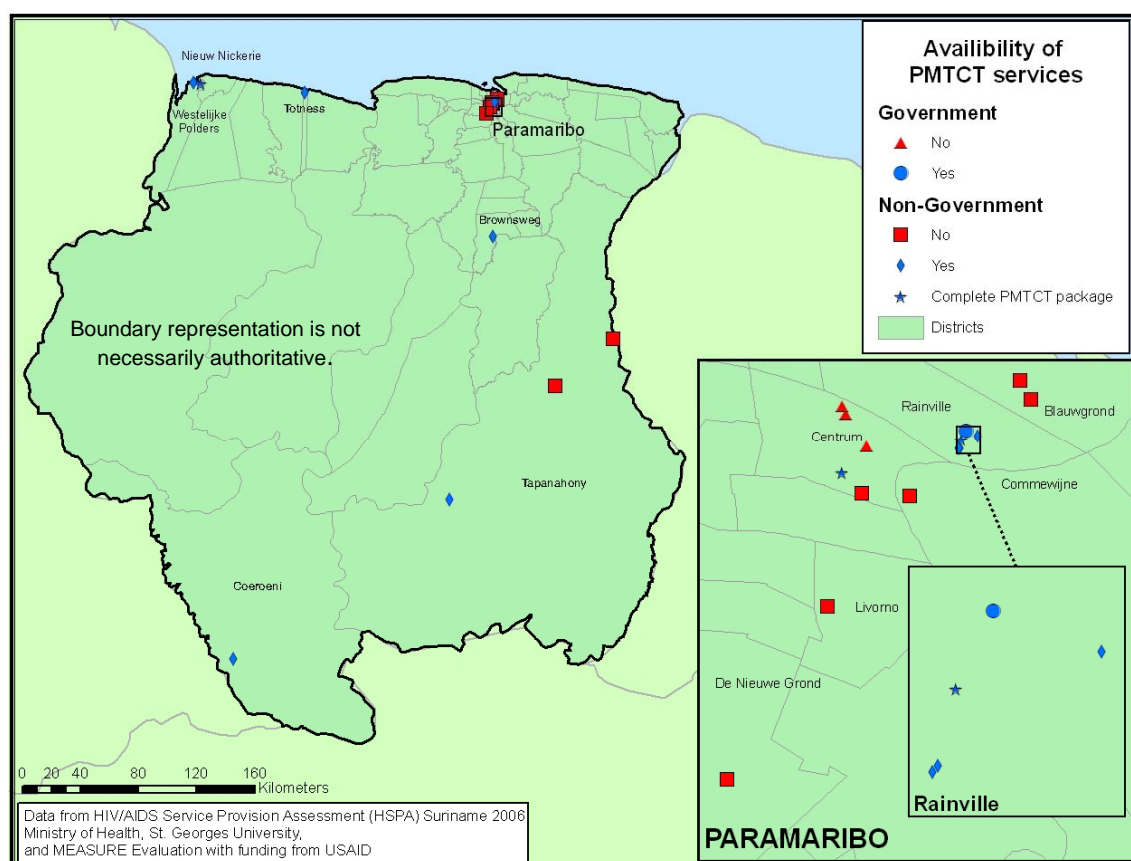
Additional services (referred to as PMTCT+) include making ART available to all women identified through PMTCT as HIV positive and to their families.

<sup>101</sup> Academy for Educational Development. 2004. HIV/AIDS: A guide for nutritional care and support. 2nd ed. Washington, DC: Food and Nutrition Technical Assistance Project.





Figure 3.5: Location of PMTCT services, HSPA Suriname 2006



Even given its low estimated HIV prevalence rate, Suriname offers PMTCT services at a number of facilities. The location of PMTCT services are indicated in Figure 3.5. Data from the HSPA show that only 5 percent of the non-governmental facilities surveyed that provide PMTCT services provided all four items of the minimum package of PMTCT (i.e., pre- and post-test counseling and HIV testing services, ARV prophylaxis to prevent MTCT, infant feeding counseling, and family planning counseling or referral). The government facility offered all of the items for PMTCT except ARV prophylaxis for PMTCT. None of the facilities surveyed provided all items of PMTCT+<sup>102</sup> (Table 3.5).<sup>103</sup>

<sup>102</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.

<sup>103</sup> For information regarding the total number of facilities, consult Appendix A, Table 4.1.

Table 3.5: Availability of services for prevention of mother-to-child transmission (PMTCT) of HIV/AIDS at facilities, HSPA Suriname 2006

Managing authority	Number of facilities	Number of facilities offering PMTCT services	Number of sites offering PMTCT services <sup>1</sup>	Percentage of facilities reporting they offer the indicated PMTCT services						
				Pre and post test counseling and HIV testing services	ARV prophylaxis to prevent MTCT	Infant feeding counseling	Family planning counseling or referral	All four items for minimum package PMTCT <sup>2</sup>	Offering PMTCT+ services <sup>3</sup>	All items for PMTCT+ <sup>4</sup>
Government	* <sup>5</sup>	* <sup>6</sup>	1	(100) <sup>7</sup>	0	(100) <sup>7</sup>	(100) <sup>7</sup>	0	0	0
Non-governmental	22	13	15	8	(7) <sup>8</sup>	22	52	(5) <sup>9</sup>	0	0

<sup>1</sup> The reported number of sites is unweighted.

<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, and counseling and provision of family planning services.

<sup>3</sup> 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 PMTCT+ services.

<sup>5</sup> Weighted number of facilities is less than 1. Unweighted total of 4 facilities.

<sup>6</sup> Weighted number of facilities is less than 1. Unweighted 1 out of 4 facilities.

<sup>7</sup> Weighted cell count less than 1. Unweighted 1 out of 1 facility that provides any PMTCT services.

<sup>8</sup> Weighted cell count less than 1. Unweighted 4 out of the 11 facilities that provide any PMTCT services.

<sup>9</sup> Weighted cell count less than 1. Unweighted 3 out of the 11 facilities that provide any PMTCT services.

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

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### 4.1 OVERVIEW

A good HIV and AIDS records and reporting system allows data to be collected to follow patient care, provide key epidemiological information and help manage the drug supply, thereby monitoring the performance of the health system. Such an information system will facilitate the evaluation of the country program and also the dissemination of data to other countries in the region.<sup>104</sup> The HIV Service Provision Assessment (HSPA) provides helpful information in routine data collection for HIV and AIDS which the countries, region, and partners can learn from to target the most appropriate areas and understand the current situation.

Confidentiality continues to be an issue and the ability to track clients confidentially will become an even greater challenge as more HIV-positive clients come into the system. Ideally, forms for HIV and AIDS tracking will be integrated into a national Health Information System.

### 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.<sup>105</sup> The results show that there are 6 government and 19 non-governmental service sites across the facilities in the survey offering care and support services (CSS) for HIV and AIDS clients. Of the government facilities surveyed, 50 percent of the facilities were observed to have individual client record/chart in all eligible clinic/units, and to have registers to track HIV- and AIDS-related client diagnoses in any eligible outpatient and/or inpatient clinic or unit.<sup>106</sup> Of the non-governmental facilities surveyed, 22 percent of the facilities were observed to have individual client record/chart in all eligible clinics/units, and less than half of the facilities were observed to have registers to track HIV- and AIDS-related client diagnoses in any eligible outpatient and/or inpatient clinic or unit. However, none of the facilities in the survey (government or non-governmental facilities) were found to have confidentiality guidelines in all eligible client clinics/units.

This could be an area of concern, as care for people living with HIV (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

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<sup>104</sup> Pan American Health Organization. 2003. Scaling up Health systems to Respond to the Challenges of HIV/AIDS—Latin America and the Caribbean. Washington, DC: World Health Organization.

<sup>105</sup> For information regarding the total number of facilities, consult Appendix A, Table 1.5e.

<sup>106</sup> Note that the number of facilities that offer CSS is less than 1 based on weighting, and 2 using the unweighted total.



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

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

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

Managing authority	Number of facilities offering CSS for HIV/AIDS clients	Number of service sites in facilities offering CSS for HIV/AIDS clients <sup>1</sup>	Percentage of facilities with			
			Individual client record/chart observed in all eligible clinic/units	Register with HIV/AIDS related client diagnoses observed in any eligible outpatient and any eligible inpatient clinic/unit <sup>2</sup>	Confidentiality guideline in all eligible client clinic/unit	All items for indicator in facility
Government	* <sup>3</sup>	6	(50) <sup>4</sup>	(50) <sup>4</sup>	0	0
Non-governmental	9	19	22	47	0	0

<sup>1</sup> The reported number of sites is unweighted.

<sup>2</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.

<sup>3</sup> Weighted number of facilities that offer CSS is less than 1. Unweighted 2 out of 4 facilities.

<sup>4</sup> Weighted cell count less than 1. Unweighted 1 out of 2 facilities that offer CSS.

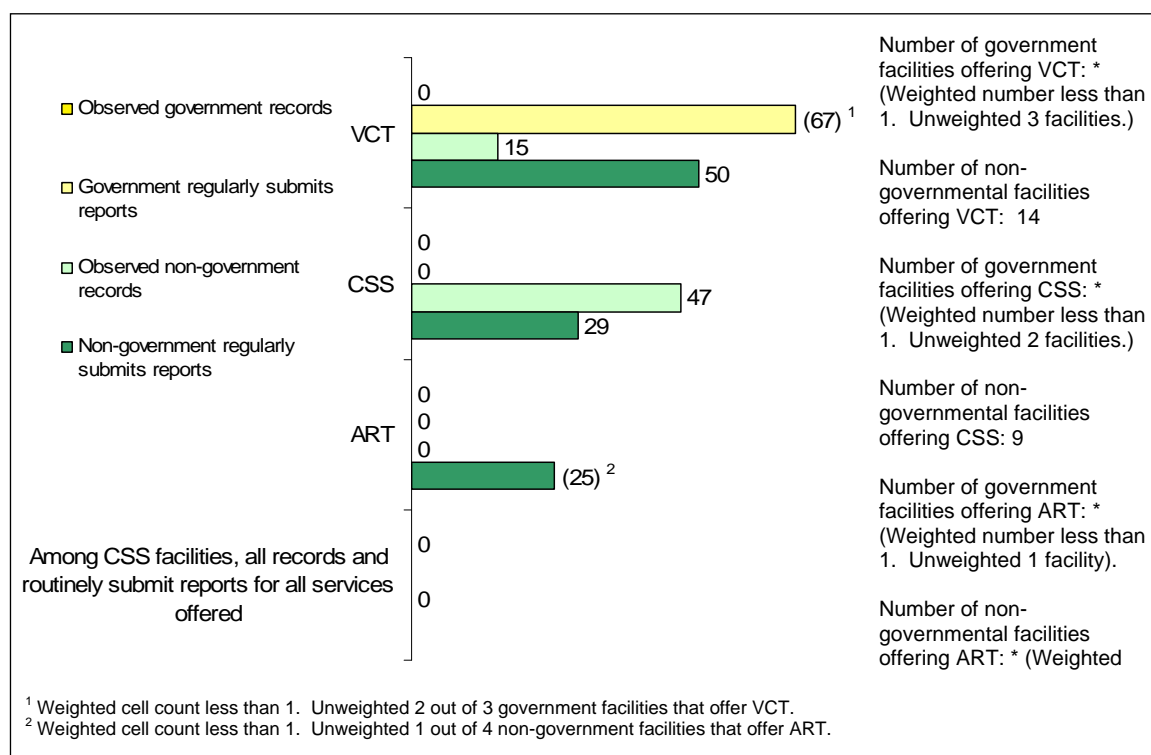
### 4.2.1 RECORDS FOR CARE AND SUPPORT SERVICES

The tracking of client receipt of pre- and post-test counseling and test results is inconsistent or non-existent (Figure 4.2.1).<sup>107</sup> None of the government facilities offering voluntary counseling and testing (VCT), CSS and/or antiretroviral therapy (ART) services maintained records indicating the number of clients receiving these services. However, 67 percent of the government facilities offering VCT reported submitting reports on a regular basis. On the other hand, 15 percent of the non-governmental facilities offering VCT services and slightly less than 50 percent of the facilities offering CSS services maintained records indicating the number of clients receiving the services. Furthermore, 50 percent of the non-governmental facilities offering VCT services and slightly less than 30 percent of the facilities offering CSS services reported submitting reports on a regular basis. While none of the facilities offering ART services (neither government nor non-governmental facilities) maintained records indicating the number of clients receiving the services, 25 percent of the non-governmental facilities offering ART reported submitting the reports on a regular basis. Since data on counseling and testing (pre- and post-test counseling and receipt of test results) are best collected at service delivery sites and are significant to program implementation, monitoring and ongoing surveillance, it is crucial that the monitoring and evaluation (M&E) capacity within the National AIDS Program's (NAP's) M&E Unit is strengthened.

<sup>107</sup> For information regarding the total number of facilities, consult Appendix A, Table 3.1.

Record-keeping and tracking clients receiving ART is also very important, not only for financial management and for anticipating program delivery costs, but also for donor reporting. It is likely that, given the relatively small number of clients on ART, records are kept informally. As programs scale-up and as more HIV-positive clients enter the system, it will become increasingly important to maintain accurate records.

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



## 4.2.2 RECORDS FOR PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT)

### PMTCT

The greatest challenge to tracking prevention of mother-to-child transmission (PMTCT) service delivery is in tracking antiretroviral (ARV) medicine treatment among pregnant women. In looking at PMTCT service records, the HSPA found that of the facilities that offer any aspect of PMTCT services, each facility has at least one site with PMTCT services. Documentation of service records is virtually nonexistent. None of the facilities in the survey (government or non-governmental facilities) that offered PMTCT was observed to have specific documentation, as shown in Table 4.2.2a below.<sup>108</sup>

<sup>108</sup> For information regarding the total number of facilities, consult Appendix A, Table 4.2a.



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

Consequently, although 7 percent of non-governmental facilities (4 out of 11 unweighted facilities) reported providing ARV for HIV-positive women (Table 3.5 on Page 72), no facilities had record-keeping documentation for all the items listed (Table 4.2.2a). This illustrates the need for greater record-keeping capacity among facilities offering PMTCT, not only for reporting but also for planning, programmatic, and advocacy needs.

Table 4.2.2a: Availability of service records for PMTCT services among facilities that offer any PMTCT services, HSPA Suriname 2006

Managing authority	Number of facilities	Number of facilities offering PMTCT services	Number of sites offering PMTCT services <sup>1</sup>	Percentage of facilities offering PMTCT services and having indicated documentation				
				Observed record of women attending ANC and who accepted HIV testing	Observed record of women who received HIV test results	Observed record of women who received post-test counseling (by serostatus)	Observed record of HIV+ pregnant women who were offered a complete ARV course for PMTCT	All items for indicator
Government	* 2	* 3	1	0	0	0	0	0
Non-governmental	22	13	15	0	0	0	0	0

<sup>1</sup> Number of sites is unweighted.

<sup>2</sup> Weighted number of facilities is less than 1. Unweighted total of 4 facilities.

<sup>3</sup> Weighted number of facilities is less than 1. Unweighted 1 out of 4 facilities.

### 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 antenatal clinic (ANC) clients, records on ARV prophylaxis provided, and records on therapeutic ARV for women receiving PMTCT services. The survey found that none of the facilities in Suriname (government or non-governmental) offer PMTCT+ services (Table 4.2.2b).<sup>109</sup>

<sup>109</sup> For information regarding the total number of facilities, consult Appendix A, Table 4.2b.

Table 4.2.2b: Availability of service records for PMTCT+ services<sup>1</sup> among those facilities that offer any PMTCT+ services, HSPA Suriname 2006

Managing authority	Number of facilities	Number of facilities offering PMTCT+ services	Number of sites offering PMTCT+ services <sup>2</sup>	Percentage of facilities		
				Observed record of HIV+ pregnant women who receive therapeutic ARV	All elements and records of PMTCT+ <sup>3</sup>	PMTCT women and family referred outside PMTCT unit for ART, no further follow-up by PMTCT clinic/unit
Government	* <sup>4</sup>	0	0	NA	NA	NA
Non-governmental	22	0	0	NA	NA	NA

<sup>1</sup> Facility offers ARV therapy for HIV infected women and their families.

<sup>2</sup> Number of sites is unweighted.

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

<sup>4</sup> Weighted number of facilities is less than 1. Unweighted total of 4 facilities.





## CHAPTER 5: AVAILABILITY OF YOUTH-FRIENDLY SERVICES

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### 5.1 OVERVIEW

The youth population in the Caribbean is becoming increasingly susceptible to HIV and AIDS. According to several sources, “the face of HIV in the region has become increasingly young and female.”<sup>110</sup> Also, the Caribbean Epidemiology Centre (CAREC) notes in the Status and Trends: Analysis of the Caribbean HIV/AIDS Epidemic from 1982–2002 that “73 percent of cases diagnosed are between 15 and 44 years, with close to 50 percent of these between 25 and 34 years. Young people and young adults are the most vulnerable group whether in or out of school, with young women aged 15 to 19 having characteristics of a distinct epidemic profile.”<sup>111</sup>

Since youth are a major target group in HIV and AIDS prevention and treatment, the HIV Service Provision Assessment (HSPA) asked questions about youth and the provision of youth-friendly services (YFS). This indicator is defined using information from the facility or unit representatives (under voluntary counseling and testing [VCT] and prevention of mother-to-child transmission [PMTCT] services) and provider responses regarding general YFS that are available, and if there are any written policies or guidelines for the YFS available and whether or not specific staff have received training in providing YFS. The HSPA also asked if YFS included a separate room for YFS and if there are discounts or waived fees for youth to make services more accessible.

### 5.2 SERVICE CONDITIONS FOR YOUTH-FRIENDLY SERVICES

Table 5.2 indicates that none of the government facilities with an HIV testing system in Suriname has youth-friendly HIV testing services.<sup>112</sup> Similarly, after weighting, less than one non-governmental facility offers YFS.<sup>113</sup> Having YFS sites/facilities available is paramount to reaching this at-risk population. Suriname, as other countries in the region, should also consider how to adapt, enhance, and scale-up prevention programs. For example, programs might look to research findings based on the program experiences in Haiti. Although Haiti has a very different epidemiologic picture from Suriname, there are youth programs highlighting the importance of programmatic impact on behavior changes such as communication skills around sexual negotiation and building on social norms around prevention activities. These may be effective in preventing HIV infection in young people.<sup>114</sup> Furthermore, targeting these strategies at young women

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<sup>110</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. *AIDS Care*, 17(Suppl. 1), S9–S25.

<sup>111</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>112</sup> For information regarding the total number of facilities, consult Appendix A, Table 3.2.

<sup>113</sup> Note that using unweighted data, there are 2 out of 14 facilities with HIV testing system, which offer YFS. Of these facilities, one observed policy/guidelines for YFS, and both of the facilities have at least one trained provider for YFS.

<sup>114</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, p. 39.

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>115</sup>

Youth-friendly HIV prevention services may prove to be a key to curbing the epidemic. It is crucial to reach young people early, “before adolescents start developing lifelong sexual habits.”<sup>116</sup> Although YFS as an HIV prevention program might encounter some resistance due to cultural and social norms in the Caribbean, it may stem the spread of HIV within this major target group.

Table 5.2: Youth-friendly services for HIV/AIDS among facilities, HSPA Suriname 2006

Managing authority	Number of facilities with an HIV testing system	Number of facilities with youth friendly HIV testing services	Percentage of facilities with		
			Observed policy/guidelines for YFS	At least one trained provider for YFS <sup>1</sup>	All items for indicator <sup>2</sup>
Government	* <sup>3</sup>	0	NA	NA	NA
Non-governmental	14	* <sup>4</sup>	(50) <sup>5</sup>	(100) <sup>6</sup>	(50) <sup>5</sup>

<sup>1</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>2</sup>Facility offers YFS, has observed policy/guidelines, and has trained staff for YFS

<sup>3</sup> Weighted number of facilities less than 1. Unweighted 3 facilities.

<sup>4</sup> Weighted number of facilities less than 1. Unweighted 2 out of 14 facilities with HIV testing system.

<sup>5</sup> Weighted cell count less than 1. Unweighted 1 out of 2 facilities that offer YFS.

<sup>6</sup> Weighted cell count less than 1. Unweighted 2 out of 2 facilities that offer YFS.

<sup>115</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. AIDS Care, 17(Suppl. 1), S9–S25.

<sup>116</sup> Inciardi, J. A., J. L. Syversten, and H. L. Surratt. 2005. HIV/AIDS in the Caribbean basin. AIDS Care, 17(Suppl. 1), S9–S25.

## CHAPTER 6: CONCLUSION

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The HIV Service Provision Assessment (HSPA) provides a mechanism for assessing capacity, availability of services, and training needs related to the goals and priority program areas outlined in Suriname's National Strategic Plan.<sup>117</sup> Specific targets toward achievement of the Millennium Development Goals outlined in the National Strategic Plan are—

1. 25% reduction of new HIV infections in the age group 15–24
2. 25% reduction of the number of HIV-positive pregnant women.

The HSPA data are useful in identifying needs and existing capacities with which to build on in order to address these goals as well as the five priority program areas:<sup>118</sup>

1. Coordination, policy formulation, legislation and advocacy
2. Prevention of HIV infection among the general population and specific vulnerable sub-groups
3. Reduction of stigma and discrimination of people living with HIV (PLHIV)
4. Treatment, care and support for PLHIV
5. Monitoring and evaluation.

Data from the HSPA pinpoint areas for further capacity building, particularly in program monitoring, data management, and tracking ongoing activities related to advocacy, rights and policy developments. Currently, among the government facilities that offer care and support services (CSS) to HIV and AIDS clients, only 50 percent of the facilities maintain records and client registers across all eligible service units. Similarly, only 50 percent of the facilities had client records/charts observed in all eligible units. Data management at non-governmental facilities is even weaker with only 22 percent of the facilities observed to have individual client record/chart in all eligible clinic/units, and less than half of the facilities observed to have registers to track HIV- and AIDS-related client diagnosis in any eligible outpatient and/or inpatient clinic or unit. None of the facilities in the survey had confidentiality guidelines in all eligible client clinic/unit. This could reflect the lack of a confidential record-keeping system, such that an individual HIV care coordinator tracks this information informally for fear of exposing sensitive information on clients. While this system may function now, as Suriname scales up its HIV and AIDS programming, a confidential record-keeping system will be required across service delivery units.

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<sup>117</sup> Algemeen Bureau voor Statistiek (ABS) (for UNDP). 2004. Suriname Draft MDG Baseline Report 2004.

<sup>118</sup> Ministry of Health Suriname. 2004. National Strategic Plan on HIV/AIDS.



## CHAPTER 6: CONCLUSION

Data from the HSPA highlights specific areas in need of strengthening:

1. Level of stigma associated with PLHIV as reported by health service providers.
2. Comprehensive care for persons living with HIV and AIDS
3. Availability and quality of basic level services for HIV and AIDS
4. Availability and quality for care and support services to PLHIV
5. Availability of medicines related to ART, opportunistic infection (OI), and palliative care
6. Control of nosocomial infections.

Out of 22 healthcare providers interviewed in public facilities, 68 percent displayed a positive attitude toward PLHIV. Out of 72 health care providers interviewed in non-governmental facilities, 50 percent displayed a positive attitude toward PLHIV. In reaching out to the population more generally, the National AIDS Program (NAP) would do well to begin with health care providers by educating them about issues of stigma and building more positive attitudes toward PLHIV.

More training is required in order to address prevention program issues. As Suriname scales-up its voluntary counseling and testing (VCT) programs and creates greater demand for counseling and testing, increased access (more facilities with an HIV testing system in place) and additional and/or more recent training for providers in pre- and post-test counseling and prevention of mother-to-child transmission (PMTCT) will be required. The availability and supply of sexually transmitted disease (STI) medicines and other STI services should also grow to meet increased demand. This is particularly important at non-governmental facilities, where only 50 percent of the facilities offering STI services had all STI medicines at the time of the survey.

As discussed in Sections 3.5, there is a need to strengthen PMTCT services in Suriname. HSPA data show that none of the government facilities surveyed that offer PMTCT services provided all four items of the minimum package of PMTCT. Only 5 percent of the non-governmental facilities surveyed that offer PMTCT services provided all four items of the minimum package of PMTCT (i.e., pre- and post-test counseling and HIV testing services, antiretroviral [ARV] medicine prophylaxis for PMTCT, infant feeding counseling, and family planning counseling or referral). None of the facilities surveyed provided all items of PMTCT+.

Finally, as discussed in Section 5.2, there is a need to improve service conditions for youth-friendly services (YFS), particularly given its goal of reducing new HIV infections in the age group 15–24. The study revealed that the service environment to accommodate youth is weak with few facilities reaching this at-risk population, both at public as well as non-governmental facilities.

Suriname's healthcare system has a strong base from which to build its capacity. A targeted response to the findings in the HSPA can help Suriname meet its national strategic goals.

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APPENDIX A: TABLES

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

Percentage of facilities<sup>1</sup> with an HIV testing system, and among these, percentage with the indicated items for counseling and testing (CT), by background characteristics, Suriname SPA 2006.

Background characteristics	Percentage of facilities with HIV testing system <sup>2</sup>	Number of facilities	Percentage of facilities with indicated items:						Number of facilities with HIV testing system	Number of service sites <sup>6</sup> with HIV testing system
			HIV test available in facility or affiliated lab	HIV test available or observed record of results for testing conducted outside facility	Item observed in all relevant service sites in the facility			All items for indicator <sup>5</sup>		
					Informed consent policy for HIV testing observed in all relevant service sites <sup>3</sup>	Observed register with HIV test results	Observed record for clients receiving HIV test results <sup>4</sup>			
Facility Type										
Hospital	100	1	83	100	0	0	0	0	1	43
Health Center	44	14	100	100	64	64	32	32	6	7
Medical Station	100	6	100	100	67	33	33	33	6	3
Laboratory	(50) <sup>9</sup>	* 7	(100) <sup>13</sup>	(100) <sup>13</sup>	0	(50) <sup>15</sup>	(50) <sup>15</sup>	0	* 11	3
Other	(100) <sup>10</sup>	* 8	(100) <sup>14</sup>	(100) <sup>14</sup>	(100) <sup>14</sup>	(50) <sup>16</sup>	(50) <sup>16</sup>	(50) <sup>16</sup>	* 12	3
Authority										
Government	(75) <sup>18</sup>	* 17	(67) <sup>20</sup>	(100) <sup>21</sup>	0	0	0	0	* 19	11
Non-governmental	63	22	100	100	62	47	32	31	14	48
Tier										
Advanced	85	3	91	100	(18) <sup>22</sup>	(18) <sup>22</sup>	(18) <sup>22</sup>	(9) <sup>23</sup>	2	52
Basic	60	20	100	100	67	50	33	33	12	7
Total	63	23	99	100	59	45	31	29	14	59

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

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

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

<sup>3</sup>If national VCT guidelines are present, this is accepted as having a confidentiality policy, as this is specified in the guidelines.

<sup>4</sup>If rapid test is done, record with client identifier and results is sufficient.

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

<sup>6</sup>Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site. The number of sites reported is unweighted.

<sup>7</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>8</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>9</sup>Weighted cell count less than 1. Unweighted 2 out of 4 lab facilities.

<sup>10</sup>Weighted cell count less than 1. Unweighted 2 out of 2 other facility types.

<sup>11</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 lab facilities with an HIV testing system.

<sup>12</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 other facility types with an HIV testing system.

<sup>13</sup>Weighted cell count less than 1. Unweighted 2 out of 2 lab facilities with an HIV testing system.

<sup>14</sup>Weighted cell count less than 1. Unweighted 2 out of 2 other facilities types with an HIV testing system.

<sup>15</sup>Weighted cell count less than 1. Unweighted 1 out of 2 lab facilities with an HIV testing system.

<sup>16</sup>Weighted cell count less than 1. Unweighted 1 out of 2 other facility types with an HIV testing system.

<sup>17</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>18</sup>Weighted cell count less than 1. Unweighted 3 out of 4 government facilities.

<sup>19</sup>Weighted number of facilities is less than 1 (0.64). Unweighted 3 government facilities with an HIV testing system.

<sup>20</sup>Weighted cell count less than 1. Unweighted 2 out of 3 government facilities with an HIV testing system.

<sup>21</sup>Weighted cell count less than 1. Unweighted 3 out of 3 government facilities with an HIV testing system.

<sup>22</sup>Weighted cell count less than 1. Unweighted 2 out of 11 advanced level facilities with an HIV testing system.

<sup>23</sup>Weighted cell count less than 1. Unweighted 1 out of 11 advanced level facilities with an HIV testing system.

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

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

Background characteristics	Percentage of facilities where:								Number of facilities with HIV testing system <sup>4</sup>	Number of service sites with HIV testing system <sup>5</sup>
	Facility has observed written policy for routine provision of pre and post test counseling for HIV testing <sup>1</sup>	Facility has at least one counselor trained in pre and post test counseling assigned to a HIV testing site	Item in all eligible sites					All items for indicator <sup>3</sup>		
			Observed guidelines for content of pre and post test counseling <sup>2</sup>	Observed guidelines or policy on confidentiality for HIV test results	Observed up-to-date record in each relevant unit for clients receiving pre and post test counseling	Observed system linking test results with pre and post test counseling	Visual and auditory privacy possible in all counseling areas			
Facility Type										
Hospital	83	100	0	0	0	0	0	0	1	43
Health Center	68	100	64	64	32	32	64	32	6	7
Medical Station	67	67	67	67	0	0	0	0	6	3
Laboratory	0	0	0	0	0	0	0	0	* 6	3
Other	(100) <sup>8</sup>	(100) <sup>8</sup>	(100) <sup>8</sup>	(100) <sup>8</sup>	0	0	(100) <sup>8</sup>	0	* 7	3
Authority										
Government	(67) <sup>10</sup>	(100) <sup>11</sup>	0	0	0	0	0	0	* 9	11
Non-governmental	68	82	62	62	15	15	32	15	14	48
Tier										
Advanced	73	82	(18) <sup>12</sup>	(18) <sup>12</sup>	0	0	(18) <sup>12</sup>	0	2	52
Basic	67	83	67	67	17	17	33	17	12	7
Total	68	83	59	59	14	14	31	14	14	59

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

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

<sup>2</sup>Pre test counseling may consist of general education for groups or individual client counseling.

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

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

<sup>5</sup>Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site. Note that the number of sites is unweighted.

<sup>6</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 lab facilities with an HIV testing system.

<sup>7</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 other facility types with an HIV testing system.

<sup>8</sup>Weighted cell count less than 1. Unweighted 2 out of 2 other facilities types with an HIV testing system.

<sup>9</sup>Weighted number of facilities is less than 1 (0.64). Unweighted 3 government facilities with an HIV testing system.

<sup>10</sup>Weighted cell count less than 1. Unweighted 2 out of 3 government facilities with an HIV testing system.

<sup>11</sup>Weighted cell count less than 1. Unweighted 3 out of 3 government facilities with an HIV testing system.

<sup>12</sup>Weighted cell count less than 1. Unweighted 2 out of 11 advanced level facilities with an HIV testing system.

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

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

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB activities			Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and following DOTS strategy, percentage with				Number of facilities offering CSS for HIV/AIDS clients and following DOTS strategy	Number of sites offering CSS and TB service using DOTS strategy <sup>4</sup>
			Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy <sup>1</sup>		Observed client register for DOTS	Observed TB treatment protocol in all eligible service sites	All first-line TB medicines available <sup>2</sup>	All items for TB indicator <sup>3</sup>		
<b>Facility Type</b>												
Hospital	100	1	(67) <sup>9</sup>	(33) <sup>10</sup>	(17) <sup>11</sup>	1	0	0	(100) <sup>13</sup>	0	* <sup>12</sup>	1
Health Center	56	14	25	0	0	8	na	na	na	na	0	0
Medical Station	0	6	na	na	na	0	na	na	na	na	na	na
Laboratory	0	* <sup>5</sup>	na	na	na	0	na	na	na	na	na	na
Other	(50) <sup>7</sup>	* <sup>6</sup>	0	0	0	* <sup>8</sup>	na	na	na	na	0	0
<b>Authority</b>												
Government	(50) <sup>15</sup>	* <sup>14</sup>	(50) <sup>17</sup>	(50) <sup>17</sup>	(50) <sup>17</sup>	* <sup>16</sup>	0	0	(100) <sup>20</sup>	0	* <sup>19</sup>	1
Non-governmental	41	22	29	(2) <sup>18</sup>	0	9	na	na	na	na	0	0
<b>Tier</b>												
Advanced	54	3	(57) <sup>21</sup>	(29) <sup>22</sup>	(14) <sup>23</sup>	2	0	0	(100) <sup>25</sup>	0	* <sup>24</sup>	1
Basic	40	20	25	0	0	8	na	na	na	na	0	0
<b>Total</b>	<b>42</b>	<b>23</b>	<b>30</b>	<b>(4) <sup>26</sup></b>	<b>(2) <sup>27</sup></b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>(100) <sup>29</sup></b>	<b>0</b>	<b>* <sup>28</sup></b>	<b>1</b>

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

<sup>1</sup>Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

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

<sup>3</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>4</sup>The reported number of sites is unweighted.

<sup>5</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>6</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 out of 2 other facility types.

<sup>8</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>9</sup>Weighted cell count less than 1. Unweighted 4 out of 6 hospitals that offer CSS.

<sup>10</sup>Weighted cell count less than 1. Unweighted 2 out of 6 hospitals that offer CSS.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 out of 6 hospitals that offer CSS.

<sup>12</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 hospital that offers both CSS and follows DOTS.

<sup>13</sup>Weighted cell count less than 1. Unweighted 1 out of 1 hospital that offers both CSS and follows DOTS.

<sup>14</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>15</sup>Weighted cell count less than 1. Unweighted 2 out of 4 government facilities.

<sup>16</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>17</sup>Weighted cell count less than 1. Unweighted 1 out of 2 government facilities that offer CSS.

<sup>18</sup>Weighted cell count less than 1. Unweighted 1 out of 9 non-governmental facilities that offer CSS.

<sup>19</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers both CSS and follows DOTS.

<sup>20</sup>Weighted cell count less than 1. Unweighted 1 out of 1 government facility that offers both CSS and follows DOTS.

<sup>21</sup>Weighted cell count less than 1. Unweighted 4 out of 7 advanced level facilities that offer CSS.

<sup>22</sup>Weighted cell count less than 1. Unweighted 2 out of 7 advanced level facilities that offer CSS.

<sup>23</sup>Weighted cell count less than 1. Unweighted 1 out of 7 advanced level facilities that offer CSS.

<sup>24</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 advanced level facility that offers both CSS and follows DOTS.

<sup>25</sup>Weighted cell count less than 1. Unweighted 1 out of 1 advanced level facility that offers both CSS and follows DOTS.

<sup>26</sup>Weighted cell count less than 1. Unweighted 2 out of 11 facilities that offer CSS.

<sup>27</sup>Weighted cell count less than 1. Unweighted 1 out of 11 facilities that offer CSS.

<sup>28</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 facility that offers both CSS and follows DOTS.

<sup>29</sup>Weighted cell count less than 1. Unweighted 1 out of 1 facility that offers both CSS and follows DOTS.

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

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

Background characteristic	Among facilities offering CSS for HIV/AIDS clients and offering any TB services, percentage reporting they follow indicated treatment strategy <sup>1</sup>			Among facilities offering CSS for HIV/AIDS clients and offering any TB services, percentage with				Number of facilities offering CSS for HIV/AIDS clients and offering any TB services	Number of sites offering CSS and TB service <sup>7</sup>
	DOTS <sup>2</sup>	Follow-up treatment only <sup>3</sup>	Other strategies <sup>4</sup>	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available <sup>5</sup>	All items for TB indicator <sup>6</sup>		
<b>Facility Type</b>									
Hospital	(25) <sup>9</sup>	(25) <sup>9</sup>	(50) <sup>10</sup>	0	0	(25) <sup>9</sup>	0	* <sup>8</sup>	15
Health Center	0	100	0	0	0	0	0	2	1
Medical Station	na	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	na	0	0
Other	na	na	na	na	na	na	na	0	0
<b>Authority</b>									
Government	(100) <sup>12</sup>	0	(100) <sup>12</sup>	0	0	(100) <sup>12</sup>	0	* <sup>11</sup>	5
Non-governmental	0	84	(8) <sup>13</sup>	0	0	0	0	3	11
<b>Tier</b>									
Advanced	(25) <sup>15</sup>	(25) <sup>15</sup>	(50) <sup>16</sup>	0	0	(25) <sup>15</sup>	0	* <sup>14</sup>	15
Basic	0	100	0	0	0	0	0	2	1
<b>Total</b>	<b>(7)<sup>17</sup></b>	<b>78</b>	<b>(15)<sup>18</sup></b>	<b>0</b>	<b>0</b>	<b>(7)<sup>17</sup></b>	<b>0</b>	<b>3</b>	<b>16</b>

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

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

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

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

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

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

<sup>6</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>7</sup>The reported number of sites is unweighted.

<sup>8</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 hospitals that offer both CSS and TB services.

<sup>9</sup>Weighted cell count less than 1. Unweighted 1 out of 4 hospitals that offer both CSS and TB services.

<sup>10</sup>Weighted cell count less than 1. Unweighted 2 out of 4 hospitals that offer both CSS and TB services.

<sup>11</sup>Weighted number of facilities less than 1 (0.22). Unweighted 1 government facility that offers both CSS and TB services.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 out of 1 government facility that offers both CSS and TB services.

<sup>13</sup>Weighted cell count less than 1. Unweighted 1 out of 4 non-governmental facilities that offer both CSS and TB services.

<sup>14</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 advanced level facilities that offer both CSS and TB services.

<sup>15</sup>Weighted cell count less than 1. Unweighted 1 out of 4 advanced level facilities that offer both CSS and TB services.

<sup>16</sup>Weighted cell count less than 1. Unweighted 2 out of 4 advanced level facilities that offer both CSS and TB services.

<sup>17</sup>Weighted cell count less than 1. Unweighted 1 out of 5 facilities that offer both CSS and TB services.

<sup>18</sup>Weighted cell count less than 1. Unweighted 2 out of 5 facilities that offer both CSS and TB services.

**Table 1.3c Resources and supplies for diagnosing tuberculosis**

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

Background characteristic	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB diagnostic activities			Number of facilities offering CSS for HIV/AIDS clients	TB diagnosis using sputum				TB diagnosis using X-ray	
	Any TB diagnostic or treatment services <sup>1</sup>	Use sputum for TB diagnosis <sup>2</sup>	Use X-ray for TB diagnosis		Among facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum <sup>2</sup> , percentage with:			Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum test	Percentage with X-ray capacity <sup>4</sup>	Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using X-ray
					All items for conducting sputum test for TB	Observed record of sputum test results	All items for indicator <sup>3</sup>			
Facility Type										
Hospital	(67) <sup>6</sup>	(67) <sup>6</sup>	(67) <sup>6</sup>	1	(50) <sup>8</sup>	(25) <sup>9</sup>	(25) <sup>9</sup>	* 7	(25) <sup>11</sup>	* 10
Health Center	25	0	0	8	na	na	na	0	na	0
Medical Station	na	na	na	0	na	na	na	na	na	na
Laboratory	na	na	na	0	na	na	na	na	na	na
Other	0	0	0	* 5	na	na	na	0	na	0
Authority										
Government	(50) <sup>13</sup>	(50) <sup>13</sup>	(50) <sup>13</sup>	* 12	(100) <sup>17</sup>	(100) <sup>17</sup>	(100) <sup>17</sup>	* 15	0	* 19
Non-governmental	29	(7) <sup>14</sup>	(7) <sup>14</sup>	9	(33) <sup>18</sup>	0	0	* 16	(33) <sup>21</sup>	* 20
Tier										
Advanced	(57) <sup>22</sup>	(57) <sup>22</sup>	(57) <sup>22</sup>	2	(50) <sup>24</sup>	(25) <sup>25</sup>	(25) <sup>25</sup>	* 23	(25) <sup>27</sup>	* 26
Basic	25	0	0	8	na	na	na	0	na	0
Total	30	(9) <sup>28</sup>	(9) <sup>28</sup>	10	(50) <sup>30</sup>	(25) <sup>31</sup>	(25) <sup>31</sup>	* 29	(25) <sup>33</sup>	* 32

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

<sup>1</sup>Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.

<sup>2</sup>Includes sputum microscopy, culture, or rapid test.

<sup>3</sup>All items for conducting test or documented system for sending sputum elsewhere, and record of test results.

<sup>4</sup>Functioning X-ray machine with films.

<sup>5</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 4 out of 6 hospitals that offer CSS.

<sup>7</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 hospitals that offer CSS and diagnose TB using sputum test.

<sup>8</sup>Weighted cell count less than 1. Unweighted 2 out of 4 hospitals that offer CSS and diagnose TB using sputum test.

<sup>9</sup>Weighted cell count less than 1. Unweighted 1 out of 4 hospitals that offer CSS and diagnose TB using sputum test.

<sup>10</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 hospitals that offer CSS and diagnose TB using X-ray.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 out of 4 hospitals that offer CSS and diagnose TB using X-ray.

<sup>12</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>13</sup>Weighted cell count less than 1. Unweighted 1 out of 2 government facilities that offer CSS.

<sup>14</sup>Weighted cell count less than 1. Unweighted 3 out of 9 non-governmental facilities that offer CSS.

<sup>15</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers CSS and diagnoses TB using sputum test.

<sup>16</sup>Weighted number of facilities is less than 1 (0.64). Unweighted 3 non-governmental facilities that offer CSS and diagnose TB using sputum test.

<sup>17</sup>Weighted cell count less than 1. Unweighted 1 out of 1 government facility that offers CSS and diagnoses TB using sputum test.

<sup>18</sup>Weighted cell count less than 1. Unweighted 1 out of 3 non-governmental facilities that offer CSS and diagnose TB using sputum test.

<sup>19</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers CSS and diagnoses TB using X-ray.

<sup>20</sup>Weighted number of facilities is less than 1 (0.64). Unweighted 3 non-governmental facilities that offer CSS and diagnose TB using X-ray.

<sup>21</sup>Weighted cell count less than 1. Unweighted 1 out of 3 non-governmental facilities that offer CSS and diagnose TB using X-ray.

<sup>22</sup>Weighted cell count less than 1. Unweighted 4 out of 7 advanced level facilities that offer CSS.

<sup>23</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 advanced level facilities that offer CSS and diagnose TB using sputum test.

<sup>24</sup>Weighted cell count less than 1. Unweighted 2 out of 4 advanced level facilities that offer CSS and diagnose TB using sputum test.

<sup>25</sup>Weighted cell count less than 1. Unweighted 1 out of 4 advanced level facilities that offer CSS and diagnose TB using sputum test.

<sup>26</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 advanced level facilities that offer CSS and diagnose TB using X-ray.

<sup>27</sup>Weighted cell count less than 1. Unweighted 1 out of 4 advanced level facilities that offer CSS and diagnose TB using X-ray.

<sup>28</sup>Weighted cell count less than 1. Unweighted 4 out of 11 facilities that offer CSS.

<sup>29</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 facilities that offer CSS and diagnose TB using sputum test.

<sup>30</sup>Weighted cell count less than 1. Unweighted 2 out of 4 facilities that offer CSS and diagnose TB using sputum test.

<sup>31</sup>Weighted cell count less than 1. Unweighted 1 out of 4 facilities that offer CSS and diagnose TB using sputum test.

<sup>32</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 facilities that offer CSS and diagnose TB using X-ray.

<sup>33</sup>Weighted cell count less than 1. Unweighted 1 out of 4 facilities that offer CSS and diagnose TB using X-ray.

**Table 1.3d Malaria diagnosis and treatment**

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

Background characteristic	Percentage of facilities that offer malaria treatment services	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and malaria services, percentage with			Number of facilities offering CSS for HIV/AIDS clients and offering of malaria treatment services	Within facilities offering CSS for HIV/AIDS clients, number of service sites offering malaria treatment services <sup>1</sup>
			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		
<b>Facility Type</b>							
Hospital	83	1	0	(60) <sup>3</sup>	0	1	19
Health Center	25	8	100	0	0	2	1
Medical Station	na	0	na	na	na	na	na
Laboratory	na	0	na	na	na	na	na
Other	0	* <sup>2</sup>	na	na	na	0	0
<b>Authority</b>							
Government	(100) <sup>5</sup>	* <sup>4</sup>	0	(100) <sup>7</sup>	0	* <sup>6</sup>	7
Non-governmental	29	9	76	(8) <sup>8</sup>	0	3	13
<b>Tier</b>							
Advanced	71	2	0	(60) <sup>9</sup>	0	1	19
Basic	25	8	100	0	0	2	1
<b>Total</b>	<b>32</b>	<b>10</b>	<b>65</b>	<b>(21)<sup>10</sup></b>	<b>0</b>	<b>3</b>	<b>20</b>

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

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>3</sup>Weighted cell count less than 1. Unweighted 3 out of 5 hospitals that offer CSS and malaria treatment.

<sup>4</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>5</sup>Weighted cell count less than 1. Unweighted 2 out of 2 government facilities that offer CSS.

<sup>6</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS and malaria treatment.

<sup>7</sup>Weighted cell count less than 1. Unweighted 2 out of 2 government facilities that offer CSS and malaria treatment.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 out of 4 non-governmental facilities that offer CSS and malaria treatment.

<sup>9</sup>Weighted cell count less than 1. Unweighted 3 out of 5 advanced level facilities that offer CSS and malaria treatment.

<sup>10</sup>Weighted cell count less than 1. Unweighted 3 out of 6 facilities that offer CSS and malaria treatment.

**Table 1.3e Diagnosis and treatment for sexually transmitted infections**

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

Background characteristic	Percentage of facilities that offer STI services	Number of facilities offering CSS for HIV/AIDS clients	Percentage of facilities offering CSS for HIV/AIDS clients and STI services, with				Number of facilities offering CSS for HIV/AIDS clients and offering STI treatment services	Within facilities offering CSS for HIV/AIDS clients, number of sites offering STI treatment <sup>3</sup>
			Observed STI treatment protocol in all relevant units	All STI medicines available in facility <sup>1</sup>	Condoms in any service area or pharmacy	All items for STI services <sup>2</sup>		
<b>Facility Type</b>								
Hospital	83	1	0	(80) <sup>6</sup>	(60) <sup>7</sup>	0	1 <sup>5</sup>	13
Health Center	75	8	0	33	67	0	6	3
Medical Station	na	0	na	na	na	na	na	na
Laboratory	na	0	na	na	na	na	na	na
Other	0	* <sup>4</sup>	na	na	na	na	0	0
<b>Authority</b>								
Government	(100) <sup>9</sup>	* <sup>8</sup>	0	(100) <sup>11</sup>	(100) <sup>11</sup>	0	* <sup>10</sup>	5
Non-governmental	73	9	0	37	63	0	7	11
<b>Tier</b>								
Advanced	71	2	0	(80) <sup>12</sup>	(60) <sup>13</sup>	0	1	13
Basic	75	8	0	33	67	0	6	3
<b>Total</b>	<b>74</b>	<b>10</b>	<b>0</b>	<b>40</b>	<b>66</b>	<b>0</b>	<b>7</b>	<b>16</b>

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

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

<sup>2</sup>Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.

<sup>3</sup>The reported number of sites is unweighted.

<sup>4</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>5</sup>There is 1 facility due to the weight for advanced level facilities being less than 1 (0.22). Unweighted 5 out of 6 hospitals that offer CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 4 out of 5 hospitals that offer CSS and STI treatment.

<sup>7</sup>Weighted cell count less than 1. Unweighted 3 out of 5 hospitals that offer CSS and STI treatment.

<sup>8</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>9</sup>Weighted cell count less than 1. Unweighted 2 out of 2 government facilities that offer CSS.

<sup>10</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS and STI treatment.

<sup>11</sup>Weighted cell count less than 1. Unweighted 2 out of 2 government facilities that offer CSS and STI treatment.

<sup>12</sup>Weighted cell count less than 1. Unweighted 4 out of 5 advanced level facilities that offer CSS and STI treatment.

<sup>13</sup>Weighted cell count less than 1. Unweighted 3 out of 5 advanced level facilities that offer CSS and STI treatment.

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

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

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities with:			Number of facilities offering CSS for HIV/AIDS clients
			At least half of the interviewed providers of TB, malaria, or STI services received pre- or in-service training related to one of these topics during the past 3 years	At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the past 3 months	All items for all components of indicator <sup>1</sup>	
<b>Facility Type</b>						
Hospital	100	1	(67) <sup>6</sup>	(33) <sup>7</sup>	0	1
Health Center	56	14	25	0	0	8
Medical Station	0	6	na	na	na	0
Laboratory	0	* 2	na	na	na	0
Other	(50) <sup>4</sup>	* 3	0	(100) <sup>8</sup>	0	* 5
<b>Authority</b>						
Government	(50) <sup>10</sup>	* 9	(100) <sup>12</sup>	0	0	* 11
Non-governmental	41	22	27	(7) <sup>13</sup>	0	9
<b>Tier</b>						
Advanced	54	3	(57) <sup>14</sup>	(43) <sup>15</sup>	0	2
Basic	40	20	25	0	0	8
<b>Total</b>	<b>42</b>	<b>23</b>	<b>30</b>	<b>(7)<sup>16</sup></b>	<b>0</b>	<b>10</b>

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

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

<sup>2</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>3</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 out of 2 other facility types.

<sup>5</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 4 out of 6 hospitals that offer CSS.

<sup>7</sup>Weighted cell count less than 1. Unweighted 2 out of 6 hospitals that offer CSS.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 out of 1 other facility type that offers CSS.

<sup>9</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>10</sup>Weighted cell count less than 1. Unweighted 2 out of 4 government facilities.

<sup>11</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>12</sup>Weighted cell count less than 1. Unweighted 2 out of 2 government facilities that offer CSS.

<sup>13</sup>Weighted cell count less than 1. Unweighted 3 out of 9 non-governmental facilities that offer CSS.

<sup>14</sup>Weighted cell count less than 1. Unweighted 4 out of 7 advanced level facilities that offer CSS.

<sup>15</sup>Weighted cell count less than 1. Unweighted 3 out of 7 advanced level facilities that offer CSS.

<sup>16</sup>Weighted cell count less than 1. Unweighted 3 out of 11 facilities that offer CSS.



**Table 1.4a Elements for preventing nosocomial infections**

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

Background characteristic	Percentage of facilities with indicated items for infections control present in all relevant service areas <sup>1</sup>						Number of facilities	Number of eligible service sites <sup>2</sup>
	Running water	Soap	Latex gloves	Sharps box	Chlorine solution	All items present in all relevant service areas		
<b>Facility Type</b>								
Hospital	83	(67) <sup>7</sup>	83	83	(50) <sup>9</sup>	(50) <sup>9</sup>	1	70
Health Center	86	72	100	72	72	44	14	21
Medical Station	67	100	67	100	67	33	6	8
Laboratory	(67) <sup>5</sup>	(67) <sup>5</sup>	(100) <sup>8</sup>	(100) <sup>8</sup>	(33) <sup>10</sup>	(33) <sup>10</sup>	* <sup>3</sup>	8
Other	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	(100) <sup>6</sup>	* <sup>4</sup>	5
<b>Authority</b>								
Government	(100) <sup>12</sup>	(67) <sup>13</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(67) <sup>13</sup>	(67) <sup>13</sup>	* <sup>11</sup>	23
Non-governmental	80	80	90	81	69	41	22	89
<b>Tier</b>								
Advanced	83	75	92	92	58	58	3 <sup>14</sup>	87
Basic	80	80	90	80	70	40	20	25
<b>Total</b>	<b>80</b>	<b>79</b>	<b>90</b>	<b>81</b>	<b>69</b>	<b>42</b>	<b>23<sup>15</sup></b>	<b>112</b>

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

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

<sup>2</sup> The reported number of sites is unweighted.

<sup>3</sup> Weighted number of facilities is less than 1 (0.64). Unweighted there are 3 lab facilities. One lab is not included because no blood was drawn there.

<sup>4</sup> Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>5</sup> Weighted cell count less than 1. Unweighted 2 out of 3 labs.

<sup>6</sup> Weighted cell count less than 1. Unweighted 2 out of 2 other facility types.

<sup>7</sup> Weighted cell count less than 1. Unweighted 4 out of 6 hospitals.

<sup>8</sup> Weighted cell count less than 1. Unweighted 3 out of 3 labs.

<sup>9</sup> Weighted cell count less than 1. Unweighted 3 out of 6 hospitals.

<sup>10</sup> Weighted cell count less than 1. Unweighted 1 out of 3 labs.

<sup>14</sup> Weighted number of facilities is less than 1 (0.64). Unweighted 3 government facilities. One facility is not included because no blood was drawn there.

<sup>12</sup> Weighted cell count less than 1. Unweighted 3 out of 3 government facilities.

<sup>13</sup> Weighted cell count less than 1. Unweighted 2 out of 3 government facilities.

<sup>14</sup> While there are usually an unweighted total of 13 advanced facilities, there are only 12 that contribute to this table because there is one advanced level facility at which no blood is drawn. Three weighted facilities still appear as the total number of facilities due to rounding error (2.58).

<sup>15</sup> There are only 22 facilities that contribute to this table, as one facility does not draw blood. A total of 23 facilities appears due to rounding error (22.79).

**Table 1.4b Availability of stock elements for preventing nosocomial infections**

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

Background characteristic	Percentage of facilities with functioning equipment for sterilization or high level disinfecting	Percentage of facilities with stock supplies for infection control present		Percentage of facilities with latex gloves at any site in facility	Percentage of facilities with all items present <sup>1</sup>	All items for indicator <sup>2</sup>	Number of facilities
		Disinfectant (bleach)	Needles/syringes				
<b>Facility Type</b>							
Hospital	100	(50) <sup>6</sup>	(50) <sup>6</sup>	100	(50) <sup>6</sup>	(33) <sup>10</sup>	1
Health Center	72	70	70	100	70	14	14
Medical Station	0	100	100	100	100	0	6
Laboratory	(50) <sup>5</sup>	0	0	(75) <sup>8</sup>	0	0	* <sup>3</sup>
Other	0	(50) <sup>7</sup>	(50) <sup>7</sup>	(100) <sup>9</sup>	(50) <sup>7</sup>	0	* <sup>4</sup>
<b>Authority</b>							
Government	(100) <sup>12</sup>	(50) <sup>13</sup>	(50) <sup>13</sup>	(75) <sup>14</sup>	(50) <sup>13</sup>	(25) <sup>15</sup>	* <sup>11</sup>
Non-governmental	51	75	75	100	75	10	22
<b>Tier</b>							
Advanced	69	(31) <sup>16</sup>	(31) <sup>16</sup>	92	(31) <sup>16</sup>	(15) <sup>17</sup>	3
Basic	50	80	80	100	80	10	20
<b>Total</b>	<b>52</b>	<b>74</b>	<b>74</b>	<b>99</b>	<b>74</b>	<b>11</b>	<b>23</b>

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

<sup>1</sup>Disinfectant, needles and syringes, and latex gloves are available in facility stores.

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

<sup>3</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>4</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>5</sup>Weighted cell count less than 1. Unweighted 2 out of 4 labs.

<sup>6</sup>Weighted cell count less than 1. Unweighted 3 out of 6 hospitals.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 out of 2 other facility types.

<sup>8</sup>Weighted cell count less than 1. Unweighted 3 out of 4 labs.

<sup>9</sup>Weighted cell count less than 1. Unweighted 2 out of 2 other facility types.

<sup>10</sup>Weighted cell count less than 1. Unweighted 2 out of 6 hospitals.

<sup>11</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>12</sup>Weighted cell count less than 1. Unweighted 4 out of 4 government facilities.

<sup>13</sup>Weighted cell count less than 1. Unweighted 2 out of 4 government facilities.

<sup>14</sup>Weighted cell count less than 1. Unweighted 3 out of 4 government facilities.

<sup>15</sup>Weighted cell count less than 1. Unweighted 1 out of 4 government facilities.

<sup>16</sup>Weighted cell count less than 1. Unweighted 4 out of 13 advanced level facilities.

<sup>17</sup>Weighted cell count less than 1. Unweighted 2 out of 13 advanced level facilities.

**Table 1.4c Additional items for prevention of nosocomial infections**

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

Background characteristic	Percentage of facilities with:			Number of facilities
	Observed guidelines for infection prevention in any assessed site in facility	Observed guidelines for sterilization/high level disinfection in any assessed site in facility	Adequate disposal system for hazardous waste for all assessed sites <sup>1</sup>	
<b>Facility Type</b>				
Hospital	(67) <sup>4</sup>	(17) <sup>8</sup>	83	1
Health Center	(1) <sup>5</sup>	0	100	14
Medical Station	33	0	67	6
Laboratory	(75) <sup>6</sup>	0	(75) <sup>6</sup>	* <sup>2</sup>
Other	(100) <sup>7</sup>	0	(100) <sup>7</sup>	* <sup>3</sup>
<b>Authority</b>				
Government	(75) <sup>10</sup>	0	(75) <sup>10</sup>	* <sup>9</sup>
Non-governmental	16	(1) <sup>11</sup>	90	22
<b>Tier</b>				
Advanced	77	(8) <sup>12</sup>	85	3
Basic	10	0	90	20
<b>Total</b>	<b>18</b>	<b>(1)<sup>13</sup></b>	<b>89</b>	<b>23</b>

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

<sup>1</sup>Hazardous waste is incinerated, burned and buried, or removed offsite, and there is no unprotected hazardous waste observed.

<sup>2</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>3</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>4</sup>Weighted cell count less than 1. Unweighted 4 out of 6 hospitals.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1 out of 8 medical centers.

<sup>6</sup>Weighted cell count less than 1. Unweighted 3 out of 4 labs.

<sup>7</sup>Weighted cell count less than 1. Unweighted 2 out of 2 other facility types.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 out of 6 hospitals.

<sup>9</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>10</sup>Weighted cell count less than 1. Unweighted 3 out of 4 government facilities.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 out of 19 non-governmental facilities.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 out of 13 advanced level facilities.

<sup>13</sup>Weighted cell count less than 1. Unweighted 1 out of 23 facilities.

**Table 1.5a Elements to support quality treatment for opportunistic infections**

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

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Percentage of facilities offering CSS for HIV/AIDS clients and offering treatment for opportunistic infections (OIs)	Number of facilities	Percentage of facilities offering CSS for HIV/AIDS clients with:		Number of facilities offering CSS for HIV/AIDS clients and offering treatment for OIs	Number of CSS and OI treatment service sites <sup>1</sup>
				Observed protocol for treating opportunistic infections present in all OI treatment service sites	At least one provider of OI services received training related to OIs in the past 3 years		
<b>Facility Type</b>							
Hospital	100	83	1	0	(20) <sup>5</sup>	1	13
Health Center	56	28	14	50	0	4	2
Medical Station	0	0	6	na	na	0	0
Laboratory	0	0	* <sup>2</sup>	na	na	0	0
Other	(50) <sup>4</sup>	0	* <sup>3</sup>	na	na	0	0
<b>Authority</b>							
Government	(50) <sup>7</sup>	(25) <sup>8</sup>	* <sup>6</sup>	0	0	* <sup>9</sup>	3
Non-governmental	41	22	22	41	(4) <sup>10</sup>	5	12
<b>Tier</b>							
Advanced	54	39	3	0	(20) <sup>11</sup>	1	13
Basic	40	20	20	50	0	4	2
<b>Total</b>	<b>42</b>	<b>22</b>	<b>23</b>	<b>40</b>	<b>(4) <sup>12</sup></b>	<b>5</b>	<b>15</b>

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

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup> Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>3</sup> Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>4</sup> Weighted cell count less than 1. Unweighted 1 out of 2 other facility types.

<sup>5</sup> Weighted cell count less than 1. Unweighted 1 out of 5 hospitals that offer CSS and treatment for OIs.

<sup>6</sup> Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>7</sup> Weighted cell count less than 1. Unweighted 2 out of 4 government facilities.

<sup>8</sup> Weighted cell count less than 1. Unweighted 1 out of 4 government facilities.

<sup>9</sup> Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers CSS and treatment for OIs.

<sup>10</sup> Weighted cell count less than 1. Unweighted 1 out of 6 non-governmental facilities that offer CSS and treatment for OIs.

<sup>11</sup> Weighted cell count less than 1. Unweighted 1 out of 5 advanced level facilities that offer CSS and treatment for OIs.

<sup>12</sup> Weighted cell count less than 1. Unweighted 1 out of 7 facilities that offer CSS and treatment for OIs.

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

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

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients with at least one medicine for managing the indicated conditions or with the indicated item									Number of facilities offering CSS for HIV/AIDS clients and offering treatment for OIs	Number of CSS and OI treatment service sites <sup>9</sup>
	Topical fungal infection <sup>1</sup>	Bacterial pneumonia <sup>2</sup>	Other bacterial infections <sup>3</sup>	Vitamin supplementation <sup>4</sup>	Management of chronic diarrhea <sup>5</sup>	Basic management of pain <sup>6</sup>	De-worming <sup>7</sup>	Intravenous fluid for rehydration <sup>8</sup>	Oral rehydration salts		
<b>Facility Type</b>											
Hospital	(60) <sup>10</sup>	(60) <sup>10</sup>	(60) <sup>10</sup>	(60) <sup>10</sup>	(60) <sup>10</sup>	(60) <sup>10</sup>	(60) <sup>10</sup>	(60) <sup>10</sup>	(60) <sup>10</sup>	1	13
Health Center	50	50	50	50	50	50	50	50	50	4	2
Medical Station	na	na	na	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	na	na	na	0	0
Other	na	na	na	na	na	na	na	na	na	0	0
<b>Authority</b>											
Government	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	* <sup>11</sup>	3
Non-governmental	50	50	50	50	50	50	50	50	50	5	12
<b>Tier</b>											
Advanced	(60) <sup>13</sup>	(60) <sup>13</sup>	(60) <sup>13</sup>	(60) <sup>13</sup>	(60) <sup>13</sup>	(60) <sup>13</sup>	(60) <sup>13</sup>	(60) <sup>13</sup>	(60) <sup>13</sup>	1	13
Basic	50	50	50	50	50	50	50	50	50	4	2
<b>Total</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>5</b>	<b>15</b>

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

<sup>1</sup>Fluconazole or clotrimazole or ketoconazole or nystatin or Violet of Gentian.

<sup>2</sup>Amoxicillin or ampicillin or chloramphenicol

<sup>3</sup>Tetracycline or nalidixic acid or cotrimoxazole or erythromycin or penicillin

<sup>4</sup>Iron or any multivitamin

<sup>5</sup>Loperamide or diphenylate or oral codeine

<sup>6</sup>Paracetamol or aspirin or ibuprofen

<sup>7</sup>Albendazole or mebendazole

<sup>8</sup>Normal saline or D5NS or ringers lactate or plasma expanders

<sup>9</sup>The reported number of sites is unweighted.

<sup>10</sup>Weighted cell count less than 1. Unweighted 3 out of 5 hospitals that offer CSS and treatment for OIs.

<sup>11</sup>Weighted number of facilities is less than 1 (0.22) Unweighted 1 government facility that offers CSS and treatment for OIs.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 government facility that offers CSS and treatment for OIs.

<sup>13</sup>Weighted cell count less than 1. Unweighted 3 out of 5 advanced level facilities that offer CSS and treatment for OIs.

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

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

Background characteristic	Percentage of facilities offering IPT for TB under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients	Among facilities ever offering IPT for TB, percentage with		Number of facilities offering CSS for HIV/AIDS clients and reporting they ever offer IPT for TB	Number of service sites that report they ever offer CSS and IPT for TB <sup>4</sup>
	Routinely refers clients elsewhere <sup>1</sup>	Selectively offers <sup>2</sup>	Routinely offers <sup>3</sup>		Observed protocol for IPT for TB in all service sites ever offering IPT for TB	INH available		
<b>Facility Type</b>								
Hospital	(17) <sup>6</sup>	(17) <sup>6</sup>	(50) <sup>8</sup>	1	0	(75) <sup>10</sup>	* <sup>9</sup>	10
Health Center	50	0	0	8	na	na	0	0
Medical Station	na	na	na	0	na	na	na	na
Laboratory	na	na	na	0	na	na	na	na
Other	(100) <sup>7</sup>	0	0	* <sup>5</sup>	na	na	0	0
<b>Authority</b>								
Government	(50) <sup>12</sup>	0	(50) <sup>12</sup>	* <sup>11</sup>	0	(100) <sup>17</sup>	* <sup>15</sup>	2
Non-governmental	46	(2) <sup>13</sup>	(5) <sup>14</sup>	9	0	(67) <sup>18</sup>	* <sup>16</sup>	8
<b>Tier</b>								
Advanced	(29) <sup>19</sup>	(14) <sup>20</sup>	(43) <sup>21</sup>	2	0	(75) <sup>23</sup>	* <sup>22</sup>	10
Basic	50	0	0	8	na	na	0	0
<b>Total</b>	<b>47</b>	<b>(2)<sup>24</sup></b>	<b>(7)<sup>25</sup></b>	<b>10</b>	<b>0</b>	<b>(75)<sup>27</sup></b>	<b>*<sup>26</sup></b>	<b>10</b>

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

<sup>1</sup>At least one site in the facility offers preventive TB therapy routinely through referral, and no site in facility routinely

or selectively offers the preventive TB therapy.

<sup>2</sup>At least one site in the facility offers preventive TB therapy sometimes, but no site provides it routinely.

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

<sup>4</sup>The reported number of sites are unweighted.

<sup>5</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 out of 6 hospitals that offer CSS.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 other facility type that offer CSS.

<sup>8</sup>Weighted cell count less than 1. Unweighted 3 out of 6 hospitals that offer CSS.

<sup>9</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 hospitals that offer CSS and IPT for TB.

<sup>10</sup>Weighted cell count less than 1. Unweighted 3 out of 4 hospitals that offer CSS and IPT for TB.

<sup>11</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 out of 2 government facilities that offer CSS.

<sup>13</sup>Weighted cell count less than 1. Unweighted 1 out of 9 non-governmental facilities that offer CSS.

<sup>14</sup>Weighted cell count less than 1. Unweighted 2 out of 9 non-governmental facilities that offer CSS.

<sup>15</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers CSS and IPT for TB.

<sup>16</sup>Weighted number of facilities is less than 1 (0.64). Unweighted 3 non-governmental facility that offers CSS and IPT for TB.

<sup>17</sup>Weighted cell count less than 1. Unweighted 1 government facility that offers CSS and IPT for TB.

<sup>18</sup>Weighted cell count less than 1. Unweighted 2 out of 3 non-governmental facility that offers CSS and IPT for TB.

<sup>19</sup>Weighted cell count less than 1. Unweighted 2 out of 7 advanced level facilities that offer CSS.

<sup>20</sup>Weighted cell count less than 1. Unweighted 1 out of 7 advanced level facilities that offer CSS.

<sup>21</sup>Weighted cell count less than 1. Unweighted 3 out of 7 advanced level facilities that offer CSS.

<sup>22</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 advanced level facilities that offer CSS and IPT for TB.

<sup>23</sup>Weighted cell count less than 1. Unweighted 3 out of 4 advanced level facilities that offer CSS and IPT for TB.

<sup>24</sup>Weighted cell count less than 1. Unweighted 1 out of 11 facilities that offer CSS.

<sup>25</sup>Weighted cell count less than 1. Unweighted 3 out of 11 facilities that offer CSS.

<sup>26</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 facilities that offer CSS and IPT for TB.

<sup>27</sup>Weighted cell count less than 1. Unweighted 3 out of 4 facilities that offer CSS and IPT for TB.

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

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

Background characteristic	Percentage of facilities offering CPT for HIV/AIDS clients under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients	Among facilities routinely offering preventive CPT, percentage with		Number of facilities offering CSS for HIV/AIDS clients and reporting they ever offer CPT	Number of service sites that report they ever offer CSS and CPT <sup>4</sup>
	Routinely refers clients elsewhere <sup>1</sup>	Selectively offers <sup>2</sup>	Routinely offers <sup>3</sup>		Observed protocol for CPT in all service sites ever offering CPT	Co-trimoxazole available		
<b>Facility Type</b>								
Hospital	0	(17) <sup>6</sup>	(50) <sup>7</sup>	1	0	(75) <sup>9</sup>	* <sup>8</sup>	9
Health Center	25	0	25	8	0	100	2	1
Medical Station	na	na	na	0	na	na	na	na
Laboratory	na	na	na	0	na	na	na	na
Other	0	0	0	* <sup>5</sup>	na	na	0	0
<b>Authority</b>								
Government	0	0	(50) <sup>12</sup>	* <sup>10</sup>	0	(100) <sup>14</sup>	* <sup>13</sup>	1
Non-governmental	22	(2) <sup>11</sup>	27	9	0	92	3	9
<b>Tier</b>								
Advanced	0	(14) <sup>15</sup>	(43) <sup>16</sup>	2	0	(75) <sup>18</sup>	* <sup>17</sup>	9
Basic	25	0	25	8	0	100	2	1
<b>Total</b>	<b>21</b>	<b>(2)<sup>19</sup></b>	<b>28</b>	<b>10</b>	<b>0</b>	<b>93</b>	<b>3</b>	<b>10</b>

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

<sup>1</sup>At least one site in the facility offers CPT routinely through referral, and no site in facility routinely or selectively offers CPT.

<sup>2</sup>At least one site in the facility offers CPT sometimes, but no site provides it routinely.

<sup>3</sup>At least one site in the facility reports it routinely provides CPT.

<sup>4</sup>The reported number of sites is unweighted.

<sup>5</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 out of 6 hospitals that offer CSS.

<sup>7</sup>Weighted cell count less than 1. Unweighted 3 out of 6 hospitals that offer CSS.

<sup>8</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 hospitals that offer CSS and CPT for TB.

<sup>9</sup>Weighted cell count less than 1. Unweighted 3 out of 4 hospitals that offer CSS and CPT for TB.

<sup>10</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 out of 9 non-governmental facilities that offer CSS.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 out of 2 government facilities that offer CSS.

<sup>13</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers CSS and CPT for TB.

<sup>14</sup>Weighted cell count less than 1. Unweighted 1 government facility that offers CSS and CPT for TB.

<sup>15</sup>Weighted cell count less than 1. Unweighted 1 out of 7 advanced level facilities that offer CSS.

<sup>16</sup>Weighted cell count less than 1. Unweighted 3 out of 7 advanced level facilities that offer CSS.

<sup>17</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 advanced level facilities that offer CSS and CPT for TB.

<sup>18</sup>Weighted cell count less than 1. Unweighted 3 out of 4 advanced level facilities that offer CSS and CPT for TB.

<sup>19</sup>Weighted cell count less than 1. Unweighted 1 out of 11 facilities that offer CSS.

**Table 1.5e Records for HIV/AIDS services**

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

Background characteristic	Percentage of facilities with				Number of facilities offering CSS for HIV/AIDS clients	Number of service sites in facilities offering CSS for HIV/AIDS clients <sup>2</sup>
	Individual client record/chart observed in all eligible clinic/units	Register with HIV/AIDS related client diagnoses observed in any eligible outpatient and any eligible clinic/unit <sup>1</sup>	Confidentiality guideline in all eligible client clinic/unit	All items for indicator in facility		
<b>Facility Type</b>						
Hospital	(17) <sup>4</sup>	(33) <sup>5</sup>	0	0	1	20
Health Center	25	50	0	0	8	4
Medical Station	na	na	na	na	0	0
Laboratory	na	na	na	na	0	0
Other	0	0	0	0	* <sup>3</sup>	1
<b>Authority</b>						
Government	(50) <sup>7</sup>	(50) <sup>7</sup>	0	0	* <sup>6</sup>	6
Non-governmental	22	46	0	0	9	19
<b>Tier</b>						
Advanced	(14) <sup>8</sup>	(29) <sup>9</sup>	0	0	2	21
Basic	25	50	0	0	8	4
<b>Total</b>	<b>23</b>	<b>47</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>25</b>

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

<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.

<sup>2</sup>The reported number of sites is unweighted.

<sup>3</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 out of 6 hospitals that offer CSS.

<sup>5</sup>Weighted cell count less than 1. Unweighted 2 out of 6 hospitals that offer CSS.

<sup>6</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 out of 2 government facilities that offer CSS.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 out of 7 advanced level facilities that offer CSS.

<sup>9</sup>Weighted cell count less than 1. Unweighted 2 out of 7 advanced level facilities that offer CSS.



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

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

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities offering systemic IV treatment for fungal infections	Percentage of facilities with at least two medicines for treating each of the indicated conditions								Percentage of facilities with fortified protein supplement <sup>9</sup>	Number of facilities offering CSS for HIV/AIDS clients
				Cryptococcal fungal <sup>1</sup>	Bacterial respiratory infection <sup>2</sup>	Other bacterial infection <sup>3</sup>	Herpes <sup>4</sup>	Parasites <sup>5</sup>	Herpes ophthalmic infection <sup>6</sup>	AIDS dementia complex <sup>7</sup>	Pain <sup>8</sup>		
<b>Facility Type</b>													
Hospital	100	1	83	(50) <sup>14</sup>	(67) <sup>15</sup>	(67) <sup>15</sup>	0	(67) <sup>15</sup>	(50) <sup>14</sup>	(67) <sup>15</sup>	(67) <sup>15</sup>	0	1
Health Center	56	14	25	0	50	50	0	25	0	25	50	0	8
Medical Station	0	6	na	na	na	na	na	na	na	na	na	na	0
Laboratory	0	* <sup>10</sup>	na	na	na	na	na	na	na	na	na	na	0
Other	(50) <sup>12</sup>	* <sup>11</sup>	0	0	0	0	0	0	0	0	0	0	* <sup>13</sup>
<b>Authority</b>													
Government	(50) <sup>17</sup>	* <sup>16</sup>	(50) <sup>19</sup>	(50) <sup>19</sup>	(100) <sup>21</sup>	(100) <sup>21</sup>	0	(100) <sup>21</sup>	(50) <sup>19</sup>	(100) <sup>21</sup>	(100) <sup>21</sup>	0	* <sup>18</sup>
Non-governmental	41	22	32	(5) <sup>20</sup>	49	49	0	27	(5) <sup>20</sup>	27	49	0	9
<b>Tier</b>													
Advanced	54	3	71	(43) <sup>22</sup>	(57) <sup>23</sup>	(57) <sup>23</sup>	0	(57) <sup>23</sup>	(43) <sup>22</sup>	(57) <sup>23</sup>	(57) <sup>23</sup>	0	2
Basic	40	20	25	0	50	50	0	25	0	25	50	0	8
<b>Total</b>	<b>42</b>	<b>23</b>	<b>32</b>	<b>(7)<sup>24</sup></b>	<b>51</b>	<b>51</b>	<b>0</b>	<b>30</b>	<b>(7)<sup>24</sup></b>	<b>30</b>	<b>51</b>	<b>0</b>	<b>10</b>

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

<sup>1</sup>Amphotericin B, fluconazole, Itraconazole, and Ketoconazole

<sup>2</sup>Acyclovir, ceftriaxone, ciprofloxacin, gentamycin, cotrimoxazole, and dapsone

<sup>3</sup>Tetracyclin, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycycline, clindamycin, norfloxacin, and cloxacillin

<sup>4</sup>Acyclovir and gancyclovir

<sup>5</sup>Metronidazole, tinidazole, nalidixic acid, and cotrimoxazole

<sup>6</sup>One of: Acyclovir ophthalmic or acyclovir oral

<sup>7</sup>Cotrimoxazole, Phenobarbital, fansidar, and dexamethasone

<sup>8</sup>One from each group: Group 1 (Diazepam, dapsone, indomethacin, prednisolone) ; Group 2 (oral codein, diclofenac injectable, dipyrone injectable, oral morphine)

<sup>9</sup>Fortified protein supplement

<sup>10</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>11</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 out of 2 other facility types.

<sup>13</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>14</sup>Weighted cell count less than 1. Unweighted 3 out of 6 hospitals that offer CSS.

<sup>15</sup>Weighted cell count less than 1. Unweighted 4 out of 6 hospitals that offer CSS.

<sup>16</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>17</sup>Weighted cell count less than 1. Unweighted 2 out of 4 government facilities.

<sup>18</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>19</sup>Weighted cell count less than 1. Unweighted 1 out of 2 government facilities that offer CSS.

<sup>20</sup>Weighted cell count less than 1. Unweighted 2 out of 9 non-governmental facilities that offer CSS.

<sup>21</sup>Weighted cell count less than 1. Unweighted 2 out of 2 government facilities that offer CSS.

<sup>22</sup>Weighted cell count less than 1. Unweighted 3 out of 7 advanced level facilities that offer CSS.

<sup>23</sup>Weighted cell count less than 1. Unweighted 4 out of 7 advanced level facilities that offer CSS.

<sup>24</sup>Weighted cell count less than 1. Unweighted 3 out of 11 facilities that offer CSS.

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

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

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities with all items to conduct the indicated laboratory investigations <sup>1</sup>												Number of facilities offering CSS for HIV/AIDS clients
			Kit for spinal tap	Culture media and incubator	Liver function test	Hemoglobin or hematocrit	White cell count	BUN and serum creatinine	Serum glucose	Indian ink test	Gram stain	Platelet count	Enzyme-linked immunosorbent assay (ELISA) for HIV	All items for indicator <sup>2</sup>	
<b>Facility Type</b>															
Hospital	100	1	(50) <sup>7</sup>	(17) <sup>8</sup>	100	100	100	100	100	(33) <sup>9</sup>	(33) <sup>9</sup>	100	(50) <sup>7</sup>	0	1
Health Center	56	14	0	0	0	25	25	0	25	0	0	0	0	0	8
Medical Station	0	6	na	na	na	na	na	na	na	na	na	na	na	na	0
Laboratory	0	* <sup>3</sup>	na	na	na	na	na	na	na	na	na	na	na	na	0
Other	(50) <sup>5</sup>	* <sup>4</sup>	0	0	0	0	0	0	0	0	0	0	0	0	* <sup>6</sup>
<b>Authority</b>															
Government	(50) <sup>11</sup>	* <sup>10</sup>	(50) <sup>13</sup>	(50) <sup>13</sup>	(100) <sup>15</sup>	(100) <sup>15</sup>	(100) <sup>15</sup>	(100) <sup>15</sup>	100	(50) <sup>13</sup>	(50) <sup>13</sup>	(100) <sup>15</sup>	(50) <sup>13</sup>	0	* <sup>12</sup>
Non-governmental	41	22	(5) <sup>14</sup>	0	(9) <sup>16</sup>	31	31	(9) <sup>16</sup>	31	(2) <sup>17</sup>	(2) <sup>17</sup>	(9) <sup>16</sup>	(5) <sup>14</sup>	0	9
<b>Tier</b>															
Advanced	54	3	(43) <sup>18</sup>	(14) <sup>19</sup>	86	86	86	86	86	(29) <sup>20</sup>	(29) <sup>20</sup>	86	(43) <sup>18</sup>	0	2
Basic	40	20	0	0	0	25	25	0	25	0	0	0	0	0	8
<b>Total</b>	<b>42</b>	<b>23</b>	<b>(7) <sup>21</sup></b>	<b>(2) <sup>22</sup></b>	<b>13</b>	<b>35</b>	<b>35</b>	<b>13</b>	<b>35</b>	<b>(4) <sup>23</sup></b>	<b>(4) <sup>23</sup></b>	<b>13</b>	<b>(7) <sup>21</sup></b>	<b>0</b>	<b>10</b>

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

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

<sup>2</sup>Also includes having all the drugs (see Table 2.1a)

<sup>3</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>4</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1 out of 2 other facility types.

<sup>6</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>7</sup>Weighted cell count less than 1. Unweighted 3 out of 6 hospitals that offer CSS.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 out of 6 hospitals that offer CSS.

<sup>9</sup>Weighted cell count less than 1. Unweighted 2 out of 6 hospitals that offer CSS.

<sup>10</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>11</sup>Weighted cell count less than 1. Unweighted 2 out of 4 government facilities.

<sup>12</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>13</sup>Weighted cell count less than 1. Unweighted 1 out of 2 government facilities that offer CSS.

<sup>14</sup>Weighted cell count less than 1. Unweighted 2 out of 9 non-governmental facilities that offer CSS.

<sup>15</sup>Weighted cell count less than 1. Unweighted 2 out of 2 government facilities that offer CSS.

<sup>16</sup>Weighted cell count less than 1. Unweighted 4 out of 9 non-governmental facilities that offer CSS.

<sup>17</sup>Weighted cell count less than 1. Unweighted 1 out of 9 non-governmental facilities that offer CSS.

<sup>18</sup>Weighted cell count less than 1. Unweighted 3 out of 7 advanced level facilities that offer CSS.

<sup>19</sup>Weighted cell count less than 1. Unweighted 1 out of 7 advanced level facilities that offer CSS.

<sup>20</sup>Weighted cell count less than 1. Unweighted 2 out of 7 advanced level facilities that offer CSS.

<sup>21</sup>Weighted cell count less than 1. Unweighted 3 out of 11 facilities that offer CSS.

<sup>22</sup>Weighted cell count less than 1. Unweighted 1 out of 11 facilities that offer CSS.

<sup>23</sup>Weighted cell count less than 1. Unweighted 2 out of 11 facilities that offer CSS.

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

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

Background characteristics	Percentage of eligible facilities with:					Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients <sup>1</sup>
	Observed guidelines/protocols for offering the service, in all sites where clinical CSS is offered				Observed record system for individual client appointments in all relevant program sites		
	Opportunistic infections	Symptomatic, palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS			
<b>Facility Type</b>							
Hospital	0	0	0	0	(33) <sup>3</sup>	1	20
Health Center	25	25	0	25	0	8	4
Medical Station	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	0	0
Other	0	0	0	0	(100) <sup>4</sup>	* <sup>2</sup>	1
<b>Authority</b>							
Government	0	0	0	0	0	* <sup>5</sup>	6
Non-governmental	22	22	0	22	(7) <sup>6</sup>	9	19
<b>Tier</b>							
Advanced	0	0	0	0	(43) <sup>7</sup>	2	21
Basic	25	25	0	25	0	8	4
<b>Total</b>	<b>21</b>	<b>21</b>	<b>0</b>	<b>21</b>	<b>(7)<sup>8</sup></b>	<b>10</b>	<b>25</b>

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

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>3</sup>Weighted cell count less than 1. Unweighted 2 out of 6 hospitals that offer CSS.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 other facility type that offer CSS.

<sup>5</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 3 out of 9 non-governmental facilities that offer CSS.

<sup>7</sup>Weighted cell count less than 1. Unweighted 3 out of 7 advanced level facilities that offer CSS.

<sup>8</sup>Weighted cell count less than 1. Unweighted 3 out of 11 facilities that offer CSS.

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

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

Background characteristics	Percentage of eligible facilities with:								Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients <sup>2</sup>
	At least one provider of indicated HIV/AIDS service trained in the past 3 years in topic related to that service						At least half of providers of services for PLHIV were supervised during past 3 months	All items for indicator <sup>1</sup>		
	Psychological counseling	Treatment of opportunistic infections	Palliative care	Central nervous system and mental disorders	AIDS in children	Nutritional rehabilitation for HIV/AIDS infectious persons				
Facility Type										
Hospital	83	(33) <sup>5</sup>	(17) <sup>6</sup>	0	(17) <sup>6</sup>	(67) <sup>7</sup>	(50) <sup>8</sup>	0	1	20
Health Center	100	25	0	0	0	25	25	0	8	4
Medical Station	na	na	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	na	na	0	0
Other	(100) <sup>4</sup>	0	0	0	0	0	(100) <sup>4</sup>	0	* <sup>3</sup>	1
Authority										
Government	(100) <sup>10</sup>	(50) <sup>11</sup>	0	0	0	(50) <sup>11</sup>	0	0	* <sup>9</sup>	6
Non-governmental	98	24	(2) <sup>12</sup>	0	(2) <sup>12</sup>	29	31	0	9	19
Tier										
Advanced	86	(29) <sup>13</sup>	(14) <sup>14</sup>	0	(14) <sup>14</sup>	(57) <sup>15</sup>	(57) <sup>15</sup>	0	2	21
Basic	100	25	0	0	0	25	25	0	8	4
Total	98	26	(2) <sup>16</sup>	0	(2) <sup>16</sup>	30	30	0	10	25

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

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

<sup>2</sup>The reported number of sites is unweighted.

<sup>3</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 other facility type that offer CSS.

<sup>5</sup>Weighted cell count less than 1. Unweighted 2 out of 6 hospitals that offer CSS.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 out of 6 hospitals that offer CSS.

<sup>7</sup>Weighted cell count less than 1. Unweighted 4 out of 6 hospitals that offer CSS.

<sup>8</sup>Weighted cell count less than 1. Unweighted 3 out of 6 hospitals that offer CSS.

<sup>9</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>10</sup>Weighted cell count less than 1. Unweighted 2 out of 2 government facilities that offer CSS.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 out of 2 government facilities that offer CSS.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 out of 9 non-governmental facilities that offer CSS.

<sup>13</sup>Weighted cell count less than 1. Unweighted 2 out of 7 advanced level facilities that offer CSS.

<sup>14</sup>Weighted cell count less than 1. Unweighted 1 out of 7 advanced level facilities that offer CSS.

<sup>15</sup>Weighted cell count less than 1. Unweighted 4 out of 7 advanced level facilities that offer CSS.

<sup>16</sup>Weighted cell count less than 1. Unweighted 1 out of 11 facilities that offer CSS.

**Table 2.3a Protocols and guidelines for antiretroviral combination therapy services**

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

Background characteristics	Percentage of facilities offering ART	Number of facilities	Observed guidelines/protocols in all eligible ART service sites						Number of facilities offering ART	Number of sites offering ART services <sup>1</sup>
			Opportunistic infections	Symptomatic, palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS	ART treatment guidelines:			
							National ART treatment guidelines for (adults and pediatric)	Other ART treatment guidelines for adults		
Facility Type										
Hospital	83	1	0	0	0	0	(20) <sup>5</sup>	0	1 <sup>4</sup>	11
Health Center	0	14	na	na	na	na	na	na	0	0
Medical Station	0	6	na	na	na	na	na	na	0	0
Laboratory	0	* <sup>2</sup>	na	na	na	na	na	na	0	0
Other	0	* <sup>3</sup>	na	na	na	na	na	na	0	0
Authority										
Government	(25) <sup>7</sup>	* <sup>6</sup>	0	0	0	0	0	0	* <sup>9</sup>	2
Non-governmental	(4) <sup>8</sup>	22	0	0	0	0	(25) <sup>11</sup>	0	* <sup>10</sup>	9
Tier										
Advanced	38	3	0	0	0	0	(20) <sup>12</sup>	0	1	11
Basic	0	20	na	na	na	na	na	na	0	0
Total	5	23	0	0	0	0	(20) <sup>13</sup>	0	1	11

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

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup> Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>3</sup> Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>4</sup> There is 1 weighted facility due to rounding error (1.08).

<sup>5</sup> Weighted cell count less than 1. Unweighted 1 out of 5 hospitals that offer ART.

<sup>6</sup> Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>7</sup> Weighted cell count less than 1. Unweighted 1 out of 4 government facilities.

<sup>8</sup> Weighted cell count less than 1. Unweighted 4 out of 19 non-governmental facilities.

<sup>9</sup> Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers ART.

<sup>10</sup> Weighted number of facilities is less than 1 (0.86). Unweighted 4 non-governmental facilities that offer ART.

<sup>11</sup> Weighted cell count less than 1. Unweighted 1 out of 4 non-governmental facilities that offer ART.

<sup>12</sup> Weighted cell count less than 1. Unweighted 1 out of 5 advanced level facilities that offer ART.

<sup>13</sup> Weighted cell count less than 1. Unweighted 1 out of 5 facilities that offer ART.

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

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

Background characteristics	ART medicines		Up-to-date pharmacy stock cards for ARVs	ARVs storage		Lab capacity for monitoring ART <sup>1</sup>	Number of facilities offering ART	Number of sites offering ART <sup>2</sup>
	At least one ARV available	No stock-outs for any ARV during past 6 months		Separate from other medicines	Separate from other medicines and locked			
<b>Facility Type</b>								
Hospital	(60) <sup>3</sup>	(20) <sup>4</sup>	0	(60) <sup>3</sup>	(40) <sup>5</sup>	100	1	11
Health Center	na	na	na	na	na	na	0	0
Medical Station	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	0	0
Other	na	na	na	na	na	na	0	0
<b>Authority</b>								
Government	(100) <sup>8</sup>	(100) <sup>8</sup>	0	(100) <sup>8</sup>	0	(100) <sup>8</sup>	* <sup>6</sup>	2
Non-governmental	(50) <sup>9</sup>	0	0	(50) <sup>9</sup>	(50) <sup>9</sup>	(100) <sup>10</sup>	* <sup>7</sup>	9
<b>Tier</b>								
Advanced	(60) <sup>11</sup>	(20) <sup>12</sup>	0	(60) <sup>11</sup>	(40) <sup>13</sup>	100	1	11
Basic	na	na	na	na	na	na	0	0
<b>Total</b>	<b>(60)<sup>14</sup></b>	<b>(20)<sup>15</sup></b>	<b>0</b>	<b>(60)<sup>14</sup></b>	<b>(40)<sup>16</sup></b>	<b>100</b>	<b>1</b>	<b>11</b>

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

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

<sup>2</sup>The reported number of sites is unweighted.

<sup>3</sup> Weighted cell count less than 1. Unweighted 3 out of 5 hospitals that offer ART.

<sup>4</sup> Weighted cell count less than 1. Unweighted 1 out of 5 hospitals that offer ART.

<sup>5</sup> Weighted cell count less than 1. Unweighted 2 out of 5 hospitals that offer ART.

<sup>6</sup> Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers ART.

<sup>7</sup> Weighted number of facilities is less than 1 (0.86). Unweighted 4 non-governmental facilities that offer ART.

<sup>8</sup> Weighted cell count less than 1. Unweighted 1 government facility that offers ART.

<sup>9</sup> Weighted cell count less than 1. Unweighted 2 out of 4 non-governmental facilities that offer ART.

<sup>10</sup> Weighted cell count less than 1. Unweighted 4 out of 4 non-governmental facilities that offer ART.

<sup>11</sup> Weighted cell count less than 1. Unweighted 3 out of 5 advanced level facilities that offer ART.

<sup>12</sup> Weighted cell count less than 1. Unweighted 1 out of 5 advanced level facilities that offer ART.

<sup>13</sup> Weighted cell count less than 1. Unweighted 2 out of 5 advanced level facilities that offer ART.

<sup>14</sup> Weighted cell count less than 1. Unweighted 3 out of 5 facilities that offer ART.

<sup>15</sup> Weighted cell count less than 1. Unweighted 1 out of 5 facilities that offer ART.

<sup>16</sup> Weighted cell count less than 1. Unweighted 2 out of 5 facilities that offer ART.

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

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

Background characteristics	Percentage of facilities offering ART and having								Number of facilities offering ART	Number of sites offering ART services <sup>2</sup>
	Observed record system for individual client appointments for ART clients	Individual client record/chart for ART clients	Observed up-to-date register/client cards where number of current ART clients can be calculated	At least one interviewed provider of indicated service has related in-service training in the past 12 months			At least half of interviewed providers of ART were personally supervised during past 3 months	All items for indicator <sup>1</sup>		
				ART services	Counseling for adherence to ARV drug therapy	Nutritional rehabilitation related to HIV/AIDS				
Facility Type										
Hospital	(80) <sup>3</sup>	100	0	(20) <sup>4</sup>	(20) <sup>4</sup>	(20) <sup>4</sup>	(60) <sup>5</sup>	0	1	11
Health Center	na	na	na	na	na	na	na	na	0	0
Medical Station	na	na	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	na	na	0	0
Other	na	na	na	na	na	na	na	na	0	0
Authority										
Government	(100) <sup>8</sup>	(100) <sup>8</sup>	0	0	0	0	0	0	+ <sup>6</sup>	2
Non-governmental	(75) <sup>9</sup>	(100) <sup>10</sup>	0	(25) <sup>11</sup>	(25) <sup>11</sup>	(25) <sup>11</sup>	(75) <sup>9</sup>	0	+ <sup>7</sup>	9
Tier										
Advanced	(80) <sup>12</sup>	100	0	(20) <sup>13</sup>	(20) <sup>13</sup>	(20) <sup>13</sup>	(60) <sup>14</sup>	0	1	11
Basic	na	na	na	na	na	na	na	na	0	0
Total	(80) <sup>15</sup>	100	0	(20) <sup>16</sup>	(20) <sup>16</sup>	(20) <sup>16</sup>	(60) <sup>17</sup>	0	1	11

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

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

<sup>2</sup>The reported number of sites is unweighted.

<sup>3</sup>Weighted cell count less than 1. Unweighted 4 out of 5 hospitals that offer ART.

<sup>4</sup>Weighted cell count less than 1. Unweighted 1 out of 5 hospitals that offer ART.

<sup>5</sup>Weighted cell count less than 1. Unweighted 3 out of 5 hospitals that offer ART.

<sup>6</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers ART.

<sup>7</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 non-governmental facilities that offer ART.

<sup>8</sup>Weighted cell count less than 1. Unweighted 1 government facility that offers ART.

<sup>9</sup>Weighted cell count less than 1. Unweighted 3 out of 4 non-governmental facilities that offer ART.

<sup>10</sup>Weighted cell count less than 1. Unweighted 4 out of 4 non-governmental facilities that offer ART.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 out of 4 non-governmental facilities that offer ART.

<sup>12</sup>Weighted cell count less than 1. Unweighted 4 out of 5 advanced level facilities that offer ART.

<sup>13</sup>Weighted cell count less than 1. Unweighted 1 out of 5 advanced level facilities that offer ART.

<sup>14</sup>Weighted cell count less than 1. Unweighted 3 out of 5 advanced level facilities that offer ART.

<sup>15</sup>Weighted cell count less than 1. Unweighted 4 out of 5 facilities that offer ART.

<sup>16</sup>Weighted cell count less than 1. Unweighted 1 out of 5 facilities that offer ART.

<sup>17</sup>Weighted cell count less than 1. Unweighted 3 out of 5 facilities that offer ART.

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

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

Background characteristics	Percentage of facilities offering inpatient CSS for HIV/AIDS clients	Number of facilities	Among facilities offering inpatient CSS services, percentage with										Number of facilities offering inpatient CSS for HIV/AIDS	Number of inpatient CSS sites for HIV/AIDS <sup>2</sup>
			Indicated service offered in facility at any site, either inpatient or outpatient											
			Counseling and testing (CT) services for HIV	Treatment for TB, malaria, and sexually transmitted infections	Treatment for opportunistic infections	Treatment for Kaposi's sarcoma	Palliative care	Antiretroviral therapy (ART)						
Facility Type														
Hospital	83	1	100	(60) <sup>6</sup>	100	100	100	100	100	100	100	(60) <sup>6</sup>	1 <sup>5</sup>	14
Health Center	0	14	na	na	na	na	na	na	na	na	na	na	0	0
Medical Station	0	6	na	na	na	na	na	na	na	na	na	na	0	0
Laboratory	0	+ <sup>3</sup>	na	na	na	na	na	na	na	na	na	na	0	0
Other	0	+ <sup>4</sup>	na	na	na	na	na	na	na	na	na	na	0	0
Authority														
Government	(25) <sup>8</sup>	+ <sup>7</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	(100) <sup>12</sup>	+ <sup>10</sup>	3
Non-governmental	(4) <sup>9</sup>	22	(100) <sup>13</sup>	(50) <sup>14</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	(100) <sup>13</sup>	(50) <sup>14</sup>	+ <sup>11</sup>	11
Tier														
Advanced	38	3	100	(60) <sup>15</sup>	100	100	100	100	100	100	100	(60) <sup>15</sup>	1	14
Basic	0	20	na	na	na	na	na	na	na	na	na	na	0	0
Total	5	23	100	(60) <sup>16</sup>	100	100	100	100	100	100	100	(60) <sup>16</sup>	1	14

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

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

<sup>2</sup> The reported number of sites is unweighted.

<sup>3</sup> Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>4</sup> Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>5</sup> There is 1 weighted facility due to rounding error (1.08).

<sup>6</sup> Weighted cell count less than 1. Unweighted 3 out of 5 hospitals that offer inpatient CSS.

<sup>7</sup> Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>8</sup> Weighted cell count less than 1. Unweighted 1 out of 4 government facilities.

<sup>9</sup> Weighted cell count less than 1. Unweighted 4 out of 9 non-governmental facilities.

<sup>10</sup> Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers inpatient CSS.

<sup>11</sup> Weighted number of facilities is less than 1 (0.86). Unweighted 4 non-governmental facilities that offer inpatient CSS.

<sup>12</sup> Weighted cell count less than 1. Unweighted 1 government facility that offers inpatient CSS.

<sup>13</sup> Weighted cell count less than 1. Unweighted 4 out of 4 non-governmental facilities that offer inpatient CSS.

<sup>14</sup> Weighted cell count less than 1. Unweighted 2 out of 4 non-governmental facilities that offer inpatient CSS.

<sup>15</sup> Weighted cell count less than 1. Unweighted 3 out of 5 advanced level facilities that offer inpatient CSS.

<sup>16</sup> Weighted cell count less than 1. Unweighted 3 out of 5 facilities that offer inpatient CSS.



**Table 2.5 Post-exposure prophylaxis (PEP)**

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

Background characteristics	Percentage of facilities where staff have access to PEP	Number of facilities	Percentage of facilities offering PEP and having:							Number of facilities where staff have access to PEP	Number of service sites where PEP is prescribed <sup>2</sup>
			Observed PEP guidelines present in all service sites where PEP is prescribed	Any record/register of staff receiving PEP services	Any observed record for monitoring full compliance for PEP regime	Observed antiretroviral (ARV) for PEP	PEP ARV storage conditions <sup>1</sup>				
							Locked and stored apart from other ARVs	Locked and stored with other medicines	Unlocked		
Facility Type											
Hospital	100	1	0	83	(17) <sup>12</sup>	(33) <sup>13</sup>	(33) <sup>13</sup>	0	0	1	34
Health Center	30	14	(5) <sup>9</sup>	53	0	0	0	0	0	4	3
Medical Station	0	6	na	na	na	na	na	na	na	0	0
Laboratory	(50) <sup>5</sup>	* 3	(50) <sup>10</sup>	(50) <sup>10</sup>	0	0	0	0	0	* 7	2
Other	(100) <sup>6</sup>	* 4	(100) <sup>11</sup>	(100) <sup>11</sup>	0	0	0	0	0	* 8	2
Authority											
Government	(75) <sup>15</sup>	* 14	(33) <sup>17</sup>	(100) <sup>19</sup>	(33) <sup>17</sup>	0	0	0	0	* 16	9
Non-governmental	26	22	(11) <sup>18</sup>	57	0	(7) <sup>20</sup>	(7) <sup>20</sup>	0	0	6	32
Tier											
Advanced	85	3	(36) <sup>21</sup>	82	(9) <sup>22</sup>	(18) <sup>23</sup>	(18) <sup>23</sup>	0	0	2	39
Basic	20	20	0	50	0	0	0	0	0	4	2
Total	28	23	(13) <sup>24</sup>	62	(3) <sup>25</sup>	(7) <sup>26</sup>	(7) <sup>26</sup>	0	0	6	41

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

<sup>1</sup>ARVs may be available in more than one location within a facility and the storage conditions may be different in different locations.

<sup>2</sup>The reported number of sites is unweighted.

<sup>3</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>4</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>5</sup>Weighted cell count less than 1. Unweighted 2 out of 4 labs.

<sup>6</sup>Weighted cell count less than 1. Unweighted 2 out of 2 other facility types.

<sup>7</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 lab facilities where staff have access to PEP.

<sup>8</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types where staff have access to PEP.

<sup>9</sup>Weighted cell count less than 1. Unweighted 1 out of 3 health centers where staff have access to PEP.

<sup>10</sup>Weighted cell count less than 1. Unweighted 1 out of 2 labs where staff have access to PEP.

<sup>11</sup>Weighted cell count less than 1. Unweighted 2 out of 2 other facility types where staff have access to PEP.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 out of 6 hospitals where staff have access to PEP.

<sup>13</sup>Weighted cell count less than 1. Unweighted 2 out of 6 hospitals where staff have access to PEP.

<sup>14</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>15</sup>Weighted cell count less than 1. Unweighted 3 out of 4 government facilities.

<sup>16</sup>Weighted number of facilities is less than 1 (0.64). Unweighted 3 government facilities where staff have access to PEP.

<sup>17</sup>Weighted cell count less than 1. Unweighted 1 out of 3 government facilities where staff have access to PEP.

<sup>18</sup>Weighted cell count less than 1. Unweighted 3 out of 10 non-governmental facilities where staff have access to PEP.

<sup>19</sup>Weighted cell count less than 1. Unweighted 3 out of 3 government facilities where staff have access to PEP.

<sup>20</sup>Weighted cell count less than 1. Unweighted 2 out of 10 non-governmental facilities where staff have access to PEP.

<sup>21</sup>Weighted cell count less than 1. Unweighted 4 out of 11 advanced level facilities where staff have access to PEP.

<sup>22</sup>Weighted cell count less than 1. Unweighted 1 out of 11 advanced level facilities where staff have access to PEP.

<sup>23</sup>Weighted cell count less than 1. Unweighted 2 out of 11 advanced level facilities where staff have access to PEP.

<sup>24</sup>Weighted cell count less than 1. Unweighted 4 out of 13 facilities where staff have access to PEP.

<sup>25</sup>Weighted cell count less than 1. Unweighted 1 out of 13 facilities where staff have access to PEP.

<sup>26</sup>Weighted cell count less than 1. Unweighted 2 out of 13 facilities where staff have access to PEP.

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

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

Background characteristics	Among facilities offering counseling and testing for HIV, percentage		Number of facilities offering counseling and testing	Among facilities offering antiretroviral (ARV) therapy (ART), percentage		Number of facilities offering ART	Among facilities offering any care and support services for HIV/AIDS clients, percentage		Among facilities offering CSS for HIV/AIDS clients, percentage having records for HIV/AIDS services offered <sup>1</sup> , and routinely submitting reports on these services	Number of facilities offering CSS for HIV/AIDS clients
	With records indicating clients receiving pre test and post test counseling and received test results	Submitting any reports for HIV testing services		Records indicating number of clients receiving ARV treatment	Submitting any reports for ART services		With records documenting clients treated for HIV/AIDS related illnesses	Submitting any reports for HIV/AIDS related illnesses treated		
<b>Facility Type</b>										
Hospital	0	(50) <sup>4</sup>	1	0	(20) <sup>7</sup>	1	(17) <sup>9</sup>	(33) <sup>10</sup>	0	1
Health Center	32	68	6	na	na	0	50	25	0	8
Medical Station	0	33	6	na	na	0	na	na	na	0
Laboratory	0	(50) <sup>5</sup>	* <sup>2</sup>	na	na	0	na	na	na	0
Other	0	(50) <sup>6</sup>	* <sup>3</sup>	na	na	0	0	(100) <sup>11</sup>	0	* <sup>8</sup>
<b>Authority</b>										
Government	0	(67) <sup>13</sup>	* <sup>12</sup>	0	0	* <sup>14</sup>	0	0	0	* <sup>17</sup>
Non-governmental	15	50	14	0	(25) <sup>16</sup>	* <sup>15</sup>	47	29	0	9
<b>Tier</b>										
Advanced	0	55	2	0	(20) <sup>18</sup>	1	(14) <sup>19</sup>	(43) <sup>20</sup>	0	2
Basic	17	50	12	na	na	0	50	25	0	8
<b>Total</b>	<b>14</b>	<b>51</b>	<b>14</b>	<b>0</b>	<b>(20)<sup>21</sup></b>	<b>1</b>	<b>44</b>	<b>28</b>	<b>0</b>	<b>10</b>

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

<sup>1</sup> HIV testing, ART, and/or CSS for HIV/AIDS clients

<sup>2</sup> Weighted number of facilities is less than 1 (0.43). Unweighted 2 lab facilities with an HIV testing system.

<sup>3</sup> Weighted number of facilities is less than 1 (0.43). Unweighted 2 other facility types with an HIV testing system.

<sup>4</sup> Weighted cell count less than 1. Unweighted 3 out of 6 hospitals with an HIV testing system.

<sup>5</sup> Weighted cell count less than 1. Unweighted 1 out of 2 labs with an HIV testing system.

<sup>6</sup> Weighted cell count less than 1. Unweighted 1 out of 2 other facility types with an HIV testing system.

<sup>7</sup> Weighted cell count less than 1. Unweighted 1 out of 5 hospitals that offer ART.

<sup>8</sup> Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>9</sup> Weighted cell count less than 1. Unweighted 1 out of 6 hospitals that offer CSS.

<sup>10</sup> Weighted cell count less than 1. Unweighted 2 out of 6 hospitals that offer CSS.

<sup>11</sup> Weighted cell count less than 1. Unweighted 1 other facility type that offers CSS.

<sup>12</sup> Weighted number of facilities is less than 1 (0.64). Unweighted 3 government facilities with an HIV testing system.

<sup>13</sup> Weighted cell count less than 1. Unweighted 2 out of 3 government facilities with an HIV testing system.

<sup>14</sup> Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers ART.

<sup>15</sup> Weighted number of facilities is less than 1 (0.86). Unweighted 4 non-governmental facilities that offer ART.

<sup>16</sup> Weighted cell count less than 1. Unweighted 1 out of 4 non-governmental facilities that offer ART.

<sup>17</sup> Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>18</sup> Weighted cell count less than 1. Unweighted 1 out of 5 advanced level facilities that offer ART.

<sup>19</sup> Weighted cell count less than 1. Unweighted 1 out of 7 advanced level facilities that offer CSS.

<sup>20</sup> Weighted cell count less than 1. Unweighted 3 out of 7 advanced level facilities that offer CSS.

<sup>21</sup> Weighted cell count less than 1. Unweighted 1 out of 5 facilities that offer ART.

**Table 3.2 Youth friendly services for HIV/AIDS**

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

Background characteristics	Percentage of facilities offering YFS with VCT or PMTCT services	Number of facilities with an HIV testing system	Percentage of facilities with			Number of facilities with youth friendly HIV testing services
			Observed policy/guidelines for YFS	At least one trained provider for YFS <sup>1</sup>	All items for indicator <sup>2</sup>	
<b>Facility Type</b>						
Hospital	(17) <sup>5</sup>	1	(100) <sup>9</sup>	(100) <sup>9</sup>	(100) <sup>9</sup>	* <sup>7</sup>
Health Center	0	6	na	na	na	0
Medical Station	0	6	na	na	na	0
Laboratory	0	* <sup>3</sup>	na	na	na	0
Other	(50) <sup>6</sup>	* <sup>4</sup>	0	(100) <sup>10</sup>	0	* <sup>8</sup>
<b>Authority</b>						
Government	0	* <sup>11</sup>	na	na	na	0
Non-governmental	(3) <sup>12</sup>	14	(50) <sup>14</sup>	(100) <sup>15</sup>	(50) <sup>14</sup>	* <sup>13</sup>
<b>Tier</b>						
Advanced	(18) <sup>16</sup>	2	(50) <sup>18</sup>	(100) <sup>19</sup>	(50) <sup>18</sup>	* <sup>17</sup>
Basic	0	12	na	na	na	0
<b>Total</b>	<b>(3)<sup>20</sup></b>	<b>14</b>	<b>(50)<sup>22</sup></b>	<b>(100)<sup>23</sup></b>	<b>(50)<sup>22</sup></b>	<b>*<sup>21</sup></b>

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

<sup>1</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>2</sup>Facility offers YFS, has observed policy/guidelines, and has trained staff for YFS

<sup>3</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 lab facilities with an HIV testing system.

<sup>4</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 other facility types with an HIV testing system.

<sup>5</sup>Weighted cell count less than 1. Unweighted 1 out of 6 hospitals with an HIV testing system.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 out of 2 other facility types with an HIV testing system.

<sup>7</sup>Weighted number of facilities is less than 1. Unweighted 1 hospital that offers YFS.

<sup>8</sup>Weighted number of facilities is less than 1. Unweighted 1 other facility type that offers YFS.

<sup>9</sup>Weighted cell count less than 1. Unweighted 1 hospital that offers YFS.

<sup>10</sup>Weighted cell count less than 1. Unweighted 1 other facility type that offers YFS.

<sup>11</sup>Weighted number of facilities is less than 1 (0.64). Unweighted 3 government facilities with an HIV testing system.

<sup>12</sup>Weighted cell count less than 1. Unweighted 2 out of 14 non-governmental facilities with an HIV testing system.

<sup>13</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 non-governmental facilities that offer YFS.

<sup>14</sup>Weighted cell count less than 1. Unweighted 1 out of 2 non-governmental facilities that offer YFS.

<sup>15</sup>Weighted cell count less than 1. Unweighted 2 out of 2 non-governmental facilities that offer YFS.

<sup>16</sup>Weighted cell count less than 1. Unweighted 2 out of 11 advanced level facilities with an HIV testing system.

<sup>17</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 advanced level facilities that offer YFS.

<sup>18</sup>Weighted cell count less than 1. Unweighted 1 out of 2 advanced level facilities that offer YFS.

<sup>19</sup>Weighted cell count less than 1. Unweighted 2 out of 2 advanced level facilities that offer YFS.

<sup>20</sup>Weighted cell count less than 1. Unweighted 2 out of 17 facilities with an HIV testing system.

<sup>21</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 facilities that offer YFS.

<sup>22</sup>Weighted cell count less than 1. Unweighted 1 out of 2 facilities that offer YFS.

<sup>23</sup>Weighted cell count less than 1. Unweighted 2 out of 2 facilities that offer YFS.

**Table3.3 Facilities with home or community-based linkages**

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

Background characteristics	Percentage of facilities with						Number of facilities offering CSS for HIV/AIDS clients	Number of sites in facilities offering CSS for HIV/AIDS clients <sup>2</sup>
	Facility offers HC or has a written document naming referral site	All eligible sites in facility		Links with community-based health workers for ART services	Observed policy or guidelines for community home-based care for HIV/AIDS clients	At least one trained provider for community home-based care for HIV/AIDS clients <sup>1</sup>		
		Can name a HC site where clients can be referred	Have an observed written referral form for client referral					
Facility Type								
Hospital	0	0	0	(17) <sup>5</sup>	0	0	1	20
Health Center	25	25	0	0	0	0	8	4
Medical Station	na	na	na	na	na	na	0	0
Laboratory	na	na	na	na	na	na	0	0
Other	(100) <sup>4</sup>	(100) <sup>4</sup>	0	0	0	0	* <sup>3</sup>	1
Authority								
Government	0	0	0	0	0	0	* <sup>6</sup>	6
Non-governmental	24	24	0	(2) <sup>7</sup>	0	0	9	19
Tier								
Advanced	(14) <sup>8</sup>	(14) <sup>8</sup>	0	(14) <sup>8</sup>	0	0	2	21
Basic	25	25	0	0	0	0	8	4
Total	23	23	0	(2) <sup>9</sup>	0	0	10	25

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

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

<sup>2</sup> The reported number of sites is unweighted.

<sup>3</sup> Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers CSS.

<sup>4</sup> Weighted cell count less than 1. Unweighted 1 other facility type that offers CSS.

<sup>5</sup> Weighted cell count less than 1. Unweighted 1 out of 6 hospitals that offer CSS.

<sup>6</sup> Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer CSS.

<sup>7</sup> Weighted cell count less than 1. Unweighted 1 out of 9 non-governmental facilities that offer CSS.

<sup>8</sup> Weighted cell count less than 1. Unweighted 1 out of 7 advanced level facilities that offer CSS.

<sup>9</sup> Weighted cell count less than 1. Unweighted 1 out of 11 facilities that offer CSS.

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

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

Background characteristics	Percentage of facilities offering any PMTCT services	Number of facilities	Percentage of facilities reporting they offer the indicated PMTCT services							Number of facilities offering PMTCT services	Number of sites offering PMTCT services <sup>3</sup>
			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>1</sup>	ARV therapeutic treatment for HIV+ women and family	All items for PMTCT+ <sup>2</sup>		
<b>Facility Type</b>											
Hospital	(67) <sup>6</sup>	1	(100) <sup>10</sup>	(100) <sup>10</sup>	(75) <sup>13</sup>	(75) <sup>13</sup>	(75) <sup>13</sup>	0	0	* <sup>8</sup>	8
Health Center	58	14	(3) <sup>11</sup>	0	27	76	0	0	0	8	5
Medical Station	67	6	0	0	0	0	0	0	0	4	2
Laboratory	0	* <sup>4</sup>	na	na	na	na	na	na	na	0	0
Other	(50) <sup>7</sup>	* <sup>5</sup>	(100) <sup>12</sup>	0	(100) <sup>12</sup>	(100) <sup>12</sup>	0	0	0	* <sup>9</sup>	1
<b>Authority</b>											
Government	(25) <sup>15</sup>	* <sup>14</sup>	(100) <sup>17</sup>	0	(100) <sup>17</sup>	(100) <sup>17</sup>	0	0	0	* <sup>16</sup>	1
Non-governmental	60	22	8	(7) <sup>18</sup>	22	52	(5) <sup>19</sup>	0	0	13	15
<b>Tier</b>											
Advanced	46	3	100	(67) <sup>20</sup>	83	83	(50) <sup>21</sup>	0	0	1	10
Basic	60	20	0	0	17	50	0	0	0	12	6
<b>Total</b>	<b>58</b>	<b>23</b>	<b>10</b>	<b>(6)<sup>22</sup></b>	<b>23</b>	<b>53</b>	<b>(5)<sup>23</sup></b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>16</b>

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

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

<sup>2</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>3</sup>The reported number of sites is unweighted.

<sup>4</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>5</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>6</sup>Weighted cell count less than 1. Unweighted 4 out of 6 hospitals.

<sup>7</sup>Weighted cell count less than 1. Unweighted 1 out of 2 other facility types.

<sup>8</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 hospitals that offer PMTCT services.

<sup>9</sup>Weighted number of facilities is less than 1 (0.22). Unweighted there is 1 other facility type that offers PMTCT services.

<sup>10</sup>Weighted cell count less than 1. Unweighted 4 out of 4 hospitals that offer PMTCT services.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 out of 5 health centers that offer PMTCT services.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 other facility type that offers PMTCT services.

<sup>13</sup>Weighted cell count less than 1. Unweighted 3 out of 4 hospitals that offer PMTCT services.

<sup>14</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>15</sup>Weighted cell count less than 1. Unweighted 1 out of 4 government facilities.

<sup>16</sup>Weighted number of facilities is less than 1 (0.22). Unweighted there is 1 government facility that offers PMTCT services.

<sup>17</sup>Weighted cell count less than 1. Unweighted 1 government facility that offers PMTCT services.

<sup>18</sup>Weighted cell count less than 1. Unweighted 4 out of 11 non-governmental facilities that offer PMTCT services.

<sup>19</sup>Weighted cell count less than 1. Unweighted 3 out of 11 non-governmental facilities that offer PMTCT services.

<sup>20</sup>Weighted cell count less than 1. Unweighted 4 out of 6 advanced level facilities that offer PMTCT services.

<sup>21</sup>Weighted cell count less than 1. Unweighted 3 out of 6 advanced level facilities that offer PMTCT services.

<sup>22</sup>Weighted cell count less than 1. Unweighted 4 out of 12 facilities that offer PMTCT services.

<sup>23</sup>Weighted cell count less than 1. Unweighted 3 out of 12 facilities that offer PMTCT services.

**Table 4.2a Availability of service records for PMTCT services**

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

Background characteristics	Percentage of facilities offering any PMTCT services	Number of facilities	Percentage of facilities offering PMTCT services and having indicated documentation					Number of facilities offering PMTCT services	Number of sites offering PMTCT services <sup>1</sup>
			Observed record of women attending ANC and who accepted HIV testing	Observed record of women who received HIV test results	Observed record of women who received post-test counseling (by serostatus)	Observed record of HIV+ pregnant women who were offered a complete ARV course for PMTCT	All items for indicator		
<b>Facility Type</b>									
Hospital	(67) <sup>4</sup>	1	0	0	0	0	0	* <sup>6</sup>	8
Health Center	58	14	0	0	0	0	0	8	5
Medical Station	67	6	0	0	0	0	0	4	2
Laboratory	0	* <sup>2</sup>	na	na	na	na	na	0	0
Other	(50) <sup>5</sup>	* <sup>3</sup>	0	0	0	0	0	* <sup>7</sup>	1
<b>Authority</b>									
Government	(25) <sup>9</sup>	* <sup>8</sup>	0	0	0	0	0	* <sup>10</sup>	1
Non-governmental	60	22	0	0	0	0	0	13	15
<b>Tier</b>									
Advanced	46	3	0	0	0	0	0	1	10
Basic	60	20	0	0	0	0	0	12	6
<b>Total</b>	<b>58</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>16</b>

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

<sup>1</sup>The reported number of sites is unweighted.

<sup>2</sup> Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>3</sup> Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>4</sup> Weighted cell count less than 1. Unweighted 4 out of 6 hospitals.

<sup>5</sup> Weighted cell count less than 1. Unweighted 1 out of 2 other facility types.

<sup>6</sup> Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 hospitals that offer PMTCT services.

<sup>7</sup> Weighted number of facilities is less than 1 (0.22). Unweighted there is 1 other facility type that offers PMTCT services.

<sup>8</sup> Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>9</sup> Weighted cell count less than 1. Unweighted 1 out of 4 government facilities.

<sup>10</sup> Weighted number of facilities is less than 1 (0.22). Unweighted there is 1 government facility that offers PMTCT services.

**Table 4.2b Availability of service records for PMTCT+ services**

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

Background characteristics	Percentage of facilities offering PMTCT+ services	Number of facilities	Percentage of facilities			Number of facilities offering PMTCT+ services	Number of sites offering PMTCT+ services <sup>2</sup>
			Observed record of HIV+ pregnant women who receive therapeutic ARV	All elements and records of PMTCT+ <sup>1</sup>	PMTCT women and family referred outside PMTCT unit for ART, no further follow-up by PMTCT clinic/unit		
<b>Facility Type</b>							
Hospital	0	1	na	na	na	0	0
Health Center	0	14	na	na	na	0	0
Medical Station	0	6	na	na	na	0	0
Laboratory	0	* <sup>3</sup>	na	na	na	0	0
Other	0	* <sup>4</sup>	na	na	na	0	0
<b>Authority</b>							
Government	0	* <sup>5</sup>	na	na	na	0	0
Non-governmental	0	22	na	na	na	0	0
<b>Tier</b>							
Advanced	0	3	na	na	na	0	0
Basic	0	20	na	na	na	0	0
<b>Total</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<p>NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.</p> <p><sup>1</sup>All elements for PMTCT+ services (CT services, ARV prophylaxis for mother and newborn, counseling on infant feeding and family planning for HIV positive women, ARV treatment for HIV positive women and family members, counseling and testing records for ANC clients, records on ARV prophylaxis provided, and records on therapeutic ARV for women receiving PMTCT services).</p> <p><sup>2</sup> The reported number of sites is unweighted.</p> <p><sup>3</sup> Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.</p> <p><sup>4</sup> Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.</p> <p><sup>5</sup> Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.</p>							

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

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

Background characteristic	Percentage with indicated TB activities			Total facilities	Among facilities following DOTS strategy for TB, percentage with				Number of facilities following DOTS strategy for TB	Number of sites offering TB service using DOTS strategy <sup>4</sup>
	Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follow DOTS strategy <sup>1</sup>		Observed client register for DOTS	Observed TB treatment protocol in all eligible service sites	All first-line TB medicines available <sup>2</sup>	All items for TB indicator <sup>3</sup>		
<b>Facility Type</b>										
Hospital	(67) <sup>7</sup>	(33) <sup>8</sup>	(17) <sup>9</sup>	1	0	0	(100) <sup>11</sup>	0	* <sup>10</sup>	1
Health Center	14	0	0	14	na	na	na	na	0	0
Medical Station	67	33	0	6	na	na	na	na	0	0
Laboratory	0	0	0	* <sup>5</sup>	na	na	na	na	0	0
Other	0	0	0	* <sup>6</sup>	na	na	na	na	0	0
<b>Authority</b>										
Government	(25) <sup>13</sup>	(25) <sup>13</sup>	(25) <sup>13</sup>	* <sup>12</sup>	0	0	(100) <sup>15</sup>	0	* <sup>14</sup>	1
Non-governmental	30	10	0	22	na	na	na	na	0	0
<b>Tier</b>										
Advanced	(31) <sup>16</sup>	(15) <sup>17</sup>	(8) <sup>18</sup>	3	0	0	(100) <sup>20</sup>	0	* <sup>19</sup>	1
Basic	30	10	0	20	na	na	na	na	0	0
<b>Total</b>	<b>30</b>	<b>11</b>	<b>(1)<sup>21</sup></b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>(100)<sup>23</sup></b>	<b>0</b>	<b>*<sup>22</sup></b>	<b>1</b>

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

<sup>1</sup>Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.

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

<sup>3</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>4</sup>The reported number of sites is unweighted.

<sup>5</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>6</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>7</sup>Weighted cell count less than 1. Unweighted 4 out of 6 hospitals.

<sup>8</sup>Weighted cell count less than 1. Unweighted 2 out of 6 hospitals.

<sup>9</sup>Weighted cell count less than 1. Unweighted 1 out of 6 hospitals.

<sup>10</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 hospital that follows DOTS.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 out of 1 hospital that follows DOTS.

<sup>12</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>13</sup>Weighted cell count less than 1. Unweighted 1 out of 4 government facilities.

<sup>14</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that follows DOTS.

<sup>15</sup>Weighted cell count less than 1. Unweighted 1 out of 1 government facility that follows DOTS.

<sup>16</sup>Weighted cell count less than 1. Unweighted 4 out of 13 advanced level facilities.

<sup>17</sup>Weighted cell count less than 1. Unweighted 2 out of 13 advanced level facilities.

<sup>18</sup>Weighted cell count less than 1. Unweighted 1 out of 13 advanced level facilities.

<sup>19</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 advanced level facility that follows DOTS.

<sup>20</sup>Weighted cell count less than 1. Unweighted 1 out of 1 advanced level facility that follows DOTS.

<sup>21</sup>Weighted cell count less than 1. Unweighted 1 out of 23 facilities.

<sup>22</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 facility that follows DOTS.

<sup>23</sup>Weighted cell count less than 1. Unweighted 1 out of 1 facility that follows DOTS.



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

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

Background characteristic	Among facilities offering any TB services, percentage reporting they follow indicated treatment strategy <sup>1</sup>			Among facilities offering any TB services, percentage with				Number of facilities offering any TB services	Number of sites offering TB services <sup>7</sup>
	DOTS <sup>2</sup>	Follow-up treatment only <sup>3</sup>	Other strategies <sup>4</sup>	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available <sup>5</sup>	All items for TB indicator <sup>6</sup>		
<b>Facility Type</b>									
Hospital	(25) <sup>9</sup>	(25) <sup>9</sup>	(50) <sup>10</sup>	0	0	(25) <sup>9</sup>	0	* <sup>8</sup>	15
Health Center	0	100	0	0	0	0	0	2	1
Medical Station	0	100	0	0	0	50	0	4	2
Laboratory	na	na	na	na	na	na	na	0	0
Other	na	na	na	na	na	na	na	0	0
<b>Authority</b>									
Government	(100) <sup>12</sup>	0	(100) <sup>12</sup>	0	0	(100) <sup>12</sup>	0	* <sup>11</sup>	5
Non-governmental	0	94	(3) <sup>13</sup>	0	0	30	0	6	13
<b>Tier</b>									
Advanced	(25) <sup>15</sup>	(25) <sup>15</sup>	(50) <sup>16</sup>	0	0	(25) <sup>15</sup>	0	* <sup>14</sup>	15
Basic	0	100	0	0	0	33	0	6	3
<b>Total</b>	<b>(3)<sup>17</sup></b>	<b>91</b>	<b>(6)<sup>18</sup></b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>0</b>	<b>7</b>	<b>18</b>
<p>NOTE: Shaded column indicates the denominator that was used to calculate the columns that appear to the left.</p> <p><sup>1</sup>More than one treatment strategy may apply if facility offers TB services from multiple sites.</p> <p><sup>2</sup>Treatment strategy followed is either direct observe 2 months, follow up 6 months, or direct observe 6 months.</p> <p><sup>3</sup>Site provides follow-up for TB clients, after intensive treatment offered elsewhere.</p> <p><sup>4</sup>Either no direct observed treatment or patients are treated while inpatient but discharged to other unit/facility for follow-up.</p> <p><sup>5</sup>Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.</p> <p><sup>6</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.</p> <p><sup>7</sup>The reported number of sites is unweighted.</p> <p><sup>8</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 hospitals that offer TB services.</p> <p><sup>9</sup>Weighted cell count less than 1. Unweighted 1 out of 4 hospitals that offer TB services.</p> <p><sup>10</sup>Weighted cell count less than 1. Unweighted 2 out of 4 hospitals that offer both TB services.</p> <p><sup>11</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that offers TB services.</p> <p><sup>12</sup>Weighted cell count less than 1. Unweighted 1 out of 1 government facility that offers TB services.</p> <p><sup>13</sup>Weighted cell count less than 1. Unweighted 1 out of 6 non-governmental facilities that offer TB services.</p> <p><sup>14</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 advanced level facilities that offer TB services.</p> <p><sup>15</sup>Weighted cell count less than 1. Unweighted 1 out of 4 advanced level facilities that offer TB services.</p> <p><sup>16</sup>Weighted cell count less than 1. Unweighted 2 out of 4 advanced level facilities that offer both TB services.</p> <p><sup>17</sup>Weighted cell count less than 1. Unweighted 1 out of 7 facilities that offer TB services.</p> <p><sup>18</sup>Weighted cell count less than 1. Unweighted 2 out of 7 facilities that offer TB services.</p>									

**Table 5.1c Resources and supplies for diagnosing tuberculosis**

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

Background characteristic	Percentage of facilities with indicated TB diagnostic activities			Total number of facilities	TB diagnosis using sputum				TB diagnosis using X-ray	
	Any TB diagnostic or treatment services <sup>1</sup>	Use sputum for TB diagnosis <sup>2</sup>	Use X-ray for TB diagnosis		Among facilities diagnosing TB using sputum <sup>2</sup> , percentage with			Number of facilities diagnosing TB using sputum test	Percentage with X-ray capacity <sup>4</sup>	Number of facilities diagnosing TB using X-ray
					All items for conducting sputum test for TB	Observed record of sputum test results	All items for indicator <sup>3</sup>			
Facility Type										
Hospital	(67) <sup>7</sup>	(67) <sup>7</sup>	(67) <sup>7</sup>	1	(50) <sup>9</sup>	(25) <sup>10</sup>	(25) <sup>10</sup>	* <sup>8</sup>	(25) <sup>12</sup>	* <sup>11</sup>
Health Center	14	0	0	14	na	na	na	0	na	0
Medical Station	67	0	0	6	na	na	na	0	na	0
Laboratory	0	0	0	* <sup>5</sup>	na	na	na	0	na	0
Other	0	0	0	* <sup>6</sup>	na	na	na	0	na	0
Authority										
Government	(25) <sup>14</sup>	(25) <sup>14</sup>	(25) <sup>14</sup>	* <sup>13</sup>	(100) <sup>18</sup>	(100) <sup>18</sup>	(100) <sup>18</sup>	* <sup>16</sup>	0	* <sup>20</sup>
Non-governmental	30	(3) <sup>15</sup>	(3) <sup>15</sup>	22	(33) <sup>19</sup>	0	0	* <sup>17</sup>	(33) <sup>22</sup>	* <sup>21</sup>
Tier										
Advanced	(31) <sup>23</sup>	(31) <sup>23</sup>	(31) <sup>23</sup>	3	(50) <sup>25</sup>	(25) <sup>26</sup>	(25) <sup>26</sup>	* <sup>24</sup>	(25) <sup>28</sup>	* <sup>27</sup>
Basic	30	0	0	20	na	na	na	0	na	0
Total	30	(4) <sup>29</sup>	(4) <sup>29</sup>	23	(50) <sup>31</sup>	(25) <sup>32</sup>	(25) <sup>32</sup>	* <sup>30</sup>	(25) <sup>34</sup>	* <sup>33</sup>

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

<sup>1</sup>Unit follows up TB patients, or prescribes initial therapy, or conducts TB test.

<sup>2</sup>Includes sputum microscopy, culture, or rapid test.

<sup>3</sup>All items for conducting test or documented system for sending sputum elsewhere, and record of test results.

<sup>4</sup>Functioning X-ray machine with films.

<sup>5</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>6</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>7</sup>Weighted cell count less than 1. Unweighted 4 out of 6 hospitals.

<sup>8</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 hospitals that diagnose TB using sputum test.

<sup>9</sup>Weighted cell count less than 1. Unweighted 2 out of 4 hospitals that diagnose TB using sputum test.

<sup>10</sup>Weighted cell count less than 1. Unweighted 1 out of 4 hospitals that diagnose TB using sputum test.

<sup>11</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 hospitals that diagnose TB using X-ray.

<sup>12</sup>Weighted cell count less than 1. Unweighted 1 out of 4 hospitals that diagnose TB using X-ray.

<sup>13</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>14</sup>Weighted cell count less than 1. Unweighted 1 out of 4 government facilities.

<sup>15</sup>Weighted cell count less than 1. Unweighted 3 out of 19 non-governmental facilities.

<sup>16</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that diagnoses TB using sputum test.

<sup>17</sup>Weighted number of facilities is less than 1 (0.64). Unweighted 3 non-governmental facilities that diagnose TB using sputum test.

<sup>18</sup>Weighted cell count less than 1. Unweighted 1 out of 1 government facility that diagnoses TB using sputum test.

<sup>19</sup>Weighted cell count less than 1. Unweighted 1 out of 3 non-governmental facilities that diagnose TB using sputum test.

<sup>20</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 government facility that diagnoses TB using X-ray.

<sup>21</sup>Weighted number of facilities is less than 1 (0.64). Unweighted 3 non-governmental facilities that diagnose TB using X-ray.

<sup>22</sup>Weighted cell count less than 1. Unweighted 1 out of 3 non-governmental facilities that diagnose TB using X-ray.

<sup>23</sup>Weighted cell count less than 1. Unweighted 4 out of 13 advanced level facilities.

<sup>24</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 advanced level facilities that diagnose TB using sputum test.

<sup>25</sup>Weighted cell count less than 1. Unweighted 2 out of 4 advanced level facilities that diagnose TB using sputum test.

<sup>26</sup>Weighted cell count less than 1. Unweighted 1 out of 4 advanced level facilities that diagnose TB using sputum test.

<sup>27</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 advanced level facilities that diagnose TB using X-ray.

<sup>28</sup>Weighted cell count less than 1. Unweighted 1 out of 4 advanced level facilities that diagnose TB using X-ray.

<sup>29</sup>Weighted cell count less than 1. Unweighted 4 out of 23 facilities.

<sup>30</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 facilities that diagnose TB using sputum test.

<sup>31</sup>Weighted cell count less than 1. Unweighted 2 out of 4 facilities that diagnose TB using sputum test.

<sup>32</sup>Weighted cell count less than 1. Unweighted 1 out of 4 facilities that diagnose TB using sputum test.

<sup>33</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 facilities that diagnose TB using X-ray.

<sup>34</sup>Weighted cell count less than 1. Unweighted 1 out of 4 facilities that diagnose TB using X-ray.

**Table 5.1d Malaria diagnosis and treatment**

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

Background characteristic	Percentage of facilities that offer malaria treatment services	Total number of facilities	Among facilities offering malaria services, percentage with			Number of facilities offering malaria treatment services	Number of sites offering malaria treatment services <sup>1</sup>
			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		
<b>Facility Type</b>							
Hospital	83	1	0	(60) <sup>4</sup>	0	1	19
Health Center	28	14	100	50	50	4	2
Medical Station	67	6	100	100	100	4	2
Laboratory	0	* <sup>2</sup>	na	na	na	0	0
Other	0	* <sup>3</sup>	na	na	na	0	0
<b>Authority</b>							
Government	(50) <sup>6</sup>	* <sup>5</sup>	0	(100) <sup>8</sup>	0	* <sup>7</sup>	7
Non-governmental	39	22	93	72	69	9	16
<b>Tier</b>							
Advanced	38	3	0	(60) <sup>9</sup>	0	1	19
Basic	40	20	100	75	75	8	4
<b>Total</b>	<b>40</b>	<b>23</b>	<b>88</b>	<b>73</b>	<b>66</b>	<b>9</b>	<b>23</b>
NOTE: Shaded columns indicate the denominators that were used to calculate the columns that appear to the left.							
<sup>1</sup> The reported number of sites is unweighted.							
<sup>2</sup> Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.							
<sup>3</sup> Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.							
<sup>4</sup> Weighted cell count less than 1. Unweighted 3 out of 5 hospitals that offer malaria treatment.							
<sup>5</sup> Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.							
<sup>6</sup> Weighted cell count less than 1. Unweighted 2 out of 4 government facilities.							
<sup>7</sup> Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer malaria treatment.							
<sup>8</sup> Weighted cell count less than 1. Unweighted 2 out of 2 government facilities that offer malaria treatment.							
<sup>9</sup> Weighted cell count less than 1. Unweighted 3 out of 5 advanced level facilities that offer malaria treatment.							

**Table 5.1e Diagnosis and treatment for sexually transmitted infections**

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

Background characteristic	Percentage of facilities that offer STI services	Total number of facilities	Percentage of facilities offering STI services, with				Number of facilities offering STI treatment services	Number of sites offering STI treatment <sup>3</sup>
			Observed STI treatment protocol in all relevant units	All STI medicines available in facility <sup>1</sup>	Condoms in any service area or pharmacy	All items for STI services <sup>2</sup>		
<b>Facility Type</b>								
Hospital	83	1	0	(80) <sup>9</sup>	(60) <sup>10</sup>	0	1 <sup>7</sup>	13
Health Center	84	14	33	33	67	17	12	6
Medical Station	67	6	50	100	50	0	4	2
Laboratory	0	* <sup>4</sup>	na	na	na	na	0	0
Other	(50) <sup>6</sup>	* <sup>5</sup>	0	0	(100) <sup>11</sup>	0	* <sup>8</sup>	1
<b>Authority</b>								
Government	(50) <sup>13</sup>	* <sup>12</sup>	0	(100) <sup>15</sup>	(100) <sup>15</sup>	0	* <sup>14</sup>	5
Non-governmental	77	22	36	50	62	12	17	17
<b>Tier</b>								
Advanced	46	3	0	(67) <sup>16</sup>	(67) <sup>16</sup>	0	1	14
Basic	80	20	38	50	63	13	16	8
<b>Total</b>	<b>76</b>	<b>23</b>	<b>35</b>	<b>51</b>	<b>63</b>	<b>12</b>	<b>17</b>	<b>22</b>

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

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

<sup>2</sup>Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.

<sup>3</sup>The reported number of sites is unweighted.

<sup>4</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>5</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 out of 2 other facility types.

<sup>7</sup>There is 1 facility due to the weight for advanced level facilities being less than 1 (0.22). Unweighted 5 out of 6 hospitals that offer STI treatment.

<sup>8</sup>Weighted number of facilities is less than 1 (0.22). Unweighted 1 other facility type that offers STI treatment.

<sup>9</sup>Weighted cell count less than 1. Unweighted 4 out of 5 hospitals that offer STI treatment.

<sup>10</sup>Weighted cell count less than 1. Unweighted 3 out of 5 hospitals that offer STI treatment.

<sup>11</sup>Weighted cell count less than 1. Unweighted 1 out of 1 other facility type that offers STI treatment.

<sup>12</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>13</sup>Weighted cell count less than 1. Unweighted 2 out of 4 government facilities.

<sup>14</sup>Weighted number of facilities is less than 1 (0.43). Unweighted 2 government facilities that offer STI treatment.

<sup>15</sup>Weighted cell count less than 1. Unweighted 2 out of 2 government facilities that offer STI treatment.

<sup>16</sup>Weighted cell count less than 1. Unweighted 4 out of 6 advanced level facilities that offer STI treatment.

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

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

Background characteristic	Percentage of facilities with:			Number of facilities
	At least half of the interviewed providers of TB, malaria, or STI services received pre- or in-service training related to one of these topics during the past 3 years	At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the past 3 months	All items for all components of indicator <sup>1</sup>	
<b>Facility Type</b>				
Hospital	(67) <sup>4</sup>	(33) <sup>5</sup>	0	1
Health Center	56	28	0	14
Medical Station	0	33	0	6
Laboratory	0	0	0	* <sup>2</sup>
Other	0	(50) <sup>6</sup>	0	* <sup>3</sup>
<b>Authority</b>				
Government	(50) <sup>8</sup>	0	0	* <sup>7</sup>
Non-governmental	38	30	0	22
<b>Tier</b>				
Advanced	(31) <sup>9</sup>	(23) <sup>10</sup>	0	3
Basic	40	30	0	20
<b>Total</b>	<b>39</b>	<b>29</b>	<b>0</b>	<b>23</b>

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

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

<sup>2</sup>Weighted number of facilities is less than 1 (0.86). Unweighted there are 4 lab facilities.

<sup>3</sup>Weighted number of facilities is less than 1 (0.43). Unweighted there are 2 other facility types.

<sup>4</sup>Weighted cell count less than 1. Unweighted 4 out of 6 hospitals.

<sup>5</sup>Weighted cell count less than 1. Unweighted 2 out of 6 hospitals.

<sup>6</sup>Weighted cell count less than 1. Unweighted 1 out of 2 other facility types.

<sup>7</sup>Weighted number of facilities is less than 1 (0.86). Unweighted 4 government facilities.

<sup>8</sup>Weighted cell count less than 1. Unweighted 2 out of 4 government facilities.

<sup>9</sup>Weighted cell count less than 1. Unweighted 4 out of 13 advanced level facilities.

<sup>10</sup>Weighted cell count less than 1. Unweighted 3 out of 13 advanced level facilities.



APPENDIX B: SURVEY INSTRUMENT

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**EASTERN CARIBBEAN HIV/AIDS SERVICE PROVISION INVENTORY (HSPI) SURVEY  
COVER SHEET**

**1. Facility Identification**

001 NAME OF FACILITY _____  002 LOCATION OF FACILITY _____  003 COUNTRY _____  004 DISTRICT _____  005 FACILITY NUMBER .....	FACILITY CODE COUNTRY NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>  DISTRICT NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>  FACILITY NUMBER <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
006 TYPE OF FACILITY: NATIONAL REFERRAL/TERTIARY HOSPITAL ..... 01 GENERAL HOSPITAL ..... 02 DISTRICT HOSPITAL ..... 03 HOSPITAL ..... 04 POLYCLINIC/HEALTH CENTRE ..... 05 HEALTH POST/MEDICAL STATION ..... 06 STAND-ALONE VCT/HEALTH PROMOTION CLINIC ..... 07 DOCTOR'S OFFICE ..... 08  OTHER _____ 96 (SPECIFY)	FACILITY TYPE <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
007 MANAGING AUTHORITY: GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>

**2. Information about Interview**

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

## GPS READING

- 1 Turn GPS machine on and wait until satellite page changes to "position"
- 2 Press "MARK"
- 3 Highlight "WAYPOINT NUMBER" and press "ENTER"
- 4 Enter facility code (seven digits)
- 5 Highlight "AVERAGE" and press "ENTER"
- 6 Wait 3 minutes
- 7 Highlight "SAVE" and press "ENTER"
- 8 Page to main menu, highlight "WAYPOINT LIST" and press "ENTER"
- 9 Highlight your waypoint
- 10 Copy information from waypoint list page- this is the average of all the satellite readings
- 11 Be sure to copy the waypoint name from the waypoint list page to verify that you are entering the correct waypoint information on the data form

012 WAYPOINT NAME	WAYPOINT NAME <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">COUNTRY</td> <td colspan="3" style="text-align: center;">FACILITY</td> </tr> </table>	0						COUNTRY			FACILITY		
0													
COUNTRY			FACILITY										
013 LATITUDE	DEGREES/DECIM   b <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> c <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												
014 LONGITUDE	DEGREES/DECIM   b <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> c <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>												

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

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COUNTRY DISTRICT

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FAC

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

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

	CLINIC/UNIT	DESCRIPTION OF CLINIC/UNIT	ELIGIBLE QUESTIONNAIRES (QRE) SERVICE PROVIDED							
			Mod B or C	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	<div><div>1</div><div>8</div></div>	Service statistics (HMIS/med records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<div><div>1</div><div>9</div></div>	Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
03	<div><div>2</div><div>0</div></div>	Pharmacy/Medical supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
04	<div><div></div><div></div></div>	Outpatient (OPD) or Inpatient (IPD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<div><div></div><div></div></div>		<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	<div><div></div><div></div></div>		<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	<div><div></div><div></div></div>		<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	<div><div></div><div></div></div>		<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	<div><div></div><div></div></div>		<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	<div><div></div><div></div></div>		<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	<div><div></div><div></div></div>		<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	<div><div></div><div></div></div>		<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	<div><div></div><div></div></div>		<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	<div><div></div><div></div></div>		<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	<div><div></div><div></div></div>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **OUTPATIENT (OPD) CLINIC/UNITS**

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

## **INPATIENT (IPD) UNITS**

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

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

**OUTPATIENT (OPD) CLINIC/UNITS**

<b>01=</b> General Outpatient	<b>09=</b> Specific HIV/AIDS Only (may be ART unit)	<b>17=</b> Social Services Department/home based care/community services (HIV/AIDS specific)
<b>02=</b> Pediatric Outpatient	<b>10=</b> Specific Diagnoses (Including HIV/AIDS)	
<b>03=</b> Antenatal Care	<b>11=</b> STI	<b>18=</b> Service statistics/medical records/HMIS
<b>04=</b> Family Planning	<b>12=</b> Gynecology	<b>19=</b> Laboratory (OPD &/or IPD)
<b>05=</b> Delivery (Outpatient)	<b>13=</b> Urology	<b>20=</b> Pharmacy
<b>06=</b> Tuberculosis (TB)		<b>96=</b> Other OPD _____
<b>07=</b> VCT or C1 (may be stand alone)	<b>15=</b> Emergency/Casualty	(SPECIFY)
<b>08=</b> PMTCT	<b>16=</b> Social Services Department/ home-based care/community services (not HIV/AIDS specific)	

**INPATIENT (IPD) UNITS**

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

STAFF LISTING FORM																	
INTERVIEWER CODE					FACILITY CODE												
					COUNTRY		DISTRICT		FACILITY								
CLINIC/ UNIT NUMBER		PROVIDER CODE AND NAME		SERVICE RELATED TO HIV/AIDS							LAB	TB	DELIVERY	OTHER (SPECIFY)	INDIVIDUAL HW INTERVIEW COMPLETE		
		STAFF LINE #	WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*	QUALI- FICATION	COUNSEL	HIV TEST PRESCRIBE, DRAW BLOOD OR DO TEST	PMTCT	ART	SOCIAL SERVICES	CLINICAL CARE HIV					YES		
line	unit																
				01													
				02													
				03													
				04													
				05													
				06													
				07													
				08													
				09													
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				21													
				22													
				23													
				24													
				25													

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

										STAFF LISTING FORM													
INTERVIEWER CODE												FACILITY CODE											
										COUNTRY		DISTRICT		FACILITY									
CLINIC/ UNIT NUMBER										PROVIDER CODE AND NAME		SERVICE RELATED TO HIV/AIDS						LAB	TB	DELIVERY	OTHER (SPECIFY)	INDIVIDUAL HW INTERVIEW COMPLETE	
										STAFF LINE #	WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*	QUALI- FICATION	COUNSEL	HIV TEST	PMTCT	ART	SOCIAL SERVICES					CLINICAL CARE HIV	YES
line	unit			ENTER NUMBER	PREScribe DRAW BLOOD OR DO TEST																		
					26																		
					27																		
					28																		
					29																		
					30																		
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					47																		
					48																		
					49																		
					50																		
*Provider Qualification Code:					01=Specialist/Consultant Physician    02=Physician/Medical Doctor    03=Medical Officer    04=Intern    05=Nurse-Midwife    06=Nurse 07=Midwife    08=Family Nurse Practitioner    09=Nursing Assistant    10=Clinic Aide    11=PH/Community Health Nurse    12=Community Health Worker 13=Community Health Aide    14=District Health Visitor    15=Health Educator    16=Lab Technician/Technologist    17=Lab Assistant 18=Social Worker    19=HIV/AIDS Counselor    20=Other Counselor    21=Psychologist    22=Nutritionist    23=Other (write in)																		

STAFF LISTING FORM																	
INTERVIEWER CODE						FACILITY CODE											
						COUNTRY		DISTRICT		FACILITY							
CLINIC/ UNIT NUMBER				PROVIDER CODE AND NAME		SERVICE RELATED TO HIV/AIDS										INDIVIDUAL HW INTERVIEW COMPLETE	
				STAFF LINE #		QUALI- FICATION		HIV TEST									
line unit				WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*		ENTER NUMBER		COUNSEL		PRESCRIBE DRAW BLOOD OR DO TEST		PMTCT		ART		CLINICAL CARE HIV	
												LAB		TB		DELIVERY	
																OTHER	
																YES	
				51													
				52													
				53													
				54													
				55													
				56													
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				73													
				74													
				75													
*Provider				01=Specialist/Consultant Physician    02=Physician/Medical Doctor    03=Medical Officer    04=Intern    05=Nurse-Midwife    06=Nurse													
Qualification				07=Midwife    08=Family Nurse Practitioner    09=Nursing Assistant    10=Clinic Aide    11=PH/Community Health Nurse    12=Community Health Worker													
Code:				13=Community Health Aide    14=District Health Visitor    15=Health Educator    16=Lab Technican/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 <input type="text"/>					FACILITY CODE <input type="text"/>											
					COUNTRY		DISTRICT		FACILITY							
CLINIC/ UNIT NUMBER			PROVIDER CODE AND NAME		SERVICE RELATED TO HIV/AIDS										INDIVIDUAL HW INTERVIEW COMPLETE	
line	unit	STAFF LINE #	WRITE NAME OR INITIAL FOR STAFF AND CHECK AT RIGHT IF INDIVIDUAL INTERVIEW CONDUCTED*	QUALI- FICATION  ENTER NUMBER	COUNSEL	HIV TEST DRAW BLOOD OR DO TEST	PMTCT	ART	CLINICAL	LAB	TB	DELIVERY	OTHER	YES		
		71														
		72														
		73														
		74														
		75														
		76														
		77														
		78														
		79														
		80														
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		94														
		95														

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13=Community Health Aide
14=District Health Visitor
15=Health Educator
16=Lab Technician/Technologist
17=Lab Assistant
18=Social Worker
19=HIV/AIDS Counselor
20=Other Counselor
21=Psychologist
22=Nutritionist
23=Other (write in)



# SECTION A: OVERVIEW OF HIV/AIDS SERVICES

Code of Facility:

COUNTRY DISTRICT FACILITY

Interviewer Code:

QRE TYPE **A**

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

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

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

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

Do you have any questions for me at this time?

100	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
-----	---	---------------------------	--------

101	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	12-HOUR CLOCK	Date	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR
-----	--	---	---------------	------	---	---	---	----------------

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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102	<b>REVIEW OVERALL ORGANIZATION OF FACILITY AND IDENTIFY CRITICAL CLINIC/UNITS ON CHECKLIST</b>		
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103	Now I have some questions about staffing for this facility. I am interested in the staffing norm, or number of staff with the qualification, that the facility is authorized to have, and the number actually assigned. Please provide the information for the highest technical qualification the staff have, not their position. - for example, a public health nurse trained as an HIV counselor is a public health nurse. ENTER 000 IF NO STAFFING NORM.
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NO.	QUESTIONS	CODING CATEGORIES			GO TO
	QUALIFICATION	(a) ESTABLISHMENT (NUM. AUTHORIZED)	(b) ACTUAL NUMBER ASSIGNED TO FACILITY	(c) AVE. NUM. DYS PER MONTH	
01	Specialist/Consultant Physician-onsite .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
02	(NOT APPLICABLE) .....	<input type="text"/> 9 <input type="text"/> 9 <input type="text"/> 5	<input type="text"/> 9 <input type="text"/> 9 <input type="text"/> 5		
03	Specialist/consultant or physician (visiting) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
04	Medical Officer/Physician/House officer, District medical officer, etc. ....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
05	Intern (on site) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
06	Intern (visiting) .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
07	Nurse/Midwife .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
08	Nurse .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
09	Midwife .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
10	Family Nurse Practitioner .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
11	Nursing Assistant .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
12	Clinic Aide/Personal Care Assistant (PCA) ....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
13	Public Health/Community Health Nurse .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
14	Community Health Worker .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
15	Community Health Aide .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
16	District Health Visitor .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
17	Health Educator .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
18	Lab technician/technologist .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
19	Lab assistant .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
20	Social worker .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
21	HIV/AIDS counselor .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
22	Other counselor .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>		
23	Psychologist .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
24	Nutritionist .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES			GO TO																																																
	QUALIFICATION	(a) NUMBER AUTHORIZED	(b) ACTUAL NUMBER ASSIGNED TO FACILITY	(c) AVE. NUM. DYS PER MONTH																																																	
25	Pharmacist .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																																																	
26	Pharmacy assistant .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																																		
27	All other staff with clinical training or providing client services (e.g., radiologist, dietician, dentist, surgical/anesthetic staff, etc.)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>																																																		
104	SUM THE NUMBER OF STAFF REPORTED IN COLUMN (b).  You have told me that there are (TOTAL STAFF) with clinical training or providing client services assigned to this facility. Is this correct? IF NOT CORRECT, PROBE AND MAKE CORRECTIONS.	TOTAL ASSIGNED CLINICAL/CLIENT SERVICE STAFF <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																			
105	In addition to the above mentioned staff, does this facility have any people who are not officially assigned to the facility but who work routinely (either full or part time) and who provide client services? This might include seconded staff from other organizations or volunteers.	YES ..... 1 NO ..... 2			→ 108																																																
106	Please tell me the number of staff of each of the qualifications I will mention that are seconded to this facility, both the number providing HIV/AIDS related services and the number providing other services.	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="2">SERVICES</th> </tr> <tr> <th colspan="2"></th> <th>HIV/AIDS ONLY</th> <th>NOT ONLY HIV/AIDS</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Doctor .....</td> <td>DOCTOR</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> <tr> <td>02</td> <td>Intern .....</td> <td>INTERN</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> <tr> <td>03</td> <td>Nurse .....</td> <td>NURSE</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> <tr> <td>04</td> <td>Midwife .....</td> <td>MIDWIFE</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> <tr> <td>05</td> <td>Nursing assistant .....</td> <td>NURSING ASSISTANT</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> <tr> <td>06</td> <td>Laboratory technician .....</td> <td>LAB TECHNICIAN</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> <tr> <td>07</td> <td>Laboratory assistant .....</td> <td>LAB ASSISTANT</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> <tr> <td>08</td> <td>Counselor .....</td> <td>COUNSELOR</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> <tr> <td>09</td> <td>Community worker .....</td> <td>COMM WORKER</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> <tr> <td>10</td> <td>Other client service staff .....</td> <td>OTHER CLIENT SERVICE PROVIDERS</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> </tr> </tbody> </table>					SERVICES				HIV/AIDS ONLY	NOT ONLY HIV/AIDS	01	Doctor .....	DOCTOR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	02	Intern .....	INTERN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	03	Nurse .....	NURSE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	04	Midwife .....	MIDWIFE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	05	Nursing assistant .....	NURSING ASSISTANT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	06	Laboratory technician .....	LAB TECHNICIAN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	07	Laboratory assistant .....	LAB ASSISTANT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	08	Counselor .....	COUNSELOR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	09	Community worker .....	COMM WORKER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	10	Other client service staff .....	OTHER CLIENT SERVICE PROVIDERS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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10	Other client service staff .....	OTHER CLIENT SERVICE PROVIDERS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																		
107	SUM THE NUMBER OF OTHER PEOPLE WHO WORK WITH THE FACILITY.	TOTALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																			
108	Among all staff (either assigned or seconded) how many are foreign ? (FOREIGN = NON-CARICOM EXCEPT SURINAME)	TOTAL FOREIGN SERVICE PROVIDERS <input type="text"/> <input type="text"/>																																																			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
109	Does the facility have a computer? (REPORTED RESPONSE IS ACCEPTABLE) IF YES, ASK: Is the computer functioning today?	YES, FUNCTIONING ..... 1 YES, NOT FUNCTIONING ..... 2 NO ..... 3	→ 111
110	Is there access to email/internet within the facility? IF NOT FUNCTIONING, ASK ABOUT EMAIL ACCESS WHEN COMPUTER FUNCTIONS	YES ..... 1 NO ..... 2	
111	Does the facility have a functioning telephone or 2-way radio to call outside? (REPORTED RESPONSE IS ACCEPTABLE)	YES, TELEPHONE ..... 1 YES, 2-WAY RADIO ..... 2 ONLY PERSONAL CELL, PAY OR OFF-SITE BORROWED PHONE ..... 3 NO ..... 4	
112	Does this facility have a stand-by or back-up generator? IF YES, ASK: Is the generator functioning and is fuel routinely available?  (REPORTED RESPONSE IS ACCEPTABLE)	YES, FUNCTIONING AND FUEL ROUTINELY AVAILABLE ..... 1 YES, FUNCTIONING BUT FUEL NOT ROUTINELY AVAILABLE ..... 2 YES, BUT NOT FUNCTIONING ..... 3 NO GENERATOR ..... 4	
113	Does this facility ever obtain electricity from any non-generator source?	YES CENTRAL SUPPLY ..... 1 YES, SOLAR OR OTHER SUPPLY ..... 2 NO ..... 3	→ 116
114	Is the electricity (not including any backup generator) always available during the times when the facility is providing services, or is it sometimes interrupted?	ALWAYS/ALMOST ALWAYS AVAILABLE ... 1 SOMETIMES INTERRUPTED ..... 2 ELECTRICITY ONLY AFTER DARK ..... 3	→ 116
115	IF SOMETIMES INTERRUPTED, ASK: How many <u>days</u> during the past week was the electricity <u>not</u> available for at least 2 hours?	NUMBER OF DAYS NOT AVAILABLE IN PAST WEEK ..... <input type="text"/>  NEVER INTERRUPTED 2 HOURS OR MORE ..... 0	
116	What is the most commonly used source of water for washing hands and other items in the facility?  (REPORTED RESPONSE IS ACCEPTABLE)	PIPED FROM PROTECTED SOURCE, SUCH AS PROTECTED WELL OR BOREHOLE ... 01 PIPED FROM UNPROTECTED SOURCE, SUCH AS UNPROTECTED WELL OR BOREHOLE 02 PIPED FROM UNKNOWN SOURCE ..... 03 PROTECTED STAND-PIPE (WELL/BOREHOLE) 04 UNPROTECTED STAND-PIPE (WELL/BOREHOLE) 05 RAINWATER PROTECTED ..... 06 RAINWATER UNPROTECTED ..... 07 RIVER OR LAKE OR POND ..... 08 OTHER ..... 09 SPECIFY _____ DON'T KNOW ..... 98	
117	Is the water outlet from this source available onsite or within 500m of the facility? REPORTED RESPONSE IS ACCEPTABLE	YES, INSIDE FACILITY ..... 1 YES, OUTSIDE FACILITY ..... 2 NO ..... 3	
118	Is the water supply for this facility sometimes interrupted or always available?	SOMETIMES INTERRUPTED ..... 1 ALWAYS AVAILABLE ..... 2	→ 128
119	How many days in the last 6 months was water unavailable?	DAYS <input type="text"/> <input type="text"/> <input type="text"/>	
120-121 QUESTIONS DELETED			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
128	Are new staff, who work with HIV/AIDS clients in any capacity, routinely given written or verbal instruction in confidentiality and disclosure of HIV test results or client status?	YES, WRITTEN IN CONTRACT ..... 1 YES, NOT WRITTEN IN CONTRACT ..... 2 NO ..... 3 DON'T KNOW ..... 8	
129	Do you have any staff who have been trained in <u>both</u> pre and post test counseling for HIV/AIDS?	YES, TRAINED COUNSELOR IN FACILITY ..... 1 NO TRAINED COUNSELOR IN FACILITY ..... 2 DON'T KNOW ..... 8	
POST EXPOSURE PROPHYLAXIS			
130	Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV/AIDS. Are at-risk , clients, for example, rape victims, offered or referred for PEP? IF YES, ASK: Is the PEP provided in this facility, or are clients referred elsewhere for PEP?	YES, PEP IN THIS FACILIT ..... 1 YES, REFERRED TO OTHER FACILITY FOR PEP ..... 2 NO PEP AVAILABLE ..... 3 DON'T KNOW ..... 8	
131	Do staff in this facility have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY ..... 1 YES, REFERRED TO OTHER FACILITY FOR PEP ..... 2 NO PEP AVAILABLE ..... 3	→ 139
132	Is there a non-client service unit where staff who are exposed either receive the prescription or a referral for PEP? NON CLIENT UNIT MEANS ANY LOCATION NOT ELIGIBLE FOR OPD/IPD QRE.	YES ..... 1 NO, PEP SERVICES ONLY ON CLIENT SERVICE UNITS ..... 2	→ 139
133	GO TO MAIN PEP SERVICE OR REFERRAL SITE. IF NO CENTRAL SITE FOR PEP SERVICES, GO TO MAIN STORAGE SITE FOR PEP MEDICINES. Is there a centrally maintained register or record that shows that a worker has been prescribed PEP or has been referred for PEP? IF YES, ASK: May I see the register/record? GO TO WHERE THE RECORD/REGISTER IS MAINTAINED AND CIRCLE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED	REFERRED FOR PEP ..... A RECEIVED PRE-PEP HIV TEST ..... B RECEIVED PEP ARV DRUGS ..... C RECEIVED POST-PEP HIV TEST ..... D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS ..... E INFORMATION ONLY AVAILABLE IN INDIVIDUAL HEALTH RECORDS ..... F NO RECORDS FOR PEP ..... Y	
134	Is the PEP regime prescribed by a provider in this clinic/unit?	YES ..... 1 NO ..... 2	→ 136
134a	What is the PEP regimen that is most commonly prescribed?	ZIDOVUDINE ..... 1 OTHER ..... 6	
135	Are there any written guidelines for post-exposure prophylaxis available in this clinic/ unit? IF YES, ASK TO SEE THE GUIDELINES. (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4	
136	ASK TO GO TO THE MAIN PLACE IN THE FACILITY WHERE PEP MEDICINES ARE STORED, AND INDICATE IF MEDICINES ARE AVAILABLE. IF YES, INDICATE IF INFORMED CONSENT WAS RECEIVED FROM RESPONDENT.	NO PEP MEDICINES IN FACILITY ..... 1 YES PEP MEDS, YES INFORMED CONSENT ... 2 YES, MEDICINES, NO INFORMED CONSENT ... 3	→ 139 → 139



NO.	QUESTIONS	CODING CATEGORIES			GO TO
141	After cleaning, which are the <b>final</b> processing methods most commonly used for disinfecting <b>syringes and needles</b> ?	YES	NO	DON'T KNOW	
01	Use disposables <b>only</b>	1 142 ←	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2		
142	After cleaning, what are the <b>final</b> processes most commonly used for sterilizing or disinfecting <b>medical equipment</b> , such as surgical instruments, before they are reused, and where are they done?	(a)			
		YES	NO	DON'T KNOW	
01	No equipment sterilized or disinfected	1 143 ←	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2		

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
143	<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>							
	ITEM	(a) ITEM AVAILABLE				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1 → b	2 → b	3 02 ↙	8 02 ↙	1	2	8
02	Non-electric autoclave (PRESSURE/WET HEAT)	1 → b	2 → b	3 03 ↙	8 03 ↙	1	2	8
03	Electric dry heat sterilizer	1 → b	2 → b	3 04 ↙	8 04 ↙	1	2	8
04	Electric boiler or steamer (no pressure)	1 → b	2 → b	3 05 ↙	8 05 ↙	1	2	8
05	Non-electric pot with cover (FOR STEAM/BOIL)	1	2	3	8			
06	Heat source for non-electric equipment (STOVE OR COOKER)	1 → b	2 → b	3 07 ↙	8 07 ↙	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1 → b	2 → b	3 08 ↙	8 08 ↙	1	2	8
08	TST Indicator strips or other item that indicates when sterilization is complete	1	2	3	8			
09	Written protocols or guidelines for ster- ilization or disinfection	1	2	3	8			
144	ASK TO SEE WHERE ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS AN OBSERVED OR REPORTED PRACTICE	OBSERVED				REPORTED, NOT SEEN	NO/ NOT APPLICABLE	DON'T KNOW
01	Wrapped in sterile cloth/autoclave paper, sealed with tape	1				2	3	8
02	Stored in sterile container with lid that clasps shut	1				2	3	8
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1				2	3	8
04	On tray, covered with cloth/paper or wrapped without sealing tape	1				2	3	8
05	In container with disinfectant or antiseptic	1				2	3	8
06	OTHER CLEAN	1				2	3	8
07	OTHER, NOT CLEAN	1				2	3	8
145	Date of sterilization written on packet or container with processed items	1				2	3	8
146	Storage location dry and clean	1				2	3	8



NO.	QUESTIONS	CODING CATEGORIES	GO TO
147	<p>ASK TO GO TO THE MAIN LOCATION AT THE FACILITY FOR DISPOSAL OF HAZARDOUS WASTE.</p> <p>How does this facility finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?</p>	<p>BURNED IN INCINERATOR ..... 02</p> <p>BURNED AND BURIED ..... 03</p> <p>BURNED AND REMOVED TO OFFSITE LANDFILL ..... 04</p> <p>BURNED AND NOT BURIED ..... 05</p> <p>BURIED AND NOT BURNED ..... 06</p> <p>THROWN IN TRASH/OPEN PIT ..... 07</p> <p>THROWN IN PIT LATRINE ..... 08</p> <p>REMOVED OFFSITE ..... 09</p> <p>NOT APPLICABLE ..... 10</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
148	<p>ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED</p>	<p>WASTE VISIBLE, PROTECTED ..... 1</p> <p>WASTE VISIBLE, UNPROTECTED ..... 2</p> <p>NO WASTE VISIBLE ..... 3</p> <p>WASTE SITE NOT INSPECTED ..... 4</p>	
149	<p>How does this facility finally dispose of needles and other sharps?</p>	<p>SAME SITE AS OTHER WASTE (Q147) 01</p> <p>BURNED IN INCINERATOR ..... 02</p> <p>BURNED AND BURIED ..... 03</p> <p>BURNED AND REMOVED TO OFFSITE LANDFILL ..... 04</p> <p>BURNED AND NOT BURIED ..... 05</p> <p>BURIED AND NOT BURNED ..... 06</p> <p>THROWN IN TRASH/OPEN PIT ..... 07</p> <p>THROWN IN PIT LATRINE ..... 08</p> <p>REMOVED OFFSITE ..... 09</p> <p>NOT APPLICABLE ..... 10</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	→ 151
150	<p>ASK TO SEE WHERE SHARP ITEMS ARE DISPOSED OF OR KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED</p>	<p>WASTE VISIBLE, PROTECTED ..... 1</p> <p>WASTE VISIBLE, UNPROTECTED ..... 2</p> <p>NO WASTE VISIBLE ..... 3</p> <p>WASTE SITE NOT INSPECTED ..... 4</p>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
151	CHECK Q147 AND Q149, IS '09' CIRCLED, INDICATING THAT UNBURNED WASTE IS REMOVED OFFSITE FOR DISPOSAL?	YES ..... 1 NO ..... 2	→ 153
152	How is the waste that is collected and removed offsite finally disposed?	INCINERATED ..... 1 TAKEN TO LOCAL LANDFILL AND BURNED 2 TAKEN TO LOCAL LANDFILL AND NOT BURNED ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
153	ASSESS GENERAL CLEANLINESS OF FACILITY. • A FACILITY IS CLEAN IF THE FLOORS ARE SWEEPED AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A FACILITY IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	FACILITY CLEAN ..... 1 FACILITY NOT CLEAN ..... 2	
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>			
154	RECORD THE TIME AT END OF INTERVIEW	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> </div> <div style="text-align: center; margin-top: 5px;">24 HOUR CLOCK</div>	
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

# SECTION B: HIV/AIDS OUTPATIENT CARE

Code of Facility:           QRE TYPE **B**

COUNTRY DISTRICT FACILITY

Interviewer Code:

**ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES OFFERED BY THIS CLINIC/UNIT. IF THERE ARE NO HIV/AIDS OR RELATED SERVICES OFFERED IN THE FACILITY, COMPLETE AT LEAST ONE OPD QRE FOR THE FACILITY.**

200	INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/> <input type="text"/> LINE UNIT	NAME OF UNIT _____															
200a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06 OTHER _____ .... 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>																
200b	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS CLINIC/UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS CLINIC/UNIT	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>(V)CT Q204, Q206, OR Q208</td> <td>1</td> <td>2</td> </tr> <tr> <td>PMTCT Q214</td> <td>1</td> <td>2</td> </tr> <tr> <td>TB Q220 (01, 02 or 03)</td> <td>1</td> <td>2</td> </tr> <tr> <td>ART Q224 (07 OR 08)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NOT APPLICABLE	(V)CT Q204, Q206, OR Q208	1	2	PMTCT Q214	1	2	TB Q220 (01, 02 or 03)	1	2	ART Q224 (07 OR 08)	1	2	
	YES	NOT APPLICABLE																
(V)CT Q204, Q206, OR Q208	1	2																
PMTCT Q214	1	2																
TB Q220 (01, 02 or 03)	1	2																
ART Q224 (07 OR 08)	1	2																

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

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

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

The information you provide will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about \_\_\_ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time.

The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.

Do you have any questions for me at this time?

201	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
202	RECORD THE TIME AT BEGINNING OF INTERVIEW	<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"/>	12 HOUR CLOCK DAY MONTH YEAR

Section B - Page 20

NO.	QUESTIONS	CODING CATEGORIES	GO TO
211	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED ..... 1 NO ..... 2	→ 213 → 213
212	Do you use any [other] method to provide client information to the referral site or to help the client receive services from the referral site?  IF YES, ASK: What methods do you use?  CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD ..... A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT ..... C WRITE NOTE/LETTER ON BLANK PAPER ..... D OTHER ..... X (SPECIFY) NONE ..... Y	
213	What is the normal practice for this clinic/unit if a person comes voluntarily to ask for an HIV test?  PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE. CIRCLE ALL THAT APPLY.	IF PROVIDER AVAILABLE, PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS CLINIC/UNIT A MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME ..... B REFER WITHOUT APPOINTMENT FOR TEST WITHIN FACILITY ..... C REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT ..... D OTHER ..... X (SPECIFY) DON'T PROVIDE SERVICE OR REFERRAL ..... Y	
214	Does this clinic/unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES ..... 1 NO ..... 2	Q: PMTCT
215	QUESTION DELETED		
216	Is an individual client chart/record maintained for clients receiving services in this clinic/unit?  IF THIS IS THE PRACTICE FOR EITHER ALL PATIENTS OR ONLY HIV/AIDS PATIENTS, THE ANSWER IS 'YES'.  IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD	YES, IN UNIT, OBSERVED ..... 1 YES, IN UNIT, REPORTED, NOT SEEN ..... 2 YES, PROVIDED OR KEPT ELSEWHERE IN FACILITY ..... 3 YES, IN CENTRAL RECORDS ..... 4 ONLY IF CLIENT PROVIDES ..... 5 OTHER ..... 6 SPECIFY NO INDIVIDUAL RECORD ..... 7	
217	Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this clinic/unit? IF YES: May I see the written policy?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 219
218	Does the policy specify that no one, <b>including family</b> , can be informed of the HIV/AIDS status without the client's consent?	YES ..... 1 NO ..... 2	
219	Now I would like to talk with the person most familiar with <b>clinical care services</b> that are available in this clinic/unit. IF SAME RESPONDENT, MARK YES AND CONTINUE. IF NEW RESPONDENT, READ TEXT ON PAGE 1, AND CIRCLE '1' INDICATING INFORMED CONSENT WAS PROVIDED.	YES ..... 1  IF NO AGREEMENT, SEEK ASSISTANCE OF FACILITY/UNIT IN-CHARGE. IF NO AGREEMENT TO PROVIDE FURTHER INFORMATION ON CLINICAL SERVICES, CIRCLE '2' ..... 2	→ END QRE

NO.	QUESTIONS	CODING CATEGORIES				GO TO
220	For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.	SERVICE OFFERED IN THIS FACILITY				
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC/UNIT THIS FACILITY	REFER CLIENTS OUTSIDE FACILITY	NO SERVICE	
01	Prescribe medicines for treatment of tuberculosis?	1 → TB QRE	2	3	4	
02	Make the diagnosis of tuberculosis?	1 → TB QRE	2	3	4	
03	Provide follow-up treatment/care for clients with tuberculosis? THIS INCLUDES COMMUNITY LEVEL F/U	1 → TB QRE	2	3	4	
04	Prescribe treatment for sexually transmitted infections (STIs)	1	2	3	4	
05	Prescribe treatment for malaria	1	2	3	4	
221	Do you have written guidelines on any of the following topics in this clinic/unit? IF YES: May I see it please?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	National guidelines for Universal Precautions (19)	1 → 03	2	3	4	
02	Other guidelines for infection control (19)	1	2	3	4	
03	National guidelines on management of STIs (13)	1 → 05	2	3	4	
04	Other guidelines for management of STIs (13)	1	2	3	4	
05	WHO guidelines on syndromic management of STIs (13)	1	2	3	4	
06	Guidelines for routinely offering HIV tests to to all STI clients	1	//////////////////// ////////////////////	3	4	
07	National guidelines for the management of malaria (14)	1 → 222	2	3	4	
08	Other guidelines for the management of malaria (14)	1	2	3	4	
222	Do providers assigned to this unit ever provide treatment or follow-up for clients whom they think have HIV/AIDS? IF YES, CONFIRM THAT THE SERVICE IS RELATED TO HIV/AIDS, SUCH AS TREATMENT OF OPPORTUNISTIC INFECTIONS (ORAL CANDIDIASIS, CHRONIC DIARRHEA, RESPIRATORY INFECTIONS, ETC) OR SOCIAL SERVICES/COUNSELING SERVICES RELATED TO CARE AND SUPPORT FOR HIV/AIDS.	YES ..... 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, WITHIN FACILITY ..... 2 → 229 NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY ..... 3 → 231 OTHER ..... 6 → 231 (SPECIFY) NEVER REFER OR PROVIDE SERVICES FOR HIV/AIDS ..... 7 → 249				
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. CIRCLE '1' TO INDICATE INFORMED CONSENT RECEIVED.	YES ..... 1  NO IS NOT ACCEPTABLE. IF NO OTHER RESPONDENT AVAILABLE, CONTINUE WITH PREVIOUS RESPONDENT.				

NO.	QUESTIONS	CODING CATEGORIES					GO TO
224	For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE NO REFERRAL	
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC	INPATIENT SERVICE ONLY			
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections	1	2	3	4	5	
02	Systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis?	1	2	3	4	5	
03	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5	
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the severely debilitated client? [HOSPICE CARE]	1	2	3	4	5	
05	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5	
06	Fortified protein supplementation (FPS)	1	2	3	4	5	
07	Prescribe ARV therapy?	1 → ART QRE	2	3	4	5	
08	Provide follow-up services for clients on antiretroviral treatment [THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES]	1 → ART QRE	2	3	4	5	
09	Care for pediatric HIV/AIDS patients	1	2	3	4	5	
10	Other HIV/AIDS services SPECIFY	1	2	3	4	5	
225	For each service I mention, please tell me whether you routinely offer it to your clients. By routinely I mean the service is offered to every client who is identified as possible HIV infected.  PROBE FOR WHETHER SERVICE IS OFFERED IN THIS CLINIC/UNIT OR THROUGH REFERRAL WITHIN OR OUTSIDE THIS FACILITY.	SERVICE OFFERED				NO SERVICE NO REFERRAL	
		ROUTINELY			SELECTIVELY		
		PROVIDE SERVICE THIS CLINIC	REFERRED TO OTHER CLINIC THIS FACILITY	REFERRED TO OUTSIDE FACILITY	SERVICE SOMETIMES OFFERED (MAY BE IN THIS CLINIC OR REFER)		
01	Test or screen for tuberculosis	1	2	3	4	5	
02	Preventive treatment for TB (Isoniazid or INH)	1	2	3	4	5	
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT) for pneumonia.	1	2	3	4	5	
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5	
05	Family planning services for HIV/AIDS clients	1	2	3	4	5	
06	Condom distribution for preventing further transmission of HIV/AIDS.	1	2	3	4	5	

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



NO.	QUESTIONS	CODING CATEGORIES				GO TO
228	For each specialty support service I mention, please tell me if you offer it to clients either in this facility or through referral. PROBE FOR WHERE SERVICE IS OFFERED. IF THROUGH REFERRAL ASK TO SEE ANY LIST OF REFERRAL SITES. IF THERE IS NO WRITTEN LIST, ASK IF THE PROVIDER CAN NAME A SITE.	YES, SERVICE IS AVAILABLE THIS FACILITY	YES, CLIENT REFERRED OUTSIDE AND LIST OF REFERRAL SITES AVAILABLE		NO SERVICE NO REFERRAL	
			NOT SEEN, AND PROVIDER			
			OBSERVED	CAN NAME SITE	CANNOT NAME SITE	
01	Home-based care services for people living with HIV/AIDS (PLHA) and their families	1	2	3	4	5
02	PLHA support group	1	2	3	4	5
03	Emotional/spiritual support	1	2	3	4	5
04	Support for orphans or other vulnerable children	1	2	3	4	5
05	Social support, such as food, material, income generating projects and fee exemption for PLHA and their families	1	2	3	4	5
06	Legal services	1	2	3	4	5
07	Education on HIV care for patients and their families	1	2	3	4	5
08	Traditional medicines (e.g. bushtea)	1	2	3	4	5
09	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5
229	When you refer the client to another clinic/unit <b>within the facility</b> for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 NO REFERRAL WITHIN FACILITY ..... 4				→ 231 → 231
230	Do you use any [other] method to provide client information to the other clinic/unit to help the client receive services from the referral site?  IF YES, ASK: What method do you use?  CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD ..... A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) ..... C WRITE NOTE/LETTER ON BLANK PAPER ..... D OTHER ..... X (SPECIFY) NONE ..... Y				
231	Is there a register or record of clients you refer for any type of HIV/AIDS-related services? IF YES, ASK TO SEE IT.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO, ONLY WRITTEN IN INDIVIDUAL CLIENT CHART/REC ..... 3 NO ..... 4				
232	When you refer the client <b>to another facility</b> for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 NO REFERRALS TO OTHER FACILITY ..... 4				→ 234 → 234 → 235
233	Does the referral form have a place where the name of the referral site can be entered?	YES, OBSERVED ..... 1 NO ..... 2				→ 235 → 235

NO.	QUESTIONS	CODING CATEGORIES	GO TO
234	Do you use any [other] method to provide client information to the referral site or to help the client receive services from the referral site?  IF YES, ASK: What method do you use?  CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD ..... A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT ..... C WRITE NOTE/LETTER ON BLANK PAPER ..... D OTHER ..... X (SPECIFY) NONE ..... Y	
235	Do you have a system for making individual client appointments for HIV/AIDS clients? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
236	CHECK Q224 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES ..... 1 NO ..... 2	→ 249
237	Where can we find information on the numbers of clients seen in this clinic/unit who received services for HIV/AIDS related diagnoses, such as opportunistic infections? IF RESPONSE IS "NEVER SEE HIV/AIDS CLIENTS" PROBE TO ENSURE DIAGNOSES OR CODES THAT INDICATE PROBABLE HIV/AIDS ARE NEVER USED. INDICATE THE RESPONSE FOR WHERE THE DATA WILL BE COLLECTED FOR THIS CLINIC/UNIT.	CLINIC/UNIT REGISTER/RECORDS ..... 1 CLINIC/UNIT COMPUTER ..... 2 CENTRAL FACILITY REGISTER/RECORD ..... 3 CENTRAL FACILITY COMPUTER ..... 4 INFORMATION NOT RECORDED ANYWHERE OR ONLY IN INDIVIDUAL CLIENT CHART/RECORD ..... 5	→ 242 → 242 → 242
238	WHAT IS THE MOST RECENT DATE WHERE ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS AGO ..... 2 NO DATE RECORDED ..... 3 REGISTER NOT SEEN ..... 4	→ 242

NO.	QUESTIONS	CODING CATEGORIES	GO TO
239	<p>EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this clinic/unit during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the clinic/unit records.</p> <p>START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT VISITS, WHICHEVER IS THE LEAST NUMBER OF CLIENTS. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT VISIT FELL.</p> <p>IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.</p>		
		NUMBER OF VISITS	
01	ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) ..... ABOVE 5 YEARS OF AGE	<input type="text"/> <input type="text"/> <input type="text"/>	
02	TOXOPLASMOSIS .....	<input type="text"/> <input type="text"/> <input type="text"/>	
03	KAPOSI'S SARCOMA .....	<input type="text"/> <input type="text"/> <input type="text"/>	
04	AIDS-RELATED COMPLEX (ARC) .....	<input type="text"/> <input type="text"/> <input type="text"/>	
05	HERPES ZOSTER/SIMPLEX .....	<input type="text"/> <input type="text"/> <input type="text"/>	
06	PCP (PNEUMOCYSTIS CARNI PNEUMONIA) .....	<input type="text"/> <input type="text"/> <input type="text"/>	
07	PNEUMONIA (ABOVE 5 YEARS OF AGE) .....	<input type="text"/> <input type="text"/> <input type="text"/>	
08	TB (TUBERCULOSIS) .....	<input type="text"/> <input type="text"/> <input type="text"/>	
09	IMMUNOSUPPRESSION / HIV/AIDS .....	<input type="text"/> <input type="text"/> <input type="text"/>	
10	WASTING SYNDROME .....	<input type="text"/> <input type="text"/> <input type="text"/>	
11	CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE) .....	<input type="text"/> <input type="text"/> <input type="text"/>	
12	OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) .....	<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"/> ENTER '98' IF UNABLE TO DETERMINE	
241	RECORD THE TOTAL NUMBER OF VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED, FOR ANY TYPE OF DIAGNOSIS	TOTAL NUMBER OF VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
242	Are reports regularly compiled on the number of visits by clients who seek treatment from this clinic/unit for HIV/AIDS related illnesses?	YES, FOR ALL VISITS ..... 1 YES, FOR CONFIRMED HIV/AIDS ONLY ..... 2 NO ..... 3	→ 249
243	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS/NO FIXED TIME ..... 4 NEVER ..... 5	→ 245

NO.	QUESTIONS	CODING CATEGORIES	GO TO
244	To whom are the reports sent?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D NATIONAL AIDS PROGRAM ..... E OTHER ..... X (SPECIFY)	
245	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2	
246-248	QUESTIONS DELETED		
POST EXPOSURE PROPHYLAXIS (PEP)			
249	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker? IF NO, ASK, Do any providers in this clinic/unit refer exposed workers elsewhere for PEP?	YES, PEP PRESCRIBED/STAFF REFERRED BY THIS CLINIC/UNIT ..... 1 PEP PRESCRIBED/STAFF REFERRED BY OTHER SITE THIS FACILITY ..... 2 NO REFERRALS, STAFF CAN SEEK PEP AT OTHER FACILITY IF DESIRED ..... 3 NO ACCESS TO PEP ..... 4	→ 253 → 253 → 253
249a	Is there a register or record maintained in this clinic/unit for workers who have been prescribed PEP or who have been referred for PEP?  IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE AND CIRCLE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED	REFERRED FOR PEP ..... A RECEIVED PRE-PEP HIV TEST ..... B RECEIVED PEP ARV DRUGS ..... C RECEIVED POST-PEP HIV TEST ..... D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS. .... E INFORMATION ONLY AVAILABLE IN INDIVIDUAL HEALTH RECORDS ..... F NO RECORDS FOR PEP ..... Y	
249b	Are there any written guidelines for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4	
250	Are any PEP drugs ever stored in this clinic/unit? IF YES, ASK TO SEE THE PEP DRUGS	YES ..... 1 NO ..... 2	→ 253
251	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) ..... A STAVUDINE ..... B LAMIVUDINE ..... C INDINAVIR ..... D OTHER ..... W (SPECIFY) OTHER ..... X (SPECIFY) NONE AVAILABLE TODAY ..... Y	
252	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?  IF THERE WERE NO PEP MEDICINES PRESENT, DESCRIBE THE NORMAL STORAGE AND SECURITY WHEN PEP DRUGS ARE AVAILABLE.	LOCKED, SEPARATE FROM OTHER MEDICINES AND ARVS ..... 1 LOCKED, BUT NOT SEPARATE FROM OTHER MEDICINES OR ARVS ..... 2 NOT LOCKED, SEPARATE FROM OTHER MEDICINES ..... 3 NOT LOCKED, AND NOT SEPARATE FROM OTHER MEDICINES OR ARVS ..... 4 OTHER ..... 6 (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
253	Does this clinic/unit ever keep patients overnight for observation or treatment? PROBE FOR CORRECT RESPONSE.	YES, BUT THERE ARE NO FORMAL INPATIENT SERVICES . . . . . 1 NO, ADMITTED AS INPATIENT TO OTHER CLINIC/UNIT, THIS FACILITY . . . . . 2 NO OVERNIGHT CARE . . . . . 3	
254-256 QUESTIONS DELETED			
257	Is there an indoor waiting area for clients, for example where they are protected from sun and rain?	YES . . . . . 1 NO . . . . . 2	
258	Is there a client toilet that patients from this clinic/unit can use? IF YES, ASK TO SEE THE TOILET AND INDICATE THE CONDITION	YES, FUNCTIONING, CLEAN, . . . . . 1 YES, FUNCTIONING, NOT CLEAN . . . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO CLIENT TOILET . . . . . 4	
258a	FILTER: ARE CLIENT EXAMINATIONS OR PROCEDURES EVER CONDUCTED IN THIS CLINIC/UNIT?	YES . . . . . 1 NO . . . . . 2	→ 259c
<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>			
259	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	<div> OBSERVED REPORTED, NOT SEEN NOT AVAILABLE </div>	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04      2      3	
02	AUDITORY PRIVACY	1      2      3	
03	VISUAL PRIVACY	1      2      3	
04	RUNNING WATER	1 → 06      2      3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1      2      3	
06	SOAP	1 → 08      2      3	
07	HAND SANITIZER	1      2      3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1      2      3	
09	SHARPS CONTAINER	1      2      3	
10	DISPOSABLE LATEX GLOVES	1 → 12      2      3	
11	DISPOSABLE NON-LATEX GLOVES	1      2      3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14      2      3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1      2      3	
14	CONDOMS	1      2      3	
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1      2      3	
16	RAPID TEST FOR HIV	1      2      3	
17	DISPOSABLE NEEDLES	1      2      3	
18	DISPOSABLE SYRINGES	1      2      3	
19	EXAMINATION TABLE	1      2      3	
20	MASKS	1      2      3	
21	GOGGLES / GLASSES	1      2      3	

NO.	QUESTIONS	CODING CATEGORIES		GO TO
259a	IS THERE A PROCEDURE ROOM THAT IS DIFFERENT FROM THE PREVIOUSLY ASSESSED ROOM? IF YES, GO TO THAT ROOM AND ASSESS.	YES ..... 1 NONE ..... 2		→ 259c
259b	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3
02	AUDITORY PRIVACY	1	2	3
03	VISUAL PRIVACY	1	2	3
04	RUNNING WATER	1 → 06	2	3
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3
06	SOAP	1 → 08	2	3
07	HAND SANITIZER	1	2	3
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3
09	SHARPS CONTAINER	1	2	3
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3
11	DISPOSABLE NON-LATEX GLOVES	1	2	3
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3
14	CONDOMS	1	2	3
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3
16	RAPID TEST FOR HIV	1	2	3
17	DISPOSABLE NEEDLES	1	2	3
18	DISPOSABLE SYRINGES	1	2	3
19	EXAMINATION TABLE	1	2	3
20	MASKS	1	2	3
21	GOGGLES / GLASSES	1	2	3
259c	Is this the main outpatient clinic/unit?	YES ..... 1 NO ..... 2		→ 260
259d	IS THERE A SEPARATE DERMATOLOGY OR DENTAL CLINIC/UNIT? IF YES, GO TO THE UNIT INDICATED AT THE RIGHT, AND ASSESS.	DERMATOLOGY ..... 1 DENTAL ..... 2 NONE ..... 3		→ 260

NO.	QUESTIONS	CODING CATEGORIES			GO TO
259e	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
16	RAPID TEST FOR HIV	1	2	3	
17	DISPOSABLE NEEDLES	1	2	3	
18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	
259f	IS THERE AN OTHER SEPARATE DERMATOLOGY OR DENTAL CLINIC/UNIT? IF YES, GO TO THE UNIT INDICATED AT THE RIGHT, AND ASSESS.	DERMATOLOGY . . . . . 1 DENTAL . . . . . 2 NONE . . . . . 3			→ 260

NO.	QUESTIONS	CODING CATEGORIES			GO TO
259g	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
16	RAPID TEST FOR HIV	1	2	3	
17	DISPOSABLE NEEDLES	1	2	3	
18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	



NO.	QUESTIONS	CODING CATEGORIES			GO TO																																
STERILIZATION AND HIGH-LEVEL DISINFECTING																																					
ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION																																					
260	<p>What procedure is used for <b>decontaminating</b> and <b>cleaning</b> syringes or equipment before its final processing for reuse?</p> <p>PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.</p>	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED USING SOAP AND WATER ..... 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT SOLUTION ..... 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY ..... 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED ..... 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED ..... 05 OTHER ..... 06 (SPECIFY) _____ NO REUSABLE SYRINGES OR EQUIPMENT ..... 07 NONE ..... 95 DON'T KNOW ..... 98			→ 271 → 261																																
260a	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3																																			
261	Where are reusable syringes or used equipment from this clinic/unit most commonly sterilized or disinfected before being reused again?	NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY ..... 1 THIS CLINIC/UNIT ..... 2 OTHER CLINIC/UNIT THIS FACILITY ..... 3 ENTER CLINIC/UNIT LINE AND NUMBER <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><td style="width: 20px; height: 20px;"></td></tr></table> SEND TO OTHER FACILITY ..... 4 OTHER ..... 6 (SPECIFY) _____ NO ITEMS EVER STERILIZED OR DISINFECTED FOR REUSE ..... 7							→ 271 → 263 → 271 → 271 → 271																												
262	HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION.	YES ..... 1 NO ..... 2			→ 271																																
263	After cleaning, which are the <b>final</b> processing methods most commonly used for disinfecting <b>syringes and needles</b> ?	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DON'T KNOW</th></tr> </thead> <tbody> <tr> <td>01 Use disposables <b>only</b></td><td>1 264 ↙</td><td>2</td><td>8</td></tr> <tr> <td>02 Dry heat sterilization</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>03 Autoclave</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>04 Steam</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>05 Boiling</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>06 Chemical method</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>07 Other _____ (SPECIFY)</td><td>1</td><td>2</td><td>///////// /////////</td></tr> </tbody> </table>				YES	NO	DON'T KNOW	01 Use disposables <b>only</b>	1 264 ↙	2	8	02 Dry heat sterilization	1	2	8	03 Autoclave	1	2	8	04 Steam	1	2	8	05 Boiling	1	2	8	06 Chemical method	1	2	8	07 Other _____ (SPECIFY)	1	2	///////// /////////	
	YES	NO	DON'T KNOW																																		
01 Use disposables <b>only</b>	1 264 ↙	2	8																																		
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04 Steam	1	2	8																																		
05 Boiling	1	2	8																																		
06 Chemical method	1	2	8																																		
07 Other _____ (SPECIFY)	1	2	///////// /////////																																		

NO.	QUESTIONS	CODING CATEGORIES			GO TO			
264	After cleaning, what are the <b>final</b> processes most commonly used for sterilizing or disinfecting <b>medical equipment</b> , such as surgical instruments, before they are reused, and where are they done?	(a)						
		YES	NO	DON'T KNOW				
01	No equipment sterilized or disinfected	1 266 ↙	2	8				
02	Dry heat sterilization	1	2	8				
03	Autoclave	1	2	8				
04	Steam	1	2	8				
05	Boiling	1	2	8				
06	Chemical method	1	2	8				
07	Other _____ (SPECIFY)	1	2	///////// /////////				
265 QUESTION DELETED								
ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)								
266	ITEM	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1 → 01b	2 → 01b	3 ↙ 02 ↙	8 ↙ 02 ↙	1	2	
02	Non-electric autoclave (PRESSURE/ WET HEAT)	1 → 02b	2 → 02b	3 ↙ 03 ↙	8 ↙ 03 ↙	1	2	
03	Electric dry heat sterilizer	1 → 03b	2 → 03b	3 ↙ 04 ↙	8 ↙ 04 ↙	1	2	
04	Electric boiler or steamer (no pressure)	1 → 04b	2 → 04b	3 ↙ 05 ↙	8 ↙ 05 ↙	1	2	
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8	///////// ///////// /////////		
06	Heat source (STOVE/COOKER)	1 → 06b	2 → 06b	3 ↙ 07 ↙	8 ↙ 07 ↙	1	2	
07	Automatic timer	1 → 07b	2 → 07b	3 ↙ 08 ↙	8 ↙ 08 ↙	1	2	
08	TST indicator strips (TAPE INDICATING STERILIZATION)	1	2	3	8	///////// ///////// /////////		
09	Written guidelines for processing	1	2	3	8	///////// ///////// /////////		

NO.	QUESTIONS	CODING CATEGORIES				GO TO
267	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS AN OBSERVED OR REPORTED PRACTICE					
		OBSERVED	REPORTED, NOT SEEN	NO/ NOT APPLICABLE	DON'T KNOW	
01	Wrapped in sterile cloth/autoclave paper, sealed with tape	1	2	3	8	
02	Stored in sterile container with lid that clasps shut	1	2	3	8	
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8	
04	On tray, covered with cloth/paper or wrapped without sealing tape	1	2	3	8	
05	In container with disinfectant or antiseptic	1	2	3	8	
06	OTHER CLEAN	1	2	3	8	
07	OTHER, NOT CLEAN	1	2	3	8	
268	Date of sterilization written on packet or container with processed items	1	2	3	8	
269	Storage location dry and clean	1	2	3	8	
270	QUESTION DELETED					
271	<p>Finally, I would like to ask a few questions about the waste disposal practices for hazardous waste.</p> <p>How does this clinic/unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes? IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"</p>	BURNED IN INCINERATOR ..... 02 BURNED AND BURIED ..... 03 BURNED AND REMOVED TO OFFSITE LANDFILL ..... 04 BURNED AND NOT BURIED ..... 05 BURIED AND NOT BURNED ..... 06 THROWN IN TRASH/OPEN PIT ..... 07 THROWN IN PIT LATRINE ..... 08 REMOVED OFFSITE ..... 09 NOT APPLICABLE ..... 10 OTHER ..... 96 _____ (SPECIFY)				
272	ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED ..... 1 WASTE VISIBLE, UNPROTECTED ..... 2 NO WASTE VISIBLE ..... 3 WASTE SITE NOT INSPECTED ..... 4				
273	<p>How does this clinic/unit finally dispose of needles and other sharps?</p> <p>IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' "REMOVED OFFSITE"</p>	SAME SITE AS OTHER WASTE (Q271) ..... 01 BURNED IN INCINERATOR ..... 02 BURNED AND BURIED ..... 03 BURNED AND REMOVED TO OFFSITE LANDFILL ..... 04 BURNED AND NOT BURIED ..... 05 BURIED AND NOT BURNED ..... 06 THROWN IN TRASH/OPEN PIT ..... 07 THROWN IN PIT LATRINE ..... 08 REMOVED OFFSITE ..... 09 NOT APPLICABLE ..... 10 OTHER ..... 96 _____ (SPECIFY)				→ 275
274	ASK TO SEE WHERE SHARP ITEMS ARE DISPOSED OF OR KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED ..... 1 WASTE VISIBLE, UNPROTECTED ..... 2 NO WASTE VISIBLE ..... 3 WASTE SITE NOT INSPECTED ..... 4				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
275	CHECK Q271 AND Q273, IS '09' CIRCLED, INDICATING THAT UNBURNED WASTE IS REMOVED OFFSITE FOR DISPOSAL?	YES ..... 1 NO ..... 2	→ 277
276	How is the waste that is collected and removed offsite finally disposed?	INCINERATED ..... 1 TAKEN TO LOCAL LANDFILL AND BURNED .. 2 TAKEN TO LOCAL LANDFILL AND NOT BURNED ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
277	ASSESS GENERAL CLEANLINESS OF CLINIC/UNIT. • A CLINIC/UNIT IS CLEAN IF THE FLOORS ARE SWEEPED AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A CLINIC/UNIT IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	CLINIC/UNIT CLEAN ..... 1 CLINIC/UNIT NOT CLEAN ..... 2	
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER</b>			
278	RECORD THE TIME AT END OF INTERVIEW <div style="display: inline-block; vertical-align: middle; text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="font-size: 24px; vertical-align: middle;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> </div>	12 HOUR CLOCK	<b>THANK THE RESPONDENT FOR THE TIME AND            HELP PROVIDED AND PROCEED TO THE            NEXT DATA COLLECTION SITE.</b>

# SECTION C: HIV/AIDS INPATIENT CARE

Code of Facility:

COUNTRY DISTRICT FACILITY

Interviewer Code:

QRE TYPE ☒ C

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

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

300	INDICATE WHICH INPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	CLINIC/UNIT CODE FROM COVER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LINE UNIT	NAME OF UNIT _____															
300a	MANAGING AUTHORITY: GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06 OTHER _____ ..... 96 (SPECIFY)	MANAGING AUTHORITY ..... <input type="text"/> <input type="text"/>																
300b	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	<table border="1"> <thead> <tr> <th></th> <th>COMPLETE</th> <th>NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>(V)CT Q304, Q306 Q306b</td> <td>1</td> <td>2</td> </tr> <tr> <td>PMTCT Q307</td> <td>1</td> <td>2</td> </tr> <tr> <td>TB Q313 (01, 02, 03)</td> <td>1</td> <td>2</td> </tr> <tr> <td>ART Q318 (07 OR 08)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>			COMPLETE	NOT APPLICABLE	(V)CT Q304, Q306 Q306b	1	2	PMTCT Q307	1	2	TB Q313 (01, 02, 03)	1	2	ART Q318 (07 OR 08)	1	2
	COMPLETE	NOT APPLICABLE																
(V)CT Q304, Q306 Q306b	1	2																
PMTCT Q307	1	2																
TB Q313 (01, 02, 03)	1	2																
ART Q318 (07 OR 08)	1	2																

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

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

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

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

Do you have any questions for me at this time?

301	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
302	RECORD THE TIME AT BEGINNING OF INTERVIEW	<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"/> 12 HOUR CLOCK 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.</p>	<p>NUMBER OF STAFF LISTED</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>			
<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	<p>Other than for prevention of mother to child transmission (PMTCT), do providers in this unit <b>ever provide any individual counseling for HIV tests?</b> By this I mean either pre- or post-test counseling?</p>	<p>YES ..... 1</p> <p>ONLY PROVIDE PRETEST EDUCATION/ GENERAL PREVENTIVE INFORMATION . . . 2</p> <p>COUNSELING ALWAYS BY PROVIDER FROM OTHER CLINIC/UNIT ..... 3</p> <p>NO COUNSELING FOR HIV TESTING ..... 4</p>	Q:VCT		
305	<p>Other than for prevention of mother to child transmission (PMTCT) do providers in this unit ever prescribe HIV tests or refer clients to other clinic/units (either in this facility or outside) for HIV tests?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 307		
306	<p>Other than for PMTCT, when a provider wants a client to receive an HIV test, what is the procedure that is followed?</p> <p>NOTE: IF BLOOD IS DRAWN IN UNIT (WHETHER SENT TO LAB OR TO OUTSIDE FACILITY), CIRCLE E,F, OR G. CIRCLE 'I' CLIENT/BLOOD SENT OUTSIDE <b>ONLY</b> IF THIS CLINIC/UNIT DIRECTLY SENDS CLIENT OR BLOOD. IF SPECIMEN IS SENT OUTSIDE FACILITY BY THE LAB, RESPONSE '1' DOES NOT APPLY.</p> <p>AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY</p>	<p><b>TESTING IN THIS FACILITY</b></p> <p>RAPID TEST IN THIS UNIT ..... A</p> <p>CLIENT SENT TO (V)CT CLINIC/UNIT ..... B</p> <p>CLIENT SENT TO PMTCT CLINIC/UNIT. .... C</p> <p>CLIENT REFERRED OTHER CLINIC/UNIT THIS FACILITY (NON-VCT/PMTCT) .... D</p> <p><b>BLOOD DRAWN IN THIS CLINIC/UNIT</b></p> <p>BY UNIT STAFF ..... E</p> <p>BY LAB STAFF OR TECHNICIAN ..... F</p> <p>BY EXTERNAL VCT/PMTCT STAFF ..... G</p> <p><b>CLIENT SENT TO LAB</b> ..... H</p> <p><b>TESTING OUTSIDE FACILITY:</b></p> <p>CLIENT/BLOOD SENT DIRECTLY BY CLINIC/UNIT TO SITE OUTSIDE THIS <u>FACILITY</u> ..... I</p> <p>OTHER ..... X</p> <p>(SPECIFY) _____</p>	<p>Q:VCT</p> <p>Q:VCT</p> <p>Q:VCT</p> <p>Q:VCT</p>		
306a	<p>CHECK Q306: IS 'I' CIRCLED, INDICATING CLIENT OR BLOOD ARE SENT OUTSIDE FACILITY, BY CLINIC/UNIT?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 307		
306b	<p>Does this clinic/unit have an agreement with the external testing site for HIV tests that test results will be returned to the clinic/unit, either directly or through the client?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	Q:VCT		
306c	<p>Is there a record of clients who are referred for HIV tests? IF YES, ASK TO SEE WHERE THE INFORMATION IS RECORDED.</p>	<p>YES, OBSERVED ..... 1</p> <p>YES, REPORTED, NOT SEEN ..... 2</p> <p>NO ..... 3</p>			
307	<p>Does this 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>	Q:PMTCT		
308	QUESTION DELETED				

NO.	QUESTIONS	CODING CATEGORIES				GO TO
309	Is an individual client chart/record maintained for clients receiving services in this clinic/unit?  IF THIS IS THE PRACTICE FOR EITHER ALL PATIENTS OR ONLY HIV/AIDS PATIENTS, THE ANSWER IS 'YES'.  IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD	YES, IN UNIT, OBSERVED ..... 1 YES, IN UNIT, REPORTED, NOT SEEN .... 2 YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY ..... 3 YES, IN CENTRAL RECORDS ..... 4 ONLY IF CLIENT PROVIDES ..... 5 OTHER ..... 6 (SPECIFY) _____ NO INDIVIDUAL RECORD ..... 7				
310	Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this unit? IF YES: May I see the written policy?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3				→ 312
311	Does the policy specify that no one, <b>including family</b> , can be informed of the HIV/AIDS status without the client's consent?	YES ..... 1 NO ..... 2				
312	Now I would like to talk with the person most familiar with <b>clinical care services</b> that are available in this unit. IF SAME RESPONDENT, MARK YES AND CONTINUE. IF NEW RESPONDENT, READ TEXT ON PAGE 1, AND CIRCLE '1' INDICATING INFORMED CONSENT WAS PROVIDED.	YES ..... 1  IF NO AGREEMENT, SEEK ASSISTANCE OF FACILITY/UNIT IN-CHARGE. IF NO AGREEMENT TO PROVIDE FURTHER INFORMATION ON CLINICAL SERVICES, CIRCLE '2' ..... 2				→ END QRE
313	For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.	SERVICE OFFERED		CLIENT REFERRED ON DISCHARGE		NO SERVICE NO REFERRAL
		PROVIDERS FROM THIS UNIT	PROVIDERS FROM OTHER CLINIC/UNIT OR SAME PROVIDERS FOR OPD AND IPD PROVIDE SERVICE	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY	
01	Prescribe medicines for treatment of tuberculosis?	1→ TB QRE	2	3	4	5
02	Make the diagnosis of tuberculosis?	1→ TB QRE	2	3	4	5
03	Provide follow-up treatment/care for clients with tuberculosis? THIS INCLUDES COMMUNITY F/U	1→ TB QRE	2	3	4	5
04	Prescribe treatment for sexually transmitted infections (STIs)	1	2	3	4	5
05	Prescribe treatment for malaria	1	2	3	4	5
314	Do you have written guidelines on any of the following topics in this clinic/unit? IF YES: May I see the guideline please?	OBSERVED, COMPLETE	OBSERVED INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	
01	National guidelines for Universal Precautions (19)	1→ 03	2	3	4	
02	Other guidelines for infection control (19)	1	2	3	4	
03	National guidelines on management of STIs (13)	1→ 05	2	3	4	
04	Other guidelines for management of STIs (13)	1	2	3	4	
05	WHO Syndromic approach to diagnosing STI (13)	1	2	3	4	
06	Guidelines for routinely offering HIV tests to all STI clients	1	////////////////////	3	4	
07	National guidelines for the management of malaria (14)	1→ 315	2	3	4	
08	Other guidelines for the management of malaria (14)	1	2	3	4	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
315	Do providers assigned to this unit ever provide treatment or follow-up for clients whom they think have HIV/AIDS? IF YES, CONFIRM THAT THE SERVICE IS RELATED TO HIV/AIDS, SUCH AS TREATMENT OF OPPORTUNISTIC INFECTIONS (ORAL CANDIDIASIS, CHRONIC DIARRHEA, RESPIRATORY INFECTIONS, ETC) OR SOCIAL SERVICES/COUNSELING SERVICES RELATED TO CARE AND SUPPORT FOR HIV/AIDS.	YES .....	1			
		NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, WITHIN FACILITY .....	2		→ 323	
		NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY .....	3		→ 325	
		OTHER _____ (SPECIFY) .....	6		→ 325	
		NEVER REFER OR PROVIDE SERVICES FOR HIV/AIDS .....	7		→ 345	
316	Where are inpatients diagnosed or suspected having HIV kept in relation to other patients?  CIRCLE ALL THAT APPLY.	MIXED (HIV/AIDS AND OTHER) .....	A			
		CLUSTERED (HIV/AIDS IN SEPARATE PART OF ROOM WITH OTHERS) .....	B			
		SEPARATE UNIT/ROOM FOR HIV/AIDS ..	C			
317	The next set of questions is regarding <b>clinical services for HIV/AIDS</b> available in this unit. Are you able to answer these questions? IF NO, FIND MOST APPROPRIATE RESPONDENT AND READ CONSENT STATEMENT ON PAGE 1. DOES THE RESPONDENT AGREE TO PARTICIPATE?	YES .....	1			
		NO IS NOT ACCEPTABLE. IF NO OTHER RESPONDENT AVAILABLE, CONTINUE WITH PREVIOUS RESPONDENT.				
318	For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.	<b>SERVICE OFFERED</b>		<b>CLIENT REFERRED ON DISCHARGE</b>		<b>NO SERVICE NO REFERRAL</b>
		PROVIDERS FROM THIS UNIT	PROVIDERS FROM OTHER CLINIC/UNIT OR SAME PROVIDERS FOR OPD AND IPD PROVIDE SERVICE	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY	
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections	1	2	3	4	5
02	Systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis	1	2	3	4	5
03	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5
04	Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care	1	2	3	4	5
05	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5
06	Fortified protein supplementation (FPS)	1	2	3	4	5
07	Prescribe Antiretroviral Therapy (ART)	1→ ART QRE	2	3	4	5
08	Provide follow-up services for clients on antiretroviral treatment (THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES)	1→ ART QRE	2	3	4	5
09	Care for pediatric HIV/AIDS patients	1	2	3	4	5
10	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5



NO.	QUESTIONS	CODING CATEGORIES						GO TO																							
319	For each service I mention, please tell me whether you routinely offer it to your clients. By routinely I mean the service is offered to every client who is identified as possible HIV infected.  PROBE FOR WHETHER SERVICE IS OFFERED IN THIS CLINIC/UNIT OR THROUGH REFERRAL WITHIN OR OUTSIDE THIS FACILITY.	<table border="1"> <thead> <tr> <th colspan="6">SERVICE OFFERED</th> <th rowspan="4">NO SERVICE NO REFERRAL</th> </tr> <tr> <th colspan="4">ROUTINELY</th> <th colspan="2">SELECTIVELY</th> </tr> <tr> <th colspan="2">TO INPATIENTS</th> <th colspan="2">CLIENT REFERRED ON DISCHARGE</th> <th colspan="2" rowspan="2">SOMETIMES OFFERED (MAY BE BY THIS FACILITY OR OTHER FACILITY)</th> </tr> <tr> <th>INPATIENT UNIT BY PROVIDERS IN THIS UNIT</th> <th>ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT</th> <th>THIS FACILITY</th> <th>OTHER FACILITY</th> </tr> </thead> </table>						SERVICE OFFERED						NO SERVICE NO REFERRAL	ROUTINELY				SELECTIVELY		TO INPATIENTS		CLIENT REFERRED ON DISCHARGE		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	
SERVICE OFFERED						NO SERVICE NO REFERRAL																									
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TO INPATIENTS		CLIENT REFERRED ON DISCHARGE		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																								
320	Do you have any written guidelines for HIV/AIDS services or care for HIV/AIDS clients available in this unit?	<table border="0"> <tr> <td>YES .....</td> <td>1</td> <td rowspan="2">→ 322</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </table>						YES .....	1	→ 322	NO .....	2																			
YES .....	1	→ 322																													
NO .....	2																														

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

NO.	QUESTIONS	CODING CATEGORIES				GO TO
322	For each specialty support service I mention, please tell me if you offer it to clients either in this clinic or through referral? PROBE FOR WHERE SERVICE IS OFFERED. IF THROUGH REFERRAL ASK TO SEE ANY LIST OF REFERRAL SITES. IF THERE IS NO WRITTEN LIST, ASK IF THE PROVIDER CAN NAME A SITE.	YES, SERVICE IS AVAILABLE IN THIS FACILITY	YES, CLIENT REFERRED OUTSIDE FROM A LIST OF 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 (PLHA) and their families	1	2	3	4	5
02	PLHA support group	1	2	3	4	5
03	Emotional/spiritual support	1	2	3	4	5
04	Support for orphans or other vulnerable children	1	2	3	4	5
05	Social support such as food, material, income generating projects and fee exemption, for PLHA and their families	1	2	3	4	5
06	Legal services	1	2	3	4	5
07	Education on HIV care for patients and their families	1	2	3	4	5
08	Traditional sources	1	2	3	4	5
09	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5
323	When you refer the client to another clinic/unit <b>within the facility</b> , for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 NO REFERRAL WITHIN FACILITY ..... 4				→ 325   → 325
324	Do you use any [other] method to provide client information to the other clinic/unit to help the client receive services from the referral site?  IF YES, ASK: What method do you use?  CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD ..... A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) ..... C WRITE NOTE/LETTER ON BLANK PAPER ..... D OTHER _____ X (SPECIFY) NONE ..... Y				
325	Is there a register or record of clients you refer for any type of HIV/AIDS-related services? IF YES, ASK TO SEE IT.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
326	When you refer the client <b>to another facility</b> for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 NO REFERRALS TO OTHER FACILITY .... 4	→ 328 → 328 → 329
327	Does the referral form have a place where the name of the referral site can be entered?	YES, OBSERVED ..... 1 NO ..... 2	→ 329 → 329
328	Do you use any [other] method to provide client information to the referral site or to help the client receive services from the referral site?  IF YES, ASK: What method do you use?  CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD ..... A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) ..... C WRITE NOTE/LETTER ON BLANK PAPER ..... D OTHER _____ (SPECIFY) ..... X NONE ..... Y	
329	Do you have a system for making individual client appointments for follow-up after discharge? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
330	CHECK Q318 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES ..... 1 NO ..... 2	→ 340
331	Where can we find information on the numbers of clients seen in this unit who received services for HIV/AIDS related diagnoses, such as opportunistic infections? IF RESPONSE IS "NEVER SEE HIV/AIDS CLIENTS" PROBE TO ENSURE DIAGNOSES OR CODES THAT INDICATE PROBABLE HIV/AIDS ARE NEVER USED. INDICATE THE RESPONSE FOR WHERE THE DATA WILL BE COLLECTED FOR THIS UNIT.	UNIT REGISTER/RECORDS/ .. 1 UNIT COMPUTER ..... 2 CENTRAL FACILITY REGISTER/RECORD 3 CENTRAL FACILITY COMPUTER ..... 4 INFORMATION NOT RECORDED ..... 5 ANYWHERE	→ 336 → 336 → 336
332	WHAT IS THE MOST RECENT DATE WHERE ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS AGO ..... 2 NO DATE RECORDED ..... 3 REGISTER NOT SEEN ..... 4	→ 336

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																												
333	<p>EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this UNIT during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the UNIT records.</p> <p>START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT ADMISSIONS/DISCHARGES, WHICHEVER IS THE SMALLEST NUMBER. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT ADMISSION/DISCHARGE FELL.</p> <p>IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED.</p> <p>IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.</p>	<p style="text-align: right;">NUMBER OF ADMISSIONS OR DISCHARGES</p> <table> <tr> <td>01</td> <td>ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT) .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>02</td> <td>TOXOPLASMOSIS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>03</td> <td>KAPOSI'S SARCOMA .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>04</td> <td>AIDS-RELATED COMPLEX (ARC) .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>05</td> <td>HERPES ZOSTER/SIMPLEX .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>06</td> <td>PCP (PNEUMOCYSTIS CARNI PNEUMONIA) .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>07</td> <td>PNEUMONIA (ABOVE 5 YEARS OF AGE) .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>08</td> <td>TB (TUBERCULOSIS) .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>09</td> <td>IMMUNOSUPPRESSION / HIV/AIDS .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>10</td> <td>WASTING SYNDROME .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>11</td> <td>CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE) .....</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>12</td> <td>OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) .....</td> <td colspan="3">           NUMBER OF ADMISSIONS OR DISCHARGES ..... <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>	01	ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	02	TOXOPLASMOSIS .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	03	KAPOSI'S SARCOMA .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	04	AIDS-RELATED COMPLEX (ARC) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	05	HERPES ZOSTER/SIMPLEX .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	06	PCP (PNEUMOCYSTIS CARNI PNEUMONIA) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	07	PNEUMONIA (ABOVE 5 YEARS OF AGE) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	08	TB (TUBERCULOSIS) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	09	IMMUNOSUPPRESSION / HIV/AIDS .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	WASTING SYNDROME .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	11	CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) .....	NUMBER OF ADMISSIONS OR DISCHARGES ..... <input type="text"/> <input type="text"/> <input type="text"/>			
01	ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																											
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334	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"/> DON'T KNOW ..... 98																																																													
335	RECORD THE TOTAL NUMBER OF INPATIENT CLIENTS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED, FOR ANY TYPE OF DIAGNOSIS.	TOTAL NUMBER OF PATIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																													
336	Are reports regularly compiled on the number of clients receiving treatment in this unit for HIV/AIDS related illnesses?	YES, FOR ALL CLIENTS ..... 1 YES, FOR CONFIRMED HIV/AIDS ONLY .. 2 NO ..... 3	→ 340																																																												
337	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS/NO FIXED TIME .... 4 NEVER ..... 5	→ 339																																																												

NO.	QUESTIONS	CODING CATEGORIES	GO TO
338	To whom are the reports sent?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D NATIONAL AIDS PROGRAM ..... E OTHER ..... X (SPECIFY) _____	
339	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2	
340	I am now interested in knowing about the number of adult and pediatric HIV/AIDS patients that you currently have as inpatients. I am also interested in knowing about how many adult and pediatric inpatients you have in total, both HIV/AIDS and non-HIV/AIDS. IF INFORMATION IS NOT AVAILABLE IN MEDICAL RECORDS OR REGISTERS, ASK WHEN YOU VISIT EACH RELEVANT UNIT AND SUM THE NUMBERS SO THAT A FACILITY TOTAL IS PROVIDED FOR BOTH HIV/AIDS INPATIENTS AND ALL INPATIENTS.		
01	How many inpatients age 15 years or older are there today who have a probable or confirmed <b>diagnosis of HIV/AIDS?</b>	ADULTS, HIV/AIDS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
02	How many inpatients age younger than 15 years are there today who have a probable or confirmed <b>diagnosis of HIV/AIDS?</b>	PEDIATRICS, HIV/AIDS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
03	How many inpatients age 15 years or older are there today in total, <b>including all diagnoses?</b>	ADULTS, TOTAL ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
04	How many inpatients younger than 15 years are there today in total, <b>including all diagnoses?</b>	PEDIATRICS, TOTAL ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
341	INDICATE THE SOURCE OF DATA FOR THE NUMBER OF HIV/AIDS PATIENTS IN THE HOSPITAL TODAY CIRCLE ALL THAT APPLY	REGISTER/RECORDS ..... A VERBAL FROM STAFF IN INPATIENT UNITS ..... B NO INFORMATION AVAILABLE ..... Y	
342-344 QUESTIONS DELETED			
POST EXPOSURE PROPHYLAXIS (PEP)			
345	Do any providers in this unit prescribe the PEP regime for an exposed worker? IF NO, ASK, Do any providers in this clinic/unit refer exposed workers elsewhere for PEP?	YES, PEP PRESCRIBED/STAFF REFERRED BY THIS UNIT ..... 1 PEP PRESCRIBED/STAFF REFERRED BY OTHER SITE THIS FACILITY ..... 2 NO REFERRALS, STAFF CAN SEEK PEP AT OTHER FACILITY IF DESIRED ..... 3 NO ACCESS TO PEP ..... 4	→ 349 → 349 → 349
345a	Is there a register or record maintained in this clinic/unit for workers who have been prescribed PEP or who have been referred for PEP?  IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE AND CIRCLE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED	REFERRED FOR PEP ..... A RECEIVED PRE-PEP HIV TEST ..... B RECEIVED PEP ARV DRUGS ..... C RECEIVED POST-PEP HIV TEST ..... D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS. .... E INFORMATION ONLY AVAILABLE IN INDIVIDUAL HEALTH RECORDS ..... F NO RECORDS FOR PEP ..... Y	
346	Are there any written guidelines for post-exposure prophylaxis available in this unit? IF YES, ASK TO SEE THE GUIDELINES (SEE GUIDELINES #4)	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, INCOMPLETE ..... 2 YES, REPORTED, NOT SEEN ..... 3 NO ..... 4	
347	Are any PEP drugs ever stored in this clinic/unit? IF YES, ASK TO SEE THE PEP DRUGS	YES ..... 1 NO ..... 2	→ 349

NO.	QUESTIONS	CODING CATEGORIES			GO TO
348a	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) ..... A STAVUDINE ..... B LAMIVUDINE ..... C INDINAVIR ..... D OTHER ..... W (SPECIFY) OTHER ..... X (SPECIFY) NONE AVAILABLE TODAY ..... Y			
348b	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES? IF THERE WERE NO PEP MEDICINES PRESENT, DESCRIBE THE NORMAL STORAGE AND SECURITY WHEN PEP DRUGS ARE AVAILABLE.	LOCKED, SEPARATE FROM OTHER MEDICINES AND ARVS ..... 1 LOCKED, BUT NOT SEPARATE FROM OTHER MEDICINES OR ARVS ..... 2 NOT LOCKED, SEPARATE FROM OTHER MEDICINES ..... 3 NOT LOCKED, AND NOT SEPARATE FROM OTHER MEDICINES OR ARVS .. 4			
349	Is there a client toilet that patients from this clinic/unit can use? IF YES, ASK TO SEE THE TOILET AND INDICATE THE CONDITION	YES, FUNCTIONING, CLEAN, ..... 1 YES, FUNCTIONING, NOT CLEAN ..... 2 YES, NOT FUNCTIONING ..... 3 NO CLIENT TOILET ..... 4			
RANDOMLY SELECT ONE OF THE PATIENT AREAS TO ASSESS FOR INFECTION PREVENTION. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE EITHER IN THE PATIENT AREA, OR IN AN ADJACENT AREA WITH REASONABLE PROXIMITY FOR USE BY PROVIDERS, IF NEEDED.					
350 QUESTION DELETED					
351	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1 → 08		3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
16	RAPID TEST FOR HIV	1	2	3	
17	DISPOSABLE NEEDLES	1	2	3	
18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
352	Is there a treatment/procedure room in this unit that is different from the patient area assessed in previous question? IF YES, ASK TO SEE AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE	YES NO	..... 1 ..... 2	→ 356	
353	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1→ 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1→ 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1→ 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1→ 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1→ 14	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
16	RAPID TEST FOR HIV	1	2	3	
17	DISPOSABLE NEEDLES	1	2	3	
18	DISPOSABLE SYRINGES	1	2	3	
19	EXAMINATION TABLE	1	2	3	
20	MASKS	1	2	3	
21	GOGGLES / GLASSES	1	2	3	
354-355 QUESTIONS DELETED					



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

NO.	QUESTIONS	CODING CATEGORIES			GO TO
359	After cleaning, which are the <b>final</b> processing methods most commonly used for disinfecting <b>syringes and needles</b> ?	YES	NO	DON'T KNOW	
01	Use disposables <b>only</b>	1 360 ↙	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2	//////////////// ////////////////	
360	After cleaning, what are the <b>final</b> processes most commonly used for sterilizing or disinfecting <b>medical equipment</b> , such as surgical instruments, before they are reused, and where are they done?	(a)			
		YES	NO	DON'T KNOW	
01	No equipment sterilized or disinfected	1 362 ↙	2	8	
02	Dry heat sterilization	1	2	8	
03	Autoclave	1	2	8	
04	Steam	1	2	8	
05	Boiling	1	2	8	
06	Chemical method	1	2	8	
07	Other _____ (SPECIFY)	1	2	//////////////// ////////////////	
361	QUESTION DELETED				

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)								
362	ITEM	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1 → 01b	2 → 01b	3 ↙ 02 ↘	8 ↙ 02 ↘	1	2	8
02	Non-electric autoclave (PRESSURE /WET HEAT)	1 → 02b	2 → 02b	3 ↙ 03 ↘	8 ↙ 03 ↘	1	2	8
03	Electric dry heat sterilizer	1 → 03b	2 → 03b	3 ↙ 04 ↘	8 ↙ 04 ↘	1	2	8
04	Electric boiler or steamer (no pressure)	1 → 04b	2 → 04b	3 ↙ 05 ↘	8 ↙ 05 ↘	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8	//////////////////////////////////// //////////////////////////////////// ////////////////////////////////////		
06	Heat source (STOVE/COOKER)	1 → 06b	2 → 06b	3 ↙ 07 ↘	8 ↙ 07 ↘	1	2	8
07	Automatic timer	1 → 07b	2 → 07b	3 ↙ 08 ↘	8 ↙ 08 ↘	1	2	8
08	TST indicator strips (TAPE INDICATING STERILIZATION)	1	2	3	8	//////////////////////////////////// //////////////////////////////////// ////////////////////////////////////		
09	Written guidelines for processing	1	2	3	8	//////////////////////////////////// //////////////////////////////////// ////////////////////////////////////		
363	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS AN OBSERVED OR REPORTED PRACTICE	OBSERVED	REPORTED, NOT SEEN	NO/ NOT APPLICABLE		DON'T KNOW		
01	Wrapped in sterile cloth/autoclave paper, sealed with tape	1	2	3		8		
02	Stored in sterile container with lid that clasps shut	1	2	3		8		
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3		8		
04	On tray, covered with cloth/paper or wrapped without sealing tape	1	2	3		8		
05	In container with disinfectant or antiseptic	1	2	3		8		
06	OTHER CLEAN	1	2	3		8		
07	OTHER, NOT CLEAN	1	2	3		8		
364	Date of sterilization written on packet or container with processed items	1	2	3		8		
365	Storage location dry and clean	1	2	3		8		
366	QUESTION DELETED							

NO.	QUESTIONS	CODING CATEGORIES	GO TO
367	<p>Finally, I would like to ask a few questions about the waste disposal practices for hazardous waste.</p> <p>How does this unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?</p> <p>IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09'</p> <p>"REMOVED OFFSITE"</p>	<p>BURNED IN INCINERATOR ..... 02</p> <p>BURNED AND BURIED ..... 03</p> <p>BURNED AND REMOVED TO OFFSITE LANDFILL ..... 04</p> <p>BURNED AND NOT BURIED ..... 05</p> <p>BURIED AND NOT BURNED ..... 06</p> <p>THROWN IN TRASH/OPEN PIT ..... 07</p> <p>THROWN IN PIT LATRINE ..... 08</p> <p>REMOVED OFFSITE ..... 09</p> <p>NOT APPLICABLE ..... 10</p> <p>OTHER ..... 96</p> <p style="text-align: center;">_____ (SPECIFY)</p>	
368	<p>ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED</p>	<p>WASTE VISIBLE, PROTECTED ..... 1</p> <p>WASTE VISIBLE, UNPROTECTED ..... 2</p> <p>NO WASTE VISIBLE ..... 3</p> <p>WASTE SITE NOT INSPECTED ..... 4</p>	
369	<p>How does this clinic/unit finally dispose of needles and other sharps?</p> <p>IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09'</p> <p>"REMOVED OFFSITE"</p>	<p>SAME SITE AS OTHER WASTE (Q367) ..... 01</p> <p>BURNED IN INCINERATOR ..... 02</p> <p>BURNED AND BURIED ..... 03</p> <p>BURNED AND REMOVED TO OFFSITE LANDFILL ..... 04</p> <p>BURNED AND NOT BURIED ..... 05</p> <p>BURIED AND NOT BURNED ..... 06</p> <p>THROWN IN TRASH/OPEN PIT ..... 07</p> <p>THROWN IN PIT LATRINE ..... 08</p> <p>REMOVED OFFSITE ..... 09</p> <p>NOT APPLICABLE ..... 10</p> <p>OTHER ..... 96</p> <p style="text-align: center;">_____ (SPECIFY)</p>	→ 371
370	<p>ASK TO SEE WHERE SHARP ITEMS ARE DISPOSED OF OR KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED</p>	<p>WASTE VISIBLE, PROTECTED ..... 1</p> <p>WASTE VISIBLE, UNPROTECTED ..... 2</p> <p>NO WASTE VISIBLE ..... 3</p> <p>WASTE SITE NOT INSPECTED ..... 4</p>	
371	<p>CHECK Q367 AND Q369, IS '09' CIRCLED, INDICATING THAT UNBURNED WASTE IS REMOVED OFFSITE FOR DISPOSAL?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 373
372	<p>How is the waste that is collected and removed offsite finally disposed?</p>	<p>INCINERATED ..... 1</p> <p>TAKEN TO LOCAL LANDFILL AND BURNED ..... 2</p> <p>TAKEN TO LOCAL LANDFILL AND NOT BURNED ..... 3</p> <p>OTHER ..... 6</p> <p style="text-align: center;">_____ (SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
373	<p>ASSESS GENERAL CLEANLINESS OF UNIT.</p> <ul style="list-style-type: none"> <li>• A UNIT IS CLEAN IF THE FLOORS ARE SWEEPED AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE.</li> <li>• A UNIT IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.</li> </ul>	<p>UNIT CLEAN ..... 1</p> <p>UNIT NOT CLEAN ..... 2</p>	
<p><b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER</b></p>			
374	<p>RECORD THE TIME AT END OF INTERVIEW</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> </div> <p style="text-align: center;">12 HOUR CLOCK</p>		

SECTION D. HEALTH MANAGEMENT SYSTEM					
<b>Code of Facility:</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 60px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>COUNTRY</span> <span>DISTRICT</span> <span>FACILITY</span> </div>		<b>QRE TYPE</b> <span style="border: 1px solid black; padding: 2px 5px;">D</span>			
<b>Interviewer Code:</b> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>		<b>CLINIC/UNIT CODE FROM COVER</b> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>LINE</span> <span>UNIT</span> </div>			
400	INDICATE WHICH HMIS UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	OUTPATIENT ONLY..... 1 INPATIENT ONLY ..... 2 BOTH IN AND OUTPATIENT..... 3			
400a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ .... 96 (SPECIFY)	MANAGING AUTHORITY ..... <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div>			
<b>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.</b>					
<p>My name is _____. We are here on behalf of Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)</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 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.</p> <p>The information you provide will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about __ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.</p> <p>Do you have any questions for me at this time?</p>					
401	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP		
402	RECORD THE TIME AT BEGINNING OF INTERVIEW	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <span>12 HOUR</span> <span>CLOCK</span> </div>	DATE <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <span>DAY</span> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <span>MONTH</span> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <span>YEAR</span> </div>

NO.	QUESTIONS	CODING CATEGORIES		GO TO
403	What is your current professional qualification?  MARK HIGHEST QUALIFICATION	GENERAL CLERK ..... 1 HEALTH STATISTICS ..... 2 MEDICALLY TRAINED ..... 3 OTHER ..... 6 (SPECIFY) _____		
404	Did you have special training in recording systems or reports for health information, such as training in the HMIS? IF YES, ASK: Was the training formal or informal? IF BOTH, RECORD FORMAL.	YES, FORMAL ..... 1 YES, INFORMAL ..... 2 NO ..... 3		→ 409
405	How long was your training in HMIS? RECORD EITHER DAYS OR MONTHS, WHICHEVER IS MOST APPROPRIATE. IF MORE THAN ONE TRAINING, ADD THE DURATION OF ALL TRAINING.	1) NUMBER OF DAYS ..... <input type="text"/> <input type="text"/> 2) NUMBER OF MONTHS ..... <input type="text"/> <input type="text"/>		→ 406
406	Where did you receive this training?	FORMALLY, OUTSIDE FACILITY ..... 1 INFORMALLY, ON-THE-JOB ..... 2 BOTH FORMALLY AND INFORMALLY ..... 3		
407	When was your most recent training in HMIS or reporting on health statistics?	IN PAST 12 MONTHS ..... 1 IN PAST 1-3 YEARS ..... 2 MORE THAN 3 YEARS AGO ..... 3		
408	Where did you receive this training?	FORMALLY, OUTSIDE FACILITY ..... 1 INFORMALLY, ON-THE-JOB ..... 2		
409	How many years have you been responsible for HMIS records/reports in this facility? RECORD '00' FOR LESS THAN ONE YEAR	YEARS ..... <input type="text"/> <input type="text"/>		
410	Do you conduct training of staff in HMIS, for example, recording, compiling, and reporting data? IF YES, ASK: Do you provide formal or informal training? IF BOTH, RECORD FORMAL.	YES, FORMAL ..... 1 YES, INFORMAL ..... 2 NO ..... 3		→ 412
411	Who do you train in HMIS?	STAFF IN HMIS UNIT ..... 1 STAFF IN SERVICE UNITS ..... 2 STAFF IN HMIS AND SERVICE UNITS ..... 3 OTHER ..... 6 (SPECIFY) _____		
412	Do you have the following guidelines? IF YES, ASK: May I see the guidelines please?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	HMIS reporting guidelines	1	2	3
02	HIV/AIDS surveillance reporting guidelines	1	2	3
03	National technical guidelines for integrated disease surveillance and response	1	2	3
04	National HIV/AIDS reporting guidelines	1	2	3

NO.	QUESTIONS	CODING CATEGORIES				GO TO
413	Do you receive or compile reports of services for confirmed or suspected HIV/AIDS cases from the following clinics/units? IF YES, ASK TO SEE A REPORT.	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLICABLE	
01	Outpatient services	1	2	3	4	
02	Inpatient services	1	2	3	4	
03	Laboratory services	1	2	3	4	
04	Respiratory/Tuberculosis services	1	2	3	4	
05	HIV counseling and testing services	1	2	3	4	
06	Antiretroviral treatment services	1	2	3	4	
07	Prevention of mother-to-child transmission services	1	2	3	4	
08	Sources based outside facility (community health workers, traditional birth attendants, etc.)	1	2	3	4	
414	QUESTION DELETED					
415	Do you receive or compile reports of deaths in the facility attributed to HIV/AIDS? IF YES, ASK TO SEE A REPORT	YES, OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLICABLE	
		1	2 → 418	3 → 418	4 → 418	
416	How many deaths attributed to HIV/AIDS were reported for the past 12 months?	NUMBER OF DEATHS ..... <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 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS/NO FIXED TIME ..... 4 NEVER ..... 5 NEVER PROVIDE SERVICES FOR HIV/AIDS CLIENTS ..... 6			→ 420 → 429	
419	To whom are the reports sent?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D NATIONAL AIDS PROGRAM ..... E OTHER ..... X (SPECIFY) _____				
419a	Have you ever received feedback regarding the quality of the data you submit?  CIRCLE ALL THAT APPLY	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D NATIONAL AIDS PROGRAM ..... E OTHER ..... X (SPECIFY) _____ NO FEEDBACK ..... Y				



NO.	QUESTIONS	CODING CATEGORIES	GO TO
419b	<p>In your opinion, has anyone ever used the data you submit for policy/program changes or initiatives?</p> <p>IF YES, Who has used the data?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>RECORDS OFFICER ..... A</p> <p>FACILITY DIRECTOR ..... B</p> <p>DISTRICT LEVEL ..... C</p> <p>MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D</p> <p>NATIONAL AIDS PROGRAM ..... E</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>NO, DATA NOT USED ..... Y</p>	
420	<p>ASK TO SEE THE REPORT FOR <u>NEWLY DIAGNOSED</u> HIV CASES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER</p>	<p>NEW HIV/AIDS CASES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REPORT NOT SEEN ..... 9994</p> <p>NO REPORT COMPILED ..... 9995</p> <p>NOT APPLICABLE ..... 9997</p>	<p>→ 424</p> <p>→ 424</p> <p>→ 424</p>
421	<p>RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION</p>	<p>MONTHS OF DATA ..... <input type="text"/> <input type="text"/></p>	
422-423 QUESTIONS DELETED			
424	<p>Do you receive or compile reports that indicate specific HIV/AIDS related diagnoses for inpatients or outpatients seen in the facility?</p> <p>IF RESPONSE IS "INFORMATION NOT AVAILABLE" PROBE TO DETERMINE IF REPORTS ON CLIENT DIAGNOSES ARE SUBMITTED FOR HMIS, AND IF SO , ENSURE THAT DIAGNOSES OR CODES THAT INDICATE PROBABLE HIV/AIDS ARE NEVER USED.</p> <p>CIRCLE MOST APPROPRIATE RESPONSE.</p>	<p>INFORMATION AVAILABLE, DATA NOT YET RECORDED ..... 1</p> <p>INFORMATION AVAILABLE, OPD AND IPD DATA ALREADY RECORDED IN OPD AND/OR IPD QRE ..... 2</p> <p>INFORMATION REPORTED AVAILABLE, BUT NOT SEEN ..... 3</p> <p>INFORMATION NOT AVAILABLE ..... 4</p>	<p>→ 429</p> <p>→ 429</p> <p>→ 429</p>
425	<p>INDICATE CLIENT INFORMATION FOR WHICH THE FOLLOWING QUESTION IS COMPLETED.</p>	<p>OUTPATIENT CLIENTS ONLY ..... 1</p> <p>INPATIENT CLIENTS ONLY ..... 2</p> <p>BOTH OUTPATIENT AND INPATIENT ..... 3</p>	<p>→ 426 (A)</p> <p>→ 426 (B)</p>

NO.	QUESTIONS	CODING CATEGORIES		GO TO																																																				
426	<p>RECORD THE NUMBER OF CLIENTS WITH THE ADMISSION/DISCHARGE/VISIT DIAGNOSES BELOW, FOR THE PAST 12 MONTHS. ENSURE DATA INCLUDES PEDIATRICS AND ADULTS. IF MORE THAN ONE DIAGNOSIS IS INDICATED FOR A CLIENT, CHOOSE THE ONE MOST INDICATIVE OF HIV/AIDS RELATED ILLNESS.</p> <p>DIAGNOSIS</p> <table border="1"> <thead> <tr> <th></th> <th>(A) OUTPATIENT VISITS</th> <th>NUMBER</th> <th>(B) INPATIENT ADMISSIONS/DISCHARGES</th> </tr> </thead> <tbody> <tr> <td>1 ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT) .....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>2 TOXOPLASMOSIS .....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>3 KAPOSI'S SARCOMA .....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>4 AIDS-RELATED COMPLEX (ARC) .....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>5 HERPES ZOSTER/SIMPLEX .....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>6 PCP (PNEUMOCYSTIS CARNI PNEUMONIA).....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>7 PNEUMONIA (ABOVE 5 YEARS OF AGE).....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>8 TB (TUBERCULOSIS) .....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>9 IMMUNOSUPPRESSION / HIV/AIDS .....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>10 WASTING SYNDROME .....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>11 CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE) .....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>12 OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) .....</td> <td><input type="text"/><input type="text"/><input type="text"/></td> <td></td> <td><input type="text"/><input type="text"/><input type="text"/></td> </tr> </tbody> </table>		(A) OUTPATIENT VISITS	NUMBER	(B) INPATIENT ADMISSIONS/DISCHARGES	1 ORAL/ESOPHAGEAL CANDIDIASIS (THRUSH) (ADULT) .....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	2 TOXOPLASMOSIS .....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	3 KAPOSI'S SARCOMA .....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	4 AIDS-RELATED COMPLEX (ARC) .....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	5 HERPES ZOSTER/SIMPLEX .....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	6 PCP (PNEUMOCYSTIS CARNI PNEUMONIA).....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	7 PNEUMONIA (ABOVE 5 YEARS OF AGE).....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	8 TB (TUBERCULOSIS) .....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	9 IMMUNOSUPPRESSION / HIV/AIDS .....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	10 WASTING SYNDROME .....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	11 CHRONIC DIARRHEA (ABOVE 5 YEARS OF AGE) .....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	12 OTHER DIAGNOSIS OR CODE INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) .....	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>			
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427	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN THE PREVIOUS QUESTION	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																																																					
428	RECORD THE TOTAL NUMBER OF OUTPATIENT VISITS AND INPATIENT ADMISSIONS/DISCHARGES FOR THE TIME PERIOD INDICATED IN Q.427	TOTAL OPD VISITS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TOTAL IPD ADMISSIONS/DISCHARGES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																					
429	How do you ensure data quality?  CIRCLE ALL THAT APPLY	SPOT CHECKS AT POINT OF SERVICE ..... A CONTINUAL TRAINING OF SERVICE STAFF ..... B RESPONSE ANALYSIS ..... C INTERNAL CHECKS ..... D RETURN TO FILES UPON ERROR ..... E DOUBLE DATA ENTRY ..... F OTHER ..... X (SPECIFY) _____																																																						
430	How often does this unit provide feedback on data quality to service units?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 WHEN NECESSARY/NOT REGULARLY ..... 5 NEVER ..... 6																																																						

NO.	QUESTIONS	CODING CATEGORIES	GO TO			
431	Where do you store completed, recorded data forms/reports? Describe the storage situation.  CIRCLE ALL THAT APPLY	DESTROYED/SHREDDED ..... A THROWN AWAY ..... B FILE CABINET(S) ..... C BOXES ..... D FILE ROOM / MEDICAL RECORDS ..... E OTHER ..... X (SPECIFY) _____				
432	Are completed forms stored in a secure location where confidentiality is ensured?	YES ..... 1 NO ..... 2 NOT APPLICABLE ..... 7				
433	Is there ever a problem with loss of forms or damage?  IF YES, ASK: What have been the most common causes for lost or damaged forms?	PESTS ..... A WATER/DAMPNESS..... B FIRE ..... C THEFT ..... D MISPLACED ..... E OTHER ..... X (SPECIFY) _____ NOT A PROBLEM..... Y				
434	How often are results of analyzed data fed back to service units or the facility director for improving service provision?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS ..... 4 WHEN NECESSARY/NOT REGULARLY ..... 5 NEVER ..... 6				
435	In your opinion, are the data ever used to improve service provision?	YES ..... 1 NO ..... 2				
436	Do you have a copy machine?	YES ..... 1 NO ..... 2	→ 439			
437	Is the copy machine functioning today?	YES ..... 1 NO ..... 2				
438	Do you ever run out of supplies for the photocopy machine, such as paper or toner? IF YES, How frequently?	YES, AT LEAST ONCE PER MONTH .... 1 YES, AT LEAST ONCE EVERY THREE MONTHS ..... 2 YES, AT LEAST ONCE PER YEAR ..... 3 NO ..... 4				
439	Do you have a computer?	YES ..... 1 NO ..... 2	→ 458			
440	What is the capacity of your hard drive?	GIGABYTES <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>				
441	How is the computer hardware maintained?	CONTRACT ..... 1 IN-HOUSE TECHNICIAN ..... 2 NOT MAINTAINED REGULARLY ..... 3				
442	Do you have a central database?	YES ..... 1 NO ..... 2	→ 447			
443	In what software is this database maintained?	EXCEL ..... 0 1 FOXPRO ..... 0 2 ACCESS ..... 0 3 LOTUS ..... 0 4 DBASE ..... 0 5 PEACHTREE ..... 0 6 QUATROPRO..... 0 7 EPI INFO ..... 0 8 OTHER ..... 9 6 (SPECIFY) _____				

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

NO.	QUESTIONS	CODING CATEGORIES	GO TO									
457	Do you have the ability to transfer large files within the facility or outside the facility?	YES, INSIDE ONLY ..... 1 YES, OUTSIDE ONLY ..... 2 YES, BOTH INSIDE AND OUTSIDE .... 3 NO, CANNOT TRANSFER LARGE FILES .. . 4										
458	In your opinion, do you currently have sufficient staff to handle your HMIS needs?	YES ..... 1 NO ..... 2										
459	In the next 5 years, how many new HMIS staff do you think you will need?	NUMBER OF STAFF <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>										
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>												
460	RECORD THE TIME AT END OF INTERVIEW <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="font-size: 20px; vertical-align: middle;">:</td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> <td style="border: 1px solid black; width: 30px; height: 30px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">12 HOUR</td> <td></td> <td colspan="2" style="text-align: center;">CLOCK</td> </tr> </table>			:			12 HOUR			CLOCK		
		:										
12 HOUR			CLOCK									
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE												

SECTION E: LABORATORY AND OTHER DIAGNOSTICS										
Code of facility:		<div><div></div><div></div></div> COUNTRY		<div><div></div><div></div></div> DISTRICT		<div><div></div><div></div><div></div><div></div></div> FACILITY		LINE AND CLINIC/UNIT NUMBER		QRE TYPE <div><div></div><div></div><div></div><div></div></div> LINE UNIT
Interviewer Code:		<div><div></div><div></div></div>								
500	INDICATE SETTING FOR LAB				LAB IN FACILITY ..... 1 AFFILIATED EXTERNAL LAB ..... 2 AREA LOCKED/NO ACCESS ..... 3 PRIVATE LAB-NON-AFFILIATED ..... 4 FACILITY HAS NO LAB. .... 5				→ STOP	
500a	Does this lab provide services for both outpatients and inpatients, or does it provide services for out or inpatients only?				OUTPATIENT ONLY ..... 1 INPATIENT ONLY ..... 2 BOTH OUT- AND INPATIENTS ..... 3					
500b	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ... 96 (SPECIFY)				1) MANAGING AUTHORITY <div><div></div><div></div></div>  2) NUMBER OF DAYS PER MONTH LABORATORY ROUTINELY PROVIDES SERVICE <div><div></div><div></div></div>					
500c	CHECK QUESTION Q500. IS THE RESPONSE 3', NO ACCESS CIRCLED?				YES ..... NO .....				→ STOP	
500d	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT				COMPLETE NOT APPLICABLE (V)CT Q508, Q512 Q513, Q539 1 2					
<b>FIND THE PERSON IN CHARGE OF THE LABORATORY. IF HE/SHE IS NOT PRESENT, ASK TC SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES IN THE LABORATORY</b>										
<p>My name is _____. We are here on behalf of Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)</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 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.</p> <p>The information you provide will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about ____ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.</p> <p>Do you have any questions for me at this time?</p>										
501	Do I have your agreement to participate? Thank you. Let's begin now.				YES ..... 1 NO ..... 2				→ STOP	
502	RECORD THE TIME AT BEGINNING OF INTERVIEW				<div><div></div><div></div></div> : <div><div></div><div></div></div> 12 HOUR CLOCK		DATE <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> 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>NUMBER OF STAFF LISTED <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></p>					
Next, I would like to know about guidelines that are available in the laboratory area.							
504	For each topic I mention, please tell me if you have any written guidelines relating to this topic in the laboratory area? IF YES: May I see the guidelines?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE		
01	Blood safety (16)	1	2	3	4		
02	Post-exposure (HIV/AIDS) prophylaxis for healthcare workers (4)	1	2	3	4		
03	Universal precautions for healthcare workers (19)	1	2	3	4		
04	Manual for laboratory technicians for TB screening	1		3	4		
05	Standard operating procedures (SOPs) or guidelines for data collection and reporting (17)	1	2	3	4		
505	<p>Does this laboratory conduct tests for HIV? 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>LAB CONDUCTS NO HIV TESTS ..... Y</p> <p>→ 535</p>					
506	Are there any written guidelines related to any of the topics I will ask, in the laboratory area? IF YES, ASK: May I see the guideline please?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE		
01	Written guidelines on counseling for HIV testing (1)	1 → 03	2	3	4		
02	Written guidelines on confidentiality and disclosure of HIV test results	1		3	4		
03	Laboratory guidelines for HIV testing	1		3	4		
04	Other guidelines relevant to HIV/AIDS or related services (SPECIFY) _____	1		3	4		
507	Do you do HIV testing for clients <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>			Q:VCT		
509	Do you have any record of HIV test results for tests conducted in this laboratory? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.	<p>YES ..... 1</p> <p>NO ..... 2</p>			→ 512		

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
510	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE INDICATED CLIENT NUMBERS FOR THE PAST 12 MONTHS.	(A) RECORD AVAILABLE AND OBSERVED		(B) NUMBERS FROM OBSERVED RECORDS				
		YES	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA		
01	TOTAL CLIENTS RECEIVING HIV TEST	1 → 01b	2 <input type="checkbox"/> 02	3 <input type="checkbox"/> 02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
02	TOTAL FEMALE CLIENTS RECEIVING HIV TEST	1 → 02b	2 <input type="checkbox"/> 03	3 <input type="checkbox"/> 03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
03	TOTAL CLIENTS AGE 15-24 YEARS	1 → 03b	2 <input type="checkbox"/> 04	3 <input type="checkbox"/> 04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
04	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 → 04b	2 <input type="checkbox"/> 05	3 <input type="checkbox"/> 05	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
05	TOTAL CLIENTS/PROVIDERS WHO RECEIVED TEST RESULTS	1 → 05b	2 <input type="checkbox"/> 06	3 <input type="checkbox"/> 06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
06	TOTAL CLIENTS/PROVIDERS RECEIVING POSITIVE RESULTS	1 → 06b	2 <input type="checkbox"/> 511	3 <input type="checkbox"/> 511	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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	Does the laboratory have any system for providing HIV test results directly to clients?  IF YES, ASK TO SEE ANY DOCUMENTATION THAT SHOWS CLIENTS ARE PROVIDED WITH HIV TEST RESULTS.	YES, DOCUMENTATION FOR PROVIDING RESULTS OBSERVED. .... 1 YES, DOCUMENTATION REPORTED NOT SEEN. .... 2 YES, ORAL SYSTEM ONLY. .... 3 NO. .... 4				Q:VCT Q:VCT Q:VCT		
513	Is post-test counseling for HIV testing provided in this lab?	YES. .... 1 NO. .... 2				Q:VCT		
Now I would like to see the equipment and the reagents necessary to conduct the different tests I will ask you about.								
514	For the following HIV/AIDS related tests, please tell me if the laboratory conducts the test or not. If yes, please show me if all items necessary for the test are available today. MAKE SURE EQUIPMENT AND REAGENTS NECESSARY TO CONDUCT THE TEST TODAY ARE AVAILABLE. IF NOT, ASK IF THE TEST IS NORMALLY DONE, OR IS NEVER DONE IN THIS LABORATORY.							
	HIV/AIDS RELATED TEST	ALL ITEMS FOR TEST			TEST NOT CONDUCTED THIS LAB	DON'T KNOW		
		AVAILABLE TODAY		NORMALLY AVAILABLE, NOT TODAY				
		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		
515	For each of the following types of equipment, I would like to know if it is available in the laboratory and, if yes, whether it is functioning today	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Flowcytometer / Cytoflowmeter for CD4 counts	1 → 01b	2 → 01b	3 <input type="checkbox"/> 02	8 <input type="checkbox"/> 02	1	2	8
02	ELISA scanner / reader	1 → 02b	2 → 02b	3 <input type="checkbox"/> 516	8 <input type="checkbox"/> 516	1	2	8



NO.	QUESTIONS	CODING CATEGORIES	GO TO
516	Is there an established system for <b>external</b> quality control for any HIV test? IF YES, ASK: Which HIV test is the external quality control used for? CIRCLE ALL THAT APPLY.	ELISA ..... A RAPID TEST ..... B WESTERN BLOT ..... C OTHER ..... X (SPECIFY) NO EXTERNAL QUALITY CONTROL ... Y	→ 522
517	What system is used for external quality control for HIV tests? CIRCLE ALL THAT APPLY.	PROFICIENCY PANEL ..... A EXTERNAL INSPECTION/OBSERVATION OF TECHNIQUE ..... B SEND BLOOD FOR RETESTING ..... C OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
518	CHECK Q517 . IF 'A' OR 'C' ARE CIRCLED, INDICATE THE MOST APPROPRIATE RESPONSE FOR HOW OFTEN THE EXTERNAL QUALITY CONTROL IS USED.	(a) NUMBER OF TIMES PER YEAR <input type="text"/> <input type="text"/> (PROFICIENCY.....) NO PROFICIENCY PANEL .....95 (b) SEND EVERY FIXED NUMBER OF TESTS ..... 1 SEND FIXED PERCENT OF TESTS ..... 2 NO FIXED NUMBER/PERCENT .. ... 3 "C" NOT CIRCLED ..... 4 (c) INDICATE THE FIXED <input type="text"/> <input type="text"/> <input type="text"/> NUMBER/PERCENT SAMPLES SENT FOR Q518(b).	→ 519 → 519
519	Is there a record of the results from the quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 522 → 522
520	What is the most recent date for a quality check test result or error rate?	WITHIN PAST ONE MONTH ..... 1 WITHIN PAST 2-6 MONTHS ..... 2 MORE THAN 6 MONTHS ..... 3 DATE NOT RECORDED ..... 4	
521	What is the most recent error rate that is recorded?	PERCENT ERROR <input type="text"/> <input type="text"/> RATE..... DON'T KNOW ..... 98	
522	Is there any other system used for quality control of laboratory tests for HIV/AIDS? IF YES, INDICATE THE OTHER SYSTEM(S) UTILIZED.	INTERNAL QUALITY CONTROL ..... A OTHER ..... X (SPECIFY) NO ..... Y	→ 524
523	Is there any record of the results from the other quality control test(s) mentioned in previous question? IF YES, ASK TO SEE THE RECORD OR REPORT.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
524	Are there any fees charged for any services or items related to HIV/AIDS tests?	YES ALWAYS ..... 1 YES SOMETIMES ..... 2 NEVER ..... 3	→ 526

NO.	QUESTIONS	CODING CATEGORIES			GO TO
525	For each of the following items, indicate if there is any fee, and if yes, the amount of the fee	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">(A) FEE</div> <div style="text-align: center;">(B) AMOUNT IN MAIN LOCAL CURRENCY</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YES</div> <div>NO</div> <div>N/A</div> </div>			
01	HIV test (rapid)	1 → 01b	2 02 ↙	3 02 ↙	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
02	CD4 test	1 → 02b	2 03 ↙	3 03 ↙	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
03	Complete Blood Count	1 → 03b	2 04 ↙	3 04 ↙	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
04	ELISA test	1 → 04b	2 526 ↙	3 526 ↙	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
526	Do you send blood outside the facility for CD4 count?	YES ..... 1 NO ..... 2			→ 529
527	Do you have a record with results of the CD4 counts conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3			
528	After receiving the CD4 results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT ..... 1 LAB TELLS CLIENT VERBALLY ONLY ..... 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT ..... 3 OTHER ..... 6 (SPECIFY) _____ DON'T KNOW ..... 8			
529	Next, I want to know if PCR (polymerase chain reaction) tests for viral load are done at this labor  IF YES, Are the items necessary for PCR available today?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 YES NORMALLY AVAILABLE BUT NOT TODAY ..... 3 TEST NOT CONDUCTED IN THIS LAB 4			→ 532
530	How many providers have ordered viral load tests for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> DON'T KNOW ..... 98			→ 532
531	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA. .... <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>			
532	Do you send blood outside the facility for viral load testing?	YES ..... 1 NO ..... 2			→ 535
533	Do you have a record with results of the viral load tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED. .... 1 YES, REPORTED, NOT SEEN. .... 2 NO ..... 3			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
534	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT ..... 1 LAB TELLS CLIENT VERBALLY ONLY ..... 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
535	Do you ever send blood outside the facility for HIV testing? [INCLUDES CONFIRMATION TEST]	YES ..... 1 NO ..... 2	→ 540
536	For which HIV test do you send blood outside?	ELISA ..... A WESTERN BLOT ..... B OTHER ..... X SPECIFY	
537	Do you have a record with the result of the HIV/AIDS tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 540
538	Does the register indicate if the client/provider has received the results?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
539	After receiving the results, how are the results provided to the client/provider?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT ..... 1 LAB TELLS CLIENT VERBALLY ONLY ..... 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	Q:VCT
540	Are reports regularly compiled on the number of newly diagnosed HIV/AIDS cases, whether done in this lab or by another lab?	YES ..... 1 NO ..... 2	→ 546
541	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS/NO FIXED TIME ..... 4 NEVER ..... 5	→ 543
542	To whom are the reports sent?  CIRCLE ALL THAT APPLY	RECORDS OFFICER ..... FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO) ..... D NATIONAL AIDS PROGRAM ..... E OTHER ..... X (SPECIFY)	
543	Do you use a standardized form for your reports?  ASK TO SEE A COMPLETED FORM.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
544	RECORD THE NUMBER OF NEWLY DIAGNOSED HIV/AIDS CASES DURING THE PAST 12 MONTHS.	NEW HIV/AIDS CASES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 9998	

NO.	QUESTIONS	CODING CATEGORIES		GO TO
545	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA. .... <input type="text"/> <input type="text"/>		
546	Do you record results by the clinic/unit ordering the HIV test or test results?  IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED. .... 1 YES, REPORTED, NOT SEEN. .... 2 NO ..... 3		→ 548 → 548
547	Indicate if HIV test results are recorded separately for the following clinics/units:	YES	NO	NOT APPLICABLE
01	VCT	1	2	3
02	PMTCT with VCT OR PMTCT ALONE	1	2	3
03	Surveillance	1	2	3
04	Blood bank or blood for transfusion	1	2	3
05	General or specialty outpatient clinic/units (except VCT or PMTCT)	1	2	3
06	Inpatient units, either by separate units or as total inpatient units	1	2	3
07	By sero-status, irrespective of source	1	2	3
548	How many providers have ordered HIV tests for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS DON'T KNOW ..... 98		→ 550
549	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA. .... <input type="text"/> <input type="text"/>		
550	How many providers have ordered CD4 counts for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS DON'T DO CD4 COUNTS. .... 97 DON'T KNOW. .... 98		→ 552 → 552
551	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... <input type="text"/> <input type="text"/>		
552	Is blood for HIV/AIDS testing drawn in the laboratory area?	YES ..... 1 NO ..... 2		→ 555

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
553	ASK TO SEE WHERE THE BLOOD IS DRAWN FOR THE HIV/AIDS TEST AND INDICATE IF THE FOLLOWING ARE AVAILABLE IN THE ROOM OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE				
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3				
02	AUDITORY PRIVACY	1	2	3				
03	VISUAL PRIVACY	1	2	3				
04	RUNNING WATER	1 → 06	2	3				
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3				
06	SOAP	1 → 08	2	3				
07	HAND SANITIZER	1	2	3				
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3				
09	SHARPS CONTAINER	1	2	3				
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3				
11	DISPOSABLE GLOVES-NON LATEX	1	2	3				
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3				
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3				
14	CONDOMS	1	2	3				
15	DISPOSABLE NEEDLES	1	2	3				
16	DISPOSABLE SYRINGES	1	2	3				
17	MASKS	1	2	3				
18	GOGGLES / GLASSES	1	2	3				
554	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES ..... 1 NO ..... 2						
555	Now I would like to see specific equipment necessary for other tests. Is the following equipment available, and is it functioning today?	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Microscope	1→ 01b	2→ 01b	3 02↙	8 02↙	1	2	8
02	Refrigerator [TEMPERATURE MUST BE BETWEEN 2-8 DEGREES C]	1→ 02b	2→ 02b	3 03↙	8 03↙	1	2	8
03	Incubator	1→ 03b	2→ 03b	3 04↙	8 04↙	1	2	8
04	Test tubes	1	2	3	8			
05	Reaction wells / trays	1	2	3	8			
06	Glass slides and covers	1	2	3	8			
07	Autocytometer	1	2	3 556↙	8 556↙	1	2	8

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
556	<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>							
		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
01	<b>MALARIA TESTS</b>	1			4 557 ↙			
02	Giemsa stain	1	2	3	4			
03	Leishman stain	1	2	3	4			
04	Field stain	1	2	3	4			
05	Other _____ (SPECIFY)	1	2	3	4			
557 01	<b>GONORRHEA TESTS</b>	1			4 558 ↙			
02	Chocolate agar (culture medium)	1	2	3	4			
03	PCR	1	2	3	4			
04	Other _____ (SPECIFY)	1	2	3	4			
558 01	<b>GRAM STAIN</b>	1			4 559 ↙			
02	Crystal violet	1	2	3	4			
03	Lugol's iodine	1	2	3	4			
04	Acetone	1	2	3	4			
05	Neutral red, carbol fuchsin, or other counterstain	1	2	3	4			
559 01	<b>CHLAMYDIA TEST</b>	1			4 560 ↙			
02	Giemsa stain	1	2	3	4			
03	ELISA	1	2	3	4			
04	PCR	1	2	3	4			
05	Other _____ (SPECIFY)	1	2	3	4			

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
560	<b>OTHER TESTS</b>							
01	Urinalysis (Centrifuge for urine testing)	1→ 01b	2→ 01b	3 02↙	4 02↙	1	2	8
02	Indian ink stain	1	2	3	4			
03	Agar plate for cultures	1	2	3	4			
561	Does this laboratory ever send any specimens for initial culture outside the facility?	YES ..... 1 NO ..... 2						
562	<b>TUBERCULOSIS TEST</b>	1			4 567↙			
01								
02	AFB or Ziehl-Neelson test, with stain, such as methyl blue, present	1	2	3	4			
03	New rapid test for TB	1	2	3	4			
04	Culture	1	2	3	4			
05	Other test for TB _____ (SPECIFY)	1	2	3	4			
563	Does this laboratory record TB test results? IF YES: May I please see the register?	YES, OBSERVED. .... 1 YES, REPORTED, NOT SEE ..... 2 NO ..... 3				→ 565 → 565		
564	WHEN WAS THE LAST ENTRY IN THE REGISTER FOR TB TEST RESULTS?	WITHIN 30 DAYS ..... 1 MORE THAN 30 DAYS AGO ..... 2 NO DATE RECORDED ..... 7						
565	How many providers have ordered TB tests for private clients from this lab during the last 6 months?	NUMBER OF PROVIDERS <input type="text"/> <input type="text"/> DON'T KNOW ..... 98				→ 567		
566	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		
567	The next set of tests I want to know about are serological tests.	a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
01	SYPHILIS TESTS	1			4 568 ↙			
02	VDRL (Venereal Disease Research Laboratory slide test)	1	2	3	4			
03	Rotator or shaker for VDRL	1 → 03b	2 → 03b	3 04 ↙	4 04 ↙	1	2	8
04	Rapid plasma reagent test (RPR)	1	2	3	4			
05	Other _____ (SPECIFY)	1	2	3	4			
568	Pregnancy tests	1	2	3	4			
569	The next set of tests I want to know about are hematology tests.							
	Hemocytometer or coulter counter for total lymphocyte count or full blood count.	1 → b	2 → b	3 570 ↙	4 570 ↙	1 573 ↙	2	8
570	ANEMIA TEST (HEMOGLOBIN OR HEMATOCRIT)	1			4 571 ↙			
02	Hemoglobinometer	1 → 02b	2 → 02b	3 03 ↙	4 03 ↙	1	2	8
03	Colorimeter or spectroscope	1 → 03b	2 → 03b	3 04 ↙	4 04 ↙	1	2	8
04	Drabkin's solution (for colorimeter)	1	2	3	4			
05	Capillary tubes for hematocrit	1	2	3	4			
06	Centrifuge for hematocrit	1 → 06b	2 → 06b	3 07 ↙	4 07 ↙	1	2	8
07	Litmus paper for hemoglobin test (with valid expiration date)	1	2	3	4			
08	Other _____ (SPECIFY)	1	2	3	4			
571	Platelet count	1	2	3	4			
572	White cell count	1	2	3	4			
573	Does this laboratory ever send any specimens outside the facility for hematology? (For example, hemoglobin, hematocrit, platelet count or white blood cell count.)	YES ..... 1 NO ..... 2						
574	Does this laboratory ever send blood outside the facility for total lymphocyte count?	YES ..... 1 NO ..... 2				→ 577		
575	Do you have a record with results of the total lymphocyte count conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3						



NO.	QUESTIONS	CODING CATEGORIES				GO TO		
576	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT ..... 1 LAB TELLS CLIENT VERBALLY ONLY ..... 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT ..... 3 OTHER ..... 6 (SPECIFY) ..... DON'T KNOW ..... 8						
577	The next set of tests I want to know about are chemistry tests	a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
01	Blood chemistry analyzer that provides serum creatinine, serum glucose, and liver function tests	1	2	3	4	1 578	2	8
02	Serum creatinine	1	2	3	4			
03	Serum glucose	1	2	3	4			
04	Liver function test	1	2	3	4			
578	Does this laboratory ever send any specimens outside the facility for serum creatinine or serum glucose tests?	YES ..... 1 NO ..... 2						
579	Does this laboratory ever send any specimens outside the facility for Liver Function Tests (LFT)	YES ..... 1 NO ..... 2						
<b>BLOOD TRANSFUSION AND SCREENING</b>								
580	Now I want to ask about screening of blood for blood transfusions. Does this laboratory screen blood for infectious diseases?	YES ..... 1 NO ..... 2				→ 582		
581	Do you screen blood for any of the 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		
<b>PHLEBOTOMY SERVICES</b>								
582	Is blood drawn in the laboratory area?  IF YES, IS IT THE SAME AREA AS SEEN FOR Q553(HIV TESTS) OR A DIFFERENT ROOM?	YES, SAME AREA AS Q553 ..... 1 YES, DIFFERENT AREA ..... 2 NO BLOOD DRAWN. .... 3				→ 585  → 585		

NO.	QUESTIONS	CODING CATEGORIES			GO TO																					
583	ASK TO SEE WHERE BLOOD IS DRAWN FOR LABORATORY TESTS. CHECK THAT LOCATION AND INDICATE IF EACH ITEM INDICATED BELOW IS AVAILABLE IN THE TESTING AREA OR IMMEDIATELY ADJACENT.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																						
01	RUNNING WATER	1 → 03	2	3																						
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3																						
03	SOAP	1 → 05	2	3																						
04	HAND SANITIZER	1	2	3																						
05	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3																						
06	SHARPS CONTAINER	1	2	3																						
07	DISPOSABLE LATEX GLOVES	1 → 09	2	3																						
08	DISPOSABLE NON-LATEX GLOVES	1	2	3																						
09	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1 → 11	2	3																						
10	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3																						
11	DISPOSABLE NEEDLES	1	2	3																						
12	DISPOSABLE SYRINGES	1	2	3																						
13	MASKS	1	2	3																						
14	GOGGLES / GLASSES	1	2	3																						
584	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES ..... 1 NO ..... 2																								
585	Does this facility have a pathology department or other location where examination of PAP smears or histology tests are carried out? IF YES, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE TESTS.	YES ..... 1 NO ..... 2			→ 587																					
586	Do you have all items today, for performing the following tests?	<b>ARE ALL ITEMS FOR TEST AVAILABLE?</b> <table border="1"> <thead> <tr> <th colspan="2">AVAILABLE TODAY</th> <th rowspan="2">NORMALLY AVAILABLE NOT TODAY</th> <th rowspan="2">NO TEST THIS FACILITY</th> <th rowspan="2">DON'T KNOW</th> </tr> <tr> <th>OBSERVED</th> <th>REPORTED, NOT SEEN</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>PAP smears</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>02</td> <td>Histology</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> </tbody> </table>				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
AVAILABLE TODAY		NORMALLY AVAILABLE NOT TODAY	NO TEST THIS FACILITY	DON'T KNOW																						
OBSERVED	REPORTED, NOT SEEN																									
01	PAP smears	1	2	3	4	8																				
02	Histology	1	2	3	4	8																				
587	Does this facility perform diagnostic X-rays? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED.	YES ..... 1 NO ..... 2			→ 589																					

NO.	QUESTIONS	CODING CATEGORIES			GO TO		
588	ASK TO SEE THE FOLLOWING EQUIPMENT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:	(b) EQUIPMENT/ITEMS AVAILABLE?			(c) ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	YES	NO	DON'T KNOW
01	X-RAY MACHINE	1 → c	2 → c	3 ↗ 02 ↘	1	2	8
02	FILM FOR X-RAYS	1	2	3			
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER							
589	RECORD THE TIME AT END OF INTERVIEW	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> </div> <div style="text-align: center; margin-top: 5px;">12 HOUR CLOCK</div>					
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE							

# SECTION F: MEDICATION AND SUPPLIES

<b>SECTION F: MEDICATION AND SUPPLIES</b>			
<b>Code of facility:</b> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> COUNTRY         </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> DISTRICT         </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> FACILITY         </div> </div>		QRE TYPE <b>F</b> <div style="display: flex; justify-content: center; align-items: flex-end;"> <div style="text-align: center; margin-right: 10px;"> <input type="text"/><input type="text"/> LINE         </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> UNIT         </div> </div>	
<b>Interviewer Code:</b> <input type="text"/> <input type="text"/>		LINE AND CLINIC/UNIT NUMBER	
600	INDICATE WHICH CLIENTS HAVE ACCESS TO MEDICINES REPORTED IN THIS QRE.	OUTPATIENT ONLY ..... 1 INPATIENT ONLY ..... 2 BOTH IN AND OUTPATIENT ..... 3 AREA LOCKED/NO ACCESS ..... 4 NO MEDICINES STORED IN ..... FACILITY ..... 5	→ STOP  → STOP
600b	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER ..... 96 (SPECIFY)	1) MANAGING AUTHORITY <input type="text"/> <input type="text"/>  2) NUMBER OF DAYS PER MONTH PHARMACY ROUTINELY PROVIDES SERVICE <input type="text"/> <input type="text"/>	
<b>ASK TO SPEAK WITH THE PERSON IN CHARGE OF THE PHARMACY, WHO IS PRESENT TODAY</b>			
<p>My name is _____. We are here on behalf of Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)</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 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.</p> <p>The information you provide will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about ____ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.</p> <p>Do you have any questions for me at this time?</p>			
601	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
602	RECORD THE TIME AT BEGINNING OF INTERVIEW	<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> 12 HOUR CLOCK         </div> <div style="text-align: center;">           DATE <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> DAY MONTH YEAR         </div> </div>	

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

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		OBSERVED		a		b	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
						YES	NO
20	Clarithromycin		2 → 20b	3 21 ↙	4 21 ↙	1	2
21	Clindamycin		2 → 21b	3 22 ↙	4 22 ↙	1	2
22	Cloxacillin		2 → 22b	3 23 ↙	4 23 ↙	1	2
23	Dapsone		2 → 23b	3 24 ↙	4 24 ↙	1	2
24	Dexamethasone		2 → 24b	3 25 ↙	4 25 ↙	1	2
25	Diazepam oral		2 → 25b	3 26 ↙	4 26 ↙	1	2
26	Diazepam, injectable		2 → 26b	3 27 ↙	4 27 ↙	1	2
27	Diclofenac (oral/injection)		2 → 27b	3 28 ↙	4 28 ↙	1	2
28	Dipyrrone injection		2 → 28b	3 29 ↙	4 29 ↙	1	2
29	Diphenoxylate		2 → 29b	3 30 ↙	4 30 ↙	1	2
30	Doxycycline	1 → 30b	2 → 30b	3 31 ↙	4 31 ↙	1	2
31	Erythromycin	1 → 31b	2 → 31b	3 32 ↙	4 32 ↙	1	2
32	Famciclovir		2 → 32b	3 33 ↙	4 33 ↙	1	2
33	Fluconazole		2 → 33b	3 34 ↙	4 34 ↙	1	2
34	Ganciclovir		2 → 34b	3 35 ↙	4 35 ↙	1	2
35	Gentamicin, injectable	1 → 35b	2 → 35b	3 36 ↙	4 36 ↙	1	2
36	Gentian Violet (GV paint)		2 → 36b	3 37 ↙	4 37 ↙	1	2
37	Ibuprofen/Motrin/Advil		2 → 37b	3 38 ↙	4 38 ↙	1	2
38	Indomethacin rectal suppository		2 → 38b	3 39 ↙	4 39 ↙	1	2
39	Iron tablets		2 → 39b	3 40 ↙	4 40 ↙	1	2
40	Itraconazole		2 → 40b	3 41 ↙	4 41 ↙	1	2
41	Ketoconazole, topical		2 → 41b	3 42 ↙	4 42 ↙	1	2
42	Loperamide		2 → 42b	3 43 ↙	4 43 ↙	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		OBSERVED		a		b	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
						YES	NO
43	Mebendazole oral		2 → 43b	3 44 ↙	4 44 ↙	1	2
44	Metronidazole oral/Flagyl	1 → 44b	2 → 44b	3 45 ↙	4 45 ↙	1	2
45	Miconazole vaginal suppositories or cream		2 → 45b	3 46 ↙	4 46 ↙	1	2
46	Morphine oral		2 → 46b	3 47 ↙	4 47 ↙	1	2
47	Multivitamins		2 → 47b	3 48 ↙	4 48 ↙	1	2
48	Nalidixic acid oral	1 → 48b	2 → 48b	3 49 ↙	4 49 ↙	1	2
49	Nitrofurantoin oral		2 → 49b	3 50 ↙	4 50 ↙	1	2
50	Nitrofurazone ointment		2 → 50b	3 51 ↙	4 51 ↙	1	2
51	Norfloxacin		2 → 51b	3 52 ↙	4 52 ↙	1	2
52	Nystatin oral/suspension		2 → 52b	3 53 ↙	4 53 ↙	1	2
53	Nystatin vaginal tablets		2 → 53b	3 54 ↙	4 54 ↙	1	2
54	Oral rehydration salts (ORS)		2 → 54b	3 55 ↙	4 55 ↙	1	2
55	Penicillin, Benzathine injectable	1 → 55b	2 → 55b	3 56 ↙	4 56 ↙	1	2
56	Penicillin Benzyl injectable	1 → 56b	2 → 56b	3 57 ↙	4 57 ↙	1	2
57	Penicillin, procaine, injectable	1 → 57b	2 → 57b	3 58 ↙	4 58 ↙	1	2
58	Phenobarbital/phenobarbital		2 → 58b	3 59 ↙	4 59 ↙	1	2
59	Prednisolone (or other steroid) IF OTHER, SPECIFY _____		2 → 59b	3 60 ↙	4 60 ↙	1	2
60	Slucycytosine		2 → 60b	3 61 ↙	4 61 ↙	1	2
61	Sulfadiazine		2 → 61b	3 62 ↙	4 62 ↙	1	2
62	Tetracycline		2 → 62b	3 63 ↙	4 63 ↙	1	2
63	Tinidazole		2 → 63b	3 64 ↙	4 64 ↙	1	2
64	Valacyclovir		2 → 64b	3 65 ↙	4 65 ↙	1	2
65	Vincristine injectable		2 → 65b	3 66 ↙	4 66 ↙	1	2

NO.	MEDICATION/SUPPLY ITEM		CODING CATEGORIES				
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		AT LEAST ONE UNIT IN DATE				YES	NO
		66	Vitamin B6		2 → 66b	3 67 ↙	4 67 ↙
67	Any other B vitamins		2 → 67b	3 604 ↙	4 604 ↙	1	2
604	ANTIMALARIALS						
01	Amodiaquine		2 → 01b	3 02 ↙	4 02 ↙	1	2
02	Coartem (ACT)		2 → 02b	3 03 ↙	4 03 ↙	1	2
03	Chloroquine		2 → 03b	3 04 ↙	4 04 ↙	1	2
04	Fansidar (Sulfadoxin+pyrimethamine)		2 → 04b	3 05 ↙	4 05 ↙	1	2
05	Mefloquine		2 → 05b	3 06 ↙	4 06 ↙	1	2
06	Primaquine		2 → 06b	3 07 ↙	4 07 ↙	1	2
07	Quinine oral		2 → 07b	3 08 ↙	4 08 ↙	1	2
08	Quinine injectable		2 → 08b	3 09 ↙	4 09 ↙	1	2
09	Other _____ (SPECIFY)		2 → 09b	3 605 ↙	4 605 ↙	1	2



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

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
607	<b>INTRAVENOUS SOLUTIONS</b>	OBSERVED		a		b	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
						YES	NO
01	Normal Saline (0.9% NS)		2 → 01b	3 02 ↙	4 02 ↙	1	2
02	Dextrose and Normal Saline (D5NS)		2 → 02b	3 03 ↙	4 03 ↙	1	2
03	Dextrose in water (50%)		2 → 03b	3 04 ↙	4 04 ↙	1	2
04	Ringers Lactate	1 → 04b	2 → 04b	3 05 ↙	4 05 ↙	1	2
05	Plasma Expander	1 → 05b	2 → 05b	3 608 ↙	4 608 ↙	1	2
608	<b>OTHER</b>						
01	Infant formula		1 → 01b	2 02 ↙	3 02 ↙	1	2
02	Fortified protein supplement / Ensure		1 → 02b	2 609 ↙	3 609 ↙	1	2
609	Does this facility stock any antiretroviral medicines?			YES .....	1		
				NO .....	2	→ 613	
610	ASK TO SEE THE ANTIRETROVIRAL MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY.	OBSERVED		a		b	
		ALL UNITS IN DATE	AT LEAST ONE UNIT IN DATE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
						YES	NO
01	AZT + 3TC / Combivir		2 → 01b	3 02 ↙	4 02 ↙	1	2
02	Zidovudine (ZDV, AZT)		2 → 02b	3 03 ↙	4 03 ↙	1	2
03	Abacavir/ABC		2 → 03b	3 04 ↙	4 04 ↙	1	2
04	Didanosine/ddI		2 → 04b	3 05 ↙	4 05 ↙	1	2
05	Lamivudine/3TC		2 → 05b	3 06 ↙	4 06 ↙	1	2
06	Stavudine/d4T		2 → 06b	3 07 ↙	4 07 ↙	1	2
07	Tenofovir disoproxil fumarate [Viread]		2 → 07b	3 08 ↙	4 08 ↙	1	2
08	Efavirenz (EFZ) / Stocrin / Sustiva		2 → 08b	3 09 ↙	4 09 ↙	1	2
09	Nevirapine (NVP)		2 → 09b	3 10 ↙	4 10 ↙	1	2
10	Indinavir / Crixivan		2 → 10b	3 11 ↙	4 11 ↙	1	2
11	Kaletra / Lopinavir / Ritonavir		2 → 11b	3 12 ↙	4 12 ↙	1	2
12	Nelfinavir / Viracept		2 → 12b	3 13 ↙	4 13 ↙	1	2
13	Ritonavir / Norvir		2 → 13b	3 14 ↙	4 14 ↙	1	2
14	Saquinavir / Invirase		2 → 14b	3 15 ↙	4 15 ↙	1	2
15	Other _____ (SPECIFY)		2 → 15b	3 611 ↙	4 611 ↙	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES			
611	ARE THE ANTIRETROVIRALS STORED SEPARATE FROM OTHER MEDICINES?	YES .....	1		
		NO .....	2		
612	ARE THE ANTIRETROVIRAL DRUGS STORED UNDER LOCKED CONDITIONS?	YES .....	1		
		NO .....	2		
613	Is there a register or stock cards where the amount of each medicine received and the amount disbursed is recorded?  IF YES, ASK: May I see the records?	YES, OBSERVED .....	1	→ 616	
		YES, REPORTED, NOT SEEN .....	2		
		NO .....	3		
614	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN Q613.	REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES .....	1		
		REGISTER/STOCK CARDS UPDATED DAY ITEM REMOVED FROM STOCK ...	2		
		OTHER _____ (SPECIFY)	6		
615	FOR EACH OF THE FOLLOWING MEDICINES THAT ARE AVAILABLE, RECORD IF THE AMOUNT OF STOCK ON THE STOCK CARD, OR THE AMOUNT THAT CAN BE CALCULATED, MATCHES THE INVENTORY OBSERVED IN STORAGE. USE THE MOST UPDATED SOURCE.	YES	NO	MEDICINE NOT AVAILABLE	
01	Amoxicillin/ampicillin oral	1	2	3	
02	Ampicillin injectable	1	2	3	
03	AZT + 3TC / Combivir	1	2	3	
04	Ciprofloxacin oral	1	2	3	
05	Co-trimoxazole oral	1	2	3	
06	Erythromycin	1	2	3	
07	Indinavir / Crixivan	1	2	3	
08	Nevirapine (NVP)	1	2	3	
09	Penicillin, Benzathine benzyl injectable / Septrin	1	2	3	
616	OBSERVE THE PLACE WHERE MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.				
01	ARE THE MEDICINES OFF THE FLOOR AND PROTECTED FROM WATER?	YES .....	1		
		NO .....	2		
		DON'T KNOW .....	8		
02	ARE THE MEDICINES PROTECTED FROM <u>DIRECT</u> SUNLIGHT OR FLOURESCENT LIGHTING?	YES .....	1		
		NO .....	2		
		DON'T KNOW .....	8		
03	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)?	YES .....	1		
		NO .....	2		
		DON'T KNOW .....	8		
04	IS THE ROOM AIR CONDITIONED OR HAVE A COOLING SYSTEM?	YES .....	1		
		NO .....	2		
		DON'T KNOW .....	8		
05	ARE THE MEDICINES OR IS THE PHARMACY AS A WHOLE KEPT LOCKED WHEN NO STAFF ARE PRESENT?	YES .....	1		
		NO .....	2		
		DON'T KNOW .....	8		



NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES																																										
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 _____ (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 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>																																										
624	<p>I would like to see supplies that you have in stock. Please show me the following stock supply items if they are kept here.</p>	<table border="1"> <thead> <tr> <th colspan="3">a</th><th colspan="2">b</th></tr> <tr> <th>OBSERVED</th><th>REPORTED AVAILABLE, NOT SEEN</th><th>NOT AVAILABLE</th><th colspan="2">STOCK OUT IN LAST SIX MONTHS</th></tr> <tr> <th></th><th></th><th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>01 Condoms</td><td>1 → 01b 2 02 ↙</td><td>3 02 ↙</td><td>1</td><td>2</td></tr> <tr> <td>02 Disposable needles</td><td>1 → 02b 2 03 ↙</td><td>3 03 ↙</td><td>1</td><td>2</td></tr> <tr> <td>03 Disposable syringes</td><td>1 → 03b 2 04 ↙</td><td>3 04 ↙</td><td>1</td><td>2</td></tr> <tr> <td>04 Disinfectant for cleaning surfaces (bleach or other cleaning solution)</td><td>1 → 04b 2 05 ↙</td><td>3 05 ↙</td><td>1</td><td>2</td></tr> <tr> <td>05 Hand-washing soap</td><td>1 → 05b 2 625 ↙</td><td>3 625 ↙</td><td>1</td><td>2</td></tr> </tbody> </table>			a			b		OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS					YES	NO	01 Condoms	1 → 01b 2 02 ↙	3 02 ↙	1	2	02 Disposable needles	1 → 02b 2 03 ↙	3 03 ↙	1	2	03 Disposable syringes	1 → 03b 2 04 ↙	3 04 ↙	1	2	04 Disinfectant for cleaning surfaces (bleach or other cleaning solution)	1 → 04b 2 05 ↙	3 05 ↙	1	2	05 Hand-washing soap	1 → 05b 2 625 ↙	3 625 ↙	1	2
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625	<p>RECORD THE TIME AT END OF INTERVIEW</p> <table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table> <p>12 HOUR CLOCK</p>						:																																					
		:																																										
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"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	QRE TYPE <b>G</b>
	COUNTRY	DISTRICT	FACILITY	
<b>Interviewer Code:</b>	<input type="text"/> <input type="text"/>			

700	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	LINE AND CLINIC/UNIT NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			LINE UNIT
700a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ..... 96 (SPECIFY)	MANAGING AUTHORITY	<input type="text"/> <input type="text"/>
700b	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND CLARIFY IF Q733a '1' IS CIRCLED, WHETHER THIS UNIT REQUIRES A VCT QRE OR NOT	REQUIRED NOT APPLICABLE VCT 1 2	

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

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

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

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

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

Do you have any questions for me at this time?

701	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
702	RECORD THE TIME AT BEGINNING OF INTERVIEW	<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"/> <input type="text"/> <input type="text"/>	12 HOUR CLOCK 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.</p>	<p>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/></p>	
704	QUESTION DELETED		
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</p> <p>X-RAY ONLY ..... B</p> <p>EITHER SPUTUM OR X-RAY ..... C</p> <p>BOTH SPUTUM AND X-RAY ..... D</p> <p>MANTOUX OR SKIN PRICK (PPD) ..... E</p> <p>CLINICAL SYMPTOMS ONLY ..... F</p> <p>REFER TO OTHER CLINIC/UNIT THIS FACILITY ..... G</p> <p>REFER TO OUTSIDE FACILITY ..... H</p> <p>NO TB DIAGNOSTIC SERVICES ..... Y</p>	<p>→ 710</p> <p>→ 710</p> <p>→ 710</p> <p>→ 710</p> <p>→ 710</p> <p>→ 710</p> <p>→ 710</p> <p>→ 710</p>
706	Does this clinic/unit have an agreement with a referral site for TB test results to be returned to the clinic/unit either directly or through the client?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
707	Is there a record of clients who are referred for TB diagnosis? IF YES, ASK TO SEE THE RECORD AND CHECK IF TB DIAGNOSTIC RESULTS ARE RECORDED	<p>YES, OBSERVED REFERRALS AND RESULTS ..... 1</p> <p>YES, OBSERVED REFERRALS ONLY, NO RESULTS ..... 2</p> <p>REPORTED, NOT SEEN ..... 3</p> <p>NO RECORD ..... 4</p>	
708	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>YES, OBSERVED ..... 1</p> <p>YES, REPORTED, NOT SEEN ..... 2</p> <p>NO ..... 3</p> <p>NEVER REFER TO OTHER FACILITY ..... 4</p>	<p>→ 710</p> <p>→ 710</p>
709	<p>Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD ..... A</p> <p>WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B</p> <p>PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) ..... C</p> <p>WRITE NOTE/LETTER ON BLANK PAPER ..... D</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>NONE ..... 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) _____ SPECIFY	1	2	3	4					
711	Is this facility included in the national DOTS program? (DIRECTLY OBSERVED TREATMENT STRATEGY)	YES .....	NO .....	1	2					
712	What treatment strategy is followed by providers in this clinic/unit for TB treatment?  NOTE: RESPONSE 1 AND 2 ONLY APPLY IF THE CLINIC/UNIT ITSELF DIRECTLY OBSERVES AND THEN FOLLOWS-UP THE CLIENT, OR THE CLINIC/UNIT DIRECTLY OBSERVES WHILE CLIENT IS PATIENT, AND THEN DISCHARGES TO A FACILITY THAT PARTICIPATES IN THE DOTS STRATEGY AS WELL. THIS IMPLIES LINKAGE OF CLIENT TREATMENT STRATEGY AND RECORDS BETWEEN THE FACILITIES OR CLINIC/UNITS.	DIRECT OBSERVE 2M, FU 6M .....	DIRECT OBSERVE 6M .....	FOLLOW UP CLIENTS ONLY AFTER FIRST 2M DIRECT OBSERVATION ELSEWHERE .....	DIAGNOSE AND TREAT IN OPD OR WHILE INPATIENT. DISCHARGE TO OTHER CLINIC/UNIT FOR F/UP .....	PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE .....	NO ROUTINE FOLLOW-UP OF TREATMENT DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE .....	FOLLOW UP AFTER SPUTUM NEG. NO DOTS .....	1 2 3 4 5 6 7 8	→ 716 → 716 → 716 → 716 → 723 → 716
713	Who directly observes treatment during the first two months or until the client is sputum negative?  CIRCLE ALL THAT APPLY	HOSPITAL STAFF .....	STAFF, IN FACILITY .....	OUTREACH WORKER, BASED AT FACILITY .....	COMMUNITY WORKER .....	OTHER .....	(SPECIFY)	A B C D X		
714	Do you have a record or register that show the clients who are currently receiving DOTS? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED .....	YES, REPORTED, NOT SEEN .....	NO .....	1 2 3	→ 716 → 716				
715	Is the record/register up-to-date for the prior week for all clients receiving their DOTS medications?	YES .....	NO .....	CAN'T DETERMINE .....	1 2 8					
716	From where does this facility receive TB medications?  CIRCLE ALL THAT APPLY.	NATIONAL TB CONTROL PROGRAM .....	DIRECT PURCHASE .....	DONATIONS FROM NGOS .....	CENTRAL MEDICAL STORES .....	OTHER .....	(SPECIFY)	A B C D X Y	→ 723	
717	Are any TB medicines that are individually packaged for clients kept in this clinic/unit? IF YES, ASK TO SEE THE MEDICINES AND INDICATE IF PREPACKAGED MEDICINES ARE AVAILABLE FOR ALL CLIENTS	YES, AVAILABLE FOR ALL CLIENTS .....	YES, AVAILABLE FOR SOME, NOT ALL CLIENTS .....	NO INDIVIDUALLY PACKAGED TB MEDICINES IN CLINIC/UNIT .....	NO TB MEDICINES STORED IN CLINIC/UNIT AREA .....	1 2 3 4	→ 723			



NO.	QUESTIONS	CODING CATEGORIES				GO TO	
718	Does this clinic/unit have tuberculosis medicines in bulk jars? IF YES, ASK TO SEE THE MEDICINES	YES ..... 1 BULK MEDICINES NOT IN THIS CLINIC/UNIT . 2				→ 721	
719	ASK TO SEE THE TB MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY	a				b	
		ALL UNITS VALID	OBSERVED AT LEAST ONE UNIT VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS YES NO	
01	Amikacin		2 →01b	3 02 ↙	4 02 ↙	1	2
02	Capreomycin		2 →02b	3 03 ↙	4 03 ↙	1	2
03	Cycloserine		2 →03b	3 04 ↙	4 04 ↙	1	2
04	Ethambutol		2 →04b	3 05 ↙	4 05 ↙	1	2
05	Ethionamide		2 →05b	3 06 ↙	4 06 ↙	1	2
06	Gatifloxacin		2 →06b	3 07 ↙	4 07 ↙	1	2
07	Isoniazid (INH)		2 →07b	3 08 ↙	4 08 ↙	1	2
08	Levofloxacin		2 →08b	3 09 ↙	4 09 ↙	1	2
09	Moxifloxacin		2 →09b	3 10 ↙	4 10 ↙	1	2
10	p-Aminosalicylic acid		2 →10b	3 11 ↙	4 11 ↙	1	2
11	Pyrazinamide		2 →11b	3 12 ↙	4 12 ↙	1	2
12	Rifabutin		2 →12b	3 13 ↙	4 13 ↙	1	2
13	Rifampin		2 →13b	3 14 ↙	4 14 ↙	1	2
14	Rifapentine		2 →14b	3 15 ↙	4 15 ↙	1	2
15	Streptomycin		2 →15b	3 16 ↙	4 16 ↙	1	2
16	Isoniazid + rifampin (Rifina)		2 →16b	3 17 ↙	4 17 ↙	1	2
17	Isoniazid + rifampin + pyrazinamide (RHZ, Rifater)		2 →17b	3 18 ↙	4 18 ↙	1	2
18	Isoniazid + ethambutol (EH)		2 →18b	3 19 ↙	4 19 ↙	1	2
19	Other _____ (SPECIFY)		2 →19b	3 720 ↙	4 720 ↙	1	2

NO.	QUESTIONS	CODING CATEGORIES	GO TO				
720	QUESTION DELETED						
721	Do you take TB medicines from this unit to another unit in this facility or to another facility? CIRCLE ALL THAT APPLY	YES, ANOTHER UNIT, THIS FACILITY ..... A YES, ANOTHER FACILITY ..... B NO ..... Y					
722	QUESTION DELETED						
723	Now I want to know about your records. Do you have any record of the number of newly diagnosed TB clients for this clinic/unit, during the past 12 months?	YES ..... 1 NO ..... 2	→ 726				
724	ASK TO SEE THE RECORDS AND RECORD THE NUMBER OF NEWLY DIAGNOSED TB CLIENTS FOR THE CLINIC/UNIT DURING THE PAST 12 MONTHS.	NUMBER OF CLIENTS <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><td style="width: 20px; height: 20px;"></td></tr></table>					
725	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA ..... <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>					
726	Do you have individual client charts or records for clients receiving TB treatment? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3					
727	QUESTION DELETED						
728	Do you have a register or list of clients currently being followed by this unit for TB treatment? IF YES, May I see it?	YES, REGISTER OR LIST OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 732 → 733				
729	INDICATE THE DATE THE MOST RECENT CLIENT BEGAN TB TREATMENT	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS AGO ..... 2 NO DATE RECORDED ..... 3					
730	USING EITHER THE CARDS OR REGISTER, RECORD THE TOTAL NUMBER OF CLIENTS WHO ARE CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	TOTAL NUMBER OF CLIENTS ON TB TREATMENT <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><td style="width: 20px; height: 20px;"></td></tr></table>					
731	RECORD THE NUMBER OF FEMALE CLIENTS CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	NUMBER OF FEMALE CLIENTS ON TB TREATMENT DON'T KNOW ..... 9998					
732	Do you have a register or record that shows the treatment outcome for clients who received TB treatment from this facility but are no longer under treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3					
733	Are newly diagnosed cases of TB (or cases followed up by this clinic/unit) tested for HIV in this unit or referred somewhere else for testing or counseling about HIV/AIDS? PROBE FOR WHETHER ROUTINE OR SUSPECT CASES	YES, ROUTINELY, TESTED IN UNIT ..... 1 YES, SUSPECT ONLY, IN UNIT ..... 2 YES, ROUTINELY REFERRED ..... 3 YES, SUSPECT ONLY, REFERRED ..... 4 NO ..... 5 DON'T KNOW ..... 8	→ 734 → 734 → 737 → 737				
733a	CLARIFY IF THE HIV TESTING IS LINKED WITH VCT OR CT SERVICES IN OTHER UNIT, OR IF THIS UNIT PROVIDES HIV TESTING INDEPENDENT OF OTHER CLINIC/UNITS.	HIV TESTING INDEPENDENT OF OTHER CLINIC/UNITS ..... 1 HIV TESTING COORDINATED WITH OTHER VCT SERVICES ..... 2	→ 737 & Q:VCT → 737				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
734	Do you have a register or list of new TB patients who were referred elsewhere for an HIV test or counseling? IF YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 737 → 737
735	How many new TB patients were referred for an HIV/AIDS test or counseling in the past twelve months?	NUMBER OF NEW TB CLIENTS REFERRED <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? YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 739 → 739
738	How many patients currently under TB treatment in this clinic are also diagnosed as HIV positive or as having AIDS?	NUMBER OF CLIENTS ON TB TREATMENT WITH HIV/AIDS .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>			
739	RECORD THE TIME AT END OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 12 HOUR CLOCK		
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

# SECTION H: COUNSELING AND TESTING

Code of facility:           QRE TYPE ☒ H

Interviewer Code:

800	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT	LINE AND CLINIC/UNIT NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			LINE UNIT
800a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ..... 96 (SPECIFY)	MANAGING AUTHORITY	<input type="text"/> <input type="text"/>

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

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

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

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

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

Do you have any questions for me at this time?

801	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
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802	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"/> <input type="text"/> <input type="text"/>
		12 HOUR CLOCK		DAY	MONTH	YEAR

NO.	QUESTIONS	CODING CATEGORIES	GO TO
803	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, who are present today.  Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b> .	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW.	NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/>
804	QUESTION DELETED		

NO.	QUESTIONS	CODING CATEGORIES				GO TO
805	How many days each month are counseling services for HIV/AIDS available in this clinic/unit?	DAYS PER MONTH . . . . . <input type="text"/> <input type="text"/>				
806	How many days each month are blood drawing or testing services for HIV available in this clinic/unit?	DAYS PER MONTH . . . . . <input type="text"/> <input type="text"/>				
807	When a client is referred for, or receives an HIV test, are they counseled here?	YES . . . . . 1 NO . . . . . 2				→ 809
808	Is counseling provided routinely?  IF YES, Is counseling always provided by a counselor who has received training?  ASK ABOUT EACH TYPE OF COUNSELING.	COUNSELING ROUTINELY PROVIDED  ALWAYS BY TRAINED COUNSELOR      NOT ALWAYS BY TRAINED COUNSELOR		COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT	DON'T KNOW	
01	Pretest counseling	1	2	3	8	
02	Post-test for positive results	1	2	3	8	
03	Post-test for negative results	1	2	3	8	
04	Follow-up counseling for HIV/AIDS clients (after initial post-test counseling).	1	2	3	8	
809	Do you have any written guidelines related to HIV test counseling?	YES . . . . . 1 NO . . . . . 2				→ 811
810	I am going to ask you about different guidelines related to HIV/AIDS. If you have the guidelines, may I see them?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	National Guidelines on counseling for HIV testing (1)	1	2	3	4	
02	Other guidelines on counseling for HIV testing (1)	1	2	3	4	
03	Pretest counseling (subset of 1)	1	2	3	4	
04	Post test counseling for positive results (subset of 1)	1	2	3	4	
05	Post test counseling for negative results (subset of 1)	1	2	3	4	
06	Pretest and post-test counseling is routine (subset of 1)	1	2	3	4	
07	Policy on informed consent (subset of 1)	1	2	3	4	
08	Written informed consent that client must sign	1	2	3	4	
09	Policy on confidentiality regarding disclosure of HIV status (subset of 1)	1	2	3	4	
10	Confidentiality policy that specifically mentions <b>family members</b> will not be informed without client consent	1	////////////////////	3	4	
11	HIV testing procedures	1	////////////////////	3	4	
811	How long have <b>counseling services</b> been offered from this clinic/unit?  IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	1) YEARS <input type="text"/> <input type="text"/>  2) MONTHS <input type="text"/> <input type="text"/>				→ 812

NO.	QUESTIONS	CODING CATEGORIES				GO TO
812	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY ..... 1 YES, NOT PRESENT TODAY. .... 2 NO ..... 3				Q: HW → 814
813	IF YES, Did this person receive training for counseling from CHART or Johns Hopkins/JHPIEGO?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8				
814	Is pretest counseling done in groups or with individuals?	INDIVIDUAL ONLY..... 1 GROUP ONLY..... 2 INDIVIDUAL AND GROUP..... 3 NO PRETEST COUNSELING..... 4				→ 817 → 817
815	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS AND RECORD THE NUMBER OF SESSIONS THAT HAVE BEEN HELD	YES ..... <input type="text"/> <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"/>				
817	Are there any records or registers that provide numbers of clients receiving pre or post test counseling?	YES ..... 1 NO ..... 2				→ 822
818	ASK TO SEE ANY RECORD OR REGISTER OF CLIENTS WHO RECEIVED ANY HIV TEST COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.	(A) RECORD AVAILABILITY			(B) NUMBERS FROM OBSERVED RECORDS	
		OB-SERVED	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA
01	UNIT ONLY RECORDS CLIENT ID AND TEST RESULT, NO WRITTEN RECORDS OF COUNSELING OR RECEIPT OF TEST RESULTS	1 → 01b	2 ↙ 02 ↙	3 ↙ 02 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 822 ↙
02	TOTAL CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	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 CLIENTS RECEIVING POST-TEST COUNSELING	1 → 03b	2 ↙ 819 ↙	3 ↙ 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 MORE THAN 30 DAYS ..... 2 NO DATE RECORDED ..... 3 NO REPORT SEEN ..... 4				
820	Is there a client number or other identifier for clients receiving pre and post test counseling?	YES ..... 1 NO ..... 2				
821	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED ..... 1 ..... 2 NO ..... 3				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
822	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED IF NO COUNSELING IS DONE, DESCRIBE THE SETTING WHERE TEST IS DISCUSSED WITH CLIENT.	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY..... 1 OTHER ROOM WITH VISUAL AND AUDITORY PRIVACY..... 2 VISUAL PRIVACY ONLY..... 3 NO PRIVACY ..... 4	
823	Are the sexual partners of people testing positive for HIV contacted?	YES, ROUTINELY..... 1 YES, ONLY IF CONSENT FROM PATIENT GIVEN..... 2 NO..... 3	→824a
824	Who contacts the partners of people testing positive for HIV? CIRCLE ALL THAT APPLY.	STAFF FROM THIS UNIT..... A STAFF FROM ANOTHER UNIT, THIS FACILITY..... B STAFF FROM ANOTHER FACILITY..... C OTHER _____ X (SPECIFY)	
824a	Do any staff from this facility provide any community services targeted to youth? IF YES, CIRCLE ALL THAT APPLY	RAPPORT PROGRAM..... A PEER COUNSELING..... B VISIT SCHOOLS..... C OTHER _____ D (SPECIFY) NO ..... Y	
825	Does this clinic/unit have any specific youth friendly services (YFS)?	YES ..... 1 NO ..... 2	→ 829
826	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE. (SEE GUIDELINE 3)	YES, OBSERVED, COMPLETE..... 1 YES, OBSERVED, NOT COMPLETE..... 2 YES, REPORTED NOT SEEN..... 3 NO ..... 4	
827	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today? IF YES, IDENTIFY THE PROVIDER FOR HEALTH WORKER INTERVIEW.	YES, PRESENT TODAY ..... 1 YES, NOT PRESENT TODAY ..... 2 NO ..... 3	Q: HW
828	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM ..... A DISCOUNT FEES ..... B NO FEES ..... C OTHER _____ X (SPECIFY)	
829	What is the age at which youth can receive services without parental consent? ASK SEPARATELY FOR PREGNANT AND NON-PREGNANT YOUTH	1) IF PREGNANT AGE IN YEARS <input type="text"/> <input type="text"/>  2) IF NOT PREGNANT AGE IN YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
830	Is an HIV test conducted or is blood for an HIV test drawn in this clinic/unit?  CIRCLE THE RESPONSE THAT BEST REFLECTS THE HIV TESTING PROCEDURE	YES, BLOOD DRAWN AND TEST CONDUCTED THIS CLINIC/UNIT. . . . . 1 YES, BLOOD DRAWN, BUT TEST NOT CONDUCTED THIS CLINIC/UNIT. . . 2 NO, CLIENT SENT TO LAB IN FACILITY . . . 3 NO, CLIENT SENT TO EXTERNAL AFFILIATED LAB . . . . . 4 NO, CLIENT SENT TO EXTERNAL UNAFFILIATED LAB . . . . . 5 OTHER _____ 6 (SPECIFY)			→ 833 → 833 → 833 → 833
831	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE, PAPER OR PERSONAL USE HAND DRYING TOWEL, OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE-BASED DECONTAMINATION SOLUTION (MIXED)	1 → 14	2	3	
13	CHLORINE-BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	MASKS	1	2	3	
19	GOGGLES/GLASSES	1	2	3	
832	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO . . . . . 2			
833	QUESTION DELETED				
834	How long have blood drawing or testing services for HIV been offered from this clinic/unit?  IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	1)	YEARS	<input type="text"/> <input type="text"/>	→ 835
		2)	MONTHS	<input type="text"/> <input type="text"/>	



NO.	QUESTIONS	CODING CATEGORIES		GO TO
835	Are there any registers or records for the clients from this clinic/unit who received HIV tests? IF YES, ASK TO SEE ANY RECORDS FOR THE PAST 12 MONTHS, RELATED TO NUMBERS OF CLIENTS RECEIVING AN HIV TEST, TEST RESULTS, AND WHETHER THE CLIENT RECEIVED RESULTS OR NOT	YES, RECORDS KEPT IN THIS CLINIC/UNIT. .... 1 YES, RECORDS MAINTAINED ELSEWHERE IN FACILITY. .... 2 ENTER CLINIC/UNIT LINE AND NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YES, BUT RECORDS KEPT IN LAB. .... 3 YES, BUT RECORDS KEPT IN STATISTICS/ MED RECORDS OFFICE [GO TO OFFICE TO COMPLETE Q836] .... 4 OTHER ..... 6 (SPECIFY) ..... NO ..... 7		→ 837   → 837  → 837  → 841
836	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE REQUESTED NUMBERS.	(a) RECORD AVAILABILITY	(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED    REPORTED, NO NOT SEEN    VARIABLE IN RECORD	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL CLIENTS RECEIVING HIV TEST	1 → 01b      2 ↙ 02 ↘      3 ↙ 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 ↙ 03 ↘      3 ↙ 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 ↙ 04 ↘      3 ↙ 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 ↙ 05 ↘      3 ↙ 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 ↙ 06 ↘      3 ↙ 06 ↘	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
06	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 → 06b      2 ↙ 837 ↘      3 ↙ 837 ↘	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
837	Are reports regularly compiled on the number of clients in this clinic/unit who receive testing or counseling services for HIV/AIDS? IF YES, ASK FOR EACH TYPE OF INFORMATION AND CIRCLE ALL THAT APPLY.	YES, NEGATIVE TEST RESULTS ..... A YES, POSITIVE TEST RESULTS ..... B YES, COUNSELING ..... C NO ..... Y		→ 841
838	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS/NO FIXED TIME ..... 4 NEVER ..... 5		→ 840
839	To whom do you send these reports?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D NATIONAL AIDS PROGRAM ..... E OTHER ..... X (SPECIFY) .....		

NO.	QUESTIONS	CODING CATEGORIES	GO TO																									
840	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2																										
841	Is an individual client chart/record maintained for clients receiving services in this clinic/unit? IF THIS IS THE PRACTICE FOR EITHER FOR ALL PATIENTS OR ONLY FOR HIV/AIDS PATIENTS, THE ANSWER IS 'YES'. IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD	YES, IN UNIT, OBSERVED ..... 1 YES, IN UNIT, REPORTED, NOT SEEN ..... 2 YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY ..... 3 YES, IN CENTRAL RECORDS ..... 4 ONLY IF CLIENT PROVIDES ..... 5 OTHER ..... 6 SPECIFY NO INDIVIDUAL RECORD ..... 7																										
841a	Finally, I want to know if you/staff from this clinic/unit routinely provide services to other facilities? IF YES, WRITE THE NAME OF THE FACILITY, AND THE SAMPLE FACILITY NUMBER, IF RELEVANT.	NO, ONLY PROVIDE SERVICES IN THIS FACILITY ..... 1 YES, PROVIDE SERVICES IN OTHER FACILITIES ..... 2	→ 842																									
	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>841b</p> <p>NAME OF FACILITIES</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> <p>4) _____</p> <p>5) _____</p> </div> <div style="text-align: center;"> <p>FACILITY NUMBER</p> <table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> </div> <div style="text-align: center;"> <p>841c</p> <p>AVE. SERVICE DAYS PER MONTH</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> </div> </div>																											
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER</b>																												
842	RECORD THE TIME AT END OF INTERVIEW	<table border="1" style="display: inline-table;"> <tr><td></td><td></td></tr> </table> <span style="font-size: 2em; vertical-align: middle;">:</span> <table border="1" style="display: inline-table;"> <tr><td></td><td></td></tr> </table> 12 HOUR CLOCK																										
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE.																												

SECTION I: ANTIRETROVIRAL THERAPY									
Code of facility:		<div><div></div><div></div></div> COUNTRY		<div><div></div><div></div></div> DISTRICT		<div><div></div><div></div><div></div></div> FACILITY		QRE TYPE <div><div>I</div></div>	
Interviewer Code:		<div><div></div><div></div></div>							
900	INDICATE WHICH CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENT				LINE AND CLINIC/UNIT NUMBER		<div><div></div><div></div><div></div><div></div></div> LINE UNIT		
					NAME OF UNIT _____				
900a	MANAGING AUTHORITY GOVERNMENT .....01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ ..... 96 (SPECIFY)				MANAGING AUTHORITY ..... <div><div></div><div></div></div>				
<b>ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT ART SERVICES PROVIDED BY THIS UNIT.</b>									
<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 Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit. We will be asking you questions about HIV/AIDS-related care and support services and questions about general operations at this facility. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. At a later point during our visit, we will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.</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. Do you have any questions for me at this time?</p>									
901	Do I have your agreement to participate? Thank you. Let's begin now.				YES ..... 1 NO ..... 2		→ STOP		
902	RECORD THE TIME AT BEGINNING OF INTERVIEW		<div><div></div><div></div></div> : <div><div></div><div></div></div> 12 HOUR CLOCK		DATE <div><div></div><div></div></div> <div><div></div><div></div></div> DAY MONTH		<div><div></div><div></div><div></div><div></div></div> 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.</p> <p>NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/></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>1) YEARS <input type="text"/> <input type="text"/></p> <p>2) MONTHS <input type="text"/> <input type="text"/></p>	→ 907
906	QUESTION DELETED		
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</p> <p>YES, ASSIGNED OTHER CLINIC/UNIT ... 2</p> <p>NO ONE PERSON IN CHARGE OF ART ... 3</p>	→ 910
908	What is the qualification of this director?	<p>CONSULTANT ..... 1</p> <p>MEDICAL DOCTOR ..... 2</p> <p>NURSE ..... 3</p> <p>OTHER ..... 6</p> <p>(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</p> <p>YES, BUT NOT THROUGH CHART/JH ..... 2</p> <p>NO ..... 3</p> <p>DON'T KNOW ..... 8</p>	
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>	<p>AZT+3TC (COMBIVIR) ..... A</p> <p>ZIDOVUDINE (ZDV, AZT) ..... B</p> <p>ABACAVIR/ABC ..... C</p> <p>DIDANOSINE/ddi ..... D</p> <p>EFAVIRENZ /EFZ / STOCORIN ..... E</p> <p>LAMIVUDINE/3TC ..... F</p> <p>NEVIRAPINE/NVP ..... G</p> <p>TENOFOVIR DISOPROXIL FUMARATE (VIREAD) ..... H</p> <p>INDINAVIR (CRIVAN) ..... I</p> <p>KALETRA (LOPINAVIR / RIONAVIR) .... J</p> <p>NELFINAVIR (VIRACEPT) ..... K</p> <p>RITONAVIR (NORVIR) ..... L</p> <p>SAQUINAVIR (INVIRASES) ..... M</p> <p>STAVUDINE/D4T ..... N</p> <p>OTHER ..... X</p> <p>(SPECIFY) _____</p>	
911	Are ARV drugs stored in this clinic/unit or in the pharmacy/central supply or both?	<p>KEPT IN THIS CLINIC/UNIT ..... 1</p> <p>KEPT IN PHARMACY ..... 2</p> <p>KEPT IN BOTH CLINIC/UNIT AND PHARMACY ..... 3</p> <p>OTHER ..... 6</p> <p>(SPECIFY) _____</p>	

NO.	QUESTIONS	CODING CATEGORIES								GO TO												
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> <table border="1"> <thead> <tr> <th>WHO stage 1 = NO SYMPTOMS OF ILLNESS</th><th>WHO stage 2 = SOME SYMPTOMS, MOSTLY AMBULATORY</th><th>WHO stage 3 = SOME SYMPTOMS, IN BED MORE THAN NORMAL</th><th>WHO stage 4 = SOME SYMPTOMS, MOST OF TIME IN BED</th><th>NOT APPLIC</th><th>CLIENT NOT ELIGIBLE</th><th>ROUTINE</th><th>SOCIAL OR ADHER-ENCE</th><th>CD4+ COUNT</th><th>HIV VIRAL LOAD</th><th>COMMITTEE</th><th>DOCTOR OPINION</th></tr> </thead> </table>	WHO stage 1 = NO SYMPTOMS OF ILLNESS	WHO stage 2 = SOME SYMPTOMS, MOSTLY AMBULATORY	WHO stage 3 = SOME SYMPTOMS, IN BED MORE THAN NORMAL	WHO stage 4 = SOME SYMPTOMS, MOST OF TIME IN BED	NOT APPLIC	CLIENT NOT ELIGIBLE	ROUTINE	SOCIAL OR ADHER-ENCE	CD4+ COUNT	HIV VIRAL LOAD	COMMITTEE	DOCTOR OPINION									
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01	WHO stage 1 - No symptoms of illness		A → 02	B → 02	C	D	E	F	G													
02	WHO stage 1 - No symptoms and pregnant	Y	A → 03	B → 03	C	D	E	F	G													
03	WHO stage 2 - Symptomatic		A → 04	B → 04	C	D	E	F	G													
04	WHO stage 2 - Symptomatic and pregnant	Y	A → 05	B → 05	C	D	E	F	G													
05	WHO stage 3 - Symptomatic		A → 06	B → 06	C	D	E	F	G													
06	WHO stage 3 - Symptomatic and pregnant	Y	A → 07	B → 07	C	D	E	F	G													
07	WHO stage 4 - Symptomatic		A → 08	B → 08	C	D	E	F	G													
08	WHO stage 4 - Symptomatic and pregnant	Y	A → 09	B → 09	C	D	E	F	G													
09	Current active life-threatening OI disease (e.g., TB, meningitis)		A → 10	B → 10	C	D	E	F	G													
10	Newborn of HIV infected mother		A → 913	B → 913	C	D	E	F	G													
913	<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>	<p>GEOGRAPHIC CRITERIA ..... A</p> <p>PROOF OF CAPACITY TO ATTEND</p> <p>CLINIC REGULARLY ..... B</p> <p>DISCLOSURE TO SIGNIFICANT OTHER (IF APPLICABLE) ..... C</p> <p>NO ART IF SOCIAL PROBLEM</p> <p>ALCOHOLIC ..... D</p> <p>DRUG ADDICTION ..... E</p> <p>MENTAL ILLNESS ..... F</p> <p>HOMELESS ..... G</p> <p>ABILITY TO PAY ..... H</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>NO SOCIAL CRITERIA APPLIED ..... Y</p>																				
914	<p>Are adherence criteria considered prior to starting ART?</p> <p>IF YES, Tell me which ones.</p> <p>READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.</p>	<p>Consistent use of co-trimoxizole ..... A</p> <p>Required pre-ART clinic visits made on time ..... B</p> <p>Treatment assistant identified ..... C</p> <p>Pill trial (e.g. with placebos) ..... D</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>NO ADHERENCE CRITERIA APPLIED ... Y</p>																				

NO.	QUESTIONS	CODING CATEGORIES	GO TO			
915a	Do any patients receiving ART in this clinic/unit live in another country?	a) YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 916			
915b	IF YES, About how many are currently under the care of this clinic/unit?	b) 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> DON'T KNOW ..... 998				→ 916
915c	IF YES, From which countries? CIRCLE LETTER FOR COUNTRIES	c) GRENADA... A    ANTIGUA... E    HAITI ... I GUYANA ... B    TOBAGO... F    D/REPUBLIC J SURINAME... C    DOMINICA... G    OTHER ... X ST KITTS/NEV. D    JAMAICA... H    DK ... Z				
916	Is a total lymphocyte count (TLC) always done prior to starting ART? IF YES, What is the most common practice for conducting the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO ..... 4	→ 918			
917	After the initial <u>TLC test</u> , do you retest for a follow-up level?  IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically? IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION ..... 1 EVERY MONTH ..... 2 EVERY 2-3 MONTHS ..... 3 EVERY 4-6 MONTHS ..... 4 EVERY YEAR ..... 5 OTHER ..... 6 (SPECIFY) NO FOLLOW-UP ..... 7				
918	Is a CD4 count always determined prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO ..... 4	→ 920			
919	After the initial <u>CD4 count</u> , do you retest for a follow-up level?  IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically? IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION ..... 1 EVERY MONTH ..... 2 EVERY 2-3 MONTHS ..... 3 EVERY 4-6 MONTHS ..... 4 EVERY YEAR ..... 5 OTHER ..... 6 (SPECIFY) NO FOLLOW-UP ..... 7				
920	Is an <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? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY ..... 1 YES, CLIENT GOES ELSEWHERE ..... 2 YES, BLOOD SENT ELSEWHERE ..... 3 NO ..... 4	→ 922			
921	After the initial <u>HIV RNA Viral load level</u> , do you retest for a follow-up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically? IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION ..... 1 EVERY MONTH ..... 2 EVERY 2-3 MONTHS ..... 3 EVERY 4-6 MONTHS ..... 4 EVERY YEAR ..... 5 OTHER ..... 6 (SPECIFY) NO FOLLOW-UP ..... 7				

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

NO.	QUESTIONS	CODING CATEGORIES			GO TO
929	For each of the following items, indicate if there is any fee, and if yes, the amount of the fee	YES	(a) FEE NO	NA	(b) AMOUNT IN MAIN LOCAL CURRENCY
01	Client card or chart	1 → 01b	2 02 ↙	3 02 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02	Consultation service	1 → 02b	2 03 ↙	3 03 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03_1	ARV medicine	1 → 03b	2 04 ↙	3 04 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03_2					FOR HOW MANY DAYS' SUPPLY? <input type="text"/> <input type="text"/> <input type="text"/>
04	CD4 count	1 → 04b	2 05 ↙	3 05 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05	Viral load test	1 → 05b	2 06 ↙	3 06 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
06	OTHER _____ (SPECIFY)	1 → 06b	2 930 ↙	3 930 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
930	For each service mentioned, please show me any written guidelines that you have in the clinic/unit.	OBSERVED COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	National Guidelines on counseling for HIV testing (1)	1 → 03	2	3	4
02	Other guidelines on counseling for HIV testing (1)	1	2	3	4
03	HIV testing protocol	1	////////////////////	3	4
04	National ART treatment guidelines - adults (9)	1 → 06	2	3	4
05	Other ART treatment guidelines - adults (9)	1	2	3	4
06	National ART treatment guidelines - children (9)	1 → 08	2	3	4
07	Other ART treatment guidelines - children (9)	1	2	3	4
08	Eligibility criteria for ART	1	////////////////////	3	4
09	Drug interactions	1	////////////////////	3	4
10	Detection of side-effects/toxicity	1	////////////////////	3	4
11	Referral criteria	1	////////////////////	3	4
12	Standard reporting system	1	////////////////////	3	4
13	Counseling for adherence to antiretroviral therapy	1	////////////////////	3	4



[illegible]

NO.	QUESTIONS	CODING CATEGORIES	GO TO
943	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS/NO FIXED TIME ..... 4 NEVER ..... 5	→ 945
944	To whom do you send these reports?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D NATIONAL AIDS PROGRAM ..... E OTHER ..... X (SPECIFY) _____	
945	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2	
946	Is an individual client chart or record maintained for all ART clients?  IF KEPT IN THIS CLINIC/UNIT, ASK TO SEE A BLANK OR CURRENT CHART/RECORD	YES, IN UNIT, OBSERVED ..... 1 YES, IN UNIT, REPORTED, NOT SEEN ..... 2 YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY ..... 3 YES, IN CENTRAL RECORDS ..... 4 ONLY IF CLIENT PROVIDES ..... 5 OTHER ..... 6 SPECIFY _____ NO INDIVIDUAL RECORD ..... 7	
947	Do you have a system for making individual client appointments for follow-up? IF YES, ASK TO SEE SYSTEM	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 949
948	Does the appointment system indicate if the client kept the appointment or not?	YES ..... 1 NO ..... 2	
949	Does this facility provide nutrition rehabilitation services for HIV/AIDS patients? NUTRITIONAL REHABILITATION REFERS TO EDUCATION ABOUT EATING WELL, EARLY IDENTIFICATION OF DEFICIENCIES, PROVIDING FORTIFIED PROTEIN SUPPLEMENT (FPS). IF YES, ASK: Which of the following are routine components of the nutritional rehabilitation services? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	Nutritional counseling ..... A Teach early identification of deficiencies ..... B Provide vitamins ..... C Provide fortified protein supplement ..... D Provide other diet supplement ..... X (SPECIFY) _____ NO SERVICES ..... Y	
950	Does this facility have links with community based health workers? IF YES, ASK: What types of services do the community based workers provide?  CIRCLE ALL THAT APPLY	DISTRIBUTE ARVS ..... A REFER FOR ART ELIGIBILITY ..... B HOME CARE ..... C CLIENT TREATMENT SUPPORT ..... D PRETEST COUNSELING ..... E PREVENTIVE EDUCATION ..... F ADHERENCE COUNSELING ..... G EMOTIONAL/SOCIAL SUPPORT ..... H DEFAULTER FOLLOW-UP ..... I YES, NOT HIV/AIDS RELATED ..... J YES, OTHER HIV/AIDS RELATED ..... X (SPECIFY) _____ NO ..... Y	→ 956
951	When clients are referred to community based health workers, do you use a referral form? IF YES, ASK TO SEE THE FORM.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 952

NO.	QUESTIONS	CODING CATEGORIES	GO TO	
951a	Do you use any [other] method to provide client information to the referral site or to help the client receive services from the referral site?  IF YES, ASK: What methods do you use?  CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD ..... A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) ..... C WRITE NOTE/LETTER ON BLANK PAPER ..... D OTHER ..... X (SPECIFY) NONE ..... Y		
952	When community based health workers refer clients to this clinic/unit, do they use a referral form? IF YES, ASK TO SEE THE FORM.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→ 953	
952a	Do community based health workers use any [other] method to provide client information to this clinic/unit or to help the client receive services from this clinic/unit?  IF YES, ASK: What methods are used?  CIRCLE ALL THAT APPLY.	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD ..... A WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD ..... B CBW GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT ..... C WRITE NOTE/LETTER ON BLANK PAPER ..... D OTHER ..... X (SPECIFY) NONE ..... Y		
953	Do you have a reporting format that the community health worker completes, or that facility staff complete for the community work? IF YES, ASK TO SEE A COPY OF A RECENT REPORT	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 DON'T KNOW ..... 8		
954	Is there a system for periodic supervision of the community health worker? IF YES, ASK TO SEE EVIDENCE OF A SYSTEM SUCH AS A SUPERVISORY SCHEDULE OR REPORT	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3 DON'T KNOW ..... 8		
955	When was the most recent training session for community health workers who are linked with this facility?	WITHIN PAST 30 DAYS ..... 1 WITHIN PAST 2--6 MONTHS ..... 2 WITHIN PAST 7-12 MONTHS ..... 3 MORE THAN 12 MONTHS AGO ..... 4 NO TRAINING ..... 5		
<b>REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.</b>				
956	RECORD THE TIME AT END OF INTERVIEW	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="text-align: center; margin-top: 5px;">12 HOUR CLOCK</div>	<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>SECTION J: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES</b>			
<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"/>			<b>QRE TYPE</b> <input checked="" type="checkbox"/> J
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"/> <input type="text"/> <input type="text"/>	LINE    UNIT
		NAME OF UNIT _____	
1000a	MANAGING AUTHORITY GOVERNMENT ..... 01 NGO ..... 02 PRIVATE (FOR-PROFIT) ..... 03 PRIVATE (NOT FOR-PROFIT) ..... 04 SEMIAUTONOMOUS ..... 05 MISSION ..... 06  OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY ..... <input type="text"/> <input type="text"/>	
<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>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 Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)</p> <p>Your facility was selected to participate in a facility inventory. Officials in the Ministry of Health have approved our visit. We will be asking you questions about HIV/AIDS-related care and support services and questions about general operations at this facility. All questions are related to this health facility; we will not ask for any opinions or personal information. We will not record your name so it cannot be linked with the information you give us. At a later point during our visit, we will ask to see a few patient registers, but we are not interested in seeing names of patients -- we only want to count numbers of patients.</p> <p>The information you provide will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about ____ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.</p> <p>Do you have any questions for me at this time?</p>			
1001	Do I have your agreement to participate? Thank you. Let's begin now.	YES ..... 1 NO ..... 2	→ STOP
1002	RECORD THE TIME AT BEGINNING OF INTERVIEW <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"/>	12 HOUR CLOCK    DAY    MONTH    YEAR
<b>NO.</b>	<b>QUESTIONS</b>	<b>CODING CATEGORIES</b>	
<b>GO TO</b>			
1003	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, who are present today.  Please give me the names and main service responsibility of the staff assigned to this unit, and who are <b>present today</b> .		
	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW.	NUMBER OF STAFF LISTED <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
1004	DESCRIBE THE PMTCT SERVICE DELIVERY SETTING FOR THIS CLINIC/UNIT.	SEPARATE PMTCT SERVICES ..... 1 PMTCT AND VCT SERVICES TOGETHER ..... 2 PMTCT WITH ANC SERVICES ..... 3 PMTCT WITH ANC AND DELIVERY (ONE SYSTEM) .. 4 PMTCT WITH DELIVERY BUT NOT ANC ..... 5 PMTCT WITH OTHER TYPE OF CLINIC/UNIT ..... 6					
1005	How long have PMTCT services been offered from this clinic/unit?  IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	1) YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>					→1006
	2) MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>						
1006	For each service I will mention, please tell me if providers in this clinic/unit offer the service, refer the client elsewhere, or do not offer the service to pregnant women at all.						
	READ EACH SERVICE	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE NO REFERRAL	
		PROVIDE SERVICE IN THIS CLINIC/ UNIT	REFER TO OUTPATIENT UNIT THIS FACILITY	REFER TO INPATIENT UNIT THIS FACILITY			
01	HIV testing	1	2	3	4		
02	Group pretest information or counseling	1	2	3	4		
03	Individual HIV pretest information or counseling	1	2	3	4		
04	Individual HIV post-test counseling	1	2	3	4		
05	Couples counseling for women who are HIV positive	1	2	3	4		
06	Counseling on infant feeding to HIV positive women	1	2	3	4		
07	Counseling on maternal nutrition to HIV positive women	1	2	3	4		
08	Counseling on family planning	1	2	3	4		
09	Family planning services	1	2	3	4		
10	ARV prophylaxis for woman	1	2	3	4		
11	ARV prophylaxis for newborn	1	2	3	4		
12	Provide breast-milk substitutes for newborns of HIV positive women	1	2	3	4		
13	Follow-up counseling for HIV positive women	1	2	3	4		
14	ART for HIV positive women	1	2	3	4		
15	ART for family members of HIV positive women	1	2	3	4		
16	Women-to-Women support groups	1	2	3	4		

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1007	Do you have any written guidelines related to PMTCT or HIV test counseling?	YES, GUIDELINES AVAILABLE ..... 1 NO GUIDELINES AVAILABLE ..... 2				→1009
1008	ASK TO SEE EACH OF THE FOLLOWING GUIDELINES:	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	National Guidelines on PMTCT (2)	1 → 03	2	3	4	
02	Other guidelines on PMTCT (2)	1	2	3	4	
03	ART prophylaxis for PMTCT	1	////////////////////	3	4	
04	National Guidelines on counseling for HIV testing (1)	1	2	3	4	
05	Other Guidelines on counseling for HIV testing (1)	1	2	3	4	
06	Pretest counseling (subset of 1)	1	2	3	4	
07	Post test counseling for positive results (subset of 1)	1	2	3	4	
08	Post test counseling for negative results (subset of 1)	1	2	3	4	
09	Pre test and post test counseling is routine (subset of 1)	1	2	3	4	
10	Policy on informed consent (subset of 1)	1	2	3	4	
11	Written informed consent that client must sign	1	2	3	4	
12	Policy on confidentiality regarding disclosure of HIV status	1	2	3	4	
13	Confidentiality policy that specifically mentions <b>family members</b> will not be informed without client consent	1	////////////////////	3	4	
14	HIV testing procedures	1	////////////////////	3	4	
15	Youth Friendly Services (3)	1	2	3	4	
1009	FILTER: IS THIS AN INPATIENT CLINIC/UNIT?	YES ..... 1 NO ..... 2				→ 1011
1010	Does this unit ever provide PMTCT services for outpatient clients?	YES ..... 1 NO ..... 2				→ 1076
1011	CHECK Q1006 (01) TO SEE IF HIV TESTING IS OFFERED TO PREGNANT WOMEN IN THIS CLINIC/UNIT.	YES ..... 1 NO ..... 2				→ 1014
1012	Now I want to ask some questions about HIV testing for ANC clients. What procedure is used for testing new ANC clients?  RECORD THE RESPONSE THAT BEST REFLECTS THE PRACTICE. PROBE IF NECESSARY.	OFFERED WHEN VOLUNTARILY REQUESTED BY PREGNANT WOMAN ..... 1 OFFERED TO ALL ANC CLIENTS AT FIRST VISIT ..... 2 OFFERED SELECTIVELY TO ANC CLIENTS AT FIRST VISIT BASED ON SOCIAL/MEDICAL HISTORY ..... 3 OTHER ..... 6 (SPECIFY)				
1013	How many days each week are blood drawing or testing services for HIV available in this clinic/unit for pregnant women?	DAYS PER WEEK ..... <input type="text"/> DON'T KNOW ..... 8				

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1014	Where is the HIV test for ANC clients carried out?  PROBE FOR THE RESPONSE THAT REFLECTS THE MOST COMMON PRACTICE	<b>CLINIC/UNIT IN THIS FACILITY</b> RAPID TEST ONSITE IN CLINIC/UNIT ..... 1 CLIENT SENT TO (V)CT CLINIC/UNIT ..... 2 → 1017 CLIENT SENT TO PMTCT-ONLY CLINIC/UNIT .... 3 → 1017 CLIENT SENT TO OTHER CLINIC/UNIT ..... 4 → 1017 <b>BLOOD DRAWN IN THIS CLINIC/UNIT</b> AND SENT TO LAB ..... 5 CLIENT SENT TO LAB ..... 6 → 1017 <b>OUTSIDE FACILITY</b> VCT STAND-ALONE SITE ..... 7 → 1017 (V)CT CLINIC/UNIT IN OTHER FACILITY ..... 8 → 1017 PMTCT STAND-ALONE SITE ..... 9 → 1017 PMTCT CLINIC/UNIT IN OTHER FACILITY ..... 10 → 1017 OUTSIDE, AFFILIATED LABORATORY ..... 11 → 1017 OUTSIDE, UNAFFILIATED LABORATORY ..... 12 → 1017 DISTRICT OR REGIONAL HOSPITAL ..... 13 → 1017 OTHER ..... 96 (SPECIFY)			
1015	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	CONDOMS	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	MASKS	1	2	3	
19	GOGGLES / GLASSES	1	2	3	
1016	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES ..... 1 NO ..... 2			
1017	CHECK Q1006 (02, 03, AND 04) TO SEE IF ANY PRE OR POST-TEST COUNSELING OR INFORMATION IS PROVIDED BY THIS CLINIC/UNIT.	YES ..... 1 NO ..... 2			→ 1021a

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1018	When a client is referred for, or receives an HIV test, are they counseled here? IF YES, PROBE FOR EACH TYPE OF COUNSELING WHETHER IT IS PROVIDED ROUTINELY (TO ALL CLIENTS) AND IF THE COUNSELOR IS ALWAYS SOMEONE WHO IS TRAINED IN COUNSELING.	COUNSELING ROUTINELY PROVIDED ALWAYS BY TRAINED COUNSELOR      NOT ALWAYS BY TRAINED COUNSELOR		COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT DON'T KNOW	
01	Pretest counseling	1	2	3	8
02	Post-test for positive results	1	2	3	8
03	Post-test for negative results	1	2	3	8
04	Follow-up counseling for HIV/AIDS clients (after initial post-test counseling).	1	2	3	8
1019	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY ..... 1 YES, NOT PRESENT TODAY ..... 2 NO ..... 3			Q:HW →1021
1020	IF YES, Did this person receive training for counseling from CHART or Johns Hopkins/JHPIEGO?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8			
1021	ASK TO SEE THE ROOM WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED. IF NO COUNSELING IS DONE, DESCRIBE THE SETTING WHERE TEST IS DISCUSSED WITH CLIENT.	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY ..... 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY ..... 2 VISUAL PRIVACY ONLY ..... 3 NO PRIVACY ..... 4			
1021a	Do any staff from this facility provide any community services targeted to youth? IF YES, CIRCLE ALL THAT APPLY.	RAPPORT PROGRAM ..... A PEER COUNSELING ..... B VISIT SCHOOLS ..... C OTHER ..... D (SPECIFY) NO ..... Y			
1022	Does this clinic/unit have any specific youth friendly services (YFS)?	YES ..... 1 NO ..... 2			→1026
1023	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE. (SEE GUIDELINE 3)	YES, OBSERVED, COMPLETE ..... 1 YES, OBSERVED, NOT COMPLETE ..... 2 YES, REPORTED NOT SEEN ..... 3 NO ..... 4			
1024	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today? IDENTIFY THE PROVIDER FOR HW INTERVIEW	YES, PRESENT TODAY ..... 1 YES, NOT PRESENT TODAY ..... 2 NO ..... 3			Q:HW
1025	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM ..... A DISCOUNT FEES ..... B NO FEES ..... C OTHER ..... X (SPECIFY)			



NO.	QUESTIONS	CODING CATEGORIES	GO TO
1026	What is the age at which youth can receive services without parental consent?	AGE IN YEARS .... <input type="text"/> <input type="text"/>	
1027	Are newborns of HIV positive women routinely tested for HIV as soon as possible after birth?  PROBE FOR STANDARD PROCEDURE FOR OFFERING HIV TEST FOR INFANT. IT IS UNDERSTOOD THAT MOTHER MAY NOT WANT INFANT TO RECEIVE TEST.	YES, FOR ALL HIV POSITIVE WOMEN ..... 1 YES, FOR FACILITY DELIVERIES ONLY ..... 2 NO, ROUTINELY TESTED AT OTHER TIME ..... 3 RECORD YOUNGEST AGE AGE IN MONTHS ..... <input type="text"/> <input type="text"/>  NO ..... 4	
1028	CHECK Q1006 (10) TO SEE IF THE UNIT PROVIDES ART PROPHYLAXIS FOR PREGNANT WOMEN	YES ..... 1 NO ..... 2	→1032
1029	Which antiretroviral medicines are used for ART prophylaxis for women in this clinic/unit?  CIRCLE ALL THAT APPLY	AZT+3TC (COMBIVIR) ..... A ZIDOVUDINE (ZDV,AZT) ..... B ABACAVIR / ABC ..... C DIDANOSINE / DDL ..... D EFAVIRENZ /EFZ / STOCORIN ..... E LAMIVUDINE/3TC ..... F NEVIRAPINE / NVP ..... G TENOFVIR 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 _____	
1030	Are ARV drugs stored in this clinic/unit or in the pharmacy/central supply or both?	KEPT IN THIS CLINIC/UNIT ..... 1 KEPT IN PHARMACY ..... 2 KEPT IN BOTH CLINIC/UNIT AND PHARMACY ..... 3 OTHER ..... 6 (SPECIFY) _____	
1031	What is the practice for providing the ART prophylaxis to the HIV positive woman?  CIRCLE ALL THAT APPLY	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION DURING HOME DELIVERY ..... A PROVIDE AT TIME OF DELIVERY TO WOMEN WHO DELIVER IN FACILITY ..... B PROVIDE THROUGHOUT PREGNANCY, MULTIPLE TIMES (START 32-36 WKS) ..... C OTHER ..... X (SPECIFY) _____	
1032	CHECK Q1006 (11) TO SEE IF THE UNIT PROVIDES ART PROPHYLAXIS FOR NEWBORNS	YES ..... 1 NO ..... 2	→ 1036
1033	What is the practice for providing the ART prophylaxis to the newborn of the HIV positive woman?  CIRCLE ALL THAT APPLY.	GIVE TO ANC WOMAN FOR ADMINISTRATION AFTER HOME DELIVERY ..... A PROVIDED AT MONTHS PREGNANCY ..... <input type="text"/> PROVIDE TO NEWBORN AS SOON AS POSSIBLE AFTER BIRTH ..... B OTHER ..... X (SPECIFY) _____	

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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1039	<p>Do any patients receiving PMTCT 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? CIRCLE LETTER FOR COUNTRIES</p>	<p>a) YES ..... 1  NO ..... 2  DON'T KNOW ..... 8</p> <p>b) NUMBER OF PATIENTS <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 998</p> <p>c) GRENADA ... A ANTIGUA .... E HAITI .... I  GUYANA ... B TOBAGO .... F D/REPUBLIC ... J  SURINAME ... C DOMINICA .... G OTHER ..... X  ST KITTS/NEV .. D JAMAICA .... H DK ..... Z</p>	<p>→ 1040  → 1040</p>
1040	Can I look at the ANC records, including those that provide information on any PMTCT counseling and testing services?		
	Are there records of first-visit ANC clients (admissions)? IF YES, ASK TO SEE THE REGISTER/RECORDS FOR LAST 12 MONTHS.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	<p>→1043  →1043</p>
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 NO ..... 2	→ 1046
1044	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.	YES, NUMBER OF SESSIONS ..... <input type="text"/> <input type="text"/> <input type="text"/> 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 YES, BUT PMTCT CANNOT BE DISTINGUISHED FROM VCT ..... 2 NO ..... 3	<p>→ 1051  → 1051</p>

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1047	ASK TO SEE ANY RECORD OR REGISTER OF ANC CLIENTS WHO RECEIVED ANY HIV TEST OR COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.	(a) RECORD/REGISTER		(b) NUMBERS FROM OBSERVED RECORDS		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	UNIT ONLY RECORDS CLIENT ID AND TEST RESULT, NO WRITTEN RECORDS OF COUNSELING OR RECEIPT OF TEST RESULTS	1 → 01b	2 → 02	3 → 02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> 05
02	TOTAL ANC CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	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 ANC CLIENTS RECEIVING POST-TEST COUNSELING	1 → 03b	2 → 04	3 → 04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
04	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST RESULTS	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 ANC CLIENTS WHO RECEIVED HIV TEST	1 → 05b	2 → 06	3 → 06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
06	TOTAL ANC CLIENTS WITH POSITIVE HIV TEST	1 → 06b	2 → 07	3 → 07	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1048	IS THE INFORMATION IN Q1041 AND Q1047 FOR THE SAME GROUP OF WOMEN?	YES ..... 1 NO ..... 2				
1049	WHAT IS THE MOST RECENT DATE RECORDED FOR EITHER PRE OR POST TEST COUNSELING?	WITHIN PAST 30 DAYS ..... 1 MORE THAN 30 DAYS ..... 2 NO DATE RECORDED ..... 3 NO COUNSELING PROVIDED ..... 4				→1051
1050	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO ..... 3				
1051	Is there any record of the HIV status of infants born to HIV positive women?	YES, THIS FACILITY ..... 1 YES, MAINTAINED NATIONAL LEVEL ONLY ... 2 NO RECORD ..... 2 SEROSTATUS NOT ASSESSED ..... 3				→1055 →1055 →1055

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1052	ASK TO SEE ANY RECORD OR REGISTER OF HIV POSITIVE WOMEN AND THE HIV STATUS OF THEIR INFANT FOR THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE	(a) RECORD/REGISTER		(b) NUMBERS FROM OBSERVED RECORDS		
		OBSERVED	REPORTED, NOT NOT SEEN	AVAIL	NUMBER OF INFANTS	MONTHS OF DATA
01	TOTAL NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN.	1 → 01b	2 → 02	3 → 02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
03	NUMBER OF HIV POSITIVE INFANTS	1 → 03b	2 → 1053	3 → 1053	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1053	CLARIFY WITH THE RESPONDENT WHETHER THE INFANTS IN Q1052 INCLUDE ONLY THOSE OF WOMEN WHO DELIVERED IN THE FACILITY, OR IF THEY ARE INFANTS FROM HIV POSITIVE WOMEN REGARDLESS OF WHETHER THEY WERE ANC OR DELIVERY CLIENTS.	INFANTS OF ALL HIV+ WOMEN ..... 1 INFANTS OF HIV+ WOMEN WHO DELIVER IN FACILITY ..... 2 DON'T KNOW ..... 8				
1054	ARE THE INFANTS IN Q1052 LINKED WITH THE HIV POSITIVE WOMEN IN Q1047 (06)?	YES ..... 1 YES, AT NATIONAL LEVEL ONLY ..... 2 NO ..... 3				
1055	Are any reports regularly compiled on the pregnant women in this clinic who receive testing or counseling services related to HIV/AIDS? IF YES, ASK TO SEE THEM. CLARIFY WHETHER THE REPORTS PROVIDE INFORMATION ON PREGNANT WOMEN  CIRCLE ALL THAT APPLY	YES, REPORTS COMBINE PREGNANT AND NON-PREGNANT CLIENTS ..... A YES, PREGNANT CLIENTS REPORTED SEPARATELY ..... B YES, FOR CONFIRMED HIV/AIDS ONLY; PREGNANT CLIENTS SPECIFIED ..... C YES, FOR CONFIRMED HIV/AIDS ONLY; PREGNANCY STATUS NOT SPECIFIED ..... D NO ..... Y				→1060
1056	Which statistics do you submit for pregnant women or infants?  CIRCLE ALL THAT APPLY	NUMBER OF PREGNANT WOMEN RECEIVING PRETEST COUNSELING ..... A RECEIVING POST TEST COUNSELING ..... B TESTED FOR HIV ..... C INFANTS OF HIV POSITIVE WOMEN WHO ARE TESTED FOR HIV ..... D				
1057	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS/NO FIXED TIME ..... 4 NEVER ..... 5				→1059
1058	Where are reports on pregnant women receiving services related to testing for HIV in this clinic sent?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D NATIONAL AIDS PROGRAM ..... E OTHER ..... X (SPECIFY)				
1059	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1060	CHECK Q 1006 (10) TO SEE IF ARV PROPHYLAXIS FOR PMTCT IS OFFERED.	YES ..... 1 NO ..... 2	→1069a
1061	Is there a record that indicates the HIV positive ANC clients who received ARV prophylaxis for PMTCT during the past 12 months? IF YES, ASK TO SEE THE RECORD.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	→1066 →1066
1062	How many of the HIV positive ANC clients in Q1047 (06) have already delivered?	NUMBER HIV+ DELIVERED ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 9998	→1066
1063	How many clients in Q1062 received ARV prophylaxis before delivery?	NUMBER WOMEN RECEIVING ARV ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PROPHYLAXIS DON'T KNOW ..... 9998	
1064	How many of the newborns of women in Q1062 were provided the ARV prophylactic dose? IF ARV IS PROVIDED FOR INFANT AND MOTHER TOGETHER AND RECORDED ONCE, THIS IS ACCEPTABLE FOR STATISTICS.	NUMBER NEWBORN RECEIVING ARV ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PROPHYLAXIS 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 ARV prophylaxis through this clinic?	YES ..... 1 NO ..... 2	→1069a
1067	How often do you submit these reports?	MONTHLY OR MORE OFTEN ..... 1 EVERY 2-3 MONTHS ..... 2 EVERY 4-6 MONTHS ..... 3 LESS OFTEN THAN EVERY 6 MONTHS/NO FIXED TIME ..... 4	
1068	Where are reports on ANC clients receiving ARV prophylaxis for HIV/AIDS through this clinic sent?  CIRCLE ALL THAT APPLY.	RECORDS OFFICER ..... A FACILITY DIRECTOR ..... B DISTRICT LEVEL ..... C MOH (CMO, SURVEILLANCE, SMO, ETC.) ..... D NATIONAL AIDS PROGRAM ..... E OTHER ..... X (SPECIFY)	
1069	Do you use a standardized form for your reports?	YES ..... 1 NO ..... 2	
1069a	Is an individual client chart/record maintained for clients receiving services in this clinic/unit? IF THIS IS THE PRACTICE FOR EITHER FOR ALL PATIENTS OR ONLY FOR HIV/AIDS PATIENTS, THE ANSWER IS 'YES'. IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD	YES, IN UNIT, OBSERVED ..... 1 YES, IN UNIT, REPORTED, NOT SEEN ..... 2 YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY ..... 3 YES, IN CENTRAL RECORDS ..... 4 ONLY IF CLIENT PROVIDES ..... 5 OTHER ..... 6 SPECIFY NO INDIVIDUAL RECORD ..... 7	

NO.	QUESTIONS	CODING CATEGORIES		GO TO
1070	Is there a register or record maintained for women receiving PMTCT services that specifies when they received a given service? COULD BE INDICATED BY WEEKS GESTATION OR DATE. IF YES, ASK TO SEE THE REGISTER/RECORD (THIS INFORMATION MAY BE RECORDED ON INDIVIDUAL CLIENT CARDS)	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3		→1073 →1073
1071	AMONG WOMEN CURRENTLY RECEIVING PMTCT SERVICES, RECORD THE CORRECT RESPONSE. IT MAY BE NECESSARY TO REVIEW ANC AS WELL AS PMTCT RECORDS TO COLLECT THE INFORMATION.	(a) RECORD/REGISTER	(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED, NOT NOT SEEN	AVAIL
			NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL <u>ANC CLIENTS</u> RECEIVING PRIMARY PREVENTIVE COUNSELING (EITHER GROUP OR INDIVIDUAL) PAST 12 MONTHS	1 → 01b	2 → 02	3 → 02
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
02	TOTAL <u>HIV POSITIVE WOMEN</u> RECEIVING PRIMARY PREVENTIVE COUNSELING PAST 12 MONTHS	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 <u>HIV POSITIVE WOMEN</u> RECEIVING COUNSELING ON FAMILY PLANNING PAST 12 MONTHS	1 → 03b	2 → 04	3 → 04
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
04	TOTAL <u>HIV POSITIVE WOMEN</u> RECEIVING INFANT FEEDING COUNSELING PAST 12 MONTHS	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 <u>HIV POSITIVE WOMEN</u> RECEIVING COUPLES COUNSELING PAST 12 MONTHS	1 → 05b	2 → 1073	3 → 1073
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
1072	QUESTION DELETED			
1073	Is there any record of the HIV positive women who are receiving ARV therapy for treatment or who have been referred for treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 WOMEN REFERRED TO ART OUTSIDE THIS CLINIC/UNIT NO FURTHER FOLLOW-UP THIS CLINIC/UNIT ..... 3 NO ..... 4 ART TREATMENT NOT AVAILABLE ..... 5		→1076
1074	QUESTION DELETED			
1075	Is there any record of the family members of HIV positive women who are receiving ARV therapy for treatment or who have been referred for treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 WOMEN REFERRED TO ART OUTSIDE THIS CLINIC/UNIT NO FURTHER FOLLOW-UP THIS CLINIC/UNIT ..... 3 NO ..... 4 ART TREATMENT NOT AVAILABLE ..... 5		
1076	Are deliveries conducted in this facility?	YES ..... 1 NO ..... 2		→1083
1077	CHECK TO SEE WHERE INFORMATION FOR PMTCT SERVICES FOR WOMEN DELIVERING IN THE FACILITY ARE KEPT. GO TO THIS LOCATION AND CONTINUE.	IN THIS CLINIC/UNIT ..... 1 DELIVERY/MATERNITY ..... 2 INFORMATION COLLECTED IN OTHER PMTCT QRE ..... 3		→1083





NO.	QUESTIONS	CODING CATEGORIES			GO TO
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
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				
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1 → 08	2	3	
07	HAND SANITIZER	1	2	3	
08	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
09	SHARPS CONTAINER	1	2	3	
10	DISPOSABLE LATEX GLOVES	1 → 12	2	3	
11	DISPOSABLE NON-LATEX GLOVES	1	2	3	
12	CHLORINE BASED DECONTAMINATION SOLUTION (MIXED)	1	2	3	
13	CHLORINE BASED DECONTAMINANT- NOT MIXED	1	2	3	
14	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
15	RAPID TEST FOR HIV	1	2	3	
16	DISPOSABLE NEEDLES	1	2	3	
17	DISPOSABLE SYRINGES	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	MASKS	1	2	3	
20	GOGGLES / GLASSES	1	2	3	
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.					
1083	RECORD THE TIME AT END OF INTERVIEW	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <span style="margin: 0 5px;">:</span> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="text-align: center; margin-top: 5px;">12 HOUR CLOCK</div>			
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE					

HEALTH WORKER INTERVIEW					
Code of facility:	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>COUNTRY</span> <span>DISTRICT</span> <span>FACILITY</span> </div>	Clinic/Unit Code for provider	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>LINE</span> <span>UNIT</span> </div>	QRE TYPE	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; font-size: 10px;">K</div>
Interviewer Code:	<div style="display: flex; align-items: center;"> <span>.....</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div>	Staff line number from staff listing	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"></div>		
DATE:	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>DAY</span> <span>MONTH</span> <span>YEAR</span> </div>	Provider Sex:	<div style="display: flex; align-items: center;"> <span>(1=MALE; 2=FEMALE)</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div>		
		Provider Status:	<div style="display: flex; align-items: center;"> <span>(1=Assigned; 2=Seconded)</span> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div>		
CHECKED BY MONITOR/SUPERVISOR:					
SIGNATURE _____		DATE	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>DAY</span> <span>MONTH</span> <span>YEAR</span> </div>		
<b>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.</b>					
<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 Ministry of Health, based in _____ to assist in knowing more about health services related to HIV/AIDS. (Country)</p> <p>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</p> <p>The information you provide will be shared with the Ministry of Health, but when made publicly available, will only be combined with information about other facilities in this country. I will need about ____ minutes of your time. You may refuse to answer any questions or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Ministry of Health and health facilities involved in HIV/AIDS care and support to improve policies and the delivery of services.</p> <p>Do you have any questions for me at this time?</p>					
100	Do I have your agreement to participate? Thank you. Let's begin now.	YES..... 1 NO..... 2	→ STOP		
101	RECORD THE TIME AT BEGINNING OF INTERVIEW <div style="display: flex; align-items: center; margin-left: 10px;"> <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="font-size: 12px; 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> <div style="text-align: center; font-size: 8px; margin-top: 5px;">(12 HOUR CLOCK)</div>				

# EDUCATION AND EXPERIENCE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
102	What year did you start working in this facility?	YEARS. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
103	Now I would like to ask you some questions about your educational background. How many years of primary and secondary education did you complete in total?	YEARS ..... <input type="text"/> <input type="text"/>	
104	What is your current technical qualification?  MARK THE HIGHEST QUALIFICATION IF HAS MORE THAN ONE.	SPECIALIST/CONSULTANT PHYSICIAN 01 PHYSICIAN/MEDICAL DOCTOR ..... 02 MEDICAL OFFICER/PHYSICIAN ..... 03 INTERN ..... 04 NURSE-MIDWIFE ..... 05 NURSE ..... 06 MIDWIFE ..... 07 FAMILY NURSE PRACTITIONER ..... 08 NURSING ASSISTANT ..... 09 CLINIC AIDE/PCA ..... 10 PUBLIC HEALTH / COMMUNITY HEALTH NURSE ..... 11 COMMUNITY HEALTH WORKER ..... 12 COMMUNITY HEALTH AIDE ..... 13 DISTRICT HEALTH VISITOR ..... 14 HEALTH EDUCATOR ..... 15 LAB TECHNICIAN/TECHNOLOGIST ..... 16 LAB ASSISTANT ..... 17 SOCIAL WORKER ..... 18 HIV/AIDS COUNSELOR ..... 19 OTHER COUNSELOR ..... 20 PSYCHOLOGIST ..... 21 OTHER ..... 96 (SPECIFY)	
105	What year did you (or do you expect to) graduate with this qualification?	YEARS. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
106	How many years of study were required for this qualification (AFTER COMPLETING YOUR SECONDARY EDUCATION DESCRIBED IN Q103)?  IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	1) YEARS. .... <input type="text"/> <input type="text"/> 2) MONTHS. .... <input type="text"/> <input type="text"/>	→ 107
107	In what year did you start working in your current position in this facility? IF YEAR IS NOT KNOWN, PROBE AND MAKE THE BEST ESTIMATE	YEAR. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
108	What was your age at your last birthday?	AGE AT LAST BIRTHDAY (YRS) ..... <input type="text"/> <input type="text"/>	
109	Now I want to ask you about services you provide. In your position here do you ever provide any client services other than laboratory tests?	YES ..... 1 NO ..... 2	→ 132
110	Do you personally provide diagnosis and/or treatment of STIs?	YES ..... 1 NO ..... 2	
111	Do you personally provide diagnosis and/or treatment of malaria?	YES ..... 1 NO ..... 2	
112	Do you provide any services that are designed to be Youth Friendly, that is that have a specific aim to encourage utilization by adolescents and young people?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
113	What is the age that youth can receive services here without parental consent? Tell me if the age is different depending on whether the youth is pregnant, or not pregnant.	1) AGE IN YEARS	<input type="text"/>	<input type="text"/>	
		2) 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 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 SERVICES</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 SERVICES</b>					
118	In your current position at this facility, do you ever personally provide <b>tuberculosis service</b> ? Have you ever received any pre-service or in-service training on subjects related to such services? This includes diagnosis and laboratory services.	YES PROVIDES SERVICE AND/OR ..... 1 NO SERVICE AND NO TRAINING ..... 2		→ 120	
119	Please indicate whether you provide services or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY (CIRCLE ALL THAT APPLY)
01	Clinical diagnosis of tuberculosis	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 02	CHART / JH A MOH ..... B OTHER ..... X OTHER ..... Y DON'T KNOW Z
02	Sputum diagnosis for TB	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 03	CHART / JH A MOH ..... B OTHER ..... X OTHER ..... Y DON'T KNOW Z
03	Prescribe treatment for TB	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 04	CHART / JH A MOH ..... B OTHER ..... X OTHER ..... Y DON'T KNOW Z
04	Follow-up treatment for TB	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 05	CHART / JH A MOH ..... B OTHER ..... X OTHER ..... Y DON'T KNOW Z
05	Direct Observation Treatment Strategy (DOTS)	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 120	CHART / JH A MOH ..... B OTHER ..... X OTHER ..... Y DON'T KNOW Z
<b>HIV/AIDS</b>					
120	In your current position at this facility, do you personally provide any services related to <b>counseling for HIV testing or for other services</b> , OR have you received training on such services?	YES PROVIDES SERVICE AND/OR ..... 1 NO SERVICE AND NO TRAINING ..... 2		→ 122	

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

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
		(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	
08	Adherence counseling for ART	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 09	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z
09	Counseling or prescribing ARV for post-exposure prophylaxis	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 10	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z
10	Education for patient and families on HIV care	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 11	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z
11	Nutrition counseling to HIV/AIDS infected clients	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 12	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z
12	Primary prevention of HIV, such as behavior change, education, partner counseling, condom promotion and distribution	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 122	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y 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 PROVIDES SERVICE AND/OR ..... 1 NO SERVICE AND NO TRAINING ..... 2			→ 124	

NO.	QUESTIONS	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY	GO TO
123	Please indicate whether you provide or have had formal training in the following services:					
01	Clinical management of neurological disorders related to AIDS	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 02	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z
02	Diagnosis of opportunistic infections	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 03	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z
03	Management of opportunistic infections	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 04	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z
04	Prescribing ART	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 05	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z
05	Medical follow-up for ART clients	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 06	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z
06	Ordering or prescribing laboratory tests for monitoring ART	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 07	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z
07	Nutritional rehabilitation for HIV/AIDS patients	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 08	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z
08	Pediatric AIDS care	YES 1 NO 2 → c	<input type="text"/> <input type="text"/>	YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 124	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y 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 PROVIDES SERVICE AND/OR RECEIVED TRAINING. . . . . 1 NO SERVICE AND NO TRAINING . . . . . 2		→ 126	
125	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY
01	Preventive or prophylactic treatment for TB (INH or isoniazid)	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 02	CHART / JH A MOH B OTHER X OTHER _____ Y DON'T KNOW _____ Z
02	Preventive or prophylactic treatment for other opportunistic infections such as cotrimoxazole preventive therapy (CPT)	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 03	CHART / JH A MOH B OTHER X OTHER _____ Y DON'T KNOW _____ Z
03	ARV prophylaxis for prevention of mother to child transmission (PMTCT)	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 04	CHART / JH A MOH B OTHER X OTHER _____ Y DON'T KNOW _____ Z
04	Recommended delivery practices for women who may be HIV positive	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 05	CHART / JH A MOH B OTHER X OTHER _____ Y DON'T KNOW _____ Z
05	Ordering or prescribing post-exposure prophylaxis (PEP)	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . . . 1 YES, IN PAST 2-3 YRS. . . . 2 YES, > 3 YRS AGO. . . . . 3 NO TRAINING. . . . . 4 → 126	CHART / JH A MOH B OTHER X OTHER _____ Y DON'T KNOW _____ Z
126	In your current position at this facility, do you ever personally provide any services related to <b>care and support for HIV/AIDS patients</b> , or have you received training related to such services?	YES PROVIDES SERVICE AND/OR RECEIVED TRAINING. . . . . 1 NO SERVICE AND NO TRAINING . . . . . 2		→ 128	

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

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
		(a) PROVIDES SERVICE	(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)	(c) NUMBER OF PATIENTS IN LAST MONTH
131	For each service I mention, please tell me if you provide that service privately. IF YES FOR THE INDICATED SERVICES ASK: How long have you been providing this service privately? IF LESS THAN ONE YEAR WRITE '00'. IF YES, To how many people have you provided this service in private practice in the last month?			
01	HIV testing	YES 1 NO 2 → 02	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
02	Counseling around HIV testing	YES 1 NO 2 → 03	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
03	Treatment of opportunistic infections for people with HIV/AIDS	YES 1 NO 2 → 04	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
04	Prescribing ARVs for prevention of mother to child transmission	YES 1 NO 2 → 05	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
05	Prescribing ARVs as treatment	YES 1 NO 2 → 06	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
06	Home-based care for people with HIV/AIDS	YES 1 NO 2 → 07	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
07	Pediatric AIDS care	YES 1 NO 2 → 132	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<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? READ LIST IN Q133 AS EXAMPLES.	YES ..... 1 NO ..... 2		→ 135

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO	
	Please indicate whether you provide or have had formal training in the following services:	(a) PROVIDE SERVICE	(b) TIME PROVIDING SERVICE (YRS)	(c) PRE- OR IN-SERVICE TRAINING	(d) TRAINED BY		
01	Sputum diagnosis of TB	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 02	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z	
02	HIV testing	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 03	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z	
03	Drawing blood for HIV tests	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 04	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y Z	
04	Laboratory tests for monitoring ART	YES 1 → c NO 2 → c		YES, IN PAST 12 MOS. . 1 YES, IN PAST 2-3 YRS. 2 YES, > 3 YRS AGO. . . . 3 NO TRAINING. . . . . 4 → 134	CHART / JH MOH OTHER OTHER DON'T KNOW	A B X Y 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 _____ (SPECIFY)			1	2	3	4
135	Have you received any other formal in-service or pre-service training related to HIV/AIDS clinical care and/or support services during the past 3 years?			YES . . . . . 1 NO . . . . . 2		→ 137	
136	IF YES, SPECIFY THE SUBJECTS OF OTHER IN-SERVICE OR PRE-SERVICE TRAINING			YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NONE	
01	_____			1	2	4 → 137	
02	_____			1	2	4	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
137	<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/ OTHER ..... C</p> <p>CLINICAL SERVICES ..... D</p> <p>PREVENTIVE/PROPHYLACTIC THERAPEUTIC ..... E</p> <p>CARE AND SUPPORT FOR HIV/AIDS ..... F</p> <p>LAB SERVICES FOR TB OR HIV TESTS ..... G</p> <p>OTHER ..... X</p> <p>SPECIFY</p> <p>NO INFORMAL TRAINING ..... Y</p>	
<b>PERSONAL WORK 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>(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 <u>not</u> 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>	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
143	Clients who have sexual relations with people of the same sex deserve to receive the same level and quality of health care as other clients.	STRONGLY AGREE ..... 1 AGREE..... 2 DISAGREE ..... 3 STRONGLY DISAGREE..... 4	
144	Health providers have a right to know the HIV status of all patients.	STRONGLY AGREE ..... 1 AGREE..... 2 DISAGREE ..... 3 STRONGLY DISAGREE ..... 4	
145	Health providers have to be careful not to get a reputation for treating HIV positive clients, since this might affect who might go to them for other health services.	STRONGLY AGREE ..... 1 AGREE..... 2 DISAGREE ..... 3 STRONGLY DISAGREE ..... 4	
146	You avoid touching clients' clothing and belongings who you know or suspect have HIV for fear of becoming HIV infected.	STRONGLY AGREE ..... 1 AGREE..... 2 DISAGREE ..... 3 STRONGLY DISAGREE..... 4	
147	Who should be told the result of an HIV test performed at a health care facility?  CIRCLE ALL THAT APPLY	ONLY THE PATIENT ..... A THE PATIENT'S NUCLEAR FAMILY MEMBERS..... B THE PATIENT'S EMPLOYER..... C HEALTH CARE PROVIDERS ..... D OTHER _____ X SPECIFY _____ NO ONE ..... Y	
148	I don't want to know the result, but have you ever had an HIV test?	YES ..... 1 NO ..... 2	→ 150
149	The last time you had an HIV test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASK SELF ..... 1 WAS OFFERED ..... 2 WAS REQUIRED ..... 3	
150	In your opinion, when used correctly, how effective are condoms in preventing HIV infections. Use a scale of 0 to 10 with 0 being least and 10 being maximum.	CONDOM EFFECTIVENESS IN PREVENTING HIV <input type="text"/> <input type="text"/> DON'T KNOW..... 98	
151	Now I want to ask you a few more questions about your work in this facility.  In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.	AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY ..... <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. 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"/>	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
153	Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility.  Do you receive technical supervision in your work?  IF YES, ASK: When was the most recent time?	YES, IN THE PAST 3 MONTHS ..... 1 YES, IN THE PAST 4-6 MONTHS ..... 2 YES, IN THE PAST 7-12 MONTHS ..... 3 YES, MORE THAN 12 MONTHS AGO ..... 4 NO ..... 5	→ 156 → 156 → 156
154	How many times in the past six months has your work been supervised? (WRITE '90' IF 90 OR MORE TIMES)	NUMBER <input type="text"/> OF <input type="text"/> TIMES	
155	The last time you were personally supervised, did your supervisor do any of the following:	YES NO DK	
01	Deliver supplies	DELIVERED SUPPLIES 1 2 8	
02	Check your records or reports	CHECKED RECORD 1 2 8	
03	Observe your work	OBSERVED 1 2 8	
04	Provide any feedback (either positive or negative) on your performance	FEEDBACK 1 2 8 07 07	
05	Give you verbal feedback that you were doing your work well	VERBAL PRAISE 1 2 8	
06	Provide any written comment that you were doing your work well	WRITTEN PRAISE 1 2 8	
07	Provide updates on administrative or technical issues related to your work	UPDATES 1 2 8	
08	Discuss problems you have encountered	DISCUSS 1 2 8	
09	Anything else?	OTHER 1 2 <input type="checkbox"/>  (SPECIFY) _____	
156	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO ..... 3	
157	Are there any opportunities for promotion in your current job? PROMOTION IN TERMS OF POSITION, NOT ONLY SALARY	YES ..... 1 DEPENDS / UNCERTAIN ..... 2 NO ..... 3	
158	Do you personally receive any salary supplement, that is, money outside of your routine salary, that is related to your work in this facility?	YES ..... 1 NO ..... 2	→ 160
159	Which type of salary supplement do you receive?  CIRCLE ALL THAT APPLY	MONTHLY OR DAILY SALARY SUPPLEMENT ..... A PER DIEM WHEN ATTENDING TRAINING ..... B OTHER ..... X (SPECIFY) _____	
160	In your current position, have you ever received any non-monetary incentives for the work you do? This might include such things as discounts for medicines or other items, uniforms or other clothing, food, training, or other things like this.	YES ..... 1 NO ..... 2	→ 162

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
161	Describe any incentives that you have received.	UNIFORMS, BACKPACKS, CAPS ETC. .... A FREE TICKETS FOR CARE. .... B TRAINING. .... C FOOD RATION. .... D OTHER _____ X (SPECIFY) _____	
162	<p>Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide care and support services for HIV/AIDS?</p> <p>CIRCLE ONLY THREE ITEMS.</p> <p>IF THE PROVIDER MENTIONS MORE THAN THREE ITEMS, ASK THE PROVIDER TO PRIORITIZE ONLY THREE. IF THE PROVIDER DOES NOT MENTION THREE ITEMS, PROBE FOR ANY OTHERS IN AN ATTEMPT TO HAVE THREE ANSWERS.</p>	MORE SUPPORT FROM SUPERVISOR. .... A MORE KNOWLEDGE/TRAINING. .... B MORE SUPPLIES/STOCK. .... C BETTER QUALITY EQUIPMENT/ ..... D LESS WORKLOAD (i.e. MORE STAFF. .... E BETTER WORKING HOURS. .... F MORE INCENTIVES ..... G TRANSPORTATION FOR PATIENTS ..... H PROVIDING ART ..... I INCREASED SECURITY ..... J BETTER FACILITY INFRASTRUCTURE. .... K MORE AUTONOMY/INDEPENDENCE. .... L EMOTIONAL SUPPORT FOR STAFF ..... M ACTIVITIES) ..... M OTHER _____ W (SPECIFY) _____ OTHER _____ X (SPECIFY) _____	
REVIEW THE QUESTIONNAIRE FOR COMPLETENESS, RETURNING TO QUESTIONS THAT REQUIRE AN ANSWER.			
163	RECORD THE TIME AT END OF INTERVIEW <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> <div style="display: flex; align-items: 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> <div style="text-align: center; margin-top: 2px;">12 HOUR CLOCK</div> </div>		
Thank you for taking the time to talk with me and to answer these questions. As I mentioned at the beginning, all of your responses will remain confidential			





