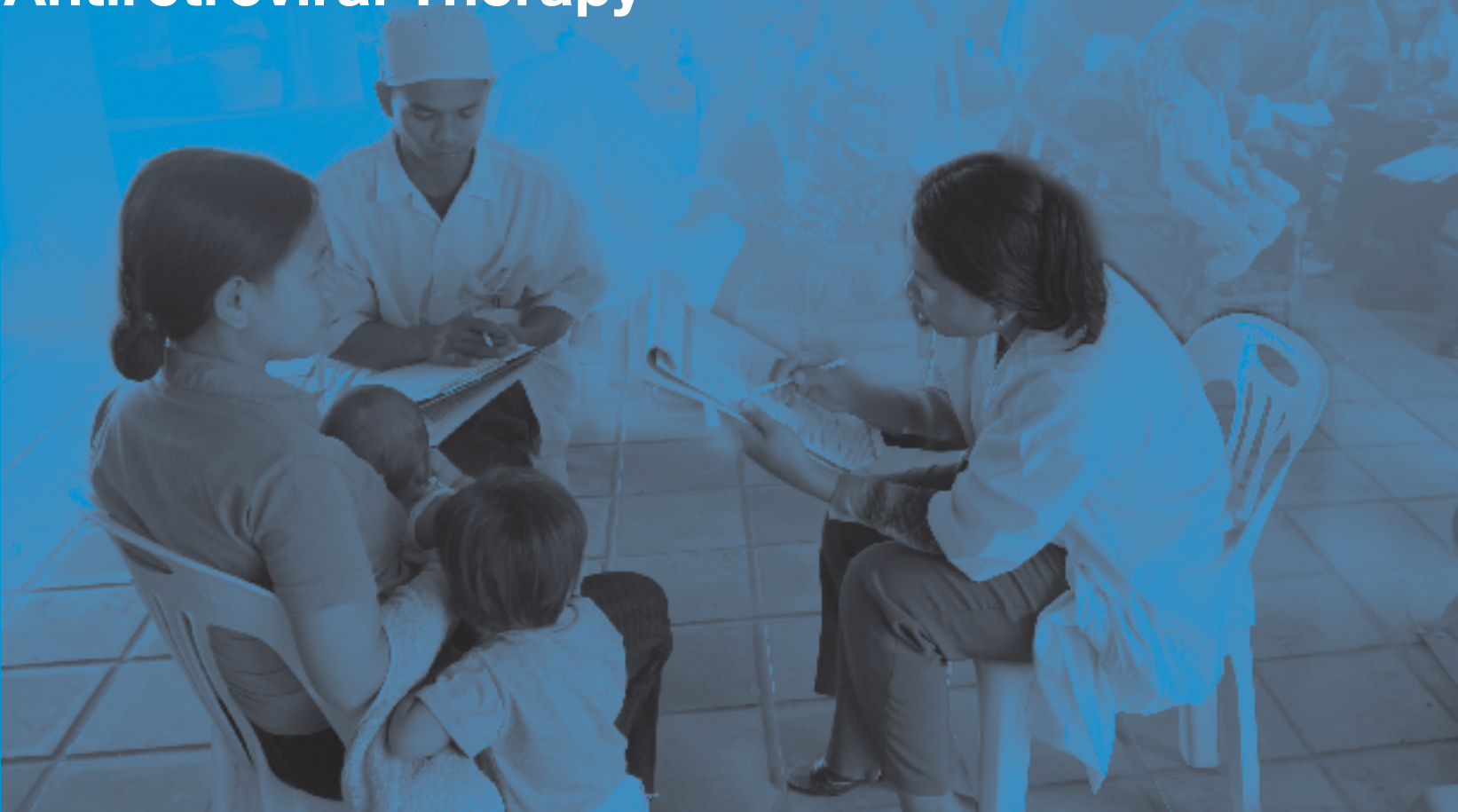




Health Facility Tools

to Assess Preparedness for
HIV Services Delivery, Including
Antiretroviral Therapy



Family Health International

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for HIV Services Delivery,
Including Antiretroviral Therapy



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Introduction

To introduce HIV-related services in health and community facilities, it is essential that a rapid and comprehensive process of appraisal and implementation planning occur for each site. This process includes several steps to ensure that the proper contacts are made, accurate data are gathered and used for program planning, and comprehensive program planning occurs. Participants from technical and program support areas should be involved in all aspects of the process. This manual outlines the rapid appraisal and implementation planning framework used to plan service delivery in FHI-supported sites and provides tools to be used along the way.

This comprehensive manual will help governments and organizations

- Y determine the availability and quality of the essential elements of HIV services including counseling and testing, prevention of mother-to-child transmission (PMTCT), and antiretroviral therapy (ART) from the facility perspective
- Y gather necessary data about these services and additional needs from both clinicians and clients
- Y organize and analyze those data
- Y plan for program implementation
- Y create reports based on the data
- Y evaluate the quality of the appraisal and implementation process

This manual was created for use in FHI-supported sites that are delivering HIV-related services around the world. Certain tools have been field tested in health facility sites in Cambodia, Ethiopia, Nigeria, Kenya, Rwanda, Senegal, and Zambia. The tools included in the manual have been developed to be comprehensive in nature and are intended to be flexible for adaptation to meet local situations and needs.

Abbreviations

ADR	adverse drug reaction
AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
CME	continuing medical education
DAART	directly assessed antiretroviral therapy
DOTS	daily observed therapy
HMIS	health management information systems
IMCI	integrated management of childhood illnesses
INH	isoniazid
M&E	monitoring and evaluation
NACC	National AIDS Control Council
N/A	not applicable
NGO	nongovernmental organization
OI	opportunistic infection
PEP	postexposure prophylaxis
PLHA	persons living with HIV/AIDS
PME	program monitoring and evaluation
PMM	patient management and monitoring
PMTCT	prevention of mother-to-child transmission
QMS	quality management system
STI	sexually transmitted infection
TB	tuberculosis
TLC	total lymphocyte count
WHO	World Health Organization

Overview

Audience

Ministries of health, coordinators of National AIDS control programs, members of the constituency AIDS committees, health management teams, international and national NGOs, key persons in health facilities including healthcare workers, people living with HIV/AIDS (PLHA), and patients attending these healthcare facilities.

Objective of the Manual

The overall objective of this manual is to guide the site engagement, data gathering, data analysis, and action planning for service delivery within a health facility. The specific objectives are to

- Y engage key stakeholders
- Y determine the level of physical infrastructure
- Y determine the level of human resource capacity (the number of staff and level of training in HIV/AIDS and related conditions)
- Y review the existence and use of guidelines for the management of HIV/AIDS and related conditions
- Y assess the current data collection and management information systems
- Y determine the type of services provided to PLHA at the facility and via the referral system
- Y observe the current practices in the management of HIV/AIDS
- Y identify potential constraints and opportunities for successful interventions and recommend appropriate strategies
- Y guide data analysis and program planning

Components of the Manual

This manual includes instructions for each of the 13 tools for assessment of health facilities prior to the implementation of HIV services, including ART. It also includes guidance and examples to assist in the process from assessment to program implementation and includes templates for reporting and implementation planning.

Timeframe of the Implementation Planning Process

The timeframe of the implementation planning process varies according to the situation in the country. The time needed for the first steps of stakeholder and site engagement begins at the inception of the program and will continue until all necessary actions are taken. Logistics planning for on-site work also must be factored into the timeline. The ideal timeframe for the appraisal and implementation planning at the health facility itself involves at least two days (one day for data gathering and one additional day for implementation planning and subagreement development). Additional time will be needed to finalize agreements and prepare narrative reports.

Overview
*continued***Preimplementation Process*****Stakeholder and Site Engagement***

Communities and facilities should be identified by working with the appropriate national, state/provincial, or district authorities; NGOs; donors; and PLHA groups, and by the logistics of site visits planned. The needs of many stakeholders should be considered in deciding which communities and sites to visit. This process must be driven by appropriate national and local stakeholders and tailored to fit individual needs of the country. The tools and processes presented here for data gathering, analysis, and reporting were designed to fit the needs of FHI's work in several different settings. They should be analyzed and adapted for local needs during the stakeholder and site engagement period. Sharing and adaptation of these tools with stakeholders prior to the data-gathering phase allow for optimal transparency and collaboration.

Data Gathering

The methods used in the tools include key informant interviews, client exit interviews, observation, record review, and a survey for healthcare workers. Some tools or sections of tools may be omitted depending on assessment needs or team composition.

Like the site and stakeholder engagement, this data gathering-process should be participatory. The on-site team should work with local stakeholders, including the facility managers and staff, to tailor the tools, gather feedback on the findings, and develop practical and appropriate recommendations. It is also important to clearly explain to the on-site staff respondents the purpose of the exercise and communicate that its findings will not be used to assess staff performance or shared with supervisors. The respondent's consent should be documented for each tool.

The on-site team should begin by using tool 1 of the manual to interview the facility administrator. The administrator can help the team identify appropriate staff in each department to interview for tools 2–4, 6–7, and 9–11. The administrator may introduce the team to the key staff to interview, thereby facilitating data collection. Tool 5 should be completed by interviewing several healthcare providers from different cadres (nurses, clinical officers, and medical doctors) who provide HIV/AIDS care. The team should also seek the administrator's permission for conducting client exit interviews for tool 8. The administrator may suggest his/her preferences for conducting the client exit interviews (location, clients to target, maximum number of interviews, and interview times). For small health centers with few staff, the Primary-Level Health Center Assessment (tool 13) can be used to gather data for clinical services, ART, PMTCT, counseling and testing, and health management information systems (HMIS). The team may choose to use this tool alone or with other tools.

Tools and detailed instructions follow. Terms in italics may be found in the glossary at the end of this document. Tools for data analysis and implementation planning are also included in this document after the instructions for administering the tools.

Instructions for Administering the Tools

Tool 1: Overview of Health Facility

For this tool, please interview the administrator who is in charge of the facility. If that person is not available, interview the staff member who is the most knowledgeable about the overall services offered at the facility.

This tool is intended to give an overall view of the facility including the following elements:

- Y facility background
- Y human resources
- Y infrastructure and supplies
- Y health services
- Y guidelines and protocols
- Y perspectives: maximizing acceptability of ART and ART start-up programs
- Y behavior change communication
- Y interviewer observations

01 – 07: Be sure to fill in the following questions clearly. No box should be left empty.

09 – 014: Please ask respondent to describe the type of health facility, its location, immediate catchment area population, and indicate whether this area is served by public transportation. Also note the ownership of this facility and the number of clients who are served on a daily or yearly basis, if known.

016: If the facility has a *sliding-scale payment system*, please describe the system, including how a patient's fee is determined and the range/levels of fees per service.

018 – 021: For each of the following categories, please give an approximate number of staff members at the facility. Read the list of staff cadres to the person interviewed and ask how many staff fit into the following categories: total staff allocated to the facility, staff currently working, staff *seconded* or working as volunteers, and staff who specialize in HIV care. For all categories, count full-time staff.

022 – 027: Please ask respondent to describe in detail how the different training needs of the health facility staff are identified. Also ask if there is a system in place at the facility where healthcare providers are trained and ask how many in-service training sessions the healthcare providers participated in during the past six months. Note if any in-service trainings have been planned for the next six months.

028 – 042: These next questions focus on the infrastructure and availability of supplies at the facility. For the open-ended questions, please record the respondent's answers as accurately as possible and ask for clarification when needed.

**Tool 1:
Overview of
Health Facility
continued**

O43: Please ask respondent to describe the most commonly used and currently functional methods for disinfecting reusable instruments/medical equipment. Ask respondent to direct you to the relevant department/unit where disinfections take place. Note if the disinfection equipment is available and functioning and any other relevant observations.

O44: Describe how this facility disposes of its contaminated items. Ask respondent to direct you to the relevant department/unit where disposal take place. Make sure disposal equipment is available and functioning and add any other observations

O45 – O46: Please fill in the table about whether the listed departments/units or services are available at the facility or if patients are referred to these services outside the facility. For each category, first ask if the service is available in the facility, then ask whether they provide referrals for this service. Please circle appropriate responses for on-site availability or referrals. If the answers to questions O45 r, s, t, or u are 1 (yes), complete the ART questionnaire (tool 10) with the appropriate staff members after completing tools 1–3 as needed.

O47 – O49: Please ask respondent to describe in detail if there is a *formal referral mechanism* at this facility. Describe how referrals are made in each area within the health facility and between the health facility and community organizations.

O50 – O51: These questions are intended to determine if the facility has copies of national guidelines and if they conduct in-service training on them. Please ask respondent about the availability of national guidelines at this site. If respondent replies that the guidelines are available, ask to see them. Also ask if in-service training is provided on each of the guidelines listed.

O53 – O54: If the facility has *eligibility criteria* for ART, (yes on O53), please ask the respondent to describe them in terms of *clinical criteria*, *social criteria*, and *laboratory criteria*.

O55 – O61: These questions are about maximizing the *acceptability of ART* and the ART start-up program. Describe in detail what the respondent says and probe for more specific information if you do not understand the answers. Use the back of the page if necessary. For question O60, prompt the respondent for staff size, staff capacity, infrastructure, and any other relevant factors.

O75: Please record the time at the end of the interview.

If the person has any additional comments or observations to add, please include them on a separate sheet. Thank the person again for his/her time.

At the end of the interview, explain to the respondent that you would like to interview a staff member from the outpatient department and another from the inpatient department. If possible, ask the respondent to introduce you to these staff persons.

O76 – O79: Record any additional observations of the facility that have not been addressed in previous questions.

Tool 2: Outpatient Department

For this tool, please interview the staff member who is in charge of the outpatient department or the person most knowledgeable about HIV/AIDS services there. For the section on HMIS, please interview the outpatient department's medical records officer.

This tool is intended to provide information about the outpatient department including the following elements:

- Y facility background
- Y human resources
- Y infrastructure and supplies
- Y health services
- Y guidelines and protocols
- Y behavior change communication
- Y health management information system
- Y interviewer observations

OPD1 – OPD9: Be sure to fill in the following questions clearly. No box should be left empty.

OPD10 – OPD11: These figures are estimates or percentages. Please ask respondent to give as accurate data as possible.

OPD12 – OPD15: For each of the following categories, please give an approximate number of staff members at the facility. Read the list of staff cadres to the person interviewed and ask how many staff fit into the following categories: total staff allocated to the facility, staff currently working, staff seconded or working as volunteers, and staff who specialize in HIV care. For all categories, count full-time staff.

OPD19: Read each choice out loud to the respondent, and ask him/her to choose five answers. Circle only those answers.

OPD22: Ask to see where outpatient department consultations take place and go to the room where most HIV/AIDS or ART patients are cared for. Explain to the respondent that you are observing this space to determine whether *visual and auditory privacy, running water, hand-washing items, a sharps disposal container, and medical gloves* exist in that space. Circle one response per item.

OPD31: Please ask the respondent to describe the *patient flow* when a client visits the outpatient department for the first time. Prompt: Where does the patient go first, next, and so on until the patient leaves the facility. Please note your observations regarding the patient flow at the facility. Specifically, are the services organized, accessible, and confidential? Use the back of the page if more room is needed.

Tool 2:
**Outpatient
Department**
continued

OPD32– OPD33: Please fill in the table about whether the listed departments/units or services are available in the outpatient department or if patients are referred to these services either at this facility or outside the facility. For each category, first ask if the service is available in the outpatient department, then ask if they provide referrals for this service. Please circle appropriate responses—one for service availability within the facility and one for referrals outside the facility. If the answer to question OPDf is 1 (yes), complete the ART questionnaire (tool 10) with the appropriate staff members after completing tools 1–3 as needed.

OPD36: Please ask the respondent to describe the referral process and prompt: In particular when, where, and how are clients referred within and outside the facility? Who is responsible for making referrals (for example, a nurse)? If referrals are documented, where are they recorded? If referrals are tracked, how are they tracked?

OPD38: Please note if a *referral slip* was seen.

OPD49 – OPD50: These questions are intended to determine if the outpatient department has copies of national guidelines and if they conduct in-service training on them. Please ask respondent about the availability of national guidelines in the outpatient department. If respondent replies that the guidelines are available, ask to see them. Also ask if in-service training is provided on each of the guidelines listed.

OPD52: Please ask the respondent to describe in his/her own words how the outpatient department monitors for adverse drug reactions (ADRs).

OPD55: Please ask the respondent to describe in his/her own words the main issues/problems with ADR reporting and ask what strategies are being used to address these challenges.

OPD57 – OPD63: For these questions, *behavior change communication* is defined as an interactive process with communities to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community, and societal behavior change; and maintain appropriate behaviors.

OPD64 – OPD68: Ask to speak with the medical records officer in charge of the outpatient department. Request to see the records of four randomly chosen patients (two HIV-positive and two HIV-negative). Remind the respondent that all records seen will be kept confidential and that patient names will not be reviewed or recorded. If patient files are not able to be reviewed, skip to OPD69.

OPD74: Please record the time at the end of the interview.

If the respondent has any additional comments or observations to add, please include them on a separate sheet. Thank the person again for his/her time.

OPD75 – OPD80: Record any additional observations of the outpatient department that have not been addressed in previous questions.

Tool 3: Inpatient Department

For this tool, please interview the person who is in charge of the inpatient department. If that person is not available, interview the staff member most knowledgeable about the HIV/AIDS services offered there.

This tool is intended to provide information about the in-patient department including the following elements:

- Y facility background
- Y human resources
- Y infrastructure and supplies
- Y health services
- Y guidelines and protocols
- Y behavior change communication
- Y health management information system
- Y interviewer observations

IPD1 – IPD9: Be sure to fill in the following questions clearly. No box should be left empty.

IPD10 – IPD17: Please fill in the numbers and percentages required for the male, female, tuberculosis (TB), and pediatric wards as accurately as possible. If the respondent does not know the answer, leave the field blank.

IPD18 – IPD21: For each of the following categories, please give an approximate number of staff members in the inpatient department. Read the list of staff cadres to the person interviewed and ask how many staff fit into the following categories: total staff allocated to the facility, staff currently working, staff seconded or working as volunteers, and staff who specialize in HIV care. For all categories, count full-time staff.

IPD31: Ask to see a patient room (either single or group) on the ward. Explain to the respondent that you are observing this space to determine whether *visual and auditory privacy, running water, hand-washing items, a sharps disposal container, and medical gloves* exist in that space. Check to see whether the following are observed, reported available but not seen, or not available. Circle one response per item.

IPD33: Please ask the respondent to describe the patient flow when a client is admitted to the inpatient department for the first time. Prompt: Where does the patient go first, next, and so on until the patient leaves the facility. Please note your observations regarding the patient flow. Use the back of the page if more room is needed.

IPD36 – IPD37: Please describe the referral process, in particular when, where, and how clients are referred within or outside the health facility. Does the inpatient

**Tool 3:
Inpatient
Department**
continued

department provide patients with a referral slip? Where are HIV/AIDS patients referred for specialized care? Do not prompt the interviewee.

IPD41 – IPD42: Please fill in the table about whether the listed services are available in the inpatient department or if patients are referred to these services outside the department. For each category, first ask if the service is available in the inpatient department, then ask whether they provide referrals for this service. Please circle appropriate reasons—one for service availability on-site and one for referrals. If the answer to question IPD41f is 1 yes, complete the ART questionnaire (Tool 10) with the appropriate staff members after completing Tools 1–3 as needed.

IPD43 – IPD53: These questions focus on services provided by the inpatient department to children younger than 15 years. Please be as specific as possible for the following questions. Where possible, ask respondent to describe in detail.

IPD54 – IPD55: These questions are intended to determine if the inpatient department has copies of national guidelines and if they conduct in-service training on them. Please ask respondent about the availability of national guidelines in the inpatient department. If respondent replies that the guidelines are available, ask to see them. Also ask if in-service training is provided on each of the guidelines listed.

IPD57: Please note the name of the person who is in charge of providing testing for HIV in the inpatient department and interview this person for the Counseling and Testing Services assessment (Tool 4).

IPD58: Ask the respondent to describe the process by which the diagnosis of HIV infection is made. Circle all the steps they mention. Do not prompt.

IPD61: In this question, *trained* refers to a counselor with formal training.

IPD63: Please ask the respondent to describe in his/her own words how the outpatient department monitors for ADRs.

IPD66–IPD 67: Please ask the respondent to describe in his/her own words the main issues/problems with ADR reporting and ask them what strategies are being used to address them.

IPD68 – IPD77: For these questions, *behavior change communication* is defined as an interactive process with communities to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community, and societal behavior change; and maintain appropriate behaviors.

IPD78 – IPD82: Ask to speak with the medical records officer in charge of the inpatient department. Request to see the records of four randomly chosen patients (two HIV-positive and two HIV-negative). Remind the respondent that all records seen will be kept confidential and that patient names will not be reviewed or recorded. If patient files are not able to be reviewed, skip to IPD83.

IPD88: Record the time at the end of the interview.

IPD89 – IPD94: Record any additional observations of the facility that have not been addressed in previous questions.

Tool 4: Counseling and Testing Services

Tool A is intended to be used at facilities that already provide HIV counseling and testing. Tool B is intended to be used at facilities that are not currently providing HIV counseling and testing.

You will be asking to see certain materials. Ask the respondent if someone can start collecting the following items while you begin the interview:

- Y national guideline or protocol on HIV counseling and testing or voluntary counseling and testing (VCT)
- Y facility guideline for *informed consent*
- Y facility guideline or protocol on confidentiality and disclosure of HIV test results or client HIV status
- Y facility guideline or protocol on pretest counseling
- Y facility guideline on posttest counseling for positive results
- Y facility guideline on posttest counseling for negative results
- Y patient records and/or register

ASSESSMENT TOOL 4A

For facilities already providing counseling and testing

For tool A, please interview the staff member who is in charge of the counseling and testing services or the provider who is most knowledgeable about these services. For part 10, please interview a counselor who provides counseling and testing services.

Tool A is intended to provide information about the counseling and testing services including the following elements:

- Y background
- Y counseling and testing services
- Y HIV testing
- Y guidelines and protocols
- Y confidentiality
- Y human resources
- Y staff support and supervision
- Y infrastructure and supplies

Tool 4:
**Counseling
and Testing
Services,**
continued

- Y referrals
 - Y medical records system
 - Y attitudes about counseling and testing
 - Y interview with a counselor
 - Y interviewer observations
-

CTA1 – CTA8: Be sure to fill in the following questions completely. No box should be left empty.

CTA12: Please ask respondent to report the average number of clients that the counseling and testing unit sees per week in a usual week.

CTA14 – CTA15: Read all the choices to the respondent and ask if the services are offered at the counseling and testing unit. If they respond no, ask where the clients get the services.

CTA16: Please ask respondent to describe the testing process that occurs without counseling.

CTA18: Ask respondent to provide estimates for the past 30 days to the best of their ability.

CTA25: Please ask respondent to describe the testing protocol/algorithm used including the brand of first, second, and tie-breaker tests and under which circumstances they are used.

CTA45 – CTA48: Please read the list of staff categories to the respondent. Fill out this table together, starting with the total number of staff by category, then numbers of staff who have counseling and testing as their primary and additional duties. Finally, ask for the number of staff who have been trained in counseling and testing.

CTA49: Please ask respondent to describe the structure of the counseling and testing unit, including staffing and management.

CTA50: This question refers to training that is needed and has not previously occurred.

CTA59 – CTA62: These questions refer to the space used for counseling. If possible, ask to see the counseling rooms.

CTA70: Collect copies of the forms if possible.

Please continue the tool by interviewing a counselor.

CTA78 – CTA82: Please fill out the questions completely. No box should be left empty.

CTA87: Please read all the choices aloud and ask respondent to identify which are the most difficult problems he/she faces. Circle all of the respondent's answers.

CTA91: Please record the time at the end of the interview.

CTA92 – CTA98: Record any additional observations of the counseling and testing unit that have not been addressed in previous questions.

**Tool 4:
Counseling
and Testing
Services,
*continued***

ASSESSMENT TOOL 4B

For facilities not currently providing counseling and testing

For tool B, please interview the facility administrator.

Tool B is intended to provide information about the facility in terms of potential for offering counseling and testing services, including the following elements:

- Y general information
- Y attitudes about counseling and testing
- Y thinking forward
- Y interviewer observations

CTB1 – CTB7: Be sure to fill in the following questions clearly. No box should be left empty.

CTB8 – CTB9: Please ask respondent to describe in his/her own words the history and future plans for counseling and testing at the facility. Record answers as accurately as possible.

CTB13: Read all choices aloud and ask respondent to choose the main reasons why counseling and testing is not currently being provided at the facility.

CTB16: Please ask respondent to describe the steps necessary to begin providing counseling and testing at the facility. Probe for staff, training, equipment, and supplies if they are not mentioned in the respondent's initial answer.

CTB18: Please note the time at the end of the interview.

CTB19 – CTB24: Record any additional observations that have not been addressed in previous questions.

Tool 5: Healthcare Worker Questionnaire

For this tool, please interview a healthcare worker who provides HIV-related services at the facility. If time allows, interview multiple staff members from different cadres. If time or staff are limited, interview a nurse because the staff interviewed in other tools are most likely doctors.

This tool is intended to provide information about the healthcare worker's perceptions of the following topics:

- Y background and training
- Y HIV/AIDS services
- Y care for children
- Y management of HIV-related disease and opportunistic infections for adults
- Y tuberculosis (TB)
- Y adherence
- Y health management information system (HMIS)
- Y maximizing acceptability of ART and ART start-up program

HCW1 – HCW9: Be sure to fill in the following questions clearly. If respondent would prefer to be anonymous, write “anon” in the space provided for HCW6 and assure the person that his/her name will not be used.

HCW10 – HCW12: Please ask respondent to describe his/her background and training including technical qualifications, specialty, years of formal preservice education completed and any in-service training completed.

HCW13: If respondent has received in-service training (yes on HCW12), please ask him/her if each topic listed was included in the training. If it was included, ask the respondent to specify the number of days of training he/she received.

HCW21: Please ask respondent to list the five most common opportunistic infections (OIs) managed at the site. Please rank them in order from most prevalent to least prevalent with 1 being the most prevalent and 5 being the least prevalent. If the facility does not provide clinical management of opportunistic infections, then circle “n. Does not apply (N/A).”

HCW22 – HCW26: Please ask respondent to describe in detail the referral process for HIV/AIDS clients, in particular services that they are referred to and the percentage of suspected or confirmed new clients who bring a referral slip. Use the previous month as an example. Ask the respondent to describe in detail the referral system, whether it is formal and/or informal.

HCW27 – HCW28: Please ask respondent to describe the process by which the diagnosis of HIV is made and how the interviewee learned of this process. Circle all steps that the respondent mentions. Do not prompt.

HCW35 – HCW46: Please ask respondent to describe the treatment of OIs, in particular the number of clients treated, preventative therapy, and factors that influence the selection of treatment regimen. Also ask the respondent to describe the challenges faced, including whether people are unable to get drugs from the facility and challenges in monitoring the effectiveness of treatment. What strategies have been helpful in overcoming these challenges? Probe the interviewee on his/her training and what additional training he/she needs in the clinical management of HIV. Find out what problems are faced in providing treatment for OI.

HC52 – HCW53: The percentages for each category in both questions should total 100%. If initial answers given by respondent do not total 100%, please ask for clarification.

HCW63: Please record the time at the end of the interview.

If the interviewee has any additional comments or observations to add, please include them on a separate sheet. Thank the person again for his/her time.

Tool 6: Laboratory Services and Commodities

For this tool, please interview the person who is in charge of the laboratory services. If that person is not available, interview the staff member most knowledgeable about the laboratory services. Part 9: Supplemental Questions is intended to provide more information if needed.

This tool is intended to provide information about the laboratory including the following elements:

- Y human resources and staff capacity
- Y infrastructure
- Y laboratory services
- Y guidelines and protocols: safety procedures
- Y quality assurance
- Y laboratory records system
- Y commodity management
- Y interviewer observations

Tool 6:
Laboratory
Services
continued

LAB1 – LAB9: Be sure to fill in the following questions clearly. No box should be left empty.

LAB10 – LAB13: Please ask respondent to provide details of laboratory staff including total number of staff members. For each cadre, first list the total number of staff, then the number who are employed full and part time. Please list the qualifications of each staff member next to the title. For example, laboratory technician (2 years training and certificate).

LAB14 – LAB17: For each type of training that has been received, please ask respondent to state the duration of the training in days and the numbers of staff who were trained.

LAB18 – LAB20: For each type of equipment that the laboratory has, please ask respondent to list how many pieces are functional and nonfunctional.

LAB32 – LAB33: Please ask respondent to describe information for the tests listed, beginning with the usual volume of tests offered per week. This question refers to tests that are conducted on site. If the test is not offered on site, leave the volume blank. Circle one turnaround time per test.

LAB34: Ask the respondent to describe in detail the processes for both inpatient and outpatient blood testing including how the test is ordered, transmitted, and filled, and how the results are returned to the provider and client.

LAB54: Ask respondent to describe the process of governmental oversight. Prompt them to include information on frequency of visits and activities.

LAB60: Please ask respondent if you can view the lab logbook for the previous month. Assure him/her that the client information will be kept confidential and will not be recorded or used in any way for this assessment. Review the logbook for the five most common HIV-related tests performed in the past month and rank tests in order of most commonly performed to least commonly performed with 1 being most common and 5 being least common.

If the person has any additional comments or observations to add, please include them on a separate sheet. Thank the person again for his/her time.

LAB80 – LAB83: Record any additional observations of the laboratory services that have not been addressed in previous questions.

LAB79: Record the time at the end of the interview.

Tool 7: Pharmacy and Commodities Management

For this tool, please interview the person who is in charge of the pharmacy. If that person is not available, interview the staff member most knowledgeable about the pharmacy services.

This tool is intended to provide information about the pharmacy including the following elements:

- Y human resources and staff capacity
- Y interaction between pharmacist and clients
- Y infrastructure
- Y availability of drugs
- Y logistics
- Y guidelines and procedures
- Y storage and security
- Y electronic data management
- Y warehousing and storage
- Y interviewer observations

PH1 – PH9: Be sure to fill in the following questions clearly. No box should be left empty.

PH14 – PH17: If no staff members have received training in HIV care, skip to PH18. If staff members have received training on HIV care, ask respondent to list the cadre, number of staff trained, duration of the training, and training provider.

PH27: Please ask respondent to describe the pharmacy and client service in terms of space, layout, and client flow. Record the responses as accurately as possible.

PH29: For each item, record if it is observed in the pharmacy. If you do not observe it, ask the respondent if it is usually available or unavailable.

PH34 – PH36: For each drug listed, please ask respondent if the drug is available now and if a stock-out has occurred in the past three months. If it has occurred, ask how many days the stock-out lasted.

PH40 – PH52: If the facility does not stock antiretroviral drugs (no to PH38), skip to PH52. If the facility does stock antiretroviral drugs (yes to PH38), for each drug listed, please ask respondent if the drug is available now and if a stock-out has occurred in the past three months. If it has occurred, ask how many days the stock-out lasted.

Tool 7:
Pharmacy
continued

PH92: If there have been break-ins at the pharmacy (yes to PH92a), ask the respondent to describe the events of the break-in including what was taken, how access to the pharmacy was gained, and any follow-up that occurred.

PH97 – PH104: If the pharmacy does not use a computer, skip to PH105.

PH108 – PH118: Please ask the respondent if you can view the area where supplies are stocked and answer the questions based on your observations.

PH119: Please record the time at the end of the interview.

PH120 – PH123: Record any additional observations of the pharmacy services that have not been addressed in previous questions.

If the person has any additional comments or observations to add, please include them on a separate sheet. Thank the person again for his/her time.

Tool 8: Client Exit Interviews

For this tool, please interview clients attending outpatient services. If there is a voluntary counseling and testing (VCT) service or HIV/AIDS clinic, interview clients there. Once a client has finished his/her consultation with the clinic staff, ask if he/she would be willing to answer some questions based on their experiences at the clinic. Before proceeding with the interview inform the client that his/her name will not be shared with the clinic staff and responses will not in any way affect the healthcare he/she receives.

This tool is intended to provide information about the services provided to the clients and their feelings about them including the following elements:

Y patient-provider communications

Y access to services

Y client background

CEI1 – CEI9: Be sure to fill in the following questions clearly. The client may wish to remain anonymous. In that case, write “anon” in the box for CEI6.

CEI11 – CEI20: The extent to which a person agrees with statements is measured on a scale. Tell the respondent that you will read some statements and he/she should tell you how he/she feels about them by choosing one of the options. Read all the options before starting to read the statements. For all of these statements, please read the statement and then ask the person to what extent he/she agrees or disagrees with it, repeating the options as needed.

CEI24: Please ask the client the question and sort the answer into the following categories: managing symptoms, nutrition, treatment, or other. If “other”, elaborate on what the provider told the client to do.

CEI45 – CEI52: Inform the client that these questions are intended to provide more background about who the facility is serving. Tell him/her that the questions are optional and he/she may choose not to answer any of them.

CEI53: Please record the time at the end of the interview.

If the person has any additional comments or observations to add, please include them on a separate sheet. Thank the person again for his/her time.

Tool 9: Health Management Information System (HMIS) and Medical Records

For this tool, please interview the head data clerk or another appropriate staff member who can provide information about the systems for medical information and record-keeping practices.

This tool is intended to provide information about HMIS and medical records for VCT, PMTCT, ART/clinical care and the facility overall including the following elements:

- Y facility information
- Y human resources
- Y management and supervision
- Y protocols and guidelines
- Y HMIS/medical records
- Y reporting
- Y computerization
- Y interviewer observations

HMIS1–HMIS11: Be sure to fill in the following questions clearly. No box should be left empty.

HMIS12 – HMIS 13: Please ask the respondent to tell you how many staff work for the hospital information unit and how many of them have been trained in data collection and reporting.

HMIS15 – HMIS17: Please ask the respondent to describe the training he/she has received.

HMIS18: Please ask the respondent how many years or months (if less than one year) he/she has been responsible for the HMIS in the facility.

HMIS23: Ask to see the protocols/guidelines listed. Record whether you observed them, they were reported but not seen, or if they were not available.

Tool 9: HMIS and Medical Records

continued

HMIS25: Please ask the respondent to describe in his/her own words how the facility's medical records system functions. Record responses as accurately as possible.

HMIS27: Ask for the title of the person who reviews medical records.

HMIS30: Please ask respondent if he/she receives reports on HIV cases from the following services. If they do, ask if you could please see a copy of the most recent report. Fill in the appropriate responses for each.

HMIS61: Record the time at the end of the interview.

HMIS62: Please record any observations you have about the HMIS system that have not been addressed in previous questions.

If the person has any additional comments or observations to add, please include them on a separate sheet. Thank the person again for his/her time.

Tool 10: Healthcare Worker ART Questionnaire

For this tool, please interview the person who is in charge of the antiretroviral therapy (ART) program. If that person is not available, interview the staff member most knowledgeable about the ART services at the facility. If ART is not currently provided at the facility, do not administer this tool.

This tool is intended to provide information about the ART services at the facility including the following elements:

- Y antiretroviral therapy: managing patients
- Y antiretroviral therapy: prescribing drugs
- Y tuberculosis (TB)
- Y adherence to ART
- Y behavior change communication
- Y interviewer observations

ART1 – ART9: Be sure to fill in the following questions clearly. No box should be left empty.

ART21 – ART22: For these questions, please ask respondent for a percentage for each category. Make sure that the totals add up to 100% for each question.

ART27: For each test, ask the respondent if the test is conducted before starting ART. If they are not conducted, circle 4. If they are conducted, circle another choice for each.

ART30 – ART35: These questions refer to ART treatment for adults. If the facility does not provide ART for adults (no to ART30), skip to ART36. For ART35, please ask

respondent to specify which criteria (that is, CD4 count, total lymphocyte count (TLC), World Health Organization (WHO) clinical stage, specific symptoms) are used.

ART36 – ART39: These questions refer to ART treatment for children. If the facility does not provide ART for children (no to ART36), skip to ART40.

ART50: Ask respondent if you may view the register of ART patients. Inform the respondent that no names will be used and the data will be used only to inform this assessment. If respondent agrees, record the number of clients who received ART in the past three months

ART51 – ART54: Ask respondent if you may view the files of the five previous ART patients seen. Inform the respondent that no names will be used and the data will be used only to inform this assessment. If respondent agrees, record the gender, regimen, and the date ART was prescribed for each of them. Record your observations about the records system.

ART61: Please ask respondent if ART patients receive each type of counseling when they begin ART. Circle one answer per type.

ART65 – ART69: For these questions, behavior change communication is defined as an interactive process with communities to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community, and societal behavior change; and maintain appropriate behaviors.

ART70: Please record the time at the end of the interview.

ART71 – ART72: Please record any additional observations of the ART services that have not been addressed in previous questions.

If the person has any additional comments or observations to add, please include them on a separate sheet. Thank the person again for his/her time.

Tool 11: Preventing Mother-to-Child Transmission (PMTCT)

ASSESSMENT TOOL 11A

Antenatal care (ANC) assessment

For this tool, please interview the person in charge of the ANC services or the provider who is most knowledgeable about ANC. To complete the final part of this tool, you will also need to speak with a nurse or counselor.

You will be asking to see certain materials. Ask the respondent if someone can start collecting these items while you begin the interview:

- Y national guideline or protocol on PMTCT or antiretroviral drug (ARV) prophylaxis for pregnant women
- Y facility guideline for informed consent
- Y facility guideline or protocol on confidentiality and disclosure of HIV test results or client HIV status
- Y facility guideline or protocol on pretest counseling
- Y facility guideline on posttest counseling for positive results
- Y facility guideline on posttest counseling for negative results
- Y patient records and/or register

ANC1 – ANC7: Be sure to fill in all the spaces clearly. No fields should be left blank.

ANC16: Please ask the respondent if the listed services are provided for pregnant women and circle 1 for yes or 2 for no.

ANC18 – ANC22: These questions refer to the condition of the waiting room. Ask to see the waiting room. If no waiting room exists, skip to ANC23.

ANC23 – ANC27: These questions refer to the condition of the exam rooms. Ask to see the exam rooms.

ANC28 – ANC32: These questions refer to the condition of any other rooms that could be used in the ANC. Ask to see those rooms.

ANC35 – ANC38: These questions refer to data collection tools. If no tools exist, skip to ANC39. Ask for a copy of the tools if they do exist.

ASSESSMENT TOOL 11B

Maternity wards (labor, delivery, and postnatal)

For this tool, please ask to speak with the person in charge of labor and delivery (L&D) services. If not available, ask to see the provider who is most knowledgeable about these services. This tool is designed to assess both maternity and postnatal wards and service delivery. Many of the questions are therefore repeated in both tool A and tool B to ensure assessment of both areas of the facility.

You will be asking to see certain materials. Ask the respondent if someone can start collecting these items while you begin the interview:

- Y national guideline or protocol on PMTCT or ARV prophylaxis for pregnant women
- Y facility guideline for informed consent
- Y facility guideline or protocol on confidentiality and disclosure of HIV test results or client HIV status
- Y facility guideline or protocol on pretest counseling
- Y facility guideline on posttest counseling for positive results
- Y facility guideline on posttest counseling for negative results
- Y patient records and/or register

M16: Ask the respondent if the following services are provided. Circle 1 for yes or 2 for no.

M18: For this question, “trained” refers to formal training in PMTCT.

M19 – M24: These questions refer to the condition of the labor ward. Ask to see it.

M25 – M29: These questions refer to the condition of the delivery ward. Ask to see it.

M30 – M35: These questions refer to the condition of other rooms that could be used for patient care. Ask to see them. If there are no other rooms, proceed to M36.

M36: Ask if the listed equipment is available, in good condition and in sufficient number. Circle 1 for yes or 2 for no.

M37 – M40: These questions refer to the data collection tools. Ask for a copy of the tools. If no tools are used, skip to M41.

M63: Please record the time at the end of the interview.

If the person has any additional comments or observations to add, please include them on a separate sheet. Thank the person again for his/her time.

Tool 12: M&E Assessment Questionnaire for Second-Level Health Facilities

For this tool, please interview the person in charge of monitoring and evaluation (M&E) and medical records. If he/she is not available, ask to speak to another staff person or administrator who can provide an overview of the health facility, including administrative matters.

This tool is intended to provide information about the M&E unit of the facility including the following elements:

- Y identification, eligibility, and consent
- Y M&E resources
- Y training on M&E
- Y management of the M&E unit
- Y global program monitoring and evaluation (PME) activities
- Y quality management system
- Y interviewer observations

M&E1 – M&E10: Be sure to fill in the following questions clearly. No box should be left empty.

M&E12 – M&E13: Please ask respondent how many of the staff at the facility have training in the listed categories and how many years they have been working in the M&E unit.

M&E15: Training in this context refers to formal training in M&E.

M&E26 – END: For the open-ended questions in this questionnaire, please record the respondent's answers as accurately as possible.

M&E66: Local or in-house forms refer to forms that were created by employees of the facility.

M&E76: Note the time at the end of the interview

M&E77 – M&E78: Please record any additional observations you have about the M&E system at the facility that have not been addressed in previous questions.

If the person has any additional comments or observations to add, please include them on a separate sheet. Thank the person again for his/her time.

Tool 13: Primary-Level Health Center

For this tool, please interview the person in charge of this primary-level facility. If he/she is not available, ask to speak to the provider who is most knowledgeable about HIV/AIDS services.

This tool is intended to provide information about the health center including the following elements:

- Y identification, eligibility, and consent
- Y facility background
- Y human resources
- Y infrastructure and supplies
- Y health services
- Y guidelines and protocols
- Y health management information system
- Y interviewer observations

HC1 – HC9: Be sure to fill in the following questions clearly. No box should be left empty.

HC25: Ask respondent to describe contextual factors that may affect HIV/AIDS rates, service delivery or stigma/discrimination. Record answers as accurately as possible.

HC26 – HC29: For each of the following categories, please give an approximate number of staff members at the facility. Read the list of staff cadres to the person interviewed and ask how many staff fit into the following categories: total staff allocated to the facility, full-time staff currently working, staff seconded or working as volunteers, and staff who specialize in HIV care. For all categories, count full-time staff.

HC34: Ask respondent to identify the most serious problems the health center faces. Do not prompt. Circle all of the problems the respondent lists, up to five answers.

HC35: Assess the patient consultation areas for the presence of the listed items. If the item is observed, circle 1; if it was reported to be available, but not seen, circle 2; if it is not available, circle 3.

HC41: Again, assess the patient consultation rooms for the listed items. If the item is observed, circle 1; if it was reported to be available, but not seen, circle 2; if it is not available, circle 3.

HC42: Observe the center to see if the listed items are available. If you do not see an item listed, ask respondent about it. If the item is observed, circle 1; if it was reported to be available, but not seen, circle 2; if it is not available, circle 3.

**Tool 13:
Health Center
Assessment
Tool**
continued

HC44–HC45: Please ask the respondent to describe the patient flow when a client visits the health center for the first time. Prompt: Where does the patient go first, next, and so on until the patient leaves the facility. Please note your observations regarding the patient flow at the facility. Specifically, are the services organized, accessible, and confidential? Use the back of the page if more room is needed.

HC46: Please fill in the table about whether the listed departments/units or services are available at the health center. For each category, ask if the service is available at the health center. Circle 1 for yes and 2 for no.

HC49: Please ask the respondent to describe the referral process and prompt: In particular when, where, and how are clients referred within and outside the facility? Who is responsible for making referrals (for example, a nurse)? If referrals are documented, where are they recorded? If referrals are tracked, how are they tracked?

HC50: Please note if a referral slip was observed.

HC53– HC63: These questions refer to the laboratory services provided at the health center. If no lab services are provided either on site or by referral, skip to HC64. Questions HC58–HC61 focus on HIV testing. If HIV testing is not performed at the health center, skip to HC62.

HC64– HC68: These questions refer to pharmacy services provided at the health center. If the center does not have a pharmacy, skip to HC69. For HC65, if more drugs per category are dispensed than available slots on the tool, use the back of the page to record them.

HC69– HC72: These questions refer to PMTCT services provided at the health center. If the center does not provide PMTCT services, skip to HC73.

HC73– HC81: These questions refer to pediatric services provided at the health center. If the center does not provide services to children, skip to HC82. For question HC78, do not prompt for the components of palliative care for children. Circle all the answers given by the respondent. For HC80, circle all the answers the respondent gives without prompting.

HC82– HC83: These questions are intended to determine if the health center has copies of national guidelines and if they conduct in-service training on them. Please ask respondent about the availability of national guidelines at this site. If respondent replies that the guidelines are available, ask to see them. Also ask if in-service training is provided on each of the guidelines. Circle the appropriate answers.

HC87: Ask the respondent to state in his/her own words how the facility manages ADRs. Record answers as accurately as possible.

HC88– HC94: These questions are intended to assess the health management information system at the health center. If records are not kept at the facility, skip to HC95. Ask for copies of any tools/forms used.

HC97: Record the time at the end of the interview.

HC98 – HC106: Please record any additional observations of the health center that have not been addressed in previous questions.

If the person has any additional comments or observations to add, please include them on a separate sheet. Thank the person again for his/her time.

**Tool 13:
Health Center
Assessment
Tool**
continued

Data Analysis and Implementation Planning

Reporting

Reporting for the preimplementation process can take several forms. It may be necessary to organize data into a facility-specific report or one that cuts across program areas. This report can be shared with stakeholders either in written report or presentation form. The reporting format will depend on the needs of the facility, stakeholders, assessment team, and funders.

The facility report should include a description of the site and overview of the facility followed by specific reports for each service: clinical care including ART if appropriate, PMTCT, CT, HMIS, lab, and pharmacy. The headings on the specific tools can be used to structure the reports. Brevity is important in reporting because there is a multitude of important data to include. Again, some cross-cutting data may be found in complementary tools, so communication among on-site team members is important.

If organizing the report by program areas, outline which facilities were visited and the findings from and recommendations for these facilities. The program areas should be those covered in the data-gathering process including clinical care and ART if appropriate, PMTCT, CT, HMIS, lab, and pharmacy. Again, headings on the specific tools can be used to structure the report and communication among team members is important.

Example format for multisite assessment report:

- Y executive summary
- Y background on program
- Y information on sites
- Y organization of assessment visits
- Y summary of technical findings
- Y counseling and testing
- Y PMTCT
- Y other technical areas
- Y challenges and next steps
- Y appendices
- Y team composition
- Y list of facilities visited
- Y list of persons met

Emphasis is often placed on simply gathering and reporting data for a facility assessment. The data gathered are really part of the overall process of preimplementation planning. Gathering the correct data, analyzing it, and putting it into a meaningful context for action planning are critical.

Important data must be organized into a framework that facilitates planning for the appropriate start up activities, both technical and programmatic. These data can be derived from the tools or a narrative report. One way to distill the data is to use a snapshot tool. An example of a tool for quickly summarizing data follows.

Facility assessment snapshot:

Based on the assessment tools, give an overall rating to the facility in terms of readiness to begin ART. Examples of modifications include training, systems management, facility renovations, and human resources.

Area	Ready to start ART now?	Minimal modifications required	Major modifications required	Not appropriate for ART
1. Facility				
2. Inpatient department				
3. Outpatient department				
4. Counseling and testing				
5. Pharmacy				
6. Lab				
7. ART				
8. HMIS				

Implementation Plans

It is sometimes difficult to translate the assessment data into streamlined implementation plans. Data from the tools may fit into several different plans. For example, information from the healthcare worker tool may be pertinent for the counseling and testing, PMTCT, and clinical care implementation plans. Communication among the on-site team is important to ensure that information is shared and these data get to the correct people. FHI has used the following template for action planning of clinical services, including ART, in several new programs. It distills data from the assessment tool sections into several categories: Key area/problem, requirements, action steps, resources required, person(s) or organization(s) responsible, and timeline/implementation status. It can be adapted for use with other services by modifying the key area/problems listed.

Implementation Plan: HIV Clinical Services, Including ART

Name of facility: _____ Date of visit: _____
 Location: _____ Interviewer: _____
 Facility contact persons: _____

Key Elements

Key Area/Problem	Requirements	Action Steps	Resources Required	Responsible	Timeline/Implementation Status
GUIDELINES AND PROTOCOLS					
National policy on role of health-center level facility in ART management					
National guidelines					
Standard operating procedures (SOP)					
Orientation on policies and SOPs					
INFRASTRUCTURE AND EQUIPMENT					
Expanded services for HIV-infected patients					
Equipment					
Essential supplies/commodities					
HUMAN RESOURCES – STAFFING					
Current staffing levels					
HUMAN RESOURCES – TRAINING					
Technical training: clinical					
Clinical references on HIV and ART					

Key Area/Problem	Requirements	Action Steps	Resources Required	Responsible	Timeline/ Implementation Status
HIV CLINICAL MANAGEMENT OF PATIENTS					
HIV clinical care					
HIV/TB Co-infection					
Family planning/reproductive health					
ART: MONITORING OF PATIENTS					
Patient flow					
Treatment monitoring					
Adherence strategies					
Management of adverse effects					
Postexposure prophylaxis (PEP)					
Fees for ART-related services					
COMMUNICATION, EDUCATION, AND LINKAGES					
Patient/caregiver education materials					
Peer education					
Referrals					
Nutritional services					
HEALTH MANAGEMENT INFORMATION PRACTICES					
Patient clinical management					
QUALITY ASSURANCE					
QA of clinical practices					

Subagreement/Subgrant Process

Engaging the health facilities or NGOs is the key step in moving toward program implementation. These agreements should be based on data gathered during the site visits as well as program priorities, goals, and funding mechanisms. The following matrix has been used by FHI to organize key data prior to subagreement/subgrant development with implementing agencies.

Matrix: Key Elements By Technical Areas

Facility: _____

KEY ELEMENT: HUMAN RESOURCES

TECHNICAL AREA	STAFFING	TRAINING	CONTINUING EDUCATION	SENSITIZATION
ART				
Clinical care				
Counseling and testing				
PMTCT				
Pharmacy				
Laboratory				
Medical records				
Referral coordination				
Community				

Matrix: Key Elements By Technical Areas

Facility: _____

KEY ELEMENT: SERVICE DELIVERY

TECHNICAL AREA	STAFFING	TRAINING	CONTINUING EDUC	SENSITIZATION
ART				
Clinical care				
VCT				
PMTCT				
Pharmacy				
Laboratory				
Medical records				
Referral coordination				
Community				

OTHER KEY ELEMENTS:

- Y Project management
- Y Infrastructure/equipment
- Y Commodities
- Y HMIS
- Y M&E
- Y QA/QI

The components of the actual agreement between the facility and supporting organization will vary as legal, financial, and programmatic requirements are different among organizations. A strong agreement will include the following basic elements:

- Y Project description
- Y Dates of program (from assessment to evaluation)
- Y Contact information for all facilities and organizations involved
- Y Goals
- Y Strategies
- Y Objectives
- Y Roles and responsibilities of all facilities and organizations involved
- Y Activities (for example)
 - K Services
 - K Staffing
 - K Training
- Y Infrastructure and equipment
- Y National guidelines and standard operating procedure development
- Y Additional capacity development
- Y Data collection and reporting
- Y Quality monitoring
- Y Evaluation
- Y Gantt chart or timeline of activities
- Y Budget

**Sub-
agreement/
Subgrant
Process**
continued

Evaluation of Assessment Process

An evaluation of the assessment process is an important quality assurance step. The evaluations can be conducted formally or informally with the team members. It is important to allow a forum in which members feel comfortable sharing their views and that gives them the ability to submit anonymous answers if desired. The information gleaned from these evaluations can be used when moving forward with additional preimplementation planning in other geographic areas or programs. An example of a questionnaire that was used in a recent program follows.

Evaluation of Assessment Process

continued

Evaluation Survey: Project Preimplementation Process

Please rate each of the statements below from 1 to 4 and include comments to improve the overall framework and different phases of the project pre-implementation process.

1. Framework and approach: The overall framework and approach of the project preimplementation process (data collection/data analysis/implementation plan development/subagreement development) are logical and useful.

1: strongly agree 2: agree 3: disagree 4: strongly disagree

Comments:

2. Orientation: The orientation prior to the facility visits provided adequate preparation for the site visits, implementation planning, and reporting of findings and recommendations.

1: strongly agree 2: agree 3: disagree 4: strongly disagree

Comments:

3. Health facility visits and data collection:

a. The introductory visit with state/local stakeholders was a valuable opportunity to begin collaboration with stakeholders, present the project, and identify health facilities for project activities.

1: strongly agree 2: agree 3: disagree 4: strongly disagree

Comments:

b. The introductory visit with management of the health facility was a valuable opportunity to begin collaboration with health facility staff, present the project, and receive an overview of the facility.

1: strongly agree 2: agree 3: disagree 4: strongly disagree

Comments:

c. Using peer-reviewed tools to assess each health facility by technical area provided the appropriate methodology and approach for interviewing facility staff and collecting data required for implementation planning.

1: strongly agree 2: agree 3: disagree 4: strongly disagree

Comments:

d. The debriefing of state/local stakeholders and health facility staff provided a valuable opportunity to present key assessment findings, offer preliminary recommendations, receive feedback, and strengthen collaboration.

1: strongly agree 2: agree 3: disagree 4: strongly disagree

Comments:

4. Data analysis: The matrix provided a useful methodology for extracting essential information, summarizing data, and forming recommendations based on the data collected during the assessment visits.

1: strongly agree 2: agree 3: disagree 4: strongly disagree

Comments:

5. Implementation planning: The implementation plan template included the essential components for developing a health facility-based implementation plan.

1: strongly agree 2: agree 3: disagree 4: strongly disagree

Comments:

6. Reporting: The assessment report was a useful tool for reporting the key findings and recommendations from the health facility assessments in a narrative format.

1: strongly agree 2: agree 3: disagree 4: strongly disagree

Comments:

7. Subagreement development: The transition from implementation plan development to project implementation has been facilitated by the adaptation of implementation plan content into project subagreements by program staff.

1: strongly agree 2: agree 3: disagree 4: strongly disagree

Comments:

8. General Comments: Please note general observations and suggestions that would improve the preimplementation planning process.

Glossary

Acceptability of ART

Acceptability is the extent to which community members feel they are able and want to assess and use services. The acceptability of ART in a community may be influenced by local ethnic/cultural norms and beliefs, attitudes regarding ART treatment amongst the community members, and personal beliefs.

Auditory privacy

Auditory privacy is the creation of consultation space that is configured as to not allow conversations between the provider and patient to be heard by others.

Behavior change communication

BCC is an interactive process with communities to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community, and societal behavior change; and maintain appropriate behaviors.

Biohazard

Waste materials that are a hazard to humans or the environment as a result of biological agents or conditions are referred to as a biohazard.

Catchment area

The geographic area that is served by a facility or institution, such as a health center or hospital is known as a catchment area.

Cold chain

The system used for keeping and distributing medications or supplies in good condition is called the cold chain. This consists of a series of storage and transport links, all of which are designed to keep the materials at the correct temperature until it reaches the user.

Cross-check

The process of confirming that the filled prescription matches the order in terms of patient, drug, dose, and timing prior to giving it to the patient, caregiver, or other health worker is referred to as a cross-check.

Eligibility criteria

Criteria used to determine patient eligibility for an ART program. They may include clinical criteria such as conditions, symptoms, or staging; social criteria such as residence in the catchment area of the facility; or laboratory criteria such as CD4 count.

Fee waiver system

A system by which patients are provided a waiver for fees normally charged for services.

Formal referral mechanism

A formal referral mechanism is one that includes a coordinating focal point, standardized forms, and regular coordination among providers.

Health management information system

HMIS is concerned with the activities and tools that focus on patient management and monitoring (PMM), which is the comprehensive management of the information collected through the patient medical record. HMIS also includes disease reporting activities (notification of HIV cases).

Informed consent

The process by which the provider fully explains what the proposed service is for and allows the client to voluntarily decide to receive or not receive that service based on the information provided.

In-service training

Training that is designed to increase the competencies, i.e. knowledge and skills, of personnel so as to enable them to carry out their tasks with maximum effectiveness.

Monitoring and evaluation

M&E encompasses patient management and monitoring (PMM) and all the other monitoring and evaluation activities and tools that are classically conducted and used within health facilities, including program monitoring and evaluation, quality management system, and evaluation of outcomes and impacts.

Patient flow

Patient flow is the mechanism by which clients access services from the time of entry into the facility until they leave.

Program monitoring and evaluation

PME is the system put in place to monitor and evaluate the activity of a service, unit, or health facility. The monitoring is based on the definition, collection, reporting, analyzing, and feedback of the summarized information of the service, unit, or health facility (including the one from PMM); the evaluation is based on the conceptualization and the implementation of specific assessments (to evaluate inputs, outputs, and processes).

Protocol

A protocol is a set of formal rules or conventions that help regulate the activities or actions taking place in a facility.

Quality assurance

QA is a formal methodology designed to assess the quality of services provided. Quality assurance includes the formal review of care, problem identification, corrective actions to remedy any deficiencies and evaluation of actions taken.

Quality management system

QMS is the system implemented to ensure the quality of services that are provided. The QMS is based on the quality tools, which include documents (standard operating procedures, process flowcharts and forms) and activities (specific assessments).

Records system

A records system is an organized information system that captures, manages, and provides access to patient data over time.

Glossary
continued

Referral slip

A referral slip is the paper that accompanies the patient to the agency he/she is referred to and includes contact information of the patient and his/her needs.

Seconded

An individual who is employed by one organization but assigned to work at another is said to be seconded to the second organization.

Sharps disposal container

A sharps disposal container is a receptacle used for disposal of syringes and other sharp objects without putting others at risk for being stuck. Sometimes a thick plastic bottle is used.

Sliding-scale payment system

A scale in which the fees for services vary in accordance with the patient's income is a sliding-scale payment system. In this type of system, patients who have lower incomes pay lower fees for services.

Turnaround time

The time taken between placing an order for medications or supplies and actually receiving the goods at the facility is known as the turnaround time.

Visual privacy

Visual privacy is the creation of consultation spaces that are configured as not to allow interactions between the provider and patient to be seen by others.

Tool 1: Overview of Health Facility

For this tool, please interview an administrator in charge of the health facility or another appropriate staff person who can provide an overview of the health facility, including administrative matters.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	7 questions
Part 1.	Facility background	10 questions
Part 2.	Human resources	10 questions
Part 3.	Infrastructure and supplies	17 questions
Part 4.	Health services	5 questions
Part 5.	Guidelines and protocols	5 questions
Part 6.	Perspectives: Maximizing acceptability of ART and ART start-up programs	7 questions
Part 7.	Behavior change communication	14 questions
Part 8.	Interviewer observations	4 questions
TOTAL:		79 questions

NOTE:

Instructions for administering this tool can be found on page 7.

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
O1	Interviewer's name		
O2	Date of interview (dd/mm/yyyy)	____ / ____ / _____	
O3	Is the respondent an administrator in charge of the health facility or another appropriate staff person who can provide an overview of the health facility, including administrative matters?	YES 1 NO 2	2 → STOP
<p>“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in developing its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy.</p> <p>We would like to work with you in conducting an assessment of this health facility. The main objective of this assessment is to determine the availability and quality of the essential elements of an antiretroviral therapy program and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA). We will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>We will ask to observe the existence of HIV/AIDS-related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded, or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions for me at this time?” <i>[Answer questions.]</i></p>			
O4	Do I have your agreement to participate?	YES 1 NO (reason: _____) 2	2 → STOP
O5	Time at start of interview	_____ : _____ AM PM	
O6	Name of person interviewed		
O7	Job title of person interviewed		

PART 1. FACILITY BACKGROUND			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
O8	Name of health facility		
O9	Type of health facility <i>[Select one.]</i>	Central hospital 1 Provincial hospital 2 General hospital 3 Urban health center 4 Rural health center 5 Other: _____ 77	
O10	Facility is managed by: <i>[Select one.]</i>	Public: Federal 1 State 2 Local 3 Mission 4 Private 5	
O11	Location of facility (town, city, district)		
O12	What is the immediate catchment area (population) of this facility?	No. people: _ _ _ _ _ , _ _ _ _ _ , _ _ _ _ _	
O13	Approximately how many clients are served per day or year at this facility?	No. clients per day: _ _ _ _ _ , _ _ _ _ _ OR No. clients per year: _ _ _ _ _ , _ _ _ _ _	
O14	Is there any public transportation that serves the area near this facility?	YES 1 NO 2	
O15	Is a sliding-scale fee (with different fees for patients depending on income) or waiver system (services provided free for indigent patients) used at the facility?	YES—sliding scale 1 YES—waiver 2 NO 3	3 → 017
O16	Briefly describe this system, including how a patient's fee is determined and the range and levels of fees.		
O17	Are patients charged for the following services (in local currency)?	Service Offered/Charged	
		YES	NO
	a. Registration card	1	2
	b. Consultation fees	1	2
	c. Laboratory fees	1	2
	d. Surgery fees	1	2
	e. Antenatal service fees	1	2
	f. Drug costs	1	2
g. Other: _____	1	2	

PART 2. HUMAN RESOURCES					
NO.	QUESTIONS	RESPONSES AND CODING			SKIP TO
<p><i>[Read the list of staff categories to the person interviewed. Fill out this table together, starting with the total number of staff allocated by category. If possible, provide a breakdown of the number of staff currently working, seconded, volunteer, and providing HIV/AIDS care.]</i></p>					
O18 TO O21	How many staff members in this institution/facility are there for each of the following categories?	O18 Total full-time staff allocated to facility	O19 Staff currently working	O20 Staff seconded or working as volunteers	O21 Staff who specialize in HIV care
	a. Medical doctor				
	b. Radiologist/radiographer				
	c. Clinical officer				
	d. Registered nurse				
	e. Enrolled nurse				
	f. Registered midwife				
	g. Enrolled midwife				
	h. Social worker				
	i. HIV counselor				
	j. Laboratory technician				
	k. Pharmacist/pharmacy technician				
	l. Nutritionist				
	m. Health information officer				
	n. Volunteer				
	o. Spiritual counselor				
p. Other: _____					
O22	How do you identify training needs for the health facility staff?				
O23	Is there a system in place at the facility for training healthcare providers?	YES..... 1	NO..... 2	2 → O25	
O24	<i>If yes, please describe.</i>				
O25	How many in-service trainings (training provided by the facility or ministry of health (MOH) for workers free of charge) did healthcare providers at this facility participate in the past six months?	No. of trainings: _ _ _ _ _ _			

PART 2. HUMAN RESOURCES continued			
O26	How many HIV/AIDS-related in-service trainings did healthcare providers at this facility participate in the past six months?	No. of trainings: __ __ __	
O27	What in-service trainings related to HIV/AIDS are planned for the next six months?	a. _____ b. _____ c. _____ d. _____	

PART 3. INFRASTRUCTURE AND SUPPLIES			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
O28	Does this facility have electricity?	YES 1 NO 2	2 → O34
O29	What is the source of electricity for this facility?	Generator 1 Electricity grid 2	
O30	How many hours per day is the electricity available?	24 hours per day 1 Less than 24 hours per day 2	1 → O32
O31	If electricity is available less than 24 hours per day, how often are you usually without electricity?	_____ hours per day 1 _____ hours per week 2	
O32	When you are without electricity, what is the source of power?		
O33	If a generator is used, is there a consistent supply of fuel?	YES 1 NO 2	
O34	What is the source of running water for this clinic?	No running water available 1 Piped water into clinic 2 Piped water from public tap 3 Well water on clinic premises 4 Well water from a public well 5 Other: _____ 77	1 → O37
O35	Is running water available 24 hours a day?	YES—24 hours daily 1 NO—less than 24 hours daily 2	1 → O37
O36	If water is not available 24 hours per day, what is the source of water?		
O37	Does the facility have a computer?	YES 1 NO 2	2 → O40
O38	What are the computer's main functions (for example, maintaining financial records)?	a. _____ b. _____ c. _____	

PART 3. INFRASTRUCTURE AND SUPPLIES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
O39	Is the computer functioning today?	YES 1 NO 2	
O40	Does this facility have a functioning phone?	YES 1 NO 2	
O41	Is there access to email/the internet?	YES 1 NO 2	
O42	Are the following supplies available at the facility?		
	a. HIV test kits	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4	1 → O42b 2 → O42b 3 → O42b
	a-1. <i>If never/almost never, why?</i>		
	b. Syringes and needles	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4	1 → O42c 2 → O42c 3 → O42c
	b-1. <i>If never/almost never, why?</i>		
	c. Medical gloves	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4	1 → O42d 2 → O42d 3 → O42d
	c-1. <i>If never/almost never, why?</i>		
	d. Sterilizing materials	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4	1 → O42e 2 → O42e 3 → O42e
	d-1. <i>If never/almost never, why?</i>		
	e. Disinfectants	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4	1 → O43 2 → O43 3 → O43
	e-1. <i>If never/almost never, why?</i>		

PART 3. INFRASTRUCTURE AND SUPPLIES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
O43	<p>What are the most commonly used and currently functional methods for disinfecting reusable instruments/medical equipment?</p> <p>[Ask respondent to direct you to the relevant department/unit where disinfections take place. Make sure the disinfection equipment is available and functioning.]</p>	<p>[Circle all applicable.]</p> <p>Autoclave 1</p> <p>Boiling and chemicals 2</p> <p>Chemical only 3</p> <p>Boiling only 4</p> <p>Use disposables only 5</p> <p>Other: _____ 77</p>	
	<p><i>Additional notes (made by interviewer after observing equipment):</i></p>		
O44	<p>How does this facility dispose of contaminated items (for example, syringes)?</p> <p>[Ask respondent to direct you to the relevant department/unit where disposal takes place. Make sure the disposal method equipment is available and functioning.]</p>	<p>[Circle all applicable.]</p> <p>Burn in incinerator 1</p> <p>Burn in open pit 2</p> <p>Burn and bury 3</p> <p>Throw in trash/open pit 4</p> <p>Throw in pit latrine 5</p> <p>Remove to offsite location 6</p> <p>Sharps disposal container 7</p> <p>Other: _____ 77</p>	
	<p><i>Additional notes (made by interviewer after observing disposal):</i></p>		

PART 4. HEALTH SERVICES					
NO.	QUESTIONS	RESPONSES AND CODING			
	<p>“Please tell me whether the following departments/ units or services are available at this facility, or whether you refer patients to these services outside the facility.”</p> <p>[Circle all appropriate responses.]</p>	<p>[For each service, first ask if the service is available in the facility. If not, then ask about referrals provided for each service.]</p>			
		O45		O46	
		Is service available at facility?		Are referrals provided for services outside facility?	
	Service	YES	NO	YES	NO
	a. Outpatient department	1	2	1	2
	b. Inpatient department	1	2	1	2
	c. Diagnostic testing for HIV	1	2	1	2
	d. HIV counseling and testing services	1	2	1	2
	e. Ongoing counseling	1	2	1	2
	f. Social services	1	2	1	2
	g. Support groups	1	2	1	2
	h. Prevention of mother-to-child transmission services	1	2	1	2
	i. Supplemental infant feeding (formula)	1	2	1	2
	j. Nutrition services	1	2	1	2
	k. Pharmacy	1	2	1	2
O45	l. Laboratory: services for CD4 measurement	1	2	1	2
TO	m. Laboratory: full blood count measurement	1	2	1	2
	n. Laboratory: viral load measurement	1	2	1	2
O46	o. Laboratory: liver and kidney function measurement	1	2	1	2
	p. Clinical management of HIV	1	2	1	2
	q. Palliation/symptom management	1	2	1	2
	r. Provision of antiretroviral therapy: Prescribe	1	2	1	2
	s. Provision of antiretroviral therapy: Dispense	1	2	1	2
	t. Provision of antiretroviral therapy: Manage	1	2	1	2
	u. Provision of postexposure prophylaxis (PEP)	1	2	1	2
	<p>[Note: If the answers to questions O45 r, s, t or u are 1 (yes), complete Tool 10: ART Questionnaire with the appropriate staff members after completing tools 1–3 as needed.]</p>				
	v. TB diagnosis	1	2	1	2
	w. TB treatment	1	2	1	2
	x. Sexually transmitted infection (STI) diagnosis and treatment	1	2	1	2

PART 4. HEALTH SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
O47	Do you have a formal referral mechanism?	YES 1 NO 2	2 → 050
O48	Please describe how referrals are made <i>within the health facility</i> .		
O49	Please describe how referrals are made <i>between the health facility and community organizations</i> .		

PART 5. GUIDELINES AND PROTOCOLS				
NO.	QUESTIONS	RESPONSES AND CODING		
	<i>[For each of the categories below, ask O50 and then O51, and circle only one answer for each.]</i>	O50 Does the facility have national guidelines for the following services? If so, can you provide a copy of the guidelines?	O51 Is in-service training provided?	
			YES	NO
	a. Guidelines on VCT	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	b. Guidelines on prevention of mother to child transmission of HIV (PMTCT)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	c. Guidelines on HIV/AIDS clinical management (opportunistic infections [OIs])	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	d. Guidelines for pediatric HIV/AIDS care	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	e. Guidelines on tuberculosis screening and management control	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	f. Guidelines on management of STIs	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	g. Guidelines for home-based care	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
O50 T0 O51	h. Guidelines on psychosocial support for individuals and families affected by HIV	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	i. Universal precautions for health-care workers	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	j. Guidelines on management of occupational exposure to HIV	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	k. HIV/AIDS surveillance guidelines	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	l. Surveillance guidelines for other infectious diseases	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	m. Guidelines on use of antiretroviral therapy (ART)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	n. Guidelines for monitoring adverse drug reactions (ADRs)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	o. Other: _____ _____	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2

PART 5. GUIDELINES AND PROTOCOLS continued			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
O52	<p>For which of the following services does your facility have specific institutional policies, such as standard operating procedures?</p> <p>[Circle all that apply]</p>	VCT 1 PMTCT 2 ART management for adults 3 ART management for children 4 OI management 5 Data collection 6 Post exposure prophylaxis 7 Management of ART's adverse effects 8 Referral services 9 No specific policies for anything 10	
O53	<p>Does the facility have eligibility criteria to select patients for treatment with ARVs?</p>	YES 1 NO 2	2 → O55
O54	<p>Please describe:</p> <p>a. the <i>clinical</i> criteria</p>		
	<p>b. the <i>social</i> criteria</p>		
	<p>c. the <i>laboratory</i> criteria</p>		

PART 6. PERCEPTIONS: MAXIMIZING ACCEPTABILITY OF ART AND ART START-UP PROGRAM		
NO.	QUESTIONS	RESPONSES AND CODING
O55	What could this facility do to improve acceptability of HIV/AIDS services for the community?	
O56	What suggestions do you have to improve care and support services for people living with HIV/AIDS?	
O57	List any barriers that this facility has faced in providing ART to people living with HIV/AIDS.	
O58	What are the opportunities for integration and expansion of ART in this facility?	
O59	What are the challenges of integration and expansion of ART in this facility?	
O60	What preparation is required in order for this facility to support an ART program? <i>[Prompt on staff size, staff capacity, infrastructure, and any other relevant factors.]</i>	
O61	Are there any other comments you would like to add at this time about providing HIV clinical care, including ART, to people living with HIV/AIDS?	

PART 7. BEHAVIOR CHANGE COMMUNICATION			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
O62	Are there any patient education and information materials to support client-provider interaction at your clinic? (Sometimes these materials are referred to as BCC/IEC materials.) These can be posters, leaflets, patient handouts, or brochures that describe a specific illness, such as HIV/AIDS; forms of treatment, such as ART; or simply tips for prevention of disease, and healthier lifestyle and nutrition.	YES 1 NO 2	
O63	Who is in charge of identifying and/or developing the BCC/IEC materials that are used in this facility?		
O64	Please describe the materials.	Poster 1 Brochure 2 Leaflet 3 Calendar 4 Other: _____ 77	
O65	In which languages are these materials developed?		
O66	Which organization developed these materials?	A drug manufacturer 1 A government agency 2 A nongovernmental organization (NGO) 3 A patient group 4 Other: _____ 77	
O67	Please describe the content of these materials. [Circle all that apply.]	Specific drug information 1 Specific disease information 2 Healthier lifestyle or nutrition info 3 HIV/AIDS prevention/treatment info 4 Safer sex information 5 Other: _____ 77	

PART 7. BEHAVIOR CHANGE COMMUNICATION continued			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
O68	Were the materials developed in consultation with providers at this clinic?	YES 1 NO 2 Don't know 88	
O69	Were the materials pre-tested with clients at this clinic?	YES 1 NO 2 Don't know 88	
O70	How literate do the clients have to be to read and understand these materials?	Highly literate 1 Literate 2 Low to illiterate 3	
O71	Are the materials available for clients to take home?	YES 1 NO 2 Don't know 88	
O72	Are there currently any linkages between this clinic and any community based and/or BCC-oriented programs that you know of? For instance, home-based care, peer education, programs offered at other clinics, NGOs, faith-based organizations (FBOs), other community-based organizations (CBOs) for referrals?	YES (specify): _____ 1 _____ NO 2 Don't know 88	
O73	Are any of your services at this clinic promoted through mass media or community mobilization/events/traditional media/small media?	YES (specify): _____ 1 _____ NO 2 Don't know 88	
O74	Because we are trying to find out how your facility is linked to the larger community and ongoing HIV/AIDS prevention efforts, please tell us if you have ever been contacted by an organization (such as an NGO or an FBO) that planned to design and implement a behavior change communication program.	YES (specify): _____ 1 _____ NO 2 Don't know 88	
O75	Time at end of interview	____: ____ AM PM	

“Thank you very much for your participation.”

[Now, explain to the respondent that you would like to interview a staff member from the outpatient department (use Tool 2: Outpatient Department). If possible, ask the respondent to provide an introduction to the staff members you will be interviewing.]

PART 8. INTERVIEWER OBSERVATIONS		
O76	<i>Please note any general observations you have about the health facility that have not been addressed by this survey.</i>	
O77	<i>Overall cleanliness of facility.</i>	
O78	<i>Patient flow and organization. (Is facility busy or slow? Where do patients/families congregate?)</i>	
O79	<i>Access to facility (condition of roads, proximity to communities in catchment area, availability of transportation).</i>	

Tool 2: Outpatient Department

For this tool, find the person in charge of the outpatient department. If he/she is not available, ask to see the provider who is most knowledgeable about HIV/AIDS services in the outpatient department.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	9 questions
Part 1.	Facility background	2 questions
Part 2.	Human resources	8 questions
Part 3.	Infrastructure and supplies	9 questions
Part 4.	Health services	20 questions
Part 5.	Guidelines and protocols	8 questions
Part 6.	Behavior change communication	7 questions
Part 7.	Health management information system	11 questions
Part 8.	Interviewer observations	6 questions
TOTAL:		80 questions

NOTE:

Instructions for administering this tool can be found on page 9.

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
OPD1	Interviewer's name		
OPD2	Date of interview (dd/mm/yyyy)	____ / ____ / _____	
OPD3	Is the respondent the person in charge of the outpatient department or the provider the most knowledgeable about HIV/AIDS services in the outpatient department?	YES 1 NO 2	2 → STOP
<p>“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in developing its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy.</p> <p>We would like to work with you in conducting an assessment of this health facility. The main objective of this assessment is to determine the availability and quality of the essential elements of an antiretroviral therapy program and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA). We will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>We will ask to observe the existence of HIV/AIDS-related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded, or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions for me at this time?” <i>[Answer questions]</i></p>			
OPD4	Do I have your agreement to participate?	YES 1 NO (reason: _____) 2	2 → STOP
OPD5	Time at start of interview	____ : ____ AM PM	
OPD6	Name of person interviewed (optional)		
OPD7	Job title of person interviewed		
OPD8	Name of health facility		
OPD9	Type of health facility		

PART 1. FACILITY BACKGROUND				
<i>[Unless specified, please provide one answer per question. For all questions, please circle the number associated with your answer or fill in the blank provided.]</i>				
NO.	QUESTIONS	RESPONSES AND CODING		SKIP TO
OPD10	How many clients on average does the outpatient department serve each day?	No. clients _ _ _ _ _ , _ _ _ _ _ Don't know	88	
OPD11	What percentage of the patients who visited your department in the previous month presented with HIV/AIDS or related conditions? Please estimate.	Percentage of clients _ _ _ _ _ Don't know	88	

PART 2. HUMAN RESOURCES AND STAFF CAPACITY					
NO.	QUESTIONS	RESPONSES AND CODING			
<i>[Read the list of staff categories to the person interviewed. Fill out this table together, starting with the total number of staff by category. If possible, provide a breakdown of the number of staff who work full time, part time, and provide HIV/AIDS care.]</i>					
OPD12 TO OPD15	How many staff members in the following categories provide service to the outpatient department?	OPD12 Full-time staff allocated to facility	OPD 13 Full-time staff currently working (or full-time equivalent)	OPD14 Staff seconded or working as volunteers	OPD15 Staff who specialize in HIV care
	a. Medical doctor				
	b. Clinical officer				
	c. Registered nurse				
	d. Enrolled nurse				
	e. Registered midwife				
	f. Enrolled midwife				
	g. Social worker				
	h. HIV counselor				
	i. Laboratory scientist				
	j. Laboratory technologist				
	k. Laboratory technician				
	l. Pharmacist				
	m. Pharmacy technologist				
	n. Radiologist				
o. Environmental health technician					

PART 2. HUMAN RESOURCES AND STAFF CAPACITY CONTINUED					
NO.	QUESTIONS	RESPONSES AND CODING			SKIP TO
OPD12 TO OPD15 Cont.	How many staff members in the following categories provide service to the outpatient department? p. Nutritionist q. Health information officer r. Volunteer s. Spiritual counselor t. Other: _____	OPD12 Full-time staff allocated to facility	OPD 13 Full-time staff currently working (or full-time equivalent)	OPD14 Staff seconded or working as volunteers	OPD 15 Staff who specialize in HIV care
OPD16	Do you have a regular supervisor (supervisor who visits you at your workplace on a regular basis)?	YES	1	NO	2
					2 → OPD19
OPD17	How many times in the past 3 months have you had a visit from a supervisor? Please estimate.	No. visits: _ _ _ _ _	Don't know	88	
OPD18	What did your supervisor do during his/her previous visit? [Circle all that apply. Do not prompt.]	Delivered supplies	1	Observed your work	2
		Reviewed reports	3	Provided feedback	4
		Discussed problems	5	Made comments only	6
		Addressed/listened to your concerns and input	7	Provided on-the-job training	8
		Other: _____	77		
OPD19	What are the five most difficult problems you have in doing your job? [Read all choices. Circle only five choices.]	Staff shortages	1	Lack of supplies and/or stock	2
		Lack of training	3	Lack of supervision	4
		Lack of feedback on performance	5	Lack of time to do job	6
		Low service utilization	7	Inadequate transport for patients	8
		Demoralized staff	9	Poor working environment	10
		Inadequate salary	11	Inadequate facilities	12
		Security	13	Political interference/corruption	14
		Too many patients	15	Other: _____	77

PART 3. INFRASTRUCTURE AND SUPPLIES				
NO.	QUESTIONS	RESPONSES AND CODING		
OPD20	How many clinical examination rooms are available in the outpatient department?	No. rooms: __ __ __		
OPD21	Are there examination rooms designated specifically for providing care of patients with (a) HIV/AIDS, and/or (b) ART?	a. HIV/AIDS: YES 1 NO 2 b. ART: YES 1 NO 2		
OPD22	[Ask to see where outpatient consultations take place and go to the room where most HIV or ART patients are cared for. Check to see whether the following are available or easily accessible. Circle one response per item.]			
		Observed	Reported available but not seen	Not available
	a. Means of visual privacy	1	2	3
	b. Auditory privacy	1	2	3
	c. Running water	1	2	3
	d. Hand-washing items	1	2	3
	e. Sharps disposal container	1	2	3
	f. Medical gloves	1	2	3
OPD23	[Check to see whether the following equipment are available in each room where HIV/ART patients are seen. Circle one response per item.]			
	a. Weighing scale for adults	1	2	3
	b. Weighing scale for infant	1	2	3
	c. Stethoscope for adult	1	2	3
	d. Stethoscope for child	1	2	3
	e. Sphygmomanometer (adult and child cuffs)	1	2	3
	f. Thermometer	1	2	3
	g. Diagnostic set	1	2	3
	h. Wheelchair	1	2	3
	i. Other: _____	1	2	3
j. Other: _____	1	2	3	

PART 3. INFRASTRUCTURE AND SUPPLIES CONTINUED				
NO.	QUESTIONS	RESPONSES AND CODING		
OPD24	<i>[Check to see whether the following furniture is available in each room where HIV/ART patients are seen. Circle one response per item.]</i>			
		Observed	Reported available but not seen	Not available
	a. Examination couch	1	2	3
	b. Desk	1	2	3
	c. Chairs (minimum of 2)	1	2	3
	d. Examination light	1	2	3
	e. Screen	1	2	3
	f. Air conditioning	1	2	3
	g. Restrooms for patients/staff	1	2	3
h. Other: _____	1	2	3	
OPD25	<i>[Describe what renovations are needed to optimize HIV/ART patient management. Circle one response per item.]</i>			
	a. Partitioning of exam room for space	1	2	3
	b. Add partition to enhance privacy	1	2	3
	c. Paint exam room	1	2	3
	d. Add security to doors/windows	1	2	3
	e. Other: _____	1	2	3
f. Other: _____	1	2	3	

PART 3. INFRASTRUCTURE AND SUPPLIES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
OPD26	Are the following supplies available?		
	a. Syringes and needles	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4	1 → OPD26b 2 → OPD26b 3 → OPD26b
	a-1. <i>If never/almost never, why?</i>		
	b. Medical gloves	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4	1 → OPD26c 2 → OPD26c 3 → OPD26c
	b-1. <i>If never/almost never, why?</i>		
	c. Sterilizing materials	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4	1 → OPD26d 2 → OPD26d 3 → OPD26d
	c-1. <i>If never/almost never, why?</i>		
	d. Disinfectants	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4	1 → OPD27 2 → OPD27 3 → OPD27
	d-1. <i>If never/almost never, why?</i>		
	OPD27	a. What are the most commonly used and currently functional methods for disinfecting reusable instruments/ medical equipment?	[Circle all applicable.] Autoclave 1 Boiling and chemicals 2 Chemical only 3 Boiling only 4 Use disposables only 5 Other: _____ 77
b. If chemical disinfectant is used, what type of chemicals is used?		Bleach 1 Other: _____ 77	
[Ask respondent to direct you to the relevant department/unit where disinfections take place. Observe if the disinfection equipment is available and functioning.]			
	c. Additional notes (made by interviewer after observing equipment).		

PART 3. INFRASTRUCTURE AND SUPPLIES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
OPD28	<p>a. How does this facility dispose of contaminated items (for example, syringes)?</p> <p><i>[Ask respondent to direct you to the relevant department/unit where disinfections take place. Observe if the disposal method equipment is available and functioning.]</i></p>	<p><i>[Circle all applicable.]</i></p> <p>Burn in incinerator 1</p> <p>Burn in open pit 2</p> <p>Burn and bury 3</p> <p>Throw in trash/open pit 4</p> <p>Throw in pit latrine 5</p> <p>Remove to offsite location 6</p> <p>Sharps disposal container 7</p> <p>Other: _____ 77</p>	
	<p>b. Additional notes (made by interviewer after observing equipment).</p>		

PART 4. HEALTH SERVICES			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
OPD29	Does the outpatient department provide diagnostic testing for HIV?	<p>YES 1</p> <p>NO 2</p>	2 → OPD31
OPD30	<p>Who is in charge of the diagnostic testing?</p> <p><i>[Note this person's name and location and interview for Tool 4: Counseling and Testing]</i></p>	<p>Name _____</p> <p>Location _____</p>	
OPD31	<p>a. Please describe the patient flow when a client visits the outpatient department for the first time.</p>		
	<p>b. Please note your observations regarding the patient flow at the facility. Specifically, do the services appear to be organized, accessible, and confidential?</p>		

PART 4. HEALTH SERVICES CONTINUED					
NO.	QUESTIONS	RESPONSES AND CODING			
	<p>Please tell me whether the following HIV/AIDS-related services are available in the outpatient department. Also, do you provide referrals for these services either on- or off-site?</p> <p>[For each category, first ask if the service is available in the outpatient department. If not, then ask whether they provide referrals for this service within the facility or outside the facility.]</p>	OPD32 Service available in outpatient department?		OPD33 Provide referrals for service?	
		YES	NO	Within Facility	Outside facility
OPD32 TO OPD33	a. Preventive therapy for opportunistic infections (excluding TB)	1	2	1	2
	b. Management of opportunistic infections and HIV-related disease	1	2	1	2
	c. Preventive therapy for TB (isoniazid [INH])	1	2	1	2
	d. Management of TB (diagnosis and treatment)	1	2	1	2
	e. Management of sexually transmitted infections (STIs) (diagnosis and treatment)	1	2	1	2
	f. Antiretroviral therapy (ART) [If the outpatient department provides ART, please fill out Tool 10: ART questionnaire after completing this tool]	1	2	1	2
	g. HIV pretest counseling	1	2	1	2
	h. HIV testing	1	2	1	2
	i. HIV posttest counseling	1	2	1	2
	j. Prevention of mother-to-child transmission services (PMTCT)	1	2	1	2
	k. HIV education for patients and families	1	2	1	2
	l. Follow-up emotional support from trained counselor	1	2	1	2
	m. PLHA support group/posttest club	1	2	1	2
	n. Spiritual counseling	1	2	1	2
	o. Pediatric AIDS care	1	2	1	2
	p. Family planning services	1	2	1	2
	q. Condoms	1	2	1	2
	r. Nutritional services	1	2	1	2
	s. Palliative care/hospice for AIDS patients (symptom/pain control, emotional, and end of life care)	1	2	1	2
	t. Home-based care services for PLHA/families	1	2	1	2
u. Training of patients and families in HIV care	1	2	1	2	
v. Postexposure prophylaxis (PEP) for health workers	1	2	1	2	
w. Social support for orphans and/or other vulnerable children (for example, food, school fees, income generation)	1	2	1	2	

PART 4. HEALTH SERVICES CONTINUED				
NO.	QUESTIONS	RESPONSES AND CODING		
OPD32 TO OPD33 Cont.	Please tell me whether the following HIV/AIDS-related services are available in the outpatient department. Also, do you provide referrals for these services either on- or off-site?	OPD32 Service available in outpatient department?		OPD33 Provide referrals for service?
		YES	NO	Within Facility Outside facility
	x. Legal services (will writing, protection against discrimination, succession planning)	1	2	1 2
	y. Social support for PLHA/families (food, material, income-generating projects)	1	2	1 2
	z. Other: _____	1	2	1 2
OPD34	Does the outpatient department have a referral list or directory of care and support services available within the health facility and in the community? <i>[If yes, please ask to see the list.]</i>	YES, list seen	1	
		YES, list NOT seen	2	
		NO list/directory	3	
OPD35	Is there a formal process for making referrals in this health facility?	YES	1	
		NO	2	
		Don't know	88	
OPD36	Please describe the referral process. When, where, and how do you refer your clients to services within or outside the facility? <i>[Prompt: Who is responsible for making referrals (for example, a nurse)? If referrals are documented, where are they recorded? If referrals are tracked, how are they tracked?]</i>			
OPD37	Where are patients with confirmed HIV/AIDS referred for treatment? <i>[Circle all appropriate. Do not prompt.]</i>	Within outpatient department.....	1	
		At another department within the facility referral hospital	2	
		Specialty hospital	3	
		General/district hospital	4	
		Mission hospital	5	
		Health center	6	
		Private doctor	7	
		Traditional healer	8	
		Other: _____	77	
OPD38	In general, does the outpatient department provide referrals with a slip? <i>[Ask to see a referral slip.]</i>	Always/almost always	1	
		Usually	2	
		Sometimes	3	
		Never/almost never	4	
		Don't know	88	

PART 4. HEALTH SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
“The following questions relate to services provided by the outpatient department to HIV-infected adults .”			
OPD39	On average, about how many clients do you manage for opportunistic infections (OIs) each week (total)?	No. patients: _ _ _ _ _ , _ _ _ _ _	
OPD40	What are the five most prevalent opportunistic infections that you manage? Please list them in order from the most prevalent (1) to least prevalent (5). <i>[If the facility does not provide clinical management of opportunistic infections, then circle “n. Does not apply”.]</i>	____ a. Bacterial pneumonia ____ b. PCP ____ c. Tuberculosis ____ d. Oral/esophageal thrush ____ e. Gastrointestinal disorder (specify) _____ ____ f. Cryptococcal meningitis ____ g. Toxoplasmosis ____ h. CMV ____ i. Kaposi’s sarcoma ____ j. Skin disorder (specify) _____ ____ k. Lymphoma ____ l. HIV-related dementia ____ m. Other: _____ ____ n. Does not apply (N/A)	
OPD41	Approximately, what percentage of your HIV/AIDS clients receive preventive therapy?	a. Tuberculosis _ _ _ _ _ % b. Cotrimoxazole _ _ _ _ _ %	
OPD42	On average, approximately how often do you see patients you clinically manage for HIV care?	At least once per week 1 More than once per month 2 Once a month 3 Every other month 4 Every 2 months 5 Other: _____ 77 Don’t know 88	
“Now, I will ask you questions on services provided by the outpatient department to children younger than 15 .”			
OPD43	Does the outpatient department provide medical care for children?	YES 1 NO 2	1 → OPD44 2 → OPD49
OPD44	Where is medical care for children provided if not in the outpatient department?		

PART 5. GUIDELINES AND PROTOCOLS				
NO.	QUESTIONS	RESPONSES AND CODING		
	<i>[Ask if the outpatient department has the guidelines and if you can see them. Refer to them when answering OPD49 and OPD50.]</i>	OPD49 Which of the following national guidelines does the outpatient department have?	OPD50 Is in-service training provided?	
			YES	NO
OPD49 TO OPD50	a. Guidelines on VCT	YES, guidelines seen 1	1	2
		YES, guidelines NOT seen 2		
		NO 3		
	b. Guidelines on HIV testing procedures	YES, guidelines seen 1	1	2
		YES, guidelines NOT seen 2		
		NO 3		
	c. Guidelines on prevention of mother-to-child transmission of HIV	YES, guidelines seen 1	1	2
		YES, guidelines NOT seen 2		
		NO 3		
	d. Guidelines on HIV/AIDS clinical management including OIs	YES, guidelines seen 1	1	2
		YES, guidelines NOT seen 2		
		NO 3		
e. Guidelines for pediatric HIV/AIDS care	YES, guidelines seen 1	1	2	
	YES, guidelines NOT seen 2			
	NO 3			
f. Guidelines on TB screening and management control	YES, guidelines seen 1	1	2	
	YES, guidelines NOT seen 2			
	NO 3			
g. Guidelines on management of STIs (diagnosis and treatment)	YES, guidelines seen 1	1	2	
	YES, guidelines NOT seen 2			
	NO 3			
h. Guidelines for home-based care	YES, guidelines seen 1	1	2	
	YES, guidelines NOT seen 2			
	NO 3			
i. Guidelines on psychosocial support for individuals and families infected with HIV	YES, guidelines seen 1	1	2	
	YES, guidelines NOT seen 2			
	NO 3			
j. Guidelines on universal precautions for healthcare workers	YES, guidelines seen 1	1	2	
	YES, guidelines NOT seen 2			
	NO 3			
k. Guidelines on management of occupational exposure to HIV	YES, guidelines seen 1	1	2	
	YES, guidelines NOT seen 2			
	NO 3			
l. Guidelines on management of postexposure prophylaxis	YES, guidelines seen 1	1	2	
	YES, guidelines NOT seen 2			
	NO 3			

PART 5. GUIDELINES AND PROTOCOLS CONTINUED				
NO.	QUESTIONS	RESPONSES AND CODING		
	<i>[Ask if the outpatient department has the guidelines and if you can see them. Refer to them when answering OPD49 and OPD50.]</i>	OPD49 Which of the following national guidelines does the outpatient department have?	OPD50 Is in-service training provided?	
			YES NO	
OPD49 TO OPD50 Cont.	m. Guidelines on data collection/ health management information system (HMIS) guidelines	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2	
	n. Guidelines on HIV/AIDS surveillance	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2	
	o. Guidelines on surveillance for other infectious diseases	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2	
	p. Guidelines on use of ART	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2	
	q. Guidelines for monitoring ADRs	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2	
	r. Guidelines for adherence counseling	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2	
	s. Other: _____ _____	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2	
	OPD51	For which of the following services does the outpatient department have institutional specific policies such as standard operating procedures? <i>[Circle all to which the respondent answers 'yes.']</i>	VCT 1 PMTCT 2 ART management for adults 3 ART management for children 4 OI management 5 Data collection 6 Postexposure prophylaxis 7 Management of adverse effects of ART 8 Referral services 9 None of the above 10	

PART 5. GUIDELINES AND PROTOCOLS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
OPD52	How does the facility monitor for ADRs?		
OPD53	Is there an ADR reporting form?	YES 1 NO 2	2 → OPD55
OPD54	Who does this form get sent to?	On-site (facility) pharmacy 1 Hospital administrator 2 Provincial AIDS coordinator 3 District AIDS coordinator 4 District health information officer 5 Facility health information officer 6 National AIDS control program 7 Other: _____ 77	
OPD55	Please describe any problems you have with ADR reporting.		
OPD56	What strategies have been implemented to address these concerns related to ADR reporting?		

PART 6. BEHAVIOR CHANGE COMMUNICATION			
NO.	QUESTIONS	CODING AND RESPONSES	SKIP TO
OPD57	Are there any patient education and information materials to support client-provider interaction at your department? (Sometimes these materials are referred to as BCC/IEC materials.) These can be posters, leaflets, patient handouts, or brochures that describe a specific illness, such as HIV/AIDS; forms of treatment, such as ART; or simply tips for healthier lifestyle and nutrition.	YES 1 NO 2	2 → OPD64
OPD58	Please describe these materials.	Poster 1 Brochure 2 Leaflet 3 Other: _____ 77	
OPD59	How useful do you find these materials in your work?	Very useful 1 Useful 2 Not very useful 3 Not useful at all 4	
OPD60	Are the materials available for clients to take home?	YES 1 NO 2 Don't know 88	
OPD61	Do the clients have to ask for the materials or does the staff hand them out without waiting to be asked?	The clients have to ask 1 Provider hands out without waiting to be asked 2	
OPD62	Do you try to promote any behavior change during your interaction with clients?	YES 1 NO 2 It depends on: _____	2 → OPD64
OPD63	What are the changes you are trying to promote?		

PART 7. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)									
<p>“Now I would like to ask you a few questions about the outpatient department’s HIV/AIDS-related record-keeping practices. Remember that all records seen will be kept confidential and that patient names will not be reviewed or recorded.” <i>[Ask to speak with the medical records officer for the outpatient department.]</i></p>									
NO.	QUESTIONS			RESPONSES AND CODING				SKIP TO	
OPD64	May I please review four patient records (two HIV-positive and two HIV-negative) in order to get a sense of your record-keeping procedures?			YES 1 NO 2				2 → OPD69	
OPD65 TO OPD68	<i>[Refer to patient records for OPD55 to OPD58.]</i>		OPD65 HIV status in file?		OPD66 Note regarding testing?		OPD67 Indicator of HIV status outside of file?		OPD68 Date of test (day, month, year)
			YES	NO	YES	NO	YES	NO	
	A	Patient 1:	1	2	1	2	1	2	
	B	Patient 2:	1	2	1	2	1	2	
	C	Patient 3:	1	2	1	2	1	2	
D	Patient 4:	1	2	1	2	1	2		
OPD69	Does the outpatient department maintain a written register of all HIV/AIDS clients seen in the outpatient department? If yes, may I please see the register?			YES, register seen 1 YES, register NOT seen 2 NO 3					
OPD70	Does the outpatient department regularly compile data on the numbers of clients with HIV/AIDS-related illnesses into a report?			YES 1 NO 2				2 → OPD74	
OPD71	Where is this report sent? <i>[Circle all that apply.]</i>			Hospital administrator 1 Provincial AIDS coordinator 2 District AIDS coordinator 3 District health information officer 4 Facility health information officer 5 National AIDS control program 6 Other: _____ 77					
OPD72	Where are these reports kept?								
OPD73	Who has access to these reports?								
OPD74	Time at end of interview			_____: _____ AM PM					

“Thank you for participating in this survey.”

PART 8. INTERVIEWER OBSERVATIONS		
OPD75	<i>Please note any general observations you have about the health facility that have not been addressed by this survey.</i>	
OPD76	<i>Overall cleanliness of outpatient department.</i>	
OPD77	<i>Patient flow and organization (is facility busy or slow).</i>	
OPD78	<i>Interaction between clinicians and patients.</i>	
OPD79	<i>Observation of patient records for accuracy and completeness.</i>	
OPD80	<i>Auditory and visual privacy.</i>	

Tool 3: Inpatient Department

For this tool, find the person in charge of the inpatient department. If he/she is not available, ask to see the provider who is most knowledgeable about HIV/AIDS services in this department.

NOTE:

Instructions for administering this tool can be found on page 11.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	9 questions
Part 1.	Facility background	8 questions
Part 2.	Human resources	13 questions
Part 3.	Infrastructure and supplies	2 questions
Part 4.	Health service	21 questions
Part 5.	Guidelines and protocols	14 questions
Part 6.	Behavior change communication	10 questions
Part 7.	Health management information system	11 questions
Part 8.	Interviewer observations	6 questions
TOTAL:		94 questions

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
IPD1	Interviewer's name		
IPD2	Date of interview (dd/mm/yyyy)	____ / ____ / _____	
IPD3	Is the respondent the person in charge of the inpatient department or the provider who is most knowledgeable about HIV/AIDS services in the inpatient department?	YES 1 NO 2	2 → STOP
<p>“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in developing its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy.</p> <p>I would like to work with you in conducting an assessment of this health facility. The main objective of this assessment is to determine the availability and quality of the essential elements of an antiretroviral therapy program and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA). I will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>I will ask to observe the existence of HIV/AIDS-related patient registers. I will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded, or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions?” <i>[Answer questions.]</i></p>			
IPD4	Do I have your agreement to participate?	YES..... 1 NO (reason: _____) 2	2 → STOP
IPD5	Time at start of interview	_____ : _____ AM PM	
IPD6	Name of person interviewed (optional)		
IPD7	Job title of person interviewed		
IPD8	Name of health facility		
IPD9	Type of health facility		

PART 1. FACILITY BACKGROUND			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
IPD10	How many beds are in the inpatient department?	No. of beds _ _ _ _	
IPD11	What is the average overall bed occupancy rate?	_ _ _ _ %	
IPD12	How many patients did you admit in the past month?	No. of patients _ _ _ _	
IPD13	What percentage of patients admitted in the past month had HIV-related conditions? Please estimate.	_ _ _ _ %	
IPD14	What percentage of patients admitted in the past month in the female wards are HIV positive?	_ _ _ _ %	
IPD15	What percentage of patients admitted in the past month in the male wards are HIV positive?	_ _ _ _ %	
IPD16	What percentage of patients admitted in the past month in the TB wards are HIV positive?	_ _ _ _ %	
IPD17	What percentage of patients admitted in the past month in the pediatric wards are HIV positive?	_ _ _ _ %	

PART 2. HUMAN RESOURCES AND STAFF CAPACITY					
NO.	QUESTIONS	RESPONSES AND CODING			SKIP TO
<p><i>[Read the list of staff categories to the person interviewed. Fill out this table together, starting with the total number of staff by category. If possible, provide a breakdown of the number of staff who work full time, part time, and provide HIV/AIDS care.]</i></p>					
IPD18 TO IPD21	How many staff members in the following categories provide service to the inpatient department?	IPD18 Full-time staff allocated	IPD19 Full-time currently working	IPD20 Staff seconded or working as volunteers	IPD21 Staff who specialize in HIV
	a. Medical doctor				
	b. Clinical officer				
	c. Registered nurse				
	d. Enrolled nurse				
	e. Registered midwife				
	f. Enrolled midwife				
	g. Social worker				
	h. HIV counselor				
	i. Laboratory scientist				
	j. Pharmacist				
	k. Nutritionist				
	l. Health information officer				
	m. Volunteer				
	n. Spiritual counselor				
o. Other: _____					
IPD22	Do you have a regular supervisor?	YES.....	1		
		NO.....	2		2 → IPD27
IPD23	How many times in the past three months have you had a visit from a supervisor? Please estimate.	No. of visits: __ __ __ __			
IPD24	What did your supervisor do during his/her previous visit? <i>[Circle all that apply. Do not prompt.]</i>	Delivered supplies.....	1		
		Observed your work	2		
		Reviewed reports	3		
		Provided feedback.....	4		
		Discussed problems	5		
		Made comments only	6		
		Addressed/listened to your concerns and input	7		
		Provided on-the-job training.....	8		
		Other: _____	77		
IPD25	Did your supervisor provide you with helpful information/feedback during his/her previous visits?	YES.....	1		
		NO.....	2		

PART 2. HUMAN RESOURCES AND STAFF CAPACITY CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
IPD26	In what form does your supervisor provide feedback?	Supervisory register 1 Written report 2 Oral report 3 Other: _____ 77	
IPD27	What are the five most difficult problems you have in doing your job? [Circle five problems.]	Staff shortages 1 Lack of supplies and/or stock 2 Lack of training 3 Lack of supervision 4 Lack of feedback on performance 5 Lack of time to do job 6 Low service utilization 7 Inadequate transport for patients 8 Demoralized staff 9 Poor working environment 10 Inadequate salary 11 Inadequate facilities 12 Security 13 Political interference/corruption 14 Too many patients 15 Other: _____ 77	
IPD28	Have you discussed these problems with a supervisor?	YES 1 NO 2	2 → IPD30
IPD29	Did you receive a satisfactory response?	YES 1 NO 2	
IPD30	Why haven't you discussed these problems with a supervisor?		

PART 3. INFRASTRUCTURE AND SUPPLIES				
NO.	QUESTIONS	RESPONSES AND CODING		
IPD31	<i>[Ask to see a single room in the ward, or if there is only one room of several patients, request to be taken there. Check to see whether the following are available or easily accessible. Circle one answer per topic.]</i>	Observed	Reported available but not seen	Not available
	a. Means of visual privacy	1	2	3
	b. Auditory privacy	1	2	3
	c. Running water	1	2	3
	d. Hand-washing items	1	2	3
	e. Sharps disposal container	1	2	3
	f. Medical gloves	1	2	3
IPD32	What is the inpatient department's policy on HIV/AIDS patients' beds being mixed in with non-HIV/AIDS patients?	HIV/AIDS patients mixed with other inpatients within rooms and ward 1 HIV/AIDS patients clustered together within same room or section of ward 2 HIV/AIDS patients in separate room or partitioned section of ward 3		

PART 4. HEALTH SERVICES			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
IPD33	Please describe the patient flow when a client visits the inpatient department for the first time.		
IPD34	On average, how many suspected or confirmed new HIV/AIDS patients does the inpatient department see each week?	No. of patients _ _ _ _ _ , _ _ _ _ _	
IPD35	Does the IPD have a referral list or directory of HIV/AIDS care and support services offered <i>outside</i> the facility? <i>[If yes, please ask to see the list.]</i>	YES, list seen 1 YES, list NOT seen 2 NO list/directory 3	
IPD36	Please describe your referral process. When, where, and how do you refer your clients to services <i>within</i> the health facility?		

PART 4. HEALTH SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
IPD37	Please describe your referral process. When, where, and how do you refer your clients to services <i>outside</i> the facility?		
IPD38	In general, does the inpatient department provide referrals with a slip?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88	
IPD39	How are referrals documented?	Discharge summary 1 Referral register 2 Patient file 3 Other: _____ 77 Don't know 88	
IPD40	Where are patients with confirmed HIV/AIDS referred for specialized care? [Circle all appropriate answers. Do not prompt.]	OPD at this facility 1 Teaching hospital 2 Specialist hospital 3 General hospital 4 Mission hospital 5 Comprehensive health center 6 Private doctor 7 Traditional healer 8 Other: _____ 77	

PART 4. HEALTH SERVICES CONTINUED					
NO.	QUESTIONS	RESPONSES AND CODING			
	Please tell me whether the following HIV/AIDS-related services are available in the inpatient department. Also, do you provide referrals for these services? <i>[For each category, first ask if the service is available in the inpatient department. Then ask whether they provide referrals for this service.]</i>	IPD41 Is service available in the inpatient department?		IPD42 Does the inpatient department provide referrals for service?	
		YES	NO	YES	NO
IPD 41 TO IPD42	a. Preventive therapy for opportunistic infections (excluding TB)	1	2	1	2
	b. Management of opportunistic infections and HIV-related disease	1	2	1	2
	c. Preventive therapy for TB (INH)	1	2	1	2
	d. Management of TB (diagnosis and treatment)	1	2	1	2
	e. Management of sexually transmitted infections (STIs)	1	2	1	2
	f. Antiretroviral therapy (ART) <i>[If the inpatient department provides ART, please fill out Tool 10: ART Questionnaire after completing this tool]</i>	1	2	1	2
	g. HIV pretest counseling	1	2	1	2
	h. HIV testing	1	2	1	2
	i. HIV posttest counseling	1	2	1	2
	j. Prevention of mother-to-child transmission (PMTCT)	1	2	1	2
	k. HIV education for patients and families	1	2	1	2
	l. Follow-up emotional support from trained counselor	1	2	1	2
	m. PLHA support group/posttest club	1	2	1	2
	n. Spiritual counseling	1	2	1	2
	o. Pediatric AIDS care	1	2	1	2
	p. Family planning services	1	2	1	2
	q. Condoms	1	2	1	2
	r. Nutritional services	1	2	1	2
	s. Palliative care/hospice for AIDS patients (symptom/pain control, emotional, and end of life care)	1	2	1	2
	t. Home-based care services for PLHA/families	1	2	1	2
u. Training of patients and families in HIV care	1	2	1	2	
v. Postexposure prophylaxis (PEP) for health workers	1	2	1	2	

PART 4. HEALTH SERVICES CONTINUED				
NO.	QUESTIONS	RESPONSES AND CODING		
Please tell me whether the following HIV/AIDS-related services are available in the inpatient department. Also, do you provide referrals for these services? [For each category, first ask if the service is available in the inpatient department. Then ask whether they provide referrals for this service.]		IPD41 Cont. Is service available in the inpatient department?		IPD42 Cont. Does the inpatient department provide referrals for service?
		YES	NO	YES NO
IPD 41	w. Social support for orphans and/or other vulnerable children (food, school fees, income generation)	1	2	1 2
TO IPD42	x. Legal services (will writing, protection against discrimination, succession planning)	1	2	1 2
Cont.	y. Social support for PLHA/families (food, material, income-generating projects)	1	2	1 2
	z. Other: _____	1	2	1 2
“Now, I will ask you questions on services provided by the inpatient department to children younger than 15. ”				
NO.	QUESTIONS	RESPONSES AND CODING		SKIP TO
IPD43	Does the inpatient department provide medical care for children?	YES 1 NO 2		1→ IPD54
IPD44	If care for children is not provided in the inpatient department, where is it provided?			
[If services are provided outside the inpatient department, skip to IPD54 and, ask to go to that department and speak to the director to finish this section after completing the interview]				
IPD45	What percentage of children attending the inpatient department presented with HIV-related illness during the past month? Please estimate.	____ ____ ____ %		
IPD46	How often is HIV testing offered to children suspected of having HIV/AIDS-related illness?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88		
IPD47	How often does staff offer HIV testing to parents of HIV-infected children?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88		

PART 4. HEALTH SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
IPD48	How often do parents whose child is offered HIV testing themselves agree to be tested for HIV?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88	
IPD49	What components of palliative care does the inpatient department provide for children? [Circle all that apply. Do not prompt.]	Pain management 1 Symptom control 2 Home-based care 3 Spiritual support 4 Psychological/emotional support 5 Recreational support 6 Educational support 7 Other: _____ 77	
IPD50	How often does the inpatient department prescribe prophylaxis (for example, cotrimoxazole) to children presenting with HIV-related illness?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88	
IPD51	What are the main obstacles for providing prophylactic treatment to children? [Circle all that apply. Do not prompt.]	No guidelines available 1 No training on HIV in children 2 Insufficient drugs available 3 Parents unable to pay for drugs 4 Other: _____ 77	
IPD52	Do providers within the inpatient department currently manage any children who are on ART?	YES 1 NO 2	
IPD53	How often does the inpatient department prescribe vitamin A to children presenting with HIV-related illness?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88	

PART 5. GUIDELINES AND PROTOCOLS				
NO.	QUESTIONS	RESPONSES AND CODING		
	<i>[For each, ask if staff have received training on using the guidelines and procedures. Response: circle all appropriate]</i>	IPD54: Which of the following formal institutional policies and guidelines does the inpatient department have?	IPD55: Does inpatient department provide in-service training?	
			YES	NO
IPD 54 TO IPD 55	a. Guidelines on voluntary counseling and testing (VCT)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	b. Guidelines on HIV/AIDS clinical management including opportunistic infections (OI)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	c. Guidelines for pediatric HIV/AIDS care	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	d. Guidelines on TB screening and management control	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	e. Guidelines on management of sexually transmitted infections (STI) (diagnosis and treatment)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	f. Guidelines for home-based care	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	g. Guidelines on psychosocial support for individuals and families infected with HIV	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	h. Guidelines on universal precautions for healthcare workers	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	i. Guidelines on management of occupational exposure to HIV	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	j. Guidelines on data collection/health management information system (HMIS)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	k. Guidelines on HIV/AIDS surveillance	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	l. Guidelines on surveillance for other infectious diseases	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	m. Guidelines on use of ART	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2

PART 5. GUIDELINES AND PROTOCOLS CONTINUED				
NO.	QUESTIONS	RESPONSES AND CODING		
	<i>[For each, ask if staff have received training on using the guidelines and procedures. Response: circle all appropriate]</i>	IPD54: Which of the following formal institutional policies and guidelines does the inpatient department have?	IPD55: Does inpatient department provide in-service training?	
			YES	NO
IPD 54 TO	n. Guidelines for monitoring adverse drug reactions (ADR)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
IPD 55 Cont.	o. Other: _____ _____	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
IPD56	For which of the following services does the inpatient department have institutional specific policies such as standard operating procedures? <i>[Circle all that apply.]</i>	VCT 1 PMTCT 2 ART management for adults 3 ART management for children 4 OI management 5 Data collection 6 Postexposure prophylaxis 7 Management of ART's adverse effects 8 Referral services 9 None of the above..... 10		
IPD57	Does the inpatient department provide diagnostic testing for HIV? <i>If yes, who is in charge of this?</i> <i>[Take note of this person's name and interview him/her in Part 4: Counseling and Testing]</i>	YES 1 NO 2		
IPD58	Please describe the process by which the diagnosis of HIV infection is made. <i>[Circle all steps mentioned. Do not prompt.]</i>	Medical history taken (problem list) 1 HIV risk assessment taken 2 Referral to VCT 3 Patient or parent counseled for HIV test 4 Patient or parental consent for HIV test sought 5 HIV testing 6 Posttest counseling done 7 Patient or parent counseled on disease and treatment 8 Appropriate treatment prescribed 9 Appropriate referral provided 10 Other: _____ 77		
IPD59	How did you learn the process of HIV diagnosis that you just described? <i>[Circle all that apply.]</i>	Facility guidelines/policy 1 On-site training 2 Formal training from school 3 Other: _____ 77		

PART 5. GUIDELINES AND PROTOCOLS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
IPD60	Does the inpatient department obtain informed consent from patients with suspected HIV/AIDS-related illness before requesting an HIV test?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Not applicable 99	
IPD61	Are all HIV tests results (both HIV-negative and HIV-positive) disclosed by a trained counselor during posttest counseling?	YES 1 NO 2	
IPD62	Is the patient's consent obtained before informing family members?	YES 1 NO 2	
IPD63	How does the facility monitor for adverse drug reactions (ADRs)?		
IPD64	Is there an ADR reporting form?	YES 1 NO 2	2 → IPD66
IPD65	Who does the form get sent to?	On-site (facility) pharmacy 1 Hospital administrator 2 Local AIDS coordinator 3 State AIDS coordinator 4 Facility medical records officer 5 Other: _____ 77	
IPD66	Please describe the main issues/problems with ADR reporting.		
IPD67	What strategies have been implemented to address these concerns related to ADR reporting?		

PART 6. BEHAVIOR CHANGE COMMUNICATION			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
IPD68	Are there any patient education and information materials to support client-provider interaction at your department? (Sometimes these materials are referred to as BCC/IEC materials.) These can be posters, leaflets, patient handouts, or brochures that describe a specific illness, such as HIV/AIDS, forms of treatment, such as ART, or simply include tips for healthier lifestyle and nutrition.	YES 1 NO 2	2 → IPD75
IPD69	Please indicate the type of materials that you use.	Poster 1 Brochure 2 Leaflet 3 Other: _____ 77	
IPD70	Please describe the content of the materials.	Specific drug information 1 Specific disease information 2 Healthier lifestyle and nutrition information 3 HIV/AIDS prevention and treatment information 4 Safer sex information 5 Other: _____ 77	
IPD71	How useful do you find these materials in your work?	Very useful 1 Useful 2 Not very useful 3 Not useful at all 4	
IPD72	How literate do the clients have to be to read and understand these materials?	Highly literate 1 Literate 2 Low literate 3	
IPD73	Are the materials available for clients to take home?	YES 1 NO 2 Don't know 88	
IPD74	Do the clients have to ask for the materials, or does the staff hand them out without waiting to be asked?	The clients have to ask 1 Provider hands out without waiting to be asked 2 It depends on: _____ 3	
IPD75	Do you try to promote any behavior change during your interaction with clients?	YES 1 NO 2 It depends on: _____ 3	2 → IPD78

PART. BEHAVIOR CHANGE COMMUNICATION CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
IPD76	What are the changes you are trying to promote?		
IPD77	Please describe specifically how you try to promote or discuss a behavior change during interactions with your clients.		

PART 7. HEALTH MANAGEMENT INFORMATION SYSTEM										
<i>[Ask to speak with the medical records officer for the inpatient department]</i>										
“Now I would like to ask you a few questions about the inpatient department’s HIV/AIDS-related record-keeping practices. Remember that all records seen will be kept confidential and that patient names will not be reviewed or recorded.”										
NO.	QUESTIONS	RESPONSES AND CODING						SKIP TO		
IPD78	May I please review four patient records (two HIV-positive and two HIV-negative) in order to get a sense of your record-keeping procedures?	YES 1 NO 2						2 → IPD83		
IPD 79 TO IPD 82	<i>[Refer to patient records for IPD 79–IPD 82.]</i>	IPD79 HIV status in file?		IPD80 Note regarding testing?		IPD81 Indicator of HIV status outside of file?		IPD82 Date of test (Day/Month/Year)		
		YES	NO	YES	NO	YES	NO			
		A	Patient 1	1	2	1	2	1	2	
		B	Patient 2	1	2	1	2	1	2	
		C	Patient 3	1	2	1	2	1	2	
D	Patient 4	1	2	1	2	1	2			

PART 7. HEALTH MANAGEMENT INFORMATION SYSTEM CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
IPD83	Does the inpatient department maintain a written register of all HIV/AIDS clients seen? <i>[If yes, ask to see register.]</i>	YES, register seen 1 YES, register NOT seen 2 NO 3	
IPD84	Does the inpatient department regularly compile data on the numbers of clients with HIV/AIDS-related illnesses into a report?	YES 1 NO 2	2 → IPD92
IPD85	Where is this report sent? <i>[Circle all that apply.]</i>	Hospital administrator 1 Local AIDS coordinator 2 State AIDS coordinator 3 Other: _____ 77	
IPD86	Where are these reports kept?		
IPD87	Who has access to these reports?		
IPD88	Time at end of interview	____: ____ AM PM	

“Thank you for participating in this survey.”

PART 8. INTERVIEWER OBSERVATIONS		
IPD89	<i>Please note any general observations you have about the health facility that have not been addressed by this survey.</i>	
IPD90	<i>Overall cleanliness of inpatient department.</i>	
IPD91	<i>Patient flow and organization (is facility busy or slow).</i>	
IPD92	<i>If the inpatient department has several rooms, condition of inpatient rooms (crowding, cleanliness, staff attention, more than one patient per bed, patients on floor).</i>	
IPD93	<i>Condition of dormitory-style wards (crowding, cleanliness, staff attention, more than one patient per bed, patients on floor).</i>	
IPD94	<i>Interaction between clinicians and patients.</i>	

Tool 4A: Counseling and Testing Services

ASSESSMENT TOOL A: **For facilities already providing counseling and testing**

Please interview the person in charge of counseling and testing services. If not available, ask to see the provider who is most knowledgeable about these services. To complete the final part of this tool, you will also need to speak with a counselor or nonadministrative health provider involved in counseling and testing.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	8 questions
Part 1.	Facility background	2 questions
Part 2.	Counseling and testing services	14 questions
Part 3.	HIV testing	15 questions
Part 4.	Guidelines and protocols	5 questions
Part 5.	Human resources and staff capacity	7 questions
Part 6.	Staff support and supervision	6 questions
Part 7.	Infrastructure and supplies	7 questions
Part 8.	Referrals	5 questions
Part 9.	Medical records system	8 questions
Part 10.	Interview with a counselor	14 questions
Part 11.	Interviewer observations	7 questions
TOTAL:		98 questions

NOTE:

Instructions for administering this tool can be found on page 13.

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA1	Interviewer's name		
CTA2	Date of interview (dd/mm/yyyy)	___ ___ / ___ ___ / ___ ___	
CTA3	Is the respondent in charge of counseling and testing services or the provider most knowledgeable about these services?	YES 1 NO 2	2 → STOP
<p>“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in developing its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy.</p> <p>I would like to work with you in conducting an assessment of counseling and testing services. The main objective of this assessment is to determine the availability and quality of counseling and testing and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA).</p> <p>We will ask to observe the existence of HIV/AIDS-related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>You may choose to stop this interview at any time. Do you have any questions for me at this time?”</p> <p>[Answer questions.]</p> <p>“Before we begin the interview, I would like to inform you that I will be asking to see certain materials. It would be helpful if someone could help collect those items while we begin the first part of the interview, so that they will be located and compiled by the time I need to see them. If possible, could you ask if someone can start collecting the following items?</p> <ol style="list-style-type: none"> 1) National-level guideline on HIV counseling and testing or VCT 2) Facility-level guidelines or protocols for counseling and testing 3) Patient records and/or register. <p>Thank you very much. Now, let's proceed.”</p>			
CTA4	Do I have your agreement to participate?	YES 1 NO 2	2 → STOP
CTA5	Time at start of interview	_____ : _____ AM PM	
CTA6	Name of person interviewed		
CTA7	Job title of person interviewed		
CTA8	Is this facility currently providing HIV counselling and/or testing?	YES (counseling or testing or both) 1 NO (neither counseling nor testing) 2	2 → Tool 4B

PART 1. FACILITY BACKGROUND			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA9	Name of health facility		
CTA10	Type of health facility	Hospital 1 Health center2 Health post3 Other: _____ 77	

PART 2. COUNSELING AND TESTING SERVICES			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA11	When did this facility first start providing HIV counseling and testing? (month/year)	____ / _____	
CTA12	How many clients on average receive counseling and testing services each week?	No. per week: __ _ _	
CTA13	How many days per week are counseling and testing services offered?	No. (out of 7): __	

CTA14 To CTA15	CTA14 Which of the following services are offered here? [Read choices aloud. For each choice, circle 1 for yes or 2 for no.]		CTA15 For the above services that you do not offer here, where do clients get them?	
		YES (SKIP TO)	NO	
	a. Pretest counseling	1 → A16b	2	a. _____
	b. Posttest counseling	1 → A16c	2	b. _____
	c. HIV counseling and testing	1 → A16d	2	c. _____
	d. HIV diagnostic testing (without counseling)	1 → A16e	2	d. _____
	e. Ongoing supportive counseling (supportive or prevention)	1 → A16f	2	e. _____
	f. Counseling and testing in antenatal care (ANC)/maternal and child health (MCH)	1 → A16g	2	f. _____
	g. Other: _____	1 → A15	2	g. _____
CTA16	Is this facility doing any HIV testing without counseling? <i>If yes, please describe.</i>	YES 1 NO2	2 → CTA17	
CTA17	Where do people go for ongoing supportive counseling, especially for those who test HIV positive?			

PART 2. COUNSELING AND TESTING SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA18	Please estimate for the past 30 days:		
	a. How many people have presented at the site for HIV counseling and testing?	No. of people in the past 30 days: _ _ _ _ _	
	b. What percentage of the total was female?	_ _ _ _ _ %	
	c. What percentage of the total had pretest counseling?	_ _ _ _ _ %	
	d. What percentage of the total has been tested for HIV?	_ _ _ _ _ %	
	e. What percentage of those tested received their result?	_ _ _ _ _ %	
CTA19	Do you provide group counseling or provide information?	YES 1 NO 2	2 → CTA20
	<i>If yes, please describe</i>		
CTA20	Are group sessions followed by individual pretest counseling?	YES 1 NO 2	2 → CTA21
	<i>If yes, please explain.</i>		
CTA21	Please describe the methods and systems in place for quality assurance of counseling. [Do not prompt. Circle all mentioned.]	None 1 Client exit interviews 2 Sit in/observation 3 Counselor self assessment 4 Counselor supervision 5 Peer support 6 Don't know 88 Other: _____ 77	
CTA22	How do you think counseling and testing can be improved in your institution? Please be specific.		

PART 2. COUNSELING AND TESTING SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA23	Is the counseling and testing service advertised or promoted in any way?	YES 1 NO 2	2 → CTA24
	<i>If yes, please describe how.</i>		
CTA24	What would need to be done to be able to serve more clients everyday (for example, if 20 percent more clients presented for counseling and testing services)? Please be specific.		

PART 3. HIV TESTING			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA25	Please describe the testing protocol and algorithm used. <i>(For example, brand names of first test, second test, tie-breaker test.)</i>		
CTA26	What is the system of testing used here? <i>(For anonymous testing, no names are recorded at all. For confidential testing, names are recorded but the information is protected).</i>	Anonymous..... 1 Confidential 2 Sometimes anonymous and sometimes confidential 3 Other: _____ 77	
CTA27	Who takes the sample for the test?	Lab tech 1 Nurse 2 Counsellor 3 Doctor 4 Other: _____ 77	
CTA28	Where is the HIV test performed? <i>(Actually running the test and not drawing the blood.)</i>	Testing done in this unit 1 Testing done in another unit in this facility 2 Preliminary tests done on site, confirmations sent to off-site lab 3 All testing done off-site 4 Other: _____ 77	

PART 3. HIV TESTING CONTINUED				
NO.	QUESTIONS	RESPONSES AND CODING		SKIP TO
CTA29 to CTA31	CTA29 Name of HIV tests used . <i>[Fill in all that apply]</i>	CTA30 Currently in stock?	CTA31 Source of tests, kits (e.g., central medical stores)?	
		YES	NO	
	a.	1	2	a.
	b.	1	2	b.
	c.	1	2	c.
	d.	1	2	d.
	e.	1	2	e.
CTA32	a. Do you have internal quality assurance for HIV testing?	YES 1	1 → CTA32b	
		NO 2	2 → CTA32c	
	b. <i>If yes</i> , please describe.			
	c. <i>If no</i> , please identify reasons why not.			
CTA33	a. Do you have external quality assurance for HIV testing?	YES..... 1	1 → CTA33b	
		NO..... 2	2 → CTA33c	
	b. <i>If yes</i> , please describe.			
	c. <i>If no</i> , please identify reasons why not.			
CTA34	What happens if test results are indeterminate (first test is positive and second test is negative?)			
CTA35	Who communicates the test result to the client (most of the time)?	Lab technician 1		
		Nurse 2		
		Counselor 3		
		Doctor 4		
		Other: _____ 77		

PART 3. HIV TESTING CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA36	When are the results of a client's HIV test available (in general)?	Within one hour 1 Same day 2 Next day 3 Within one week 4 Longer than one week 5	
CTA37	Is the timing of when results are given to the client different depending on the test result (that is, are initial HIV reactive tests confirmed off site, and so results take longer)?		
CTA38	Please explain the reasons why some people do not receive their test results. <i>[Do not prompt]</i>		
CTA39	Please describe how the forecasting is done to ensure that there are HIV test kits and/or reagents in stock.		

PART 4. GUIDELINES AND PROTOCOLS			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA40	Is there a copy of the national counseling and testing or VCT guidelines on site?	YES 1 NO 2 Don't know 88	
CTA41	Is there a copy of the national testing algorithm on site?	YES 1 NO 2 Don't know 88	
CTA42	a. Does this site have written procedures/protocols for counseling?	YES 1 NO 2 Don't know 88	1 → CTA42b
	b. If yes to above, have staff received formal orientation or training on the protocols?	YES 1 NO 2 Don't know 88	
Questions CTA43 and CTA44 refer to Informed Consent			
CTA43	Is informed consent obtained before testing? (<i>Informed consent is the process by which the provider fully explains what the test is for and why it is being performed, so that the patient can voluntarily decide and agree or disagree to the test, based on the information presented.</i>)	Always 1 Almost always 2 Usually 3 Sometimes 4 Never/almost never 5 Don't know 88	
CTA44	How is informed consent obtained? Please describe.		

PART 5. HUMAN RESOURCES AND STAFF CAPACITY					
NO.	QUESTIONS	RESPONSES AND CODING			SKIP TO
CTA45 TO CTA48	<p><i>[Read the list of staff categories to the respondent and fill out this table together. First get the total number of staff for each category who work in the counseling and testing unit. Then, find out how many of the total perform counseling and testing services as their primary duty (dedicated to counseling and testing), and how many do it as an additional duty. Finally, ask how many of the total for each category have been trained in counseling and testing. Work from left to right, completing all questions for each category of staff before moving to the next.]</i></p>				
	How many staff members in the following categories provide service to the counseling and testing unit ?	CTA45 Number for whom counseling and testing is primary/regular duty	CTA46 Number for whom counseling and testing is additional duty	CTA47 Number of total with counseling and testing training	CTA48 Total number of staff
	a. Medical doctor				
	b. Clinical officer				
	c. Registered nurse				
	d. Enrolled nurse				
	e. Nurse midwife				
	f. Professional counselor				
	g. Lay counselor				
h. Other: _____					
CTA49	Please describe how the counseling and testing unit is structured (for example, who is in charge, staff structure).				
CTA50	Please describe any training that counseling and testing staff require.				
CTA51	Are there people at this facility who have been in trained in HIV counseling and testing, but who are not providing it?	YES 1 NO 2			2 → CTA52
	<i>If yes, please explain.</i>				

PART 6. STAFF SUPPORT AND SUPERVISION CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA57	<p>What are the MOST difficult problems the counseling and testing staff face in doing their jobs?</p> <p><i>[Read all choices out loud. Circle all applicable answers. Encourage respondent to identify only those that are the most serious constraints.</i></p> <p><i>Ask: "Anything else?" and record the answer on the "other" line.]</i></p>	Staff shortages 1 Lack of supplies and/or stock 2 Lack of training 3 Lack of supervision 4 Lack of feedback on performance 5 Lack of time to do job 6 Low service utilization 7 Demoralized staff 8 Poor working environment 9 Inadequate salary 10 Inadequate facilities 11 Too many patients 12 Other: _____ 77 Other: _____ 77	

PART 7. INFRASTRUCTURE AND SUPPLIES

NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA58	Please describe the waiting area (for example, educational materials, video machine, seating capacity and sufficiency).		
CTA59	Is there space dedicated for doing counseling sessions?	YES, there is dedicated space 1 Some space, but not dedicated 2 NO, there is no space 3	
CTA60	Does the space where counseling occurs ensure visual privacy?	YES 1 NO 2	
CTA61	Does the space where counseling occurs ensure auditory privacy?	YES 1 NO 2	
CTA62	Is the space where counseling occurs a place where the counselor and client are free from interruptions ?	YES 1 NO 2	
CTA63	How often are the following materials and supplies available?	Always/ almost always Usually Sometimes Never/ almost never	
	a. Electricity	1 2 3 4	
	b. Running/clean water	1 2 3 4	
	c. Sharps disposal container	1 2 3 4	
	d. Surgical gloves	1 2 3 4	
	e. HIV test kits	1 2 3 4	
	f. Testing reagents	1 2 3 4	

PART 7. INFRASTRUCTURE AND SUPPLIES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA64	In the past two months, how many days have there been no test kits due to stock-outs?	0 days of stock out 1 Less than 5 days of stock out 2 6–10 days of stock out 3 10–20 days 4 More than 30 days 5	

PART 8. REFERRALS			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA65	How often, if ever, are referral slips or forms used when referring clients to other services?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88	
CTA66	Do you have a referral list or directory of care and support services in this catchment area? <i>[If yes, ask to see the list/directory.]</i>	YES, list/directory seen 1 YES, list/directory NOT seen 2 NO 3	
CTA67	a. Is there a written register of patient referrals? <i>[If yes, ask to see the register.]</i>	YES, register seen 1 YES, register NOT seen 2 NO 3	1 → CTA67b 3 → CTA68
	b. <i>If yes, and the register was seen, please describe how it is kept.</i>		
CTA68	a. Do you feel there are adequate referral services available, particularly for the needs of people who test positive?	YES 1 NO 2	
	b. Please explain why or why not.		
CTA69	Please highlight any problems and successes of the referral system.		

PART 9. MEDICAL RECORDS SYSTEM (MRS)			
NO.	QUESTIONS	CODING AND RESPONSES	SKIP TO
<p>“Now I would like to ask you a few questions about the counseling and testing service’s record-keeping practices. Please remember that all records seen will be kept confidential and that patient names will not be reviewed or recorded.”</p>			
CTA70	<p>Please list all of the forms that are used to collect data from the clients and for record keeping.</p> <p>[Ask to have copies of all of these forms and to see all of the registers mentioned.]</p>	<p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p>	
CTA71	<p>Does the counseling and testing center maintain a written record of all clients seen?</p> <p>[If yes, ask to see the register.]</p>	<p>YES, register seen 1</p> <p>YES, register NOT seen2</p> <p>NO3</p>	
CTA72	<p>Are files kept on each individual client?</p>	<p>YES 1</p> <p>NO2</p>	2 → CTA73
	<p><i>If yes, who has access to the client files and how are they stored? Please describe.</i></p>		
CTA73	<p>Does the counseling and testing center compile data on the clients into a report at least quarterly?</p>	<p>YES 1</p> <p>NO2</p>	2 → CTA77
CTA74	<p>Where is this report sent?</p> <p>[Circle all that apply.]</p>	<p>Hospital administrator 1</p> <p>Local AIDS coordinator2</p> <p>Provincial/State AIDS coordinator ...3</p> <p>District AIDS coordinator4</p> <p>National AIDS control program5</p> <p>Other: _____ 77</p> <p>Other: _____ 77</p>	
CTA75	<p>Does the report contain clients’ names?</p>	<p>YES 1</p> <p>NO2</p>	
CTA76	<p>a. Are data analyzed and used to improve the services (that is, for monitoring and evaluation)?</p>	<p>YES 1</p> <p>NO2</p>	
	<p>b. Please explain.</p>		

PART 9. MEDICAL RECORDS SYSTEM (MRS) CONTINUED			
NO.	QUESTIONS	CODING AND RESPONSES	SKIP TO
CTA77	What could be done to improve the current MRS in the counseling and testing unit?		

“Thank you for your participation in this survey. Now, I would like to interview a counselor or other nonmanagerial staff person who provides counseling and testing.”

[The questionnaire for Tool A is NOT yet finished. You should now continue to Part 10, and proceed to interviewing a counselor or other nonmanagerial staff person who provides counseling and testing.]

PART 10. INTERVIEW WITH A COUNSELOR

“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ to conduct an assessment to learn more about your services related to HIV/AIDS. As part of this survey, we are interested in knowing what services related to HIV/AIDS care and support are available today. By care and support, we mean the provision of services that are related to the medical, psychological, emotional and social needs of PLHA and their families.

I would like to work with you in conducting an assessment of counseling and testing services. The main objective of this assessment is to determine the availability and quality of counseling and testing and identify the opportunities to strengthen these elements in order to provide comprehensive care to PLHA.

We will ask to observe the existence of HIV/AIDS-related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded, or shared from the registers. **The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor.** This is not an evaluation of your performance. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.

You may choose to stop this interview at any time. Do you have any questions for me at this time?”
[Answer questions.]

NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA78	Do I have your agreement to participate?	YES 1 NO (reason: _____) 2	2 → STOP
CTA79	Time at start of interview:	_____ : _____ AM PM	
CTA80	Name of person interviewed		
CTA81	Job title of person interviewed		
CTA82	How long have you been working as an HIV counselor?	_____ years, _____ months	

PART 10. INTERVIEW WITH A COUNSELOR CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTA89	Please describe how referrals are made.		
CTA90	Please highlight any problems and successes of the referral system.		
CTA91	Time at end of interview	_____ : _____ AM PM	

“Thank you for your participation in this survey.”

PART 11. INTERVIEWER OBSERVATIONS		
CTA92	<i>Please note any general observations you have about the counseling and testing unit that have not been addressed in this survey.</i>	
CTA93	<i>Overall cleanliness of counseling and testing area.</i>	
CTA94	<i>Patient flow and organization (for example, how busy is the facility and is it well organized or haphazard)?</i>	
CTA95	<i>Please describe the location of the counseling and testing unit within the facility.</i>	
CTA96	<i>Observations on the records system (for example, the condition, quality, accessibility, security, and organization of the records).</i>	
CTA97	<i>Attitudes of providers toward the counseling and testing unit and toward the clients.</i>	
CTA98	<i>What is your overall impression of how well this site can handle increased demand and uptake for counseling and testing.</i>	

TOOL 4A ends here.

Tool 4B: Counseling and Testing Services

ASSESSMENT TOOL B: For facilities NOT currently providing HIV counseling and testing

For this tool: please interview a facility administrator.

This questionnaire consists of

Part 0. Identification, eligibility, and consent 7 questions

Part 1. General 5 questions

Part 2. Thinking forward 6 questions

Part 3. Interviewer observations 6 questions

TOTAL: 24 questions

NOTE:

Instructions for administering this tool can be found on page 15.

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTB1	Interviewer's name		
CTB2	Date of interview (dd/mm/yyyy)	____ / ____ / _____	
<p>"Hello. My name is _____ My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ to conduct an assessment to learn more about your services related to HIV/AIDS. As part of this survey, we are interested in knowing what services related to HIV/AIDS care and support are available today. By care and support, we mean the provision of services that are related to the medical, psychological, emotional and social needs of people living with HIV/AIDS (PLHA) and their families.</p> <p>We would like to work with you in conducting an assessment of counseling and testing services. The main objective of this assessment is to determine the availability and quality of counseling and testing and identify the opportunities to strengthen these elements in order to provide comprehensive care to PLHA.</p> <p>We will ask to observe the existence of HIV/AIDS-related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded, or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>You may choose to stop this interview at any time. Do you have any questions for me at this time?"</p> <p>[Answer questions.]</p>			
CTB3	Do I have your agreement to participate?	YES 1 NO (reason:).2	2 → STOP
CTB4	Time at start of interview	____ : ____ AM PM	
CTB5	Name of person interviewed		
CTB6	Job title of person interviewed		
CTB7	Is this facility currently providing HIV counselling and/or testing?	YES (counseling or testing or both) 1 NO (neither counseling nor testing).....2	1 → Tool 4A

PART 1. GENERAL					
NO.	QUESTIONS	RESPONSES AND CODING			SKIP TO
CTB8	Please tell me the history of counseling and testing in this facility (For example, has it ever been done or considered? Never considered?)				
CTB9	What are the future plans, if any, in terms of addressing HIV/AIDS care and support in general and counseling and testing specifically?				
	a. HIV/AIDS care and support: b. HIV/AIDS counseling and testing:				
CTB10	Are antiretroviral drugs available in this facility (or planned for the near future)?	YES, available now 1	YES, planned for near future 2	NO 3	Don't know 88
CTB11	If counseling and testing is not done in this facility, where do clients go for these services?	Other public facilities 1	Other private facilities 2	NGOs doing counseling and testing 3	Mobile/community services 4
		Other: _____ 77	Other: _____ 77		
CTB12	How often do you have the following materials and supplies?	Always/ almost always	Usually	Sometimes	Never/ almost never
	a. Electricity	1	2	3	4
	b. Running/clean water	1	2	3	4
	c. Sharps disposal container	1	2	3	4
	d. Surgical gloves	1	2	3	4
	e. HIV test kits	1	2	3	4
	f. Testing reagents	1	2	3	4

PART 2. THINKING FORWARD			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTB13	<p>What are that main reasons why counseling and testing is not being offered in this facility?</p> <p>[Read all choices out loud. Circle all applicable answers. Then ask: "Anything else?" Enter responses in the "Other" line.]</p>	<p>It is not our responsibility1</p> <p>It is not a high priority for us2</p> <p>Lack of funding3</p> <p>Lack of technical expertise4</p> <p>Lack of space5</p> <p>Staff shortages6</p> <p>Lack of supplies7</p> <p>No mechanism for testing8</p> <p>No mechanism for procuring tests9</p> <p>Inadequate laboratory10</p> <p>There is not enough demand for it11</p> <p>Other: _____ 77</p> <p>Other: _____ 77</p> <p>Other: _____ 77</p>	
CTB14	<p>a. If you were to start providing counseling and testing, where would the needed staff come from?</p> <p>[Read the list aloud. Circle all that apply.]</p>	<p>Pull staff from other units in this facility1</p> <p>From outside the facility2</p> <p>Don't know 88</p> <p>Other: _____ 77</p>	
	<p>b. Please explain further.</p>		
CTB15	<p>a. If you were to start providing counselling and testing, is there space that could be dedicated for these services?</p> <p>[Read the list aloud. Circle all that apply.]</p>	<p>YES, there is space to dedicate for counseling and testing full-time1</p> <p>YES, there is space that can be dedicated for counseling and testing part-time2</p> <p>NO, there is no space3</p>	
	<p>b. Please explain further.</p>		

PART 2. THINKING FORWARD CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CTB16	<p>Please explain what steps you think will need to be taken in order to start counseling and testing here. (Prioritize the steps.)</p> <p><i>[Do not prompt initially. Allow respondent to talk first and then prompt if the following are not mentioned...staff and training, space, equipment, and supplies.]</i></p>		
CTB17	<p>For the above steps, please describe any assistance that your facility would require.</p> <p><i>[Please be sure that no promises are made here. It is not that the things mentioned will be provided, but rather we want to know what the staff at the site thinks they need.]</i></p>		
CTB18	Time at end of interview	_____ : _____ AM PM	

“This survey is now complete. Thank you for your participation.”

PART 3. INTERVIEWER OBSERVATIONS		
CTB19	<i>Please note any general observations you have that have not been addressed in this survey.</i>	
CTB20	<i>Overall cleanliness of facility.</i>	
CTB21	<i>Patient flow and organization (for example, how busy is the facility and is it well organized or haphazard)?</i>	
CTB22	<i>Observations on the records system (for example, the condition, quality, accessibility, security, and organization of the records).</i>	
CTB23	<i>Attitudes of providers toward counseling and testing.</i>	
CTB24	<i>Your overall impression of how well this site can implement counseling and testing services.</i>	

TOOL 4B ends here.

Tool 5: Healthcare Worker Questionnaire

For this tool, please interview at least one healthcare worker from both the inpatient and outpatient departments. If only one person can be interviewed, please interview a nurse.

NOTE:

Instructions for administering this tool can be found on page 16.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	9 questions
Part 1.	Background and training	9 questions
Part 2.	HIV/AIDS services	10 questions
Part 3.	Care for children	6 questions
Part 4.	Management of HIV-related disease and opportunistic infections for adults	12 questions
Part 5.	Tuberculosis	2 questions
Part 6.	Adherence	6 questions
Part 7.	Health management information system	4 questions
Part 8.	Maximizing acceptability of ART and ART start-up program	5 questions
TOTAL:		63 questions

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW1	Interviewer's name		
HCW2	Date of interview (dd/mm/yyyy)	____ / ____ / _____	
HCW3	Is the respondent a healthcare worker?	YES 1 NO 2	2 → STOP
<p>“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in improving its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy. We would like to work with you in conducting an assessment of this health facility. The main objective of this assessment is to determine the availability and quality of the essential elements of an antiretroviral therapy program and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA). We will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>We will ask to observe the existence of HIV/AIDS related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions for me at this time?” <i>[Answer questions.]</i></p>			
HCW4	Do I have your agreement to participate?	YES 1 NO (reason: _____) 2	2 → STOP
HCW5	Time at start of interview	____ : ____ AM PM	
HCW6	Name of person interviewed (optional)		
HCW7	Job title of person interviewed		
HCW8	Name of health facility		
HCW9	Type of health facility		

PART 1. BACKGROUND AND TRAINING			
<i>[Unless specified, please provide one answer per question. For all questions, please circle the number associated with your answer or fill in the blank provided.]</i>			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW10	What is your technical qualification and specialty?	a. Technical qualification: Medical doctor 1 Clinical officer 2 Registered nurse 3 Enrolled nurse 4 Registered midwife 5 Enrolled midwife 6 Other: _____ 77 b. Specialty: _____	
HCW11	How many years of formal professional education have you completed?	No. of years: ___ ___	
HCW12	In-service training refers to training that you received after you started working. Have you received any in-service training since you've completed your basic training?	YES 1 NO 2	2 → HCW14

HCW13	Did this in-service training include training in the following areas? <i>[Circle one answer for each topic. If training lasted less than one day, count it as one day]</i>	NO	YES (Specify No. of days)	Does not apply – N/A
	a. Clinical management of HIV	1	No. Days: _ _ _ _	99
	b. Nursing care of HIV-infected clients	1	No. Days: _ _ _ _	99
	c. Opportunistic infection (OI) preventive therapy (including TB)	1	No. Days: _ _ _ _	99
	d. Antiretroviral therapy (ART)	1	No. Days: _ _ _ _	99
	e. Sexually transmitted infection (STI) syndromic management	1	No. Days: _ _ _ _	99
	f. TB management	1	No. Days: _ _ _ _	99
	g. Services for prevention of mother-to-child transmission (PMTCT)	1	No. Days: _ _ _ _	99
	h. Postexposure prophylaxis (PEP)	1	No. Days: _ _ _ _	99
	i. Integrated management of childhood illness (IMCI)	1	No. Days: _ _ _ _	99
	j. Pediatric AIDS care	1	No. Days: _ _ _ _	99
	k. HIV immunology and lab techniques	1	No. Days: _ _ _ _	99
	l. Nutritional needs of patients with HIV	1	No. Days: _ _ _ _	99

PART 1. BACKGROUND AND TRAINING CONTINUED				
NO.	QUESTIONS	RESPONSES AND CODING		
HCW13 Cont.	Did this in-service training include training in the following areas? [Circle one answer for each topic. If training lasted less than one day, count it as one day]	NO	YES (Specify No. of days)	Does not apply – N/A
	m. HIV testing	1	No. Days: _ _ _ _	99
	n. HIV education	1	No. Days: _ _ _ _	99
	o. HIV pretest counseling	1	No. Days: _ _ _ _	99
	p. HIV posttest counseling	1	No. Days: _ _ _ _	99
	q. Provision of HIV home care services	1	No. Days: _ _ _ _	99
	r. HIV palliation	1	No. Days: _ _ _ _	99
	s. Universal precautions	1	No. Days: _ _ _ _	99
	t. Social support (for example, food, clothing, income generation, school fees)	1	No. Days: _ _ _ _	99
	u. Orphan support	1	No. Days: _ _ _ _	99
	v. Spiritual support	1	No. Days: _ _ _ _	99
	w. Management of HIV services	1	No. Days: _ _ _ _	99
	x. Interventions with care givers to prevent/treat burnout	1	No. Days: _ _ _ _	99
y. Other: _____	1	No. Days: _ _ _ _	99	
HCW14	In which department do you work?	Outpatient department..... 1 Inpatient department..... 2 Specialty clinic 3 Other: _____ 77		
HCW15	In which areas related to HIV/AIDS do you feel you or your staff need additional training? [Circle all that apply.]	General nursing care 1 OI management 2 ART 3 PEP 4 Palliative care 5 Home-based care 6 Pretest counseling 7 Posttest counseling 8 Follow-up counseling 9 Universal precautions 10 Nutrition 11 Infant feeding 12 Other: _____ 77		

PART 1. BACKGROUND AND TRAINING CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW16	<p>How do you keep yourself informed of new developments in the area of HIV/AIDS care and support?</p> <p>[Circle all that apply.]</p>	<p>E-mail exchange list 1</p> <p>Medical journals/publications 2</p> <p>World Wide Web/Internet 3</p> <p>CD-ROM 4</p> <p>Refresher courses 5</p> <p>Technical staff updates 6</p> <p>Presentations by visiting experts..... 7</p> <p>Other: _____ 77</p>	
HCW17	<p>Does this facility have a copy of the national guidelines on HIV clinical management and ART?</p>	<p>YES 1</p> <p>NO 2</p> <p>Don't know 88</p>	<p>2 → HCW19</p> <p>88 → HCW19</p>
HCW18	<p>Do you personally use or refer to the national guidelines on HIV clinical management and ART?</p>	<p>YES 1</p> <p>NO 2</p> <p>Don't know 88</p> <p>Does not apply (N/A) 99</p>	

PART 2. HIV/AIDS SERVICES			
	Do you personally provide the following services at this facility? <i>[For each topic below, circle 1 for yes or 2 for no.]</i>	YES	NO
HCW19	a. Clinical management of HIV	1	2
	b. Nursing care of HIV-infected clients	1	2
	c. OI preventive therapy (including TB)	1	2
	d. ART	1	2
	e. STI syndromic management	1	2
	f. TB management	1	2
	g. PMTCT services	1	2
	h. PEP	1	2
	i. IMCI	1	2
	j. Pediatric AIDS care	1	2
	k. HIV immunology and lab techniques	1	2
	l. Nutritional needs of patients with HIV	1	2
	m. HIV testing	1	2
	n. HIV education	1	2
	o. HIV pretest counseling	1	2
	p. HIV posttest counseling	1	2
	q. Provision of HIV home care services	1	2
	r. HIV palliation	1	2
	s. Universal precautions	1	2
	t. Social support (for example, food, clothing, income generation, school fees)	1	2
	u. Orphan support	1	2
v. Spiritual support	1	2	
w. Management of HIV services	1	2	
x. Interventions with care givers to prevent/treat burnout	1	2	
y. Other (specify): _____ _____	1	2	
HCW20	What percentage of your clients present with HIV/AIDS or HIV/AIDS-related illnesses? Please estimate taking the previous week as an example.	_ _ _ _ %	

PART 2. HIV/AIDS SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW21	<p>What are the five most prevalent OIs that you manage? Please list them in order from the most prevalent (1) to least prevalent (5).</p> <p><i>[If the facility does not provide clinical management of opportunistic infections, then circle “n. Does not apply(N/A).”]</i></p>	<p>___ a. Bacterial pneumonia</p> <p>___ b. PCP</p> <p>___ c. Tuberculosis</p> <p>___ d. Oral/esophageal thrush</p> <p>___ e. Gastrointestinal disorder (specify): _____</p> <p>___ f. Cryptococcal meningitis</p> <p>___ g. Toxoplasmosis</p> <p>___ h. CMV</p> <p>___ i. Kaposi’s sarcoma</p> <p>___ j. Skin disorder (specify): _____</p> <p>___ k. Lymphoma</p> <p>___ l. HIV-related dementia</p> <p>___ m. Other: _____</p> <p>99 n. Does not apply (N/A)</p>	
HCW22	Do you refer your HIV/AIDS clients to any counseling, clinical, or social support institution or service for follow-up care and support?	<p>YES 1</p> <p>NO 2</p>	2 → HCW27
HCW23	What three HIV-related services (for example, TB unit, nutritional services, home-based care) do you most frequently refer your patients to?	<p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	
HCW24	What percentage of your suspected or confirmed new HIV/AIDS clients bring a referral slip? Please estimate, taking the previous month as an example.	_ _ _ _ %	
HCW25	Does this facility have a formal referral mechanism? (<i>A formal referral mechanism includes a focal point, referral slips, and recordkeeping.</i>)	<p>YES 1</p> <p>NO 2</p>	
HCW26	Please describe the referral system, that is, it is formal or informal?		

PART 2. HIV/AIDS SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW27	<p>Please describe the process by which the diagnosis of HIV infection is made.</p> <p>[Circle all steps that apply. Do not prompt.]</p>	Medical history taken (problem list) 1 HIV risk assessment taken 2 Refer to VCT 3 Patient or parent counseled for HIV test..... 4 Patient or parental consent for HIV test sought 5 HIV testing 6 Posttest counseling done 7 Patient or parent counseled on disease and treatment 8 HIV infected patient: referral to clinical care and support 9 HIV negative: referral to prevention counseling 10 Other: 77	
HCW28	<p>How did you learn the process of HIV diagnosis that you just described?</p> <p>[Circle all steps that apply. Do not prompt.]</p>	Facility guidelines/policy 1 Specialty training 2 On-site training 3 Formal training from school 4 Other: 77	

PART 3. CARE FOR CHILDREN																							
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO																				
HCW29	Do you provide any services for children?	YES 1 NO 2	2 → HCW 35																				
HCW30	Do you provide any of the following services for children? [For each topic below, circle 1 for yes or 2 for no.]	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 5%; text-align: center;">YES</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">NO</td> <td style="width: 30%;"></td> </tr> <tr> <td>a. OI preventive therapy (for example, cotrimoxazole)</td> <td style="text-align: center;">1</td> <td style="border-left: 1px dashed black;"></td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>b. Micronutrient supplementation (for example, vitamins)</td> <td style="text-align: center;">1</td> <td style="border-left: 1px dashed black;"></td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>c. Management of OIs and HIV-related conditions</td> <td style="text-align: center;">1</td> <td style="border-left: 1px dashed black;"></td> <td style="text-align: center;">2</td> <td></td> </tr> </table>		YES		NO		a. OI preventive therapy (for example, cotrimoxazole)	1		2		b. Micronutrient supplementation (for example, vitamins)	1		2		c. Management of OIs and HIV-related conditions	1		2		
		YES		NO																			
	a. OI preventive therapy (for example, cotrimoxazole)	1		2																			
b. Micronutrient supplementation (for example, vitamins)	1		2																				
c. Management of OIs and HIV-related conditions	1		2																				
HCW31	How often do you prescribe prophylaxis (for example, cotrimoxazole) to children presenting with HIV-related illness?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88																					

PART 3. CARE FOR CHILDREN CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW32	What are the main obstacles for providing prophylactic treatment to children?	No guidelines available 1 No training on HIV in children 2 Insufficient drugs available 3 Parents unable to pay for drugs 4 Other: _____ 77	
HCW33	How often do you prescribe Vitamin A to children presenting with HIV-related illness?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88	
HCW34	What components of HIV/AIDS palliative care do you provide for children? <i>[Circle all that apply.]</i>	None 1 Pain management 2 Symptom control 3 Nursing care 4 Home-based care 5 Psychological support 6 Spiritual support 7 Legal advice 8 Financial advice 9 Coping with stigma 10 Psychological/spiritual support to families/households 11 Other: _____ 77	

PART 4. MANAGEMENT OF HIV-RELATED DISEASE AND OIS FOR ADULTS			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW35	Do you provide treatment for OIs for HIV-infected clients?	YES 1 NO 2	2 → HCW37
HCW36	On average, about how many clients do you manage for OIs each week (total)?	No. of patients: _ _ _ _ _ , _ _ _ _ _	
HCW37	In the past year, has the number of patients that you clinically manage for HIV/AIDS:	Sharply increased 1 Steadily increased 2 Remained about the same 3 Steadily decreased 4 Sharply decreased 5 Don't know 88 Not applicable (N/A) 99	

PART 4. MANAGEMENT OF HIV-RELATED DISEASE AND OIS FOR ADULTS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW38	Approximately what percentage of your HIV/AIDS clients receive the following preventative therapies		
	a. INH	_ _ _ _ _ %	
	b. Cotrimoxazole	_ _ _ _ _ %	
HCW39	On average, approximately how often do you see the patients whom you clinically manage for HIV care?	At least once per week 1 More than once per month 2 Once a month 3 Every other month 4 Every two months 5 Other: _____ 77 Don't know 88	
HCW40	What factors influence your selection of a treatment regimen? <i>[Circle all that apply.]</i>	Price of the drugs 1 Availability of drugs 2 Follow guidelines (specify) _____ 3 Follow expert recommendations (specify) _____ 4 Severity of clinical staging 5 Other: _____ 77	
HCW41	What do people do if they cannot get the needed drugs/treatment from you or your facility?		
HCW42	What are the main challenges you face in monitoring effectiveness of treatment?		
HCW43	What strategies have you found to be helpful in improving/facilitating monitoring of HIV/AIDS patients?		
HCW44	What problems do you face in providing treatment to patients for OIs?		

PART 4. MANAGEMENT OF HIV-RELATED DISEASE AND OIS FOR ADULTS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW45	How did you obtain the training that you need to clinically manage HIV/AIDS clients for OIs and TB?		
HCW46	What additional training do you think you need in the clinical management of HIV?		

PART 5. TUBERCULOSIS			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW47	Do you provide treatment for tuberculosis for HIV-infected clients?	YES 1 NO 2	2 → HCW49
HCW48	On average, how many suspected or confirmed HIV/AIDS patients are also infected with TB, including new cases and follow-up visits? Please estimate, taking the previous week as an example.	No. of patients: _ _ _ _ _ , _ _ _ _ _	

PART 6. ADHERENCE			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW49	Who discusses HIV disease, treatment regimen, adherence counseling, and side effects with the patients?	Doctor 1 Clinical officer 2 Nurse 3 Counselor 4 Social worker 5 Pharmacist 6 PLHA 7 Other: _____ 77	
HCW50	What types of materials (in addition to the prescription), if any, are given to patients to help them remember how to take their medicines?	Brochure 1 Calendar 2 Leaflets 3 Pill box 4 No materials are given 5 Other: _____ 77	

PART 6. ADHERENCE CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW51	How do you measure patient treatment adherence?	Patient self-report..... 1 Pill count 2 Prescription/refill tracking 3 Directly administered antiretroviral therapy (DAART)/directly observed therapy (DOTS) 4 Other: _____ 77 Don't measure (N/A) 99	99 → HCW54
HCW52	On average, what percentage of patients receiving treatment for OIs achieve each of the adherence levels noted: <i>[If known, fill in percentages of all to total 100%.]</i>	a. > 95%: __ __ __ % 1 b. < 95% __ __ __ % 2 c. Don't know: 88 d. Does not apply (N/A) 99	
HCW53	On average, what percentage of patients receiving treatment for TB achieve each of the adherence levels noted: <i>[If known, fill in percentages of all to total 100%.]</i>	a. > 95%: __ __ __ % 1 b. < 95% __ __ __ % 2 c. Don't know 88 d. Does not apply (N/A) 99	
HCW54	Please describe what strategies you have found helpful in improving patient adherence.		

PART 7. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW55	Is a patient's medical record available when you need it?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88	
HCW56	Overall, how satisfied are you with the medical records system at the facility (for example, organization, ease of use, accessibility)?	Very satisfied 1 Satisfied 2 Somewhat satisfied 3 Dissatisfied 4 Don't know 88	
HCW57	Are the clinical forms adequate for managing an HIV-infected patient effectively?	YES 1 NO 2	

PART 7. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HCW58	What suggestions do you have for improving these forms and medical records?		

PART 8. MAXIMIZING ACCEPTABILITY OF ART AND ART START-UP PROGRAM			
HCW59	What could this facility do to improve acceptability of HIV/AIDS services for the community?		
HCW60	What suggestions do you have to improve care and support services for people living with HIV/AIDS?		
HCW61	List barriers that your facility has faced in providing ART to people living with HIV/AIDS.		
HCW62	What preparation is required for this facility to support an ART program (for example, staff size, capacity, infrastructure)?		
HCW63	Time at end of interview	_____ : _____ AM PM	

“Thank you for your participation in this survey.”

Tool 6: Laboratory Services and Commodities

For this tool, please interview the person in charge of laboratory services. If he/she is not available, ask to speak to the staff person who is most knowledgeable about laboratory services.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	9 questions
Part 1.	Human resources and staff capacity	8 questions
Part 2.	Infrastructure	14 questions
Part 3.	Laboratory services	7 questions
Part 4.	Guidelines and protocols: safety procedures	2 questions
Part 5.	Quality assurance	14 questions
Part 6.	Laboratory records system	6 questions
Part 7.	Commodities management	19 questions
Part 8.	Interviewer observations	4 questions

TOTAL: **83 questions**

NOTE:

Instructions for administering this tool can be found on page 17.

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
LAB1	Interviewer's name		
LAB2	Date of interview (dd/mm/yyyy)	____ / ____ / _____	
LAB3	Is the respondent the person in charge of laboratory services or (if he/she isn't available) another staff person who is very knowledgeable about laboratory services?	YES 1 NO 2	2 → STOP
<p>"Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in developing its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy.</p> <p>We would like to work with you in conducting an assessment of this health facility. The main objective of this assessment is to determine the availability and quality of the essential elements of an antiretroviral therapy program and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA). We will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>We will ask to observe the existence of HIV/AIDS-related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded, or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions?" <i>[Answer questions.]</i></p>			
LAB4	Do I have your agreement to participate?	YES 1 NO (reason: _____) 2	2 → STOP
LAB5	Time at start of interview	____ : ____	
LAB6	Name of person interviewed (optional)		
LAB7	Job title of person interviewed		
LAB8	Name of health facility		
LAB9	Type of health facility		

PART 1. HUMAN RESOURCES AND STAFF CAPACITY					
NO.	QUESTIONS	RESPONSES AND CODING			
LAB10	How many staff members provide services in this laboratory?	No. staff members: _ _ _ _ _ _ _ _			
LAB11 TO LAB13	Please provide a breakdown of the number of laboratory staff by the level of training and whether they work part time or full time. Also list their qualification next to their title.	LAB11 Total	LAB12 Full time	LAB13 Part time	
	a. Pathologist				
	b. Laboratory scientist				
	c. Laboratory technician				
	d. Laboratory assistant				
	e. Other: _____				
	f. Other: _____				
	g. Other: _____				
	Have the laboratory staff received training in the following areas? <i>[Read choices a to l one at a time. If staff have received training in that area, note the cadre, number of staff trained, and duration of training. After asking questions a through l; ask respondent if there were any additional areas or cadres trained.]</i>				
LAB14 TO LAB17	Types of Training	LAB14 Cadre	LAB15 Number of staff in that cadre trained	LAB16 Duration (in days)	LAB17 Provider
	a. HIV care	_____	_ _ _ _	_ _ _ _	
	b. Lab technology: HIV diagnosis (rapid, EIA, WB)	_____	_ _ _ _	_ _ _ _	
	c. Lab technology: TLC	_____	_ _ _ _	_ _ _ _	
	d. Lab technology: viral load	_____	_ _ _ _	_ _ _ _	
	e. Lab technology: CD4/CD8	_____	_ _ _ _	_ _ _ _	
	f. Lab technology: viral resistance	_____	_ _ _ _	_ _ _ _	
	g. Postexposure prophylaxis (PEP)	_____	_ _ _ _	_ _ _ _	
	h. HIV counseling	_____	_ _ _ _	_ _ _ _	
	i. Quality assurance	_____	_ _ _ _	_ _ _ _	
	j. Lab safety	_____	_ _ _ _	_ _ _ _	
	k. Equipment maintenance	_____	_ _ _ _	_ _ _ _	
	l. Commodity management	_____	_ _ _ _	_ _ _ _	
	m. Other: _____	_____	_ _ _ _	_ _ _ _	
n. Other: _____	_____	_ _ _ _	_ _ _ _		

PART 2. INFRASTRUCTURE					
NO.	QUESTIONS	RESPONSES AND CODING			
	<i>[First read the listed equipment aloud, then circle 1 for yes or 2 for no. If “yes,” proceed to questions LAB19 and LAB20 for that letter before proceeding to asking question LAB18 for the next letter.]</i>				
	LAB18 Which of the following equipment do you have in the facility’s laboratory?	YES	NO	LAB19 How many of them are currently functional?	LAB20 How many of them are currently nonfunctional?
LAB18 TO LAB20	a. Anaerobic chamber	1	2 → LAB19b	<input type="text"/>	<input type="text"/>
	b. Autoclave	1	2 → LAB19c	<input type="text"/>	<input type="text"/>
	c. Biochemical analyzer	1	2 → LAB19d	<input type="text"/>	<input type="text"/>
	d. CD4 count instrument	1	2 → LAB19e	<input type="text"/>	<input type="text"/>
	e. Centrifuge	1	2 → LAB19f	<input type="text"/>	<input type="text"/>
	f. Dyna beads equipment		2 → LAB19g	<input type="text"/>	<input type="text"/>
	g. Refrigerated high-speed centrifuge	1	2 → LAB19h	<input type="text"/>	<input type="text"/>
	h. Colorimeter	1	2 → LAB19i	<input type="text"/>	<input type="text"/>
	i. Electrophoresis machine	1	2 → LAB19j	<input type="text"/>	<input type="text"/>
	j. ELISA screening machines	1	2 → LAB19k	<input type="text"/>	<input type="text"/>
	k. –20C freezer	1	2 → LAB19l	<input type="text"/>	<input type="text"/>
	l. –80C freezer	1	2 → LAB19m	<input type="text"/>	<input type="text"/>
	m. Facscount		2 → LAB19n	<input type="text"/>	<input type="text"/>
	n. Gas analyzer	1	2 → LAB19o	<input type="text"/>	<input type="text"/>
	o. Haematocrit	1	2 → LAB19p	<input type="text"/>	<input type="text"/>
	p. Hematological analyzer	1	2 → LAB19q	<input type="text"/>	<input type="text"/>
	q. Hot-air oven	1	2 → LAB19r	<input type="text"/>	<input type="text"/>
	r. Incubator	1	2 → LAB19s	<input type="text"/>	<input type="text"/>
	s. Microscope	1	2 → LAB19t	<input type="text"/>	<input type="text"/>
	t. Photometer	1	2 → LAB19u	<input type="text"/>	<input type="text"/>
	u. Refrigerator	1	2 → LAB19v	<input type="text"/>	<input type="text"/>
	v. Safety cabinet/biological safety hoods	1	2 → LAB19w	<input type="text"/>	<input type="text"/>
	w. Sharps container	1	2 → LAB19x	<input type="text"/>	<input type="text"/>
	x. Stainer	1	2 → LAB19y	<input type="text"/>	<input type="text"/>
	y. Water bath	1	2 → LAB19z	<input type="text"/>	<input type="text"/>
	z. Water distiller	1	2 → LAB19aa	<input type="text"/>	<input type="text"/>

PART 2. INFRASTRUCTURE CONTINUED					
NO.	QUESTIONS	RESPONSES AND CODING			
	<i>[First read the listed equipment aloud, then circle 1 for yes or 2 for no. If “yes,” proceed to questions LAB19 and LAB20 for that letter before proceeding to asking question LAB18 for the next letter.]</i>				
LAB18 TO LAB20 Cont.	LAB18 Which of the following equipment do you have in the facility’s laboratory?	YES	NO	LAB19 How many of them are currently functional?	LAB20 How many of them are currently nonfunctional?
	aa. Weighing machine	1	2 → LAB19bb	_ _ _ _	_ _ _ _
	bb. Shaker	1	2 → LAB19cc	_ _ _ _	_ _ _ _
	cc. Rocker	1	2 → LAB19dd	_ _ _ _	_ _ _ _
	dd. Blood mixer	1	2 → LAB19ee	_ _ _ _	_ _ _ _
	ee. Computer/ IT accessories	1	2 → LAB19ff	_ _ _ _	_ _ _ _
	ff. Automatic pipettes	1	2 → LAB22	_ _ _ _	_ _ _ _
LAB21	Is there a servicing and maintenance arrangement in place for laboratory equipment?	YES 1 NO 2			
LAB22 TO LAB23	<i>[For each of the types of lab equipment below, read LAB22, then (if applicable) LAB23 before continuing to the next letter listed.]</i>	LAB22 Where are the service arrangements for each of these types of laboratory equipment available?			LAB23 What is the name of the service company that offers this equipment?
	a. Hematological analyzer	Local 1 National 2 Outside country 3 Not applicable (N/A) 99 → LAB23b			
	b. Biochemical analyzer	Local 1 National 2 Outside country 3 Not applicable (N/A) 99 → LAB23c			
	c. CD4/CD8 instrument	Local 1 National 2 Outside country 3 Not applicable (N/A) 99 → LAB25			

PART 2. INFRASTRUCTURE CONTINUED									
NO.	QUESTIONS	RESPONSES AND CODING							
LAB24	How long does it generally take to repair your:	<i>[Circle one number below for each letter or type of equipment.]</i>							
		Same day	Next day	Less than a week	1–2 weeks	More than 2 weeks	N/A		
	a. Hematological analyzer	1	2	3	4	5	99		
	b. Biochemical analyzer	1	2	3	4	5	99		
	c. CD4/CD8 instrument	1	2	3	4	5	99		
LAB25	Source of water	Deep well	1	Bore hole	2	Public supply.....	3	Other: _____	77
LAB26	Is an overhead water tank available?	YES	1	NO	2				
LAB27	Comments regarding the consistency of the water supply								
LAB28	Does the lab have electricity 24 hours per day?	YES	1	NO	2	2 → LAB31			
LAB29	Is there a generator available?	YES, dedicated to the lab	1	YES, shared with other units	2	NO	3		
LAB30	Comments regarding the consistency and reliability of the electricity or fuel for generator								
LAB31	Is there a functioning phone with an external line available to the laboratory staff?	YES	1	NO	2				

PART 3. LABORATORY SERVICES								
NO.	QUESTIONS	RESPONSES AND CODING						
LAB32 TO LAB33	For each of the following tests, please specify volume (per week) and the turnaround time. [Circle one time period per test. Leave blank and skip to the next test if that particular test is not performed.]	LAB32 Volume per week	LAB33 Turn around time					
			Same day	Next day	Within a week	1–2 Weeks	More than 2 weeks	
	A. Blood chemistry		1	2	3	4	5	
	A1. Urea/electrolytes		1	2	3	4	5	
	A2. Blood sugar		1	2	3	4	5	
	A3. Cholesterol		1	2	3	4	5	
	A4. Creatinine		1	2	3	4	5	
	A5. Lipid profile		1	2	3	4	5	
	A6. Liver function tests		1	2	3	4	5	
	B. Hemoculture/blood culture		1	2	3	4	5	
	C. Hematology		1	2	3	4	5	
	D. Gram stains		1	2	3	4	5	
	E. Indian ink stain		1	2	3	4	5	
	G. Malaria blood smears		1	2	3	4	5	
	H. Sputum smears (for TB)		1	2	3	4	5	
	I. Urinalysis		1	2	3	4	5	
	J. CD4/CD8 counts		1	2	3	4	5	
	K. HIV rapid tests		1	2	3	4	5	
	L. HIV ELISA tests		1	2	3	4	5	
	M. HIV Western blot		1	2	3	4	5	
	N. Resistance testing – genotyping		1	2	3	4	5	
	O. Resistance testing – phenotyping		1	2	3	4	5	
	P. Viral load count		1	2	3	4	5	
	Q. Pregnancy tests		1	2	3	4	5	
	R. Hep B Surf Ag		1	2	3	4	5	
	S. Hep C Antibody		1	2	3	4	5	
	T. VDRL		1	2	3	4	5	
U. Micro culture and sensitivity		1	2	3	4	5		
V. Other: _____		1	2	3	4	5		
LAB34	Please describe the typical process of internal testing from the time the physician orders the test until the patient receives the results. Please describe for both inpatients and outpatients.							
LAB35	Do you send any tests outside to a referral laboratory?	YES 1			NO 2			

PART 3. LABORATORY SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
LAB36	Which of the following lab tests do you refer to other labs?	Blood chemistry1 Hemoculture/blood culture2 Hematology3 Gram stains4 Indian ink stain5 Liver function tests6 Malaria blood smears7 Sputum smears (for TB)8 Urinalysis9 CD4/CD8 counts10 HIV rapid tests11 HIV ELISA tests12 HIV Western blot13 Resistance testing – genotyping14 Resistance testing – phenotyping15 Viral load count16 VDRL17 Microculture and sensitivity18 Other: _____ 77	
LAB37	Describe the process for sending samples to referral facilities for testing from the time the physician orders the test until the patient receives the test results. <i>[Probe for how cold chain and confidentiality are maintained]</i>		
LAB38	If laboratory staff currently provide counseling, please describe the process.		

PART 4. GUIDELINES AND PROTOCOLS: SAFETY PROCEDURES			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
LAB39	<p>What safety measures are enforced in the laboratory?</p> <p><i>[Circle all that apply.]</i></p>	<p>Biohazard sign on lab doors 1</p> <p>Hoods against TB exposure2</p> <p>Medical gloves3</p> <p>Lab coats4</p> <p>Safety glasses5</p> <p>Face shields6</p> <p>Other: _____77</p>	
LAB40	<p>What methods does this laboratory use to dispose of biohazard materials?</p> <p><i>[Circle all that apply.]</i></p>	<p>Incineration 1</p> <p>Autoclaving2</p> <p>Sharps disposal container3</p> <p>Disinfectants (for example, Lysol)4</p> <p>Separate area for HIV-contaminated materials5</p> <p>Area for decontamination of lab materials6</p> <p>Other: _____77</p>	

PART 5. QUALITY ASSURANCE			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
LAB41	Does the laboratory have standard operating procedures in place?	YES 1 NO 2	
	<i>[If yes, describe and/or obtain copy.]</i>		
LAB42	Are internal control measures of HIV test kits performed?	YES 1 NO 2	
	<i>[If yes, please describe.]</i>		
Does the laboratory presently:			
LAB43	Check integrity of specimen prior to testing for appropriate labeling, handling, and preservation?	YES 1 NO 2	
LAB44	Routinely run positive and negative controls other than those supplied by kits?	YES 1 NO 2	
LAB45	Check accuracy of equipment?	YES 1 NO 2	
LAB46	Chart quality control results?	YES 1 NO 2	
LAB47	Check performance of new kits by comparison with old kits?	YES 1 NO 2	
LAB48	Check performance of new kits using in-house controls?	YES 1 NO 2	
LAB49	Check the temperature in the laboratory before and during assays?	YES 1 NO 2	
LAB50	Have reference materials available for instruments and procedures?	YES 1 NO 2	
LAB51	Is there an external quality assurance system for HIV testing?	YES 1 NO 2	
			2 → LAB54
LAB52	Who performs external quality assurance?		
LAB53	How frequently are external quality assurance measures performed?	Monthly 1	
		Quarterly 2	
		Biannually 3.	
		Annually 4.	
		Other: _____ 77	
LAB54	Please describe the process of oversight from the state or federal government including frequency of visits and activities that take place during visits.		

PART 6. LABORATORY RECORDS SYSTEM					
NO.	QUESTIONS	RESPONSES AND CODING			SKIP TO
			YES	NO	
LAB55	Is there a separate laboratory register for:	a. HIV-related tests? (for example, serology)	1	2	
		b. Diagnostic tests? (for example, electrolytes)	1	2	
		c. CD4/CD8 counts?	1	2	
			YES	NO	
LAB56	Does the laboratory have these forms/files:	a. Standard lab request form	1	2	
		b. Standard report form	1	2	
		c. File / binder for HIV consent forms	1	2	
			YES	NO	
LAB57	Are these files/forms always used?	a. Standard lab request form	1	2	
		b. Standard report form	1	2	
		c. File/binder for HIV consent forms	1	2	
			YES	NO	
LAB58	Who has access to recorded test results?	Your supervisor	1		
		Fellow lab scientist	2		
		Patients	3		
		Relatives	4		
		Nurses involved in collecting results from lab	5		
		Physician or clinical officer ordering tests	6		
		Other physicians, clinical officers, or nurses	7		
		Other: _____	77		
LAB59	Please describe the procedures in place to maintain confidentiality of HIV test results.				
LAB60	Request permission to review the logbook to see what five most common HIV-related tests were performed in the past month. <i>[Record tests in order of most to least common.]</i>	a. _____			
		b. _____			
		c. _____			
		d. _____			
		e. _____			

PART 7. COMMODITIES MANAGEMENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
LAB61	What measures are implemented to ensure security of laboratory files and supplies?	Restrict access to essential personnel 1 Locked storage for supplies 2 Doors and windows locked 3 Other: _____ 77	
LAB62	If applicable, who has access to these locks? (Specify this person's position.)		
LAB63	Is there a protocol in place for fire and other hazards?	YES 1 NO 2	
LAB64	Is there fire equipment on site?	YES 1 NO 2	2 → LAB66
LAB65	<i>If yes, when was it last checked?</i>		
LAB66	From where do you order your supplies?		
LAB67	When supplies are not available from the above source, do you have an alternative source? (If so, what is its name?)	YES (specify: _____) 1 NO 2	
LAB68	From where do you order your reagents?		
LAB69	When reagents are not available from the above source, do you have an alternative source? (If so, what is its name?)	YES (specify: _____) 1 NO 2	
LAB70	Please describe the system used for managing/forecasting stocks of reagents.		
LAB71	Please describe the system for ordering and tracking lab supplies including reagents and controls.		
LAB72	How is ordering of supplies and reagents tracked in this laboratory?	Logbook 1 Computerized system 2 Other: _____ 77	
LAB73	What is the frequency at which orders for supplies are placed?	Weekly 1 Monthly 2 Quarterly 3 Semiannually 4 Annually 5 Other: _____ 77 Don't know 88	

PART 7. COMMODITIES MANAGEMENT CONTINUED					
NO.	QUESTIONS	RESPONSES AND CODING		SKIP TO	
LAB74	What is the average turnaround time between placing an order and receiving the supplies at the laboratory?	Week 1	Month 2		
		Two months 3	More than 2 months 4		
		Other: _____ 77	Don't know 88		
	[Circle 1 for yes or 2 for no for each question and each reagent type (letter) below.]	LAB75 Are the following reagents currently available?		LAB76 Has there been a stock-out of any of these reagents in the past 3 months?	
		YES	NO	YES	NO
LAB75	a. TLC	1	2	1	2
TO	b. Hemoglobin/hematocrit	1	2	1	2
LAB76	c. ALT (alanine aminotransferase)	1	2	1	2
	d. AST (aspartate aminotransferase)	1	2	1	2
	e. CD4/CD8	1	2	1	2
	f. AFB stain (Ziehl's stain)	1	2	1	2
	g. Gram stain	1	2	1	2
	h. HIV test kits	1	2	1	2
LAB77	How many stock-outs have occurred in this laboratory in the past 3 months?	Number: _ _ _ _ _			
LAB78	Please describe the policy for disposal of obsolete equipment and expired reagents.				
LAB79	Time at end of interview	_____ : _____ AM PM			

“Thank you very much for your participation.”

PART 8. INTERVIEWER OBSERVATIONS		
LAB80	<i>Please note any general observations you have about the laboratory that have not been addressed by this survey.</i>	
LAB81	<i>Overall cleanliness of laboratory.</i>	
LAB82	<i>Organization—include number of rooms dedicated to laboratory work and the arrangement of test (assay) stations within each room.</i>	
LAB83	<i>Wash basin/running water available?</i>	

Tool 7: Pharmacy and Commodities Management

For this tool, please interview the person in charge of the facility's pharmacy services. If he/she is not available, ask another staff person most knowledgeable about pharmacy services.

NOTE:

Instructions for administering this tool can be found on page 19.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	9 questions
Part 1.	Human resources and staff capacity	8 questions
Part 2.	Interaction between pharmacist and clients	9 questions
Part 3.	Infrastructure	3 questions
Part 4.	Availability of drugs	22 questions
Part 5.	Logistics	18 questions
Part 6.	Guidelines and procedures	15 questions
Part 7.	Storage and security	12 questions
Part 8.	Electronic data management	11 questions
Part 9.	Warehousing and storage	12 questions
Part 10.	Interviewer observations	4 questions
TOTAL:		123 questions

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH1	Interviewer's name		
PH2	Date of interview (dd/mm/yyyy)	___/___/_____	
PH3	Is the respondent the person in charge of the facility's pharmacy services, or another staff person who is very knowledgeable about pharmacy services?	YES 1 NO 2	2 → STOP
<p>“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in developing its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy.</p> <p>We would like to work with you in conducting an assessment of this health facility. The main objective of this assessment is to determine the availability and quality of the essential elements of an antiretroviral therapy program and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA). We will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>We will ask to observe the existence of HIV/AIDS-related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions for me at this time?” <i>[Answer questions.]</i></p>			
PH4	Do I have your agreement to participate?	YES 1 NO 2	2 → STOP
PH5	Time at start of interview	_____ : _____ AM PM	
PH6	Name of person interviewed		
PH7	Job title of person interviewed		
PH8	Name of health facility		
PH9	Type of health facility		

PART 1. HUMAN RESOURCES AND STAFF CAPACITY					
NO.	QUESTIONS	RESPONSES AND CODING			SKIP TO
PH10	How many staff members provide services in the pharmacy at this facility?	No. staff members: __ __ __ , __ __ __			
PH 11 TO PH 13	Please provide a breakdown of the number of pharmacy staff by the level of training and whether they work part time or full time.	PH11 Total	PH12 Full time	PH13 Part time	
	a. Pharmacist in charge				
	b. Pharmacist				
	c. Pharmacy technician				
	d. Other: _____				
	e. Other: _____				
PH14 TO PH17	Have the pharmacy staff received training in the following areas? [Read choices 'a' to 'd' one at a time. If staff have received training in that area, note the cadre, number of staff trained, and duration of training. After asking questions a through d; ask respondent if there were any additional areas or cadres trained.]				
	Types of Training	PH14 Cadre	PH15 Number of staff in that cadre trained	PH16 Duration (in days)	PH17 Provider
	a. HIV care				
	b. Postexposure prophylaxis (PEP)				
	c. Commodities management				
	d. Antiretroviral therapy (ART)				
	e. Other: _____				
	f. Other: _____				

PART 2. INTERACTION BETWEEN PHARMACIST AND CLIENTS			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH18	What is the average length of interpersonal interaction between the pharmacist and the patient?	More than three minutes 1 Between one and three minutes 2 Less than one minute..... 3 No interaction..... 4	4 → PH20
PH19	Please describe the interpersonal interaction that takes place between the pharmacist and patients. Please indicate how often each type of information exchange occurs.	Very often Regularly Rarely Never	
	a) Detailed instructions on taking the drugs	1 2 3 4	
	b) Other HIV/AIDS prevention messages	1 2 3 4	
	c) Safer sex messages	1 2 3 4	
	d) General nutrition and wellbeing	1 2 3 4	
	e) Other: _____	1 2 3 4	
PH20	Are there any patient education and information materials to support client–provider interaction at your department? (Sometimes these materials are referred to as BCC/IEC materials.) These can be posters, leaflets, patient handouts, or brochures.	YES 1 NO 2	2 → PH27
PH21	Please indicate the type of materials that you use.	Poster 1 Brochure 2 Leaflet 3 Other: _____ 77	
PH22	Please describe the content of the materials.	Specific drug information 1 Specific disease information 2 Healthier lifestyle or nutrition info 3 HIV/AIDS prevention/treatment info 4 Safer sex information 5 Other: _____ 77	
PH23	Do the clients have to ask for the materials, or does the staff hand them out without waiting to be asked?	The clients have to ask 1 Provider hands them out without waiting to be asked 2	
PH24	How literate do the clients have to be to read and understand these materials?	Highly literate 1 Literate 2 Low literate or illiterate 3	

PART 2. INTERACTION BETWEEN PHARMACIST AND CLIENTS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH25	Where did your pharmacy obtain these materials?	A drug manufacturer 1 A government agency 2 A nongovernmental organization (NGO) 3 A patient group 4 Other: _____ 77	
PH26	How useful do you find these materials in your work?	Very useful 1 Useful 2 Not very useful 3 Not useful at all 4	

PART 3. INFRASTRUCTURE				
NO.	QUESTIONS	RESPONSES AND CODING		SKIP TO
PH27	Please describe the pharmacy and the client service area (for example, capacity, space, layout, and flow).			
PH28	To what extent is the space adequate to ensure auditory and visual privacy for pharmacy clients? [Read answer choices out loud and circle one.]	There is: Both visual and auditory privacy 1 No visual privacy 2 No auditory privacy 3 Neither visual nor auditory privacy 4		
PH29	[In the pharmacy area, verify if the following are available or easily accessible. Circle one observation per item.]	Observed	Reported available but not seen	
	a. Means of visual privacy	1	2	
	b. Auditory privacy	1	2	
	c. Running water	1	2	
	d. Hand-washing items	1	2	
	e. Medical gloves	1	2	
	f. Patient information materials/information	1	2	
	g. Telephone line with external link	1	2	
	h. Reference books and materials	1	2	
	i. Lockable cabinets	1	2	
	j. Potable running water	1	2	
k. Security measures (for example, locks on doors)	1	2		

PART 4. AVAILABILITY OF DRUGS			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH30	<p>Where does this facility obtain its drug supply from?</p> <p>[Circle all that apply.]</p>	Central medical stores 1 Provincial or district medical stores 2 Church medical society or other faith-based organizations 3 Private companies 4 NGOs 5 Development agencies 6 Private donors 7 Other: _____ 77	
PH31	<p>Does this facility supply other facilities?</p> <hr/> <p>If yes, please describe.</p>	YES 1 NO 2 <hr/> District 1 NGOs..... 2 Religious organizations 3 Private companies 4 Other: _____ 77	
PH32	<p>Is there an alternative source for drugs if they are not available from the usual source?</p>	YES 1 NO 2	
PH33	<p>If yes, what is this alternative source?</p>		

PART 4. AVAILABILITY OF DRUGS CONTINUED							
NO.	QUESTIONS	RESPONSES AND CODING					
PH34 TO PH36	For the following drugs, please specify if the drug is available in the pharmacy, if the pharmacy experienced a stock-out in the past three months, and the duration of the stock-out if one was experienced.	PH34 Is the following drug available in the pharmacy now?		PH35 At any time in the past three months did the pharmacy stock-out of this drug?		PH36 If yes, how long did the stock-out last?	
	Anti-inflammatory/Analgesic medicines	YES	NO	YES	NO	(No. of days)	
	a. Acetylsalicylic acid	1	2	1	2 → PH34b		
	b. Ibuprofen	1	2	1	2 → PH34c		
	c. Paracetamol	1	2	1	2 → PH34d		
	d. Codeine	1	2	1	2 → PH34e		
	e. Morphine/pethidine	1	2	1	2 → PH34f		
	f. Hydrocortisone	1	2	1	2 → PH34g		
	Anticonvulsants/Antiepileptics						
	g. Diazepam	1	2	1	2 → PH34h		
	h. Other: _____	1	2	1	2 → PH34i		
	Anthelmintics						
	i. Albendazole	1	2	1	2 → PH34j		
	j. Other: _____	1	2	1	2 → PH34k		
	Antibacterials						
	k. Benzathine Benzylpenicillin	1	2	1	2 → PH34l		
	l. Benzylpenicillin	1	2	1	2 → PH34m		
	m. Cefixime	1	2	1	2 → PH34n		
	n. Ciprofloxacin	1	2	1	2 → PH34o		
	o. Doxycycline	1	2	1	2 → PH34p		
	p. Erythromycin	1	2	1	2 → PH34q		
	q. Sulfamethoxazole + trimethoprim	1	2	1	2 → PH34r		
	r. Other: _____	1	2	1	2 → PH34s		
	Antituberculous medicines						
	s. Ethambutol	1	2	1	2 → PH34t		
	t. Isoniazid	1	2	1	2 → PH34u		
	u. Isoniazid + ethambutol	1	2	1	2 → PH34v		
	v. Pyrazinamide	1	2	1	2 → PH34w		
w. Rifampicin	1	2	1	2 → PH34x			
x. Rifampicin + isoniazid	1	2	1	2 → PH34y			

PART 4. AVAILABILITY OF DRUGS CONTINUED							
NO.	QUESTIONS	RESPONSES AND CODING				SKIP TO	
PH34 TO PH36 Cont.	For the following drugs, please specify if the drug is available in the pharmacy, if the pharmacy experienced a stock-out in the past three months, and the duration of the stock-out if one was experienced.	PH34 Is the following drug available in the pharmacy now?		PH35 At any time in the past three months did the pharmacy stock-out of this drug?		PH36 If yes, how long did the stock-out last? (No. of days)	
	Antifungal medicines	YES	NO	YES	NO		
	y. Amphotericin B	1	2	1	2 → PH34z		
	z. Fluconazole	1	2	1	2 → PH34aa		
	aa. Nystatin	1	2	1	2 → PH34bb		
	bb. Miconazole	1	2	1	2 → PH34cc		
	cc. Clotrimazole	1	2	1	2 → PH34dd		
	Antiprotozoal medicines						
	dd. Metronidazole	1	2	1	2 → PH34ee		
	ee. Specify: _____	1	2	1	2 → PH34ff		
	Antimalarial medicines						
	ff. Artemether + lumefantrine	1	2	1	2 → PH34gg		
	gg. Chloroquine	1	2	1	2 → PH34hh		
	hh. Primaquine	1	2	1	2 → PH34ii		
	ii. Quinine	1	2	1	2 → PH34jj		
	jj. Other SP/ACT: _____	1	2	1	2 → PH34kk		
	Antacids and other anti-ulcer medicines						
	kk. Specify: _____	1	2	1	2 → PH34ll		
	Anti-emetic medicines						
	ll. Specify: _____	1	2	1	2 → PH34mm		
	Antiviral Medicines						
	mm. Acyclovir	1	2	1	2 → PH34nn		
	Misc medicines						
	nn. Podophyllin	1	2	1	2 → PH34oo		
	oo. Trichloroacetic acid	1	2	1	2 → PH34pp		
	pp. Lindane	1	2	1	2 → PH37		
	PH37	Overall, how many stock-outs have occurred in this pharmacy in the past 3 months?	Number: _ _ _ _ _				
	Antiretroviral Drugs						
PH38	a. Does this facility stock antiretroviral drugs?	YES 1	NO 2	2 → PH51			
PH39	b. If yes, do these follow national therapeutics guidelines?	YES 1	NO 2				

PART 4. AVAILABILITY OF DRUGS CONTINUED									
NO.	QUESTIONS	RESPONSES AND CODING					SKIP TO		
	For the following drugs, please specify if the drug is currently available in the pharmacy, if the pharmacy experienced a stock-out in the past three months, the duration of the stock-out if one was experienced, and the source and manufacturer of the drug.								
	Drug	PH40 Is this drug currently available in the pharmacy?		PH41 At any time in the past three months did the pharmacy stock-out of this drug?		PH42 <i>If yes, how long did the stock-out last? (in days)</i>	PH43 What is the source of the drug?	PH44 Who is the manufacturer of the drug?	
	NRTIs	YES	NO	YES	NO	No. Days	Source	Mfg.	
	a. Abacavir (ABC)	1	2	1	2 → PH43a				
	b. Didanosine (ddl)	1	2	1	2 → PH43b				
	c. Lamivudine (3TC)	1	2	1	2 → PH43c				
	d. Stavudine (d4T)	1	2	1	2 → PH43d				
	e. Zidovudine (AZT, ZDV)	1	2	1	2 → PH43e				
	f. Tenofovir (TDF)	1	2	1	2 → PH43f				
	g. Emtricitabine (FTC)	1	1	1	2 → PH43g				
	NNRTIs								
	h. Efavirenz (EFV or EFZ)	1	2	1	2 → PH43h				
	i. Nevirapine (NVP)	1	2	1	2 → PH43i				
	PIs								
	j. Indinavir (IDV)	1	2	1	2 → PH43j				
	k. Ritonavir	1	2	1	2 → PH43k				
	l. Lopinavir + Ritonavir (LPV/r)	1	2	1	2 → PH43l				
	m. Nelfinavir (NFV)	1	2	1	2 → PH43m				
	n. Saquinavir (SQV)	1	2	1	2 → PH43n				
	Combination tablets	YES	NO	YES	NO	No. Days	Source	Mfg.	
	o. Zidovudine, Lamivudine (Combivir)	1	2	1	2 → PH43o				
	p. Stavudine, Lamivudine, Nevirapine (Triomune)	1	2	1	2 → PH43p				
	q. Stavudine, Lamivudine, (Lamivir-S)	1	2	1	2 → PH43q				
	r. Zidovudine, Lamivudine, Nevirapine (Duovir-N)	1	2	1	2 → PH43r				
	s. Other: _____	1	2	1	2 → PH43s				
PH45	To whom does the pharmacy dispense drugs?	Inpatient 1 Outpatient 2 Referred by private physician 3 Does not apply 99							

PART 4. AVAILABILITY OF DRUGS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH46	Is there 24-hour access to PEP regime?	YES 1 NO 2	
PH47	Are patients on ARVs charged a fee for their drugs?	YES 1 NO 2	1 → PH48 2 → PH49
PH48	<i>If yes, please describe</i>		
PH49	Are antiretroviral drugs kept in a separate area from other pharmaceuticals? <i>If yes, please describe.</i>	YES 1 NO 2	2 → PH51
PH50	Is the area where antiretroviral drugs are kept locked?	YES 1 NO 2	
PH51	Are ARV prescription records entered in a separate register or logbook? <i>If yes, please describe.</i>	YES 1 NO 2	2 → PH52

PART 5. LOGISTICS			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
Prescribing/Dispensing			
PH52	Are filled prescriptions cross-checked before they are given to patients, caregivers, or other health workers?	YES 1 NO 2	1 → PH53 2 → PH54
PH53	<i>If yes, who cross-checks the filled prescriptions?</i>	Pharmacist in charge 1 Pharmacist 2 Pharmacy technician 3 Clinician 4 Other: 77	
PH54	Is there a standard prescription form for/in the pharmacy?	YES 1 NO 2	2 → PH56
PH55	Are there copies of the standard prescription form currently available in the pharmacy?	YES 1 NO 2 Does not apply (N/A) 99	
PH56	Are dispensing records used to track drugs dispensed to patients? <i>If yes, please describe.</i>	YES 1 NO 2	2 → PH57

PART 5. LOGISTICS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
Stock Store and Dispensary			
PH57	What types of inventory records are maintained at this facility?	Stock cards/records 1 Requisition and issue vouchers 2 Tally sheets 3 Ledger system 4 Electronic 5 Other: _____ 77	
PH58	Is there a separate register for controlled drugs?	YES 1 NO 2	
PH59	Is periodic stock reconciliation performed (by comparing actual quantities of stock on hand with inventory records)? <i>If yes, please specify the frequency.</i>	YES 1 NO 2	2 → PH60
PH60	What is the procedure for documenting and investigating stock discrepancies?		
PH61	Please describe the system used for managing and forecasting stocks of pharmaceuticals.		
PH62	Do you generate periodic reports? <i>If yes, please describe.</i>	YES 1 NO 2	2 → PH63
Ordering			
PH63	How frequently do you place orders or submit a procurement request?	Monthly 1 Quarterly 2 Semiannually 3 Annually 4 Other: _____ 77 Don't know 88	
PH64	What is the average turnaround time between placing an order and receiving the supplies at the pharmacy?	Week 1 Month 2 Two months 3 More than 2 months 4 Other: _____ 77 Don't know 88	
PH65	Please describe the system for ordering and tracking pharmaceuticals.		

PART 5. LOGISTICS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
Ordering continued			
PH66	Are pharmaceuticals checked before a delivery is accepted?	YES 1 NO 2	1 → PH67 2 → PH68
PH67	<i>If yes, what is checked before an order is accepted?</i> [Circle all that apply.]	Quantity 1 Physical condition 2 Expiration date 3 Packaging 4 Authority to supply 5 Batch Number 6 Other: _____ 77	
PH68	Do you generally receive the quantity that was ordered?	YES 1 NO 2 Don't know 88	
PH69	Are transaction records kept for tracking receipts of drug orders? <i>If yes, please describe.</i>	YES 1 NO 2	2 → PH70

PART 6. GUIDELINES AND PROCEDURES			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH70	Are there standard operating procedures for pharmacy operations and are these used?	YES, and they are used 1 YES, but they are not used 2 NO 3	
PH71	Are there separate procedures for dispensing to inpatients and outpatients?	YES 1 NO 2	
PH72	Is there a process to audit storage and dispensing of controlled drugs?	YES 1 NO 2	
PH73	Does the dispensing pharmacist provide individual counseling to patients on how to take their medication?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88	
PH74	Does the health facility have a drug information unit in the pharmacy?	Always/almost always 1 Usually 2 Sometimes 3 Never/almost never 4 Don't know 88	

PART 6. GUIDELINES AND PROCEDURES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH75	How does the facility monitor for adverse drug reactions (ADR)?		
PH76	Is there an ADR form?	YES 1 NO 2	1 → PH77 2 → PH78
PH77	Whom does this form get sent to?	On-site (facility) pharmacy 1 Hospital administrator 2 National Agency for Food and Drug Control (NAFDAC) 3 Commissioner for Health 4 State Action Committee on AIDS (SACA) 5 Local Aids Control Agency (LACA) 6 District health information officer 7 Facility health information officer 8 Prescribing clinician 9 National Action Committee on AIDS Control Agency 10 Other: _____ 77 Not Applicable (N/A) 99	
PH78	Is there a committee or person in your facility designated to review ADR reports? <i>If yes, please specify who receives the report.</i>	YES 1 NO 2	2 → PH79
PH79	Please describe the main issues/problems with ADR reporting.		
PH80	What strategies have been implemented to address these concerns related to ADR reporting?		
PH81	Are there standard operating procedures in place for reporting medication errors?	YES 1 NO 2	
PH82	Is there a form for reporting medication errors?	YES 1 NO 2	

PART 6. GUIDELINES AND PROCEDURES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH83	What is the process for reporting medication errors?		
PH84	Overall, please list all records kept in the pharmacy. <i>[Circle all that apply.]</i>	Daily dispensing records 1 Monthly consumption lists 2 Transaction records 3 Inventory records 4 Bin cards 5 ARV dispensing register 6 Electronic 7 Other: _____ 77	

PART 7. STORAGE AND SECURITY			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH85	What storage media are used for pharmaceuticals? <i>[Circle all that apply.]</i>	Pallets 1 Shelves 2 Cupboards 3 Refrigerator 4 Cold storage room 5 Other: _____ 77	
PH86	In your opinion, is the storage space adequate for the volume and type of products stored in the pharmacy?	YES 1 NO 2	
PH87	Does storage space allow for orderly storage of various categories of pharmaceuticals?	YES 1 NO 2	
PH88	Is/are there a refrigerator(s) available in the pharmacy or storage room?	YES 1 NO 2	2 → PH90
PH89	Is/are the refrigerator(s) currently functional?	YES, all are functional 1 YES, some are functional 2 NO, none are functional 3	1 → PH90 3 → PH91
	If “some” are functional, how many?	Number functional: _ _ _ _ _	
PH90	Is there an up-to-date record of the refrigerator temperature?	YES 1 NO 2	2 → PH91
	If yes, please specify temperature.	Degrees (Celsius): _ _ _ _ _	

PART 7. STORAGE AND SECURITY CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH91	What measures are implemented to ensure security of pharmacy and supplies? <i>[Circle all that apply.]</i>	Controlled entry (restricted to essential personnel) 1 Locked storage area 2 Cabinets/cupboards are locked 3 Transport boxes are locked 4 Doors are locked 5 Windows are locked 6 Other: _____ 77	
PH92	Have there been any break-ins at the pharmacy? <i>If yes, please describe.</i>	YES 1 NO 2	2 → PH93
PH93	Is there a separate locked cabinet for controlled drugs?	YES 1 NO 2	
PH94	Is there a protocol in place for fire and other hazards?	YES 1 NO 2	
PH95	Is there fire equipment on site?	YES 1 NO 2	1 → PH96 2 → PH97
PH96	<i>If yes, when was it last checked?</i>		

PART 8. ELECTRONIC DATA MANAGEMENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH97	Does the facility have any of the following electronic data-capturing tools?	Computer 1 Cash register 2 Bar code reader 3 Other: _____ 77 None of the above 99	2 → PH105 3 → PH105 77 → PH105 99 → PH105
PH98	How many computers does the unit have?	Number: _____ Date acquired: _____ Brand: _____ Operating system: _____	
PH99	Where are these computers placed in the facility?	Pharmacist's office 1 Dispensary 2 Dispensary store 3 Main store 4 Cash office 5 Administrator's office 6 Other: _____ 77	

PART 8. ELECTRONIC DATA MANAGEMENT CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH100	What activities are these computers used for?	Stock control 1 Administrative secretarial work 2 Clinical data 3 Drug information ADR 4 Communication 5 Dispensed drugs 6 Accounts 7 Information 8 Other: _____ 77	
PH101	Who does the data entry? Please specify person and level.		
PH102	How many staff in the pharmacy know how to operate the system?	No. staff members: __ __ __	
PH103	How many staff have gone through formal training in computer use? Please state dates and duration of training.	No. staff members: __ __ __	
PH104	What software are you using?	a. _____ b. _____ c. _____	
PH105	Do you experience power failures in the pharmacy?	YES 1 NO 2	
PH106	Do you have a standby generator?	YES 1 NO 2	2 → PH107
PH107	If yes, is fuel for the generator usually available?	YES 1 NO 2	

PART 9. WAREHOUSING/STORAGE CONDITIONS			
<i>[Ask to have a look at the room where supplies are stocked. Examine the store site(s) for the following characteristics. If there is more than one storage site, all sites should be examined. After your observation, circle 1 for yes or 2 for no in response to the following statements.]</i>			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH108	Storeroom is regularly cleaned and maintained in good condition.	YES 1 NO 2	
PH109	The storeroom is dry and does not suffer from damp conditions. (Check the roof, walls, and floor).	YES 1 NO 2	
PH110	The storeroom is well lit.	YES 1 NO 2	

PART 9. WAREHOUSING/STORAGE CONDITIONS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
PH111	The storeroom is air conditioned	YES 1 NO 2	
PH112	Products are stored out of direct sunlight.	YES 1 NO 2	
PH113	Approved procedures to dispose of the rejected or expired products are available.	YES 1 NO 2	
PH114	Room temperature routinely monitored (check temperature charts).	YES 1 NO 2	
PH115	Products are separated by therapeutic group and lots and are stored in a manner accessible for first expiry/first out (FEFO), counting and general management.	YES 1 NO 2	
PH116	Drugs are arranged so that identification labels, batch numbers, expiry dates, and manufacturing dates are visible.	YES 1 NO 2	
PH117	Is there a standard policy posted for rejected, damaged, and expired drugs or products?	YES 1 NO 2	
PH118	Are there separate stores for pharmaceuticals away from hazardous chemicals and general supplies?	YES 1 NO 2	
PH119	Time at end of interview	_____ : _____ AM PM	

“Thank you for your participation in this survey.”

PART 10. INTERVIEWER OBSERVATIONS		
PH120	<i>Please note any general observations you have about the pharmacy that have not been addressed by this survey.</i>	
PH121	<i>Overall cleanliness of pharmacy and storage area.</i>	
PH122	<i>Organization of pharmacy and storage area.</i>	
PH123	<i>Wash basin/running water available?</i>	

Tool 8: Client Exit Interviews

For this tool, please interview clients attending outpatient services. If there is a voluntary counseling and testing (VCT) service or HIV/AIDS clinic, interview clients there. Once a client has finished his/her consultation with the clinic staff, ask the client if he/she is willing to answer a few questions about the service provided by the facility. It is essential that you gain informed consent before proceeding with the survey.

NOTE:

Instructions for administering this tool can be found on page 20.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	9 questions
Part 1.	Patient—provider communication	22 questions
Part 2.	Access to services	13 questions
Part 3.	Client background	9 questions

TOTAL: 53 questions

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CEI1	Interviewer's name		
CEI2	Date of interview (dd/mm/yyyy)	____ / ____ / _____	
CEI3	Is the respondent a client attending outpatient services, ideally at a VCT or HIV/AIDS clinic?	YES 1 NO 2	2 → STOP
<p>“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in improving its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy.</p> <p>We would like to know how you feel about the quality of care that you receive at this facility and we would like to find out your feelings about the service that you have received. Your responses will help us improve health services for you and others at this facility. We would like to ask you a few questions about the meeting you have just had with the clinic staff.</p> <p>The information you provide is completely confidential and anonymous. If you prefer, you do not have to give me your name. Your participation is completely voluntary and you do not have to answer any questions you do not want to. If you choose not to participate, your services will not be affected in any way.</p> <p>Do you have any questions?” <i>[Answer questions.]</i></p>			
CEI4	Do I have your agreement to participate?	YES 1 NO 2	2 → STOP
CEI5	Time at start of interview	____ : ____ AM PM	
CEI6	Name of person interviewed		
CEI6	Job title of person interviewed (if currently working)		
CEI7	Name of health facility		
CEI9	Type of health facility		

PART 1. PATIENT—PROVIDER COMMUNICATION			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CEI10	Was your visit with the health provider (physician, clinical officer, nurse, or counselor) today interrupted at all?	YES 1 NO 2 Does not apply (N/A) 99	
<p>“Please tell me to what extent you agree or disagree with the following statements (CEI11 to CEI20).”</p> <p>[Read all choices out loud and circle one appropriate response for each question.]</p>			
CEI11	My provider reviewed my lab test results and made sure I understood what my lab test results meant for my health.	Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5 Does not apply (N/A) 99	
CEI12	I wanted my providers to spend more time with me.	Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5 Does not apply (N/A) 99	
CEI13	I had questions that I wanted to ask my providers about my care but did not ask.	Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5 Does not apply (N/A) 99	3 → CEI15 4 → CEI15 5 → CEI15 99 → CEI15
CEI14	If you “strongly agree” or “agree” with the previous statement, please explain why.		
CEI15	When I asked my providers questions about my healthcare, it was hard to understand their answers.	Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5 Does not apply (N/A) 99	3 → CEI17 4 → CEI17 5 → CEI17 99 → CEI17
CEI16	If you “strongly agree” or “agree” with the previous statement, please explain why.		

PART 1. PATIENT—PROVIDER COMMUNICATION CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CEI17	I felt uncomfortable talking about personal or intimate issues with my providers.	Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5 Does not apply (N/A) 99	3 → CEI19 4 → CEI19 5 → CEI19 99 → CEI19
CEI18	If you “strongly agree” or “agree” with the previous statement, please explain why.		
CEI19	My provider ignored my complaints about my health.	Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5 Does not apply (N/A) 99	
CEI20	I did not get the medical care I needed because I could not pay for it.	Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5 Does not apply (N/A) 99	
CEI21	How useful did you find the information given to you today during this visit?	Very useful 1 Useful 2 Slightly useful 3 Not useful 4 Don't know 88	
CEI22	Do you feel the information given to you during your visit today was too little, too much, or just about right?	Too little 1 About right 2 Too much 3 Don't know 88	
CEI23	Did the provider give you any material to take home for reading?	YES 1 NO 2	
CEI24	Without revealing the causes of your illness, can you tell us what you remember the providers have told you about how to take care of your illness?	Managing symptoms 1 Nutrition 2 Treatment 3 Other: 77	

PART 1. PATIENT—PROVIDER COMMUNICATION CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CEI25	Did the providers explain when (under what circumstances) you should return to the clinic?	YES 1 NO 2 Does not apply (N/A) 99	
CEI26	Do you think that you had adequate privacy during your consultation so others at the facility couldn't see or hear you?	YES 1 NO 2	
CEI27	Do you think that the information you shared about yourself today at the facility will be kept confidential?	YES 1 NO 2	
CEI28	During your visit to the clinic, how did the provider treat you?	Very well 1 Well 2 Average 3 Poorly 4 Very poorly 5	
CEI29	During your visit to the clinic, how were you treated by staff other than the one you consulted with?	Very well 1 Well 2 Average 3 Poorly 4 Very poorly 5 There was no other staff (N/A) 99	
CEI30	Were your medical needs met during this visit?	YES 1 NO 2	
CEI31	Were you provided with referrals to other services (for example, psychosocial, health, economic, or legal) during your visit today?	YES 1 NO 2 Does not apply (N/A) 99	

PART 2. ACCESS TO SERVICES			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CEI32	Did you have an appointment today?	YES 1 NO 2	
CEI33	How long did you wait between the time you first arrived at this clinic and the time you saw a provider for your consultation? [Convert hours to minutes.]	No. of minutes: _ _ _ _ _	
CEI34	Do you feel this waiting time too long or reasonable?	Too long 1 Reasonable/short 2 Don't know 88	
CEI35	How long did it take you to get here? [Convert hours to minutes.]	No. of minutes: _ _ _ _ _	
CEI36	What was the main type of transportation you used to get here?	Car/truck 1 Bus 2 Motorcycle 3 Bicycle 4 Walking 5 Other: 77	
CEI37	Is this the closest health facility providing the health services you are seeking today?	YES 1 NO 2	1 → CEI39
CEI38	Why did you choose to visit this facility rather than a closer one?	Operating hours 1 Location 2 Reputation 3 Access to medication 4 Prefer anonymity 5 Clinic maintains confidentiality 6 Cost/expense 7 Other: 77 Don't know 88	
CEI39	How much did it cost you to come to this facility today, including transportation and food?	a. Cost: _____ b. Currency: _____	
CEI40	Did you lose wages from work to come here today?	Yes, lost wages 1 No, did not lose wages 2 Lost time from nonwage work 3 Does not apply (N/A) 99	
CEI41	Who pays for your health expenses? [Circle all that apply.]	Self 1 Family member 2 Employer 3 Social service 4 Other: 77	

PART 2. ACCESS TO SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CEI42	<p>What barriers have you encountered in seeking medical care, now and in the past?</p> <p>[Circle all that apply.]</p>	Distance to services..... 1 Cost2 Confidentiality3 Waiting time4 Hours of operation5 Staff attitudes6 Other: _____77	
CEI43	<p>If in the future when you have health problems, would you be comfortable coming back to this health facility?</p>	YES 1 NO2	
CEI44	<p>If you could change one thing about the services you received today, what would that be?</p> <p>[Read all choices and circle one.]</p>	Cost1 Treatment2 Waiting time3 General atmosphere4 Staff attitude5 Hours of operation6 Other: _____77 Don't know88	

PART 3. CLIENT BACKGROUND			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CEI45	Gender	Male 1 Female2	
CEI46	How old are you?	<15 years old 1 15–20 years old2 21–30 years old3 31–40 years old4 41–50 years old5 >50 years old6	
CEI47	What is the highest level of school that you completed?	Never been to school 1 Primary school2 Religious school3 Secondary school/ high school diploma4 University5	
CEI48	What is your current marital status?	Married/monogamous 1 Married/polygamous2 Living together3 Single/Never married4 Divorced/separated/widowed5	

PART 3. CLIENT BACKGROUND CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
CEI49	In which village/town do you live?		
CEI50	How long have you been attending this facility for your medical needs?	< 1 year 1 1–2 years 2 3–5 years 3 > 5 years 4	
CEI51	Prior to this visit, when was the last time you visited this facility?	<1 month ago 1 1–2 months ago 2 3–5 months ago 3 >6 months ago 4	
CEI52	How would you rate your health today?	Poor 1 Fair 2 Good 3 Very good 4 Excellent 5	
CEI53	Time at end of interview	_____ : _____ AM PM	

“Thank you very much for your participation.”

Tool 9: Health Management Information System (HMIS) and Medical Records

For this tool, please interview the medical records officer or another appropriate staff person who can provide an overview of the systems for medical information and record-keeping practices.

NOTE:

Instructions for administering this tool can be found on page 21.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	7 questions
Part 1.	Facility information	4 questions
Part 2.	Human resources	9 questions
Part 3.	Management and supervision	2 questions
Part 4.	Protocols and guidelines	1 question
Part 5.	Health management information system/medical records	6 questions
Part 6.	Reporting	10 questions
Part 7.	Computerization	22 questions
Part 8.	Interviewer observations	1 question
TOTAL:		62 questions

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HMIS1	Interviewer's name		
HMIS2	Date of interview (dd/mm/yyyy)	___/___/_____	
HMIS3	Is the respondent the medical records officer or another appropriate staff person who can provide an overview of the medical information and records keeping practices?	YES 1 NO 2	2 → STOP
<p>“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in improving its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy. We would like to work with you in conducting an assessment of this health facility. The main objective of this assessment is to determine the availability and quality of the essential elements of an antiretroviral therapy program and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA). We will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>We will ask to observe the existence of HIV/AIDS-related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions for me at this time?” <i>[Answer questions.]</i></p>			
HMIS4	Do I have your agreement to participate?	YES 1 NO 2	2 → STOP
HMIS5	Time at start of interview	_____ : _____ AM PM	
HMIS6	Name of person interviewed		
HMIS7	Job title of person interviewed		

PART 1. FACILITY INFORMATION			
NO.	QUESTIONS	CODING AND RESPONSES	SKIP TO
HMIS8	Name of health facility.		
HMIS9	Type of health facility. <i>[Select one.]</i>	Hospital1 Health center2 Health post3 Other:77	
HMIS10	Ownership of facility. <i>[Select one.]</i>	Public1 Provincial2 District3 Municipal.....4 Mission5 Private6 Other:77	
HMIS11	Location of facility (town, city, district).		

PART 2. HUMAN RESOURCES				
NO.	QUESTIONS	CODING AND RESPONSES		SKIP TO
HMIS12	How many staff in the following cadres work in this HMIS unit?	Full Time	Part Time	
	a. Medical records staff			
	b. Administrators			
	c. Statisticians			
	d. Physicians			
	e. Clinical officers			
	f. Nurses			
	g. Nurse's assistants			
	h. Finance officers			
HMIS13	How many staff working in this department have been trained in HMIS?	Full Time	Part Time	
	a. Medical records staff			
	b. Administrators			
	c. Statisticians			
	d. Physicians			
	e. Clinical officers			
	f. Nurses			
	g. Nurse's assistants			
	h. Finance officers			
HMIS14	What is your professional qualification?	General clerk..... 1 Health statistics..... 2 Medically trained 3 Other: _____ 77		
HMIS15	Did you have special training in recording systems or reports for health information (for example, training in the HMIS.?)	YES, formal 1 YES, informal 2 NO 3		2 → HMIS18
HMIS16	How long was your training in HMIS?	a) Number of days __ __ OR b) Number of months __ __		
HMIS17	When was your most recent training?	In past 12 months 1 In past 1–5 years 2 More than 5 years ago 3		

PART 2. HUMAN RESOURCES CONTINUED			
NO.	QUESTIONS	CODING AND RESPONSES	SKIP TO
HMIS18	How many years have you been responsible for HMIS recording/reports in this facility?	a) Number of days __ __ OR b) Number of months __ __	
HMIS19	Do you conduct training of staff in HMIS (recording, compiling, and reporting data)?	YES, formal 1 YES, informal 2 NO 3	
HMIS20	Who do you train in HMIS?	Staff in HMIS unit 1 Staff in service units 2 Staff in HMIS and service units ... 3	

PART 3. MANAGEMENT AND SUPERVISION					
NO.	QUESTIONS	CODING AND RESPONSES	SKIP TO		
HMIS21	When was the last time a supervisor from outside this facility came for a supervisory visit specifically related to the HMIS system/reports?	Within past six months 1 More than six months ago 2 Never supported from outside this facility 3	2 → HMIS23 3 → HMIS23		
HMIS22	In the past six months, has a supervisor from outside the facility done any of the following activities?	YES	NO	Not applicable (N/A)	Don't know
	a. Checked registers or service-related books?	1	2	99	88
	b. Discussed problems?	1	2	99	88
	c. Discussed policy/administrative issues?	1	2	99	88
	d. Discussed technical protocols, practices, or service delivery technical issues?	1	2	99	88
	e. Held an official staff meeting?	1	2	99	88
f. What other activity did the supervisor undertake during his/her visit?	Specify: _____				

PART 4. PROTOCOLS AND GUIDELINES				
NO.	QUESTIONS	CODING AND RESPONSES		
HMIS23	Do you have the following protocols and guidelines in the HMIS department? <i>[If yes, ask to see the guidelines.]</i>	YES, guidelines observed	YES, reported available, NOT seen	NO, not available
	a. HMIS reporting guidelines	1	2	3
	b. HIV/AIDS surveillance reporting guidelines	1	2	3
	c. National technical guidelines for integrated disease surveillance and response	1	2	3
	d. National HIV/AIDS reporting guidelines	1	2	3

PART 5. HMIS/MEDICAL RECORDS SYSTEM			
NO.	QUESTIONS	CODING AND RESPONSES	SKIP TO
HMIS24	Is there a unified patient records system where records are kept together or does each service maintain its own records?	Central patient records system only 1 Each service maintains own records 2	
HMIS25	Please describe how the facility's medical records system functions, including where records are kept and how they are retrieved.		
HMIS26	How frequently are the medical records reviewed to determine quality, completeness and legibility?	Monthly 1 Every 2–3 months 2 Every 4–6 months 3 Less than twice per year 4 Not reviewed 5	5 → HMIS28
HMIS27	Who reviews medical records?		
HMIS28	How are patient records secured?	Locked cabinet 1 Staff person monitors records 2 Access limited to designated staff 3 Other: _____ 4 Not reviewed..... 5	
HMIS29	Do you have any way of tracking missed appointments?	YES 1 NO 2	2 → HMIS30
	<i>If yes, please describe.</i>		

PART 6. REPORTING					
NO.	QUESTIONS	CODING AND RESPONSES			SKIP TO
HMIS30	Do you receive reports of confirmed or unconfirmed HIV cases from the following clinic/units? [If yes, ask to see a report. Record "N/A" if the clinic/unit does not exist or is not expected to submit reports related to HIV/AIDS.]	YES, report observed	YES, but report NOT seen	NO report	Not applicable (N/A)
	a. Outpatient services	1	2	3	99
	b. HIV counseling and testing services	1	2	3	99
	c. Prevention of mother-to-child transmission services	1	2	3	99
	d. Laboratory	1	2	3	99
	e. Inpatient services	1	2	3	99
HMIS31	Do you receive or compile reports of deaths in the facility attributed to HIV/AIDS? [If yes, ask to see a report.]	YES, report observed 1	YES, report NOT observed 2	NO report..... 3	3 → HMIS33
HMIS32	How many deaths attributed to HIV/AIDS were reported for the past 12 months? [Fill in number of deaths or circle 88 for don't know]	a. No. of deaths, male __ __ OR Don't know 88			
		b. No. of deaths, female __ __ OR Don't know 88			
		c. Months of data __ __			
HMIS33	Do you regularly compile records of HIV tests, visits, or admissions of HIV-positive clients? [If yes, ask, "How often"?]	YES, monthly 1	YES, quarterly 2	YES other: _____ 77	NO 3
HMIS34	Do you regularly compile records of newly diagnosed HIV cases? [If yes, ask, "How often"?]	YES, monthly 1	YES, quarterly 2	YES other: _____ 77	NO 3
					2 → HMIS36

PART 6. REPORTING CONTINUED			
NO,	QUESTIONS	RESPONSES AND CODING	SKIP TO
HMIS35	<p><i>[Ask to see the report for the new diagnosed HIV cases during the past 12 months. Indicate the number that was reported, or circle 88 for “don’t know”]</i></p>	<p>a. New HIV cases, male __ __ Don’t know88</p> <p>b. New HIV cases, female __ __ Don’t know88</p> <p>c. New HIV cases, pediatric __ __ Don’t know88</p> <p>d. New HIV cases, with TB co-infection __ __ Don’t know88</p> <p>e. Months of data __ __ Don’t know88</p>	
HMIS36	Do you regularly compile reports of clients who receive services for HIV/AIDS related illnesses?	<p>YES 1</p> <p>NO2</p>	2 → HMIS38
HMIS37	<p><i>[Ask to see the report for clients receiving services for HIV/AIDS related illnesses during the past 12 months. Indicate the number that was reported, or circle 88 for “don’t know”]</i></p>	<p>a. No. clients receiving services for HIV/AIDS related illnesses, male __ __ Don’t know88</p> <p>b. No. clients receiving services for HIV/AIDS related illnesses, female __ __ Don’t know88</p> <p>c. No. clients receiving services for HIV/AIDS related illnesses, pediatric __ __ Don’t know88</p> <p>d. No. clients receiving services for HIV/AIDS related illnesses, TB co-infection __ __ Don’t know88</p> <p>e. Months of data __ __ Don’t know88</p>	
HMIS38	Approximately, what percentage of HIV-positive people that you follow at this facility are not taking ARVs?	<p>Percentage __ __ </p> <p>Don’t know88</p>	
HMIS39	Please describe the system for compiling data for the reports. Specify if registers, computers, or other tools are used to gather data and how the data flows from the patient record to the report.		

PART 7. COMPUTERIZATION																																																					
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO																																																		
HMIS40	Do you have a computer anywhere in the facility?	YES 1 NO 2	2 → HMIS59																																																		
HMIS41 HMIS9	Do you have a computer for any aspect of your medical records? <i>If yes, how many computers?</i>	YES 1 NO 2 _ _ _ _	2 → HMIS54																																																		
HMIS42	Do you have a computerized information system anywhere in this facility which tracks patient clinical information?	YES 1 NO 2	2 → HMIS44																																																		
HMIS43	On which software is the system based?	Access 1 Epi Info 2 DOS Epi Info 3 Oracle 4 SQL 5 MY SQL 6 Other: _____ 77																																																			
HMIS44	List the specifications for the computers used to track patient information: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">a. Type of computer</th> <th style="width:20%;">b. Operating system</th> <th style="width:20%;">c. Processor speed</th> <th style="width:20%;">d. Total hard-drive capacity</th> <th style="width:20%;">e. Programs frequently used</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td><td></td><td></td></tr> <tr><td>7.</td><td></td><td></td><td></td><td></td></tr> <tr><td>8.</td><td></td><td></td><td></td><td></td></tr> <tr><td>9.</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>			a. Type of computer	b. Operating system	c. Processor speed	d. Total hard-drive capacity	e. Programs frequently used	1.					2.					3.					4.					5.					6.					7.					8.					9.				
a. Type of computer	b. Operating system	c. Processor speed	d. Total hard-drive capacity	e. Programs frequently used																																																	
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9.																																																					
HMIS45	Is your HMIS networked?	YES 1 NO 2 Don't know 88	2 → HMIS48 88 → HMIS48																																																		
HMIS46	How many clients are connected to the HMIS?	0 – None 1 1 – One 2 2 – Two 3 3 – Three 4 4 – Four 5 5 – Five 6 Other: _____ 77																																																			

PART 7. COMPUTERIZATION			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HMIS47	Describe any limitations that you see in your current network.		
HMIS48	Do you have a working printer?	YES 1 NO 2 Don't know 88	2 → HMIS50 88 → HMIS50
HMIS49	Please specify make and model of the printer.		
HMIS50	What type of storage/backup mechanism do you use for your HMIS computer/s?	CD 1 DVD 2 Tapes 3 ZIP disks 4 Other:77	
HMIS51	Do you have voltage stabilizers for all your computers?	YES 1 NO 2 Don't know 88	
HMIS52	Do you have a person on staff trained in computer/IT maintenance?	YES 1 NO 2 Don't know 88	
HMIS53	Do you have an IT service contract or facility near the facility?	YES 1 NO 2 Don't know 88	
HMIS54	Do you have Internet access from the facility?	YES 1 NO 2	1 → HMIS58
HMIS55	Do you have Internet access nearby?	YES 1 NO 2	1 → HMIS59 2 → HMIS59
HMIS56	Do you have dialup Internet or a high-speed connection?	Dialup 1 High speed 2	
HMIS57	Can you get high-speed Internet?	YES 1 NO 2 Don't know 88	
HMIS58	Do you have email on a computer at the facility?	YES 1 NO 2	1 → HMIS60
HMIS59	Do you have email access nearby?	YES 1 NO 2	
HMIS60	Do you have cellular phone service at the facility?	YES 1 NO 2	
HMIS61	Time at end of interview	_____ : _____ AM PM	

“Thank you for participating in this survey.”

PART 8: INTERVIEWER OBSERVATIONS		
HMIS62	<i>Please note any general observations you have about the HMIS system that have not been addressed by this survey.</i>	

Tool 10: Healthcare Worker Antiretroviral Therapy (ART) Questionnaire

For this tool, please interview the staff member who is in charge of the ART program. If that person is not available, interview the staff member who is most knowledgeable about the ART services offered at the facility.

NOTE:

Instructions for administering this tool can be found on page 22.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	9 questions
Part 1.	Antiretroviral therapy: managing patients	20 questions
Part 2.	Antiretroviral therapy: prescribing drugs	25 questions
Part 3.	Tuberculosis	4 questions
Part 4.	Adherence to ART	6 questions
Part 5.	Behavior change communication	6 questions
Part 6.	Interviewer observations	2 questions

TOTAL: **72 questions**

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ART1	Interviewer's name		
ART2	Date of interview (dd/mm/yyyy)	___ / ___ / _____	
ART3	Is the respondent a healthcare worker involved in the administration of ART?	YES 1 NO 2	2 → STOP
<p>“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in improving its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy. I would like to work with you in conducting an assessment of this health facility. The main objective of this assessment is to determine the availability and quality of the essential elements of an antiretroviral therapy program and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA). We will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>We will ask to observe the existence of HIV/AIDS related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions for me at this time?” [Answer questions.]</p>			
ART4	Do I have your agreement to participate?	YES 1 NO 2	2 → STOP
ART5	Time at start of interview	_____ : _____ AM PM	
ART6	Name of person interviewed		
ART7	Job title of person interviewed		
ART8	Name of health facility		
ART9	Type of health facility		

PART 1. ANTIRETROVIRAL THERAPY: MANAGING PATIENTS			
<i>[Unless specified, please provide one answer per question. For all questions, please circle the number associated with your answer or fill in the blank provided.]</i>			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ART10	Are the national guidelines on ART used at the facility?	YES 1 NO 2	2 → ART12
ART11	How are the national guidelines on ART being used?		
ART12	Does the facility have eligibility criteria to select patients for treatment with ARVs?	YES 1 NO 2	1 → ART13 2 → ART14
ART13	<p><i>If yes, please describe:</i></p> <p>a. the Social criteria:</p> <p>.....</p> <p>b. the Clinical criteria</p> <p>.....</p> <p>c. the Laboratory criteria:</p> <p>.....</p>		
ART14	How long has ART been available at this facility? <i>[Indicate months if it has been less than one year. Indicate years if it has been more than 1 year.]</i>	a) No. of months: __ __ b) No. of years: __ __	
ART15	How many days per week does the facility provide ART services?	More than 5 days per week 1 5 days per week 2 4 days per week 3 3 days per week 4 2 days per week 5 1 day per week 6	
ART16	How many hours per day does the facility provide ART services?	More than 8 hours 1 Between 6 and 8 hours 2 Between 4 and 6 hours 3 Less than 4 hours 4	
ART17	Currently, how many patients are receiving ART at this facility?	No. patients: _ _ _ _ _ , _ _ _ _ _	
ART18	How many patients are on the waiting list for ART?	No. patients: _ _ _ _ _ , _ _ _ _ _	

PART 1. ANTIRETROVIRAL THERAPY: MANAGING PATIENTS CONTINUED			
<i>[Unless specified, please provide one answer per question. For all questions, please circle the number associated with your answer or fill in the blank provided.]</i>			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ART19	Approximately, what percentage of your HIV/AIDS patients are currently being treated with ART?	____ ____ ____ %	
ART20	On average, how often do you review patients who are on ART?	More than once per month 1 Once a month 2 Every other month 3 Every three months 4 Other: _____ 77 Don't know 88	
ART21	Could you please characterize your ART patients by gender? <i>[Fill in percentages to total 100%.]</i>	a. Male: ____ ____ ____ % b. Female: ____ ____ ____ %	
ART22	Could you please characterize your ART patients by education (highest level completed)? <i>[Fill in percentages for each category to total 100%.]</i>	a. Primary school: ____ ____ ____ % b. Secondary school: ____ ____ ____ % c. Beyond secondary (university): ____ ____ ____ % d. None: ____ ____ ____ %	
ART23	Does this facility have a standard operating procedure (SOP) for ART?	YES 1 NO 2 Not applicable (N/A) 99	
ART24	Do the clinicians use or refer to the SOP for ART?	YES 1 NO 2 Not applicable (N/A) 99	
ART25	Where do your patients get the ARVs they take? <i>[Circle all that apply.]</i>	Facility pharmacy 1 Pharmacy outside facility 2 Market 3 Outside community 4 Outside the country 5 Other: _____ 77	
ART26	How do you monitor the clinical progress of your patients who are on ART including specific laboratory exams? <i>[Circle all that apply.]</i>	Clinical exam 1 Lab – Total lymphocyte count 2 Lab – CD4 count 3 Lab – Viral load 4 Lab – HIV resistance monitoring 5 Other: _____ 77	

PART 1. ANTIRETROVIRAL THERAPY: MANAGING PATIENTS CONTINUED					
<i>[Unless specified, please provide one answer per question. For all questions, please circle the number associated with your answer or fill in the blank provided.]</i>					
NO.	QUESTIONS	RESPONSES AND CODING			
	Before starting ART please indicate whether the following baseline laboratory tests are performed. <i>[For each test below, circle one answer category.]</i>	Absolutely essential (always performed)	Desirable, not essential (usually performed)	Optional (performed if needed)	Not available (never done)
ART27	a. Total blood count	1	2	3	4
	b. Electrolytes	1	2	3	4
	c. Liver function tests (LFTs)	1	2	3	4
	d. CD4 (T-lymphocyte count)	1	2	3	4
	e. Viral load (plasma HIV RNA)	1	2	3	4
	g. Hemoglobin/hematocrit	1	2	3	4
	h. WBC and differential	1	2	3	4
	i. Serum creatinine and/or blood urea nitrogen	1	2	3	4
	j. Pregnancy test	1	2	3	4
	k. Chest X-ray	1	2	3	4
	l. Other: _____	1	2	3	4
ART28	How necessary are laboratory tests for ongoing monitoring of a patient on ART?	Absolutely essential 1 Desirable but not essential 2 Optional 3			
ART29	What additional training do you think you need in management of ARV therapy?				

PART 2. ART: PRESCRIBING DRUGS			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ART30	Do you prescribe antiretroviral drugs (ARVs) to adults ?	YES 1 NO 2	2 → ART36
ART31	How many months have you been prescribing ARVs to adults ? <i>[Convert years to months, if applicable.]</i>	No. of months: __ __	
ART32	What factors influence your selection of an ARV regimen? <i>[Circle all that apply and specify if indicated by a blank line.]</i>	Price of the drugs 1 Availability of drugs 2 Follow guidelines 3 Follow expert recommendations 4 Severity of clinical staging 7 Own judgment 6 Other: _____ 77	
ART33	What first-line ARV therapy do you most often prescribe to adults ?		
ART34	What second-line ARV therapy do you most often prescribe to adults ?		
ART35	What criteria do adult patients have to meet for you to decide to prescribe ARV? <i>[Circle all that apply and list any specific criteria.]</i>	CD4 count: _____ 1 TLC count: _____ 2 WHO clinical stage: _____ 3 Specific symptoms: _____ _____ 4 Disclosure: 5 Residency: 6 Other: _____ 77	
ART36	Do you prescribe ART to children ?	YES 1 NO 2	2 → ART40
ART37	What criteria do pediatric patients have to meet for you to decide to prescribe ARV? <i>[Circle all that apply and list any specific criteria.]</i>	CD4 %/count: _____ 1 TLC count: _____ 2 WHO clinical stage: _____ 3 Specific symptoms: _____ _____ 4 Disclosure: 5 Residency: 6 Other: _____ 77	
ART38	What first-line ARV therapy do you most often prescribe to children ?		

PART 2. ART: PRESCRIBING DRUGS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ART39	What second-line ARV therapy do you most often prescribe to children ?		
ART40	What do your patients (adult or children) report they do if they do not meet criteria for ART at your facility?		
ART41	What do you instruct patients to do if they do not meet criteria for ART at your facility (for example, do you tell them to return in six months, provide referrals)?		
ART42	What are some reasons why you would NOT prescribe ART for a person living with HIV/AIDS (PLHA)?		
ART43	How many days worth of ARV therapy do you normally include in your prescription?	No. of days: __ __ __	
ART44	What are the main criteria you use for changing a patient's ARV drug regimen? [Circle all that apply. Respondent should use the definition of virologic, immunologic, or clinical failure as provided by the national guidelines or WHO guidelines.]	Virologic failure 1 Immunologic failure 2 Clinical failure 3 Drug intolerance (side effects) 4 Inability to adhere to regimen 5 Other: _____ 77 Not applicable 99	
ART45	Of your patients that experience treatment failure, approximately what proportion (what percentage) experience each of the following types of treatment failure? [List all types of failure experienced to total 100%.]	a. Virologic failure: __ __ __ % b. Immunologic failure: __ __ __ % c. Clinical failure: __ __ __ %	
ART46	What are the main criteria you use for stopping ART treatment?	Adherence issues 1 Side effects 2 Pregnancy 3 Patient lost to follow-up 4 Treatment failure 5 Other: _____ 77 Not applicable 99	

PART 2. ART: PRESCRIBING DRUGS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ART47	Do you provide postexposure prophylaxis (PEP) for occupational and/or nonoccupational exposure to HIV?	YES 1 NO 2	
ART48	What ART therapy do you prescribe for PEP?	a. Low risk _____ _____ b. High risk _____ _____	
ART49	Is there a system for recording the number of clients who are receiving ART?	YES, register seen 1 YES, register NOT seen 2 NO 3	1 → ART50
ART50	<i>[If there is a register, ask if you may review it. Record the total number of clients who have received ART for HIV during the past 3 months]</i>	No. of ART Clients: _ _ _ _ _ , _ _ _ _ _	
<i>[Ask if you may look at the records for the previous five ART patients seen. Record the following information.]</i>			
ART51 TO ART53		ART51	ART52
		Male : Female	ART53
	Patient A:		ARV regimen
	Patient B:		Date prescribed (month/day/year)
	Patient C:		
	Patient D:		
ART54			
	<i>[Please record your observations on the records system, noting the condition of the records, quality, accessibility, security, and organization.]</i>		

PART 3. TUBERCULOSIS (TB)			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ART55	Do you prescribe ARVs to patients co-infected with HIV and TB ?	YES 1 NO 2	2 → ART59
ART56	How does your selection of first-line ARV therapy vary for patients co-infected with HIV and TB compare with the first-line therapy you described previously?		
ART57	What issues or problems have you experienced in prescribing ART to HIV and TB co-infected patients?		
ART58	What strategies did you use to address these issues?		

PART 4. ADHERENCE TO ART			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ART59	Who discusses HIV disease, ART, adherence, and side effects with the patients? <i>[Circle all that apply]</i>	Doctor 1 Clinical officer/physician assistant 2 Nurse 3 Counselor 4 Social worker 5 Pharmacist 6 Other: _____ 7	
ART60	What types of materials (in addition to the prescription), if any, are given to patients to help them remember how to take their medicines?	No materials are given 1 Brochure 2 Calendar 3 Leaflets 4 Pill box 5 Other: _____ 7	

PART 4. ADHERENCE TO ART					
NO.	QUESTIONS	RESPONSES AND CODING			SKIP TO
ART61	When a client begins ART, are any of the following types of counseling offered? [Read all choices first then circle one per type]	Always	Sometimes	Never	Don't know
	a. Pretreatment medication counseling by pharmacy staff	1	2	3	88
	b. Pretreatment adherence counseling	1	2	3	88
	c. Follow-up adherence counseling	1	2	3	88
	d. Counseling that includes a family member or "treatment buddy"	1	2	3	88
	e. Peer counseling by PLHA	1	2	3	88
ART62	For any type of counseling listed above that is always provided, who provides the counseling? [Circle all that apply]	Doctor 1 Clinical officer/physician assistant 2 Nurse 3 Counselor 4 Social worker 5 Pharmacist 6 Other: _____ 77			
ART63	How do you measure patient treatment adherence?	Don't measure 1 Patient self-report 2 Pill count 3 Prescription/refill tracking 4 Directly administered antiretroviral therapy (DAART)/Directly observed therapy (DOTS) 5 Other: _____ 77			
ART64	Please describe the strategies you have found helpful in improving patient adherence to ART.				

PART 5. BEHAVIOR CHANGE COMMUNICATION			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ART65	Are there any patient education and/or information materials to support client-provider interaction at your department (i.e., BCC/IEC materials)? These can include posters, leaflets, patient handouts or brochures that describe a specific illness (such as HIV/AIDS), forms of treatment (such as ART), or simply tips for healthier lifestyle and nutrition.	YES 1 NO 2	2 → ART69
ART66	Please indicate the type of materials that you use.	Poster 1 Brochure 2 Leaflet 3 Other: _____ 77	
ART67	Please describe the content of the materials.	Specific drug information 1 Specific disease information 2 Healthier lifestyle or nutrition info 3 HIV/AIDS prevention/ treatment information 4 Safer sex information 5 Other: _____ 77	
ART68	How literate do the clients have to be to read and understand these materials?	Highly literate 1 Literate 2 Low literate or illiterate 3	
ART69	What kind of information/patient educational materials do you wish you had available (that you don't have now)?		
ART70	Time at the end of the interview	____ : ____ AM PM	

“Thank you for your participation in this survey.”

PART 6. INTERVIEWER OBSERVATIONS		
ART71	<p><i>Please note any general observations you have about the facility's delivery of ART that have not been addressed by previous questions.</i></p>	
ART72	<p><i>Organization and delivery of ART services.</i></p>	

Tool 11: Preventing Mother-To-Child Transmission (PMTCT)

This tool is adapted from “Baseline Assessment Tools for Preventing Mother-to-Child Transmission of HIV,” developed by Family Health International and the Elizabeth Glaser Pediatric AIDS Foundation and published in August 2003. The tool is to be administered where PMTCT activities are mainly carried out in antenatal clinic (ANC) (Tool A), or in the maternity wards (labor, delivery, and postnatal) (Tool B).

Prior to administering this tool, it is advised to have a general overview of the health facility: catchment area, HIV prevalence, services available, outreach services conducted, and level of organization. This will help the interview be more focused. For this tool, please interview an administrator in charge of the ANC and maternity wards or other appropriate staff.

This questionnaire consists of

Tool A: Antenatal care services (ANC)	64 questions
Tool B: Maternity wards (labor, delivery, and postnatal)	63 questions
TOTAL:	127 questions

NOTE:

Instructions for administering this tool can be found on page 24.

[Interviewer directions are highlighted in bold italics.]

Tool 11A: Antenatal Services Offered

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ANC1	Interviewer's name		
ANC2	Date of interview (dd/mm/yyyy)	___ / ___ / _____	
ANC3	Is the respondent the person in charge of the ANC at the health facility or another appropriate staff person who is very knowledgeable about the ANC services?	YES 1 NO 2	2 → STOP
<p>“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in developing its health facility capacity to provide comprehensive HIV/AIDS care and support services, including ART.</p> <p>We would like to work with you in conducting an assessment of this health facility. The main objective of this assessment is to determine the availability and quality of the essential elements of an antiretroviral therapy program and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA). We will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>We will ask to observe the existence of HIV/AIDS-related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions for me at this time?” <i>[Answer questions.]</i></p>			
ANC4	Do I have your agreement to participate?	YES 1 NO 2	2 → STOP
ANC5	Time at start of interview	_____ : _____ AM PM	
ANC6	Name of person interviewed		
ANC7	Job title of person interviewed		

PART 1. PATIENT LOAD AND OPERATING HOURS			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ANC8	On average, how many patients do you see per month?	In total (new cases and revisits): _ _ _ _ _ _ _ _ New cases only: _ _ _ _ _ _ _ _	
ANC9	When do the majority of women have their first ANC visit (in weeks)?	Weeks of pregnancy: _ _ _ _ _ _ _ _	
ANC10	On average, how many visits do (pregnant) women attend?	No. of visits: _ _ _ _ _ _ _ _	
ANC11	Roughly, what proportion of women who attend ANC return to deliver in the same facility?	Percentage (%): _ _ _ _ _ _ _ _	
ANC12	How many days per week is the ANC unit open?	No. of days: _ _ _ _ _ _ _ _	
ANC13	Is there any peak day (when number of patients is exceptionally high)?	YES 1 NO 2	2 → ANC14
	<i>If yes, what is this day?</i>		

PART 2. COST			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ANC14	a. Are there reports of patients who could not afford the laboratory fees?	YES 1 NO 2	2 → ANC15
	b. Do you have any comments?		
ANC15	a. Are patients required to bring supplies (for example, syringes or gloves)?	YES 1 NO 2	
	b. Do you have any comments?		

PART 3. SERVICES OFFERED					
NO.	QUESTIONS	RESPONSES AND CODING		SKIP TO	
ANC16	Are the following ANC services offered? <i>[For each question, circle either 1 for yes or 2 for no.]</i>				
	Health education		YES	NO	
	a. General health talk	1	2		
	b. HIV-related education	1	2		
	Laboratory tests		YES	NO	
	c. HB dosage	1	2		
	d. Blood grouping	1	2		
	e. VDRL	1	2		
	f. Urinalysis	1	2		
	g. Malaria test	1	2		
	Pharmacy/Treatment		YES	NO	
	h. Iron	1	2		
	i. Folic acid	1	2		
	j. Antimalaria treatment/prophylaxis	1	2		
	k. Syphilis treatment	1	2		
	l. Multivitamin (or other vitamin)	1	2		
	m. Tetanus toxoid immunization	1	2		
	PMTCT		YES	NO	
	n. Information	1	2		
	o. Pretest counseling	1	2		
	p. Blood drawing	1	2		
	q. HIV testing	1	2		
	r. If HIV tests are performed, describe the algorithm.				
	s. Are results available same day?	1	2		
	t. Posttest counseling	1	2		
	u. ARV prophylaxis	1	2		
	v. Referral	1	2		
	w. Infant feeding counseling	1	2		
	x. Formula feeding	1	2		
	y. Long-term support to HIV positive clients	1	2		
	z. Coordination with ANC, lab, or voluntary counseling and testing (VCT) unit	1	2		
	Outreach activities		YES	NO	
aa. Information/education	1	2			
bb. Actual ANC	1	2			
cc. Other: _____	1	2			
dd. Any comments?					

PART 4. INFRASTRUCTURE					
NO.	QUESTIONS	RESPONSES AND CODING			SKIP TO
ANC17	General aspects of the unit <i>[For each question, circle either 1 for good, 2 for good enough, or 3 for bad.]</i>	Good	Good enough	Bad	
	a. Conditions of the building	1	2	3	
	b. Maintenance	1	2	3	
	Power/water <i>[For each question, circle either 1 for always, 2 for irregular, or 3 for never.]</i>	Always	Irregular	Never	
	c. Running water	1	2	3	
	d. Electric power	1	2	3	
	e. Additional comments about general aspects of the unit				
ANC18	Is a waiting room/area available?	YES 1 NO 2			2 → ANC22
ANC19	Is it big enough for the volume of patients?	YES 1 NO 2			
ANC20	Is it well ventilated?	YES 1 NO 2			
ANC21	Is it clean?	YES 1 NO 2			
ANC22	Additional comments on waiting room				
ANC23	How many examination rooms are available for visit or counseling?	No of exam rooms: _ _ _ _ _			
ANC24	Describe conditions of this/these examination room(s) Does it offer privacy?	YES 1 NO 2			
ANC25	Is it well ventilated?	YES 1 NO 2			
ANC26	Is it well illuminated?	YES 1 NO 2			
ANC27	Is it clean?	YES 1 NO 2			
ANC28	Are there other actual/potential rooms?	YES 1 NO 2			2 → ANC33
ANC29	Is it well aerated?	YES 1 NO 2			
ANC30	Is it well illuminated?	YES 1 NO 2			

PART 4. INFRASTRUCTURE CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ANC31	Is it clean?	YES 1 NO 2	
ANC32	What are they (or could they) be used for?	YES 1 NO 2	
ANC33	Additional comments about other rooms.		

PART 5. EQUIPMENT AND SUPPLIES				
NO.	QUESTIONS	RESPONSES AND CODING		
	Are the following equipment/supplies available (in good conditions and in sufficient number)? <i>[For each equipment, circle either 1 for yes or 2 for no.]</i>	YES	NO	
ANC34	a. Benches in the waiting area	1	2	
	b. Chairs and desks in the reception area and rooms	1	2	
	c. Office supplies	1	2	
	d. Weight scale	1	2	
	e. Height scale	1	2	
	f. Blood pressure machine (Sphygmomanometer)	1	2	
	g. Examination beds	1	2	
	h. Obstetrical stethoscope	1	2	
	i. Thermometer	1	2	
	j. Measuring tape for fundal height	1	2	
	k. Health education material (for example, posters or leaflets)	1	2	
	l. Hand-washing items	1	2	
	m. Disposable needles and syringes	1	2	
	n. Disposable gloves	1	2	
	o. Postexposure prophylaxis (PEP) (for example, standard operating procedures [SOP] and antiretroviral drugs [ARVs])	1	2	
	p. Are stock-outs frequent?	1	2	
q. Additional comments about equipment/supplies.				

PART 6. DATA COLLECTION TOOLS (HEALTH MANAGEMENT INFORMATION SYSTEMS [HMIS])			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ANC35	Are there any data collection tools?	YES 1 NO 2	2 → ANC39
ANC36	<i>If yes, describe them.</i>		
ANC37	List information recorded.		
ANC38	Additional comments about data collection/tools.		

PART 7. SUPERVISION			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ANC39	Are there supervisory visits?	YES 1 NO 2	2 → ANC42
ANC40	Are they regular?	YES 1 NO 2	
ANC41	Who is the supervisor?		
ANC42	Additional comments about supervision.		

PART 8. POLICIES, GUIDELINES AND SOPS			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ANC43	Are there guidelines and SOPs available?	YES 1 NO 2	2 → ANC46
ANC44	Are they easily accessible?		
ANC45	Which areas are covered (for example, ANC, PMTCT, VCT)?		
ANC46	Additional comments about policies, guidelines, or SOPs.		

PART 9. REFERRAL			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ANC47	Does ANC refer its clients?	YES 1 NO 2	2 → ANC51
ANC48	What is the most frequent reason?		
ANC49	Where are these patients referred?		
ANC50	Does an SOP for referrals exist?	YES 1 NO 2	
ANC51	Additional comments about referrals.		

PART 10. FAMILY PLANNING (FP)			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ANC52	Are family planning services offered here?	YES 1 NO 2	2 →ANC61
ANC53	How many new clients are seen monthly?	_ _ _ _ per month	
ANC54	Is there specific management for HIV-positive clients?	YES 1 NO 2	2 →ANC56
ANC55	<i>If yes, please describe.</i>		
ANC56	What contraceptive methods are available?		
ANC57	Are condoms available?	YES 1 NO 2	
ANC58	Are all other needed supplies available?	YES 1 NO 2	
ANC59	Are stock-outs of supplies frequent?	YES 1 NO 2	
ANC60	Additional comments on FP?		

PART 11. MEN'S INVOLVEMENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
ANC61	Are men involved in care of their partners?	YES 1 NO 2	2 →ANC63
ANC62	<i>If yes, in which area: ANC, PMTCT, VCT, other?</i>		
ANC63	Additional comments on men's involvement.		
ANC64	Time at end of interview	____: ____ AM PM	

“Thank you very much for your participation.”

Tool 11A Ends Here

Tool 11B: Maternity wards (labor, delivery, and postnatal)

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M1	Interviewer's name		
M2	Date of interview (dd/mm/yyyy)	____ / ____ / _____	
M3	Is the respondent the person in charge of labor and delivery (L&D) services at the health facility or another appropriate staff person who is very knowledgeable about maternity services?	YES 1 NO 2	2 → STOP
<p>"Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in developing its health facility capacity to provide comprehensive HIV/AIDS care and support services, including ART.</p> <p>We would like to work with you in conducting an assessment of this health facility. The main objective of this assessment is to determine the availability and quality of the essential elements of an antiretroviral therapy program and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA). We will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>We will ask to observe the existence of HIV/AIDS-related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions for me at this time?" <i>[Answer questions.]</i></p>			
M4	Do I have your agreement to participate?	YES 1 NO 2	2 → STOP
M5	Time at start of interview	_____ : _____ AM PM	
M6	Name of person interviewed		
M7	Job title of person interviewed		

PART 1. PATIENT LOAD			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M8	On average, how many deliveries does the facility conduct per month?	No of deliveries: __ __ __	
M9	Have the majority of women who delivered at the facility attended ANC?	YES 1 NO 2	2 → M11
	<i>If yes, where did they attend it?</i>		
M10	At what stage of labor (how many hours before delivery) do the majority of women present to L&D wards?	More than 4 hours 1 2 to 4 hours 2 Less than 2 hours 3	
M11	After delivery, how long do women stay in the maternity ward?	a. Normal delivery: __ __ __ days b. Caesarian section: __ __ __ days	
M12	Additional comments about length of stay?		
M13	In the catchment area, when women do not deliver in hospital, where do they deliver?	With TBA 1 At home 2 Other: _____ 77	

PART 2. COST			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M14	a. Are there reports of clients who could not afford the laboratory fees?	YES 1 NO 2	
	b. Any comments?		
M15	a. Are clients required to bring supplies (for example, syringes or gloves)?	YES 1 NO 2	
	b. Any comments?		

PART 3. SERVICES OFFERED				
NO.	QUESTIONS	RESPONSES AND CODING		SKIP TO
M16	Are the following services offered? <i>[For each question, circle either 1 for yes or 2 for no.]</i>	YES	NO	
	PMTCT			
	a. Information	1	2	
	b. Pretest counseling	1	2	
	c. Blood drawing	1	2	
	d. HIV testing	1	2	
	e. Algorithm	1	2	
	f. Are test results available the same day?	1	2	
	g. Posttest counseling	1	2	
	h. ARV prophylaxis	1	2	
	i. Safe obstetrical practices	1	2	
	j. Referral for infant follow-up (under 5 clinic)	1	2	
	k. Referral for mother follow-up (for example, family planning)?	1	2	
	l. Coordination with ANC, lab, or VCT unit	1	2	
	m. Infant feeding counseling	1	2	
	n. Provision of formula feeding	1	2	
	o. Long term support to HIV positive clients	1	2	
	p. Other: _____	1	2	
	Laboratory tests	NO	YES	
	q. HB dosage	1	2	
	r. Blood grouping	1	2	
	Cesarian section	NO	YES	
	s. For regular obstetrical complications	1	2	
	t. For PMTCT	1	2	
	Pharmacy/treatment	NO	YES	
	u. Transfusion	1	2	
	v. Management of eclampsia	1	2	
w. Additional comments on services offered.				

PART 4. PERSONNEL			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M17	In total, how many staff are assigned to L&D wards? <i>[Write "0" if none]</i>	a. Nurses: _ _ _ _ _ b. Midwives: _ _ _ _ _ c. Counselors: _ _ _ _ _ d. Doctors: _ _ _ _ _ e. Additional comments on staff numbers: _____	
M18	How many staff have been trained in PMTCT? <i>[Write "0" if none]</i>	a. Nurses: _ _ _ _ _ b. Midwives: _ _ _ _ _ c. Counselors: _ _ _ _ _ d. Doctors: _ _ _ _ _ e. Additional comments on numbers of staff trained: _____	

PART 5. INFRASTRUCTURE					
NO.	QUESTIONS	RESPONSES AND CODING			SKIP TO
M19	General aspects of the unit <i>[For each question, circle either 1 for good, 2 for good enough, or 3 for bad.]</i>	Good	Good Enough	Bad	
	a. Conditions of the building	1	2	3	
	b. Maintenance	1	2	3	
	Power/water <i>[For each question, circle either 1 for always, 2 for irregular, or 3 for never.]</i>	Always	Irregular	Never	
	c. Running water	1	2	3	
	d. Electric power	1	2	3	
	e. Additional comments on general aspects of the unit				
Questions M20 through M24 concern the conditions of the labor ward.					
M20	Is it big enough for the volume of patients?	YES 1			
		NO 2			
M21	Is it well ventilated?	YES 1			
		NO 2			
M22	Is it well illuminated?	YES 1			
		NO 2			

PART 5. INFRASTRUCTURE			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M23	Is it clean?	YES 1 NO 2	
M24	Additional comments on condition of the labor ward?		
Questions M25 through M29 concern the condition of the delivery room.			
M25	Does it offer privacy?	YES 1 NO 2	
M26	Is it well ventilated?	YES 1 NO 2	
M27	Is it well illuminated?	YES 1 NO 2	
M28	Is it clean?	YES 1 NO 2	
M29	Additional comments on condition of the delivery room?		
Questions M30 through M35 concern the condition of any other rooms.			
M30	Are there other actual/potential rooms?	YES 1 NO 2	2 → M36
M31	Are they well aerated?	YES 1 NO 2	
M32	Are they well illuminated?	YES 1 NO 2	
M33	Are they clean?	YES 1 NO 2	
M34	What are they (or could they) be used for?		
M35	Additional comments on conditions of other rooms?		

PART 6. EQUIPMENT AND SUPPLIES				
NO.	QUESTIONS	RESPONSES AND CODING		SKIP TO
M36	Are the following equipment/supplies available (in good condition and in sufficient number)? <i>[For each piece of equipment, circle either 1 for yes or 2 for no.]</i>	YES	NO	
	a. Benches in the waiting area/reception	1	2	
	b. Chairs and desks at the reception and rooms	1	2	
	c. Office supplies	1	2	
	d. Weight scale	1	2	
	e. Height scale	1	2	
	f. Examination/standard beds	1	2	
	g. Delivery beds	1	2	
	h. Thermometer	1	2	
	i. Blood pressure machine (sphygmomanometer)	1	2	
	j. Obstetrical stethoscope	1	2	
	k. Measuring tape for fundal height	1	2	
	l. Health education material (posters, leaflet, etc.)	1	2	
	m. Poles	1	2	
	n. Protective clothing	1	2	
	o. Delivery kits	1	2	
	p. Forceps	1	2	
	q. Vacuum extractor	1	2	
	r. Gynecologic light	1	2	
	s. Vacuum machine	1	2	
	t. Hand-washing items	1	2	
	u. Disposable needles and syringes	1	2	
	v. Disposable gloves	1	2	
	w. Sterilizing equipment	1	2	
	x. Sharps box	1	2	
	y. PEP (SOP and ARVs)	1	2	
	z. Are stock-outs frequent?	1	2	
	aa. Additional comments on equipment and supplies?			

PART 7. DATA COLLECTION TOOLS (HEALTH MANAGEMENT INFORMATION SYSTEM [HMIS])			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M37	Are there any data collection tools?	YES 1 NO 2	2 → M41
M38	<i>If yes, describe them.</i>		
M39	List information recorded.		
M40	Additional comments on data collection tools?		

PART 8. SUPERVISION			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M41	Are there supervisory visits?	YES 1 NO 2	2 → M45
M42	Are they regular?	YES 1 NO 2	
M43	Who is the supervisor?		
M44	Additional comments on supervision?		

PART 9. POLICIES, GUIDELINES, AND SOP			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M45	Are there guidelines and SOPs available?	YES 1 NO 2	2 → M49
M46	Are they easily accessible?	YES 1 NO 2	
M47	Which areas are covered (for example, ANC, PMTCT, or VCT)?		
M48	Additional comments on policies, guidelines, or SOPs?		

PART 10. REFERRAL			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M49	Does L&D refer its clients?	YES 1 NO 2	2 → M51
M50	What is the most frequent reason for referral?		

PART 11. FAMILY PLANNING (FP)			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M51	Are family planning services offered here?	YES 1 NO 2	2 → M60
M52	How many new clients are seen monthly?	_ _ _ _ per month	
M53	Is there specific management for HIV-positive clients?	YES 1 NO 2	2 → M55
M54	<i>If yes, please describe.</i>		
M55	What contraceptive methods are available?		
M56	Are condoms available?	YES 1 NO 2	
M57	Are all other needed supplies available?	YES 1 NO 2	
M58	Are stock-outs of supplies frequent?	YES 1 NO 2	
M59	Additional comments on FP?		

PART 12. MEN'S INVOLVEMENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M60	Are men involved in care of their partners?	YES 1 NO 2	2 → M62
M61	<i>If yes, in which area: ANC, PMTCT, VCT, other?</i>		
M62	Additional comments on men's involvement.		
M63	Time at end of interview	_____: ____ AM PM	

“Thank you very much for your participation.”

Tool 12: Monitoring and Evaluation (M&E) Assessment for Second-Level Health Facilities

For this tool, please interview the person in charge of monitoring and evaluation and medical records. If he/she is not available, ask to speak to another staff person or administrator who can provide an overview of the health facility, including administrative matters.

NOTE:

Instructions for administering this tool can be found on page 26.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	10 questions
Part 1.	M&E resources	5 questions
Part 2.	Training on M&E	3 questions
Part 3.	Management of the M&E unit	7 questions
Part 4.	Global program monitoring and evaluation (PME) activities	33 question
Part 5.	Quality management system	19 questions
Part 6.	Interviewer observations	2 questions
TOTAL:		79 questions

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
M&E1	Interviewer's name		
M&E2	Date of interview (dd/mm/yyyy)	___ / ___ / _____	
M&E3	Do you have a monitoring and evaluation (M&E) unit in this facility?	YES 1 NO 2	2 → STOP
M&E4	Is the staff interviewed involved in M&E activities in the facility?	YES 1 NO 2	2 → STOP
<p>“Hello. My name is _____. My colleagues and I are here on behalf of _____ and _____ to assist the Government of _____ in improving its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy. I would like to work with you in conducting an assessment of this health facility. The main objective of this assessment is to determine the availability and quality of the essential elements of an antiretroviral therapy program and identify the opportunities to strengthen these elements in order to provide comprehensive care to people living with HIV/AIDS (PLHA). We will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>We will ask to observe the existence of HIV/AIDS related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded, or shared from the registers. The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions for me at this time?” <i>[Answer questions.]</i></p>			
M&E5	Do I have your agreement to participate?	YES 1 NO 2	2 → STOP
M&E6	Time at start of interview	_____ : _____ AM PM	
M&E7	Name of person being interviewed		
M&E8	Job title of person interviewed		
M&E9	Name of health facility		
M&E10	Type of health facility (include details on number of beds, referral hospital, community based, etc.)		

PART 1: M&E RESOURCES			
NO.	QUESTION	RESPONSES AND CODING	SKIP TO
M&E11	How many staff are in the M&E unit?	No. staff members: _ _ _ _ _ _	
M&E12 TO M&E13	Please provide a breakdown of the number of M&E staff by the level of training and the number of years they have they been working on M&E in this facility. State their qualifications next to their title.	M&E12 No. of staff	M&E13 No. of years they have been working in the M&E unit
	a. Public health		
	b. Physicians		
	c. Social sciences (demography, sociology, geography)		
	d. Community health officers		
	e. Nurses		
	f. Others: _____		
M&E14	Do you have funds allocated in the budget for M&E activities?	YES 1 NO 2	

PART 2: TRAINING ON M&E			
NO.	QUESTION	RESPONSES AND CODING	SKIP TO
M&E15	Have your M&E staff been trained?	YES 1 NO 2	
M&E16	How many of the trained M&E staff are currently working at this facility?		
M&E17	Who organized the training?		

PART 3: MANAGEMENT OF THE M&E UNIT			
NO.	QUESTION	RESPONSES AND CODING	SKIP TO
M&E18	Who is directly in charge of the M&E unit? State his/her title and qualification		
M&E19	Do you have an M&E workplan?	YES 1 NO 2	2 → M&E25
M&E20	Can I see the M&E workplan?	YES 1 NO 2	
M&E21	When was the workplan developed (month/year)?	___ ___ / ___ ___ ___ ___	
M&E22	Who participated in the development of the M&E workplan?	M&E staff of this health facility 1 The community outreach workers..... 2 The medical staff..... 3 Administration staff 4 Staff of the government agency (ministry of health [MOH] supervising the health facility) 5 Community member(s) 6	

PART 3: MANAGEMENT OF THE M&E UNIT CONTINUED			
NO.	QUESTION	RESPONSES AND CODING	SKIP TO
M&E23	Have you ever reviewed the M&E workplan?	YES 1 NO 2	
M&E24	If yes how many times has it been reviewed?	No.: _ _ _ _ _	

PART 4: GLOBAL PROGRAM MONITORING AND EVALUATION (PME) ACTIVITIES			
NO.	QUESTION	RESPONSES AND CODING	SKIP TO
M&E25	In general, describe how you carry out PME in the different departments in your facility.		
M&E26	Do you have standard operating procedures (SOPs) for PME activities carried out in this facility? <i>[Indicate "none" if no SOPs for PME.]</i>		
M&E27	In general, how often is PME done in the different departments of your facility?		
M&E28	Please mention specific problems that you have in carrying out PME activities.		
Monitoring/data collection			
M&E29	Is there one staff member responsible for monitoring the activities implemented in each department in your facility?	YES 1 NO 2	
M&E30	What tools do you use for monitoring?	Forms 1 Record books 2 Tally sheet 3 Registers 4 Individual clinical records 5 None 6 Other: _____ 77	
M&E31	What is the average frequency with which you collect these tools?		
M&E32	Can I see it (them)?	YES 1 NO 2	
M&E33	Can I have a copy of each monitoring tool?	YES, copies obtained 1 NO, copies NOT obtained 2	
M&E34	Who developed these monitoring tools?		

PART 4: GLOBAL PROGRAM MONITORING AND EVALUATION (PME) ACTIVITIES CONTINUED			
NO.	QUESTION	RESPONSES AND CODING	SKIP TO
M&E35	Have you trained the staff of the department providing HIV care about the utility of these data collecting tools?	YES 1 NO 2	2 → M&E37
M&E36	<i>If yes, when and for how many days?</i>	Date (month/year): ____ / _____ No. Days: __ __ __	
M&E37	Do the users have problem(s) with the data collection tools?	YES 1 NO 2	2 → M&E39
M&E38	<i>If yes, what are the problems?</i>		
M&E39	Have you revised the monitoring tools?	YES 1 NO 2	2 → M&E41
M&E40	<i>If yes, when was the last time you revised them (month/year)?</i>	_____ / _____	
M&E41	Have you revised the process for collecting the data?	YES 1 NO 2	2 → M&E43
M&E42	<i>If yes, when was the last time you revised it (month/year)?</i>	_____ / _____	
Data analysis			
M&E43	Who directly reviews the data collected in the facility?		
M&E44	Is there a clear definition of high quality data at your facility? <i>If yes, state it:</i>	YES 1 NO 2	
M&E45	What happens when the data are of insufficient quality?		
M&E46	For which services conducted in the facility are you analyzing collected data?		
M&E47	Who is responsible for analyzing the data?		
M&E48	What software do you use for data analysis?		
M&E49	Has the person involved in data analysis been trained in data analysis?	YES 1 NO 2	
M&E50	Are you conducting the analysis in conjunction or with the inputs of the field workers?		

PART 4: GLOBAL PROGRAM MONITORING AND EVALUATION (PME) ACTIVITIES CONTINUED			
NO.	QUESTION	RESPONSES AND CODING	SKIP TO
Data reporting			
M&E51	Do you share PME data with others such as:	On-site (facility) pharmacy..... 1 Hospital administrator2 Provincial AIDS coordinator 3 District AIDS coordinator4 District health information officer5 Facility health information officer 6 National AIDS control program 7 Other: _____ 77	
M&E52	Who is responsible for forwarding the collated data from the health facility to these agencies?		
M&E53	How often are they expected to send the collated data to these agencies?	Every week 1 Every month.....2 Every quarter3 Biannually.....4 Annually 5	
M&E54	How is the collated data sent from the sites?	Electronically 1 By fax2 By post3 By courier.....4 By hand 5	
Feedback and Information Flow			
M&E55	How do you communicate results of the analysis to other members of staff/other departments?	Meetings 1 Telephone discussion2 E-mail/fax.....3 Written reports 4	
M&E56	If you communicate via meetings, how often do you have meetings with the on-site staff?	Every week 1 Every month.....2 Every quarter3 Biannually.....4 Annually 5 Other: _____ 77	
M&E57	Had you ever changed your PME process following the input from the staff in the departments?		

PART 5: QUALITY MANAGEMENT SYSTEM			
NO.	QUESTION	RESPONSES AND CODING	SKIP TO
M&E58	What are the quality tools that you are using in the sites?	International guidelines and norms 1 National guidelines and norms..... 2 State guidelines and norms..... 3 National/state SOPs..... 4 Local SOPs 5 Process flowchart 6 Standardized forms..... 7	
M&E59	Do you encourage the use of a “quality manual” (a document containing quality tools for each department—especially guidelines, flowcharts, and SOPs)	YES 1 NO 2	
M&E60	List the international guidelines/norms you are using in the facility.		
M&E61	List the national/state guidelines/norms you are using in the facility.		
M&E62	List the national/state SOPs you are using in the facility.		
M&E63	Are you using a template for the different SOPs in your facility?	YES 1 NO 2	
M&E64	Are you using a model for the different process flowcharts in your facility?	YES 1 NO 2	
M&E65	List the national/state forms you are using in the facility.		
M&E66	List the local (in-house) forms you are using in the facility.		
M&E67	List the types of SOPs that are available in this facility below. Please note who is using it and the date it was last revised.		

PART 5: QUALITY MANAGEMENT SYSTEM			
NO.	QUESTION	RESPONSES AND CODING	SKIP TO
M&E68	Can you provide us with a copy of these or some of these SOPs?	YES 1 NO 2	
M&E69	List the types of process flow charts that are available in this facility. Please note who is using them and the date they were last revised.		
M&E70	Can you provide us with a copy of these or some of these process flowcharts?	YES 1 NO 2	
M&E71	Do you monitor the use of these SOPs and process flow chart?	YES 1 NO 2	2 → M&E73
M&E72	<i>If yes, how do you monitor the use of these SOPs and process flow chart?</i>		
M&E73	Which of the following types of evaluation do you carry out?	Inputs 1 Outputs 2 Process 3	
M&E74	At what stage do you carry out evaluation?	Needs assessment/baseline 1 Mid-term review 2 Postintervention evaluation 3	
M&E75	Who carried out your project evaluation?	M&E staff 1 Local consultants 2 International consultants 3 M&E staff and local consultants 4	
M&E76	Time at end of interview	____: ____ AM PM	

“Thank you for participating in this survey.”

PART 6: INTERVIEWER OBSERVATIONS		
M&E77	<p><i>Please note any general observations you have about the health facility that have not been addressed by this survey.</i></p>	
M&E78	<p><i>Patient flow and organization (Is facility busy or slow? Where do patients/families congregate?)</i></p>	

Tool 13: Primary-Level Health Center

For this tool, find the person in charge of the facility. If he/she is not available, ask to see the provider who is most knowledgeable about HIV/AIDS services.

This questionnaire consists of

Part 0.	Identification, eligibility, and consent	9 questions
Part 1.	Facility background	16 questions
Part 2.	Human resources	9 questions
Part 3.	Infrastructure and supplies	9 questions
Part 4.	Health services	38 questions
Part 5.	Guidelines and protocols	6 questions
Part 6.	Health management information system	10 questions
Part 7.	Interviewer observations	9 questions

TOTAL: **106 questions**

NOTE:

Instructions for administering this tool can be found on page 27.

[Interviewer directions are highlighted in bold italics.]

PART 0. IDENTIFICATION, ELIGIBILITY, AND CONSENT			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HC1	Interviewer's name		
HC2	Date of interview (dd/mm/yyyy)	____ / ____ / _____	
HC3	Is the respondent the person in charge of the facility or the provider the most knowledgeable about HIV/AIDS services in the facility?	YES 1 NO 2	2 → STOP
<p>"Hello. My name is _____. My colleagues and I are here on behalf of the _____ to assist the Government of _____ in developing its health facility capacity to provide comprehensive HIV/AIDS care and support services, including antiretroviral therapy (ART).</p> <p>We would like to work with you in conducting an assessment at this health facility. The main objective of this visit is to determine the availability and quality of HIV-related services and identify the opportunities to strengthen these services in order to provide comprehensive care to people living with HIV/AIDS (PLHA). We will be asking how patients receive HIV/AIDS care and support from services provided through this facility.</p> <p>We will ask to observe the existence of HIV/AIDS-related patient registers. We will not use the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. Patient names will not be reviewed, recorded, or shared from the registers.</p> <p>The information you provide is completely confidential and will not be shared with anyone else without your consent, including your supervisor. This is not an evaluation of your performance. You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Government of _____ and the health facilities involved in HIV/AIDS care and support to improve policy formulation and service delivery.</p> <p>Do you have any questions for me at this time?" <i>[Answer questions]</i></p>			
HC4	Do I have your agreement to participate?	YES 1 NO 2	2 → STOP
HC5	Time at start of interview	_____ : _____ AM PM	
HC6	Name of person interviewed (optional)		
HC7	Job title of person interviewed		
HC8	Name of health facility		
HC9	Type of health facility		

PART 1. FACILITY BACKGROUND			
[Unless specified, please provide one answer per question. For all questions, please circle the number associated with your answer or fill in the blank provided.]			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HC10	How many clients on average does the facility serve each day?	No. of clients: __ __ __ __ OR Don't know 88	
HC11	What percentage of adult patients who visited the facility in the past month presented with HIV/AIDS or related conditions? Please estimate.	Percentage of clients:..... __ __ __ __ OR Don't know 88	
HC12	How many people are in the catchment area that is served by this facility?	__ , __ __ __ __ , __ __ __ __	
HC13	Is electricity available?	YES 1 NO 2	2 → HC18
HC14	What is the source of electricity?	Source:	
HC15	How frequent are interruptions in electrical supply?	More than once per day 1 Once per day 2 Several times per week 3	
HC16	Is a back-up generator available?	YES 1 NO 2	2 → HC18
HC17	Is there a consistent supply of fuel for the generator?	YES 1 NO 2	
HC18	Is running water available?	YES 1 NO 2	2 → HC21
HC19	How frequent are interruptions in the water supply?	More than once per day 1 Once per day 2 Several times per week 3	
HC20	Is there a reservoir or back-up source of water?	YES 1 NO 2	
HC21	Is there a means of transportation for use by the clinic?	YES 1 NO 2	2 → HC23
HC22	If yes, what is the type of transportation available?	Bicycle 1 Motorbike 2 Automobile 3 Other: 77	
HC23	What type of communication is available at the health facility?	Radio 1 Land phone 2 Mobile phone 3 Other: 77 None 99	99 → HC25

PART 1. FACILITY BACKGROUND CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HC24	How frequent are interruptions in service for the communications?	More than once per day 1 Once per day 2 Several times per week 3	
HC25	Please describe any contextual factors around this facility that might affect HIV/AIDS (for example, facility serves mining area, or major trucking route).		

PART 2. HUMAN RESOURCES AND STAFF CAPACITY					
NO.	QUESTIONS	RESPONSES AND CODING			
	<i>[Read the list of staff categories to the person interviewed. Fill out this table together, starting with the total number of staff by category. If possible, provide a breakdown of the number of staff who work full time, part time, and specialize in HIV/AIDS care.]</i>				
	How many staff members in the following categories provide service at the facility?	HC26 No. of full-time staff allocated to facility	HC27 No. of full-time staff currently working	HC28 No. of staff seconded or working as volunteers	HC29 Staff who specialize in HIV care
HC26 TO HC29	a. Medical doctor				
	b. Clinical officer				
	c. Registered nurse				
	d. Enrolled nurse				
	e. Registered midwife				
	f. Enrolled midwife				
	g. Community health officer				
	h. Social worker				
	i. HIV counselor				
	j. Laboratory technician				
	k. Pharmacy technician				
	l. Nutritionist				
	m. Medical records officer				
	n. Volunteer				
	o. Spiritual Counselor				
	p. Other: _____				

PART 2. HUMAN RESOURCES AND STAFF CAPACITY			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HC30	Do you have a regular supervisor (supervisor who visits you at your workplace on a regular basis)?	YES 1 NO 2	2 → HC34
HC31	What is the title of your supervisor and the name of the agency where your supervisor works?	Title: _____ _____ Agency: _____ _____	
HC32	How many times in the past 3 months have you had a visit from your supervisor? Please estimate.	No. of visits: __ __ __ OR Don't know 88	
HC33	What did your supervisor do during his/her previous visit? <i>[Circle all that apply. Do not prompt.]</i>	Delivered supplies 1 Observed your work 2 Reviewed reports 3 Provided feedback 4 Discussed problems 5 Made comments only 6 Addressed/listened to your concerns and input 7 Provided on-the-job training 8 Other: _____ 77	
HC34	What are the five most difficult problems this health center faces? <i>[Circle only five choices. Do not prompt.]</i>	Staff shortages 1 Lack of supplies and/or stock 2 Lack of training 3 Lack of supervision 4 Lack of feedback on performance 5 Lack of time to do job 6 Low service utilization 7 Inadequate transport for patients 8 Demoralized staff 9 Poor working environment 10 Inadequate salary 11 Inadequate facilities 12 Security 13 Political interference/corruption 14 Too many patients 15 Other: _____ 77	

PART 3. INFRASTRUCTURE AND SUPPLIES				
NO.	QUESTIONS	RESPONSES AND CODING		SKIP TO
	<i>[Ask to see where patient consultations take place and go to the room where most HIV/AIDS patients are cared for. Check to see whether the following are available or easily accessible. Circle one response per item.]</i>	YES, observed	YES, reported available, but NOT seen	NO, not available
HC35	a. Means of visual privacy	1	2	3
	b. Auditory privacy	1	2	3
	c. Running water	1	2	3
	d. Hand-washing items	1	2	3
	e. Sharps disposal container	1	2	3
	f. Medical gloves	1	2	3
	g. Syringes and needles	1	2	3
	h. Sterilizing materials	1	2	3
	i. Disinfectants	1	2	3
HC36	How many clinical examination rooms are available?	No. of rooms: _ _ _ _ _		
HC37	Are there toilets available for patients and staff?	YES 1	NO 2	
HC38	Are there examination rooms designated for specific uses? <i>[Prompt – for female examinations, for HIV/AIDS clients, and so on.]</i>	YES 1	NO 2	2 → HC40
HC39	If yes, specify the designated uses for different rooms.	a. _____	b. _____	c. _____
		d. _____		
HC40	Please describe any unused or extra space in this health facility that could be used to expand HIV services (that is, are there any extra rooms or outbuildings?)			

PART 3. INFRASTRUCTURE AND SUPPLIES CONTINUED				
NO.	QUESTIONS	RESPONSES AND CODING		SKIP TO
HC41	<i>[Check to see whether the following furniture is available in each room where HIV/AIDS patients are seen. Circle one response per item.]</i>	YES, observed	YES, reported available, but NOT seen	NO, not available
	a. Examination couch	1	2	3
	b. Desk	1	2	3
	c. Chairs (minimum of 2)	1	2	3
	d. Examination light	1	2	3
	e. Screen	1	2	3
	f. Air conditioning	1	2	3
	g. Other: _____	1	2	3
	h. Other: _____	1	2	3
HC42	<i>[Check to see whether the following equipment is available at the facility. Circle one response per item.]</i>	YES, observed	YES, reported available, but NOT seen	NO, not available
	a. Weighing scale for adults	1	2	3
	b. Weighing scale for infant	1	2	3
	c. Stethoscope for adult	1	2	3
	d. Stethoscope for child	1	2	3
	e. Sphygmomanometer (adult and child cuffs)	1	2	3
	f. Thermometer	1	2	3
	g. Diagnostic set	1	2	3
	h. Wheelchair	1	2	3
	i. Other: _____	1	2	3
	j. Other: _____	1	2	3
HC43	<i>[Describe what renovations are needed to optimize HIV/AIDS patient management. Circle one response per item.]</i>	YES, observed	YES, reported available, but NOT seen	NO, not available
	a. Partitioning of exam room for space	1	2	3
	b. Add partition to enhance privacy	1	2	3
	c. Paint exam room	1	2	3
	d. Add security to door/window	1	2	3
	e. Other: _____	1	2	3
	f. Other: _____	1	2	3

PART 4. HEALTH SERVICES			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HC44	Please describe the patient flow when a client visits the facility for the first time.		
HC45	<i>[Interviewer: Please note your observations regarding the patient flow at the facility. Specifically, are the services organized, accessible, and confidential?]</i>		
HC46	"Please tell me whether the following services are available at this facility." <i>[Circle all appropriate responses.]</i>		
	Service	YES	NO
	a. General consultation	1	2
	b. Observation beds	1	2
	c. HIV counseling and testing services	1	2
	d. Antenatal services	1	2
	e. Maternity (or Labor and Delivery)	1	2
	f. Family planning	1	2
	g. Under-5 clinic	1	2
	h. Nutrition services	1	2
	i. Any specialized clinic (for example, eye unit, dental unit): _____	1	2
	j. Outreach activities	1	2
	k. Palliation/symptom management	1	2
	l. TB diagnosis	1	2
m. TB treatment	1	2	
n. Sexually transmitted infection (STI) diagnosis and treatment	1	2	
HC47	If HIV testing is done here, how many people were tested in the past two months? Of the total who were tested in the past two months, how many had HIV-positive results?	a. No. tested: __ __ __ __ __ b. No. positive: __ __ __ __ __	
HC48	At this health facility, is there a process for making referrals ?	YES1 NO2 Don't know88	2 → HC53 88 → HC53

PART 4. HEALTH SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HC49	<p>Please describe your referral process. When, where, and how do you refer your clients to services within the health facility and services outside the facility?</p> <p>[Prompts: Who is responsible for making referrals (for example, a nurse)? If referrals are documented, where are they recorded? If referrals are tracked, how are they tracked?]</p>	<p>a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____</p>	
HC50	<p>In general, does the facility provide referrals with a slip?</p> <p>[Ask to see a referral slip.]</p>	<p>Always/almost always1 Usually2 Sometimes3 Never/almost never4 Don't know88</p>	
HC51	<p>Does the facility have a referral list or directory of care and support services available within the health facility and in the community?</p> <p>[If yes, please ask to see the list.]</p>	<p>YES, list seen1 YES, list NOT seen2 NO list/directory3</p>	
HC52	<p>Where are patients with confirmed HIV/AIDS referred for treatment?</p> <p>[Circle all appropriate. Do not prompt.]</p>	<p>Central hospital1 Provincial hospital2 General hospital3 Mission hospital4 Private doctor5 Traditional healer6 Nowhere7 Other: _____77</p>	
HC53	<p>Does the facility provide laboratory services?</p>	<p>YES1 NO2</p>	2 → HC65
HC54	<p>If yes, which laboratory investigations are performed on-site?</p>	<p>HIV rapid test1 HIV ELISA test.....2 Pregnancy test.....3 Hemoglobin4 Blood sugar5 TB sputum smear6 Malaria blood smear7 Syphilis8 Gram stains9 Urine dip stick10 Other: _____77</p>	

PART 4. HEALTH SERVICES CONTINUED				
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO	
HC55	Are test reagents always available?	YES 1 NO 2	1 → HC57	
HC56	<i>If no</i> , What is the frequency of stock-outs of reagents?	Daily 1 Weekly 2 Monthly 3 Other: _____ 77		
HC57	Source of reagents:			
HC58	Is HIV testing offered at this facility?	YES 1 NO 2	2 → HC62	
HC59	Please describe the process for how initial reactive results are confirmed.			
HC60	Please describe the testing algorithm including the order and names of the tests.			
HC61	When are the results of a client's HIV test generally available?	Same day 1 Next day 2 Within one week..... 3 Longer than one week 4		
HC62	What laboratory equipment is available on-site and functional?	On-site: functional	On-site: nonfunctional	Not on site
	a. Autoclave	1	2	3
	b. Centrifuge	1	2	3
	c. Hematology analyzer	1	2	3
	d. Incubator	1	2	3
	e. Microscope	1	2	3
	f. Refrigerator	1	2	3
	g. Weighing machine	1	2	3
h. Other: _____	1	2	3	
HC63	Which laboratory supplies are regularly available? [Read list aloud. Circle all that are appropriate.]	Venipuncture needles..... 1 Vacutainers 2 Lab investigation tubes: for hematology 3 Alcohol/alcohol wipes 4 Tourniquet..... 5 Microscope slides 6 Disposable gloves 7 Sharps containers..... 8 Disinfectants 9 Other: _____ 77		

PART 4. HEALTH SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HC64	Does the facility provide pharmacy services ?	YES1 NO2	2 → HC69
HC65	<i>If yes, which drugs are dispensed at the facility?</i>	Antibiotics: a. _____ b. _____ c. _____ Antimalarials: d. _____ e. _____ Anti-TB: f. _____ g. _____ h. _____ Symptom management: i. _____ j. _____ Other: k. _____ l. _____	
HC66	Please describe how/where the drugs are dispensed to the client and how/where the client receives counseling about the drugs.		
HC67	Are the drugs kept in a separate stockroom?	YES1 NO2	2 → HC69
HC68	<i>If yes:</i> a. Is the stockroom secure (that is, are the drugs locked up)? b. Does it have a functional refrigerator? c. Is there adequate ventilation?	YES1 NO2 YES1 NO2 YES1 NO2	
HC69	Are prevention of mother-to-child transmission (PMTCT) services offered at the facility?	YES1 NO2	2 → HC73
HC70	On average, how many new ANC visits are recorded monthly?	_ _ _ _ _ _ _	

PART 4. HEALTH SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HC71	On average, how many deliveries are recorded monthly?	_ _ _ _ _ _ _	
HC72	What percentage of pregnant women who are offered HIV testing actually accept to be tested?	_ _ _ _ _ %	
HC73	Are pediatric services offered at the facility?	YES1 NO2	2 → HC82
HC74	In general, what percentage of children presented with HIV-related illness during the past month? Please estimate.	_ _ _ _ _ %	
HC75	How often is HIV testing offered to children suspected of having HIV/AIDS-related illness?	Always/almost always1 Usually2 Sometimes3 Never/almost never4 Don't know88	
HC76	How often do staff offer testing to parents of HIV infected children?	Always/almost always1 Usually2 Sometimes3 Never/almost never4 Don't know88	
HC77	How often do parents of HIV-infected children accept to be tested for HIV?	Always/almost always1 Usually2 Sometimes3 Never/almost never4 Don't know88	
HC78	What components of palliative care does the facility provide for children? <i>[Circle all that apply. Do not prompt.]</i>	Pain management1 Symptom control2 Home-based care3 Spiritual support4 Psychological/emotional support5 Recreational support6 Educational support7 Other: _____77	
HC79	Do children with HIV-related illness who receive services at this facility receive OI prophylaxis (cotrimoxazole)?	Always/almost always1 Usually2 Sometimes3 Never/almost never4 Don't know88	

PART 4. HEALTH SERVICES CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HC80	What are the main obstacles for providing prophylactic treatment to children? <i>[Circle all that apply. Do not prompt.]</i>	No guidelines available1 No training on HIV in children2 Insufficient drugs available3 Parents unable to pay for drugs4 Other: _____77	
HC81	How often does the facility provide Vitamin A to children presenting with HIV-related illness?	Always/almost always1 Usually2 Sometimes3 Never/almost never4 Don't know88	

PART 5. GUIDELINES AND PROTOCOLS				
NO.	QUESTIONS	RESPONSES AND CODING		
HC82 TO HC83	<i>[Ask if the facility has the guidelines and if you can see them.]</i>	HC82	HC83	
		Which of the following national guidelines does the health center have?	Is in-service training provided?	
			YES	NO
	a. MOH standard treatment guidelines	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	b. Guidelines on voluntary counseling and testing (VCT)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	c. Guidelines on HIV testing procedures for the laboratory	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	d. Guidelines on PMCTC of HIV	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2
	e. Guidelines on HIV/AIDS clinical management including OIs	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1	2

PART 5. GUIDELINES AND PROTOCOLS CONTINUED			
NO.	QUESTIONS	RESPONSES AND CODING	
	<i>[Ask if the facility has the guidelines and if you can see them.]</i>	HC82	HC83
		Which of the following national guidelines does the health center have?	Is in-service training provided?
			YES NO
HC82 TO HC83	f. Guidelines for pediatric HIV/AIDS care	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2
	g. Guidelines on TB screening and management control	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2
	h. Guidelines on management of STI (diagnosis and treatment)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2
	i. Guidelines for home-based care	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2
	j. Guidelines on universal precautions for healthcare workers	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2
	k. Guidelines on management of occupational exposure to HIV	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2
	l. Guidelines on management of postexposure prophylaxis (PEP)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2
	m. Guidelines on data collection/health management information system (HMIS) guidelines	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2
	n. Guidelines on use of antiretroviral therapy (ART)	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2
	o. Other: _____	YES, guidelines seen 1 YES, guidelines NOT seen 2 NO 3	1 2

PART 5. GUIDELINES AND PROTOCOLS CONTINUED		
NO.	QUESTIONS	RESPONSES AND CODING
HC84	<p>For which of the following services does the facility have institutional specific policies such as standard operating procedures?</p> <p>[Read all choices aloud. Circle all to which the respondent answers “yes.”]</p>	<p>VCT 1</p> <p>PMTCT.....2</p> <p>ART management for adults3</p> <p>ART management for children 4</p> <p>OI management5</p> <p>Data collection6</p> <p>PEP 7</p> <p>Management of adverse effects of ART 8</p> <p>Referral services9</p> <p>Universal precautions..... 10</p> <p>None of the above..... 11</p>
HC85	<p>How often do staff members follow the SOPs/guidelines on universal precautions?</p>	<p>Always/almost always 1</p> <p>Usually2</p> <p>Sometimes3</p> <p>Never/almost never4</p> <p>Don't know88</p>
HC86	<p>Are the following supplies available on a regular basis at this facility?</p> <p>[Read all choices aloud. Circle all to which the respondent answers “yes.”]</p>	<p>Soap for handwashing 1</p> <p>Running water in hand basins2</p> <p>Disposable gloves3</p> <p>Disposable gowns 4</p> <p>Face masks.....5</p> <p>Sharps container.....6</p> <p>Disposal system for other nonreusable items..... 7</p>
HC87	<p>How does the facility manage adverse drug reactions (ADR)?</p>	

PART 6. HEALTH MANAGEMENT INFORMATION SYSTEM			
<p>“Now I would like to ask you a few questions about the facility’s HIV/AIDS-related record-keeping practices. Remember that all records seen will be kept confidential and that patient names will not be reviewed or recorded.” <i>[Ask to speak with the medical records officer or the data clerk.]</i></p>			
NO.	QUESTIONS	RESPONSES AND CODING	SKIP TO
HC88	How do you keep the medical records for patients who come to this facility?	Use of standardized forms 1 Free-hand written format2 We do not keep patient records at the facility3	3 → HC95
HC89	Where are these records kept?	Open shelves 1 Locked file cabinets2 Unlocked file cabinets3 Other: _____77	
HC90	Do you maintain a register of all clients seen at the facility? <i>[If yes, ask to see the register.]</i>	YES, register seen 1 YES, register NOT seen2 NO3	
HC91	a. Does the facility regularly compile data on the number of people with certain reportable diseases?	YES 1 NO2 Don't know.....88	2 → HC95 88 → HC95
	b. How is the data compiled? <i>[If respondent answers “Tally sheet,” ask to see it.]</i>	Tally/summary sheet (seen) 1 Tally/summary sheet (NOT seen)2 Computer.....3	
	c. Who compiles the data?		
	d. On average, how many hours per month does it take to compile the data for reporting?	_____ Hours/Month	
	e. Where is the compiled data/report sent? <i>[Circle all that apply.]</i>	Local government/district health information officer 1 State/provincial health information officer2 Other: _____3	
	f. How is this report sent there?	Public transport 1 Motorbike/bicycle2 Clinic vehicle3 Mail4 Phone5 Fax6 Electronically7 Other: _____8	

PART 6. HEALTH MANAGEMENT INFORMATION SYSTEM						
NO.	QUESTIONS	RESPONSES AND CODING				SKIP TO
HC91 Cont.	g. How frequently is the report sent?	Monthly 1				
		Quarterly 2				
		Other: _____ 3				
	h. What challenges do you face in compiling the data for reporting?					
HC92	Does the facility regularly compile data on the number of clients with HIV/AIDS-related illnesses into a report?	YES 1				2 → HC95
		NO 2				
HC93	How is the data compiled? <i>[If respondent answers "Tally sheet," ask to see it.]</i>	Tally/summary sheet (seen) 1				
		Tally/summary sheet (NOT seen) 2				
		Computer..... 3				
HC94	Do you use standardized forms for patient records for the following services?		YES	NO	Don't know	N/A
		VCT	1	2	88	99
		PMTCT	1	2	88	99
		ART	1	2	88	99
HC95	How often has someone from the local/state/district health management team come to this facility to supervise in the past year?	Monthly 1				
		Quarterly 2				
		Less than quarterly 3				
		Never 4				
		Don't know 88				
HC96	Please tell me what they do when they come to your facility. <i>[That is, do they review and discuss quarterly reports, make recommendations for service improvement, discuss problems?]</i>					
HC97	Time at end of interview	____ : ____ AM PM				

"Thank you for participating in this survey."

PART 7. INTERVIEWER OBSERVATIONS		
HC98	<i>Please note any general observations you have about the health facility that have not been addressed by this survey.</i>	
HC99	<i>Overall cleanliness of outpatient department.</i>	
HC100	<i>Patient flow and organization (is facility busy or slow).</i>	
HC101	<i>Interaction between clinicians and patients.</i>	
HC102	<i>Observation of patient records for accuracy and completeness.</i>	
HC103	<i>Auditory and visual privacy.</i>	
HC104	<i>Describe patient education and information materials available at this facility, including level of literacy (for example, posters, leaflets, patient handouts, or brochures that describe a specific illness, such as HIV/AIDS, forms of treatment, such as ART, or simply include tips for healthier lifestyle and nutrition).</i>	
HC105	<i>Access to the facility or any other logistical barrier (for example, road to facility, distance from main town).</i>	
HC106	<i>Ability of this facility to expand HIV related services (especially in terms of staff and space).</i>	

Health Facility Tools

to Assess Preparedness for HIV Services Delivery, Including Antiretroviral Therapy

To introduce HIV-related services in health and community facilities, it is essential that a rapid and comprehensive process of appraisal and implementation planning occur for each site. This process includes taking steps to ensure that the proper contacts are made, accurate data are gathered and used for program planning, and comprehensive program planning occurs. This manual outlines the rapid appraisal and implementation planning framework used to plan service delivery in sites supported by Family Health International and provides tools to be used along the way.

This comprehensive manual will help governments and organizations

- determine the availability and quality of the essential elements of HIV services
- gather necessary data about these services and additional needs from both clinicians and clients
- organize and analyze those data
- plan for program implementation
- create reports based on the data
- evaluate the quality of the appraisal and implementation process



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