



KENYA



Service Provision Assessment Survey 2004

HIV/AIDS

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Additional information about the Kenya HIV/AIDS SPA 2004 may be obtained from the National Coordinating Agency for Population and Development, the Chancery Building, 4th Floor, Valley Road, Nairobi, Kenya (Telephone: 254 20 711-600/1; Fax: 254 20 710281. Additional information about the MEASURE DHS project may be obtained from ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (Telephone: 301-572-0200 and Fax: 301-572-0999, e-mail: reports@orcmacro.com)

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Foreword

Compared with the 1999 Kenya Service Provision Assessment (KSPA), the 2004 KSPA determined and availed additional baseline information on the capacity of the health sector in Kenya to provide both basic and advanced level HIV/AIDS services and the availability of record keeping systems for monitoring HIV/AIDS care and support.

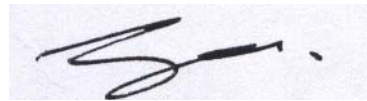
The HIV/AIDS-related services that were assessed include; testing capability, Care and Support Services (CSS) antiretroviral therapy (ART), Post Exposure Prophylaxis (PEP) Prevention of Mother to Child Transmission (PMTCT), and Youth Friendly Services (YFS).

HIV services are offered in a variety of sites within large facilities. HIV testing is available in about 4 out of 10 facilities. Care and support services (CSS) are more available in NGO and private facilities than in public facilities.

However, advanced care and support services including ART, home-based services, PMTCT, and staff access to PEP are available in less than 30 percent of facilities. Where PEP services are available, record keeping allowing monitoring of full compliance and record/registers of staff receiving PEP services are generally lacking.

The youth friendly services with VCT or PMTCT services are available in only one out of ten facilities that have HIV testing system.

It is hoped that the findings of this Survey will enable the Ministry of Health, the National Aids Control Council and other service providers to address the problems that have been identified and thus help close the gaps in the provision of quality services to the Kenyan population.



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Director of Medical Services

Acknowledgments

The HIV/AIDS module of the 2004 Kenya Service Provision Assessment (2004 KSPA) was designed to provide information on the capacities of sampled health facilities to provide HIV/AIDS services. The relevant indicators were initially developed by a technical working group comprising World Health Organization (WHO), UNAIDS, United States Agency for International Development (USAID) and invited Non Governmental Organizations (NGOs).

We wish to acknowledge contributions from the staff of National Coordinating Agency for Population and Development, Ministry of Health, University of Nairobi, Central Bureau of Statistics and all who helped in the development of instruments used in the collection of information, facilitated data collection, analysis and the writing of this report.

The interviewers that collected this information comprised of nurses and social scientists that were selected by Provincial Medical Officers. We wish to thank them all for their contribution to making this report a success.

We also appreciate the financial and technical support given by USAID, DFID, UNICEF and ORC Macro (USAID sub-contract). In particular, the contribution of the PEPFAR to this activity was very important and their contributions were well received.



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Key Findings

The 2004 Kenya HIV/AIDS Service Provision Assessment (Kenya HIV/AIDS SPA) survey determines and provides baseline information on the capacity of the formal health sector in Kenya to provide both basic and advanced level HIV/AIDS services and the availability of record keeping systems for monitoring HIV/AIDS care and support. The survey was conducted in a representative sample of 440 facilities including hospitals, health centres, maternities, dispensaries, clinics and stand-alone VCT facilities throughout Kenya managed by government, nongovernmental organizations (NGOs), private for-profit and faith-based organizations (FBOs).

The HIV/AIDS-related services that were assessed include: testing capability, care and support services (CSS), antiretroviral therapy (ART), post-exposure prophylaxis (PEP), prevention of mother-to-child transmission (PMTCT) and youth friendly services (YFS).

Along with documentation of which types of facilities are offering what range of HIV/AIDS services, a few systemic issues were identified:

- HIV/AIDS services are offered in a variety of sites within any one facility, particularly in large facilities. Record keeping allowing monitoring and evaluation of coverage and quality of care are however generally weak.
- HIV testing system¹, available in 37 percent of facilities, is more likely to be found in Nairobi and least likely in facilities in Nyanza and North Eastern provinces. Half of facilities with an HIV testing system had informed consent policy for HIV testing in all relevant service sites, 77 percent had registers with test results and 69 percent had records of clients receiving test results. Hospitals are least likely to have these items most likely because they have multiple service sites. Protocols and guidelines specifying the content of counseling and that address issues of confidentiality are scarcely present in service sites.
- Availability of care and support services (CSS) for HIV/AIDS clients shows significant provincial differentials, with facilities in Coast, Rift Valley and Nairobi provinces most likely to offer CSS for HIV/AIDS clients. These services are more available in NGO and private for-profit facilities. Among facilities offering CSS, about half offer TB diagnostic or treatment services, 95 percent offer STI services, and almost all offer malaria treatment services. Availability of medicines to treat various STIs ranged from 75 percent for gonorrhea to over 90 percent for syphilis, chlamydia and trichomoniasis. Treatment guidelines for TB, STIs, opportunistic infections (OIs) and malaria, and the relevant diagnostic capacities are wanting nationally.
- Advanced care and support services, including ART, home-based services, PMTCT and staff access to PEP are available in less than 30 percent of facilities nationally. Guidelines for ART, care of both adults and children living HIV/AIDS, opportunistic infections and palliative care are available in between 9 and 64 percent of facilities offering ART services, with the National ART treatment guideline being most available. Where PEP services are available, record keeping allowing monitoring of full compliance and records/registers of staff receiving PEP services are generally lacking.

¹ Facility conducts the test, has an affiliated laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility.

- While ANC and delivery services are available in 79 and 38 percent of facilities in Kenya, less than one-fourth of all facilities offer PMTCT services. Among the 4 components of PMTCT, over 75 percent of facilities offer pre- and post-test counseling and HIV testing, infant feeding counseling and family planning counseling or referral. ARV prophylaxis to prevent mother-to-child transmission is least available, in 58 percent of facilities offering PMTCT services.
- Youth-friendly services with VCT or PMTCT services are available in 12 percent of facilities with an HIV testing system.

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
CPT	Cotrimoxazole preventive treatment
CT	Counseling and testing
CSS	Care and support services
DOTS	Directly observed treatment, short-course
FBOs	Faith-based Organizations
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
INH	Isoniazid
IPT	Intermittent Prophylactic Treatment
M&E	Monitoring and Evaluation
NGO	Nongovernmental organization
OI	Opportunistic infection
ORS	Oral rehydration salts
PCP	Pneumocystis Carinii pneumonia
PEP	Post-exposure prophylaxis
PEPFAR	Presidential Emergency Plan for AIDS Relief Initiative Indicators
PLHA	People leaving with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
RPR	Reactive plasma reagin
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDRL	Venereal disease research laboratory test
VCT	Voluntary counseling and testing
WHO	World health organization
YFS	Youth friendly services

PEPFAR Facility Survey Indicators for Monitoring HIV/AIDS Programs

The President's Emergency Funds for AIDS Relief (PEPFAR) is a multifaceted, comprehensive and integrated approach to fighting HIV/AIDS, with the U.S. Government committed to working with international, national, and local leaders worldwide to promote integrated prevention, treatment, and care programs to combat the disease.

Below is a summary of the PEPFAR indicators for monitoring HIV/AIDS programs. The figures in parentheses indicate the relevant Appendix tables.

Indicator 1: Capacity to provide basic-level HIV/AIDS services

- 1.1 System for testing and providing results for HIV infection (A-2.1);
- 1.2 Systems and qualified staff for pre- and post-test counselling (A-2.2);
- 1.3 Specific health services relevant to HIV/AIDS (TB, malaria, STI), including resources and supplies for providing these services (A-2.3.1 through A-2.3.5);
- 1.4 Elements for preventing nosocomial infections (A-2.4.1, A-2.4.2); and
- 1.5 Trained staff and resources providing basic interventions for prevention and treatment for people living with HIV/AIDS (A-2.3.6).

Indicator 2: Capacity to provide advanced-level HIV/AIDS services

- 2.1 Systems and items to support the management of opportunistic infections and the provision of palliative care for the advanced care of people living with HIV/AIDS (A-2.5.1 through A-2.5.4);
- 2.2 Systems and items to support advanced services for the care of people living with HIV/AIDS (A-3.1.1, A-3.1.2, A-3.2.1, A-3.2.2);
- 2.3 Systems and items to support antiretroviral combination therapy (A-3.3.1 through A-3.3.3, A-3.9);
- 2.4 Conditions to provide advanced inpatient care for people living with HIV/AIDS (A-3.4);
- 2.5 Conditions to support home care services (A-3.5); and
- 2.6 Post-exposure prophylaxis (A-3.6).

Indicator 3: Availability of record-keeping systems for monitoring HIV/AIDS care and support (A-2.5.5, A-3.7, A-3.11.1, A-3.11.2)

Indicator 4: Capacity to provide PMTCT services (A-3.10)

Additional Indicator: Availability of youth-friendly services (A-3.8)

HIV/AIDS is a global problem with an estimated 39.4 million persons infected worldwide and 4.9 million newly infected in 2004 (UNAIDS/WHO 2004). Of these, approximately 70 percent live in sub-Saharan Africa. In response to improved treatment options and commitment from donors and international health experts, a variety of initiatives are underway to expand the scope and quality of services for HIV/AIDS. The services needed for prevention of HIV/AIDS and optimal maintenance of infected persons are multidimensional and include preventive measures, care and support for infected persons, and social and economic support.

An international technical working group, comprising representatives from World Health Organization (WHO), United Nations program on HIV/AIDS (UNAIDS), the United States Agency for International Development (USAID), and other entities, including nongovernmental organizations (NGOs) that implement HIV/AIDS services, developed common indicators for measuring the quality of HIV/AIDS services provided through the formal health sector. These indicators fall under the following broad categories:

- Capacity to provide basic-level services for HIV/AIDS
- Capacity to provide advanced-level services for HIV/AIDS
- Availability of record keeping systems for monitoring HIV/AIDS care and support
- Capacity to provide services for prevention of mother-to-child transmission (PMTCT and PMTCT+)¹
- Availability of youth-friendly services

Each of these indicators has been defined in detail, and the components measured in a sample of health facilities in Kenya.

1.1 HIV/AIDS in Kenya

The first case of HIV/AIDS in Kenya was detected in 1984 (AIDS in Kenya). However, it was not until 1997 that the government of Kenya established policy guidelines in the Sessional Paper No. 4 on HIV/AIDS in Kenya, and two years later in 1999, HIV/AIDS was declared a national disaster. A body to spearhead the coordination of interventions, the National AIDS Control Council (NACC), was thus created to provide leadership and to co-ordinate a multisectoral response to the epidemic. NACC in collaboration with other stakeholders has developed the Kenya National HIV/AIDS Strategic Plan for 2005-2010. The plan's main goals are to reduce the spread of HIV, improve the quality of life of those infected and the affected, and mitigate the socioeconomic impact of the epidemic (NACC, 2005).

HIV/AIDS continues to ravage every sector of Kenya's economy, leaving behind thousands of orphans and creating widespread poverty and helplessness among the population. The virus has infected and affected many people resulting in ill health and poverty among many households. It is estimated that 2.2 million people have been infected while 1.5 million have already died from the disease, leaving behind approximately 140,000 infants and children living with the virus (NACC, 2005). The results of 2003 Kenya Demographic and Health Survey reveal that HIV prevalence nationwide is 6.7 percent (9 percent among women and 5 percent among men) in 2003 (CBS, MoH, and ORC Macro, 2004). A significant

¹ PMTCT +: all components of PMTCT and the provision of ART to HIV-positive women and their families.

revelation from the KDHS 2003 is the wide gender differences in prevalence, particularly among the youth, highlighting the vulnerability of women compared with men.

According to the Government of Kenya (GOK), much more needs to be done to ensure that the uninfected remain virus free, while the majority of the infected gain access to affordable antiretroviral therapy (ART). Since the majority of people contract the virus through sexual contact, there is the need for further multi-sectoral and comprehensive programming aimed at promoting interventions that reduce high risk sexual behavior. In additions, efforts aimed at reducing transmission through other routes, such as mother-to-child transmission (PMTCT), the promotion of voluntary counseling and testing (VCT) and strengthening of STI control programs also need to be enhanced. A number of challenges however still prevail: the need for increased resource mobilization to improve cost effectiveness of interventions, the ever increasing numbers in need of ART, the competition for resources of HIV with other health and development issues, the little change of sexual behavioral patterns as a result of deep rooted cultural practices and beliefs, as well as the high level of poverty (NACC, 2005).

1.2 Methodology

Data were collected from 440 facilities including hospitals, health centers, maternities, clinics, dispensaries, and stand-alone VCT facilities. Facilities managed by the government, nongovernmental organizations (NGOs), private for-profit, and faith-based organizations (FBOs) were included in the survey. In order to ensure an adequate sample for antiretroviral services and services for prevention of mother-to-child transmission, a larger proportion of facilities offering these services were included in the sample, than their overall proportion in the country. Data were weighted during analysis to ensure that representation by facility type in each province was proportional to their actual representation within each province and at the national level.

A full description of the survey methodology and the sampling frame and final sample is available in the KSPA 2004 report (NCAPD et al., 2005). Table 1.1 provides information on the weighted number of facilities (the proportional number of facilities that represent all the other facilities in the country and inferences about what is happening in all the other facilities can be done using them) and the unweighted number of facilities (the total number of facilities used for data analysis). Table 1.2 provides this information by specific HIV/AIDS service.

Table 1.1 Distribution of facilities by type of facility, managing authority and province

Percent distribution of facilities (weighted) and number of facilities (weighted and unweighted) by type of facility, managing authority and province, Kenya HIV/AIDS SPA 2004

Background characteristic	Percent distribution of facilities (weighted)	Number of facilities	
		Weighted	Unweighted
Type of facility			
Hospital	6	28	172
Health center	28	125	51
Maternity	5	20	46
Clinic	2	8	67
Dispensary	56	249	69
Stand-alone VCT	2	10	35
Managing authority			
Government	56	246	175
NGO	5	21	35
Private (for-profit)	14	63	143
Faith-based organization	25	110	87
Province			
Nairobi	9	41	61
Central	11	50	62
Coast	11	49	57
Eastern	19	83	60
North Eastern	2	8	29
Nyanza	12	54	57
Rift Valley	29	126	62
Western	7	29	52
Total	100	440	440

Table 1.2 Number of facilities offering HIV/AIDS services (unweighted and weighted) Kenya HIV/AIDS SPA 2004

Type of facility	HIV testing system		Any care and support services (CSS) for HIV/AIDS clients		Antiretroviral therapy (ART)		Prevention of mother-to-child transmission (PMTCT)	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Hospital	158	26	166	28	83	50	123	21
Health center	27	60	42	100	06	46	19	45
Maternity	29	11	41	19	05	0	17	7
Clinic	23	3	49	6	4	38	10	1
Dispensary	12	54	36	142	0	0	8	31
Stand-alone VCT	35	10	19	5	2	50	3	1
All facilities	284	164	353	299	32	46	180	106

1.2.1 Data Analysis and Conventions Followed in Developing the Indicators

In large facilities, HIV/AIDS services are frequently offered at a variety of service sites. For example, HIV testing may be offered to clients who come to a VCT clinic, but also may be offered to sick clients attending outpatient clinics, and to inpatients on different types of inpatient units. Among items identified for supporting the quality of services related to HIV/AIDS, some need to be only at *any* one location in a facility, with the assumption that all units can access the item (e.g., medicines, laboratory tests, and facility level policies). Record keeping is necessary for clients who receive services from any service site, but the records may be kept in different locations depending on the organization of a facility. Some items, such as service statistics and client records may be kept in one central location or in several places, depending on the organization of a facility. For this survey, it is assumed that as long as a unit offering a service knows where the records are, and the existence of records in that site is verified, this validates that records are being kept for clients receiving services from the unit. It is not reasonable, however, to assume that providers will run around a facility in search of soap and water to wash hands or guidelines to remind them of information when providing services to a client. Thus, some items, such as those for infection control, and guidelines and protocols, need to be in the vicinity of each relevant service delivery area.

The analysis of the quality of HIV/AIDS and related services for this survey follows the above general conventions when determining if a facility meets the standards defined as those necessary to provide quality services.²

1.3 Availability of Services for HIV/AIDS

HIV/AIDS-related services that were assessed include the following:

- **Counseling and testing (CT):** The survey defines a facility as offering counseling and testing if clients are: 1) counseled before and/or after testing on the prevention of HIV, testing, transmission, living with HIV/AIDS, care and support and other aspects of the disease; 2) offered the HIV test, and then either the facility conducts the test or there is a system for the facility to refer clients to external affiliated testing sites for testing and receive results back in order to follow-up clients after testing. A facility where clients are simply referred elsewhere and it is expected that the other location counsels and follows up on test results, was not defined as offering counseling and testing.
- **Care and support services (CSS):** Care and support services include any services that are directed toward improving the life of an HIV infected person. These most often include treatment for opportunistic infections (OIs), including treatment for illnesses commonly associated with, or worsened by HIV infection, such as tuberculosis, sexually transmitted infections, and malaria. Other care and support services may include palliative care, socioeconomic and psychological support services. Along with care and support services, infection control measures were assessed for all service units assessed in the facility.
- **Antiretroviral therapy (ART):** This refers to providing antiretroviral (ARV) medicines for treatment of the HIV infected person.

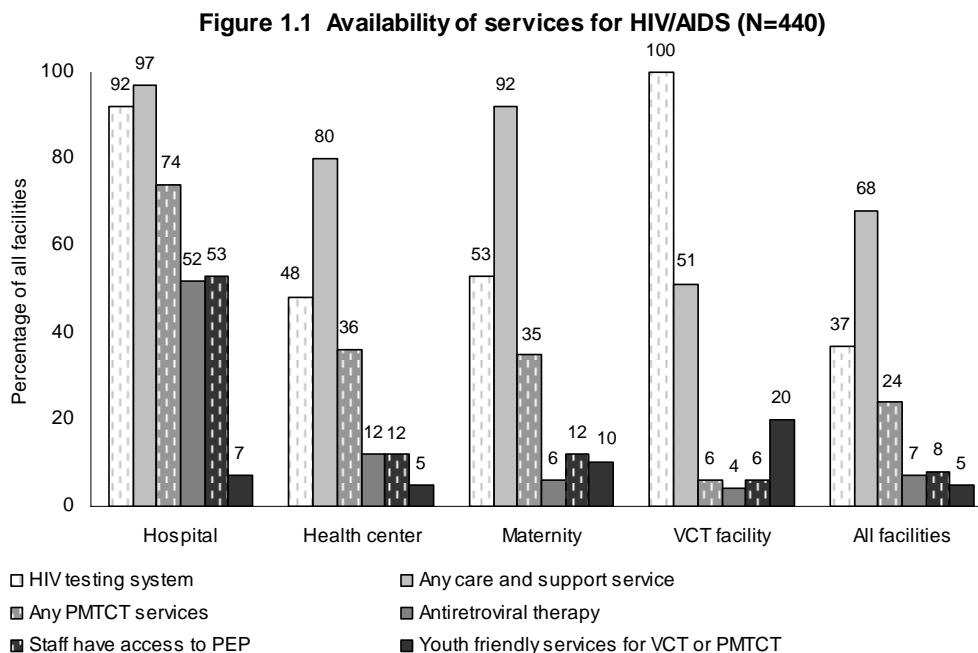
² The analysis will focus mainly on hospitals, health centers, maternities and wherever applicable, Stand-alone VCT facilities. Clinics and dispensaries will be left out of the analysis because of low availability of HIV/AIDS services in these facilities.

- Post-exposure prophylaxis (PEP): This refers to provision of ARV medicines for prevention of infection, for persons who have been exposed to contaminated surfaces or body fluids and are at risk of being infected with HIV. Since PEP requires access to ARVs, it is not surprising that this is available most often in facilities where ART services are available.
- Prevention of mother-to-child transmission (PMTCT): A facility is defined as offering PMTCT services if any activities related to prevention of transmission in the pregnant or recently delivered woman are offered. This may include only counseling about exclusive breastfeeding for PMTCT, or may include all components of PMTCT services, including provision of antiretroviral medicines during labor.
- Youth-friendly services (YFS) for VCT or PMTCT: This refers to specific program strategies to encourage utilization by adolescents of services with HIV/AIDS components. Youth-friendly services are assessed where either VCT or PMTCT services are offered.

Findings:

As expected, at present the majority of HIV/AIDS-related services are being offered in hospitals, with HIV testing, and care and support services being the most commonly available (Figure 1.1). PMTCT services are next most commonly available. ART and PEP services are available in a small proportion of facilities, apart from hospitals.

Youth-friendly services are not widely available, with only 5 percent of all facilities (1 in 10 of facilities offering HIV testing) having youth-friendly services associated with VCT or PMTCT. Among facilities with an HIV testing system, maternities and stand-alone Stand-alone VCT facilities are most likely to offer youth-friendly services, with 1 in 5 facilities each reporting they have youth-friendly services (Appendix Table A-3.8). Youth-friendly services are most available in Rift Valley and Coast provinces (24 and 18 percent of facilities, respectively). No facilities in Central province reported providing youth-friendly services.



2.1 Counseling and Testing

Generally accepted definitions for voluntary counseling and testing services (VCT or CT) for HIV include the following key elements:

- The test must be provided only after an informed consent has been received from the client, and the test must be voluntary.
- The client must be assured that test results are confidential and that no one will be told the results without the explicit consent of the client.
- The client must receive pre-test counseling to ensure an understanding of the meaning of the test.
- Both clients with positive and negative results should be counseled for preventive measures, as well as more thorough counseling related to HIV infection for positive clients.

Several elements have also been defined as important for supporting the quality of services. For example, there is a need to have guidelines and protocols in the service delivery area, to reinforce expected standards of practice and to be available so that providers can reference them if needed. In order to monitor whether key elements for VCT are being implemented, there is a need for record keeping, and documentation of services that are received by clients.

Elements for quality VCT services were assessed for all facilities having an HIV testing system. A facility is defined as having an HIV testing system if the HIV test is provided there, or in an affiliated lab, or the facility has a system for receiving results of tests conducted outside in a non-affiliated testing site, so that post-test services can be provided.

VCT testing services may be provided in a special VCT unit, where clients come of their own accord and request an HIV test. They may also, however, be provided in almost any service setting, where either the client or the service provider determines that an HIV test is advisable. Thus, data were collected from all service sites within a facility where it was indicated that providers from that service site had any responsibility for counseling and/or testing for HIV.

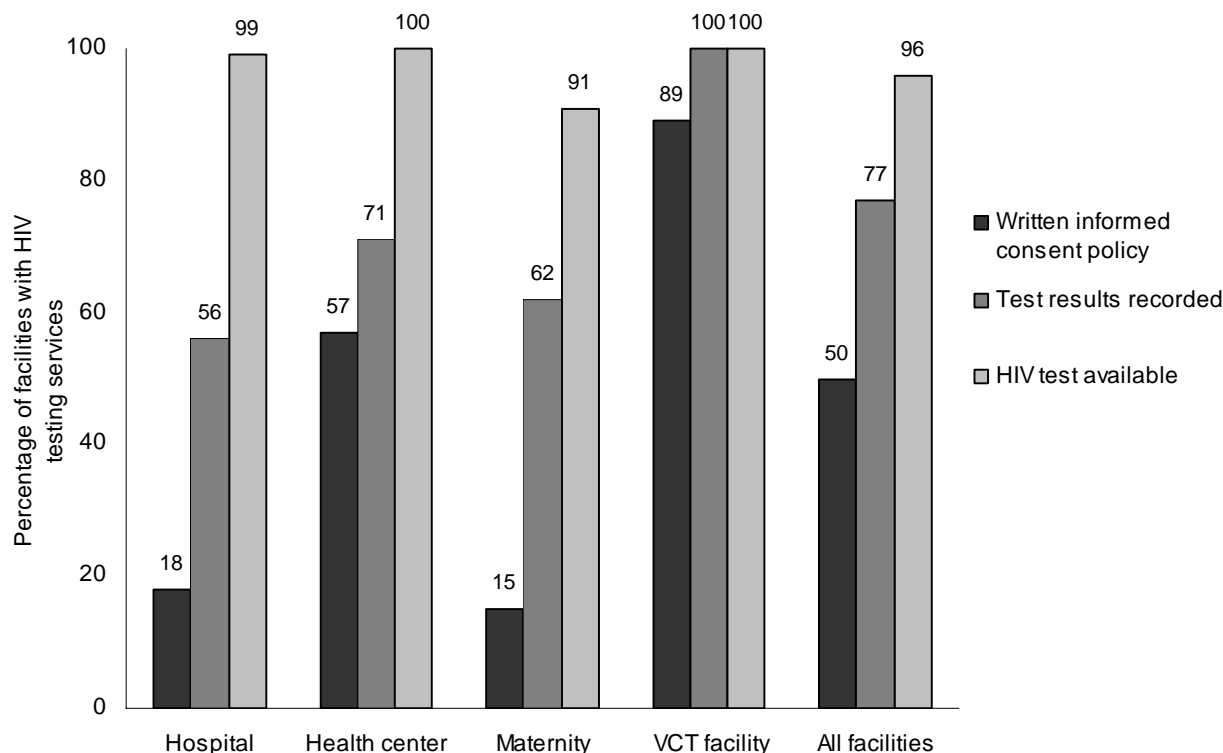
Findings:

Details on HIV testing and counseling services are provided in Appendix Tables A-2.1 and A-2.2. HIV testing is available in a third of all facilities, with about 9 in 10 hospitals and all Stand-alone VCT facilities having a testing system (Figure 1.1). This is true for around half of health centers and maternities. Testing services are more commonly found in Nairobi province (77 percent of facilities) and least offered in North Eastern and Nyanza provinces (13 and 19 percent of facilities, respectively). It was found that, overall, only 1 percent of facilities with a testing system relied on non-affiliated external testing sites or facilities to conduct the test and provide feedback (Appendix Table A-2.1).

Record keeping and availability of protocols and guidelines are the weakest components of quality HIV testing systems, with 77 percent of facilities having records of test results for all eligible sites, 69 percent with an HIV testing system having records of clients receiving results for all eligible service sites, and only 50 percent having a written informed consent policy in all sites offering VCT (Figure 2.1, Appendix Table A-2.1). Hospitals tend to have the lowest percentages for these items, probably because they have

multiple service sites (average of 4.4 sites per hospital). Health centers offer HIV tests from an average of 2.5 different sites per facility, and stand-alone VCT facilities offer HIV testing from one site. VCT services provided through general outpatient or through inpatient units tend to be less documented than those provided through a dedicated VCT service site.

Figure 2.1 HIV testing services (N=164)



Almost all facilities with an HIV testing system have a trained counselor assigned and approximately three-fourths have a written policy for routine provision of pre- and post-test counseling (Appendix Table A-2.2). Conditions under which counseling is done are relatively good with 76 percent of facilities that offer counseling assuring clients of both visual and auditory privacy in all their counseling sites. Guidelines or policies for confidentiality and with the content of pre- and post-test counseling are available in all relevant service areas in less than half of the facilities.

Client counseling records that can be linked with test results are rarely available in all sites. One reason for this may be that for some facilities using the rapid test, records are only being kept of client identifiers and test results, with no record of counseling that is provided. The explanation usually given by providers is that “all clients receive pre- and post-test counseling and all clients receive their test results”. The KSPA accepted these records for the test results and assumed clients received their results, but did not accept the implied response that “all clients received pre- and post-test counseling.”

2.2 Services and Service Conditions Relevant to HIV/AIDS Care and Support

Both tuberculosis (TB) and sexually transmitted infections (STIs) are illnesses closely associated with HIV/AIDS. Programs to “Roll Back Malaria” are being addressed in conjunction with those addressing HIV/AIDS, TB, and STIs, in an effort to decrease the most serious underlying causes of death and dis-

ease. Facilities that provide care and support for HIV/AIDS clients should also be able to offer services for TB, STIs, and Malaria. Following is information on service for each of these illnesses. Appendix Table A-2.3.6 provides details on training and supervision for providers of these services.

2.2.1 Tuberculosis

TB is one of the most common opportunistic infections associated with HIV/AIDS and is one of the leading causes of death in people infected with HIV. Worldwide, it is estimated that more than 21 million people are co-infected with HIV and TB. People who are HIV positive and infected with TB are up to 50 times more likely to develop active TB in a given year than people who are HIV negative (WHO 2004).

TB diagnosis and treatment is considered an essential component of care for HIV/AIDS clients. The World Health Organization advocates the use of the directly observed treatment short-course (DOTS) strategy for TB treatment to improve compliance with full treatment and reduce the prevalence of drug resistance strains.

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

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

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

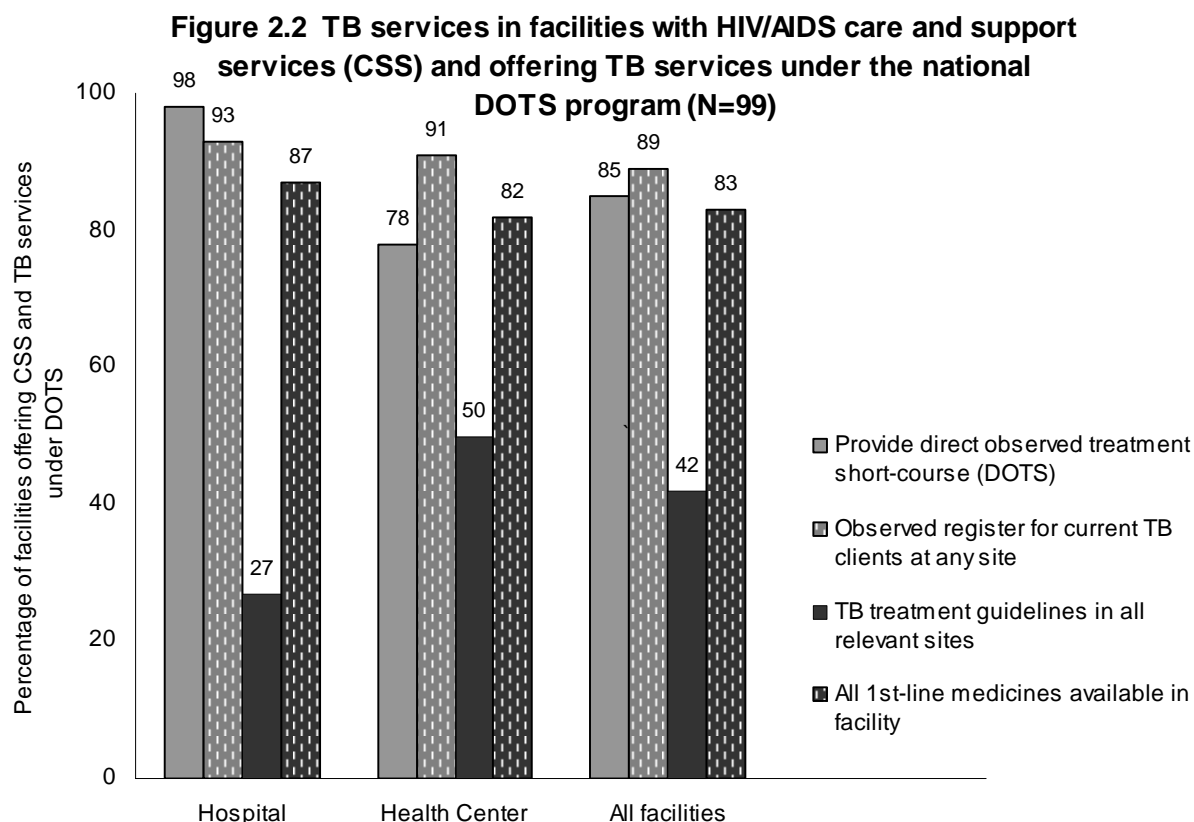
Findings:

Details for services related to tuberculosis are provided in Appendix Tables A-2.3.1 through A-2.3.4. Information on TB services for all facilities is provided in the KSPA 2004 report.

Among the facilities offering any care and support services (CSS) for HIV/AIDS clients, 54 percent provide some TB services, with 33 percent reporting they are part of the national directly observed treatment, short-course (DOTS) program (Appendix Table A-2.3.1). Only around half of dispensaries and clinics, and 1 in 6 maternities and private for-profit facilities that offer any TB diagnostic or treatment services report they are part of the national DOTS program.

Among facilities reporting they are a part of the national DOTS program, a vast majority (85 percent) reported providing DOTS services (Figure 2.2). Around 9 in 10 facilities have a client register for current clients, however less than half have TB treatment protocol at all sites reporting they diagnose and prescribe TB treatment. Four in five facilities offering CSS for HIV/AIDS clients and providing the direct-observed treatment strategy have a client register for persons currently under DOTS (Appendix Table A-2.3.1). Within the same facility different strategies with regards to TB treatment may be used, depending on the service site. It is not uncommon for a hospital inpatient service to provide the initial treatment for TB, but upon client discharge, for the client to receive follow-up for TB from a health center close to their

residence. The follow-up services may be for the last 4 months of services, when direct observation of the client taking medicines is not necessary. Elements for quality exist across most facilities, with treatment guidelines in all relevant service sites being the weakest component.



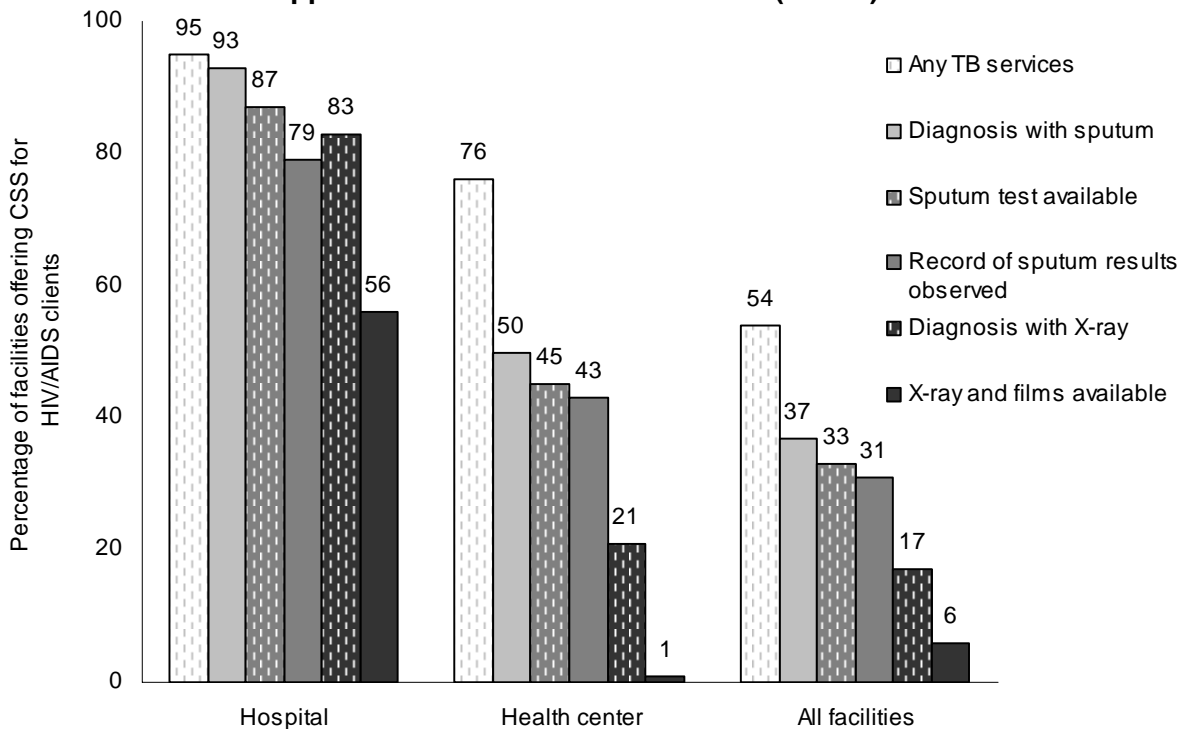
All first line TB medicines were available in 83 percent of the facilities under the national DOTS program (Appendix Table A-2.3.2). Maternities were the weakest in availability of registers, treatment protocols and medicines.

As noted in Table 2.1, close to one-fourth of hospitals routinely offer (i.e., either test or refer) HIV test to suspect TB clients whereas 58 percent selectively do so. These proportions are higher than in health centers. For newly diagnosed TB clients, about one-fourth of hospitals routinely or selectively offer them HIV tests compared with 7 percent of health centers.

Most TB diagnostic services are provided in hospitals, with other facilities frequently referring clients to hospitals for diagnosis and initial treatment. Clients are then frequently referred back to a facility close to their home for treatment follow-up services. A little over half of facilities providing CSS offer some TB diagnostic or treatment services. Close to 4 in 10 of facilities offering CSS for HIV/AIDS clients indicate they diagnose TB using sputum, and around 2 in 10 said they also diagnose using X-rays (Figure 2.3). Nine in 10 facilities using sputum for diagnosis had all items for conducting the test the day of the survey, however only one-third who said they diagnose using X-rays had a functioning X-ray machine with films (Appendix Table A-2.3.3). It is likely that some facilities that use X-rays for diagnosis refer clients and receive the X-ray report back from the referral site.

Table 2.1 HIV testing practices for TB clients in facilities providing care and support services for HIV/AIDS clients and TB services (n=164)			
TB status and HIV testing practice	Percentage among facilities offering both care and support services and TB services		
	Hospital	Health center	All TB services sites
Suspect TB, not confirmed or negative			
Routinely offer HIV test	23	13	15
Selectively offer HIV test	58	21	26
Newly diagnosed TB			
Routinely offer HIV test	24	7	19
Selectively offer HIV test	24	7	19

Figure 2.3 TB diagnostic practices in facilities offering care and support services for HIV/AIDS clients (N=299)



2.2.2 Sexually Transmitted Infections

There is a well documented link between having sexually transmitted infections (STIs) and the risk of contracting HIV/AIDS. Service locations where STIs are treated are prime locations for activities for detection and prevention of HIV/AIDS. In addition, persons with HIV/AIDS are at higher risk than the general population for contracting syphilis. Thus, screening, diagnosis and treatment for STIs, including syphilis, are a basic service that should be provided to all at-risk clients.

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

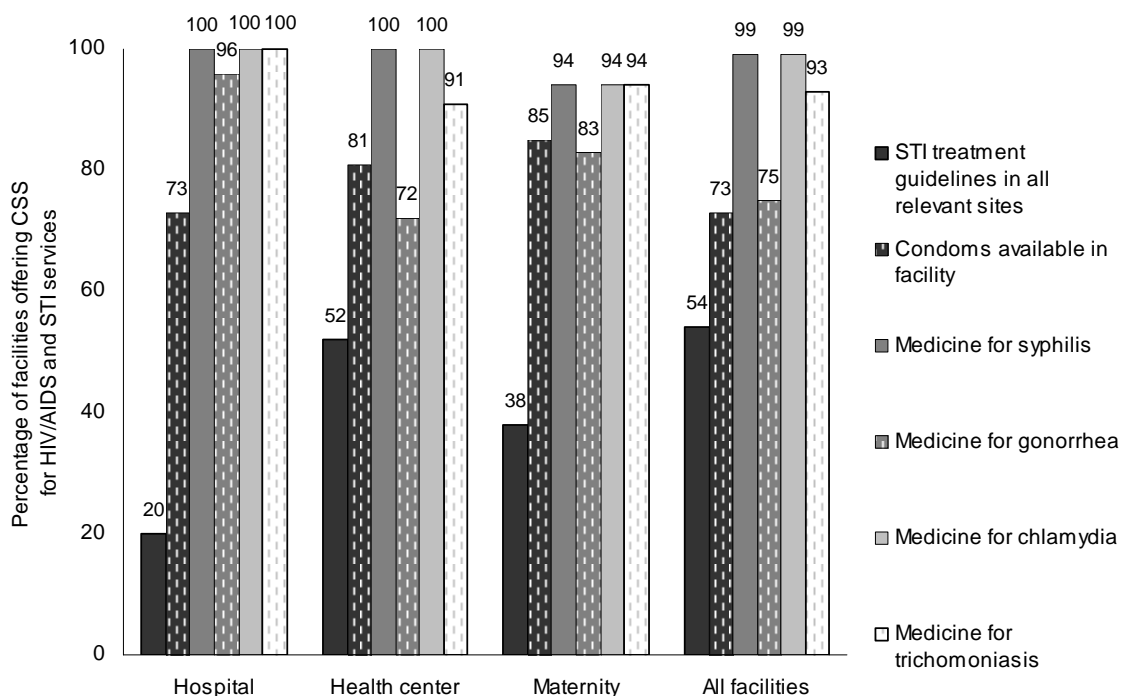
- Diagnostic and treatment guidelines should be available in all service sites where STI diagnosis and treatment are offered.
- The probability that a client will receive the correct medicine, in the correct treatment dosage, is improved if the facility can provide the necessary medicine prior to the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

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

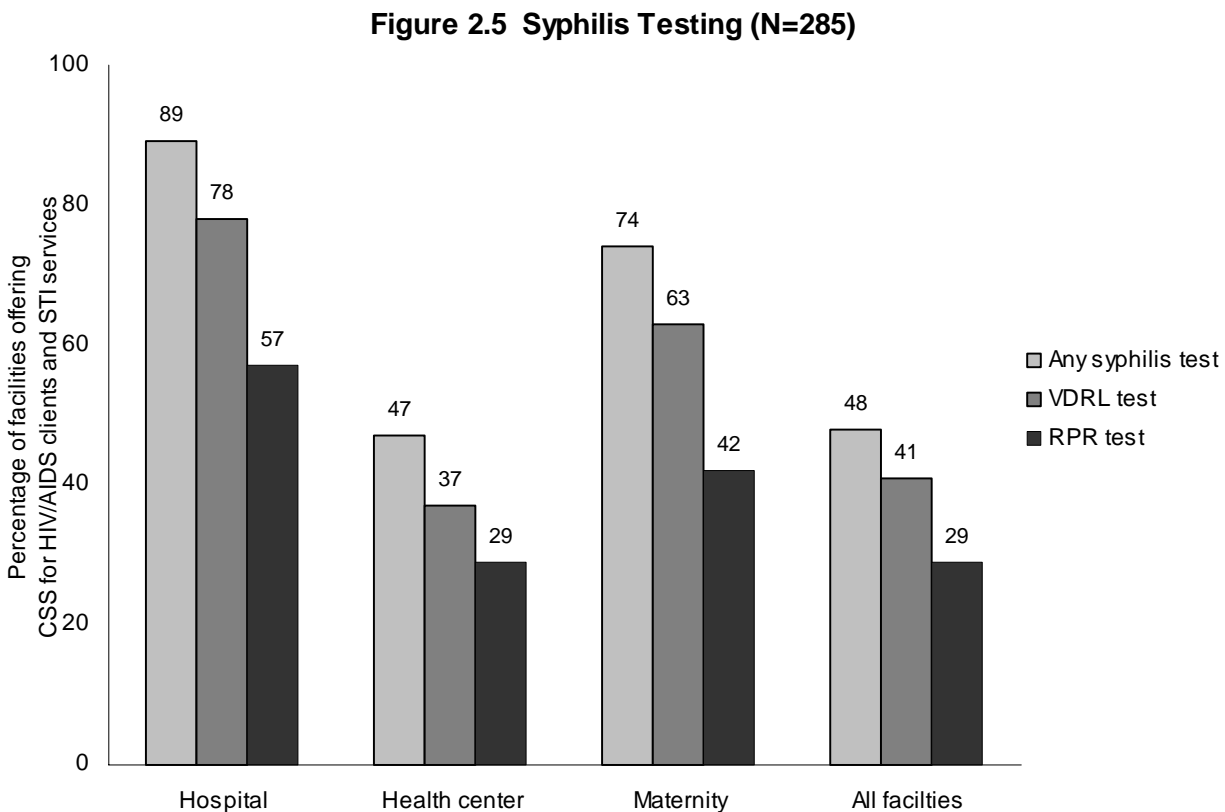
Findings:

Details on services related to STIs are provided in Appendix Table A-2.3.4. Almost all facilities that offer CSS for HIV/AIDS, with the exception of stand-alone VCT facilities (13 percent) also provide diagnosis and treatment for STIs. Around half of these facilities have treatment protocols/guidelines in all sites where STI services are offered (Figure 2.4). Hospitals, where an average of 4 sites were identified in each facility as providing STI diagnosis and treatment services, are least likely to have guidelines present at all of the different service sites. However, government and faith-based managed facilities are far more likely to have guidelines in all sites (65 and 60 percent, respectively) than NGO or private for-profit facilities (38 and 19 percent, respectively). It is noteworthy that condoms were not found in 27 percent of all facilities. Medicines for treating the most common STIs are widely available, with treatment for gonorrhea being more likely to be unavailable. Medicines for treating each of the four assessed STIs are more commonly found in faith-based and private-for-profit facilities (95 percent and 79 percent, respectively) than government or NGO facilities (both just slightly over half).

Figure 2.4 STI Treatment Services (N=285)

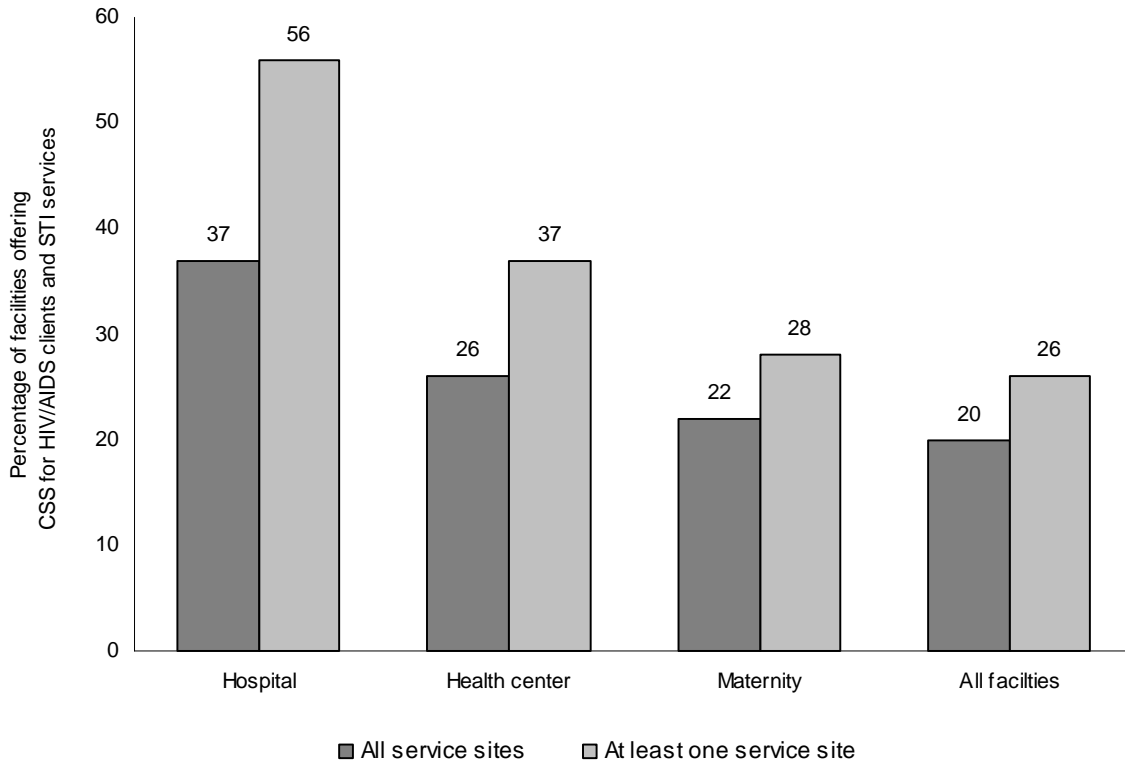


As expected, hospitals most commonly have a testing capacity for syphilis followed by maternities, and VDRL is more common than the RPR test (Figure 2.5).



Routinely offering an HIV test to newly diagnosed STI clients is common in hospitals, with 56 percent having this service available in at least one service site and only 37 percent having it in all service sites (Figure 2.6). This may be an indication that routinely testing newly diagnosed STI clients for HIV/AIDS is not a practice at all STI service sites. In general, most facilities do not adhere to this practice.

Figure 2.6 Routine HIV testing offered to STI clients (N=284)



2.2.3 Malaria

Although there is no direct link between malaria and HIV/AIDS, the burden of malaria illness is substantial and is high in many areas where HIV/AIDS is also a major public health problem. Thus, through the “Roll Back Malaria” campaign, this is one of the major public health problems that are being addressed along with HIV/AIDS. It is estimated that more than one million people die from malaria each year, with an estimated 3 million deaths associated with malaria (Global Fund, 2005).

Facility based initiatives for rolling back malaria include following local protocols for treatment, and when possible, laboratory confirmation of the diagnosis.

Findings:

The details on services related to malaria are presented in Appendix Table A-2.3.5. Essentially, all facilities except stand-alone VCT facilities offer malaria treatment services and have antimalarials available (Figure 2.7). The recommended first-line antimalarial medicines in Kenya are sulphur pyrimethamine drugs, such as Fansidar, which is available in almost all facilities. It is noteworthy, however, that facilities that are not government managed are more likely to still have chloroquine (a medicine no longer considered effective against malaria in Kenya) in stock (Figures 2.8.1 and 2.8.2). Malaria treatment services are offered from multiple sites within larger facilities, with antenatal programs frequently providing not only intermittent prophylactic treatment (IPT) for malaria, but also treatment for suspect malaria cases. As evident in Figure 2.7, malaria treatment guidelines are not widely available in service sites, especially in hospitals and this may be explained by the fact that hospitals have more sites providing malaria services. An average of 5 different sites were identified within each hospital for malaria treatment and an average of 2 locations per health center.

Figure 2.7 Items to support malaria services in facilities providing care and support for HIV/AIDS clients and providing malaria services

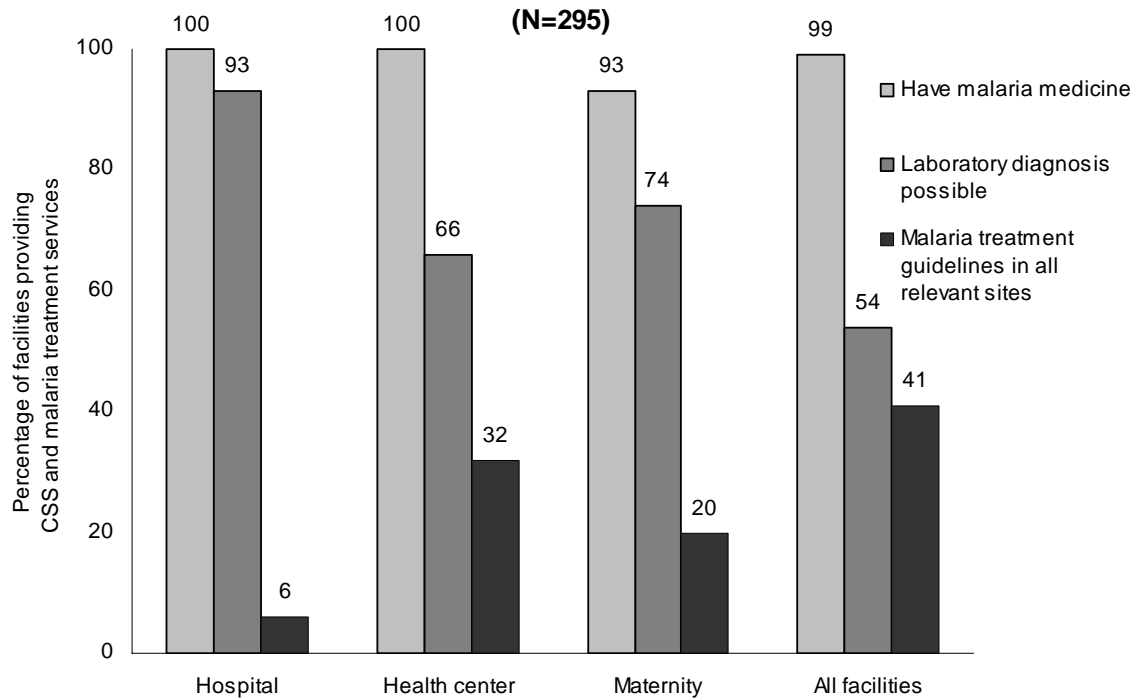


Figure 2.8.1 Antimalarial medicines in facilities providing care and support for HIV/AIDS clients and malaria treatment services, government facilities, NGOs, and all facilities (N=295)

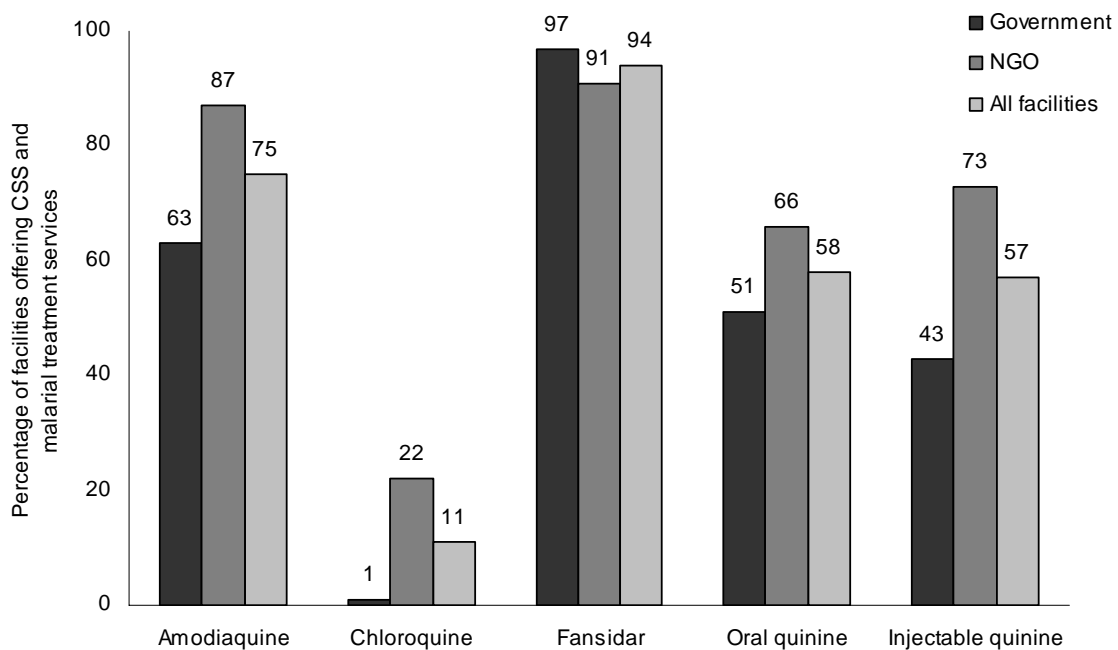
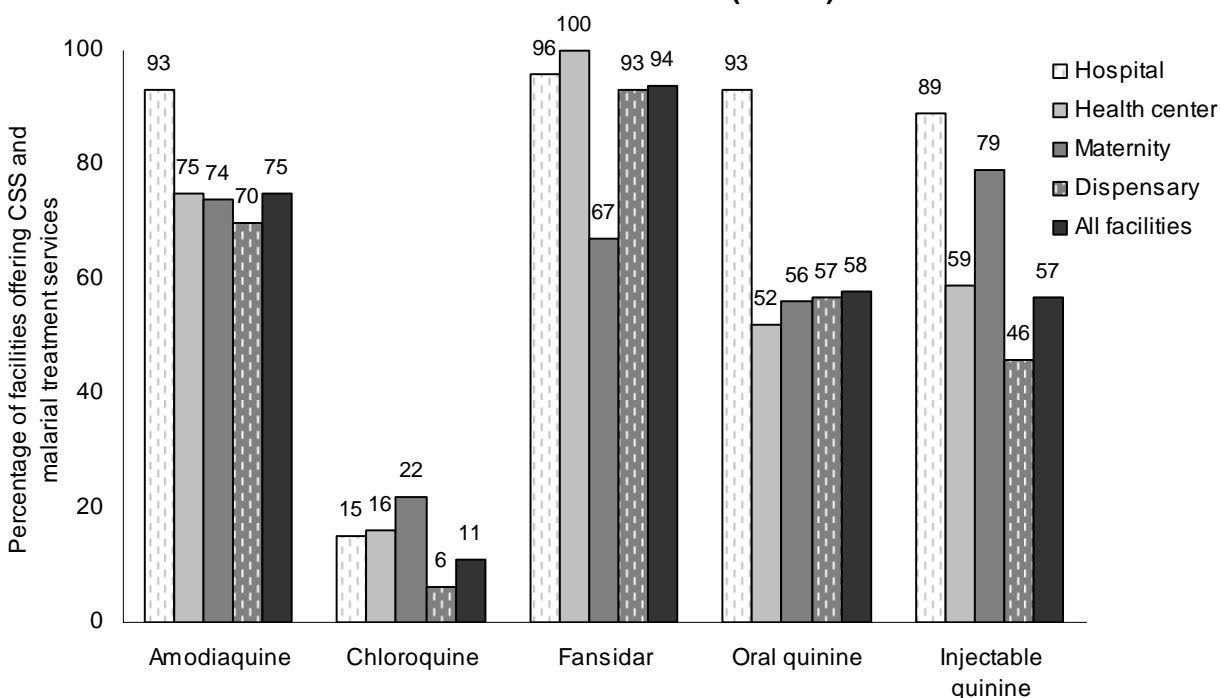


Figure 2.8.2 Antimalarial medicines in facilities providing care and support for HIV/AIDS clients and malaria treatment services, specific facilities and all facilities (N=295)



2.2.4 Infection Control

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

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

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

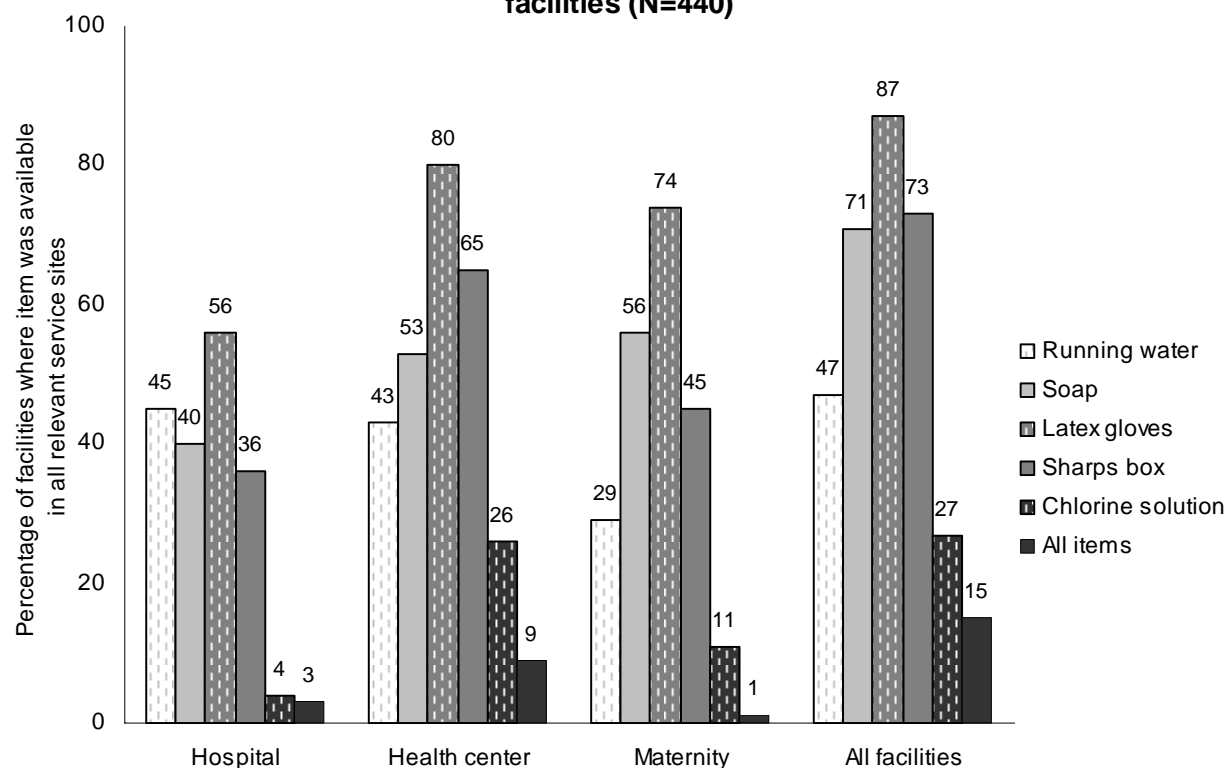
Findings:

Detailed information on infection control elements is found in Appendix Tables A-2.4.1 and A-2.4.2. Running water is available in all relevant service areas in a little under half of all facilities (Figure 2.9). Other items (soap, sharps boxes and latex gloves) are more commonly available, with hospitals less likely

to have a sharps box in all relevant sites. Chlorine-based solution for decontaminating equipment is the least commonly available item for infection control. An average of 10 different sites were assessed for infection control in each hospital, and an average of 3 sites for health centers.

Infection control guidelines are not widely available with only 1 in 5 facilities having guidelines in any location in the facility, and with hospitals (52 percent) and NGO-managed facilities (34 percent) more likely to have guidelines in at least one location (Appendix Table A-2.4.2).

Figure 2.9 Items for infection control among facilities (N=440)



2.3 Basic-level Treatment of Opportunistic Infections and Palliative Care for HIV/AIDS Clients

Due to the suppression of their immune system, HIV/AIDS clients are at higher risk for developing opportunistic infections (OIs). All facilities providing any care and support services (CSS) for HIV/AIDS clients should be able to treat OIs and to provide a basic level of palliative care, i.e., managing pain and symptoms while attempting to maximize the quality of life.

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

- Having a provider trained specifically in OIs
- Treatment guidelines available in all service areas

- Availability of medicines for the most commonly seen OIs, and conditions for which palliative care is needed.
- Record keeping documenting the burden of disease related to HIV/AIDS
- Confidentiality guidelines available in service areas
- Individual client records to support continuity of care.

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

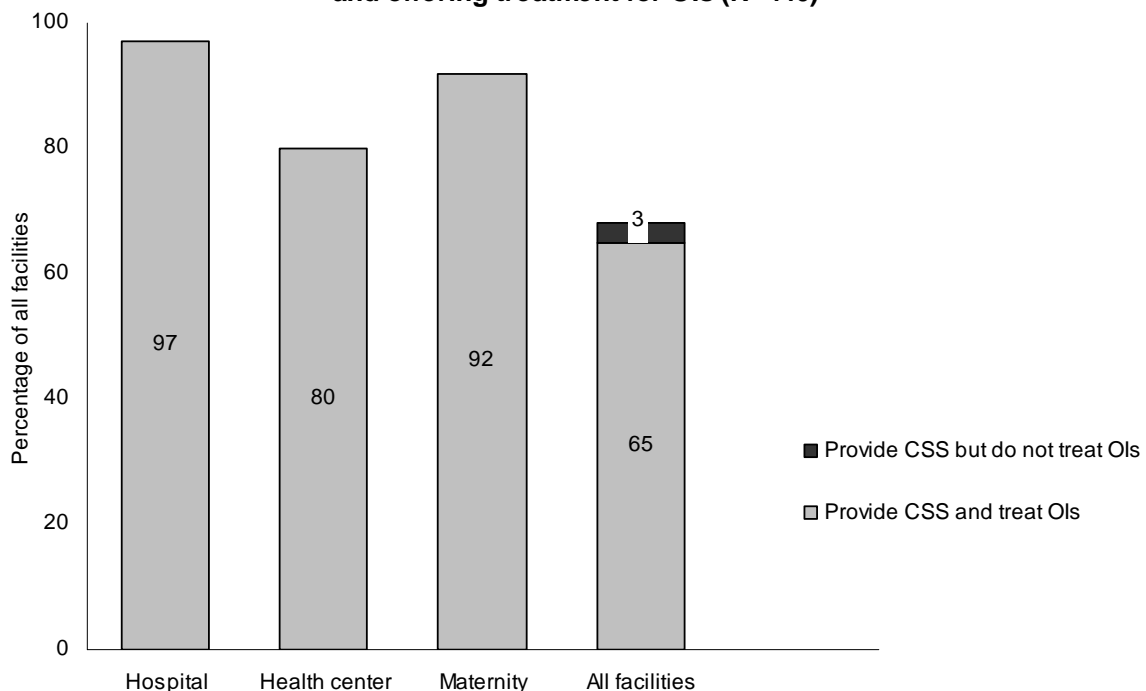
Findings:

Details on the availability of elements to support basic level treatment of OIs and provision of palliative care are provided in Appendix Tables A-2.5.1 and A-2.5.5.

Almost all facilities providing any CSS for HIV/AIDS clients also offer treatment for OIs (Figure 2.10).

Care and support services are offered in over two-thirds of all facilities, and in almost all hospitals. NGO-managed and private for-profit facilities (85 and 84 percent, respectively) and facilities in Coast, Rift Valley, and Nairobi provinces (94, 84 and 75 percent of facilities, respectively) are most likely to offer CSS for HIV/AIDS clients.

Figure 2.10 Percentage of facilities providing CSS for HIV/AIDS clients and offering treatment for OIs (N=440)

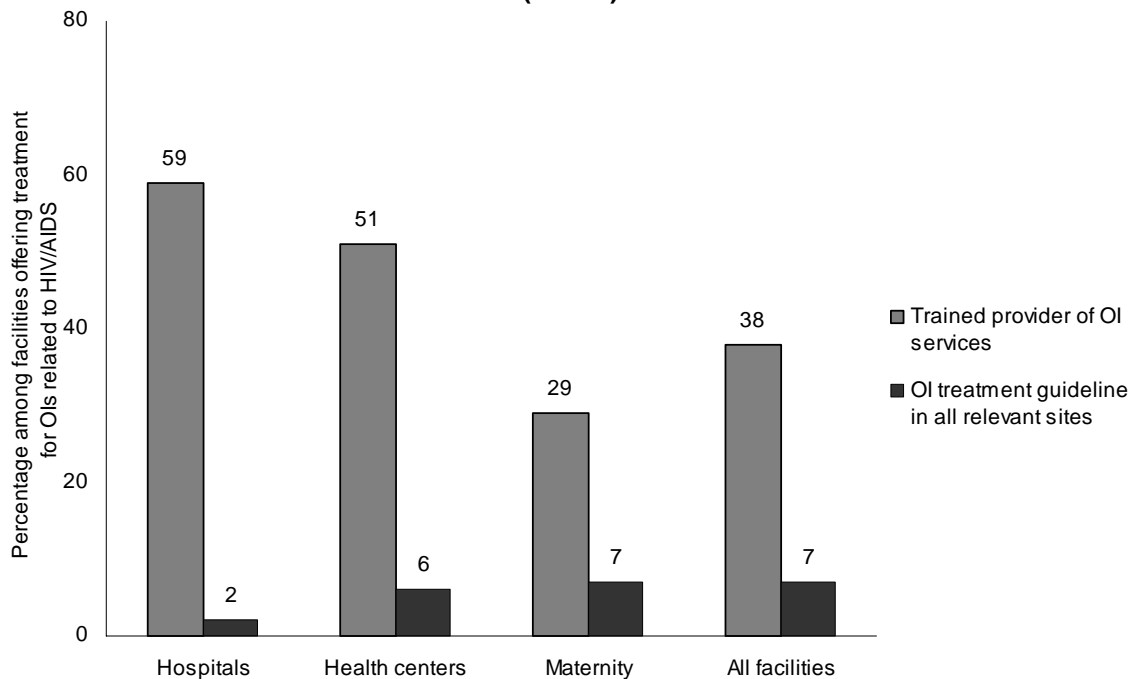


When assessing the availability of medicines for providing basic level treatment, it was determined that at least one medicine (including either basic or higher level medicines) for treating the indicated OI should be available, since treatment for each OI does include medicines that one could expect providers at the health center level to manage. In general, over 90 percent of facilities offering treatment for OIs have at least one medicine for treating the most common opportunistic infections and for providing basic palliative care (Appendix Table A-2.5.2). Antibiotics and antifungal medicines are widely available. By and large, maternities and clinics are more likely to be lacking medicines than other types of facilities. This is not unreasonable given that these types of facilities may provide initial treatment, or treatment for less severe illness, but will refer seriously ill persons to health centers and hospitals.

The ability to provide palliative care such as management of chronic diarrhea and rehydration using intravenous solutions (available in 26 and 60 percent of facilities, respectively) are the most commonly lacking elements, even in hospitals and health centers.

At least one provider of OI services who has received training on OIs within the past 3 years is available in a little over one-third of facilities offering CSS for HIV/AIDS clients and treating OIs, with around 6 in 10 hospitals and one-half of health centers having such a provider (Figure 2.11, Appendix Table A-2.5.1).

Figure 2.11 Items to support treatment for opportunistic infections (N=284)



Guidelines or protocols for treating OIs are not commonly available in the various sites where CSS are offered, available in all service sites in less than 10 percent of facilities. Hospitals have an average of 4 different sites providing treatment services for some OIs, compared with an average of 1.8 sites in health centers.

Among facilities offering CSS for HIV/AIDS clients, 14 percent said they routinely offer preventive TB treatment, and 44 percent said they routinely offer CPT against PCP (Appendix Table A-2.5.4) to all cli-

ents. It is possible that the question was misunderstood, for it is less common for facilities to provide these interventions to all clients, and more common to “selectively offer preventive treatment depending on the condition of the client”. Thus, the information on routine provision (e.g., the preventive treatment is offered to every HIV/AIDS client) should be used cautiously. Around half of the facilities offering CSS for HIV/AIDS provide CPT to some clients, with this being most common in hospitals (94 percent) (Appendix Table A-2.5.4). One in five facilities provides preventive TB treatment to some clients, again, most common in hospitals (80 percent) (Appendix Table A-2.5.3).

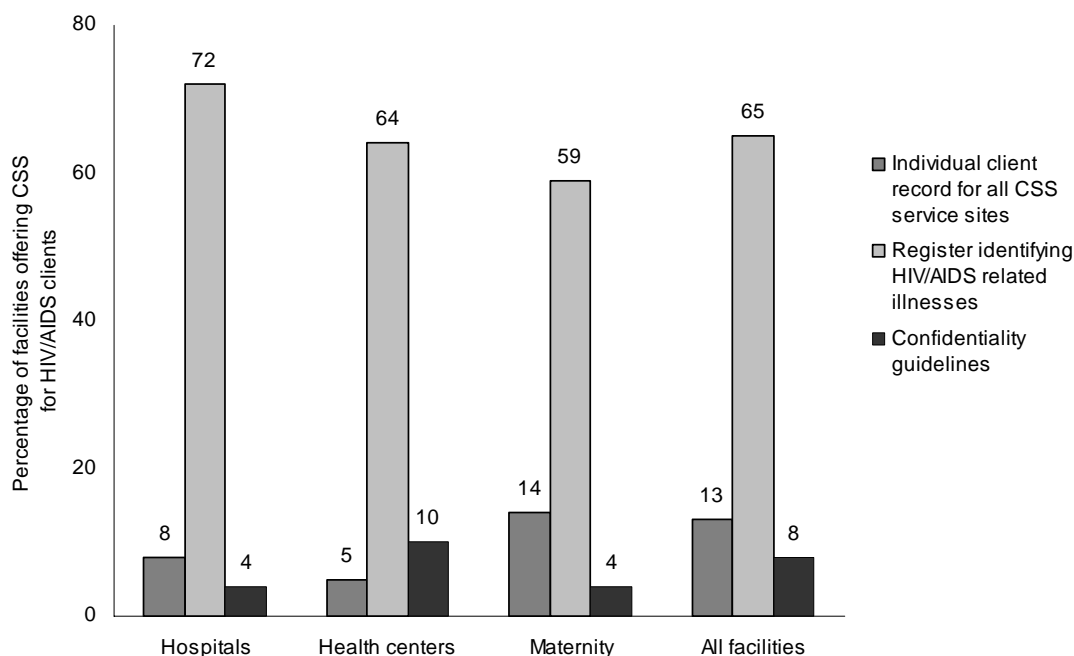
Just around 1 in 10 facilities have guidelines for CPT in all service sites reporting they offer CPT; the same is true for facilities offering preventive TB treatment.

Among facilities offering care and support services for HIV/AIDS clients, routine utilization of individual client records could not be substantiated in all service sites in most facilities (Figure 2.12). On average, routine use of individual client records was noted for all relevant sites in only 1 in 10 eligible facilities (Appendix Table A-2.5.5). NGO-managed facilities were most consistent (60 percent) in the use of these records.

An assessment of routine service records showed that most facilities are documenting at least some of the illnesses related to HIV/AIDS (Figure 2.12). This is one means for beginning to identify the burden that HIV/AIDS is placing on health services. It is not certain if units such as stand-alone VCT facilities or the approximately 30 percent of facilities where no documentation was observed, do not record in a way that HIV/AIDS-related illnesses can be identified, or if the client load is so small that no cases were eligible for the time period for which registers were assessed.

Written confidentiality guidelines are lacking, available in all service sites in only 8 percent of facilities. Where they were noted, they were usually present as part of the national VCT or PMTCT guidelines available in the unit being assessed.

Figure 2.12 Items available in all relevant service sites for monitoring and supporting quality of care and support services (N=299)



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

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

- Laboratory diagnostic capacity and availability of treatment medications for severe opportunistic infections
- Either provision or a formal referral system for psychosocial and socioeconomic care and support services
- Antiretroviral therapy (ART)
- Post-exposure prophylaxis (PEP)

3.1 Availability of Advanced Care and Support Services

The majority of hospitals and maternities and 80 percent of health centers offer care and support services (Figure 1.1). Overall, a larger proportion of non-governmental facilities offer the various care and support services assessed, than the government managed facilities (Figure 3.1). Antiretroviral therapy and PEP are found in slightly higher proportions between NGO and private for-profit facilities.

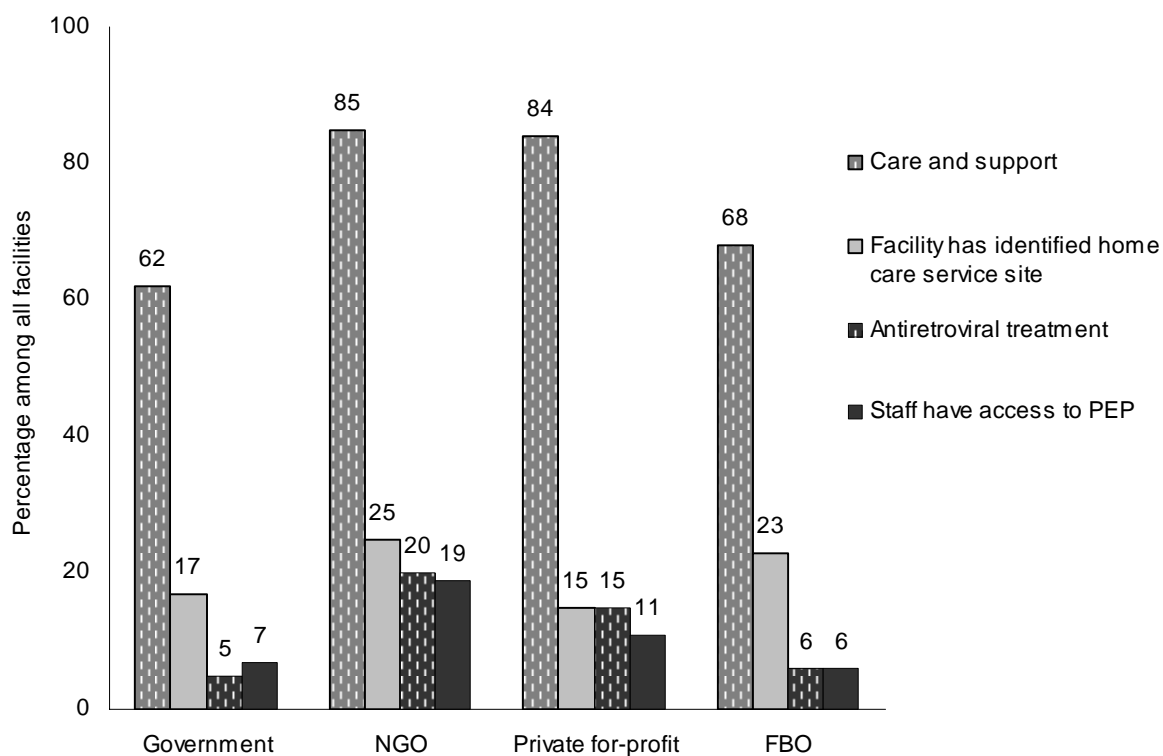
3.2 Advanced-level Treatment of Opportunistic Infections and Palliative Care for HIV/AIDS

For the purposes of this survey, advanced-level treatment capacity requires that:

- A facility has access to at least two of the most common medications used for treating an indicated condition
- Protocols or guidelines for treating the common opportunistic infections are available in each service area assessed
- Trained staff are available in the facility, and
- A facility has laboratory diagnostic capacity for common illnesses related to HIV/AIDS.

Appendix Tables A-3.1.1 through A-3.2.2 provide detailed information on these service elements.

Figure 3.1 HIV/AIDS services offered by managing authority (N=440)



Not unexpectedly, hospitals are better equipped to provide the necessary treatment interventions for HIV/AIDS clients (Figure 3.2). Private for-profit managed facilities are more likely to have the required medicines for most conditions than are facilities under other management (Appendix Table A-3.1.1). This finding is similar for laboratory capacity for monitoring the condition of HIV/AIDS clients and diagnosing specific illnesses (Figure 3.3 and Appendix Table A-3.1.2).

Guidelines for treating opportunistic infections, for providing symptomatic palliative care, and general care and support for adults or children living with HIV/AIDS are available in all relevant service sites in less than 10 percent of facilities (Appendix Table A-3.2.1). A record system for making individual client appointments is also available in less than 10 percent of facilities. A little over 30 percent of facilities have at least one staff member who provides the service, who has received recent (within the past 3 years) training on psychosocial counseling, and on opportunistic infections (Appendix Table A-3.2.2).

Figure 3.2 Availability of medicines to treat common HIV/AIDS related conditions (N=299)

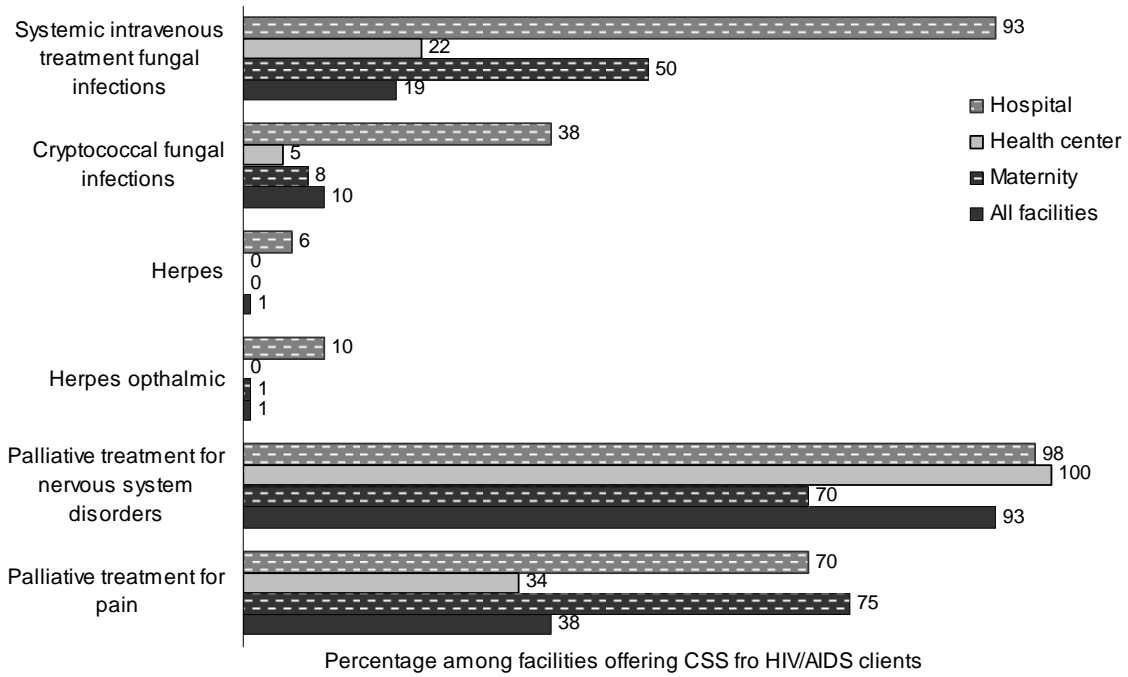
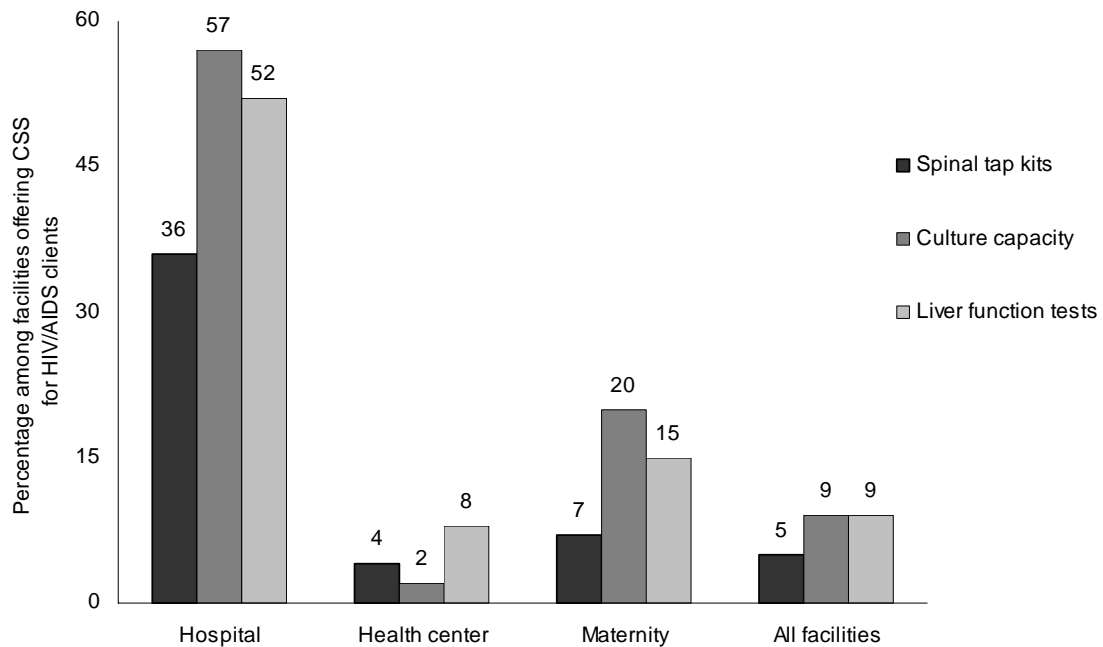


Figure 3.3 Available laboratory testing capacity (N=299)



3.3 Antiretroviral Therapy (ART)

HIV/AIDS clients receiving antiretroviral therapy (ART) require trained health personnel and regular monitoring of their condition, in order to ensure that an effective antiretroviral regime is being implemented and that side effects are properly managed. It is common for ART clients to receive all of their care and support from the same unit, where health service providers may have received special training related to their health needs and record keeping for monitoring the services.

Elements identified as important for providing quality ART services include the following:

- Protocols and guidelines for relevant care and support services
- Staff trained in providing the relevant services
- A consistent supply of the ARV drugs and storage practices to maintain the quality and security of the ARVs
- A system for making client appointments for routine follow-up services
- An individual client record for continuity of care for the client
- Record systems so that ARV compliance can be calculated

Findings:

Details on ART service elements are presented in Appendix Tables A-3.3.1 through A-3.3.3, and in Figure 3.4). As expected, the service is most often offered at the hospital level (52 percent of hospitals) whereas only 12 percent of health centers currently provide ART. Further, ART services are most commonly offered in NGO-managed and private for-profit facilities, and in facilities in Nairobi province (19 percent of facilities). Coast and Eastern provinces have 10 and 12 percent of facilities, respectively, offering ART.

On the availability of guidelines and protocols, NGO-managed facilities more consistently have the relevant guidelines and protocols in ART service sites, and private for-profit facilities are least likely to have them (Figure 3.5). Monitoring and storage conditions for ARVs are strongest in private for-profit and faith-based facilities, and weakest for government-managed facilities (Figure 3.6). Around 40 percent of facilities managed by the government or an NGO and offering ART reported stock-outs for at least one ARV medicine during the 6 months prior to the survey.

Figure 3.4 Availability of antiretroviral therapy (N=440)

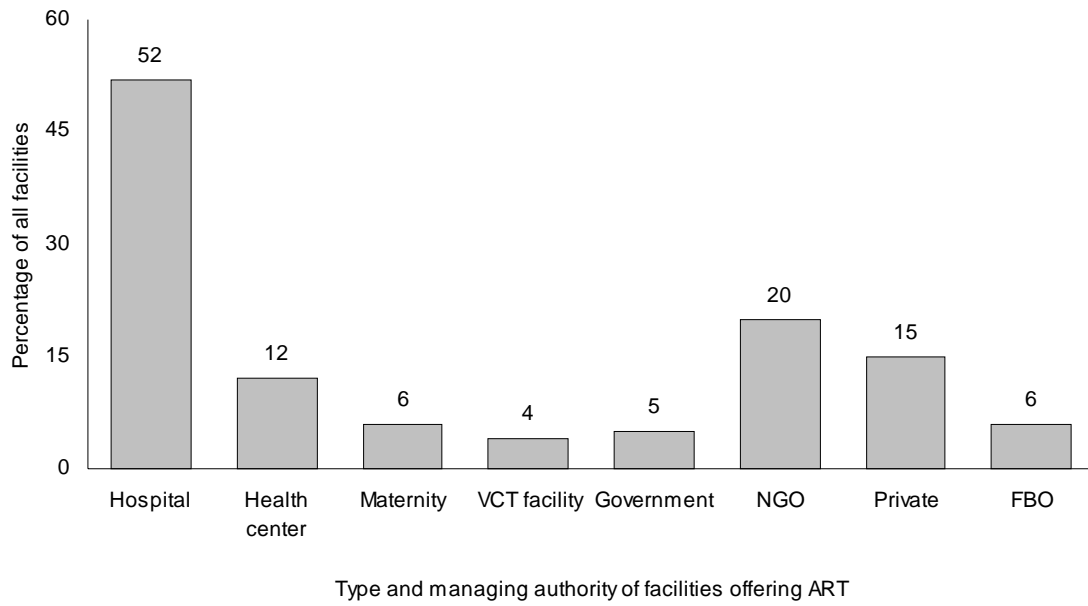


Figure 3.5 Availability of guidelines and protocols at all ART service sites (N=32)

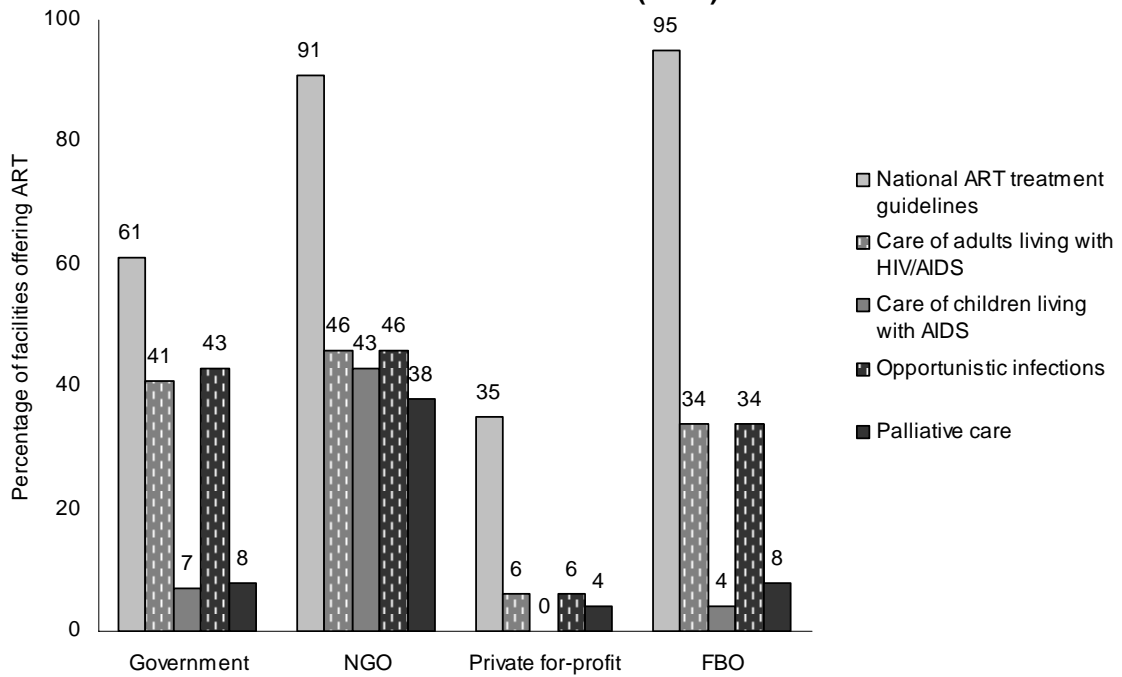
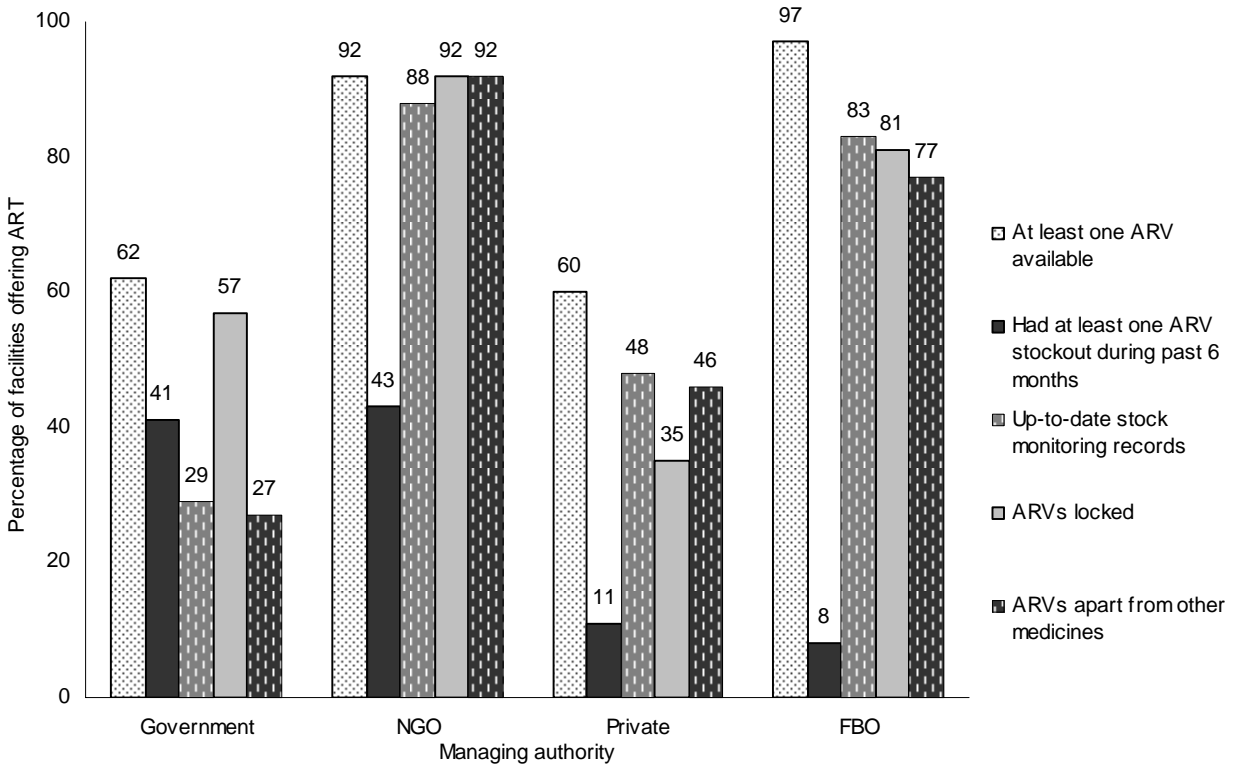


Figure 3.6 Antiretroviral stock and storage conditions (N=32)



NGO and faith-based managed facilities have relatively stronger systems for monitoring ART clients (Figure 3.7). Among all facilities providing ART, 72 facilities provided statistics indicating a total of 20,545 outpatients on ART, 58 percent of whom are female (with four facilities not having records indicating the sex of the ART client). These facilities reported that 92 percent of the clients regularly keep their follow-up appointments. At the time of the survey, 532 inpatients were reported to be on ART from 22 facilities. The percentage of inpatients on ART that were females was much higher than for outpatients, with many of the reports of inpatient ART clients from delivery units.

There were wide variations among sites within the same facility when asked how long they have been offering ART, the average being 21 months and the median 17 months. Only hospitals indicate that ART has been available for more than 36 months (data not shown).

Finally, it is notable that with the exception of NGO-managed facilities, less than half of facilities offering ART has a staff member trained in adherence counseling. Private for-profit facilities are the weakest with regards to having staff with recent training in topics related to ART (Figure 3.8). Few facilities (less than 1 percent overall, and 4 percent of hospitals) have links with community-based health workers for ART services (Appendix Table A-3.9).

Figure 3.7 Elements for monitoring ART (N=32)

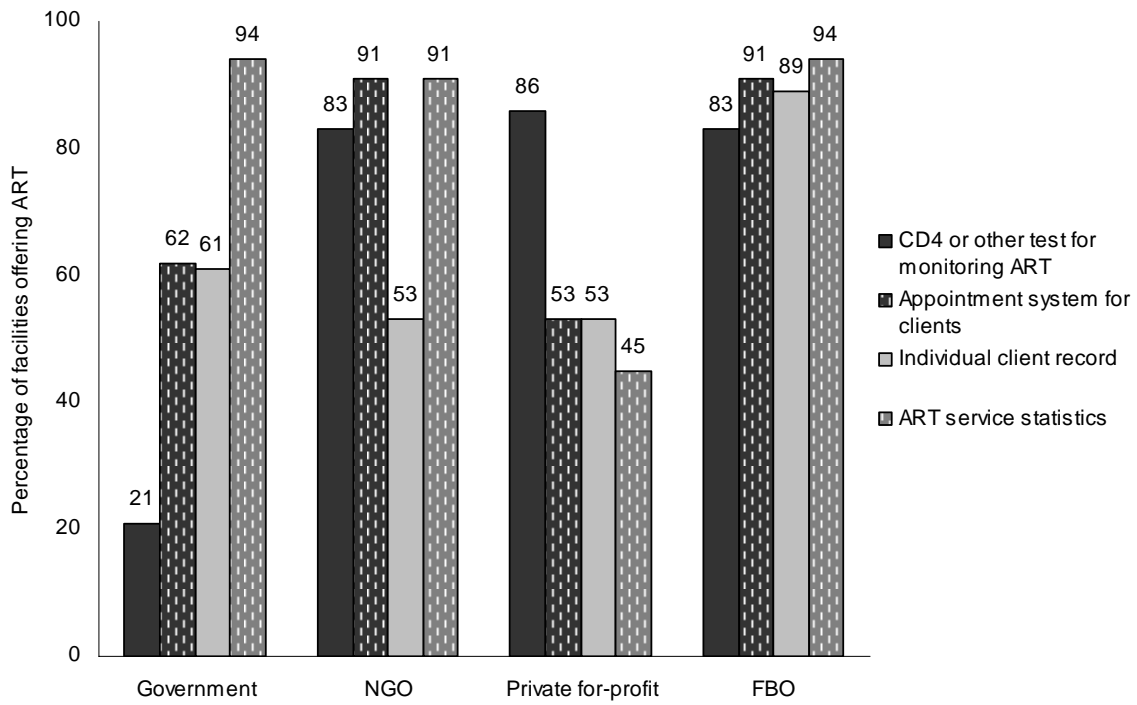
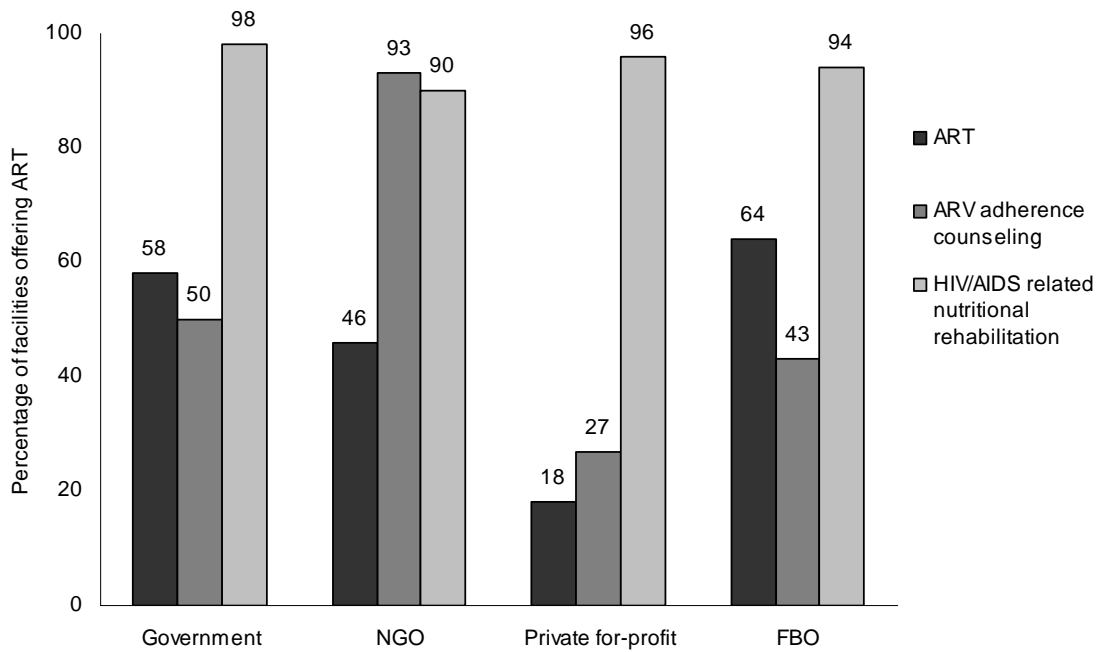


Figure 3.8 Availability of staff trained in the past 12 months (N=32)



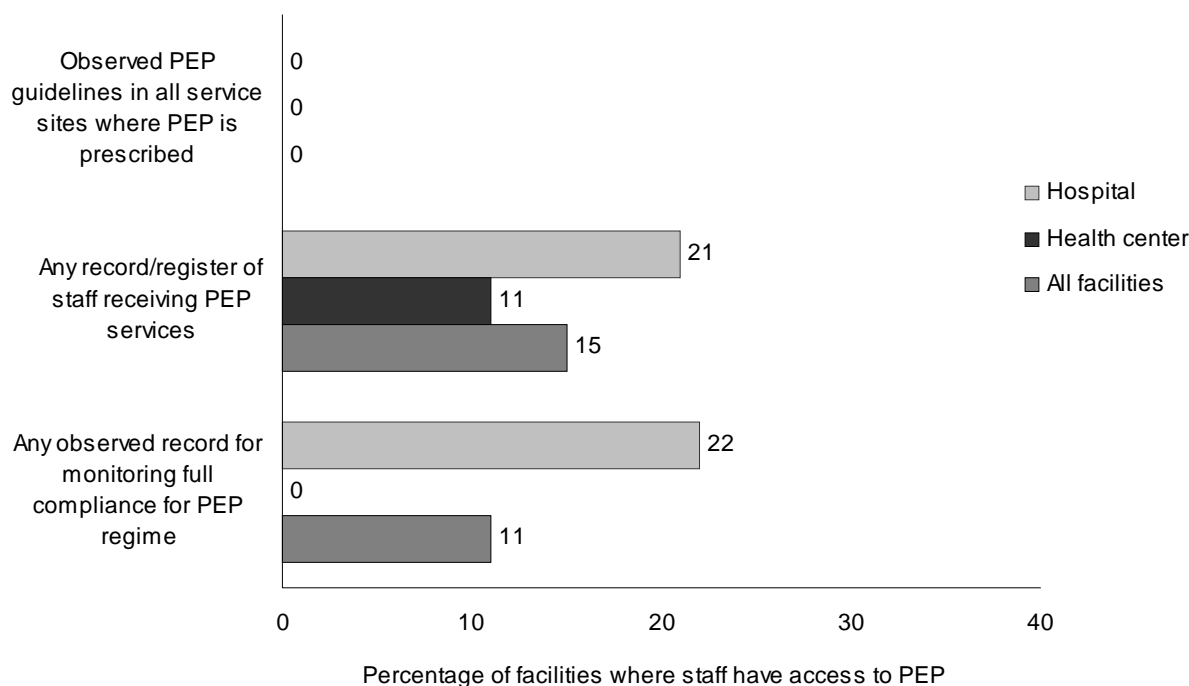
3.4 Post-exposure Prophylaxis (PEP)

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

Findings:

Details on PEP service elements are presented in Appendix Table A-3.6 and in Figures 1.1 and 3.9. As noted in Figure 1.1, PEP is not widely available (overall available in only 8 percent of facilities) except in hospitals (53 percent). Where PEP is available, record keeping allowing monitoring of full compliance is not routine (Figure 3.9). Although information on PEP may be kept in individual client records, unless the records are periodically abstracted, it is impossible to ascertain what percent of PEP services followed established standards.

Figure 3.9 Percentage of facilities with indicated items, among facilities where staff have access to PEP (N=34)



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

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

Generally accepted standards for PMTCT include the following:

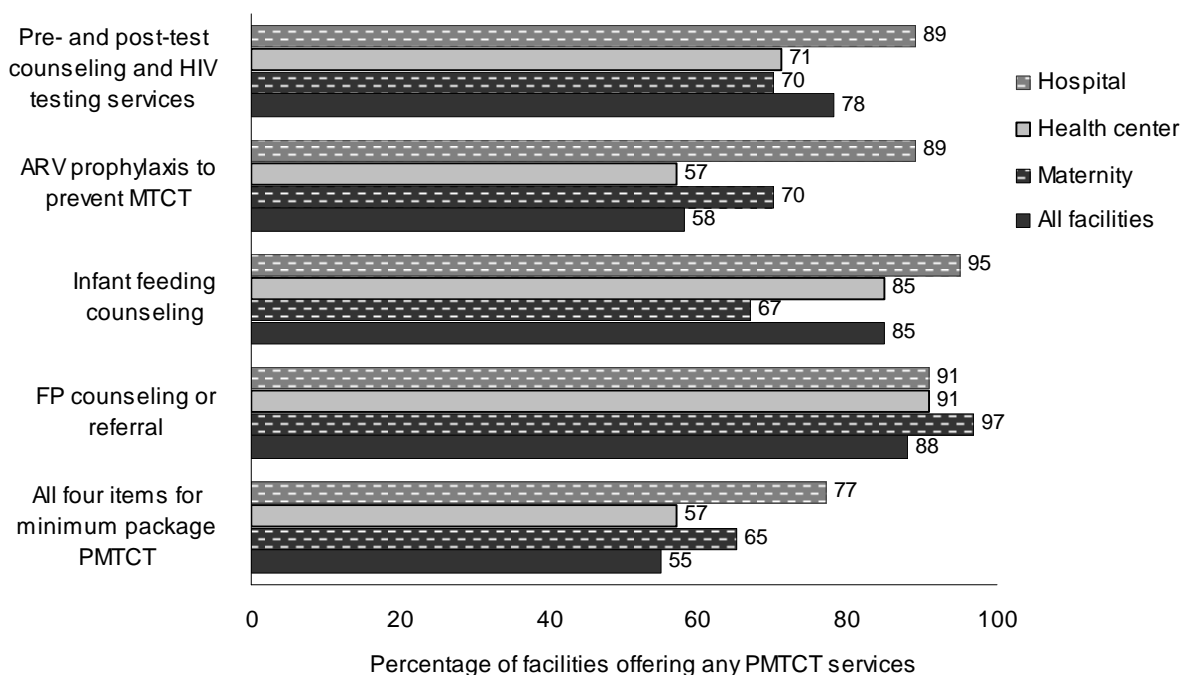
- Pre- and post-HIV test counseling, and testing pregnant women for HIV
- Providing HIV positive women with counseling on infant feeding practices
- Family planning counseling and/or referral
- Provision of prophylactic ARV to the HIV positive woman during delivery and to her newborn within 72 hours of birth

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

Findings:

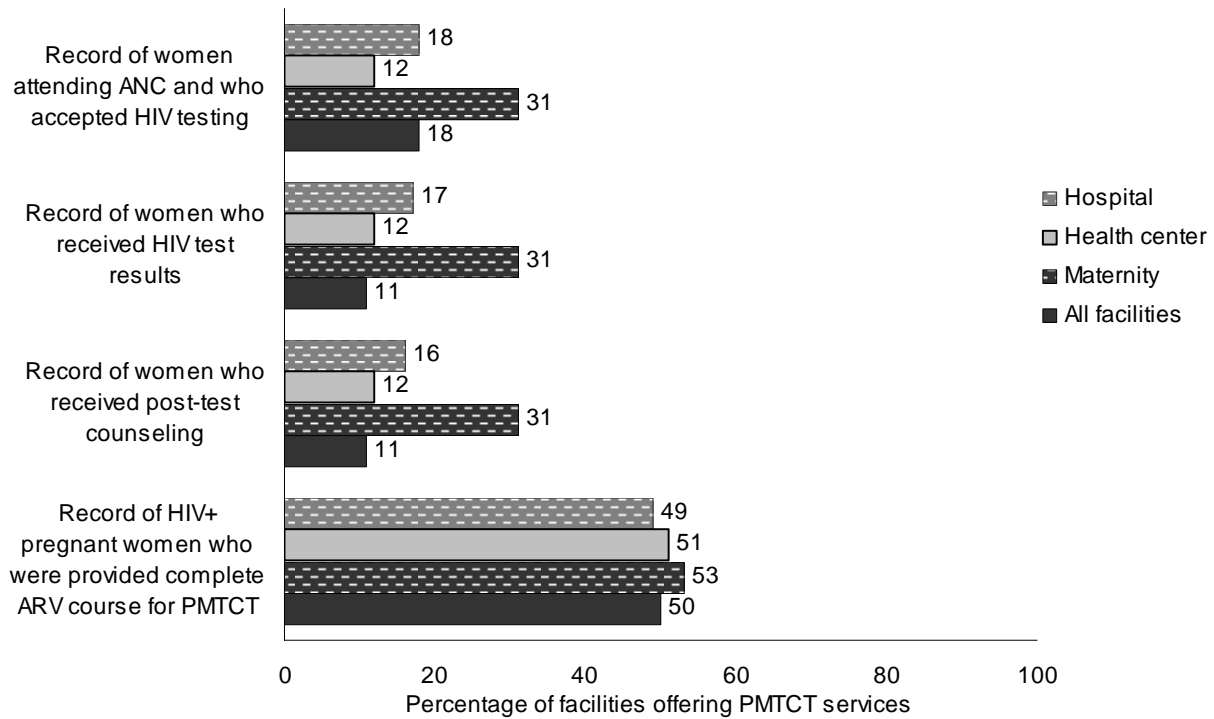
Details on PMTCT services are provided in Appendix Table A-3.10 through A-3.11.2. PMTCT services are less widely available than general counseling and testing services. Overall, about one-fourth of facilities offer any of the components of PMTCT services, with 74 percent of hospitals, and only about a third of health centers and maternities offering any PMTCT services (Figure 1.1, Appendix Tables A-3.10). PMTCT services are most often offered in facilities in Nairobi province (55 percent of facilities) and least available in North Eastern province (7 percent of facilities). Among facilities offering PMTCT services, 58 percent offer ARV prophylaxis as a part of their PMTCT services (Figure 3.10, Appendix Table A-3.10). Slightly more than four-fifths of facilities offering PMTCT services report they routinely offer infant feeding counseling or family planning counseling to HIV-positive women.

Figure 3.10 Percentage of facilities offering PMTCT services (N=106)



Record keeping that would allow monitoring of adherence to PMTCT standards is not routine, with only 9 percent of facilities offering PMTCT able to show all the necessary records (Figure 3.11, Appendix Table A-3.11.1). Documentation of clients who received test results and post-test counseling are the weakest elements. Government-managed facilities are more likely to have documentation of counseling and for ARV provision, although this included only 13 percent of facilities (Appendix Table A-3.11.1). ART for PMTCT clients and their families (PMTCT+) is offered in around half of the hospitals where PMTCT services are available (Appendix Table A-3.10).

Figure 3.11 Percentage of facilities with indicated items, among facilities offering any PMTCT services (N=106)



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Table A-2.1 System for testing and for providing results for HIV test

Percentage of facilities with an HIV testing system, and among these, percentage with the indicated items for counseling and testing (CT), by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities with indicated items										
	Percentage of facilities with HIV testing system ¹	Number of facilities	Item observed in all relevant service sites in facility							Number of facilities with HIV testing system	Number of HIV CT service sites ⁵
			HIV test available in facility or affiliated lab	HIV test available or observed record for testing conducted outside facility	Informed consent policy for HIV testing observed in all relevant service sites ²	Observed register with HIV test results	Observed record for clients receiving HIV test results ³	All items for indicator ⁴			
Type of facility											
Hospital	92	28	98	99	18	56	53	10	26	112	
Health center	48	125	98	100	57	71	71	31	60	148	
Maternity	53	20	81	91	15	62	46	2	11	30	
Clinic	36	8	92	92	33	89	89	24	3	5	
Dispensary	22	249	91	91	59	92	74	29	54	77	
Stand-alone VCT	100	10	100	100	89	100	100	83	10	11	
Managing authority											
Government	33	246	94	94	57	76	76	35	81	199	
NGO	47	21	100	100	72	94	94	68	10	16	
Private (for-profit)	52	63	93	96	44	61	32	7	33	91	
Faith-based organization	36	110	96	99	36	88	82	23	40	78	
Province											
Nairobi	77	41	100	100	32	96	96	27	31	70	
Central	36	50	84	85	30	65	50	4	18	42	
Coast	40	49	100	100	34	45	44	4	20	82	
Eastern	38	83	98	98	87	66	64	45	32	73	
North Eastern	13	8	100	100	49	66	66	9	1	2	
Nyanza	19	54	99	99	14	86	67	4	10	30	
Rift Valley	31	126	100	100	67	92	75	46	39	65	
Western	43	29	62	78	35	73	68	32	13	22	
Total	37	440	95	96	50	77	69	28	164	383	

Note: The term "facility" is used to describe any health service facility or other non-home-based site where services related to HIV/AIDS are offered. Shaded columns indicate the denominators that were used to calculate the variables that appear to the left.

¹ Facility conducts the test, has an affiliated laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility.

² If national VCT guidelines are present, this is accepted as having an informed consent policy, as this is specified in the guidelines.

³ Facilities conducting rapid test where record indicates individual identifier and test results are included, if facility practice is not to record separately for client receiving results.

⁴ HIV test available or records showing test results are received by facility and informed consent policy in all relevant service sites, and observed register with HIV test results and observed register for clients receiving HIV test results.

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

Table A-2.2 Systems and qualified staff for pre- and post-test counseling

Among facilities with a system for HIV testing, percentage with the indicated components for counseling and testing (CT) services, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities with HIV testing system ¹	Number of facilities	Percentage of facilities where:								Number of facilities with HIV testing systems	Number of HIV CT sites ⁵
			Facility has observed written policy for routine provision of pre- and post-test counseling for HIV testing ²	Facility has at least one counselor trained in pre- and post-test counseling assigned to a CT site	Items in all eligible sites					All items for indicator ⁴		
					Observed guidelines for content of pre- and post-test counseling ³	Observed guidelines or policy on confidentiality for HIV test results	Observed up to date record in each relevant unit for receiving pre- and post-test counseling	Observed system linking test results with pre- and post-test counseling	Visual and auditory privacy possible in all counseling areas			
Type of facility												
Hospital	92	28	83	96	17	17	2	5	56	1	26	112
Health center	48	125	84	100	50	46	7	13	77	3	60	148
Maternity	53	20	39	80	13	13	2	4	73	2	11	30
Clinic	36	8	61	75	31	33	14	9	82	9	3	5
Dispensary	22	249	62	95	51	37	28	21	83	0	54	77
Stand-alone VCT	100	10	94	100	89	89	46	34	91	22	10	11
Managing authority												
Government	33	246	80	97	47	47	4	8	70	1	81	199
NGO	47	21	95	99	72	72	51	47	88	38	10	16
Private (for-profit)	52	63	70	89	44	12	27	3	83	1	33	91
Faith-based organization	36	110	59	99	35	35	20	29	81	0	40	78
Province												
Nairobi	77	41	75	99	32	32	15	36	87	8	31	70
Central	36	50	43	82	30	30	1	2	57	1	18	42
Coast	40	49	95	99	33	18	2	1	75	1	20	82
Eastern	38	83	86	100	61	61	3	4	80	3	32	73
North Eastern	13	8	57	91	49	49	0	0	100	0	1	2
Nyanza	19	54	42	91	14	14	9	9	37	4	10	30
Rift Valley	31	126	77	100	66	47	43	23	92	1	39	65
Western	43	29	71	89	34	33	10	11	54	1	13	22
Total	37	440	74	96	45	39	15	15	76	3	164	383

Note: The term "facility" is used to describe any health service facility or other non-home-based site where services related to HIV/AIDS are offered. Shaded columns indicate the denominators that were used to calculate the variables that appear to the left.

¹ Facility conducts the test, has an affiliated external laboratory or has an agreement with a testing site where the test results are expected to be returned to the facility.

² Policy was observed in any relevant service site. Presence of National Guidelines for VCT, PMTCT, or ART was accepted as having a policy.

³ Pre-test counseling may be general information sharing or individual client counseling.

⁴ Facility has written policy for HIV counseling, at least one trained counselor assigned to CT, observed guidelines for content of counseling, policy on confidentiality, records of clients receiving counseling, and visual and auditory privacy in all counseling areas.

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

Table A-2.3.1 Tuberculosis treatment and/or follow-up using directly observed treatment short-course (DOTS)

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated components for management of tuberculosis (TB), by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Among facilities offering CSS for HIV/AIDS, percentage with indicated TB activities			Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS and following DOTS strategy, percentage with				Number of facilities offering CSS for HIV/AIDS and following DOTS strategy
			Any TB diagnostic or treatment services	Report they are part of national DOTS program	Follows DOTS strategy ¹		Observed client register for DOTS	Observed TB treatment protocol at all service sites	All first-line TB medicines available ²	All items for TB indicator ³	
Type of facility											
Hospital	97	28	97	83	84	28	71	27	86	15	23
Health center	80	125	76	51	40	100	92	65	94	62	40
Maternity	92	20	59	11	20	19	11	0	7	0	4
Clinic	73	8	28	12	9	6	100	42	100	42	1
Dispensary	57	249	33	15	13	142	83	52	100	35	19
Stand-alone VCT	51	10	0	0	0	5	na	na	na	na	0
Managing authority											
Government	62	246	68	49	40	153	87	48	95	41	61
NGO	85	21	15	13	13	18	86	83	100	75	2
Private (for-profit)	84	63	65	12	15	53	35	17	57	12	8
Faith-based organization	68	110	30	21	20	75	83	63	83	49	15
Province											
Nairobi	75	41	41	27	30	30	84	37	87	35	9
Central	38	50	81	55	54	19	92	34	93	33	10
Coast	94	49	68	46	32	46	53	44	97	21	15
Eastern	53	83	57	47	38	44	95	56	96	54	17
North Eastern	66	8	43	40	40	5	62	51	96	29	2
Nyanza	55	54	48	25	28	30	75	47	74	45	8
Rift Valley	84	126	41	21	18	105	87	60	98	55	19
Western	68	29	97	35	28	20	85	52	40	24	6
Total	68	440	54	33	29	299	81	49	90	41	86

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

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

² Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide

³ TB treatment protocol in all service sites, observed client register for DOTS and all first-line TB medicines available in facility.

na = Not applicable

Table A-2.3.2 Tuberculosis treatment, and/or follow-up for facilities participating in the national DOTS program

Among facilities offering any care or support services (CSS) for HIV/AIDS, percentage having the indicated components for management of tuberculosis (TB), by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Among facilities offering CSS for HIV/AIDS clients and participating in national DOTS program, percentage reporting they follow indicated treatment strategy ¹			Among facilities offering CSS for HIV/AIDS clients and reporting they are part of the national DOTS program, percentage with:				Number of facilities offering CSS for HIV/AIDS clients and reporting they are part of the national DOTS program
	DOTS ²	Follow-up treatment ³	No direct observation ⁴	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites where TB treatment is offered	All first-line TB medicines available ⁵	All items for TB indicator ⁶	
Type of facility								
Hospital	98	16	7	93	27	87	22	23
Health center	78	31	4	91	50	82	48	51
Maternity	100	61	1	19	0	12	0	2
Clinic	74	13	0	87	32	100	32	1
Dispensary	86	14	0	86	44	86	44	22
Stand-alone VCT	na	na	0	na	na	na	na	0
Managing authority								
Government	82	29	6	90	40	82	38	74
NGO	96	6	0	83	80	100	72	2
Private (for-profit)	100	21	2	57	22	76	22	6
Faith-based organization	90	7	4	98	58	84	51	16
Province								
Nairobi	100	5	0	100	39	100	39	8
Central	97	3	2	97	33	91	33	10
Coast	70	47	4	81	30	69	30	21
Eastern	81	21	1	81	45	78	45	21
North Eastern	100	0	0	71	51	96	38	2
Nyanza	100	19	1	88	53	83	50	8
Rift Valley	85	35	2	96	52	98	51	22
Western	82	1	2	94	43	51	21	7
Total	85	25	12	89	42	83	40	99

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

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

² Treatment strategy followed is either direct observation 2 months with 6 months follow-up, or direct observation 6 months

³ Follow-up clients after intensive treatment offered elsewhere.

⁴ No directly observed treatment

⁵ Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide

⁶ TB treatment protocol in all service sites, observed register for TB clients and all first-line TB medicines available in facility.

na = Not applicable

Table A-2.3.3 Resources and supplies for diagnosing tuberculosis

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with indicated tuberculosis (TB) diagnostic elements, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB activities			Number of facilities offering CSS for HIV/AIDS clients	TB diagnosis using sputum				TB diagnosis using X-ray		
	Any TB diagnostic or treatment services ¹	TB sputum diagnosis ²	TB X-ray diagnosis		Among facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum ² percentage with:				Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum test	Percentage with X-ray capacity ⁴	Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using X-ray
					All items for conducting sputum test for TB	Documented system for sending sputum elsewhere for TB diagnosis	Observed record of sputum test results	All items for indicator ³			
Type of facility											
Hospital	95	93	83	28	94	1	85	82	26	67	23
Health center	76	50	21	100	90	0	86	80	50	6	21
Maternity	59	52	35	19	71	0	60	58	10	12	7
Clinic	28	27	14	6	78	0	78	68	2	19	1
Dispensary	33	17	0	142	90	0	90	90	24	na	0
Stand-alone VCT	0	0	0	5	na	na	na	na	0	na	0
Managing authority											
Government	68	38	13	153	91	0	95	90	59	37	20
NGO	15	15	12	18	80	3	95	80	3	0	2
Private (for-profit)	64	57	38	53	92	1	70	68	30	27	20
Faith-based organization	29	27	12	75	82	0	73	72	20	52	9
Province											
Nairobi	41	36	33	30	75	1	69	68	11	18	10
Central	80	54	19	19	94	0	93	91	10	54	4
Coast	68	34	14	46	77	0	94	73	15	27	6
Eastern	57	37	26	44	100	0	75	75	16	24	12
North Eastern	42	34	5	5	76	10	71	71	2	0	0
Nyanza	48	26	18	30	82	0	78	76	8	49	5
Rift Valley	41	34	7	105	100	0	94	94	36	58	7
Western	97	65	33	20	76	0	67	65	13	33	7
Total	54	37	17	299	89	0	84	81	111	34	51

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

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

² Includes sputum microscopy, culture, or rapid test.

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

⁴ Functioning X-ray machine with films.

na = Not applicable

Table A-2.3.4 Diagnosis and treatment for sexually transmitted infections

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated components for management of sexually transmitted infections (STIs), by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities that offer STI services	Number of facilities offering CSS for HIV/AIDS clients	Percentage of facilities offering CSS for HIV/AIDS clients and STI services, with:				Number of facilities offering CSS for HIV/AIDS clients and offering STI treatment services	Within facilities offering CSS, number of service sites offering STI treatment
			Observed STI treatment protocol in all relevant units	All STI meds available in facility ¹	Condoms in any service area or pharmacy	All items for STI services ²		
Type of facility								
Hospital	99	28	20	95	73	13	27	117
Health center	98	100	52	64	81	22	99	196
Maternity	99	19	38	80	85	30	18	43
Clinic	97	6	59	82	71	43	6	7
Dispensary	95	142	64	68	65	30	134	153
Stand-alone VCT	13	5	67	100	100	67	1	1
Managing authority								
Government	94	153	65	57	90	35	144	260
NGO	89	18	38	52	90	28	16	28
Private (for-profit)	97	53	19	79	75	13	51	111
Faith-based organization	99	75	60	95	34	17	74	117
Province								
Nairobi	88	30	39	84	55	20	27	49
Central	99	19	60	36	59	4	19	43
Coast	98	46	39	73	84	24	45	88
Eastern	98	44	71	61	75	22	43	86
North Eastern	100	5	70	67	93	47	5	10
Nyanza	100	30	74	70	69	31	30	58
Rift Valley	92	105	47	73	74	28	97	142
Western	100	20	62	91	74	44	20	41
Total	95	299	54	71	73	26	285	516

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

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

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

Table A-2.3.5 Malaria diagnosis and treatment

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated components for management of malaria, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities that offer Malaria treatment services	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and malaria services, percentage with:			Number of facilities offering CSS for HIV/AIDS clients and offering malaria treatment services	Within facilities offering CSS for HIV/AIDS clients, number of service sites offering malaria treatment services
			Observed malaria treatment protocol in all relevant units	Any anti-malaria medicines in the facility	Treatment protocol in all relevant units and medicines in facility		
Type of facility							
Hospital	100	28	6	100	6	28	140
Health center	100	100	32	100	32	100	203
Maternity	100	19	20	93	20	19	44
Clinic	100	6	31	93	31	6	7
Dispensary	100	142	57	100	57	142	160
Stand-alone VCT	13	5	0	100	0	1	1
Managing authority							
Government	100	153	41	100	41	153	291
NGO	89	18	49	100	49	16	30
Private (for-profit)	98	53	15	97	15	52	112
Faith-based organization	99	75	56	100	56	74	122
Province							
Nairobi	94	30	2	100	2	29	54
Central	99	19	31	100	31	19	44
Coast	99	46	43	99	43	45	96
Eastern	98	44	48	99	48	43	91
North Eastern	100	5	23	100	23	5	11
Nyanza	100	30	45	100	45	30	60
Rift Valley	99	105	48	99	48	104	155
Western	100	20	47	100	47	20	43
Total	99	299	41	99	41	295	555

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

Table A-2.3.6 Supportive management practices for health service providers who treat infections relevant to HIV/AIDS

Among facilities offering any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated conditions to support health service providers, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities with:			Number of facilities offering CSS for HIV/AIDS clients
			At least half of the interviewed providers of TB, malaria, or STI services received pre- or in-service training related to one of these topics during the past 3 years	At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the past 3 months	All items for all components of indicator ¹	
Type of facility						
Hospital	97	28	78	64	1	28
Health center	80	125	78	72	4	100
Maternity	92	20	70	62	0	19
Clinic	73	8	76	45	2	6
Dispensary	57	249	83	72	0	142
Stand-alone VCT	51	10	27	21	0	5
Managing authority						
Government	62	246	75	79	3	153
NGO	85	21	90	89	1	18
Private (for-profit)	84	63	71	42	0	53
Faith-based organization	68	110	91	64	0	75
Province						
Nairobi	75	41	79	71	0	30
Central	38	50	62	73	0	19
Coast	94	49	64	54	0	46
Eastern	53	83	57	73	0	44
North Eastern	66	8	65	70	0	5
Nyanza	55	54	88	84	12	30
Rift Valley	84	126	95	66	0	105
Western	68	29	90	85	6	20
Total	68	440	79	69	2	299

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

¹ All records, guidelines, medicines, and trained and supervised staff for offering tuberculosis, malaria, and STI services (Tables 2.3.1-2.3.6).

Table A-2.4.1 Elements for preventing nosocomial infections

Among all facilities, percentage with the indicated infection control elements in all relevant service delivery sites, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities with indicated items for infection control present in all relevant service areas ¹						Percentage of facilities with functioning equipment for sterilization or high level disinfecting	Percentage of facilities with stock supplies for infection control present					Number of facilities	Number of eligible service sites
	Running water	Soap	Latex gloves	Sharps box	Chlorine solution	All items present in all relevant service areas		Disinfectant (bleach)	Needles/syringes	Latex gloves	All items present	All items for indicator		
Type of facility														
Hospital	45	40	56	36	4	3	92	83	84	53	52	3	28	284
Health center	43	53	80	65	26	9	92	91	89	52	47	6	125	448
Maternity	29	56	74	45	11	1	74	90	84	54	51	1	20	91
Clinic	43	70	81	55	20	7	74	91	85	53	49	4	8	18
Dispensary	51	84	95	84	31	20	91	92	91	48	35	2	249	422
Stand-alone VCT	55	71	82	68	34	15	10	6	10	4	0	0	10	22
Managing authority														
Government	44	64	87	75	31	16	88	88	92	43	31	2	246	680
NGO	69	74	78	65	11	3	75	67	53	22	6	0	21	58
Private (for-profit)	54	70	81	62	22	18	77	88	83	64	63	17	63	247
Faith-based organization	47	86	91	76	23	11	98	98	88	59	52	0	110	300
Province														
Nairobi	76	68	96	49	14	10	87	83	82	36	35	10	41	163
Central	67	76	96	81	30	29	80	91	91	53	53	14	50	136
Coast	25	56	91	68	28	7	84	85	97	37	31	0	49	191
Eastern	70	74	86	80	61	45	91	97	92	29	29	5	83	243
North Eastern	14	50	72	61	14	0	95	70	85	57	36	0	8	19
Nyanza	19	75	93	77	37	8	90	88	88	48	40	0	54	136
Rift Valley	45	75	77	70	6	1	91	91	82	64	44	0	126	308
Western	17	57	87	84	16	0	90	84	86	68	54	0	29	88
Total	47	71	87	73	27	15	89	89	88	49	40	3	440	1,285

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

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

Table 2.4.2 Additional items for prevention of nosocomial infections

Percentage of facilities with indicated elements for prevention of infections, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities with:			Number of facilities
	Observed guidelines for infection prevention in any assessed site in facility	Observed guidelines for sterilization/HLD processing in any assessed site in facility	Adequate disposal system for hazardous waste	
Type of facility				
Hospital	52	11	14	28
Health center	29	10	11	125
Maternity	33	0	8	20
Clinic	17	0	8	8
Dispensary	13	1	1	249
Stand-alone VCT	25	0	16	10
Managing authority				
Government	22	4	3	246
NGO	34	8	26	21
Private (for-profit)	23	7	14	63
Faith-based organization	17	1	2	110
Province				
Nairobi	14	4	11	41
Central	6	7	7	50
Coast	45	1	2	49
Eastern	19	6	6	83
North Eastern	8	0	0	8
Nyanza	29	6	3	54
Rift Valley	14	3	6	126
Western	44	0	0	29
Total	21	4	5	440

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

Table A-2.5.1 Treatment for opportunistic infections and palliative care

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage offering treatment for opportunistic infections (OIs) and, among these, percentage with the indicated components for offering service, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Percentage of facilities offering CSS for HIV/AIDS clients and offering treatment for opportunistic infections (OIs)	Number of facilities	Percentage of facilities offering CSS for HIV/AIDS clients with:		Number of facilities offering CSS for HIV/AIDS clients and offering treatment for OIs	Number of OI treatment service sites
				Observed protocol for treating opportunistic infections was present at all service sites offering treatment for OIs	At least one provider offering OI services received training related to OIs in the past 3 years ¹		
Type of facility							
Hospital	97	97	28	2	59	28	130
Health center	80	80	125	6	51	100	182
Maternity	92	92	20	7	29	19	38
Clinic	73	73	8	9	30	6	6
Dispensary	57	53	249	9	25	131	149
Stand-alone VCT	51	9	10	76	100	1	1
Managing authority							
Government	62	59	246	6	34	146	258
NGO	85	77	21	3	30	16	30
Private (for-profit)	84	77	63	3	54	48	103
Faith-based organization	68	67	110	13	36	74	115
Province							
Nairobi	75	62	41	9	61	25	47
Central	38	37	50	0	43	19	43
Coast	94	93	49	2	38	46	95
Eastern	53	52	83	10	37	43	81
North Eastern	66	66	8	8	3	5	8
Nyanza	55	55	54	14	40	30	54
Rift Valley	84	77	126	8	35	97	138
Western	68	68	29	6	25	20	41
Total	68	65	440	7	38	284	507

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

¹ There were 15 facilities where it was reported they treated opportunistic infections, but none of the interviewed providers indicated they provided this service.

Table A-2.5.2 Availability of treatments for opportunistic infections and palliative care

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering treatment for opportunistic infections (OIs) and, among these, percentage with the indicated components for offering service, by background characteristic, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities with indicated medicines for managing OIs and palliative treatment for HIV/AIDS clients, by category									Number of facilities offering CSS for HIV/AIDS clients and offering treatment for OIs	Number of OI treatment service sites
	Topical fungal infection ¹	Bacterial pneumonia ²	Other bacterial infections ³	Vitamin supplementation ⁴	Management of chronic diarrhea ⁵	Basic management of pain ⁶	De-worming ⁷	Intravenous fluid with infusion set for rehydration ⁸	Oral re-hydration salts		
Type of facility											
Hospital	95	100	99	97	52	99	91	86	90	28	130
Health center	90	90	100	96	18	99	90	58	97	100	182
Maternity	67	90	92	80	51	93	78	79	64	19	38
Clinic	78	86	93	89	34	92	86	49	63	6	6
Dispensary	93	93	96	98	21	96	80	55	88	131	149
Stand-alone VCT	73	73	73	73	73	73	49	49	49	1	1
Managing authority											
Government	95	89	98	97	12	97	94	49	97	146	258
NGO	79	99	99	99	15	99	51	86	95	16	30
Private (for-profit)	80	88	90	85	53	89	83	64	78	48	103
Faith-based organization	89	100	100	99	36	100	73	73	80	74	115
Province											
Nairobi	97	87	100	100	49	100	99	62	92	25	47
Central	82	86	86	76	43	86	95	38	82	19	43
Coast	78	85	92	92	27	92	92	51	90	46	95
Eastern	98	99	99	97	43	99	88	69	96	43	81
North Eastern	91	100	100	100	13	100	97	83	93	5	8
Nyanza	85	99	100	100	24	100	81	49	78	30	54
Rift Valley	94	92	99	98	13	99	72	61	91	97	138
Western	88	98	100	97	7	94	94	88	84	20	41
Total	90	92	97	96	26	97	84	60	89	284	507

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

¹ Fluconazole or Clotrimazole or Ketoconazole or Nystatin

² Amoxicillin or Ampicillin or Chloramphenicol

³ Tetracycline or Nalidixic acid or Cotrimoxazole or Erythromycin or Penicillin

⁴ Iron or Iron with folate or any multivitamin

⁵ Loperamide or Diphenylate or oral codeine

⁶ Paracetamol or Aspirin or Ibuprofen

⁷ Albendazole or Mebendazole

⁸ Normal saline or D5NS or Ringers lactate or plasma expanders, and infusion sets

Table A-2.5.3 INH (Isoniazid) for preventing tuberculosis in HIV/AIDS clients

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage routinely offering preventive tuberculosis (TB) treatment to HIV/AIDS clients, and among those offering routine preventive TB treatment, percentage with indicated program elements, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering preventive TB treatment for HIV/AIDS clients under the indicated conditions				Among facilities routinely offering preventive TB treatment, percentage with:			Number of facilities offering CSS for HIV/AIDS clients and reporting they routinely offer preventive TB treatment for HIV/AIDS clients	Number of service sites in facility providing CSS that report they routinely offer preventive TB treatment for HIV/AIDS clients
	At least one site in facility routinely offers preventive TB treatment	At least one site in the facility offers preventive TB treatment sometimes, but no site provides it routinely	No preventive TB treatment on-site, referrals only from at least one site	Number of facilities offering CSS for HIV/AIDS clients	Observed protocol for preventive TB treatment in all service sites reporting routine INH preventive TB treatment				
					INH available	INH available			
Type of facility									
Hospital	65	15	13	28	17	30	18	33	
Health center	15	7	31	100	3	30	15	21	
Maternity	26	19	24	19	5	0	5	5	
Clinic	3	5	56	6	0	100	0	0	
Dispensary	3	2	37	142	0	0	4	4	
Stand-alone VCT	0	0	56	5	na	na	0	0	
Managing authority									
Government	13	6	29	153	10	22	20	34	
NGO	2	2	39	18	0	72	0	0	
Private (for-profit)	18	8	46	53	3	23	10	13	
Faith-based organization	16	6	28	75	12	26	12	16	
Province									
Nairobi	13	8	51	30	4	63	4	6	
Central	15	16	51	19	24	6	3	6	
Coast	19	1	24	46	8	48	9	16	
Eastern	24	3	34	44	8	5	10	12	
North Eastern	20	0	58	5	40	0	1	1	
Nyanza	20	4	20	30	3	23	6	8	
Rift Valley	8	5	32	105	6	12	9	14	
Western	3	20	19	20	27	41	1	1	
Total	14	6	33	299	9	24	42	63	

Note: Shaded columns indicate the denominators that were used to calculate the variables that appear to the left.
na = Not applicable

Table A-2.5.4 Co-trimoxazole treatment for preventing pneumonia in HIV/AIDS clients

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage that routinely offer Cotrimoxazole to HIV/AIDS clients for prevention of pneumonia (CPT), and among those offering CPT, percentage with indicated program elements, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering preventive CPT measures for HIV positive clients under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CPT, percentage with		Number of facilities offering CSS for HIV/AIDS clients and reporting they routinely offer CPT for HIV/AIDS clients	Number of service sites in facilities offering CSS that report they routinely offer CPT for HIV/AIDS clients
	At least one site in facility routinely offers CPT	At least one site in facility offers CPT sometimes, but no site provides it routinely	No CPT on-site, referrals only from at least one site		Observed protocol for CPT in all service sites reporting routine CPT	Cotrimoxazole available		
Type of facility								
Hospital	92	2	2	28	11	93	25	76
Health center	38	16	13	100	11	94	39	67
Maternity	66	5	15	19	4	74	12	21
Clinic	48	5	17	6	9	95	3	3
Dispensary	37	3	32	142	8	100	52	60
Stand-alone VCT facility	21	0	49	5	22	59	1	1
Managing authority								
Government	43	11	17	153	1	97	66	109
NGO	48	0	6	18	24	92	9	11
Private (for-profit)	47	10	27	53	17	85	25	50
Faith-based organization	44	0	30	75	15	96	33	58
Province								
Nairobi	39	1	34	30	22	96	12	18
Central	22	14	50	19	0	92	4	15
Coast	59	0	7	46	16	96	27	48
Eastern	50	10	12	44	20	99	22	41
North Eastern	22	0	50	5	0	100	1	2
Nyanza	28	14	15	30	9	89	8	20
Rift Valley	49	6	25	105	0	96	52	72
Western	33	24	12	20	5	54	6	11
Total	44	8	22	299	9	94	132	228

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

Table A-2.5.5 Records for HIV/AIDS services

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage where indicated items were found in indicated eligible sites, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities where the indicated item is available in at least one eligible outpatient unit and at least one eligible inpatient unit				Number of facilities offering CSS for HIV/AIDS clients	Number of service sites in facilities offering CSS for HIV/AIDS clients
	Individual client record/chart observed in all eligible units	Register with HIV/AIDS-related client diagnosis observed for all eligible units ¹	Confidentiality guidelines in all eligible client clinics/units	All items for indicator in the facility		
Type of facility						
Hospital	8	72	4	1	28	144
Health center	5	64	10	0	100	198
Maternity	14	59	4	3	19	42
Clinic	27	77	16	7	6	7
Dispensary	19	66	6	3	142	160
Stand-alone VCT	30	17	61	12	5	5
Managing authority						
Government	6	71	4	0	153	292
NGO	60	62	20	4	18	32
Private (for-profit)	8	58	9	1	53	112
Faith-based organization	20	57	13	6	75	120
Province						
Nairobi	25	44	10	1	30	59
Central	4	70	3	1	19	44
Coast	2	90	8	1	46	104
Eastern	12	86	22	11	44	84
North Eastern	0	93	10	0	5	9
Nyanza	0	63	14	0	30	57
Rift Valley	24	44	0	0	105	158
Western	1	91	12	0	20	41
Total	13	65	8	2	299	556

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

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

Table A-3.1.1 Medicines to support the management of advanced opportunistic infections and the provision of palliative care (symptomatic treatment) for the advanced care of people living with HIV/AIDS

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with the medicines available to treat the indicated symptom or condition, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities with at least two medicines for treating each of the indicated conditions										Number of facilities offering CSS for HIV/AIDS clients
			Offering Systemic IV treatment for fungal infections	Cryptococcus fungal ¹	Respiratory ²	Other bacterial infections ³	Herpes ⁴	Parasites ⁵	Herpes ophthalmic infection ⁶	Diseases of nervous system and mental disorders ⁷	Palliative/anti-pain at least one of each group ⁸	Fortified protein supplement ⁹	
Type of facility													
Hospital	97	28	93	38	95	99	6	86	10	98	70	11	28
Health center	80	125	22	5	59	100	0	58	0	100	34	0	100
Maternity	92	20	50	8	69	86	0	56	1	70	75	6	19
Clinic	73	8	3	14	75	92	0	55	3	85	73	0	6
Dispensary	57	249	0	8	50	96	0	76	0	93	29	0	142
Stand-alone VCT	51	10	0	4	13	17	0	8	0	17	13	0	5
Managing authority													
Government	62	246	16	3	44	98	0	60	0	97	12	1	153
NGO	85	21	3	3	68	89	0	86	0	89	87	0	18
Private (for-profit)	84	63	43	28	81	86	3	67	4	81	74	4	53
Faith-based organization	68	110	12	13	69	99	0	82	1	93	53	1	75
Province													
Nairobi	75	41	23	36	85	95	2	56	3	91	61	5	30
Central	38	50	20	7	49	85	1	33	2	84	34	1	19
Coast	94	49	25	4	64	92	1	69	1	91	43	1	46
Eastern	53	83	29	4	60	97	0	49	1	96	47	0	44
North Eastern	66	8	15	10	59	100	0	78	0	100	22	0	5
Nyanza	55	54	22	6	63	97	0	43	1	78	49	0	30
Rift Valley	84	126	8	11	43	98	0	93	1	98	24	1	105
Western	68	29	32	2	85	97	0	67	0	97	33	0	20
Total	68	440	19	10	58	96	1	68	1	93	38	1	299

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

¹ Amphotericin B, fluconazole, itraconazole and ketoconazole

² Acyclovir, ceftriaxone, ciprofloxacin, gentamycin, cotrimoxazole and dapsone

³ Tetracycline, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycycline, clindamycin, norfloxacin and cloxacillin

⁴ Acyclovir and gancyclovir

⁵ Metronidazole, tinidazole, nalidixic acid and cotrimoxazole

⁶ One of: Acyclovir ophthalmic or acyclovir oral

⁷ Cotrimoxazole, Phenobarbital, fansidar and dexamethasone

⁸ One from each group: Group 1 (Diazepam, dapsone, indomethacin, prednisolone); Group 2 (oral codeine, inj. Diclofenac, inj. Dipyron, oral morphine)

⁹ Fortified protein supplement

Table A-3.1.2 Laboratory testing capacity for monitoring HIV/AIDS clients

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with the indicated laboratory testing capacity or with a system for receiving results of the indicated test when the test is conducted outside the facility, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities with all items to conduct the indicated laboratory investigations ¹											Number of facilities offering CSS for HIV/AIDS clients	
			Kit for spinal tap	Culture media and incubator	Liver function test	Hemoglobin or hematocrit	White cell count	BUN and serum creatinine	Serum glucose	Indian ink test	Gram stain	Plate -let count	Enzyme-linked immunosorbent assay (ELISA) for HIV		All items for indicator
Type of facility															
Hospital	97	28	36	57	52	80	70	52	61	46	81	53	33	1	28
Health center	80	125	4	2	8	45	20	8	19	3	28	15	2	0	100
Maternity	92	20	7	20	15	60	32	24	36	20	54	29	11	0	19
Clinic	73	8	4	24	13	59	34	13	29	5	48	19	14	0	6
Dispensary	57	249	0	3	2	15	8	0	2	0	16	3	3	0	142
Stand-alone VCT	51	10	0	4	4	4	4	4	4	0	4	4	4	0	5
Managing authority															
Government	62	246	1	5	3	23	8	2	7	3	15	6	2	0	153
NGO	85	21	4	5	24	25	25	24	24	3	25	23	11	0	18
Private (for-profit)	84	63	17	16	17	67	56	25	43	14	65	31	11	1	53
Faith-based organization	68	110	5	12	14	39	18	9	12	10	33	13	9	0	75
Province															
Nairobi	75	41	5	28	29	55	47	25	21	15	49	45	28	1	30
Central	38	50	9	12	24	36	11	11	34	9	63	8	7	0	19
Coast	94	49	3	7	4	42	21	11	24	2	26	18	4	0	46
Eastern	53	83	13	7	4	41	16	5	16	5	30	6	3	0	44
North Eastern	66	8	2	2	7	20	9	7	5	2	10	7	0	0	5
Nyanza	55	54	7	10	8	33	13	10	15	12	20	10	3	0	30
Rift Valley	84	126	3	5	6	21	17	6	7	4	19	9	2	0	105
Western	68	29	1	4	11	50	18	6	23	10	40	10	8	0	20
Total	68	440	5	9	9	35	20	9	16	6	29	13	6	0	299

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

¹ Lab capacity (or documented system for sending blood and receiving results) to conduct the indicated laboratory investigations

Table A-3.2.1 Guidelines and appointment system to support advanced services for HIV/AIDS

Among facilities reporting they offer any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated items to support advanced services for HIV/AIDS, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities with:					Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients
	Observed guidelines/protocols for offering the service, in all sites where the indicated service is offered				Observed record system for individual client appointments in all relevant program sites		
	Opportunistic infections	Symptomatic, palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS			
Type of facility							
Hospital	1	1	1	1	6	28	144
Health center	6	2	1	6	8	100	198
Maternity	7	1	1	7	9	19	42
Clinic	6	0	0	6	17	6	7
Dispensary	8	3	0	8	5	142	160
Stand-alone VCT	13	7	12	12	41	5	5
Managing authority							
Government	6	1	1	6	7	153	292
NGO	3	2	3	4	27	18	32
Private (for-profit)	3	0	0	3	5	53	112
Faith-based organization	12	6	0	12	4	75	120
Province							
Nairobi	7	1	1	7	30	30	59
Central	0	1	1	1	1	19	44
Coast	2	1	1	2	2	46	104
Eastern	10	9	0	10	2	44	84
North Eastern	8	8	0	8	0	5	9
Nyanza	14	0	0	14	0	30	57
Rift Valley	7	0	0	7	8	105	158
Western	6	6	6	6	8	20	41
Total	7	2	1	7	7	299	556

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

Table A-3.2.2 Management support for health service providers of advanced services for HIV/AIDS

Among facilities reporting they offer any care or support services (CSS) for HIV/AIDS clients, percentage having the indicated items to support advanced services for HIV/AIDS, by background characteristics., Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities with						At least half of providers of services for PLHA were supervised during past 3 months	Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients
	At least one provider of indicated HIV/AIDS service trained past 3 years in topic related to that service								
	Psychosocial counseling	Treatment of opportunistic infections	Palliative care	CNS and mental disorders	AIDS in children	Nutritional rehabilitation for HIV/AIDS infection persons			
Type of facility									
Hospital	65	59	36	42	32	35	0	28	144
Health center	45	51	24	16	15	26	0	100	198
Maternity	40	29	16	18	12	12	0	19	42
Clinic	41	30	16	16	10	20	8	6	7
Dispensary	20	23	9	0	3	11	0	142	160
Stand-alone VCT	96	31	36	4	18	23	4	5	5
Managing authority									
Government	31	33	10	10	10	19	0	153	292
NGO	35	27	17	12	13	15	0	18	32
Private (for-profit)	43	50	22	17	14	14	0	53	112
Faith-based organization	39	36	31	9	7	23	1	75	120
Province									
Nairobi	59	52	23	24	42	27	3	30	59
Central	45	42	18	7	7	6	0	19	44
Coast	35	38	21	9	9	16	0	46	104
Eastern	20	36	8	7	6	15	0	44	84
North Eastern	2	3	2	2	0	0	0	5	9
Nyanza	43	40	32	22	4	27	0	30	57
Rift Valley	33	33	14	6	6	21	0	105	158
Western	35	25	24	17	15	14	0	20	41
Total	35	36	18	11	10	19	0	299	556

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

Table A-3.3.1 Protocols and guidelines for anti-retroviral combination therapy services

Among all facilities, percentages offering antiretroviral therapy (ART), and among these, percentage with the indicated items, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering ART	Number of facilities	Observed guidelines/protocols in all eligible ART service sites						Number of facilities offering ART services	Number of sites offering ART services
			Opportunistic infections	Symptomatic, palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS	ART treatment guidelines			
							National ART treatment guidelines (adult and pediatric)	Other ART treatment guidelines (adult and pediatric)		
Type of facility										
Hospital	52	28	17	13	8	16	75	8	15	36
Health center	12	125	46	10	10	46	56	0	16	20
Maternity	6	20	0	0	0	0	42	0	1	2
Clinic	6	8	19	0	0	19	50	0	0	0
Dispensary	0	249	na	na	na	na	na	na	0	0
Stand-alone VCT	4	10	50	0	50	50	50	0	0	0
Managing authority										
Government	5	246	43	8	7	41	61	2	12	22
NGO	20	21	46	38	43	46	91	0	4	4
Private (for-profit)	15	63	6	4	0	6	35	8	9	20
Faith-based organization	6	110	34	8	4	34	95	1	7	12
Province										
Nairobi	19	41	50	24	26	50	84	1	8	13
Central	4	50	9	0	0	9	69	6	2	4
Coast	10	49	2	0	0	2	32	6	5	9
Eastern	12	83	47	7	0	45	58	0	10	15
North Eastern	2	8	0	0	0	0	50	0	0	0
Nyanza	5	54	25	18	25	25	89	5	3	6
Rift Valley	3	126	9	9	0	9	72	9	4	9
Western	5	29	24	17	24	24	38	7	1	2
Total	7	440	31	11	9	30	64	3	32	58

Note: Shaded columns indicate the denominators that were used to calculate the variables that appear to the left.
na = Not applicable

Table A-3.3.2 Systems and items to support anti-retroviral combination therapy services

Among facilities offering antiretroviral (ARV) therapy (ART), percentage with the indicated ART program components, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	ART medicines		Up-to-date pharmacy stock cards for ARVs	ARTs stored under secure conditions		Lab capacity for monitoring ART ¹	Number of facilities offering ART
	At least one ARV available	No stock-outs for any ARV during past 6 months		Separate from other medicines	Locked		
Type of facility							
Hospital	89	82	75	71	64	76	15
Health center	56	64	31	31	56	49	16
Maternity	77	100	77	56	56	29	1
Clinic	81	100	50	81	81	69	1
Stand-alone VCT	50	50	50	50	50	0	0
Managing authority							
Government	62	59	29	27	57	21	12
NGO	92	57	88	92	92	83	4
Private (for-profit)	60	89	48	46	35	86	9
Faith-based organization	97	92	83	77	81	83	7
Province							
Nairobi	94	72	85	79	83	89	8
Central	81	80	75	72	54	69	2
Coast	41	97	41	32	32	90	5
Eastern	58	54	15	15	56	11	10
North Eastern	50	100	50	50	50	100	0
Nyanza	90	66	84	83	60	65	3
Rift Valley	95	91	67	76	67	83	4
Western	55	100	55	55	55	45	1
Total	72	74	53	51	60	60	32

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

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

Table A-3.3.3 Systems and items to support antiretroviral combination therapy services

Among facilities offering antiretroviral (ARV) therapy (ART), percentage with indicated program components, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering ART and having:									Number of facilities offering ART	Number of sites offering ART
	Observed re- cord system for individual client appointments for ART clients	Individual client record/ chart for ART clients	Observed up-to-date register/ client cards where number of current ART clients can be calculated in all relevant program sites	At least one interviewed provider of in- dicated service has related in-service training in the past 12 months			At least half of interviewed providers or ART personally supervised during past 3 months	All items for indicator ¹			
				ART services	Counseling for adher- ence to ARV drug therapy	Nutritional rehabilitation related to HIV/AIDS					
Type of facility											
Hospital	82	81	79	50	50	95	58	28	15	36	
Health center	56	46	82	46	46	100	82	26	16	20	
Maternity Clinic	71	71	56	0	21	77	35	0	1	2	
Stand-alone VCT	81	81	100	38	50	100	81	19	0	0	
	50	50	50	50	100	0	50	0	0	0	
Managing authority											
Government	62	61	94	58	50	98	88	47	12	22	
NGO	91	53	91	46	93	90	91	2	4	4	
Private (for-profit)	53	53	45	18	27	96	33	6	9	20	
Faith-based organization	91	89	94	64	43	94	70	24	7	12	
Province											
Nairobi	93	74	80	59	66	94	87	1	8	13	
Central	94	91	75	46	37	90	52	28	2	4	
Coast	33	33	38	22	16	100	24	11	5	9	
Eastern	58	58	99	54	56	100	92	51	10	15	
North Eastern	0	0	50	50	0	50	50	0	0	0	
Nyanza	84	83	83	63	53	95	72	41	3	6	
Rift Valley	79	72	85	29	47	85	36	17	4	9	
Western	62	62	69	28	14	100	83	14	1	2	
Total	69	63	79	46	48	96	69	25	32	58	

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

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

Table A-3.4. Services and conditions for inpatient care for people living with HIV/AIDS needing advanced services

Among all facilities providing inpatient care and support services (CSS), percentage with indicated program and infrastructure items to support quality HIV/AIDS services, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristics	Among facilities offering inpatient CSS, percentage with:											Number of facilities offering inpatient CSS for HIV/AIDS clients	Number of inpatient CSS sites for HIV/AIDS		
	Percentage of facilities offering inpatient CSS for HIV/AIDS clients	Number of facilities	Counseling and testing services (CT)	Treatment for TB, malaria, and sexually transmitted infections	Treatment for opportunistic infections	Treatment for Kaposi's sarcoma	Palliative care	ART	24-hour regular electric supply	A functioning latrine for inpatients	Running water in all inpatient client units			All items for indicator ¹	
Type of facility															
Hospital	94	28	95	95	100	95	97	55	84	99	69	34	27	94	
Health center	37	125	65	85	100	40	83	18	45	100	59	0	47	62	
Maternity	70	20	64	72	100	61	87	7	81	100	58	1	14	23	
Clinic	2	8	0	0	100	100	100	0	0	100	100	0	0	0	
Dispensary	0	249	na	na	na	na	na	na	na	na	na	na	0	0	
Stand-alone VCT	2	10	100	0	100	0	0	0	100	100	100	0	0	0	
Managing authority															
Government	16	246	81	90	100	54	79	21	64	99	55	5	39	89	
NGO	28	21	43	41	100	10	92	30	41	100	41	2	6	10	
Private (for-profit)	47	63	69	84	100	73	97	31	65	100	70	14	30	48	
Faith-based organization	12	110	76	96	100	70	90	36	63	100	73	23	13	33	
Province															
Nairobi	26	41	98	96	100	28	75	34	100	100	67	16	10	22	
Central	16	50	100	92	100	46	52	22	99	100	91	13	8	19	
Coast	32	49	97	100	100	74	97	29	59	100	75	7	16	31	
Eastern	17	83	65	62	100	94	97	42	59	100	82	4	14	29	
North Eastern	17	8	41	93	100	47	100	14	20	86	20	0	1	3	
Nyanza	23	54	49	80	100	54	99	23	61	100	41	13	12	23	
Rift Valley	12	126	46	75	100	55	99	28	49	99	46	19	15	32	
Western	39	29	76	96	100	55	76	12	36	100	42	5	11	20	
Total	20	440	74	85	100	60	88	27	63	100	62	11	88	180	

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

¹ Facility offers CT services, treatment for illnesses relevant to HIV/AIDS (TB, malaria and STIs), treatment for opportunistic infections and cryptococcal meningitis, palliative care and ART, plus facility has an infrastructure to support quality services (24-hour electricity, client latrine and running water in all inpatient units)

na = Not available

Table A-3.5 Conditions to support home care services

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with the indicated items to support access to home care services for HIV/AIDS clients, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities where:			Number of facilities offering CSS for HIV/AIDS clients	Number of sites offering CSS for HIV/AIDS clients
	Any site either reports facility offers HC or has an observed written document identifying a referral site for HC services	All relevant service sites			
		Can name a specific HC service site	Have an observed referral form for HC services		
Type of facility					
Hospital	57	18	35	28	144
Health center	28	20	56	100	198
Maternity	26	20	31	19	42
Clinic	31	42	62	6	7
Dispensary	22	33	71	142	160
Stand-alone VCT	53	76	60	5	5
Managing authority					
Government	30	27	69	153	292
NGO	27	29	94	18	32
Private (for-profit)	23	18	43	53	112
Faith-based organization	29	34	45	75	120
Province					
Nairobi	24	30	72	30	59
Central	8	16	60	19	44
Coast	18	16	39	46	104
Eastern	37	42	62	44	84
North Eastern	19	13	38	5	9
Nyanza	21	13	49	30	57
Rift Valley	37	31	70	105	158
Western	23	36	54	20	41
Total	28	27	60	299	556

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

Table A-3.6 Post-exposure prophylaxis (PEP)

Percentage of facilities either offering post-exposure prophylaxis (PEP) or having a system to refer staff for PEP. Among these facilities, percentage where the indicated elements are present, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities where staff have access to PEP	Number of facilities	Percentage of facilities providing PEP and having:							Number of facilities where staff have access to PEP	Number of service sites where PEP is prescribed
			Observed PEP guidelines present in all service sites where PEP is prescribed	Any record/register of staff receiving PEP services	Any observed record for monitoring full compliance for PEP regime	Observed anti-retroviral (ARV) for PEP	PEP ARV storage conditions: Locked, apart from other medicines and ARVs	PEP ARV storage conditions: With other medicines			
Type of facility											
Hospital	53	28	0	21	22	63	50	8	15	35	
Health center	12	125	0	11	0	32	32	0	15	11	
Maternity	12	20	0	0	0	0	0	0	2	0	
Clinic	9	8	21	21	21	75	62	13	1	1	
Dispensary	0	249	na	na	na	na	na	na	0	0	
Stand-alone VCT	6	10	0	38	38	100	62	0	1	0	
Managing authority											
Government	7	246	0	7	7	14	11	2	16	9	
NGO	19	21	0	45	5	94	89	0	4	7	
Private (for-profit)	11	63	2	14	12	54	34	11	7	13	
Faith-based organization	6	110	0	19	22	84	81	4	7	19	
Province											
Nairobi	29	41	1	20	4	58	51	4	12	17	
Central	4	50	0	31	23	79	63	0	2	3	
Coast	9	49	0	17	21	22	12	10	4	6	
Eastern	2	83	0	26	40	71	57	14	2	4	
North Eastern	2	8	0	0	0	50	0	0	0	0	
Nyanza	13	54	0	6	6	14	10	2	7	4	
Rift Valley	4	126	0	9	9	70	70	0	4	13	
Western	7	29	0	9	15	20	20	0	2	1	
Total	8	440	0	15	11	45	39	4	34	48	

Note: Shaded columns indicate the denominators that were used to calculate the variables that appear to the left.
na = Not available

Table A-3.7 Facilities with record-keeping systems for monitoring HIV/AIDS care and support

Among all facilities offering the indicated service, percentage with up-to-date records for the indicated information, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Among facilities offering counseling and testing for HIV ¹ , percentage		Among facilities offering antiretroviral (ARV) therapy (ART) ² , percentage with		Among facilities offering any care and support services ³ for HIV/AIDS clients, percentage with		Among facilities offering CSS for HIV/AIDS clients, percentage having records for HIV/AIDS services offered ⁴ , and routinely submitting reports on these services	Number of facilities offering CSS for HIV/AIDS clients
	With records indicating clients receiving pre-test and post-test counseling and received test results	Submitting any reports for HIV testing services	Records indicating number of clients receiving ARV treatment	Submitting any reports for ART testing services	Records documenting clients treated for HIV/AIDS-related illnesses	Submitting any reports for HIV/AIDS-related illnesses treated		
Type of facility								
Hospital	5	71	79	67	72	100	15	28
Health center	13	85	82	82	64	98	26	100
Maternity	4	41	56	56	59	100	22	19
Clinic	8	54	100	100	77	79	40	6
Dispensary	21	68	na	na	66	100	45	142
Stand-alone VCT	34	98	50	50	17	92	66	5
Managing authority								
Government	8	84	94	96	71	100	39	153
NGO	47	94	91	91	62	99	61	18
Private (for-profit)	3	59	45	27	58	99	34	53
Faith-based organization	29	63	94	86	57	97	20	75
Province								
Nairobi	36	89	80	82	44	89	28	30
Central	2	37	75	72	70	100	19	19
Coast	1	74	38	38	90	100	22	46
Eastern	4	79	99	97	86	100	40	44
North Eastern	0	53	50	50	93	100	45	5
Nyanza	9	86	83	73	63	100	36	30
Rift Valley	22	76	85	53	44	100	45	105
Western	11	69	69	69	91	100	19	20
Total	15	75	79	74	65	99	35	299

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

¹ Number of facilities=164

² Number of facilities=32

³ Number of facilities=41

⁴ HIV testing, ART, and/or CSS for HIV/AIDS clients

na = Not available

Table A-3.8 Youth-friendly services for HIV/AIDS

Among facilities with an HIV testing system, percentage offering any youth-friendly services (YFS) for counseling and testing for HIV/AIDS, and among these, percentage with indicated item, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering YFS with VCT or PMTCT services	Number of facilities with an HIV testing system	Percentage of facilities with			Number of facilities offering youth-friendly HIV testing services
			Observed policy/guidelines for YFS	At least one trained provider for YFS ¹	All items for indicator ²	
Type of facility						
Hospital	8	26	0	96	0	2
Health center	9	60	50	100	50	6
Maternity	20	11	0	88	0	2
Clinic	12	3	27	100	27	0
Dispensary	14	54	100	100	100	8
Stand-alone VCT	21	10	33	100	33	2
Managing authority						
Government	19	81	68	100	68	16
NGO	14	10	7	93	7	1
Private (for-profit)	7	33	21	100	21	2
Faith-based organization	2	40	0	60	0	1
Province						
Nairobi	10	31	0	100	0	3
Central	0	18	na	na	na	0
Coast	18	20	81	93	81	4
Eastern	2	32	0	100	0	1
North Eastern	9	1	0	0	0	0
Nyanza	14	10	0	100	0	1
Rift Valley	24	39	87	100	87	9
Western	12	13	12	100	12	1
Total	12	164	56	98	56	20

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

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

² Facility offers YFS and has observed policy/guidelines and trained staff for YFS

na = Not available

Table A-3.9 Facilities with community-based ART care, support, and distribution services

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with the indicated components for community-based care and support, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities that:						Number of facilities offering CSS for HIV/AIDS clients
			Offer home-based care for HIV/AIDS clients	Do not offer home-based services, but have explicit referral site ¹	All items for indicator	Have links with community-based health workers for ART services	Have observed policy or guidelines for community home-based care for HIV/AIDS clients	Have at least one trained provider for community home-based care for HIV/AIDS clients ²	
Type of facility									
Hospital	97	28	57	21	64	4	29	44	28
Health center	80	125	26	11	35	0	4	34	100
Maternity	92	20	26	3	29	0	11	23	19
Clinic	73	8	30	7	37	0	3	26	6
Dispensary	57	249	22	6	28	0	3	12	142
Stand-alone VCT	51	10	49	18	66	0	26	49	5
Managing authority									
Government	62	246	30	8	36	0	4	19	153
NGO	85	21	25	5	30	0	13	22	18
Private (for-profit)	84	63	23	9	31	0	7	30	53
Faith-based organization	68	110	27	13	37	0	10	31	75
Province									
Nairobi	75	41	24	8	32	0	11	40	30
Central	38	50	8	20	26	2	4	39	19
Coast	94	49	17	8	25	1	2	30	46
Eastern	53	83	37	12	48	0	15	17	44
North Eastern	66	8	19	2	20	0	8	3	5
Nyanza	55	54	21	4	22	0	9	34	30
Rift Valley	84	126	37	1	37	0	2	14	105
Western	68	29	18	52	55	1	14	26	20
Total	68	440	28	9	35	0	7	24	299

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

¹ Facility does not provide home-based care for HIV/AIDS clients but has an explicit referral site (identified in a written document, or provider can name site) and there is an official referral system for sharing client information.

² Provider has received in-service training in the past 3 years for training caregivers and/or patients in HIV/AIDS care, palliative care, or specific home-based care services for HIV/AIDS clients.

Table A-3.10 Availability of services for prevention of mother-to-child transmission of HIV/AIDS

Percentage of facilities offering any services for prevention of mother-to-child transmission (PMTCT) of HIV/AIDS, and, among these, percentage with the indicated program components, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities with any PMTCT services	Number of facilities	Percentage of facilities reporting they offer the indicated PMTCT services							Number of facilities offering PMTCT services	Number of sites offering PMTCT services
			Pre and post test counseling and HIV testing services	ARV prophylaxis to prevent MTCT	Infant feeding counseling	Family planning counseling or referral	All four items for minimum package PMTCT ¹	ARV therapeutic treatment for HIV+ women and children	All items for PMTCT+ ²		
Type of facility											
Hospital	74	28	89	89	95	91	77	53	45	21	45
Health center	36	125	71	57	85	91	57	10	10	45	67
Maternity	35	20	70	70	67	97	65	3	3	7	13
Clinic	16	8	75	51	93	81	39	12	12	1	2
Dispensary	12	249	82	36	82	81	36	0	0	31	33
Stand-alone VCT	6	10	67	67	100	67	67	0	0	1	1
Managing authority											
Government	24	246	72	51	79	89	50	15	14	60	94
NGO	28	21	40	37	94	94	37	3	3	6	10
Private (for-profit)	34	63	88	90	89	100	85	11	10	21	31
Faith-based organization	17	110	96	53	98	70	46	24	18	19	26
Province											
Nairobi	55	41	98	82	100	82	81	13	13	22	31
Central	14	50	93	96	100	98	90	25	22	7	11
Coast	37	49	61	61	61	97	60	20	19	18	27
Eastern	24	83	79	38	78	80	35	10	10	20	27
North Eastern	7	8	100	17	100	100	17	17	17	1	1
Nyanza	15	54	83	47	87	100	39	21	17	8	16
Rift Valley	16	126	66	63	99	94	60	15	11	21	32
Western	30	29	66	11	68	72	10	8	6	9	14
Total	24	440	78	58	85	88	55	15	13	106	160

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

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

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

Table A-3.11.1 Availability of services records for PMTCT services

Among facilities offering services for prevention of mother-to-child transmission of HIV (PMTCT), percentage with the indicated documentation observed and up to date, by background statistics, Kenya HIV/AIDS SPA 2004

Background characteristic	Percentage of facilities offering any PMTCT services	Number of facilities	Percentage of facilities offering PMTCT services and having the indicated documentation:					All items for indicator	Number of facilities offering PMTCT services	Number of sites offering PMTCT services
			Observed record of women attending ANC and who accepted HIV testing	Observed record of women who received HIV test results	Observed record of women who received post-test counseling (by serostatus)	Observed record of HIV+ pregnant women who were provided a complete ARV course for PMTCT				
Type of facility										
Hospital	74	28	18	17	16	49	11	21	45	
Health center	36	125	12	12	12	51	12	45	67	
Maternity	35	20	31	31	31	53	20	7	13	
Clinic	16	8	0	0	0	44	0	1	2	
Dispensary	12	249	25	0	0	50	0	31	33	
Stand-alone VCT	6	10	33	33	33	33	0	1	1	
Managing authority										
Government	24	246	15	15	14	48	13	60	94	
NGO	28	21	0	0	0	37	0	6	10	
Private (for-profit)	34	63	47	10	10	69	6	21	31	
Faith-based organization	17	110	3	3	3	39	1	19	26	
Province										
Nairobi	55	41	15	14	14	78	13	22	31	
Central	14	50	14	14	14	74	6	7	11	
Coast	37	49	2	2	2	38	2	18	27	
Eastern	24	83	20	20	20	55	20	20	27	
North Eastern	7	8	17	17	17	17	17	1	1	
Nyanza	15	54	27	25	23	23	10	8	16	
Rift Valley	16	126	40	3	3	49	3	21	32	
Western	30	29	4	4	4	6	1	9	14	
Total	24	440	18	11	11	50	9	106	160	

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

Table A-3.11.2 Availability of services records for PMTCT+ services

Among facilities offering services for prevention of mother-to-child transmission of HIV and antiretroviral treatment for HIV positive women and their families (PMTCT+), percentage the indicated up-to-date documentation, by background characteristics, Kenya HIV/AIDS SPA 2004

Background characteristics	Percentage of facilities offering PMTCT+ services	Number of facilities	Percentage of facilities with:		Number of facilities offering PMTCT+ services	Number of sites offering PMTCT+ services
			Observed record of HIV+ pregnant women who receive therapeutic ARV	Observed record of family member who receive ARV		
Type of facility						
Hospital	40	28	18	9	11	20
Health center	4	125	36	0	4	6
Maternity	1	20	0	0	0	0
Clinic	2	8	0	0	0	0
Dispensary	0	249	na	na	0	0
Stand-alone VCT	0	10	na	na	0	0
Managing Authority						
Government	4	246	30	1	9	15
NGO	1	21	0	0	0	0
Private (for-profit)	4	63	0	0	2	4
Faith-based organization	4	110	21	21	4	7
Province						
Nairobi	7	41	63	6	3	6
Central	4	50	5	0	2	2
Coast	8	49	4	0	4	4
Eastern	2	83	16	16	2	3
North Eastern	1	8	0	0	0	0
Nyanza	3	54	8	8	2	4
Rift Valley	3	126	35	12	3	5
Western	2	29	13	0	1	1
Total	4	440	23	6	16	26

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

¹ All elements for PMTCT+ services (CT services, ARV prophylaxis for mother and newborn, counseling on infant feeding and family planning for HIV positive women, ARV treatment for HIV positive women and family members, counseling and testing records for ANC clients, records on ARV prophylaxis provided, and records on therapeutic ARV for women receiving PMTCT services).

na = Not available

**HIV/AIDS SPA SURVEY
COVER SHEET**

1. Facility Identification

001	NAME OF FACILITY _____	
002	LOCATION OF FACILITY _____	FACILITY CODE
003	PROVINCE _____	PROVINCE NUMBER <input type="text"/> <input type="text"/>
004	DISTRICT _____	DISTRICT NUMBER <input type="text"/> <input type="text"/>
005	FACILITY NUMBER	FACILITY NUMBER <input type="text"/> <input type="text"/>
006	TYPE OF FACILITY: NATIONAL REFERRAL HOSPITAL 01 PROVINCIAL HOSPITAL 02 DISTRICT HOSPITAL 03 SUBDISTRICT HOSPITAL 04 HOSPITAL 05 CLINIC 06 HEALTH CENTER 07 DISPENSARY 08 MATERNITY 09 STAND-ALONE VCT 10 OTHER _____ 96 (SPECIFY)	FACILITY TYPE <input type="text"/> <input type="text"/>
007	MANAGING AUTHORITY GOVERNMENT 01 NGO 02 PRIVATE (FOR-PROFIT) 03 MISSION 04 OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>

2. Information about Interview

008	Date: _____	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
009	Name of the interviewer _____	INTERVIEWER CODE <input type="text"/> <input type="text"/>												
010	INTERVIEWER VISITS: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">Visit 1</td> <td style="width:33%; text-align: center;">Visit 2</td> <td style="width:33%; text-align: center;">Visit 3</td> </tr> <tr> <td>DATE</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TEAM LEADER</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> RESULT CODES: 1 COMPLETED 2 RESPONDENT NOT AVAILABLE 3 REFUSED 4 PARTIALLY COMPLETED 6 OTHER		Visit 1	Visit 2	Visit 3	DATE	_____	_____	_____	TEAM LEADER	_____	_____	_____	RESULT CODE <input type="text"/>
	Visit 1	Visit 2	Visit 3											
DATE	_____	_____	_____											
TEAM LEADER	_____	_____	_____											
011	CHECKED BY MONITOR/SUPERVISOR:	<input type="text"/>												
	SIGNATURE _____ DATE _____													

GPS READING

- 1 Turn GPS machine on and wait until satellite page changes to "position"
- 2 Write Altitude
- 3 Press "MARK"
- 4 Highlight "AVERAGE" and press "ENTER"
- 5 Highlight "WAYPOINT NUMBER" and press "ENTER"
- 6 Enter facility code (six digits)
- 7 Wait 5 minutes
- 8 Highlight "SAVE" and press "ENTER"
- 9 Page to main menu, highlight "WAYPOINT LIST" and press "ENTER"
10. Highlight your waypoint
11. Copy information from waypoint list page- this is the average of all the satellite readings
12. Be sure to copy the waypoint name from the waypoint list page to verify that you are entering the correct waypoint information on the data form

12 WAYPOINT NAME	NAME <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/>
13 ALTITUDE	ALTITUDE <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/>
14 LATITUDE	N/S a <input style="width: 20px; height: 15px;" type="text"/>
	DEGREES/DECIN b <input style="width: 20px; height: 15px;" type="text"/> c <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/>
15 LONGITUDE	E/W a <input style="width: 20px; height: 15px;" type="text"/>
	DEGREES/DECIN b <input style="width: 20px; height: 15px;" type="text"/> c <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/>

**FACILITY CHECKLIST FOR QUESTIONNAIRES:
OUTPATIENT SERVICES**

Facility code:

--	--	--	--	--

PROV DIST FAC

- 1) USE PENCIL TO FILL FORM FOR ORGANIZING WORK.
AT THE END OF THE DAY, COMPLETE THE FORM IN PEN.
- 2) DISCUSS WITH DIRECTOR AND PERSON MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES.
- 3) IF THE SERVICE IS NOT AVAILABLE SKIP TO THE NEXT SERVICE. IN THE ELIGIBLE QUESTIONNAIRE COLUMN, PUT A CHECK MARK IN THE BOX TO INDICATE THAT A QUESTIONNAIRE HAS BEEN COMPLETED FOR THAT SERVICE.
- 4) AT END OF DATA COLLECTION, VERIFY THAT ALL SITES HAVE BEEN VISITED AND THAT ALL QREs COMPLETED ARE RECORDED ON THIS FORM.

	TYPE OF OUTPATIENT CLINIC/UNIT (OPD)		UNIT AVAILABLE IN THIS FACILITY?	ELIGIBLE QUESTIONNAIRES (QRE)					OPD QUESTIONS COMPLETE FOR	
				SERVICE PROVIDED					STERILIZATION 1=YES 0=NO	WASTE 0=NO
				1=YES 0=NO	Mod B OPD	Mod G TB	Mod H (V)CT	Mod I ART		
01	GENERAL OUTPATIENT	CLINIC/UNIT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CLINIC/UNIT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	PEDIATRIC OUTPATIENT	CLINIC/UNIT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		CLINIC/UNIT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
03	ANTENATAL CARE (ANC)		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
04	FAMILY PLANNING (FP)		<input type="checkbox"/>	<input type="checkbox"/>						
05	DELIVERY		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
06	TUBERCULOSIS (TB)		<input type="checkbox"/>	<input type="checkbox"/>						
07	VCT OR CT ONLY		<input type="checkbox"/>			<input type="checkbox"/>				
08	PMTCT ONLY		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
09	HIV/AIDS ONLY	CLINIC/UNIT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		CLINIC/UNIT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	CLINIC/UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS	CLINIC/UNIT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		CLINIC/UNIT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	SEXUALLY TRANSMITTED INFECTIONS (STI) ONLY		<input type="checkbox"/>	<input type="checkbox"/>						
12	GYNECOLOGY		<input type="checkbox"/>	<input type="checkbox"/>						
13	UROLOGY		<input type="checkbox"/>	<input type="checkbox"/>						
14	DERMATOLOGY		<input type="checkbox"/>	<input type="checkbox"/>						
15	EMERGENCY (ER)	CLINIC/UNIT 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		CLINIC/UNIT 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	OTHER _____ (SPECIFY TYPE)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	OTHER _____ (SPECIFY TYPE)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	HMIS (OPD or OPD&IPD)		<input type="checkbox"/>							
19	LAB (OPD or OPD & IPD)		<input type="checkbox"/>							
20	PHARMACY (OPD or OPD & IPD)		<input type="checkbox"/>							
40	TOTAL OUTPATIENT QRE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

INPATIENT (IPD) SERVICES **SEPARATE** FROM OUTPATIENT (OPD) SERVICES

Facility code:
 PROV DIST FAC

	TYPE OF INPATIENT UNIT (IPD)	UNIT AVAILABLE IN THIS FACILITY? 1=YES 0=NO	ELIGIBLE QUESTIONNAIRE (QRE) SERVICE PROVIDED					IPD QUESTIONS COMPLETE FOR	
			Mod C	Mod G	Mod H	Mod	Mod J	STERILI- ZATION 1=YES 0=NO	WASTE 0=NO
			IPD	TB	(V)CT	ART	PMTCT		
21	GENERAL MEDICAL INPATIENT (Male and Female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	MALE MEDICAL INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	FEMALE MEDICAL INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	PEDIATRIC INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	HIV/AIDS INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	DELIVERY INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	TB INPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	SURGERY INPATIENT (Male and Female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	MALE SURGICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	FEMALE SURGICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	OTHER IPD _____ (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	INPATIENT ONLY HMIS	<input type="checkbox"/>							
34	INPATIENT ONLY LAB	<input type="checkbox"/>							
35	INPATIENT ONLY PHARMACY	<input type="checkbox"/>							
			IPD	TB	(V)CT	ART	PMTCT		
41	TOTAL INPATIENT QRE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION A.. OVERVIEW OF HIV/AIDS SERVICES

Code of facility: QRE TYPE

PROV DISTRICT FACILITY

Interviewer: Code

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

CRITERIA FOR ELIGIBILITY: FACILITY EITHER PROVIDES CARE AND/OR SUPPORT SERVICES FOR CLIENTS WHO ARE SUSPECTED OR CONFIRMED HIV/AIDS CASES **OR** PROVIDES OR PRESCRIBES HIV/AIDS TESTS FOR A CLIENT **OR** PROVIDES COUNSELING RELATED TO HIV/AIDS. IF FACILITY REFERS A CLIENT ELSEWHERE IF HIV/AIDS IS SUSPECTED, AND DOES NOT PROVIDE ANY PRESCRIPTION OR COUNSELING RELATED TO TESTING AND DOES NOT PROVIDE ANY FOLLOW-UP FOR HIV/AIDS CLIENTS, THEN THE FACILITY IS DEFINED AS PROVIDING NO HIV/AIDS CARE OR SUPPORT SERVICES.

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

Hello. My name is _____. We are here on behalf of the NCPD and the MOH to assist the government in knowing more about the availability of HIV/AIDS-related services. Your facility was randomly selected to participate in this study.

We will be asking you several questions about the types of HIV/AIDS-related care and support services provided by this facility. We will ask to see HIV/AIDS-related patient registers, however no patient names from the registers will be reviewed, recorded, or shared. You may decline to answer any question or choose to stop the interview at any time.

Please be assured that the information you give us will be completely confidential and will not be traced to you and will not be identified with the name of the facility.

Do you have any questions for me at this time? May I continue?

Interviewer's signature Date
(Indicates respondent's willingness to participate)

100	INDICATE IF INFORMED CONSENT HAS BEEN OBTAINED FROM THE RESPONDENT FOR THE FOLLOWING HIV/AIDS QUESTIONS.	INFORMED CONSENT OBTAINED 1 NO INFORMED CONSENT 2	→ STOP
101	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
102	<p>I would like to start by asking about the overall facility organization and availability of services. For each of the services that I mention, please indicate if the facility provides the service through a specific clinic or service unit. FOR EACH SERVICE MENTIONED, MAKE CERTAIN THE SERVICE IS OFFERED AS A SERVICE SEPARATE FROM THE GENERAL OUTPATIENT CURATIVE CARE SERVICES. IF YES, ASK: Are clients who are suspected or confirmed to have HIV/AIDS ever seen initially, or provided with any services related to HIV/AIDS in this clinic or unit? IF CLIENTS SUSPECTED OF HAVING HIV/AIDS ARE REFERRED ELSEWHERE, AND THE CLINIC/UNIT DOES NOT PROVIDE ANY SERVICES RELATED TO HIV/AIDS, THEN THE CORRECT RESPONSE IS "YES UNIT, NO HIV/AIDS CLIENTS".</p>				
	SPECIFIC CLINIC OR SERVICE UNIT FOR:	YES UNIT YES HIV/AIDS CLIENTS	YES UNIT NO HIV/AIDS CLIENTS	NO UNIT IN FACILITY	
	OUTPATIENT CLINIC/UNIT				
01	GENERAL OUTPATIENT CLINIC/UNIT	1	2	3	
02	PEDIATRIC OUTPATIENT CLINIC/UNIT	1	2	3	
03	ANTENATAL CARE CLINIC/UNIT	1	2	3	
04	FAMILY PLANNING CLINIC/UNIT	1	2	3	
05	MATERNITY (OUTPATIENT) CLINIC/UNIT	1	2	3	
06	TUBERCULOSIS (TB) CLINIC/UNIT	1	2	3	
07	VCT OR CT CLINIC/UNIT	1		3	
08	PMTCT CLINIC/UNIT	1		3	
09	SPECIFIC HIV ONLY CLINIC/UNIT	1	2	3	
10	OUTPATIENT CLINIC/UNIT COMBINING SPECIAL DIAGNOSES (INCLUDING HIV/AIDS)	1	2	3	
11	SEXUALLY TRANSMITTED INFECTIONS CLINIC/UNIT	1	2	3	
12	GYNECOLOGY CLINIC/UNIT	1	2	3	
13	UROLOGY CLINIC/UNIT	1	2	3	
14	DERMATOLOGY CLINIC/UNIT	1	2	3	
15	EMERGENCY CLINIC/UNIT	1	2	3	
16	OTHER OUTPATIENT _____	1	2	3	
	INPATIENT UNITS				
21	GENERAL INPATIENT (Male and female) UNIT	1	2	3	
22	MALE INPATIENT UNIT	1	2	3	
23	FEMALE INPATIENT UNIT	1	2	3	
24	PEDIATRIC INPATIENT UNIT	1	2	3	
25	HIV/AIDS ONLY INPATIENT UNIT	1	2	3	
26	MATERNITY (INPATIENT) UNIT	1	2	3	
27	TUBERCULOSIS (TB) INPATIENT UNIT	1	2	3	
28	INPATIENT CLINIC/UNIT COMBINING SPECIAL DIAGNOSES (INCLUDING HIV/AIDS)	1		3	
29	SURGERY INPATIENT UNIT (Male and female)	1	2	3	
30	MALE SURGICAL	1	2	3	
31	FEMALE SURGICAL	1	2	3	
32	OTHER INPATIENT _____ (SPECIFY)	1	2	3	
	OTHER SERVICES				
41	GENERAL SOCIAL SERVICE DEPARTMENT	1	2	3	
42	SOCIAL SERVICE UNIT SPECIFIC FOR HIV/AIDS	1		3	
43	OTHER _____ (SPECIFY)	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
103	Is there a pharmacy or other place where medications for outpatients are stored?	YES 1 NO 2	
104	Is there a pharmacy or other place where medications for inpatients are stored, that is different from where outpatient medicines are stored?	YES 1 NO 2 NO INPATIENT SERVICES 3	
105	Do providers in this facility ever order or refer clients for HIV/AIDS testing? IF YES, INDICATE WHERE THE TEST IS DONE. IF THE FACILITY CONDUCTS THE TEST OR THERE IS AN AFFILIATED LABORATORY, THE LAB QRE MUST BE COMPLETED.	YES, FACILITY CONDUCTS TEST 1 YES, FACILITY HAS AFFILIATED EXTERNAL LABORATORY 2 YES, CLIENTS REFERRED EXTERNALLY TO OTHER SITE (NON-AFFILIATED) 3 NO 4	→ 107 → LAB QRE → 107 → 114
106	Where are HIV/AIDS tests conducted in this facility? INDICATE ALL SITES FOR THIS FACILITY	(V)CT CLINIC A PMTCT CLINIC B LABORATORY (ONLY ONE IN FACILITY) C LABORATORY-OUTPATIENT ONLY D LABORATORY-INPATIENT ONLY E RAPID TEST ONSITE IN CLINIC/UNIT OTHER THAN VCT OR PMTCT F OTHER X (SPECIFY)	→ LAB QRE → LAB QRE → LAB QRE
107	Is there an official guideline/protocol on HIV testing procedures in this facility? (THIS IS INCLUDED IN THE NATIONAL GUIDELINE FOR VCT) IF YES: May I see the written guideline/protocol?	YES, NATIONAL GUIDELINE FOR VCT OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4	→ 110 → 110
108	Is there a written policy or protocol for routine pre and post test counseling for HIV testing? IF YES, ASK TO SEE THE DOCUMENT	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4	→ 110
109	Is there an official institutional guideline/protocol on confidentiality and disclosure of HIV test results or client HIV status? IF YES: May I see the written guideline/protocol?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 111
110	Is there any written policy that specifies that no one, including family , can be informed of the HIV/AIDS status without the client's consent?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
111	Are new staff, who work with HIV/AIDS clients in any capacity, routinely trained or instructed on the protocols for confidentiality and disclosure of HIV test results or client status?	YES 1 NO 2 DON'T KNOW 8	
112	Do you have any staff who have been trained in both pre and post test counseling for HIV/AIDS?	YES, TRAINED COUNSELOR IN FACILITY 1 NO TRAINED COUNSELOR IN FACILITY 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES		GO TO						
113	For each of the counseling services I will ask about, please indicate if the facility-wide practice during normal working hours is to provide the counseling routinely, that is, to every HIV test client, or not routinely, that is only to some, or none of the HIV test clients. IF COUNSELING IS PROVIDED ROUTINELY, ASK, Is the counseling during normal working hours always provided by a trained counselor?	<table border="0"> <tr> <td colspan="2">COUNSELING ROUTINELY PROVIDED</td> <td>COUNSELING NOT ROUTINELY PROVIDED</td> </tr> <tr> <td>ALWAYS BY TRAINED COUNSELOR</td> <td>NOT ALWAYS TRAINED COUNSELOR</td> <td></td> </tr> </table>		COUNSELING ROUTINELY PROVIDED		COUNSELING NOT ROUTINELY PROVIDED	ALWAYS BY TRAINED COUNSELOR	NOT ALWAYS TRAINED COUNSELOR		
COUNSELING ROUTINELY PROVIDED		COUNSELING NOT ROUTINELY PROVIDED								
ALWAYS BY TRAINED COUNSELOR	NOT ALWAYS TRAINED COUNSELOR									
01	PRETEST COUNSELING	1	2	3						
02	POST-TEST FOR POSITIVE RESULTS	1	2	3						
03	POST-TEST FOR NEGATIVE RESULTS	1	2	3						
04	FOLLOW-UP COUNSELING FOR HIV POSITIVE CLIENTS	1	2	3						
<p>AT THIS TIME, REVIEW WHERE VARIOUS HIV/AIDS SERVICES ARE OFFERED, AND DEVELOP THE DATA COLLECTION STRATEGY, WITH THE HIV/AIDS SERVICE RESPONDENT OR OTHER MOST APPROPRIATE FACILITY RESPONDENT. THE TEAM LEADER SHOULD THEN COMPLETE THE REMAINING QUESTIONS ON PEP AND THEN CONTINUE WITH THE AGREED UPON PLAN FOR DATA COLLECTION.</p>										
114	Do staff in this facility have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY 1 YES, REFERRED TO OTHER FACILITY FOR PEP 2 NO PEP AVAILABLE 3		→ 116 → 122						
115	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP 1 RECORD SHOWS REFERRAL ONLY 2 NO RECORD OR REFERRAL 3		→ 121 → 121 → 121						
116	ASK TO GO TO WHERE PEP MEDICINES ARE STORED AND RECORD WHICH MEDICINES ARE PRESENT.	COMBIVIR (ZDV/3TC) A STAVUDINE/LAMIVUDINE B STAVUDINE/LAMIVUDINE +INDINAVIR C OTHER W OTHER X NONE Y								
117	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	YES, LOCKED, SEPARATE FROM OTHER MEDICINES 1 NO, NOT LOCKED, SEPARATE FROM OTHER MEDICINES 2 STORED WITH OTHER MEDICINES 3 OTHER 6 (SPECIFY)								
118	Is the PEP regime prescribed by a provider in this clinic/unit, that is, where the medicines are stored?	YES 1 NO 2		→ 122						
119	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES/ PROTOCOLS.	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4								
120	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3								

NO.	QUESTIONS	CODING CATEGORIES	GO TO
121	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4	
122	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

SECTION B: HIV/AIDS OUTPATIENT CARE

Code of facility: QRE TYPE

PROV DISTRICT FACILITY

Interviewer: Code

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

CRITERIA FOR ELIGIBILITY: CLINIC/UNIT EITHER PROVIDES CARE AND/OR SUPPORT SERVICES FOR CLIENTS WHO ARE SUSPECTED OR CONFIRMED HIV/AIDS CASES **OR** PROVIDES OR PRESCRIBES HIV/AIDS TESTS FOR A CLIENT **OR** PROVIDES COUNSELING RELATED TO HIV/AIDS.
 IF CLINIC/UNIT REFERS A CLIENT ELSEWHERE IF HIV/AIDS IS SUSPECTED, AND DOES NOT PROVIDE ANY PRESCRIPTION OR COUNSELING RELATED TO TESTING AND DOES NOT PROVIDE ANY FOLLOW-UP FOR HIV/AIDS CLIENTS THEN, THE CLINIC/UNIT IS DEFINED AS PROVIDING NO HIV/AIDS CARE OR SUPPORT SERVICES.

200	INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENTS	GENERAL OUTPATIENT 01 PEDIATRIC OUTPATIENT 02 FAMILY PLANNING 04 HIV ONLY 09 CLINIC/UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS 10 STI ONLY 11 GYNECOLOGY 12 UROLOGY 13 DERMATOLOGY 14 EMERGENCY 15 OTHER OPD _____ 96 (SPECIFY)	
200a	MANAGING AUTHORITY GOVERNMENT 01 NGO 02 PRIVATE (FOR-PROFIT) 03 MISSION 04 OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>	

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE CLINIC/UNIT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q201 BELOW AND GO ON TO Q202.

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

Hello. My name is _____. We are here on behalf of the NCPD and the MOH to assist the government in knowing more about the availability of HIV/AIDS-related services. Your facility was randomly selected to participate in this study.

We will be asking you several questions about the types of HIV/AIDS-related care and support services provided by this facility. We will ask to see HIV/AIDS-related patient registers, however no patient names from the registers will be reviewed, recorded, or shared. You may decline to answer any question or choose to stop the interview at any time.

Please be assured that the information you give us will be completely confidential and will not be traced to you and will not be identified with the name of the facility.

Do you have any questions for me at this time?

201	Do I have your agreement to participate? Thank you. Let's begin now.	YES	1	→ STOP
		NO	2	

202	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NO.	QUESTIONS	CODING CATEGORIES	GO TO
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203	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technologists/technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.</p>		
	<p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW</p>	<p>STAFF LIST COMPLETED</p> <p>YES</p> <p>NO</p>	<p>1</p> <p>2</p>

First, I want to understand any policies or practices for prescribing or referring clients in this clinic/unit for HIV test counseling or HIV testing.

204	Do providers in this clinic/unit provide counseling for HIV tests?	YES	1	
		NO	2	
205	Do providers in this clinic/unit ever prescribe HIV tests or refer clients to other clinic/units (either in this facility or outside) for HIV tests?	YES	1	→ 212
		NO	2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
206	<p>When an HIV test is prescribed or a client referred for an HIV test, what is the procedure for the client to receive the test?</p> <p>AFTER RESPONSE IS PROVIDED PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL RESPONSES THAT APPLY.</p>	<p>CLINIC/UNIT IN THIS FACILITY</p> <p>RAPID TEST ONSITE IN CLINIC/UNIT . . . A</p> <p>CLIENT SENT TO (V)CT CLINIC/UNIT . . . B</p> <p>CLIENT SENT TO PMTCT CLINIC/UNIT . . . C</p> <p>BLOOD DRAWN IN THIS CLINIC/UNIT AND SENT TO LAB D</p> <p>CLIENT SENT TO LAB E</p> <p>CLIENT REFERRED OUTSIDE FACILITY</p> <p>VCT STAND-ALONE SITE F</p> <p>(V)CT CLINIC/UNIT IN OTHER FACILITY G</p> <p>PMTCT STAND-ALONE SITE H</p> <p>PMTCT CLINIC/UNIT IN OTHER FACILITY I</p> <p>OUTSIDE, AFFILIATED LABORATORY J</p> <p>DISTRICT OR REGIONAL HOSPITAL K</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>→ (V)CT QRE</p> <p>→ (V)CT QRE</p> <p>→ (V)CT QRE</p> <p>→ (V)CT QRE</p>
207	CHECK Q206 TO DETERMINE IF CLIENT IS REFERRED OUTSIDE THE FACILITY FOR THE HIV TEST	<p>YES REFERRED OUTSIDE FACILITY 1</p> <p>NO, TEST PROVIDED INSIDE FACILITY 2</p>	→ 212
208	Does this clinic/unit have an understanding with the referral site for HIV tests that they will test referred clients and that results will either be provided to the clinic/unit or to the client to bring back to this clinic/unit for follow-up?	<p>YES 1</p> <p>NO 2</p>	→ (V)CT QRE
209	Is there a record of clients who are referred for HIV tests? IF YES, ASK TO SEE WHERE THE INFORMATION IS RECORDED.	<p>YES, OBSERVED 1</p> <p>YES, REPORTED, NOT SEEN 2</p> <p>NO 3</p>	
210	When you refer the client to another facility for an HIV test, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	<p>YES, OBSERVED 1</p> <p>YES, REPORTED, NOT SEEN 2</p> <p>NO 3</p>	<p>→ 212</p> <p>→ 212</p>
211	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	<p>PATIENT SENT WITH MEDICAL CHART/RECORD 1</p> <p>CALL TO GIVE CLIENT INFORMATION 2</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>NO METHOD USED 7</p>	
212	<p>If a person comes voluntarily to ask for an HIV test, is there a practice in this clinic/unit to help them to receive the test?</p> <p>IF YES, ASK: What is the most common practice?</p> <p>PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE</p>	<p>YES, PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS CLINIC/UNIT 1</p> <p>YES, MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME 2</p> <p>YES, REFER WITHOUT APPOINTMENT FOR TEST WITHIN FACILITY 3</p> <p>YES, REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT 4</p> <p>NO 5</p>	
213	Does this clinic/unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)	<p>YES 1</p> <p>NO 2</p>	→ PMTCT QRE
214	CHECK 206, 208, AND 213 TO SEE IF THIS CLINIC/UNIT IS ELIGIBLE FOR A (V)CT OR A PMTCT QUESTIONNAIRE.	<p>YES ELIGIBLE FOR (V)CT OR PMTCT 1</p> <p>NO NOT ELIGIBLE 2</p>	→ 218

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
215	Is an individual client chart/record maintained for all suspected or confirmed HIV/AIDS clients? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED	1	YES, REPORTED, NOT SEEN	2		
		YES, PROVIDED OR KEPT ELSEWHERE IN FACILITY	3	ENTER CLINIC/UNIT NUMBER			
		ONLY IF CLIENT PROVIDES	4	OTHER	6		
		SPECIFY					
		NO INDIVIDUAL RECORD	7				
216	Is there a guideline or protocol on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this clinic/unit? IF YES: May I see the written guideline/protocol?	YES, OBSERVED, COMPLETE	1	YES, OBSERVED, INCOMPLETE	2		
		YES, REPORTED, NOT SEEN	3	NO	4	→ 218	
217	Does the policy specify that no one, including family , can be informed of the HIV/AIDS status without the client's consent?	YES	1	NO	2		
218	Now I would like to talk with the person most familiar with clinical care services that are available in this clinic/unit. HAS AN INFORMED CONSENT BEEN RECEIVED FROM THE RESPONDENT FOR THE FOLLOWING CLINICAL SERVICE QUESTIONS?	YES	1	NO	2		
219	For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.	SERVICE OFFERED IN THIS FACILITY			NO SERVICE OFFERED		
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC/UNIT THIS FACILITY	REFER CLIENTS OUTSIDE FACILITY			
01		Prescribe treatment for tuberculosis (TB) or provide follow-up treatment	1 → TB QRE	2		3	4
02		Diagnose tuberculosis (TB)	1 → TB QRE	2		3	4
03		Prescribe treatment for sexually transmitted infections (STIs)	1	2		3	4
04		Routinely prescribe or refer suspect STI clients for HIV testing	1	2		3	4
05	Prescribe treatment for malaria	1	2	3	4		
220	Do you have guidelines or protocols on any of the following topics in this clinic/unit? IF YES: May I see the guideline/protocol please?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE		
01	National guidelines for Universal Precautions	1 → 03	2	3	4		
02	Other guidelines for infection control	1	2	3	4		
03	National guidelines on management of STIs	1 → 05	2	3	4		
04	Other guidelines or protocols for management of STIs	1	2	3	4		
05	WHO guidelines on syndromic management of STIs	1	2	3	4		
06	Guidelines or protocols for routinely offering HIV tests to all STI clients	1	2	3	4		
07	National guidelines for the management of malaria	1 → 221	2	3	4		
08	Other guidelines for the management of malaria	1	2	3	4		
221	Other than PMTCT services, or referring for or providing HIV tests, does this clinic/unit ever provide any clinical care or support services for clients diagnosed or suspected as having HIV/AIDS? CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE, OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR HELP IN PEOPLE LIVING WITH HIV/AIDS OR FOR SOCIAL SERVICES FOR PLHA.	YES	1	NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY	2	→ 229	
		ENTER CLINIC/UNIT NUMBER		NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY	3	→ 231	
		OTHER	6	SPECIFY		→ 229	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
222	Now I would like to talk with the person most familiar with clinical care services for HIV/AIDS that are offered by this clinic/unit. HAS AN INFORMED CONSENT BEEN RECEIVED FROM THE RESPONDENT FOR THE FOLLOWING HIV/AIDS QUESTIONS?	YES 1 NO 2				
223	For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC	INPATIENT SERVICE ONLY		
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections	1	2	3	4	5
02	Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care	1	2	3	4	5
03	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5
04	Fortified protein supplementation,	1	2	3	4	5
05	Prescribe or provide follow-up for ARV therapy in the facility or community based?	1 → ART QRE	2	3	4	5
06	Care for pediatric HIV/AIDS patients	1	2	3	4	5
07	Other HIV/AIDS services (SPECIFY)	1	2	3	4	5
224	Next I want to ask about specific services that are offered to HIV/AIDS clients who are seen in this clinic/unit. FOR EACH OF THE BELOW SERVICES ASK: Is this service offered routinely? By routinely, I mean the service is offered to every client who is identified as possible HIV infected. IF OFFERED ROUTINELY CLARIFY IF THE SERVICE IS OFFERED IN THIS CLINIC/UNIT, IN ANOTHER CLINIC/UNIT THIS FACILITY, OR THROUGH REFERRAL TO A SITE OUTSIDE THE FACILITY. IF NOT OFFERED ROUTINELY ASK: Is the service ever offered?	SERVICE OFFERED				SERVICE NEVER OFFERED
		PROVIDE SERVICE THIS CLINIC	ROUTINELY		SERVICE SOMETIMES OFFERED (MAY BE IN THIS CLINIC OR REFER)	
			REFERRED TO OTHER CLINIC THIS FACILITY	REFERRED TO OUTSIDE FACILITY		
01	Test or screen for tuberculosis	1	2	3	4	5
02	Preventive treatment for TB (INH)	1	2	3	4	5
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT).	1	2	3	4	5
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5
05	Family planning services for HIV/AIDS clients	1	2	3	4	5
06	Condom distribution for preventing further transmission of HIV/AIDS.	1	2	3	4	5
225	Do you have any guidelines or protocols for HIV/AIDS services or care for HIV/AIDS clients available in this clinic/unit?	YES 1 NO 2				→ 227

NO.	QUESTIONS	CODING CATEGORIES				GO TO
		OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	
226	For each specific topic I mention, if guidelines or protocols are available, could you please show them to me?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	
01	National guidelines for the clinical management of HIV/AIDS infection in adults	1 → 04	2	3	4	
02	Other guidelines for the clinical management of HIV/AIDS infection in adults	1	2	3	4	
03	Guidelines for management of opportunistic infections	1	2	3	4	
04	Guidelines for micronutritional preventive support	1	2	3	4	
05	Guidelines for Advanced nutritional support for HIV/AIDS patients	1	2	3	4	
06	Guidelines on provision of symptomatic or palliative care	1	2	3	4	
07	National guidelines for the clinical management of HIV/AIDS infection in children	1 → 09	2	3	4	
08	Other guidelines for the clinical management of HIV/AIDS infection in children	1	2	3	4	
09	Guidelines on preventive therapy other than TB	1	2	3	4	
10	Guidelines on preventive therapy for tuberculosis	1	2	3	4	
11	National guidelines on community home-based care for HIV/AIDS clients	1 → 13	2	3	4	
12	Other guidelines on community home-based care for HIV/AIDS clients	1	2	3	4	
13	Standard operating procedures or guidelines for the care process for people with HIV/AIDS	1	2	3	4	
14	Other protocols or guidelines relevant to HIV/AIDS or related services _____ (SPECIFY)	1	2	3	4	
227	Now I want to ask about social support and educational services that may be offered to HIV/AIDS clients. Do providers in this clinic/unit ever offer suspected or confirmed HIV/AIDS clients any of the following services, or refer clients for the services? IF YES, ASK TO SEE ANY LIST OF REFERRAL SITES.	YES, SERVICE IS AVAILABLE THIS FACILITY	YES, CLIENT REFERRED OUTSIDE AND LIST WITH REFERRAL SITE			SERVICE NEVER OFFERED
			OBSERVED	NOT SEEN, AND PROVIDER		
				CAN NAME SITE	CANNOT NAME SITE	
01	Home-based care services for people living with HIV/AIDS and their families	1	2	3	4	5
02	PLHA support group	1	2	3	4	5
03	Emotional/spiritual support	1	2	3	4	5
04	Support for orphans or other vulnerable children	1	2	3	4	5
05	Social support, such as food, material, income generating projects and fee exemption for PLHA and their families	1	2	3	4	5
06	Legal services	1	2	3	4	5
07	Education on HIV care for patients and their families	1	2	3	4	5
08	Traditional sources	1	2	3	4	5
09	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5
228	Is there a register or record where it is noted when a client is referred outside this clinic/unit for a service? IF YES, ASK TO SEE THE REGISTER/RECORD.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
229	When you refer the client to another clinic/unit within the facility , for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 231 → 231
230	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL CHART/RECORD 1 CALL TO GIVE CLIENT INFORMATION .. 2 OTHER 6 (SPECIFY) NO METHOD USED 7	
231	When you refer the client to another facility for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 233 → 233
232	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL CHART/RECORD 1 CALL TO GIVE CLIENT INFORMATION .. 2 OTHER 6 (SPECIFY) NO METHOD USED 7	→ 234 → 234 → 234 → 234
233	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
234	Do you have a system for making individual client appointments for HIV/AIDS clients? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
235	CHECK Q223 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE FACILITY PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES 1 NO 2	→ 244
236	Now I would like to ask you a few questions about records and reports on clients who are seen in this clinic/unit with suspected or confirmed HIV/AIDS related illnesses. When a client receives services or care in this clinic/unit for an illness that might be related to HIV/AIDS infection, where is information for that visit recorded? CIRCLE ALL THAT APPLY	CLINIC REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS A SPECIFIC REGISTER FOR HIV/AIDS CLIENTS B INDIVIDUAL CLIENT CHART/RECORD C REGISTER IN COMPUTER D NO RECORD MAINTAINED E OTHER X (SPECIFY)	→ 244
237	ASK TO SEE THE RECORD INDICATED IN PREVIOUS QUESTION. WHAT IS THE DATE OF THE MOST RECENT ENTRY FOR ANY HIV/AIDS OR NON-HIV/AIDS CLIENT.	WITHIN PAST 30 DAYS 1 MORE THAN 30 DAYS AGO 2 REGISTER NOT SEEN 3	→ 241
<p>START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT VISITS, WHICHEVER IS THE LEAST NUMBER OF CLIENTS. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT VISIT FELL. IF INFORMATION ON THE DIAGNOSES/SYMPTOMS LISTED BELOW IS PROVIDED IN SUMMARY REPORTS, YOU MAY USE THOSE, OTHERWISE YOU MUST REVIEW THE CLINIC/UNIT REGISTERS. IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. RECORD THE NUMBER OF CLIENTS WHERE THE DIAGNOSIS OR SYMPTOM WRITTEN REFLECTS THE DIAGNOSIS/SYMPTOM BELOW. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE MAIN OR PRESENTING SYMPTOM OR DIAGNOSIS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.</p>			

NO.	QUESTIONS	CODING CATEGORIES	GO TO																											
238	1 CRYPTOCOCCAL MENINGITIS 2 TOXOPLASMOSIS 3 KAPOSI'S SARCOMA 4 AIDS-RELATED COMPLEX (ARC) 5 HERPES ZOSTER 6 PCP (PNEUMOCYSTIS CARINII PNEUMONIA) 7 HIV/AIDS (ISS) 8 CHRONIC DIARRHEA 9 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE (SPECIFY) _____	NUMBER OF VISITS <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																												
239	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION	NUMBER OF FULL MONTHS OF DATA <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																												
240	RECORD THE TOTAL NUMBER OF VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																												
241	Are reports regularly compiled on the number of visits by clients who seek treatment from this clinic/unit for HIV/AIDS related illnesses?	YES, FOR ALL VISITS 1 YES, FOR CONFIRMED HIV/AIDS ONLY ... 2 NO 3	→ 244																											
242	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN 1 EVERY 2-3 MONTHS 2 EVERY 4-6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTHS 4 NEVER 5	→ 244																											
243	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER A FACILITY DIRECTOR B DISTRICT MEDICAL OFFICE OF HEALTH ... C PROVINCIAL RECORDS OFFICE D NATIONAL AIDS OFFICE (NASCO) E OTHER _____ X (SPECIFY)																												
244	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY 1 YES, REFERRED TO OTHER FACILITY FOR PEP 2 NO PEP AVAILABLE 3	→ 246 → 251																											
245	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP 1 RECORD SHOWS REFERRAL ONLY 2 NO RECORD OF REFERRAL 3	→ 250 → 250 → 250																											
246	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES 1 NO 2	→ 251																											
247	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES 1 NO 2	→ 251																											
248	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4																												

NO.	QUESTIONS	CODING CATEGORIES			GO TO
249	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED	1		
		YES, REPORTED, NOT SEEN	2		
		NO	3		
250	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED	1		
		YES, REPORTED, NOT SEEN	2		
		NO	3		
251	Does this clinic/unit ever keep patients overnight for observation or treatment? IF THE RESPONSE IS NO, INDICATE IF CLIENTS NEEDING OVERNIGHT CARE ARE ADMITTED TO THE FACILITY INPATIENT UNITS.	YES	1		
		NO, PATIENTS NEEDING OBSERVATION OR TREATMENT ARE ADMITTED TO THE FACILITY INPATIENT UNITS ..	2		
		NO OVERNIGHT CARE	3		
252	Is there a waiting area for clients where they are protected from sun and rain?	YES	1		
		NO	2		
253	Is there a client toilet or latrine that patients from this clinic/unit can use? IF YES, ASK TO SEE THE TOILET/LATRINE AND INDICATE THE CONDITION	YES, FUNCTIONING,CLEAN,	1		
		YES, FUNCTIONING, NOT CLEAN	2		
		YES, NOT FUNCTIONING	3		
		NO CLIENT TOILET/LATRINE	4		
ASK TO SEE THE AREA(S) IN THIS CLINIC/UNIT WHERE MOST CLIENTS WITH HIV/AIDS RELATED ILLNESSES OR THOSE RECEIVING HIV/AIDS RELATED SERVICES ARE EXAMINED. OBSERVE THE CONDITIONS UNDER WHICH CLIENT EXAMINATION TAKES PLACE. IF THERE ARE SEVERAL ROOMS FOR THE SAME PURPOSE, RANDOMLY PICK ONE TO ASSESS.					
254	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE NON-LATEX GLOVES	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
16	DISPOSABLE SYRINGES	1	2	3	
17	EXAMINATION TABLE	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
255	Where is used equipment from this clinic/unit sterilized or disinfected before being reused again?	THIS CLINIC/UNIT 1 OTHER CLINIC/UNIT THIS FACILITY 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY 3 SENT TO OTHER FACILITY 4 OTHER 6 (SPECIFY) NO ITEMS EVER PROCESSED 7	 → 257 → 264
256	HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION.	YES 1 NO 2	→ 264
ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION			
257	What procedure is used for decontaminating and cleaning equipment before its final processing for reuse?	SOAKED IN DISINFECTANT SOLUTION THEN BRUSH SCRUBBED WITH SOAP AND WATER 1 BRUSH SCRUBBED WITH SOAP AND WATER THEN SOAKED IN DISINFECTANT 2 BRUSH SCRUBBED WITH SOAP AND WATER ONLY 3 SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED 4 OTHER 6 (SPECIFY) NONE 7 DON'T KNOW 8	
258	After cleaning, what is the final processing method most commonly used for disinfecting syringes and needles ? CIRCLE ALL THAT APPLY	DRY HEAT STERILIZATION A AUTOCLAVE B STEAM C BOILING D CHEMICAL METHOD E USE DISPOSABLES ONLY F OTHER X (SPECIFY) NONE Y	
259	After cleaning, what are the final processes most commonly used for sterilizing or disinfecting medical equipment, such as surgical instruments, before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE ALL OF THE METHODS.	DRY-HEAT STERILIZATION A AUTOCLAVING B STEAM C BOILING D CHEMICAL METHOD E PROCESS OUTSIDE FACILITY F OTHER X (SPECIFY) NONE Y	 → 261 → 264

NO.	QUESTIONS	CODING CATEGORIES				GO TO			
ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)									
260	ITEM	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?			
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW	
01	AUTOCLAVE pressure; wet heat (electric)	1 → 01b	2 → 01b	3 02 ↙	8 02 ↙	1	2	8	
02	AUTOCLAVE pressure; wet heat (non-electric)	1 → 02b	2 → 02b	3 03 ↙	8 03 ↙	1	2	8	
03	DRY HEAT STERILIZER	1 → 03b	2 → 03b	3 04 ↙	8 04 ↙	1	2	8	
04	POT W/COVER (FOR STEAM OR BOILING)	1	2	3	8				
05	HEAT SOURCE (STOVE/COOKER)	1 → 05b	2 → 05b	3 06 ↙	8 06 ↙	1	2	8	
06	AUTOMATIC TIMER	1 → 06b	2 → 06b	3 07 ↙	8 07 ↙	1	2	8	
07	TST INDICATOR STRIPS (TAPE INDICATING STERILIZATION)	1	2	3	8				
08	WRITTEN GUIDELINES FOR PROCESSING	1	2	3	8				
261	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AFTER PROCESSING, AND INDICATE FOR EACH OF THE BELOW IF THIS WAS OBSERVED OR REPORTED AS A PRACTICE					OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Wrapped in sterile cloth, sealed with TST tape					1	2	3	8
02	Stored in sterile container with lid that clasps shut					1	2	3	8
03	Stored unwrapped inside an autoclave or dry-heat sterilizer					1	2	3	8
04	On tray, covered with cloth or wrapped without TST sealing tape					1	2	3	8
05	In container with disinfectant or antiseptic					1	2	3	8
06	Other _____ (SPECIFY)					1	2	3	8
262	Date of sterilization written on packet or container with processed items					1	2	3	8
263	Storage location dry and clean					1	2	3	8
264	FILTER: INDICATE IF THE WASTE DISPOSAL SITE FOR OUTPATIENT SERVICES HAS ALREADY BEEN ASSESSED.					YES ALREADY ASSESSED 1	→ 271	
						NOT PREVIOUSLY ASSESSED 2		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
265	Finally, I would like to ask a few questions about the waste disposal practices for hazardous waste, such as used bandages. How does this clinic/unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages?	BURNED IN INCINERATOR 01 BURNED AND BURIED 02 BURNED AND REMOVED TO OFFSITE DUMP 03 BURNED AND NOT BURIED 04 THROWN IN TRASH/OPEN PIT 05 THROWN IN PIT LATRINE 06 REMOVED OFFSITE 07 OTHER _____ 96 (SPECIFY)	
266	ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED 1 WASTE VISIBLE, UNPROTECTED 2 NO WASTE VISIBLE 3 WASTE SITE NOT INSPECTED 4	
267	How does this clinic/unit finally dispose of needles and other sharp objects?	SAME SITE AS OTHER WASTE (Q265) 01 BURNED IN INCINERATOR 02 BURNED AND BURIED 03 BURNED AND REMOVED TO OFFSITE DUMP 04 BURNED AND NOT BURIED 05 THROWN IN TRASH/OPEN PIT 06 THROWN IN PIT LATRINE 07 REMOVED OFFSITE 08 OTHER _____ 96 (SPECIFY)	→ 269
268	ASK TO SEE WHERE SHARP ITEMS ARE DISPOSED OF OR KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED (PUNCTURE-PROOF)	WASTE VISIBLE, PROTECTED 1 WASTE VISIBLE, UNPROTECTED 2 NO WASTE VISIBLE 3 WASTE SITE NOT INSPECTED 4	
269	CHECK Q265 AND 267, IS ANY WASTE REMOVED OFFSITE FOR DISPOSAL?	YES 1 NO 2	→ 271
270	How is the waste that is collected and removed offsite finally disposed?	INCINERATED 1 TAKEN TO LOCAL DUMP AND BURNED 2 TAKEN TO LOCAL DUMP AND NOT BURNED 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
271	ASSESS GENERAL CLEANLINESS OF FACILITY. • A FACILITY IS CLEAN IF THE FLOORS ARE SWEEPED AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A FACILITY IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	FACILITY CLEAN 1 FACILITY NOT CLEAN 2	
272	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS CLINIC/UNIT	YES NOT APPLICABLE (V)CT Q206 & 208 1 2 PMTCT Q213 1 2 TB Q219 (01 and 02) 1 2 ART Q223 (05) 1 2	
273	RECORD THE TIME AT END OF INTERVIEW		
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

SECTION C: HIV/AIDS INPATIENT CARE

Code of facility: QRE TYPE

PROV DISTRICT FACILITY

Interviewer: Code

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

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

300	INDICATE WHICH UNIT OR SERVICE AREA INFORMATION WAS COLLECTED FROM.	<p>GENERAL MEDICAL INPATIENT UNITS (Both male and female) 21</p> <p>MALE INPATIENT UNIT 22</p> <p>FEMALE INPATIENT UNIT 23</p> <p>PEDIATRIC INPATIENT UNIT 24</p> <p>HIV/AIDS INPATIENT UNIT 25</p> <p>DELIVERY INPATIENT UNIT 26</p> <p>TB INPATIENT UNIT 27</p> <p>UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS 28</p> <p>SURGERY INPATIENT UNIT (Male and female) .. 29</p> <p>MALE SURGICAL 30</p> <p>FEMALE SURGICAL 31</p> <p>OTHER _____ 97</p> <p align="center">SPECIFY TYPE OF UNIT</p>
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NOTE: IF THE PATIENT UNITS ARE NEAR EACH OTHER AND INFORMATION ON SERVICES AND AVAILABILITY OF GUIDELINES CAN REASONABLY BE EXPECTED TO BE RELEVANT FOR ALL UNITS, COMPLETE ONE INPATIENT QUESTIONNAIRE, STARTING IN THE UNIT WHERE THE LARGEST NUMBER OF HIV/AIDS CLIENTS RECEIVE CARE AND SUPPORT SERVICES.

IF THE UNITS VARY, OR ARE NOT NEAR EACH OTHER, COMPLETE A SEPARATE INPATIENT QUESTIONNAIRE FOR EACH SERVICE AREA.

300a	<p>MANAGING AUTHORITY</p> <p>GOVERNMENT 01</p> <p>NGO 02</p> <p>PRIVATE (FOR-PROFIT) 03</p> <p>MISSION 04</p> <p>OTHER _____ 97</p> <p align="center">(SPECIFY)</p>	<p>MANAGING AUTHORITY <input type="text"/> <input type="text"/></p>
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IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q301 BELOW AND GO ON TO Q302.

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

Hello. My name is _____. We are here on behalf of the NCPD and the MOH to assist the government in knowing more about the availability of HIV/AIDS-related services. Your facility was randomly selected to participate in this study.

We will be asking you several questions about the types of HIV/AIDS-related care and support services provided by this facility. We will ask to see HIV/AIDS-related patient registers, however no patient names from the registers will be reviewed, recorded, or shared. You may decline to answer any question or choose to stop the interview at any time.

Please be assured that the information you give us will be completely confidential and will not be traced to you and will not be identified with the name of the facility.

Do you have any questions for me at this time?

301	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP
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302	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
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NO.	QUESTIONS	CODING CATEGORIES	GO TO
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303	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technologists/technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.</p>		
	<p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW</p>	<p>STAFF LIST COMPLETED YES 1 NO 2</p>	

Next I want to understand any policies or practices for prescribing or referring clients in this unit for HIV counseling and/or testing

304	Do providers in this unit provide counseling for HIV tests?	YES 1 NO 2	
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305	Do providers in this unit ever prescribe HIV tests?	YES 1 NO 2	→ 307
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NO.	QUESTIONS	CODING CATEGORIES				GO TO
306	When an inpatient is prescribed an HIV test, what is the procedure for the client to receive the test? AFTER RESPONSE IS PROVIDED PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL RESPONSES THAT APPLY.	RAPID TEST ONSITE IN UNIT	A			→ (V)CT QRE
		CLIENT SENT TO OTHER CLINIC/UNIT FOR COUNSELING AND TESTING	B			
		CLIENT SENT TO PMTCT CLINIC/UNIT	C			
		PMTCT STAFF COME TO INPATIENT UNIT	D			
		STAFF FROM OTHER CLINIC/UNIT COME TO INPATIENT UNIT	E			
		BLOOD DRAWN IN INPATIENT UNIT AND SENT TO LAB	F			→ (V)CT QRE
		CLIENT SENT TO LAB	G			→ (V)CT QRE
		OTHER _____	X			
		SPECIFY				
307	Does this unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES	1			→ PMCTC QRE
		NO	2			
308	CHECK Q306 AND 307 TO SEE IF THIS UNIT IS ELIGIBLE FOR A (V)CT OR A PMTCT QUESTIONNAIRE	YES	1			→ 312
		NO	2			
309	Is an individual client chart/record maintained for all suspected or confirmed HIV/AIDS clients? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED	1			
		YES, REPORTED, NOT SEEN	2			
		YES, PROVIDED OR KEPT IN OTHER CLINIC/UNIT IN FACILITY	3			
		ENTER CLINIC/UNIT NUMBER		<input type="text"/>	<input type="text"/>	
		ONLY IF CLIENT PROVIDES	4			
		OTHER _____	6			
		(SPECIFY)				
		NO INDIVIDUAL RECORD	7			
310	Is there a guideline or protocol on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this unit? IF YES: May I see the written guideline/protocol?	YES, OBSERVED, COMPLETE	1			
		YES, OBSERVED, INCOMPLETE	2			
		YES, REPORTED, NOT SEEN	3			
		NO	4			→ 312
311	Does the policy specify that no one, including family , can be informed of the HIV/AIDS status without the client's consent?	YES	1			
		NO	2			
312	Now I would like to talk with the person most familiar with clinical care services that are available in this clinic/unit. HAS AN INFORMED CONSENT BEEN RECEIVED FROM THE RESPONDENT FOR THE FOLLOWING CLINICAL SERVICE QUESTIONS?	YES	1			
		NO	2			
313	For each service I will mention, please tell me if providers in this clinic/unit provide the service, refer clients for the service, or do not offer the service at all.	SERVICE OFFERED		CLIENT REFERRED ON DISCHARGE		NO SERVICE OR REFERRAL
		PROVIDERS FROM THIS UNIT	PROVIDER FROM OTHER UNIT PROVIDES SERVICE	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY	
01		1→ TB QRE	2	3	4	5
02		1→ TB QRE	2	3	4	5
03		1	2	3	4	5
04		1	2	3	4	5
05		1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES			GO TO
314	Do you have guidelines or protocols on any of the following topics in this clinic/unit? IF YES: May I see the guideline/protocol please?	OBSERVED, COMPLETE	OBSERVED INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE
01	National guidelines for Universal Precautions	1 → 03	2	3	4
02	Other guidelines for infection control	1	2	3	4
03	National guidelines on management of STIs	1 → 05	2	3	4
04	Other guidelines or protocols for management of STIs	1	2	3	4
05	WHO guidelines on syndromic management of STIs	1	2	3	4
06	Guidelines or protocols for routinely offering HIV tests to all STI clients	1	2	3	4
07	National guidelines for the management of malaria	1 → 315	2	3	4
08	Other guidelines for the management of malaria	1	2	3	4
315	Other than PMTCT services, or referring for or providing HIV tests, does this unit ever provide any clinical care or support services for clients diagnosed or suspected as having HIV/AIDS? CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE, OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR HELP IN LIVING WITH HIV/AIDS OR FOR SOCIAL SERVICES FOR PLHA.	YES 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY 3 OTHER 6 (SPECIFY)			→ 323 → 325 → 323
316	What is the practice in this unit related to where inpatients who may have HIV/AIDS are placed in relation to other, non-HIV/AIDS inpatients?	MIXED (HIV/AIDS AND OTHER) 1 CLUSTERED (HIV/AIDS IN SEPARATE PART OF ROOM WITH OTHERS) 2 SEPARATE UNIT/ROOM FOR HIV/AIDS 3			
317	Now I would like to talk with the person most familiar with clinical care services for HIV/AIDS that are offered by this unit. HAS AN INFORMED CONSENT BEEN RECEIVED FROM THE RESPONDENT FOR THE FOLLOWING HIV/AIDS QUESTIONS?	YES 1 NO 2			

NO.	QUESTIONS	CODING CATEGORIES				GO TO	
318	For each service I will mention, please tell me if providers in this unit provide the service, refer clients elsewhere or call providers from other unit to provide service, or do not offer the service at all.	SERVICE OFFERED		CLIENT REFERRED ON DISCHARGE		NO SERVICE OR REFERRAL	
		PROVIDERS FROM THIS UNIT	PROVIDER FROM OTHER UNIT PROVIDES SERVICE	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY		
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS, including topical fungal infections	1	2	3	4	5	
02	Systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis?	1	2			5	
03	Palliative care for terminally ill HIV/AIDS patients, such as symptom or pain management, or nursing care	1	2	3	4	5	
04	Nutritional rehabilitation services with client education and diet supplementation	1	2	3	4	5	
05	Fortified protein supplementation	1	2	3	4	5	
06	Prescribe Antiretroviral Therapy (ART)	1 → ART QRE	2	3	4	5	
07	Care for pediatric HIV/AIDS patients	1	2	3	4	5	
08	Other HIV/AIDS services (SPECIFY)	1	2	3	4	5	
319	Next I want to ask about specific services that are offered to HIV/AIDS clients who are seen in this unit. FOR EACH OF THE BELOW SERVICES ASK: Is this service offered routinely? By routinely, I mean the service is offered to every client who is identified as possible HIV infected. IF OFFERED ROUTINELY CLARIFY IF THE SERVICE IS OFFERED IN THIS UNIT, IN ANOTHER CLINIC/UNIT THIS FACILITY, OR THROUGH REFERRAL TO A SITE OUTSIDE THE FACILITY. IF NOT OFFERED ROUTINELY ASK: Is the service ever offered?	SERVICE OFFERED				NO SERVICE OR REFERRAL	
		ROUTINELY		SELECTIVELY			
		TO INPATIENTS		CLIENT REFERRED ON DISCHARGE		SERVICE OFFERED (MAY BE BY THIS FACILITY OR OTHER FACILITY)	
		IN PATIENT UNIT BY PROVIDERS IN THIS UNIT	ELSEWHERE IN FACILITY BY PROVIDER FROM OTHER CLINIC/UNIT	THIS FACILITY	OTHER FACILITY		
01	Test or screen for tuberculosis (TB)	1	2	3	4	5	6
02	Preventive treatment for TB (INH)	1	2	3	4	5	6
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT).	1	2	3	4	5	6
04	Micronutrient supplementation such as vitamins or iron	1	2	3	4	5	6
05	Family planning services for HIV/AIDS clients.	1	2	3	4	5	6
06	Condom distribution for preventing further transmission of HIV/AIDS.	1	2	3	4	5	6
320	Do you have any guidelines or protocols for HIV/AIDS services or care for HIV/AIDS clients available in this unit?	YES 1 NO 2				→ 322	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
		OBSERVED, COMPLETE	OBSERVED, IN-COMPLETE	REPORTED AVAILABLE, NOT SEEN	
321	For each specific topic I mention, if guidelines or protocols are available, could you please show them to me?				NOT AVAILABLE
01	National guidelines for the clinical management of HIV/AIDS infection in adults	1 → 04	2	3	4
02	Other guidelines for the clinical management of HIV/AIDS infection in adults	1	2	3	4
03	Guidelines for management of opportunistic infections	1	2	3	4
04	Guidelines for Micronutritional preventive support	1	2	3	4
05	Guidelines for advanced nutritional support for HIV/AIDS patients	1	2	3	4
06	Guidelines on provision of symptomatic or palliative care	1	2	3	4
07	National guidelines for the clinical management of HIV/AIDS infection in children	1 → 09	2	3	4
08	Other guidelines for the clinical management of HIV/AIDS infection in children	1	2	3	4
09	Guidelines on preventive therapy other than TB	1	2	3	4
10	Guidelines on preventive therapy for tuberculosis	1	2	3	4
11	National guidelines on community home-based care for HIV/AIDS clients	1 → 13	2	3	4
12	Other guidelines on community home-based care for HIV/AIDS clients	1	2	3	4
13	Standard operating procedures or guidelines for the care process for people with HIV/AIDS	1	2	3	4
14	Other protocols or guidelines relevant to HIV/AIDS or related services _____ (SPECIFY)	1	2	3	4

NO.	QUESTIONS	CODING CATEGORIES				GO TO
322	Now I want to ask about social support and educational services that may be offered to HIV/AIDS clients. Do providers in this unit ever offer suspected or confirmed HIV/AIDS clients any of the following services or refer clients for the services? IF YES, ASK TO SEE ANY LIST OF REFERRAL SITES.	YES, SERVICE IS AVAILABLE IN THIS FACILITY	YES, CLIENT REFERRED OUTSIDE FROM A LIST OF REFERRAL SITES			SERVICE NEVER OFFERED
	OBSERVED		NOT SEEN, AND PROVIDER			
			CAN NAME SITE	CANNOT NAME SITE		
01	Home-based care services for people living with HIV/AIDS and their families	1	2	3	4	5
02	PLHA support group	1	2	3	4	5
03	Emotional/spiritual support	1	2	3	4	5
04	Support for orphans or other vulnerable children	1	2	3	4	5
05	Social support such as food, material, income generating projects and fee exemption, for PLHA and their families	1	2	3	4	5
06	Legal services	1	2	3	4	5
07	Education on HIV care for patients and their families	1	2	3	4	5
08	Traditional sources	1	2	3	4	5
09	Other HIV/AIDS services _____ (SPECIFY)	1	2	3	4	5
323	When you refer the client to another clinic/unit within the facility , for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3				→ 325 → 325
324	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL CHART/RECORD 1 CALL TO GIVE CLIENT INFORMATION 2 OTHER _____ .. 6 (SPECIFY) NO METHOD USED 7				
325	Is there a register or record where it is noted when a client is referred outside this unit for a service? IF YES, ASK TO SEE THE REGISTER/RECORD.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3				
326	When you refer the client to another facility for services, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3				→ 328 → 328
327	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL CHART/RECORD 1 CALL TO GIVE CLIENT INFORMATION 2 OTHER _____ 6 (SPECIFY) NO METHOD USED 7				→ 329 → 329 → 329 → 329
328	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3				
329	Do you have a system for making individual client appointments for follow-up after discharge? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3				

NO.	QUESTIONS	CODING CATEGORIES	GO TO																														
330	CHECK Q318 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE FACILITY PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES 1 NO 2	→ 341																														
331	Now I would like to ask you a few questions about records and reports on clients who are seen in this unit with suspected or confirmed HIV/AIDS related illnesses. When a client receives services or care in this unit for an illness that might be related to HIV/AIDS infection, where is information for that visit recorded? CIRCLE ALL THAT APPLY	UNIT REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS A SPECIFIC REGISTER FOR HIV/AIDS CLIENTS B INDIVIDUAL CLIENT CHART/RECORD C REGISTER IN COMPUTER D NO RECORD MAINTAINED E OTHER _____ .. X (SPECIFY)	→ 339																														
332	ASK TO SEE THE RECORD INDICATED IN PREVIOUS QUESTION. WHAT IS THE DATE OF THE MOST RECENT ENTRY FOR ANY HIV/AIDS OR NON-HIV/AIDS CLIENT.	WITHIN PAST 30 DAYS 1 MORE THAN 30 DAYS AGO 2 REGISTER NOT SEEN 3	→ 336																														
333	START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT ADMISSIONS, WHICHEVER IS THE LEAST NUMBER OF CLIENTS. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT ADMISSION FELL. IF INFORMATION ON THE DIAGNOSES/SYMPTOMS LISTED BELOW IS PROVIDED IN SUMMARY REPORTS, YOU MAY USE THOSE, OTHERWISE YOU MUST REVIEW THE CLINIC/UNIT REGISTERS. IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. RECORD THE NUMBER OF CLIENTS WHERE THE DIAGNOSIS OR SYMPTOM WRITTEN REFLECTS THE DIAGNOSIS/SYMPTOM BELOW. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE MAIN OR PRESENTING SYMPTOM OR DIAGNOSIS. DO NOT RECORD THE SAME CLIENT ADMISSION UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.																																
1 CRYPTOCOCCAL MENINGIT 2 TOXOPLASMOSIS 3 KAPOSII'S SARCOMA 4 AIDS-RELATED COMPLEX (ARC) 5 HERPES ZOSTER 6 PCP (PNEUMOCYSTIS CARINII PNEUMONIA) 7 HIV/AIDS (ISS) 8 CHRONIC DIARRHEA 9 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS-RELATED SERVICE _____ (SPECIFY)		NUMBER OF ADMISSIONS <table border="1" style="width: 100%; height: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																															
334	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION.	NUMBER OF FULL MONTHS OF DATA <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																															
335	RECORD THE TOTAL NUMBER OF ADMISSIONS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER OF ADMISSIONS ... <table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"></table>																															
336	Are reports regularly compiled on the number of clients receiving treatment in this unit for HIV/AIDS related illnesses?	YES, FOR ALL CLIENTS 1 YES, FOR CONFIRMED HIV/AIDS ONLY 2 NO 3	→ 339																														

NO.	QUESTIONS	CODING CATEGORIES	GO TO
337	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN 1 EVERY 2-3 MONTHS 2 EVERY 4-6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTHS 4 NEVER 5	→ 339
338	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER A FACILITY DIRECTOR B DISTRICT MEDICAL OFFICE OF HEALTH C PROVINCIAL RECORDS OFFICE D NATIONAL AIDS OFFICE (NASCO) E OTHER _____ X (SPECIFY)	
339	I am now interested in knowing about the number of adult and pediatric HIV/AIDS patients that you currently have as inpatients. I am also interested in knowing about how many adult and pediatric inpatients you have in total, both HIV/AIDS and non-HIV/AIDS. IF INFORMATION IS NOT AVAILABLE IN MEDICAL RECORDS OR REGISTERS, ASK WHEN YOU VISIT EACH RELEVANT UNIT AND SUM THE NUMBERS SO THAT A FACILITY TOTAL IS PROVIDED FOR BOTH HIV/AIDS INPATIENTS AND ALL INPATIENTS.		
01	How many adult inpatients are there today who are probable or confirmed diagnosis of HIV/AIDS? By adults I mean people 14 years and older.	ADULTS, HIV/AIDS <input type="text"/> <input type="text"/> DON'T KNOW 98	
02	How many pediatric inpatients are there today who are probable or confirmed diagnosis of HIV/AIDS? By pediatric I mean people younger than 14 years of age.	PEDIATRICS, HIV/AIDS <input type="text"/> <input type="text"/> DON'T KNOW 98	
03	How many adult inpatients are there today in total, including all diagnoses.	ADULTS, TOTAL <input type="text"/> <input type="text"/> DON'T KNOW 98	
04	How many pediatric inpatients are there today in total, including all diagnoses.	PEDIATRICS, TOTAL <input type="text"/> <input type="text"/> DON'T KNOW 98	
340	INDICATE THE SOURCE OF DATA FOR THE NUMBER OF HIV/AIDS PATIENTS IN THE HOSPITAL TODAY	REGISTER/RECORDS A VERBAL FROM STAFF IN INPATIENT UNITS B NO INFORMATION AVAILABLE Y	
341	Do staff in this unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY 1 YES, REFERRED TO OTHER FACILITY FOR PEP 2 NO PEP AVAILABLE 3	→ 343 → 348
342	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP 1 RECORD SHOWS REFERRAL ONLY 2 NO RECORD OF REFERRAL 3	→ 347 → 347 → 347
343	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES 1 NO 2	→ 348
344	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES 1 NO 2	→ 348
345	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
346	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
347	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
348	Is there a client toilet or latrine that patients from this unit can use? IF YES, ASK TO SEE THE TOILET/LATRINE AND INDICATE THE CONDITION	YES, FUNCTIONING, CLEAN 1 YES, FUNCTIONING, NOT CLEAN 2 YES, NOT FUNCTIONING 3 NO CLIENT TOILET/LATRINE 4	
ASK TO SEE THE DIFFERENT INPATIENT UNITS THAT PROVIDE CARE AND SUPPORT FOR CLIENTS WITH HIV/AIDS RELATED ILLNESSES. ASK ALSO TO SEE WHERE PROCEDURES AND EXAMINATIONS FOR INPATIENTS ARE CONDUCTED, IF THIS IS SEPARATE FROM PATIENT UNITS. IF THERE ARE MORE THAN ONE ROOM IN A PATIENT UNIT, RANDOMLY SELECT ONE ROOM IN THAT UNIT AND INDICATE THE INPATIENT UNIT CONDITIONS			
349	INDICATE WHICH PATIENT UNIT THE FOLLOWING DATA IS FROM	GENERAL MEDICAL INPATIENT UNITS 21 MALE INPATIENT UNIT 22 FEMALE INPATIENT UNIT 23 PEDIATRIC INPATIENT UNIT 24 HIV/AIDS INPATIENT UNIT 25 DELIVERY INPATIENT UNIT 26 TB INPATIENT UNIT 27 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS 28 SURGERY INPATIENT UNIT (Male and female) 29 MALE SURGICAL 30 FEMALE SURGICAL 31 OTHER IPD 97 (SPECIFY)	
350	INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04 2 3	
02	AUDITORY PRIVACY	1 2 3	
03	VISUAL PRIVACY	1 2 3	
04	RUNNING WATER	1 → 06 2 3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1 2 3	
06	SOAP	1 2 3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1 2 3	
08	SHARPS CONTAINER	1 2 3	
09	DISPOSABLE LATEX GLOVES	1 → 11 2 3	
10	DISPOSABLE NON-LATEX GLOVES	1 2 3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1 2 3	
12	CONDOMS	1 2 3	
13	SPINAL TAP KIT (LUMBAR PUNCTURE)	1 2 3	
14	RAPID TEST FOR HIV	1 2 3	
15	DISPOSABLE NEEDLES	1 2 3	
16	DISPOSABLE SYRINGES	1 2 3	
17	EXAMINATION TABLE	1 2 3	

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351	<p>Is there another unit area where inpatients with probable HIV/AIDS or HIV/AIDS related illnesses are admitted or is there a separate room where procedures such as spinal taps are conducted for inpatients? IF YES, INDICATE THE SERVICE AREA AND COMPLETE</p> <p>IF THE SERVICE AREA REQUIRES A SEPARATE QUESTIONNAIRE, DO NOT CIRCLE THE TYPE OF UNIT, BUT INSTEAD CIRCLE "61"</p>	GENERAL MEDICAL INPATIENT UNIT 21 MALE INPATIENT UNIT 22 FEMALE INPATIENT UNIT 23 PEDIATRIC INPATIENT UNIT 24 HIV/AIDS INPATIENT UNIT 25 DELIVERY INPATIENT UNIT 26 TB INPATIENT UNIT 27 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS 28 SURGERY INPATIENT UNIT (Male or female) 29 MALE SURGICAL 30 FEMALE SURGICAL 31 OTHER IPD _____ 97 (SPECIFY) OTHER UNIT HAS UNIQUE INPATIENT QUESTIONNAIRE 61 NO 62			→ 359 → 359
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02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE GLOVES-NON LATEX	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	CONDOMS	1	2	3	
13	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
14	RAPID TEST FOR HIV	1	2	3	
15	DISPOSABLE NEEDLES	1	2	3	
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17	EXAMINATION TABLES	1	2	3	

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359	<p>Where is used equipment from this unit sterilized or disinfected before being reused again?</p>	<p>THIS CLINIC/UNIT 1 OTHER CLINIC/UNIT THIS FACILITY 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY 3 SENT TO OTHER FACILITY 4 OTHER _____ 6 (SPECIFY) NO ITEMS EVER PROCESSED 7</p>	<p>→ 361 → 368</p>																																																									
360	<p>HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION</p>	<p>YES 1 NO 2</p>	<p>→ 368</p>																																																									

NO.	QUESTIONS	CODING CATEGORIES	GO TO
ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT PROCEDURES FOR DISINFECTION			
361	<p>What procedure is used for decontaminating and cleaning equipment before its final processing for reuse?</p>	<p>SOAKED IN DISINFECTANT SOLUTION THEN BRUSH SCRUBBED WITH SOAP AND WATER 1</p> <p>BRUSH SCRUBBED WITH SOAP AND WATER THEN SOAKED IN DISINFECTANT 2</p> <p>BRUSH SCRUBBED WITH SOAP AND WATER ONLY 3</p> <p>SOAKED IN DISINFECTANT ONLY, NOT SCRUBBED 4</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>NONE 7</p> <p>DON'T KNOW 8</p>	
362	<p>After cleaning, what is the final processing method most commonly used for disinfecting syringes and needles?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>DRY HEAT STERILIZATION A</p> <p>AUTOCLAVE B</p> <p>STEAM C</p> <p>BOILING D</p> <p>CHEMICAL METHOD E</p> <p>USE DISPOSABLES ONLY F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NONE Y</p>	
363	<p>After cleaning, what are the final processes most commonly used for sterilizing or disinfecting medical equipment, such as surgical instruments, before they are reused?</p> <p>IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE ALL OF THE METHODS.</p>	<p>DRY-HEAT STERILIZATION A</p> <p>AUTOCLAVING B</p> <p>STEAM C</p> <p>BOILING D</p> <p>CHEMICAL METHOD E</p> <p>PROCESS OUTSIDE FACILITY F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NONE Y</p>	<p>→ 365</p> <p>→ 368</p>

NO.	QUESTIONS	CODING CATEGORIES				GO TO			
ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)									
364	ITEM	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?			
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW	
01	AUTOCLAVE pressure; wet heat (electric)	1 → 01b	2 → 01b	3 02 ↙	8 02 ↙	1	2	8	
02	AUTOCLAVE pressure; wet heat (non-electric)	1 → 02b	2 → 02b	3 03 ↙	8 03 ↙	1	2	8	
03	DRY HEAT STERILIZER	1 → 03b	2 → 03b	3 04 ↙	8 04 ↙	1	2	8	
04	POT W/COVER (FOR STEAM OR BOILING)	1	2	3	8				
05	HEAT SOURCE (STOVE/COOKER)	1 → 05b	2 → 05b	3 06 ↙	8 06 ↙	1	2	8	
06	AUTOMATIC TIMER	1 → 06b	2 → 06b	3 07 ↙	8 07 ↙	1	2	8	
07	TST INDICATOR STRIPS (TAPE INDICATING STERILIZATION)	1	2	3	8				
08	WRITTEN GUIDELINES FOR PROCESSING	1	2	3	8				
365	ASK TO SEE WHERE PROCESSED ITEMS ARE STORED AND INDICATE WHICH OF THE BELOW WAS OBSERVED, OR REPORTED, AS A PRACTICE					OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Wrapped in sterile cloth, sealed with TST tape	1	2	3	8				
02	Stored in sterile container with lid that clasps shut	1	2	3	8				
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8				
04	On tray, covered with cloth or wrapped without TST sealing tape	1	2	3	8				
05	In container with disinfectant or antiseptic	1	2	3	8				
06	Other _____ (SPECIFY)	1	2	3	8				
366	Date of sterilization written on packet or container with processed items	1	2	3	8				
367	Storage location dry and clean	1	2	3	8				

NO.	QUESTIONS	CODING CATEGORIES	GO TO															
368	INDICATE IF THE WASTE DISPOSAL SITE FOR INPATIENT SERVICES HAS ALREADY BEEN ASSESSED.	YES, SAME SITE FOR OUT AND INPATIENT 1 YES INPATIENT SITE ASSESSED 2 NOT PREVIOUSLY ASSESSED 3	→ 375															
369	Finally, I would like to ask a few questions about the waste disposal practices for hazardous waste, such as used bandages. How does this unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages?	BURNED IN INCINERATOR 01 BURNED AND BURIED 02 BURNED AND REMOVED TO OFFSITE DUMP 03 BURNED AND NOT BURIED 04 THROWN IN TRASH/OPEN PIT 05 THROWN IN PIT LATRINE 06 REMOVED OFFSITE 07 OTHER _____ . 96 (SPECIFY)																
370	ASK TO SEE PLACE USED FOR DISPOSAL OF CONTAMINATED WASTE OR WHERE WASTE IS KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED 1 WASTE VISIBLE, UNPROTECTED 2 NO WASTE VISIBLE 3 WASTE SITE NOT INSPECTED 4																
371	How does this unit finally dispose of needles and other sharp objects?	SAME SITE AS OTHER WASTE (Q369) 01 BURNED IN INCINERATOR 02 BURNED AND BURIED 03 BURNED AND REMOVED TO OFFSITE DUMP 04 BURNED AND NOT BURIED 05 THROWN IN TRASH/OPEN PIT 06 THROWN IN PIT LATRINE 07 REMOVED OFFSITE 08 OTHER _____ 96 (SPECIFY)	→ 375															
372	ASK TO SEE PLACE USED FOR DISPOSAL OF SHARP ITEMS OR WHERE ITEMS ARE KEPT PRIOR TO REMOVAL OFFSITE. INDICATE IF THE WASTE IS VISIBLE AND/OR PROTECTED	WASTE VISIBLE, PROTECTED 1 WASTE VISIBLE, UNPROTECTED 2 NO WASTE VISIBLE 3 WASTE SITE NOT INSPECTED 4																
373	CHECK Q369 AND 371, IS ANY WASTE REMOVED OFFSITE FOR DISPOSAL?	YES 1 NO 2	→ 375															
374	How is the waste that is collected and removed offsite finally disposed?	INCINERATED 1 TAKEN TO LOCAL DUMP AND BURNED 2 TAKEN TO LOCAL DUMP AND NOT BURNED 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																
375	RECHECK QUESTIONNAIRE AND INDICATE IF ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT	<table border="0"> <thead> <tr> <th></th> <th>COMPLETE</th> <th>NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>(V)CT Q306</td> <td>1</td> <td>2</td> </tr> <tr> <td>PMTCT Q307</td> <td>1</td> <td>2</td> </tr> <tr> <td>TB Q313 (01, 02)</td> <td>1</td> <td>2</td> </tr> <tr> <td>ART Q318 (06)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		COMPLETE	NOT APPLICABLE	(V)CT Q306	1	2	PMTCT Q307	1	2	TB Q313 (01, 02)	1	2	ART Q318 (06)	1	2	
	COMPLETE	NOT APPLICABLE																
(V)CT Q306	1	2																
PMTCT Q307	1	2																
TB Q313 (01, 02)	1	2																
ART Q318 (06)	1	2																
376	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>																
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE																		

SECTION D. HEALTH MANAGEMENT SYSTEM

Code of facility:

PROV		DISTRICT		FACILITY	

QRE TYPE

Interviewer: Code

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400	INDICATE WHICH HMIS UNIT THIS DATA REPRESENTS	OUTPATIENT ONLY 1 INPATIENT ONLY 2 BOTH IN AND OUTPATIENT 3	
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400a	MANAGING AUTHORITY GOVERNMENT 01 NGO 02 PRIVATE (FOR-PROFIT) 03 MISSION 04 OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
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FIND THE PERSON IN CHARGE OF THE HMIS REPORTS. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT HIV/AIDS HMIS REPORTS PREPARED BY THE FACILITY.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q401 BELOW AND GO ON TO Q402.

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

Hello. My name is _____. We are here on behalf of the NCPD and the MOH to assist the government in knowing more about the availability of HIV/AIDS-related services. Your facility was randomly selected to participate in this study. We will be asking you several questions about the types of HIV/AIDS-related care and support services provided by this facility. We will ask to see HIV/AIDS-related patient registers, however no patient names from the registers will be reviewed, recorded, or shared. You may decline to answer any question or choose to stop the interview at any time.

Please be assured that the information you give us will be completely confidential and will not be traced to you and will not be identified with the name of the facility.

Do you have any questions for me at this time? May I continue?

401	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP
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402	RECORD THE TIME AT BEGINNING OF INTERVIEW	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> : <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
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NO.	QUESTIONS	CODING CATEGORIES				GO TO
403	What is your current professional qualification?	GENERAL CLERK	1			
		HEALTH STATISTICS	2			
		MEDICALLY TRAINED	3			
		OTHER	6			
		(SPECIFY)				
404	Did you have special training in recording systems or reports for health information such as training in the HMIS? IF YES, ASK: Was the training formal or informal? IF BOTH, RECORD FORMAL.	YES, FORMAL	1			
		YES, INFORMAL	2			
		NO	3		→ 407	
405	How long was your training in HMIS? RECORD EITHER DAYS OR MONTHS WHICHEVER IS MOST APPROPRIATE. IF MORE THAN ONE TRAINING, ADD THE DURATION OF ALL TRAINING.	NUMBER OF DAYS	1	<input type="text"/>	<input type="text"/>	
		NUMBER OF MONTHS	2	<input type="text"/>	<input type="text"/>	
406	When was your most recent training in HMIS or reporting on health statistics?	IN PAST 12 MONTHS	1			
		IN PAST 1-3 YEARS	2			
		MORE THAN 3 YEARS AGO	3			
407	How many years have you been responsible for HMIS records/reports in this facility? RECORD '00' FOR LESS THAN ONE YEAR	YEARS		<input type="text"/>	<input type="text"/>	
408	Do you conduct training of staff in HMIS, for example, recording, compiling, and reporting data? IF YES, ASK: Do you provide formal or informal training? IF BOTH, RECORD FORMAL.	YES, FORMAL	1			
		YES, INFORMAL	2			
		NO	3		→ 410	
409	Who do you train in HMIS?	STAFF IN HMIS UNIT	1			
		STAFF IN SERVICE UNITS	2			
		STAFF IN HMIS AND SERVICE UNI.....	3			
410	Do you have the following guidelines or protocols? IF YES, ASK: May I see the guidelines please?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE		
01	HMIS reporting guidelines	1	2	3		
02	HIV/AIDS surveillance reporting guidelines	1	2	3		
03	National technical guidelines for integrated disease surveillance and response	1	2	3		
04	National HIV/AIDS reporting guidelines	1	2	3		
411	Do you receive or compile reports of services for confirmed or suspected HIV/AIDS cases from the following clinics/units? IF YES, ASK TO SEE A REPORT.	YES, OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLICABLE	
01	Outpatient services	1	2	3	4	
02	Inpatient services	1	2	3	4	
03	Laboratory services	1	2	3	4	
04	Tuberculosis services	1	2	3	4	
05	HIV counseling and testing services	1	2	3	4	
06	Antiretroviral treatment services	1	2	3	4	
07	Prevention of mother-to-child transmission services	1	2	3	4	
08	Sources based outside facility (community health worker, traditional birth attendants, etc.)	1	2	3	4	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
412	Do you receive or compile reports of deaths in the facility attributed to HIV/AIDS? IF YES, ASK TO SEE A REPORT	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLICA- BLE
		1	2 →415	3→ 415	4→ 415
413	How many deaths attributed to HIV/AIDS were reported for the past 12 months?	NUMBER OF DEATHS..... <input type="text"/> <input type="text"/> <input type="text"/>			
414	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN THE QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>			
415	How frequently are reports submitted to someone outside of this facility?	MONTHLY OR MORE OFTEN 1 EVERY 2-3 MONTHS 2 EVERY 4-6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTH 4 NEVER 5			→ 421
416	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER A FACILITY DIRECTOR B DISTRICT MEDICAL OFFICE OF HEALTH C PROVINCIAL RECORDS OFFICE D NATIONAL AIDS OFFICE (NASCO) . E OTHER X (SPECIFY)			
417	ASK TO SEE THE REPORT FOR NEWLY DIAGNOSED HIV CASES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER	NEW HIV/AIDS CASES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REPORT NOT SEEN 9994 NO REPORT COMPILED 9995			→ 419 → 419
418	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>			
419	ASK TO SEE THE REPORT FOR CLIENT VISITS FOR SERVICES FOR HIV/AIDS-RELATED ILLNESSES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER REPORTED	CLIENT VISITS FOR SERVICES FOR HIV/AIDS RELATED ILLNESS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REPORT NOT SEEN 9994 NO REPORT COMPILED 9995			→ 421 → 421
420	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>			
421	RECORD THE TIME AT END OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>				
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE					

SECTION E: LABORATORY AND OTHER DIAGNOSTICS

Code of facility:	<input type="text"/> <input type="text"/> PROV	<input type="text"/> <input type="text"/> DISTRICT	<input type="text"/> <input type="text"/> FACILITY	QRE <input type="checkbox"/> TYPE <input type="checkbox"/>
Interviewer: Code	<input type="text"/> <input type="text"/>			

500	INDICATE SETTING FOR LABORATORY	OUTPATIENT ONLY 1 INPATIENT ONLY 2 BOTH OUT AND INPATIENT 3 AFFILIATED EXTERNAL LAB 4 AREA LOCKED, NO ACCESS 5 FACILITY HAS NO LAB CAPACITY .. 6	→ STOP
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500a	MANAGING AUTHORITY GOVERNMENT 01 NGO 02 PRIVATE (FOR-PROFIT) 03 MISSION 04 OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>	
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	CHECK QUESTION 500. IS THE RESPONSE 5?	YES 1 NO 2	→ STOP
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FIND THE PERSON IN CHARGE OF THE LABORATORY. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES IN THE LABORATORY.

IF THE PROVIDER IS DIFFERENT FROM ANY OF THE PREVIOUS RESPONDENTS, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q501 BELOW AND GO ON TO Q502.

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

 Hello. My name is _____. We are here on behalf of the NCPD and the MOH to assist the government in knowing more about the availability of HIV/AIDS-related services. Your facility was randomly selected to participate in this study. We will be asking several questions about the types of HIV/AIDS-related care and support services provided by this facility. We will ask to see HIV/AIDS-related patient registers, however no patient names from the registers will be reviewed, recorded, or shared.

 You may decline to answer any question or choose to stop the interview at any time.

 Please be assured that the information you give us will be completely confidential and will not be traced to you and will not be identified with the name of the facility.

 Do you have any questions for me at this time?

501	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP
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502	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
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NO.	QUESTIONS	CODING CATEGORIES				GO TO		
503	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technologists/technicians) who provide laboratory services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide laboratory services related to HIV/AIDS, TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.</p>	<p>STAFF LIST COMPLETED</p> <p>YES 1</p> <p>NO 2</p>						
	THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW							
First I would like to know about guidelines and protocols that are available in the laboratory area.								
504	For each topic I mention, please tell me if you have any protocols and guidelines relating to this topic in the laboratory area? IF YES: May I see the guidelines please?	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE			
01	Blood safety	1	2	3	4			
02	Post-exposure (HIV/AIDS) prophylaxis for healthcare workers	1	2	3	4			
03	Universal precautions for healthcare workers	1	2	3	4			
04	Manual for laboratory technicians for TB screening	1		3	4			
05	Standard operating procedures (SOPs) or guidelines for data collection	1		3	4			
505	Does this laboratory conduct any tests for HIV? IF YES, CIRCLE ALL THAT APPLY	<p>FOR CLIENT DIAGNOSIS . . . A</p> <p>BLOOD SCREENING B</p> <p>EMPLOYMENT PHYSICALS C</p> <p>NO Y → 521</p>						
506	Are there any guidelines or protocols related to any of the topics I will ask, in the laboratory area? IF YES, ASK: May I see the guideline please.	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE			
01	Written guidelines or protocols on HIV testing procedures	1 → 04	2	3	4			
02	Written guidelines or protocol on confidentiality and disclosure of HIV test results	1	2	3	4			
03	Laboratory guidelines for HIV testing	1		3	4			
04	Other protocols or guidelines relevant to HIV/AIDS or related services _____ (SPECIFY)	1		3	4			
Now I would like to see the equipment and the reagents necessary to conduct the different tests I will ask you about								
507	For each of the following types of equipment, I would like to know if it is available in the laboratory and, if yes, whether it is functioning today	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
	01	ELISA scanner/reader	1 → 01b	2 → 01b	3 02 ↘	8 02 ↘	1	2
02	Cytoflowmeter - CD4 Count	1 → 02b	2 → 02b	3 508 ↘	8 508 ↘	1	2	8

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
508	For the following HIV/AIDS related test, please tell me if the laboratory conducts the test or not. If yes, please show me if all items necessary for the test are available today. MAKE SURE EQUIPMENT AND REAGENTS NECESSARY TO CONDUCT THE TEST TODAY ARE AVAILABLE. IF NOT, ASK IF THE TEST IS NORMALLY DONE, OR IS NEVER DONE IN THIS LABORATORY.					
	HIV/AIDS RELATED TEST	ALL ITEMS FOR TEST			TEST NOT CONDUCTED THIS LAB	DON'T KNOW
		AVAILABLE TODAY		NORMALLY AVAILABLE, NOT TODAY		
		OBSERVED	REPORTED, NOT SEEN			
01	Rapid test for HIV	1	2	3	4	8
02	All items for enzyme-linked immunosorbent assay (ELISA) for HIV	1	2	3	4	8
03	All items for Western Blot test	1	2	3	4	8
04	All items for PCR for viral load	1	2	3	4	8
509	Do you have any record of HIV test results for tests conducted in this laboratory? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.	YES 1 NO 2			→ 513	
510	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE INDICATED CLIENT NUMBERS FOR THE PAST 12 MONTHS.	(A) RECORD AVAILABLE AND OBSERVED		(B) NUMBERS FROM OBSERVED RECORDS		
		REPORTED, YES	NO NOT SEEN RECORD	NUMBER OF CLIENTS	MONTHS OF DATA	
01	TOTAL CLIENTS RECEIVING HIV TEST	1→01b 2 02	3 02	<input type="text"/>	<input type="text"/>	
02	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1→02b 2 03	3 03	<input type="text"/>	<input type="text"/>	
03	TOTAL CLIENTS WHO RECEIVED TEST RESULTS	1→03b 2 04	3 04	<input type="text"/>	<input type="text"/>	
04	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1→04b 2 511	3 511	<input type="text"/>	<input type="text"/>	
511	CHECK Q510 (03) and (04). IS RESPONSE '1' MARKED FOR EITHER QUESTION?	YES 1 NO 2			→ 513	
512	Does the laboratory have any system for providing HIV test results to clients? IF YES, ASK TO SEE ANY DOCUMENTATION THAT SHOWS CLIENTS ARE PROVIDED WITH HIV TEST RESULTS.	YES, DOCUMENTATION FOR PROVIDING RESULTS OBSERVED 1 YES, DOCUMENTATION REPORTED NOT SEEN 2 YES, ORAL SYSTEM ONLY 3 NO 4				
513	Is there an established system for external quality control for the HIV tests conducted by this laboratory?	YES 1 NOT ROUTINE, BUT SOMETIMES .. 2 NO EXTERNAL QUALITY CONTROL .. 3			→ 515 → 521	
514	Do you send blood samples elsewhere for retesting? IF YES, ASK: Is the system to send a blood sample after a certain number of tests?	YES, SAMPLE IS SENT EVERY NUMBER OF TESTS <input type="text"/> NO FIXED NUMBER 995 NO, SAMPLE NOT SENT ELSEWHERE 996				
515	Is there a record of the results from the quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			→ 518 → 518	

NO.	QUESTIONS	CODING CATEGORIES			GO TO			
516	What is the most recent date for a quality check test result or error rate?	WITHIN PAST ONE MONTH	1					
		WITHIN PAST 2-6 MONTHS	2					
		MORE THAN 6 MONTHS	3					
517	What is the most recent error rate that is recorded?	PERCENT ERROR RATE	<input type="text"/>	<input type="text"/>				
		DON'T KNOW	98					
518	Is there any other system used for quality control of laboratory tests for HIV/AIDS?	YES	1					
		DESCRIBE _____						
		NO	2					
519	Are there any fees assessed for any services or items related to HIV/AIDS tests?	YES	1		→ 521			
		NO	2					
520	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	(a) FEE	(b) AMOUNT IN KSH					
		YES NO NA						
01	FEE FOR HIV TEST	1 → 01b	2 <input type="text"/> 02	3 <input type="text"/> 02	<input type="text"/>			
02	FEE FOR CD4 TEST	1 → 02b	2 <input type="text"/> 03	3 <input type="text"/> 03	<input type="text"/>			
03	FEE FOR COMPLETE BLOOD COUNT	1 → 03b	2 <input type="text"/> 04	3 <input type="text"/> 04	<input type="text"/>			
04	OTHER _____ (SPECIFY)	1 → 04b	2 <input type="text"/> 521	3 <input type="text"/> 521	<input type="text"/>			
521	Now I would like to see specific equipment necessary for other tests. Is the following equipment available, and is it functioning today?	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Hemocytometer (for total lymphocyte count, full blood count)/coulter	1 → 01b	2 → 01b	3 <input type="text"/> 02	8 <input type="text"/> 02	1	2	8
02	Microscope	1 → 02b	2 → 02b	3 <input type="text"/> 03	8 <input type="text"/> 03	1	2	8
03	Refrigerator	1 → 03b	2 → 03b	3 <input type="text"/> 04	8 <input type="text"/> 04	1	2	8
04	Incubator	1 → 04b	2 → 04b	3 <input type="text"/> 05	8 <input type="text"/> 05	1	2	8
05	Test tubes	1	2	3	8			
06	Glass slides and covers	1	2	3	8			

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
522	Now I want to ask you about different types of laboratory tests. For each type of test, please tell me if this laboratory conducts a test, and if so, which test. For the tests that this laboratory conducts, also please tell me if all items to conduct the test are present, and if applicable, functioning today.							
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
523	MALARIA TESTS					4 524 ↙		
01	Giemsa stain	1	2	3	4			
02	Leishman stain	1	2	3	4			
03	Field stain	1	2	3	4			
04	Other _____ (SPECIFY)	1	2	3	4			
524	SYPHILIS TESTS					4 525 ↙		
01	VDRL	1	2	3	4			
02	Rotator or shaker	1 → 02b	2 → 02b	3 ↘ 03 ↙	4 03 ↙	1	2	8
03	Reactive protein reagent test (RPR)	1	2	3	4			
525	GONORRHEA TESTS					4 526 ↙		
01	Chocolate agar (culture medium)	1	2	3	4			
526	GRAM STAIN					4 527 ↙		
01	Crystal violet	1	2	3	4			
02	Lugol's iodine	1	2	3	4			
03	Acetone	1	2	3	4			
04	Neutral red, carbol fuchsin, or other counterstain	1	2	3	4			
527	CHLAMYDIA TEST					4 528 ↙		
01	Giemsa stain	1	2	3	4			
02	Other _____ (SPECIFY)	1	2	3	4			
528	TUBERCULOSIS TEST					4 529 ↙		
01	AFB or Ziehl-Neelson test, with stain, such as methyl blue, present	1	2	3	4			
02	New rapid test for TB	1	2	3	4			
03	Culture	1	2	3	4			
04	All items for other tests for TB _____ (SPECIFY)	1	2	3	4			

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
	LABORATORY TEST	a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
529	URINE TESTS				4 530 ↙			
01	Any dip sticks for urine protein (with valid expiration date)	1	2	3	4			
02	Any dip sticks for urine glucose (with valid expiration date)	1	2	3	4			
03	Acetic acid for checking urine albumin	1	2	3	4 05 ↙			
04	Flame for heating acetic acid	1 → 04b	2 → 04b	3 05 ↙	4 05 ↙	1	2	8
05	Benedict's solution (for glucose testing)	1	2	3	4 07 ↙			
06	Stove for boiling Benedict's solution	1 → 06b	2 → 06b	3 07 ↙	4 07 ↙	1	2	8
07	Centrifuge for urine testing	1 → 07b	2 → 07b	3 08 ↙	4 08 ↙	1	2	8
08	Urinalysis (urine microscopy)	1 → 08b	2 → 08b	3 530 ↙	4 530 ↙	1	2	8
530	ANEMIA TEST (HEMOGLOBIN OR HEMATOCRIT)				4 531 ↙			
01	Hemoglobinometer	1 → 01b	2 → 01b	3 02 ↙	4 02 ↙	1	2	8
02	Colorimeter or spectroscope	1 → 02b	2 → 02b	3 03 ↙	4 03 ↙	1	2	8
03	Drabkin's solution (for colorimeter)	1	2	3	4			
04	Capillary tubes for hematocrit	1	2	3	4			
05	Centrifuge for hematocrit	1 → 05b	2 → 05b	3 06 ↙	4 06 ↙	1	2	8
06	Litmus paper for hemoglobin test (with valid expiration date)	1	2	3	4			
07	Other _____ (SPECIFY)	1	2	3	4			

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
531	Now I want to ask about other specific tests. Does this laboratory have all of the supplies and functioning equipment to conduct the following tests?	a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
01	Hemocytometer or coulter for total lymphocyte count or full blood count.	1 → 01b	2 → 01b	3 02 ↗	4 02 ↖	1	2	8
02	Platelet count	1	2	3	4			
03	White cell count	1	2	3	4			
04	Serum creatinine	1	2	3	4			
05	Liver function test	1	2	3	4			
06	Indian ink stain	1	2	3	4			
07	Pregnancy tests	1	2	3	4			
08	Agar plate for cultures	1	2	3	4			
09	Serum glucose	1	2	3	4			
532	Does this laboratory ever send any specimens outside the facility for any tests?	YES 1 NO 2				→ 543		
533	Do you send blood outside the facility for CD4 count, total lymphocyte count or viral load testing?	YES 1 NO 2				→ 536		
534	Do you have a record with results of the tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3				→ 536		
535	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT 1 LAB TELLS CLIENT VERBALLY ONLY 2 LAB PROVIDES RESULTS TO HEALTH WORKER WHO TELLS CLIENT 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8						
536	Do you send blood outside the facility for HIV testing?	YES 1 NO 2				→ 541		
537	For which HIV test do you send blood outside?	ELISA A WESTERN BLOT B OTHER _____ X (SPECIFY)						
538	Do you have a record with the result of the HIV/AIDS tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3				→ 540		
539	Does the register indicate if the client has received the results?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3						

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																						
540	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT 1 LAB TELLS CLIENT VERBALLY ONLY 2 LAB PROVIDES RESULTS TO HEALTH WORKER WHO TELLS CLIENT 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																																																							
541	Do you send any specimens outside for lab tests other than for the tests that we have asked about?	YES 1 NO 2	→ 543																																																						
542	FOR EACH TEST LISTED, ASK IF SPECIMEN IS SENT OUTSIDE FOR THE TEST, IF YES ASK TO SEE A REPORT THAT THE SPECIMEN WAS SENT AND THAT RESULTS WERE RECEIVED. 1) Blood chemistries? (hemoglobin or hematocrit or platelet count or white blood cell count or serum creatinine or serum glucose test? 2) Liver Function Test (LFT) 3) Gram stain 4) Indian Ink Stain 5) TB sputum test 6) Malaria test 7) urinalysis 8) pregnancy test 9) specimen for culture?	<table border="1"> <thead> <tr> <th rowspan="2">TEST</th> <th colspan="2">(a) SPECIMEN SENT OUTSIDE</th> <th colspan="2">(b) REPORT WITH RESULTS OBSERVED</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BLOOD CHEM</td> <td>1 → b</td> <td>2 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>LFT</td> <td>1 → b</td> <td>2 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>GRAM STAIN</td> <td>1 → b</td> <td>2 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>INDIAN INK</td> <td>1 → b</td> <td>2 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>TB SPUTUM</td> <td>1 → b</td> <td>2 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>MALARIA</td> <td>1 → b</td> <td>2 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINALYSIS</td> <td>1 → b</td> <td>2 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>PREGNANCY</td> <td>1 → b</td> <td>2 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>CULTURE</td> <td>1 → b</td> <td>2 ↓</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	TEST	(a) SPECIMEN SENT OUTSIDE		(b) REPORT WITH RESULTS OBSERVED		YES	NO	YES	NO	BLOOD CHEM	1 → b	2 ↓	1	2	LFT	1 → b	2 ↓	1	2	GRAM STAIN	1 → b	2 ↓	1	2	INDIAN INK	1 → b	2 ↓	1	2	TB SPUTUM	1 → b	2 ↓	1	2	MALARIA	1 → b	2 ↓	1	2	URINALYSIS	1 → b	2 ↓	1	2	PREGNANCY	1 → b	2 ↓	1	2	CULTURE	1 → b	2 ↓	1	2	
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PREGNANCY	1 → b	2 ↓	1	2																																																					
CULTURE	1 → b	2 ↓	1	2																																																					
543	Are reports regularly compiled on the number of newly diagnosed HIV/AIDS cases?	YES 1 NO 2	→ 548																																																						
544	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN 1 EVERY 2-3 MONTHS 2 EVERY 4-6 MONTHS 3 LESS OFTEN THAN EVERY 6 MONTHS 4 NEVER 5	→ 548																																																						
545	To whom are the reports sent? CIRCLE ALL THAT APPLY	RECORDS OFFICER A FACILITY DIRECTOR B DISTRICT MEDICAL OFFICE OF HEALTH C PROVINCIAL RECORDS OFFICE ... D NATIONAL AIDS OFFICE (NASCO) .. E OTHER _____ X (SPECIFY)																																																							
546	ASK TO SEE THE REPORT FOR NEWLY DIAGNOSED HIV/AIDS CASES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER OF CASES.	NEW HIV/AIDS CASES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO REPORT COMPILED 9995 REPORT NOT SEEN 9996	→ 548 → 548																																																						
547	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>																																																							
548	Do you record results by the clinic/unit ordering the HIV test or test results? IF YES, ASK TO SEE THE REGISTER AND INDICATE FROM WHICH CLINICS/UNITS RESULTS FOR TESTS ARE RECORDED.	YES 1 NO 2	→ 550																																																						

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
549	HIV RESULTS ARE RECORDED SEPARATELY FOR:	YES	NO	NOT APPLICABLE		
01	VCT	1	2	3		
02	PMTCT/VCT	1	2	3		
03	Surveillance	1	2	3		
04	Blood bank or blood for transfusion	1	2	3		
05	General or specialty outpatient clinic/units (except VCT or PMTCT)	1	2	3		
06	In-patient units, either by separate units or as total inpatient units	1	2	3		
07	By sero-status, irrespective of source	1	2	3		
550	CHECK 528 AND RECORD IF THIS FACILITY CONDUCTS ANY TEST FOR TUBERCULOSIS	YES	1	NO	2	→ 553
551	Does this laboratory record TB test results? IF YES: May I please see the register?	YES, OBSERVED	1	YES, REPORTED, NOT SEEN	2	→ 553
		NO	3			→ 553
552	When was the last entry in the register for TB test results?	WITHIN 30 DAYS	1	MORE THAN 30 DAYS AGO	2	
552a	RECORD NUMBER OF CLIENTS RECEIVING SPUTUM TEST FOR TB DURING THE PAST 12 MONTHS	CLIENTS RECEIVING TB SPUTUM TEST	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
552b	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN QUESTION 552a	MONTHS OF DATA	<input type="text"/> <input type="text"/>			
BLOOD TRANSFUSION AND SCREENING						
553	Do you do blood screening for infectious diseases in this laboratory?	YES	1	NO	2	→ 555
554	Do you screen blood before transfusion for any of the following diseases? IF YES, ASK, Do you screen blood for this disease always, most of the time, rarely, or never?	ALWAYS	MOST OF THE TIME	RARELY	NEVER	
01	Syphilis	1	2	3	4	
02	Hepatitis B	1	2	3	4	
03	Hepatitis C	1	2	3	4	
04	HIV	1	2	3	4	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
LABORATORY CONDITIONS					
555	ASK TO SEE WHERE BLOOD IS DRAWN FOR LABORATORY TESTS. CHECK THAT LOCATION AND INDICATE IF EACH ITEM INDICATED BELOW IS AVAILABLE IN THE TESTING AREA OR IMMEDIATELY ADJACENT.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
09	DISPOSABLE NEEDLES	1	2	3	
10	DISPOSABLE SYRINGES	1	2	3	
556	Is blood for HIV/AIDS testing drawn in the laboratory area? IF YES, is it the same room as Q555 or a different room?	YES, SAME AREA AS Q555 1 YES, DIFFERENT AREA 2 NO HIV TESTING 3			→ 558 → 559

NO.	QUESTIONS	CODING CATEGORIES			GO TO
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
557	ASK TO SEE WHERE THE BLOOD IS DRAWN FOR THE HIV/AIDS TEST AND INDICATE IF THE FOLLOWING ARE AVAILABLE IN THE ROOM OR IMMEDIATELY ADJACENT				
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE GLOVES-NON LATEX	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	DISPOSABLE SYRINGES	1	2	3	
558	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES 1 NO 2			
559	Do staff in this unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY 1 YES, REFERRED TO OTHER FOR PEP 2 NO PEP AVAILABLE 3			→ 561 → 566
560	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED FACILITY AND RECEIVED PEP .. 1 RECORD SHOWS REFERRAL ONLY... 2 NO RECORD OF REFERRAL 3			→ 565 → 565 → 565
561	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES 1 NO 2			→ 566
562	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES 1 NO 2			→ 566
563	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE .. 1 YES, OBSERVED, INCOMPLETE .. 2 YES, REPORTED NOT SEEN 3 NO 4			
564	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			
565	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3			

NO.	QUESTIONS	CODING CATEGORIES				GO TO					
566	Does this facility have a pathology department or other location where PAP smears or histology exams are carried out? IF YES, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE TESTS	YES	1	NO	2	→ 568					
567	Do you have all items today, for performing:	ARE ALL ITEMS FOR TEST AVAILABLE?									
		AVAILABLE TODAY		NORMALLY AVAILABLE NOT TODAY	NO TEST THIS FACILITY	DON'T KNOW					
		OBSERVED	REPORTED, NOT SEEN								
01	PAP smears?	1	2	3	4	8					
02	Histology?	1	2	3	4	8					
568	Does this facility perform diagnostic X-rays? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED.	YES.....	1	NO	2	→ 570					
		ALREADY ASSESSED WITH OUTPATIENT LAB	3			→ 570					
569	ASK TO SEE THE FOLLOWING EQUIPMENT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:	a) IS THE ITEM AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?					
		OBSERVED	REPORTED, AVAILABLE	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW			
	01	X-RAY MACHINE	1 →01b	2 →01b	3 } 02←	8 } 02←	1	2	8		
02	FILM FOR X-RAYS	1	2	3	8						
570	RECORD THE TIME AT END OF INTERVIEW	<table style="display: inline-table; border: 1px solid black;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							.		
		.									
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE											

SECTION F: MEDICATION AND SUPPLIES

Code of facility:		<input type="text"/> <input type="text"/> <input type="text"/>	QRE TYPE <input type="checkbox"/> F
Interviewer: Code		<input type="text"/> <input type="text"/>	
600	INDICATE WHICH PHARMACY THIS DATA REPRESENTS	OUTPATIENT ONLY 1 INPATIENT ONLY 2 BOTH IN AND OUTPATIENT 3 AREA LOCKED/NO ACCESS 4 NO MEDICINES STORED IN FACILITY 5	→ STOP
600a	MANAGING AUTHORITY GOVERNMENT 01 NGO 02 PRIVATE (FOR-PROFIT) 03 MISSION 04 OTHER 96 _____ (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>	
CHECK QUESTION 600. IS THE RESPONSE 4		YES 1 NO 2	→ STOP
<p>ASK TO SPEAK WITH THE PERSON IN CHARGE OF THE PHARMACY, WHO IS PRESENT TODAY</p> <p>IF THE PROVIDER IS DIFFERENT FROM ANY OF THE PREVIOUS RESPONDENTS, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.</p> <p>IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q601 BELOW AND GO ON TO Q602.</p> <p>Now I will read a statement explaining the survey and asking your consent for responding to survey questions.</p> <p>Hello. My name is _____. We are here on behalf of the NCPD and the MOH to assist the government in knowing more about availability of HIV/AIDS-related services. Your facility was randomly selected to participate in this study. As a part of this survey, we are interested in knowing about the availability of various pharmaceutical and other supplies that are available for HIV/AIDS-related services. If one of the medications is stored in a different location in this facility, please tell me and we will go to that location to verify the presence of the medicine.</p> <p>You may decline to answer any question or choose to stop the interview at any time.</p> <p>Please be assured that the information you give us will be completely confidential and will not be traced to you and will not be identified with the name of the facility.</p> <p>Do you have any questions for me at this time?</p>			
601	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP
602	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		a			b		
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		AT LEAST ALL UNITS VALID	ONE UNIT VALID			YES	NO
603	GENERAL MEDICINES						
01	Acetaminophen/paracetamol		2 → 01b	3 02	4 02	1	2
02	Acetylsalicylic acid/aspirin oral		2 → 02b	3 03	4 03	1	2
03	Acyclovir ophthalmic		2 → 03b	3 04	4 04	1	2
04	Acyclovir oral		2 → 04b	3 05	4 05	1	2
05	Albendazole oral		2 → 05b	3 06	4 06	1	2
06	Amoxicillin/ampicillin oral	1 → 06b	2 → 06b	3 07	4 07	1	2
07	Amoxicillin/clavulanate (Augmentin) oral		2 → 07b	3 08	4 08	1	2
08	Ampicillin, injectable	1 → 08b	2 → 08b	3 09	4 09	1	2
09	Amphotericin B injectable		2 → 09b	3 10	4 10	1	2
10	Bleomycin Injectable		2 → 10b	3 11	4 11	1	2
11	Ceftriaxone (Rocephin), injectable		2 → 11b	3 12	4 12	1	2
12	Clotrimazole topical preparations		2 → 12b	3 13	4 13	1	2
13	Clotrimazole vaginal supp.		2 → 13b	3 14	4 14	1	2
14	Ciprofloxacin oral	1 → 14b	2 → 14b	3 15	4 15	1	2
15	Chloramphenicol oral	1 → 15b	2 → 15b	3 16	4 16	1	2
16	Chloramphenicol injectable	1 → 16b	2 → 16b	3 17	4 17	1	2
17	Codein oral		2 → 17b	3 18	4 18	1	2
18	Co-trimoxazole oral	1 → 18b	2 → 18b	3 19	4 19	1	2
19	Clarithromycin		2 → 19b	3 20	4 20	1	2
20	Clindamycin		2 → 20b	3 21	4 21	1	2
21	Cloxacillin		2 → 21b	3 22	4 22	1	2
22	Dapsone		2 → 22b	3 23	4 23	1	2
23	Dexamethasone		2 → 23b	3 24	4 24	1	2
24	Dextrose 25% or 50%		2 → 24b	3 25	4 25	1	2
25	Diazepam oral		2 → 25b	3 26	4 26	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES						
		GENERAL MEDICINES		a			b	
				OBSERVED AT LEAST ALL UNITS VALID	ONE UNIT VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS
		YES	NO					
26	Diazepam, injectable		2 → 26b	3 27 ↙	4 27 ↙	1	2	
27	Diclofenac (oral/injection)		2 → 27b	3 28 ↙	4 28 ↙	1	2	
28	Dipyrrone injection		2 → 28b	3 29 ↙	4 29 ↙	1	2	
29	Diphenoxylate		2 → 29b	3 30 ↙	4 30 ↙	1	2	
30	Doxycycline	1 → 30b	2 → 30b	3 31 ↙	4 31 ↙	1	2	
31	Ergometrine or methergine, oral		2 → 31b	3 32 ↙	4 32 ↙	1	2	
32	Ergometrine or oxytocin, injectable		2 → 32b	3 33 ↙	4 33 ↙	1	2	
33	Erythromycin	1 → 33b	2 → 33b	3 34 ↙	4 34 ↙	1	2	
34	Fluconazole		2 → 34b	3 35 ↙	4 35 ↙	1	2	
35	Folic Acid		2 → 35b	3 36 ↙	4 36 ↙	1	2	
36	Ganciclovir		2 → 36b	3 37 ↙	4 37 ↙	1	2	
37	Gentamicin, injectable	1 → 37b	2 → 37b	3 38 ↙	4 38 ↙	1	2	
38	Gentian Violet (GV paint)		2 → 38b	3 39 ↙	4 39 ↙	1	2	
39	Ibuprofen		2 → 39b	3 40 ↙	4 40 ↙	1	2	
40	Indomethacin suppository		2 → 40b	3 41 ↙	4 41 ↙	1	2	
41	Iron tablets		2 → 41b	3 42 ↙	4 42 ↙	1	2	
42	Iron tablets with folate		2 → 42b	3 43 ↙	4 43 ↙	1	2	
43	Itraconazole		2 → 43b	3 44 ↙	4 44 ↙	1	2	
44	Ketoconazole		2 → 44b	3 45 ↙	4 45 ↙	1	2	
45	Loperamide		2 → 45b	3 46 ↙	4 46 ↙	1	2	
46	Magnesium Sulfate, injectable		2 → 46b	3 47 ↙	4 47 ↙	1	2	
47	Mebendazole oral		2 → 47b	3 48 ↙	4 48 ↙	1	2	
48	Methyldopa		2 → 48b	3 49 ↙	4 49 ↙	1	2	
49	Metronidazole oral	1 → 49b	2 → 49b	3 50 ↙	4 50 ↙	1	2	
50	Miconazole vaginal supp.		2 → 50b	3 51 ↙	4 51 ↙	1	2	
51	Morphine oral		2 → 51b	3 52 ↙	4 52 ↙	1	2	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		a				b	
		OBSERVED AT LEAST ALL UNITS ONE UNIT VALID VALID		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS YES NO	
52	Multivitamins		2 → 52b	3 53 ↙	4 53 ↙	1	2
53	Nalidixic acid oral	1 → 53b	2 → 53b	3 54 ↙	4 54 ↙	1	2
54	Nitrofurantoin oral		2 → 54b	3 55 ↙	4 55 ↙	1	2
55	Nitrofurazone ointment		2 → 55b	3 56 ↙	4 56 ↙	1	2
56	Norfloxacin		2 → 56b	3 57 ↙	4 57 ↙	1	2
57	Nystatin oral/suspension		2 → 57b	3 58 ↙	4 58 ↙	1	2
58	Nystatin vaginal tablets		2 → 58b	3 59 ↙	4 59 ↙	1	2
59	Oral rehydration salts		2 → 59b	3 60 ↙	4 60 ↙	1	2
60	Penicillin, Benzathine injectable	1 → 60b	2 → 60b	3 61 ↙	4 61 ↙	1	2
61	Penicillin Benzyl injectable	1 → 61b	2 → 61b	3 62 ↙	4 62 ↙	1	2
62	Penicillin, procaine, injectable	1 → 62b	2 → 62b	3 63 ↙	4 63 ↙	1	2
63	Phenobarbital		2 → 63b	3 64 ↙	4 64 ↙	1	2
64	Prednisolone (or other steroid)		2 → 64b	3 65 ↙	4 65 ↙	1	2
65	Silver nitrate eye ointment		2 → 65b	3 66 ↙	4 66 ↙	1	2
66	Sulfadiazine		2 → 66b	3 67 ↙	4 67 ↙	1	2
67	Tetracycline		2 → 67b	3 68 ↙	4 68 ↙	1	2
68	Tetracycline eye ointment		2 → 68b	3 69 ↙	4 69 ↙	1	2
69	Tinidazole		2 → 69b	3 70 ↙	4 70 ↙	1	2
70	Vincristine injectable		2 → 70b	3 71 ↙	4 71 ↙	1	2
71	Vitamin A (200,000 iu)		2 → 71b	3 72 ↙	4 72 ↙	1	2
72	Vitamin A (25,000 or 50,000 iu)		2 → 72b	3 73 ↙	4 73 ↙	1	2
73	Vitamin Bs (Especially B6)		2 → 73b	3 74 ↙	4 74 ↙	1	2
74	Xylocaine or lidocaine 1% or 2% injectable		2 → 74b	3 604 ↙	4 604 ↙	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		a				b	
		OBSERVED AT LEAST ALL UNITS ONE UNIT VALID VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS YES NO		
604	ANTIMALARIALS						
01	Amodiaquine	2 → 01b	3 02 ↙	4 02 ↙	1	2	
02	Chloroquine	2 → 02b	3 03 ↙	4 03 ↙	1	2	
03	Fansidar (Sulfadoxin+pyrimethamine)	2 → 03b	3 04 ↙	4 04 ↙	1	2	
04	Quinine oral	2 → 04b	3 05 ↙	4 05 ↙	1	2	
05	Quinine injectable	2 → 05b	3 06 ↙	4 06 ↙	1	2	
06	Other _____ (SPECIFY)	2 → 05b	3 605 ↙	4 605 ↙	1	2	
605	MEDICINES FOR TUBERCULOSIS						
01	Ethambutol	2 → 01b	3 02 ↙	4 02 ↙	1	2	
02	Isoniazid	2 → 02b	3 03 ↙	4 03 ↙	1	2	
03	Pyrazinamide	2 → 03b	3 04 ↙	4 04 ↙	1	2	
04	Rifampin	2 → 04b	3 05 ↙	4 05 ↙	1	2	
05	Streptomycin	2 → 05b	3 06 ↙	4 06 ↙	1	2	
06	Isoniazid + rifampin (Rifina)	2 → 06b	3 07 ↙	4 07 ↙	1	2	
07	Isoniazid + rifampin + pyrazinamide (RHZ, Rifater)	2 → 07b	3 08 ↙	4 08 ↙	1	2	
08	Isoniazid + ethambutol (EH)	2 → 08b	3 09 ↙	4 09 ↙	1	2	
09	Other _____ (SPECIFY)	2 → 09b	3 606 ↙	4 606 ↙	1	2	
606	INTRAVENOUS SOLUTIONS						
01	Normal Saline (0.9% NS)	2 → 01b	3 02 ↙	4 02 ↙	1	2	
02	Dextrose and Normal Saline (D5NS)	2 → 02b	3 03 ↙	4 03 ↙	1	2	
03	Ringers Lactate	1 → 03b 2 → 03b	3 04 ↙	4 04 ↙	1	2	
04	Plasma Expander	1 → 03b 2 → 04b	3 607 ↙	4 607 ↙	1	2	
607	OTHER						
01	Infant formula	2 → 01b	3 02 ↙	4 02 ↙	1	2	
02	Fortified protein supplement	2 → 02b	3 608 ↙	4 608 ↙	1	2	
608	Is there a register or stock cards where the amount of each medicine received, the amount disbursed, and the amount present today is recorded? IF YES, ASK: May I see the records?		YES, OBSERVED 1 YES, REPORTED, NOT SEEN . . . 2 NO 3			→ 611	

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES		
609	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN Q608.	REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES 1 REGISTER/STOCK CARDS UPDATED DAILY 2 OTHER _____ 6 (SPECIFY)		
610	FOR EACH OF THE FOLLOWING MEDICINES THAT ARE AVAILABLE, RECORD IF THE AMOUNT OF STOCK ON THE STOCK CARD OR REGISTER MATCH THE INVENTORY OBSERVED IN STORAGE OR IF THE CORRECT AMOUNT CAN RAPIDLY BE CALCULATED	YES	NO	MEDICINE NOT AVAILABLE
01	Amoxicillin/ampicillin oral	1	2	3
02	Ampicillin injectable	1	2	3
03	Ciprofloxacin oral	1	2	3
04	Chloramphenicol oral	1	2	3
05	Co-trimoxazole oral	1	2	3
06	Doxycycline	1	2	3
07	Erythromycin	1	2	3
08	Gentamicin, injectable	1	2	3
09	Metronidazole oral	1	2	3
10	Nalidixic acid oral	1	2	3
11	Penicillin, Benzathine benzyl injectable	1	2	3
12	Penicillin, procaine, injectable	1	2	3
13	Ringers Lactate	1	2	3
14	Plasma Expander	1	2	3
611	OBSERVE THE PLACE WHERE MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.			
01	ARE THE MEDICINES OFF THE FLOOR AND PROTECTED FROM WATER?	YES 1 NO 2 DON'T KNOW 8		
02	ARE THE MEDICINES PROTECTED FROM SUN?	YES 1 NO 2 DON'T KNOW 8		
03	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.)	YES 1 NO 2 DON'T KNOW 8		
612	When was the last time that you received a routine supply of medicines?	WITHIN PRIOR 4 WEEKS . . 1 BETWEEN 4-12 WEEKS . . . 2 MORE THAN 12 WEEKS AGO 3 DON'T KNOW 8		
613	Does this facility determine the quantity of each medicine required and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS 1 NEED DETERMINED ELSEWHERE 2 DON'T KNOW 8		→ 615 → 620
614	Do you always receive a standard fixed supply or does the quantity you receive vary according to the activity level that you report?	QUANTITY BASED ON ACTIVITY LEVEL 1 STANDARD FIXED SUPPLY 2 DON'T KNOW 8		→ 618 → 618 → 618

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
615	<p>Routinely, when you order medicines, which best describes the system you use to determine how much of each to order? Do you:</p> <p>Review the amount of each medicine remaining, and order to bring the stock amount to a pre-determined (fixed) amount?</p> <p>Order exactly the same quantity each time, regardless of the existing stock?</p> <p>Review the amount of each method used since the previous order, and plan based on prior utilization and expected future activity?</p> <p>Other _____ (SPECIFY)</p> <p>Don't know</p>	<p>ORDER TO MAINTAIN FIXED STOCK 1</p> <p>ORDER SAME AMOUNT ... 2</p> <p>ORDER BASED ON UTILIZATION 3</p> <p>OTHER 6</p> <p>DON'T KNOW 8</p>	
616	<p>Which of the following best describes the routine system for deciding when to order medicines? Do you:</p> <p>Place order whenever stock levels fall to a predetermined level?</p> <p>Have a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS.</p> <p>Place an order whenever there is believed to be a need, regardless of stock level?</p> <p>Other _____ (SPECIFY)</p> <p>Don't know</p>	<p>PREDETERMINED LEVEL . 1</p> <p>FIXED TIME 2 EVERY <input type="text"/> MONTHS</p> <p>ORDER WHEN NEEDED ... 3</p> <p>OTHER 6</p> <p>DON'T KNOW 8</p>	
617	<p>If there is a shortage of a specific medicine between routine orders, what is the most common procedure followed by this facility?</p> <p>Submit special order to normal supplier</p> <p>Facility purchases from private market</p> <p>Clients must purchase from outside the facility</p>	<p>SPECIAL ORDER 1</p> <p>FACILITY PURCHASE 2</p> <p>CLIENT PURCHASE OUTSIDE 3</p>	
618	<p>During the past 3 months, have you always, sometimes, or almost never received the amount of each medicine that you ordered (or that you are supposed to routinely receive)?</p>	<p>ALWAYS 1</p> <p>SOMETIMES 2</p> <p>ALMOST NEVER 3</p>	
619	<p>Does this facility stock any antiretroviral medicines other than those for post-exposure prophylaxis?</p>	<p>YES 1</p> <p>NO 2</p>	→ 626

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES				
		a		b		
		OBSERVED	REPORTED	STOCK OUT	IN LAST	
	AT LEAST	AVAILABLE,	NOT	SIX MONTHS		
	ALL UNITS	ONE UNIT	NOT SEEN	AVAILABLE	YES	NO
	VALID	VALID				
620	ASK TO SEE THE ANTIRETROVIRAL MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY					
01	AZT + 3TC	2 → 01b	3 02 ↘	4 02 ↙	1	2
02	Zidovudine (ZDV, AZT)	2 → 02b	3 03 ↘	4 03 ↙	1	2
03	Abacavir/ABC	2 → 03b	3 04 ↘	4 04 ↙	1	2
04	Didanosine/ddI	2 → 04b	3 05 ↘	4 05 ↙	1	2
05	Efavirenz (EFZ)	2 → 05b	3 06 ↘	4 06 ↙	1	2
06	Lamivudine/3TC	2 → 06b	3 07 ↘	4 07 ↙	1	2
07	Nevirapine (NVP)	2 → 07b	3 08 ↘	4 08 ↙	1	2
08	NRTIs (Tenofovir disoproxil fumarate [Viread])	2 → 08b	3 09 ↘	4 09 ↙	1	2
09	Protease inhibitors (indinavir [Crixivan], nelfinavir [Viracept], ritonavir [Norvir], saquinavir [Invirase])	2 → 09b	3 10 ↘	4 10 ↙	1	2
10	Stavudine/d4T	2 → 10b	3 11 ↘	4 11 ↙	1	2
11	Other _____ (SPECIFY)	2 → 11b	3 621 ↘	4 621 ↙	1	2
621	ARE THE ANTIRETROVIRALS STORED SEPARATE FROM OTHER MEDICINES?	YES	1			
		NO	2			
622	ARE THE ANTIRETROVIRAL DRUGS STORED UNDER LOCKED CONDITIONS?	YES	1			
		NO	2			
623	Is there a register or stock cards where the amount of each antiretroviral medicine received, the amount disbursed, and the amount present today is recorded? IF YES, ASK: May I see the records?	YES, OBSERVED	1			
		YES, REPORTED, NOT SEEN ...	2			
		NO	3			→ 626
624	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN Q623.	REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES ...	1			
		REGISTER/STOCK CARDS UPDATED DAILY	2			
		OTHER _____ (SPECIFY)	6			
625	CHECK ALL ANTIRETROVIRAL DRUGS. IS THE AMOUNT PRESENT ON THE REGISTER/STOCK CARD THE SAME AS THAT YOU SEE IN THE INVENTORY FOR ALL AVAILABLE ANTIRETROVIRAL DRUGS OR CAN THE AMOUNTS CAN RAPIDLY BE RECONCILED?	YES	1			
		NO	2			

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES									
		a			b						
		OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS						
			YES	NO							
626	Finally, I would like to see supplies that you have in stock. Please show me the following stock supply items:										
01	Condoms	1 →01b	2 ↵ 02 ↵	3 ↵ 02 ↵	1	2					
02	Disposable needles	1 →02b	2 ↵ 03 ↵	3 ↵ 03 ↵	1	2					
03	Disposable syringes	1 →03b	2 ↵ 04 ↵	3 ↵ 04 ↵	1	2					
04	Infusion sets for intravenous solution	1 →04b	2 ↵ 05 ↵	3 ↵ 05 ↵	1	2					
05	Cannulae for intravenous	1 →05b	2 ↵ 06 ↵	3 ↵ 06 ↵	1	2					
06	Clean non-latex, gloves	1 →06b	2 ↵ 07 ↵	3 ↵ 07 ↵	1	2					
07	Clean latex gloves	1 →07b	2 ↵ 08 ↵	3 ↵ 08 ↵	1	2					
08	Sterile latex gloves	1 →08b	2 ↵ 09 ↵	3 ↵ 09 ↵	1	2					
09	Spinal tap/lumbar puncture kits	1 →09b	2 ↵ 10 ↵	3 ↵ 10 ↵	1	2					
10	Disinfectant for cleaning surfaces (bleach or other cleaning solution)	1 →10b	2 ↵ 11 ↵	3 ↵ 11 ↵	1	2					
11	Hand-washing soap	1 →11b	2 ↵ 627 ↵	3 ↵ 627 ↵	1	2					
627	RECORD THE TIME AT END OF INTERVIEW	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; height: 20px; text-align: center;">.</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							.		
		.									
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE											

SECTION G: TUBERCULOSIS TREATMENT

Code of facility:
 PROV DISTRICT FACILITY

Interviewer: Code

QRE G
 TYPE

700 INDICATE THE SERVICE SETTING FOR THIS SECTION

- OUTPATIENT SERVICE**
 TB CLINIC/UNIT 06
 HIV/AIDS CLINIC/UNIT 09
 CLINIC/UNIT COMBINES SPECIAL
 DIAGNOSES INCLUDING HIV/AIDS.. 10
- INPATIENT SERVICE**
 HIV/AIDS INPATIENT UNIT 25
 TB INPATIENT UNIT 27
 UNIT COMBINES SPECIAL
 DIAGNOSES INCLUDING HIV/AIDS.. 28
- OTHER**
 ENTER CLINIC/UNIT NUMBER
 OTHER 96
 (SPECIFY)

700a MANAGING AUTHORITY
 GOVERNMENT 01
 NGO 02
 PRIVATE (FOR-PROFIT) 03
 MISSION 04
 OTHER 96
 (SPECIFY)

MANAGING AUTHORITY

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

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q701 BELOW AND GO ON TO Q702.

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

Hello. My name is _____. We are here on behalf of the NCPD and the MOH to assist the government in knowing more about the availability of HIV/AIDS-related services. Your facility was randomly selected to participate in this study. We will be asking several questions about the types of HIV/AIDS-related care and support services provided by this facility. We will ask to see HIV/AIDS-related patient registers, however no patient names from the registers will be reviewed, recorded, or shared.

You may decline to answer any question or choose to stop the interview at any time.

Please be assured that the information you give us will be completely confidential and will not be traced to you and will not be identified with the name of the facility.

Do you have any questions for me at this time?

701 Do I have your agreement to participate?
 Thank you. Let's begin now.

YES 1
 NO 2 → STOP

702 RECORD THE TIME AT BEGINNING OF INTERVIEW

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NO.	QUESTIONS	CODING CATEGORIES	GO TO
703	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technologists/technicians) who provide services related to HIV/AIDS or TB, who are assigned to this clinic/unit and are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any tuberculosis, or HIV/AIDS care and support services. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.</p>	<p>STAFF LIST COMPLETED YES 1 NO 2</p>	
704	<p>Which services or units are eligible to refer patients for TB services to this clinic/unit?</p> <p>READ ALL RESPONSES AND CIRCLE ALL</p>	<p>GENERAL INPATIENT UNITS A GENERAL OPD CLINIC/UNIT B SPECIALTY OPD CLINIC/UNITS C ANC CLINIC/UNIT D HIV/AIDS UNIT E OTHER CLINIC/UNIT THIS FACILITY ... W ENTER CLINIC/UNIT <input type="text"/> <input type="text"/> NUMBER OTHER _____ X (SPECIFY)</p>	
705	<p>Which services or units have referred patients for TB services to this clinic/unit in the last half year?</p> <p>READ ALL RESPONSES AND CIRCLE ALL</p>	<p>GENERAL INPATIENT UNITS A GENERAL OPD CLINIC/UNIT B SPECIALTY OPD CLINIC/UNITS C ANC CLINIC/UNIT D HIV/AIDS CLINIC/UNIT E OTHER CLINIC/UNIT THIS FACILITY W ENTER CLINIC/UNIT <input type="text"/> <input type="text"/> NUMBER OTHER _____ X (SPECIFY)</p>	
706	<p>What method is used by providers in this clinic/unit for diagnosing TB?</p>	<p>SPUTUM SMEAR ONLY 1 X-RAY ONLY 2 EITHER SPUTUM OR X-RAY 3 BOTH SPUTUM AND X-RAY 4 CLINICAL SYMPTOMS ONLY 5 DIAGNOSED ELSEWHERE, THIS CLINIC PROVIDES FOLLOW-UP TREATMENT ONLY 6</p>	<p>→ 710 → 710 → 710 → 710 → 710</p>
707	<p>Does this clinic/unit have an understanding with a referral site for TB diagnosis that they will test referred clients and that results will either be provided to the clinic/unit or to the client to bring back to this clinic/unit for client follow up?</p>	<p>YES 1 NO 2</p>	<p>→ 710</p>
708	<p>Is there a record of clients who are referred for TB diagnosis? IF YES, ASK TO SEE THE RECORD</p>	<p>YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO RECORD 3</p>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
709	When you refer the client to another facility for TB diagnosis, do you use a referral slip or other method for communicating with the referral clinic/unit? IF YES: What method do you use? IF REFERRAL SLIP IS USED, ASK TO SEE IT	YES, REFERRAL SLIP OBSERVED . . . 1 YES, REFERRAL SLIP NOT OBSERVED. 2 PATIENT SENT WITH MEDICAL CHART/RECORD 3 CALL TO GIVE INFORMATION ON CLIENT 4 OTHER _____ 6 (SPECIFY) NO METHOD 7	
710	At this time I would like to see any guidelines or protocols that you have for tuberculosis diagnosis or treatment. Do you have the following guidelines or protocols available? IF YES, ASK, may I see them?	OBSERVED COMPLETE OBSERVED, REPORTED, INCOMPL-ETE NOT SEEN NOT AVAILA-BLE	
01	National guideline for diagnosis and treatment of TB	1 → 711 2 3 4	
02	Other guideline for diagnosis and treatment of TB SPECIFY _____	1 2 3 4	
711	Do you have any record of the number of newly diagnosed TB clients for this clinic/unit, during the past twelve months?	YES 1 NO 2	→ 714
712	ASK TO SEE THE RECORDS AND RECORD THE NUMBER OF NEWLY DIAGNOSED TB CLIENTS FOR THE CLINIC/UNIT DURING THE PAST 12 MONTHS.	NUMBER OF CLIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
713	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>	
714	Is this facility included in the national DOTS program?	YES 1 NO 2	
715	What treatment strategy is followed by providers in this clinic/unit for TB treatment?	DIRECT OBSERVE 2M, FU 6M 1 DIRECT OBSERVE 6M 2 NO DIRECT OBSERVED TREATMENT FOLLOW UP CLIENTS ONLY AFTER INTENSIVE TREATMENT PROVIDED ELSEWHERE 4	→ 719 → 719
716	What is the strategy for the direct observed treatment during the first two months of treatment or until the client is sputum negative? CIRCLE THE LETTER FOR ALL STRATEGIES USED BY THIS FACILITY FOR THE DOT.	CLIENT HOSPITALIZED A CLIENT COMES TO FACILITY B OUTREACH WORKER GOES TO CLIENT C COMMUNITY WORKER OBSERVES D OTHER _____ X (SPECIFY)	
717	Do you have a record or register that show the clients who are currently receiving DOTS? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 719 → 719
718	Is the record/register up-to-date for the prior week for all clients receiving their DOTS medications?	YES 1 NO 2	
719	From where does this facility receive your TB medications? CIRCLE ALL THAT APPLY.	NATIONAL TB CONTROL PROGRAM A DIRECT PURCHASE B DONATIONS FROM NGOS C OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
720	Are TB medicines kept in this clinic/unit? IF YES, ASK TO SEE THE MEDICINES AND INDICATE HOW THEY ARE SUPPLIED.	YES, PREPACKAGED FOR CLIENTS . . . 1 YES, BULK JARS 2 NO, MEDICINES IN PHARMACY 3	→ CHECK 605 → 722
721	ASK TO SEE THE PREPACKAGED MEDICINES AND RECORD IF THERE IS A PACKAGE FOR ALL CLIENTS CURRENTLY UNDER DOTS TREATMENT.	YES, ALL CLIENTS 1 NO, SOME CLIENTS ONLY 2 NO MEDICINES AVAILABLE 3	
722	Does this clinic/unit provide routine follow-up for any clients who are placed on TB treatment? IF NO, INDICATE WHERE FOLLOW-UP OF TB CLIENTS IS CARRIED OUT.	YES, INTENSIVE TREATMENT ONLY . . . 1 YES, FULL TREATMENT 2 NO, CLIENTS REFERRED TO INPATIENT UNIT 3 NO, CLIENTS REFERRED TO HEALTH CENTER 4 NO, CLIENTS REFERRED ELSEWHERE 5 (SPECIFY)	→ 735 → 735 → 735
723	Do you have individual client charts or records for clients receiving TB treatment? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
724	Do you have a register or list of clients currently being followed by this unit for TB treatment?	YES, REGISTER OR LIST OBSERVED . . . 1 NO 2	→ 728a
725	ASK TO SEE THE REGISTER AND INDICATE THE DATE THE MOST RECENT CLIENT WAS ADMITTED TO TB TREATMENT.	WITHIN PAST 30 DAYS 1 MORE THAN 30 DAYS AGO 2 REGISTER NOT SEEN 3	→ 728a
726	USING EITHER THE CARDS OR REGISTER, RECORD THE TOTAL NUMBER OF CLIENTS WHO ARE CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	TOTAL NUMBER OF CLIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ON TB TREATMENT	
727	RECORD THE NUMBER OF FEMALE CLIENTS CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	NUMBER OF FEMALE CLIENTS ON TB TREATMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	
728	Do you have a register or record that shows the treatment outcome for clients who received TB treatment from this facility but are no longer under treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
728a	Are suspect TB clients who are diagnosed as negative for TB ever tested or referred for an HIV test or for counseling about HIV/AIDS?	YES, ALL TESTED OR REFERRED 1 SUSPECT CASES ONLY TESTED OR REFERRED 2 NO 3 DON'T KNOW 8	
729	Are newly diagnosed cases of TB (or cases followed up by this clinic/unit), tested or referred for an HIV test or for counseling about HIV/AIDS?	YES, ALL TESTED OR REFERRED 1 SUSPECT CASES ONLY TESTED OR REFERRED 2 NO 3 DON'T KNOW 8	→ 733 → 733
730	Do you have a register or list of new TB patients who were referred for an HIV test or counseling? IF YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 733 → 733
731	How many new TB patients were referred for an HIV/AIDS test or counseling in the past twelve months?	NUMBER OF NEW TB CLIENTS REFERRED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
732	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
733	Do you have a register or list of clients currently under TB treatment who are also diagnosed as HIV positive or as having AIDS? YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 735 → 735
734	How many patients currently under TB treatment in this clinic are also diagnosed as HIV positive or as having AIDS?	NUMBER OF CLIENTS ON TB TREATMENT WITH HIV/AIDS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
735	Other than TB services, does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS? CARE AND SUPPORT MEANS ANY PREVENTIVE CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, SOCIAL SERVICES, OR HIV TESTS.	YES 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY 3 OTHER 6 (SPECIFY)	→ OPD OR IPD QRE → 743
736	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY 1 YES, REFERRED TO OTHER FACILITY FOR PEP 2 NO PEP AVAILABLE 3	→ 738 → 743
737	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP 1 RECORD SHOWS REFERRAL ONLY 2 NO RECORD OF REFERRAL 3	→ 742 → 742 → 742
738	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES 1 NO 2	→ 743
739	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES 1 NO 2	→ 743
740	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4	
741	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
742	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
743	RECORD THE TIME AT END OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																
804	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technologists/technicians) who provide services related to HIV/AIDS, who are assigned to this clinic/unit and are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services.</p> <p>COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.</p>	<p>STAFF LIST COMPLETED</p> <p>YES 1</p> <p>NO 2</p>																																	
805	<p>Which services or units are eligible to refer patients for counseling and testing to this clinic/unit?</p> <p>READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.</p>	<p>GENERAL INPATIENT UNITS A</p> <p>GENERAL OPD CLINIC/UNIT B</p> <p>SPECIALTY OPD CLINIC/UNITS C</p> <p>ANC CLINIC/UNIT D</p> <p>MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS E</p> <p>OTHER CLINIC/UNIT THIS FACILITY . W</p> <p>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																																	
806	<p>Which services or units have referred patients for counseling and testing to this clinic/unit in the last half year?</p> <p>READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.</p>	<p>GENERAL INPATIENT UNITS A</p> <p>GENERAL OPD CLINIC/UNIT B</p> <p>SPECIALTY OPD CLINIC/UNITS C</p> <p>ANC CLINIC/UNIT D</p> <p>MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS E</p> <p>OTHER CLINIC/UNIT THIS FACILITY . W</p> <p>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																																	
807	<p>How many days each week are counseling services for HIV/AIDS available in this clinic/unit?</p>	<p>DAYS PER WEEK <input type="text"/></p>																																	
808	<p>How many days each week are testing services for HIV available in this clinic/unit?</p>	<p>DAYS PER WEEK <input type="text"/></p>																																	
809	<p>I would like to ask you about the routine practice for offering counseling during normal working hours when a client from this clinic/unit is referred for or receives an HIV test. By routine, I mean this is the practice for all HIV test client. For each of the following types of counseling, please tell me if counseling is routinely provided and, if so, whether or not the counseling is always provided by a trained counselor.</p>	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="808 1480 1112 1528">COUNSELING ROUTINELY PROVIDED</th> <th data-bbox="1140 1480 1274 1528">COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT</th> <th data-bbox="1318 1480 1388 1528">DON'T KNOW</th> </tr> <tr> <th data-bbox="808 1533 950 1606">ALWAYS BY TRAINED COUNSELOR</th> <th data-bbox="982 1533 1112 1606">NOT ALWAYS BY TRAINED COUNSELOR</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td data-bbox="311 1701 342 1732">01</td> <td data-bbox="381 1701 766 1732">Pretest counseling</td> <td data-bbox="841 1701 855 1732">1</td> <td data-bbox="1031 1701 1045 1732">2</td> <td data-bbox="1177 1701 1192 1732">3</td> <td data-bbox="1339 1701 1354 1732">8</td> </tr> <tr> <td data-bbox="311 1738 342 1770">02</td> <td data-bbox="381 1738 766 1770">Post-test for positive results</td> <td data-bbox="841 1738 855 1770">1</td> <td data-bbox="1031 1738 1045 1770">2</td> <td data-bbox="1177 1738 1192 1770">3</td> <td data-bbox="1339 1738 1354 1770">8</td> </tr> <tr> <td data-bbox="311 1776 342 1808">03</td> <td data-bbox="381 1776 766 1808">Post-test for negative results</td> <td data-bbox="841 1776 855 1808">1</td> <td data-bbox="1031 1776 1045 1808">2</td> <td data-bbox="1177 1776 1192 1808">3</td> <td data-bbox="1339 1776 1354 1808">8</td> </tr> <tr> <td data-bbox="311 1814 342 1866">04</td> <td data-bbox="381 1814 766 1866">Follow-up counseling for HIV/AIDS clients (after initial post-test counseling)</td> <td data-bbox="841 1814 855 1866">1</td> <td data-bbox="1031 1814 1045 1866">2</td> <td data-bbox="1177 1814 1192 1866">3</td> <td data-bbox="1339 1814 1354 1866">8</td> </tr> </tbody> </table>	COUNSELING ROUTINELY PROVIDED		COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT	DON'T KNOW	ALWAYS BY TRAINED COUNSELOR	NOT ALWAYS BY TRAINED COUNSELOR			01	Pretest counseling	1	2	3	8	02	Post-test for positive results	1	2	3	8	03	Post-test for negative results	1	2	3	8	04	Follow-up counseling for HIV/AIDS clients (after initial post-test counseling)	1	2	3	8	
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NO.	QUESTIONS	CODING CATEGORIES	GO TO
810	Do you have any guidelines or protocols related to HIV test counseling in this unit?	YES 1 NO 2	→ 812
811	I am going to ask you about different guidelines and protocols related to HIV/AIDS. If you have the guidelines or protocols, may I see them?	OBSERVED, OBSERVED, REPORTED, COMPLETE INCOMPLETE NOT SEEN	NOT AVAILABLE
01	National Guidelines for VCT	1 → 09 2 3 4	
02	Pretest counseling	1 2 3 4	
03	Post test counseling for positive results	1 2 3 4	
04	Post test counseling for negative results	1 2 3 4	
05	Written policy stating all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling	1 2 3 4	
06	HIV testing procedures	1 → 09 2 3 4	
07	Policy on informed consent	1 2 3 4	
08	Policy on confidentiality regarding disclosure of HIV status	1 2 3 4	
09	Confidentiality policy specifically mentions family members will not be informed without client consent	1 2 3 4	
812	How many months have counseling services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS <input type="text"/> <input type="text"/> <input type="text"/>	
813	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY 1 YES, NOT PRESENT TODAY 2 NO 3	→ HW QRE
814	How is pretest counseling or information provided? PROBE AND CIRCLE ALL THAT APPLY	INDIVIDUAL A GROUP B NO PRETEST COUNSELING Y	→ 818
815	CHECK Q814: IS ANY PRETEST COUNSELING OR INFORMATION PROVIDED TO GROUPS?	YES 1 NO 2	→ 818
816	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS AND RECORD THE NUMBER OF SESSIONS THAT HAVE BEEN HELD	YES, <input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF SESSIONS NO 995	→ 818
817	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>	
818	Are there any records or registers that provide numbers of clients receiving pre or post test counseling?	YES, CLIENT RECORDED ONCE FOR PACKAGE (COUNSELING AND TEST) 1 YES 2 NO 3	→ 823 → 823

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
819	ASK TO SEE ANY RECORD OR REGISTER OF CLIENTS WHO RECEIVED ANY HIV TEST COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.	(a) RECORD AVAILABILITY			(b) NUMBERS FROM OBSERVED RECORDS	
		OB-SERVED	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → 01b	2 ↘ 02 ↙	3 ↘ 02 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
02	TOTAL CLIENTS RECEIVING POST-TEST COUNSELING	1 → 02b	2 ↘ 820 ↙	3 ↘ 820 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
820	What is the most recent date recorded for either pre or post test counseling?	WITHIN PAST 30 DAYS 1 MORE THAN 30 DAYS 2 NO DATE RECORDED 3				
821	Is there a client name or other identifier for clients receiving pre and post test counseling?	YES 1 NO 2				
822	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3				
823	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY . 2 VISUAL PRIVACY ONLY 3 NO PRIVACY 4				
824	WERE YOUTH FRIENDLY SERVICES ALREADY ASSESSED FOR YOUTH RECEIVING (V)CT SERVICES?	YES 1 NO 2			→ 832	
825	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT 1 YES, OTHER LOCATION 2 NO 3			→ 832 → 832	
826	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE.	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED NOT SEEN 3 NO 4				
827	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today?	YES, PRESENT TODAY 1 YES, NOT PRESENT TODAY 2 NO 3				
828	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM A DISCOUNT FEES B NO FEES C OTHER _____ X (SPECIFY)				

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																								
829	Please tell me if you have educational materials for any topic I mention, and if yes, which type of materials you have.	<table border="0"> <tr> <td style="text-align: center;">(a)</td> <td style="text-align: center;">(b)</td> <td style="text-align: center;">(c)</td> <td style="text-align: center;">(d)</td> </tr> <tr> <td style="text-align: center;">FLIPCHART</td> <td style="text-align: center;">BROCHURES/ PAMPHLETS</td> <td style="text-align: center;">POSTERS</td> <td style="text-align: center;">VIDEO</td> </tr> <tr> <td style="text-align: center;">1=YES 0=NO</td> <td style="text-align: center;">1=YES 0=NO</td> <td style="text-align: center;">1=YES 0=NO</td> <td style="text-align: center;">1=YES 0=NO</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">Contraception</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">HIV/AIDS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">STIs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">Nutrition</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: center;">Pregnancy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">06</td> <td style="text-align: center;">Abortion</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">Other _____ (SPECIFY)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	(a)	(b)	(c)	(d)	FLIPCHART	BROCHURES/ PAMPHLETS	POSTERS	VIDEO	1=YES 0=NO	1=YES 0=NO	1=YES 0=NO	1=YES 0=NO	01	Contraception	<input type="checkbox"/>	<input type="checkbox"/>	02	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	03	STIs	<input type="checkbox"/>	<input type="checkbox"/>	04	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	05	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	06	Abortion	<input type="checkbox"/>	<input type="checkbox"/>	07	Other _____ (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	
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06	Abortion	<input type="checkbox"/>	<input type="checkbox"/>																																								
07	Other _____ (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>																																								
830	Are any of the materials for health education targeted to youth?	YES 1 NO 2	→ 832																																								
831	Which topic or topics are targeted toward youth? CIRCLE ALL THAT APPLY.	CONTRACEPTION A HIV/AIDS B STIs C NUTRITION D PREGNANCY E ABORTION F OTHER _____ X (SPECIFY)																																									
832	Is an HIV test conducted or is blood for an HIV test drawn in this clinic/unit? CIRCLE THE RESPONSE THAT BEST REFLECTS THE HIV TESTING PROCEDURE	YES, BLOOD DRAWN AND TEST CONDUCTED THIS CLINIC/UNIT 1 YES, BLOOD DRAWN , BUT TEST NOT CONDUCTED THIS CLINIC/UNIT. 2 NO, CLIENT SENT TO LAB IN FACILITY. 3 NO, CLIENT SENT TO EXTERNAL AFFILIATED LAB 4 OTHER _____ . 6 (SPECIFY)	→ 835 → 835 → 835																																								

NO.	QUESTIONS	CODING CATEGORIES	GO TO
833	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED REPORTED, NOT NOT SEEN AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04 2 3	
02	AUDITORY PRIVACY	1 2 3	
03	VISUAL PRIVACY	1 2 3	
04	RUNNING WATER	1 → 06 2 3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1 2 3	
06	SOAP	1 2 3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1 2 3	
08	SHARPS CONTAINER	1 2 3	
09	DISPOSABLE LATEX GLOVES	1 → 11 2 3	
10	DISPOSABLE NON-LATEX GLOVES	1 2 3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1 2 3	
12	CONDOMS	1 2 3	
13	SPINAL TAP KIT	1 2 3	
14	RAPID TEST FOR HIV	1 2 3	
15	DISPOSABLE NEEDLES	1 2 3	
16	DISPOSABLE SYRINGES	1 2 3	
834	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES 1 NO 2	
835	HAS INFORMATION ON THE LABORATORY WHERE THE HIV TEST IS CONDUCTED BEEN PREVIOUSLY COLLECTED (EITHER DURING OUTPATIENT OR OTHER INPATIENT DATA COLLECTION)?	YES 1 NO 2 RAPID TEST ONLY, NO LAB 3	→ LAB QRE
836	How many months have HIV testing services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS <input type="text"/> <input type="text"/> <input type="text"/>	
837	Are there any registers or records for the clients from this clinic who received HIV tests? IF YES, ASK TO SEE ANY RECORDS FOR THE PAST 12 MONTHS, RELATED TO NUMBERS OF CLIENTS RECEIVING AN HIV TEST, TEST RESULTS, AND WHETHER THE CLIENT RECEIVED RESULTS OR NOT	YES, RECORDS KEPT IN THIS CLINIC 1 YES, RECORDS MAINTAINED ELSEWHERE IN FACILITY 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> YES, RECORDS IN LAB 3 OTHER 6 (SPECIFY) NO 7	→ 842 → 842 → 842 → 842

NO.	QUESTIONS	CODING CATEGORIES		GO TO				
838	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE REQUESTED NUMBERS.	(a) RECORD AVAILABILITY		(b) NUMBERS FROM OBSERVED RECORDS				
		OBSERVED	REPORTED, NO NOT SEEN	RECORD	NUMBER OF CLIENTS	MONTHS OF DATA		
		1 →01b	2 02	3 02	<input type="text"/>	<input type="text"/>		
		01	TOTAL CLIENTS RECEIVING HIV TEST	1 →01b	2 02	3 02	<input type="text"/>	<input type="text"/>
		02	TOTAL FEMALE CLIENTS RECEIVING HIV TEST	1 →02b	2 03	3 03	<input type="text"/>	<input type="text"/>
		03	TOTAL CLIENTS AGE 15-24 YEARS	1 →03b	2 04	3 04	<input type="text"/>	<input type="text"/>
		04	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 →04b	2 05	3 05	<input type="text"/>	<input type="text"/>
05	TOTAL CLIENTS WHO RECEIVED TEST RESULTS	1 →05b	2 06	3 06	<input type="text"/>	<input type="text"/>		
06	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 →06b	2 839	3 839	<input type="text"/>	<input type="text"/>		
839	Are reports regularly compiled on the number of clients in this clinic/unit who receive testing or counseling services for HIV/AIDS?	YES, FOR POS AND NEG RESULTS ... 1 YES, FOR POS RESULTS ONLY 2 NO 3		→ 842				
840	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	YES, MONTHLY OR MORE OFTEN ... 1 YES, EVERY 2-3 MONTHS 2 YES, EVERY 4-6 MONTHS 3 YES LESS OFTEN THAN EVERY 6 MONTHS 4 NEVER 5		→ 842				
841	To whom do you send these reports? CIRCLE ALL THAT APPLY.	RECORDS OFFICER A FACILITY DIRECTOR B DISTRICT MEDICAL OFFICE OF HEALTH- C PROVINCIAL RECORDS OFFICE D NATIONAL AIDS OFFICE (NASCO) ... E OTHER X (SPECIFY)						
842	Is an individual client chart or record maintained for all HIV positive clients? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 YES, CHART/RECORD AVAILABLE IN OTHER CLINIC/UNIT, THIS FACILITY ... 3 ENTER CLINIC/UNIT NUMBER <input type="text"/> OTHER 6 (SPECIFY) NO 7						

NO.	QUESTIONS	CODING CATEGORIES	GO TO
843	Other than (V)CT services, does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS? CARE AND SUPPORT MEANS ANY PREVENTIVE, CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, OR SOCIAL SERVICES.	YES 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY..... 3 OTHER 6 SPECIFY	→ OPD OR IPD QRE & → 851
844	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY 1 YES, REFERRED TO OTHER FACILITY FOR PEP 2 NO PEP AVAILABLE 3	→ 846 → 851
845	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP 1 RECORD SHOWS REFERRAL ONLY 2 NO RECORD OF REFERRAL 3	→ 850 → 850 → 850
846	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES 1 NO 2	→ 851
847	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES 1 NO 2	→ 851
848	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4	
849	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
850	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
851	RECORD THE TIME AT END OF INTERVIEW <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

SECTION I: ANTIRETROVIRAL THERAPY

Code of facility: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> QRE <input type="checkbox"/> PROV DISTRICT FACILITY TYPE		
Interviewer: Code <input type="text"/> <input type="text"/>		
900	INDICATE THE SERVICE SETTING FOR THIS SECTION	OUTPATIENT OUTPATIENT COUNSELING AND TESTING CLINIC/UNIT 07 SPECIFIC HIV UNIT WITHIN OPD 09 CLINIC/UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS 10 INPATIENT HIV/AIDS INPATIENT UNIT 25 UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS 28 OTHER ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 SPECIFY
901	MANAGING AUTHORITY GOVERNMENT 01 NGO 02 PRIVATE (FOR-PROFIT) 03 MISSION 04 OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>
ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT ART SERVICES PROVIDED BY THIS UNIT.		
IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW. IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q902 BELOW AND GO ON TO Q903.		
<p>Now I will read a statement explaining the survey and asking your consent for responding to survey questions.</p> <p>Hello. My name is _____. We are here on behalf of the NCPD and the MOH to assist the government in knowing more about the availability of HIV/AIDS-related services. Your facility was randomly selected to participate in this study. We will be asking several questions about the types of HIV/AIDS-related care and support services provided by this facility. We will ask to see HIV/AIDS-related patient registers, however no patient names from the registers will be reviewed, recorded or shared.</p> <p>You may decline to answer any question or choose to stop the interview at any time.</p> <p>Please be assured that the information you give us will be completely confidential and will not be traced to you and will not be identified with the name of the facility.</p> <p>Do you have any questions for me at this time?</p>		
902	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2 → STOP
903	RECORD THE TIME AT BEGINNING OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
904	<p>First, I would like to identify clinical staff, such as nurses or doctors, or other staff, such as counselors, social workers, and laboratory technologists/technicians, who provide services related to HIV/AIDS, who are assigned to this clinic/unit and are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services.</p> <p>COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.</p>	<p>STAFF LIST COMPLETED</p> <p>YES 1</p> <p>NO 2</p>	
905	How many days each week are ART services available in this clinic/unit?	DAYS PER WEEK <input type="text"/>	
906	How many months have ART services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS <input type="text"/> <input type="text"/> <input type="text"/>	
907	<p>Which services or units are eligible to refer patients for ART to this clinic/unit?</p> <p>READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.</p>	<p>GENERAL OPD CLINIC/UNIT A</p> <p>SPECIALTY OPD CLINIC/UNIT B</p> <p>ANC CLINIC/UNIT C</p> <p>MATERNITY AND/OR LABOR AND DELIVERY CLINIC/UNIT D</p> <p>VCT OR CT CLINIC/UNITS E</p> <p>FAMILY PLANNING F</p> <p>TUBERCULOSIS G</p> <p>GENERAL INPATIENT UNITS H</p> <p>HIV/AIDS INPATIENT UNIT I</p> <p>OUTSIDE FACILITY/SITE J</p> <p>OTHER CLINIC/UNIT THIS FACILITY W</p> <p>ENTER CLINIC/UNIT NUMBER <input type="text"/><input type="text"/></p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
908	<p>Which services or units have referred patients for ART to this clinic/unit in the last half year?</p> <p>READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.</p>	<p>GENERAL OPD CLINIC/UNIT A</p> <p>SPECIALTY OPD CLINIC/UNIT B</p> <p>ANC CLINIC/UNIT C</p> <p>MATERNITY AND/OR LABOR AND DELIVERY CLINIC/UNIT D</p> <p>VCT OR CT CLINIC/UNITS E</p> <p>FAMILY PLANNING F</p> <p>TUBERCULOSIS G</p> <p>GENERAL INPATIENT UNITS H</p> <p>HIV/AIDS INPATIENT UNIT I</p> <p>OUTSIDE FACILITY/SITE J</p> <p>OTHER CLINIC/UNIT THIS FACILITY W</p> <p>ENTER CLINIC/UNIT NUMBER <input type="text"/><input type="text"/></p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
909	<p>Is there one person specifically in charge of ARV services?</p> <p>IF YES, INDICATE WHERE PERSON IS ASSIGNED</p>	<p>YES, ASSIGNED THIS CLINIC/UNIT 1</p> <p>YES, ANOTHER CLINIC/UNIT 2</p> <p>NO ONE PERSON IN CHARGE OF ARV SERVICES 3</p>	<p>→ 910a</p> <p>→ 910a</p>

NO.	QUESTIONS	CODING CATEGORIES	GO TO				
910	What is the qualification of the person in charge of ARV services?	CONSULTANT 1 MEDICAL DOCTOR 2 CLINICAL OFFICER 3 REGISTERED NURSE 4 ENROLLED NURSE 5 OTHER 6 (SPECIFY)					
910a	Which ARV drugs are prescribed in this clinic/unit? CIRCLE ALL THAT APPLY. AFTER THE RESPONSE, READ OUT THE NAME OF EACH DRUG THAT IS NOT MENTIONED, TO VERIFY THAT THE DRUG IS NOT PRESCRIBED BY THIS CLINIC/UNIT.	AZT+3TC A ZIDOVUDINE (ZDV,AZT) B ABACAVIR/ABC C DIDANOSINE/DDI D EFAVIRENZ/EFZ E LAMIVUDINE/3TC F NEVIRAPIN/NVP G NRTI (TENOFVIR DISOPROXIL FUMARATE/VIREAD) H PROTEASE INHIBITORS (INDINAVIR [CRIVAN], NELFINAVIR [VIRACEPT], RITONAVIR [NORVIR], SAQUINAVIR [INVIRASE]) I STAVUDINE/D4T J OTHER X (SPECIFY)					
911	Now I want to know about any eligibility criteria used for placing clients on ARV Therapy. For each stage of AIDS that I will describe & each criteria I mention please indicate if a client at that stage is eligible for ART from this facility. READ EACH STAGE AND EACH CRITERIA AND CIRCLE ALL THAT APPLY						
	WHO stage 1 = No symptoms of illness WHO stage 2 = SOME SYMPTOMS, MOSTLY AMBULATORY WHO STAGE 3 = SOME SYMPTOMS, IN BED MORE THAN NORMAL WHO STAGE 4 = SOME SYMPTOMS, MOST OF TIME IN BED						
		ELIGIBILITY CRITERIA					
		CLIENT NOT ELIGIBLE	SOCIAL OR ADHER.	CD4+ T LYMPH. COUNT	HIV VIRAL LOAD	COMMIT-TEE	DOCTOR OPINION
01	WHO stage 1 - No symptoms of illness	A	B	C	D	E	F
02	WHO stage 1 - No symptoms and pregnant	A	B	C	D	E	F
03	WHO stage 2 - Symptomatic	A	B	C	D	E	F
04	WHO stage 2 - Symptomatic and pregnant	A	B	C	D	E	F
05	WHO stage 3 - Symptomatic	A	B	C	D	E	F
06	WHO stage 3 - Symptomatic and pregnant	A	B	C	D	E	F
07	WHO stage 4 - Symptomatic	A	B	C	D	E	F
08	WHO stage 4 - Symptomatic and pregnant	A	B	C	D	E	F
09	Current active life-threatening OI disease (e.g., TB, meningitis)	A	B	C	D	E	F
10	Newborn of HIV infected mother	A	B	C	D	E	F
912	Are social or other criteria related to the client's personal situation considered prior to starting ART? IF YES, Tell me which of the following criteria are considered prior to starting ART? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	GEOGRAPHIC CRITERIA A PROOF OF CAPACITY TO ATTEND CLINIC REGULARLY B DISCLOSURE TO SIGNIFICANT OTHER (IF APPLICABLE) C NO ART IF SOCIAL PROBLEM: ALCOHOLIC D DRUG ADDICT E MENTAL ILLNESS F HOMELESSNESS G OTHER X (SPECIFY) NO SOCIAL CRITERIA APPLIED Y					

NO.	QUESTIONS	CODING CATEGORIES	GO TO		
913	Are adherence criteria considered prior to starting ART? IF YES, Tell me which of the following eligibility criteria are considered prior to starting a client on ART? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	CONSISTENT USE OF COTRIM A REQUIRED PRE-ART CLINIC VISITS MADE ON TIME B TREATMENT ASSISTANT IDENTIFIED C OTHER _____ X (SPECIFY) NO ADHERENCE CRITERIA APPLIED Y			
914	Is a total lymphocyte count (TLC) always done prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY 1 YES, CLIENT GOES ELSEWHERE 2 YES, BLOOD SENT ELSEWHERE 3 NO 4	→ 916		
915	After the initial TLC test, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically. IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION 1 EVERY MONTH 2 EVERY 2-3 MONTHS 3 EVERY 4-6 MONTHS 4 EVERY YEAR 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP 7			
916	Is a CD4 T Cell count always determined prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY 1 YES, CLIENT GOES ELSEWHERE 2 YES, BLOOD SENT ELSEWHERE 3 NO 4	→ 918		
917	After the initial CD4 T cell count, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically. IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION 1 EVERY MONTH 2 EVERY 2-3 MONTHS 3 EVERY 4-6 MONTHS 4 EVERY YEAR 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP 7			
918	Is an HIV RNA Viral load level always done prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY 1 YES, CLIENT GOES ELSEWHERE 2 YES, BLOOD SENT ELSEWHERE 3 NO 4	→ 920		
919	After the initial HIV RNA Viral load level, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically. IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION 1 EVERY MONTH 2 EVERY 2-3 MONTHS 3 EVERY 4-6 MONTHS 4 EVERY YEAR 5 OTHER _____ 6 (SPECIFY) NO FOLLOW-UP 7			
920	For each of the following tests, please tell me if the test is conducted routinely, selectively, or never, before starting ART.				
		TEST CONDUCTED			
		ROUTINELY	SELECTIVELY	NEVER	DK
01	Blood count/CBC	1	2	3	8
02	Serum transaminases	1	2	3	8
03	Pregnancy test for women	1	2	3	8
04	Serum creatinine	1	2	3	8
05	Urinalysis	1	2	3	8
06	Liver function tests	1	2	3	8
07	TB sputum test	1	2	3	8
08	Chest X-Ray	1	2	3	8
09	Any other routine tests _____ (SPECIFY)	1	2	3	8

NO.	QUESTIONS	CODING CATEGORIES				GO TO
921	When a client is started on ART, are any of the following types of counseling offered? IF YES, RECORD WHETHER THE COUNSELING IS ALWAYS OFFERED OR SOMETIMES OFFERED.	ALWAYS	SOMETIMES	NEVER	DON'T KNOW	
01	Pre-treatment medication counseling?	1	2	3	8	
02	Follow-up counseling to discuss adherence to ART medicines?	1	2	3	8	
03	Follow-up counseling to discuss adherence to medication plan in presence of significant others?	1	2	3	8	
922	IF ANY ITEM IN Q921 IS CODED '1' (ALWAYS), ASK: Who provides the counseling for ART medicines? AND CIRCLE ALL THAT APPLY. IF NONE OF THE RESPONSES IN 921 ARE CODED '1', CIRCLE 'Y', "NO COUNSELING".	PRESCRIBING PHYSICIAN OR CLINICAL OFFICER A REGISTERED/ENROLLED NURSE B TRAINED COUNSELOR C PHARMACIST D OTHER _____ X (SPECIFY) NO COUNSELING Y				→ 924
923	Have all of the people you just mentioned, who provide counseling for ART medicines been trained in counseling for adherence to ART?	YES	NO	DON'T KNOW	1 2 8	
924	Are there any fees assessed for any services or items related to ARV treatment?	YES	NO		1 2	→ 926
925	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	(a) FEE YES NO NA			(b) AMOUNT IN KSH	
01	FEE FOR ARV CLIENT CARD/CHART	1 → 01b	2 02 ↙	3 02 ↘	□ □ □ □	
02	FEE FOR CONSULTATION SERVICE	1 → 02b	2 03 ↙	3 03 ↘	□ □ □ □	
03	FEE FOR ARV MEDICINE	1 → 03b	2 04 ↙	3 04 ↘	□ □ □ □	
04	FEE FOR LAB TEST CD4 COUNT	1 → 04b	2 05 ↙	3 05 ↘	□ □ □ □	
05	OTHER _____ (SPECIFY)	1 → 05b	2 926 ↙	3 926 ↘	□ □ □ □	
926	I want to ask you specifically about guidelines or protocols for different aspects of ART. These topics may be a part of other more general guidelines, or may be separate. READ EACH TOPIC AND ASK IF THERE IS ANY STANDARD OPERATING PROCEDURE, GUIDELINE, OR PROTOCOL RELATED TO THAT TOPIC IN THE CLINIC/UNIT. IF YES, ASK TO SEE THE GUIDELINE/PROTOCOL					
	TOPIC	OBSERVED COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	National Guidelines for VCT	1 → 03	2	3	4	
02	HIV testing protocol	1	2	3	4	
03	Guidelines to Antiretroviral Drug Therapy in Kenya	1 → 09	2	3	4	
04	Eligibility criteria for ART	1	2	3	4	
05	ART standard treatment regimes for adults	1	2	3	4	
06	ART standard treatment regimes for children	1	2	3	4	
07	Drug interactions	1		3	4	
08	Detection of side-effects/toxicity	1		3	4	
09	Referral criteria	1		3	4	
10	Standard reporting system	1		3	4	
11	Counseling for adherence to antiretroviral therapy	1		3	4	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
927	Where is information for patients receiving ART through this clinic/unit recorded? CIRCLE ALL THAT APPLY.	GENERAL OPD REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS A SPECIFIC REGISTER FOR HIV/AIDS CLIENTS B SPECIFIC REGISTER ONLY FOR CLIENTS RECEIVING ART C INDIVIDUAL CLIENT CHART/RECORD D COMPUTER E NO RECORD KEPT Y	→ 940
928	ASK TO SEE THE REGISTER/CLIENT CHART/ COMPUTER RECORDS, AND INDICATE THE DATE OF THE MOST RECENT TIME ART WAS PROVIDED.	WITHIN PAST 30 DAYS 1 MORE THAN 30 DAYS AGO 2 REGISTER/RECORDS NOT SEEN 3	→ 937
929	How many patients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF CLIENTS ON ART <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000	
930	How many female patients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF FEMALE CLIENTS ON ART <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 DON'T KNOW 9998	
931	Among currently registered ART clients how many regularly attend the clinic for follow-up?	NUMBER OF REGULAR ART CLIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 DON'T KNOW 9998	
932	Among currently registered ART clients, how many are irregular in their treatment, that is, have missed 2 or more appointments in the past 6 months?	NUMBER OF IRREGULAR ART CLIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 DON'T KNOW 9998	
933	During the past 12 months, how many ART clients have died?	NUMBER OF CLIENTS DIED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 DON'T KNOW 9998	→ 935
934	INDICATE MONTHS OF DATA IN Q933	MONTHS OF DATA <input type="text"/> <input type="text"/>	
935	During the past 12 months, how many ART clients have been lost to follow-up?	NUMBER OF CLIENTS LOST TO FOLLOW-UP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 0000 DON'T KNOW 9998	→ 937
936	INDICATE MONTHS OF DATA IN Q 935	MONTHS OF DATA <input type="text"/> <input type="text"/>	
937	Are reports regularly compiled on the numbers of clients receiving ART?	YES 1 NO 2	→ 940
938	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	YES, MONTHLY OR MORE OFTEN 1 YES, EVERY 2-3 MONTHS 2 YES, EVERY 4-6 MONTHS 3 YES LESS OFTEN THAN EVERY 6 MONTHS 4 NEVER 5	→ 940

NO.	QUESTIONS	CODING CATEGORIES	GO TO
939	To whom do you send these reports? CIRCLE ALL THAT APPLY.	RECORDS OFFICER A FACILITY DIRECTOR B DISTRICT MEDICAL OFFICE OF HEALTH . . . C PROVINCIAL RECORDS OFFICE D NATIONAL AIDS OFFICE (NASCOP) E LOGISTICS MANAGEMENT UNIT KEMSA . . F OTHER X (SPECIFY)	
940	Is an individual client chart or record maintained for all ART clients? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 YES, CHART/RECORD AVAILABLE IN OTHER CLINIC/UNIT, THIS FACILITY ... 3 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> NO 4	
941	Do you have a system for making individual client appointments for follow-up? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 943
942	Does the appointment system indicate if the client kept the appointment or not?	YES 1 NO 2	
943	Does this facility provide nutrition rehabilitation services for HIV/AIDS patients? By nutritional rehabilitation I mean services such as education about eating well, early identification of deficiencies, providing the fortified protein supplement (FPS)? IF YES, Which of the following components are a part of the nutritional rehabilitation services? READ RESPONSES AND CIRCLE ALL THAT APPLY.	NUTRITIONAL COUNSELING A TEACH EARLY IDENTIFICATION OF DEFICIENCIES B PROVIDE VITAMINS C PROVIDE FPS D PROVIDE UJI/OTHER PORRIDGE MIX E PROVIDE OTHER DIET SUPPLEMENT X (SPECIFY) NO SERVICES Y	
944	Does this facility have links with community based health workers? IF YES, ASK: What types of services do the community based workers provide? CIRCLE ALL THAT APPLY	YES, DISTRIBUTE ARVS A YES, CLIENT TREATMENT SUPPORT . . B YES, HOME CARE C YES, OTHER X (SPECIFY) NO Y	→ 950
945	When clients are referred to community based health workers, do you have a formal system for making the referral, such as a referral slip or other means? IF YES: What method do you use?	YES, REFERRAL SLIP OBSERVED 1 YES, REFERRAL SLIP NOT OBSERVED . . 2 PATIENT SENT WITH MEDICAL CHART/RECORD 3 CALL TO GIVE CLIENT INFORMATION . . 4 OTHER 6 (SPECIFY) NO METHOD 7	
946	When community based health workers refer clients to the facility, is there a formal system for making the referral such as a referral slip or other means? IF YES, What method is used?	YES, REFERRAL SLIP OBSERVED 1 YES, REFERRAL SLIP NOT OBSERVED . . 2 PATIENT SENT WITH MEDICAL CHART/RECORD 3 CALL TO GIVE CLIENT INFORMATION . . 4 OTHER 6 (SPECIFY) NO METHOD 7	
947	Do you have a reporting format that the community health worker completes, or that facility staff complete for the community work? IF YES, ASK TO SEE A COPY OF A RECENT REPORT	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
948	Is there a system for periodic supervision of the community health worker? IF YES, ASK TO SEE EVIDENCE OF A SYSTEM SUCH AS A SUPERVISORY SCHEDULE OR REPORT	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
949	When was the most recent training session for community health workers who are linked with this facility?	WITHIN PAST 30 DAYS 1 WITHIN PAST 2--6 MONTHS 2 WITHIN PAST 7-12 MONTHS 3 MORE THAN 12 MONTHS AGO 4 NO TRAINING 5	
950	Other than ART services, does this clinic/unit ever provide any care or support services for clients who are suspected of having HIV/AIDS? CARE AND SUPPORT MEANS ANY PREVENTIVE CURATIVE OR PALLIATIVE CARE, COUNSELING OR REFERRALS FOR COUNSELING, SOCIAL SERVICES, OR HIV TESTS.	YES 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> NO, CLIENTS ARE REFERRED TO OTHER FACILITY 3 OTHER _____ 6 (SPECIFY)	→ OPD OR IPD QRE → 958
951	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY 1 YES, REFERRED TO OTHER FACILITY FOR PEP 2 NO PEP AVAILABLE 3	→ 953 → 958
952	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP 1 RECORD SHOWS REFERRAL ONLY 2 NO RECORD OF REFERRAL 3	→ 957 → 957 → 957
953	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES 1 NO 2	→ 958
954	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES 1 NO 2	→ 958
955	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4	
956	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
957	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
958	RECORD THE TIME AT END OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

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

Code of facility: QRE TYPE J

PROV DISTRICT FACILITY

Interviewer: Code

1000	INDICATE THE SERVICE SETTING FOR THIS SECTION	OUTPATIENT ANTENATAL CARE 03 DELIVERY SERVICES 05 INPATIENT DELIVERY SERVICES 26 OTHER CLINIC/UNIT ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
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1001	MANAGING AUTHORITY GOVERNMENT 01 NGO 02 PRIVATE (FOR-PROFIT) 03 MISSION 04 OTHER 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>	
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1002	HOW ARE THE PMTCT SERVICES ORGANIZED?	SEPARATE (V)CT/PMTCT CLINIC/UNIT WITHIN ANC SERVICE AREA 1 SEPARATE (V)CT/PMTCT CLINIC/UNIT WITHIN MATERNITY SERVICE AREA 2 PMTCT CLINIC/UNIT INTEGRATED WITHIN ANC CLINIC/UNIT 3 OTHER 6 (SPECIFY)	
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ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT PMTCT SERVICES PROVIDED IN THIS UNIT. SOME INFORMATION MAY REQUIRE SPEAKING WITH ANC SERVICE PROVIDERS.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q1003 BELOW AND GO ON TO Q1004.

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

Hello. My name is _____. We are here on behalf of the NCPD and the MOH to assist the government in knowing more about the availability of HIV/AIDS-related services. Your facility was randomly selected to participate in this study.

We will be asking several questions about the types of HIV/AIDS-related care and support services provided by this facility. We will ask to see HIV/AIDS-related patient registers, however no patient names from the registers will be reviewed, recorded, or shared. You may decline to answer any question or choose to stop the interview at any time.

Please be assured that the information you give us will be completely confidential and will not be traced to you and will not be identified with the name of the facility.

Do you have any questions for me at this time?

1003	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP
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1004	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
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NO.	QUESTIONS	CODING CATEGORIES	GO TO
1005	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technologists/technicians) who provide services related to HIV/AIDS, who are assigned to this clinic/unit and are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.</p>	<p>STAFF LIST COMPLETED</p> <p>YES 1</p> <p>NO 2</p>	
1006	<p>Which services or units are eligible to refer patients for PMTCT to this clinic/unit?</p> <p>READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.</p>	<p>GENERAL OPD CLINIC/UNIT A</p> <p>SPECIALTY OPD CLINIC/UNIT B</p> <p>ANC CLINIC/UNIT C</p> <p>MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS D</p> <p>VCT OR CT CLINIC/UNITS E</p> <p>FAMILY PLANNING F</p> <p>GENERAL INPATIENT UNITS G</p> <p>HIV/AIDS INPATIENT UNIT H</p> <p>OUTSIDE FACILITY/SITE I</p> <p>OTHER CLINIC/UNIT THIS FACILITY W</p> <p>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1007	<p>Which services or units have referred patients for PMTCT to this clinic/unit in the last 6 months?</p> <p>READ ALL RESPONSES AND CIRCLE ALL THAT APPLY.</p>	<p>GENERAL OPD CLINIC/UNIT A</p> <p>SPECIALTY OPD CLINIC/UNIT B</p> <p>ANC CLINIC/UNIT C</p> <p>MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS D</p> <p>VCT OR CT CLINIC/UNITS E</p> <p>FAMILY PLANNING F</p> <p>GENERAL INPATIENT UNITS G</p> <p>HIV/AIDS INPATIENT UNIT H</p> <p>OUTSIDE FACILITY/SITE I</p> <p>OTHER CLINIC/UNIT THIS FACILITY W</p> <p>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1008	<p>How many months have PMTCT services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.</p>	<p>MONTHS <input type="text"/> <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
1009	First, I would like to know about specific components of programs to prevent transmission of HIV/AIDS from mother to child (PMTCT). For each service I will mention, please tell me if providers in this clinic/unit offer the service, refer a client for the service, or do not offer the service at all to pregnant women for PMTCT.					
	SERVICE	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL
		OUTPATIENT		INPATIENT SERVICE ONLY		
		PROVIDE SERVICE IN THIS CLINIC/UNIT	REFER TO OTHER CLINIC/UNIT THIS FACILITY			
01	HIV testing	1	2	3	4	5
02	Group pretest information or counseling	1	2	3	4	5
03	Individual HIV pretest information or counseling	1	2	3	4	5
04	Individual HIV post-test counseling	1	2	3	4	5
05	Couple counseling for women who are HIV positive	1	2	3	4	5
06	Counseling on infant feeding to HIV positive women	1	2	3	4	5
07	Counseling on maternal nutrition to HIV positive women	1	2	3	4	5
08	Counseling on family planning	1	2	3	4	5
09	Family planning services	1	2	3	4	5
10	ARV prophylaxis for woman	1	2	3	4	5
11	ARV prophylaxis for newborn	1	2	3	4	5
12	Breast-milk substitutes for newborns of HIV positive women	1	2	3	4	5
13	Follow up counseling for HIV positive women	1	2	3	4	5
14	ARV therapy for HIV positive women	1	2	3	4	5
15	ARV therapy for family members of HIV positive women	1	2	3	4	5
16	Women-to-Women support groups	1	2	3	4	5
1010	Does this unit have any guidelines or protocols for PMTCT services? IF YES, ASK ABOUT EACH OF THE FOLLOWING GUIDELINES	YES 1 NO 2			→ 1011	
	GUIDELINE/PROTOCOL	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	National Guidelines on PMTCT	1 → 1011	2	3	4	
02	Other guidelines on counseling for the prevention of mother-to-child transmission (PMTCT)	1	2	3	4	
1011	DOES THIS UNIT EVER PROVIDE PMTCT SERVICES FOR OUTPATIENT CLIENTS?	YES 1 NO 2			→ 1073	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1012	CHECK QUESTION 1009 (01) TO SEE IF HIV TESTING IS OFFERED TO PREGNANT WOMEN. IF YES, ASK: Now I want to ask some questions about HIV testing for ANC clients. What procedure is used for testing new ANC clients? RECORD THE RESPONSE THAT BEST REFLECTS THE PRACTICE. PROBE IF NECESSARY.	OFFERED WHEN VOLUNTARILY REQUESTED BY PREGNANT WOMAN 1 OFFERED TO ALL ANC CLIENTS AT FIRST VISIT 2 OFFERED SELECTIVELY TO ANC CLIENTS AT FIRST VISIT, BASED ON SOCIAL/MEDICAL HISTORY 3 OTHER _____ 6 (SPECIFY) NO HIV TESTING 7	→ 1018
1013	How many days each week are HIV tests available in this facility for pregnant women?	DAYS PER WEEK <input type="checkbox"/> DON'T KNOW 8	
1014	Where is the HIV test for ANC clients carried out? CLARIFY THE RESPONSE THAT REFLECTS THE MOST COMMON PRACTICE.	THIS CLINIC/UNIT 01 OTHER SITES IN THIS FACILITY CLIENT SENT TO VCT/CT SITE 02 OTHER PMTCT-ONLY SITE 03 CLIENT SENT TO OTHER OPD SITE 04 SPECIFY WHICH CLINIC/UNIT <input type="checkbox"/> <input type="checkbox"/> BLOOD DRAWN IN THIS CLINIC AND SENT TO LAB 05 CLIENT SENT TO LAB 06 CLIENT REFERRED OUTSIDE FACILITY VCT/CT SITE 07 PMTCT-ONLY SITE 08 AFFILIATED LABORATORY 09 NON-AFFILIATED OTHER LOCATION 10 OTHER _____ 96 (SPECIFY)	→ 1017 → 1017 → 1017 → 1017
1015	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
01	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 04 2 3	
02	AUDITORY PRIVACY	1 2 3	
03	VISUAL PRIVACY	1 2 3	
04	RUNNING WATER	1 → 06 2 3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1 2 3	
06	SOAP	1 2 3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1 2 3	
08	SHARPS CONTAINER	1 2 3	
09	DISPOSABLE LATEX GLOVES	1 → 11 2 3	
10	DISPOSABLE NON-LATEX GLOVES	1 2 3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1 2 3	
12	CONDOMS	1 2 3	
13	RAPID TEST FOR HIV	1 2 3	
14	DISPOSABLE NEEDLES	1 2 3	
15	DISPOSABLE SYRINGES	1 2 3	
1016	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES 1 NO 2	
1017	CHECK Q1009 (02, 03, AND 04) TO SEE IF ANY PRE OR POST-TEST COUNSELING OR INFORMATION IS PROVIDED BY THIS CLINIC/UNIT.	YES 1 NO 2	→ 1023

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1018	When a client from this clinic/unit is referred for or receives an HIV test, what is the routine practice during normal working hours for offering counseling. By routine, I mean this is the practice for all HIV test clients. IF COUNSELING IS ROUTINELY OFFERED, ASK IF THE COUNSELOR IS ALWAYS TRAINED.	COUNSELING ROUTINELY PROVIDED		COUNSELING NOT PROVIDED	DON'T KNOW
		ALWAYS BY TRAINED COUNSELOR	NOT ALWAYS BY TRAINED COUNSELOR	ROUTINELY PROVIDED BY THIS CLINIC/UNIT	
01	Pretest counseling	1	2	3	8
02	Post-test for positive results	1	2	3	8
03	Post-test for negative results	1	2	3	8
04	Follow-up counseling for HIV/AIDS clients (after initial post-test counseling).	1	2	3	8
1019	Do you have any guidelines or protocols related to HIV test counseling?	YES, GUIDELINES AVAILABLE 1 NO GUIDELINES AVAILABLE 2			→ 1021
1020	COUNSELING GUIDELINES FOR:	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE
01	National Guidelines for PMTCT	1 → 09	2	3	4
02	National Guidelines for VCT	1 → 09	2	3	4
03	Pretest counseling	1	2	3	4
04	Post test counseling for positive results	1	2	3	4
05	Post test counseling for negative results	1	2	3	4
06	Written policy stating all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling	1	2	3	4
07	HIV testing procedures	1	2	3	4
08	Policy on informed consent	1	2	3	4
09	Policy on confidentiality regarding disclosure of HIV status	1	2	3	4
10	Confidentiality policy specifically mentions family members will not be informed without client consent	1	2	3	4
1021	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY 1 YES, NOT PRESENT TODAY 2 NO 3			→ HW QRE
1022	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY 2 VISUAL PRIVACY ONLY 3 NO PRIVACY 4			
1023	WERE YOUTH FRIENDLY SERVICES ALREADY ASSESSED FOR YOUTH RECEIVING PMTCT SERVICES?	YES 1 NO 2			→ 1031
1024	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC/UNIT 1 YES, OTHER LOCATION 2 NO 3			→ 1031 → 1031

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1025	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE.	YES, OBSERVED, COMPLETE 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED NOT SEEN 3 NO 4	
1026	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today?	YES, PRESENT TODAY 1 YES, NOT PRESENT TODAY 2 NO 3	
1027	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM A DISCOUNT FEES B NO FEES C OTHER _____ X (SPECIFY)	
1028	Please tell me if you have educational materials for any topic I mention, and if yes, which type of materials you have.	(a) FLIPCHART 1=YES 0=NO (b) BROCHURES/ PAMPHLETS 1=YES 0=NO (c) POSTERS 1=YES 0=NO (d) VIDEO 1=YES 0=NO	
01	Contraception	<input type="checkbox"/>	<input type="checkbox"/>
02	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
03	STIs	<input type="checkbox"/>	<input type="checkbox"/>
04	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
05	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
06	Abortion	<input type="checkbox"/>	<input type="checkbox"/>
07	Other _____ (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
1029	Are any of the materials for health education targeted to youth?	YES 1 NO 2	→ 1031
1030	Which topic or topics are targeted toward youth? CIRCLE ALL THAT APPLY.	CONTRACEPTION A HIV/AIDS B STIs C NUTRITION D PREGNANCY E ABORTION F OTHER _____ X (SPECIFY)	
1031	Are newborns of HIV positive women routinely tested for HIV as soon as possible after birth?	YES, FOR ALL HIV POSITIVE WOMEN 1 YES, FOR FACILITY DELIVERIES ONLY 2 NO, ROUTINELY TESTED AT OTHER TIME 3 RECORD AGE IN MONTHS FOR ROUTINE TESTING <input type="text"/> <input type="text"/> NO 4	
1032	CHECK Q1009 (10) AND (11) TO SEE IF THE FACILITY PROVIDES ARV PROPHYLAXIS FOR PREGNANT WOMEN OR NEWBORNS.	YES 1 NO 2	→ 1037
1033	Which antiretroviral medicines are used for PMTCT in this clinic? CIRCLE ALL THAT APPLY	NEVIRAPINE ALONE A ZIDOVUDINE ALONE B ZIDOVUDINE AND LAMIVUDINE TOGETHER C ZIDOVUDINE AND NEVIRAPINE D OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES		GO TO
1034	Is there a written guideline or protocol for administration of ARV prophylaxis for PMTCT? IF YES, ASK TO SEE THE GUIDELINE/PROTOCOL	YES, OBSERVED	1	
		YES, REPORTED, NOT SEEN	2	
		NO	3	
1035	What is the practice for providing the ARV prophylaxis to the HIV positive woman? CIRCLE ALL THAT APPLY	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION AFTER HOME DELIVERY	A	
		PROVIDE AT MONTHS PREGNANCY <input type="checkbox"/>		
		PROVIDE AT TIME OF DELIVERY TO WOMEN WHO DELIVER IN FACILITY	B	
		OTHER _____ X (SPECIFY)		
1036	What is the practice for providing the ARV prophylaxis to the newborn of the HIV positive woman? CIRCLE ALL THAT APPLY.	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION AFTER HOME DELIVERY	A	
		PROVIDE AT MONTHS PREGNANCY <input type="checkbox"/>		
		PROVIDE TO NEWBORN AS SOON AS POSSIBLE AFTER BIRTH	B	
		OTHER _____ X (SPECIFY)		
		NO ARV PROPHYLAXIS FOR NEWBORN	Y	
1037	Are there any fees assessed for any services or items related to PMTCT services?	YES	1	→ 1039
		NO	2	
1038	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	(a) FEE	(b) AMOUNT IN KSH	
		YES NO NA		
01	Fee for HIV test	1 → 01b 2 <input type="checkbox"/> 3 <input type="checkbox"/> 02 <input type="checkbox"/> 02 <input type="checkbox"/>	<input type="text"/>	
02	Fee for antiretroviral prophylaxis for mother	1 → 02b 2 <input type="checkbox"/> 3 <input type="checkbox"/> 03 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="text"/>	
03	Fee for antiretroviral prophylaxis for newborn	1 → 03b 2 <input type="checkbox"/> 3 <input type="checkbox"/> 04 <input type="checkbox"/> 04 <input type="checkbox"/>	<input type="text"/>	
04	OTHER _____ (SPECIFY)	1 → 04b 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1039 <input type="checkbox"/> 1039 <input type="checkbox"/>	<input type="text"/>	
1039	I am now interested in seeing records for clients who attended ANC clinics during the past 12 months and records that show among these women, how many received the various services related to counseling and testing for HIV for prevention of mother to child transmission. If the records for these various topics related to PMTCT are not in the same place, or not in the same register, please show me the various registers that do exist that will allow me to compile information. IF RECORDS ALLOW, COLLECT DATA ONLY FOR THE SAME TIME PERIOD AND THE SAME WOMEN WHO ARE INCLUDED IN NUMBER OF FIRST-VISIT ANC CLIENTS (Q1040), OVER PAST 12 MONTHS. IF RECORDS DO NOT ALLOW LINKING OF THE HIV/AIDS SERVICE DATA WITH THE FIRST-VISIT ANC CLIENTS, PROVIDE THE INFORMATION FOR PREGNANT WOMEN THAT ARE AVAILABLE.	YES, OBSERVED	1	
	Do you have a record or register of the total number of first-visit ANC clients over the past 12 months? IF YES, ASK TO SEE THE RECORD/REGISTER.	YES, REPORTED, NOT SEEN	2	→ 1042
		NO	3	→ 1042
1040	RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS DURING THE PAST 12 MONTHS.	NUMBER OF FIRST VISIT ANC CLIENTS	<input type="text"/>	
1041	INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN Q 1040.	MONTHS OF DATA	<input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES	GO TO			
1042	CHECK Q1009 (02): IS "1" CIRCLED, INDICATING GROUP PRE-TEST INFORMATION IS PROVIDED?	YES 1 NO 2	→ 1045			
1043	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS AND RECORD THE NUMBER OF SESSIONS THAT HAVE BEEN HELD	YES, NUMBER OF SESSIONS <input type="text"/> <input type="text"/> <input type="text"/> NO 995	→ 1045			
1044	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>				
1045	Are there any records or registers that provide numbers of clients receiving pre or post test counseling or HIV testing?	YES 1 NO 2	→ 1049			
1046	ASK TO SEE ANY RECORD OR REGISTER OF ANC CLIENTS WHO RECEIVED ANY HIV TEST OR COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.	(a)	(b)			
		RECORD/REGISTER		NUMBERS FROM OBSERVED RECORDS		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL- ABLE	NUMBER OF CLIENTS	MONTHS OF DATA
		01	RAPID TEST USED, CLIENT RECORDED ONCE FOR PACKAGE (COUNSELING AND TEST)	1 → b 2 → 02 3 → 02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 07 ↙	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		02	TOTAL ANC CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → b 2 → 03 3 → 03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		03	TOTAL ANC CLIENTS RECEIVING POST-TEST COUNSELING	1 → b 2 → 04 3 → 04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		04	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST	1 → b 2 → 05 3 → 05	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		05	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST RESULTS	1 → b 2 → 06 3 → 06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		06	TOTAL ANC CLIENTS WITH POSITIVE HIV TESTS WHO RECEIVED TEST RESULTS	1 → b 2 → 07 3 → 07	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
07	TOTAL ANC CLIENTS WITH POSITIVE HIV TEST	1 → b 2 → 1047 3 → 1047	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
1047	IS THE INFORMATION IN Q1040 AND Q1046 FOR THE SAME GROUP OF WOMEN?	YES 1 NO 2				
1048	WHAT IS THE MOST RECENT DATE RECORDED FOR EITHER PRE OR POST TEST COUNSELING?	WITHIN PAST 30 DAYS 1 MORE THAN 30 DAYS 2 NO DATE RECORDED 3 NO COUNSELING PROVIDED 4	→ 1050 → 1050			
1049	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED 1 YES, REPORTED NOT SEEN 2 NO 3				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1050	Is there any record of the HIV status of infants born to HIV positive women?	YES 1 NO RECORD 2 SEROSTATUS NOT ASSESSED 3	→ 1054 → 1054
1051	ASK TO SEE ANY RECORD OR REGISTER OF HIV POSITIVE WOMEN AND THE HIV STATUS OF THEIR INFANT FOR THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE	(a) RECORD/REGISTER OBSERVED REPORTED, NOT SEEN NOT AVAIL-ABLE	(b) NUMBERS FROM OBSERVED RECORDS NUMBER OF INFANTS MONTHS OF DATA
01	TOTAL NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN.	1 → b 2 → 02 3 → 02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02	NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN WHO WERE TESTED FOR HIV	1 → b 2 → 03 3 → 03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	NUMBER OF HIV POSITIVE INFANTS	1 → b 2 → 1052 3 → 1052	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1052	CLARIFY WITH THE RESPONDENT WHETHER THE INFANTS IN Q1051 INCLUDE ONLY THOSE WHOSE MOTHERS RECEIVED PMTCT, ONLY THOSE WHO DELIVERED IN THE FACILITY, OR IF THEY ARE INFANTS FROM HIV POSITIVE WOMEN REGARDLESS OF WHETHER THEY WERE ANC OR DELIVERY CLIENTS.	INFANTS OF ANC PMTCT WOMEN ONLY 1 INFANTS OF WOMEN WHO DELIVER IN FACILITY ONLY 2 INFANTS OF HIV POSITIVE WOMEN IDENTIFIED EITHER IN ANC OR AT DELIVERY 3 DONT KNOW 8	
1053	ARE THE INFANTS IN Q1051 LINKED WITH THE HIV POSITIVE WOMEN IN Q1046(07)?	YES 1 NO 2	
1054	Are any reports regularly compiled on the pregnant women or infants in this clinic who receive testing or counseling services related to HIV/AIDS? IF YES, CLARIFY WHETHER THE REPORTS PROVIDE INFORMATION ON PREGNANT WOMEN AND CIRCLE THE RESPONSE THAT BEST REFLECTS THE PRACTICE.	YES, REPORTS COMBINE PREGNANT AND NON-PREGNANT CLIENTS 1 YES, PREGNANT CLIENTS REPORTED SEPARATELY 2 YES, FOR CONFIRMED HIV/AIDS ONLY PREGNANT CLIENTS SPECIFIED 3 YES, FOR CONFIRMED HIV/AIDS ONLY PREGNANCY STATUS NOT SPECIFIED 4 NO 5	→ 1058
1055	Which statistics do you submit for pregnant women? CIRCLE ALL THAT APPLY	NUMBER OF PREGNANT WOMEN RECEIVING PRETEST COUNSELING A RECEIVING POST TEST COUNSELING B TESTED FOR HIV C INFANTS OF HIV POSITIVE WOMEN WHO ARE TESTED FOR HIV D	
1056	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	YES, MONTHLY OR MORE OFTEN 1 YES, EVERY 2-3 MONTHS 2 YES, EVERY 4-6 MONTHS 3 YES LESS OFTEN THAN EVERY 6 MONTHS 4 NEVER 5	→ 1058
1057	Where are reports on pregnant women receiving services related to testing for HIV in this clinic sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER A FACILITY DIRECTOR B DISTRICT MEDICAL OFFICE OF HEALTH C PROVINCIAL RECORDS OFFICE D NATIONAL AIDS OFFICE (NASCOP) E OTHER _____ X (SPECIFY)	
1058	CHECK Q 1009 (10) TO SEE IF ARV PROPHYLAXIS FOR PMTCT IS OFFERED.	YES 1 NO 2	→ 1067

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1059	Is there a record that indicates the HIV positive ANC clients who received the ARV prophylaxis for PMTCT during the past 12 months? IF YES, ASK TO SEE THE RECORD.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 1064 → 1064
ASK THE RESPONDENT FOR RECORDS THAT PROVIDE INFORMATION TO ANSWER QUESTIONS 1060 TO 1063 AND INDICATE THE FOLLOWING			
1060	AMONG THE HIV POSITIVE ANC CLIENTS NOTED IN Q1046.07 HOW MANY ARE ELIGIBLE TO HAVE RECEIVED THEIR ARV PROPHYLAXIS REGIME FOR PMTCT ACCORDING TO THE POLICY OF THE CLINIC?	NUMBER ELIGIBLE FOR ARV PROPHYLAXIS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	→ 1062
1061	INDICATE THE NUMBER OF ELIGIBLE ARV CLIENTS IN Q.1060 WHO WERE PROVIDED THEIR ARV PROPHYLAXIS	NUMBER WOMEN RECEIVING ARV PROPHYLAXIS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	
1062	AMONG ALL THE ANC CLIENTS IN Q1046.07 HOW MANY WERE PROVIDED THEIR ARV PROPHYLAXIS?	NUMBER WOMEN RECEIVING ARV PROPHYLAXIS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	
1063	HOW MANY OF THE NEWBORNS OF WOMEN IN Q1046.07 WERE PROVIDED THE ARV PROPHYLACTIC DOSE? IF ARV IS PROVIDED FOR INFANT AND MOTHER TOGETHER AND RECORDED ONCE, THIS IS ACCEPTABLE FOR STATISTICS.	NUMBER NEWBORN RECEIVING ARV PROPHYLAXIS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	
1064	Do you submit reports on the HIV positive ANC clients who receive ARV prophylaxis through this clinic?	YES 1 NO 2	→ 1067
1065	How often do you submit these reports?	MONTHLY OR MORE FREQUENTLY 1 QUARTERLY 2 OTHER 6 (SPECIFY)	
1066	Where are reports on ANC clients receiving ARV prophylaxis for HIV/AIDS through this clinic sent? CIRCLE ALL THAT APPLY.	RECORDS OFFICER A FACILITY DIRECTOR B DISTRICT MEDICAL OFFICE OF HEALTH C PROVINCIAL RECORDS OFFICE D NATIONAL AIDS OFFICE (NASCO) E OTHER X (SPECIFY)	
1067	Is there a register or record where a record is maintained for women receiving PMTCT services that specifies when they received a given service? IF YES, ASK TO SEE THE REGISTER/RECORD (THIS INFORMATION MAY BE RECORDED ON INDIVIDUAL CLIENT CARDS)	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 1069 → 1069

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
1068	AMONG WOMEN CURRENTLY RECEIVING PMTCT SERVICES, RECORD THE CORRECT RESPONSE. IT MAY BE NECESSARY TO REVIEW ANC AS WELL AS PMTCT RECORDS TO COLLECT THE INFORMATION.	(a)			(b)	
		RECORD/REGISTER			NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL-ABLE	NUMBER OF CLIENTS	MONTHS OF DATA
		1 → b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/>
		1 → b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
		1 → b	2 → 04	3 → 04	<input type="text"/>	<input type="text"/>
01	TOTAL ANC CLIENTS RECEIVING PRIMARY PREVENTIVE COUNSELING (EITHER GROUP OR INDIVIDUAL) PAST 12 MONTHS	1 → b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/>
02	TOTAL HIV POSITIVE WOMEN RECEIVING PRIMARY PREVENTIVE COUNSELING PAST 12 MONTHS	1 → b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
03	TOTAL HIV POSITIVE WOMEN RECEIVING COUNSELING ON FAMILY PLANNING PAST 12 MONTHS	1 → b	2 → 04	3 → 04	<input type="text"/>	<input type="text"/>
04	TOTAL HIV POSITIVE WOMEN RECEIVING INFANT FEEDING COUNSELING PAST 12 MONTHS	1 → b	2 → 05	3 → 05	<input type="text"/>	<input type="text"/>
05	TOTAL HIV POSITIVE WOMEN RECEIVING COUPLES COUNSELING PAST 12 MONTHS	1 → b	2 → 1069	3 → 1069	<input type="text"/>	<input type="text"/>
1069	CHECK 1009 (14) IF ARV THERAPY FOR TREATMENT IS PROVIDED TO HIV POSITIVE WOMEN.	YES	NO	1 2	→ 1073	
1070	Is there any record of the HIV positive women who are receiving ARV therapy for treatment or who have been referred for treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	1 2 3	
1071	CHECK 1009 (15) IF ARV THERAPY FOR TREATMENT IS PROVIDED TO FAMILY OF HIV POSITIVE WOMEN	YES	NO	1 2	→ 1073	
1072	Is there any record of the family members of HIV positive women who have been referred for ARV treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	1 2 3	
1073	Are deliveries conducted in this facility?	YES	NO	1 2	→ 1081	
1074	CHECK TO SEE WHERE INFORMATION FOR PMTCT SERVICES FOR WOMEN DELIVERING IN THE FACILITY ARE KEPT. IF IN MATERNITY, GO THERE TO CONTINUE.	IN THIS CLINIC/UNIT	MATERNITY	1 2	→ MATERNITY	
1075	Is the HIV serostatus routinely determined for all women who deliver in the facility? IF YES, RECORD ALL ACCEPTED METHODS FOR ASSESSING SEROSTATUS	CLIENT HISTORY	CLIENT ANC RECORD	TESTING	OTHER	A B C X
		(SPECIFY)	SEROSTATUS NOT ASSESSED			
1076	Is there a written policy or guideline for providing ARV prophylaxis for PMTCT to HIV positive women who deliver in this facility? IF YES, ASK TO SEE THE POLICY (THIS MAY BE PART OF THE POLICY OBSERVED IN Q1010).	YES, OBSERVED	YES, REPORTED, NOT SEEN	NO	1 2 3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
1077	Is there a register or record where the HIV positive women who deliver in the facility and receive the ART at the time of delivery are recorded? IF YES, ASK TO SEE THE REGISTER (THIS MAY BE THE SAME REGISTER AS THAT OBSERVED IN Q1060)	YES, OBSERVED	1		→ 1079 → 1079	
		YES, REPORTED, NOT SEEN	2			
		NO	3			
1078	ASK TO SEE RELEVANT RECORDS FOR THE DATA REQUESTED BELOW FOR THE PAST 12 MONTHS AND RECORD THE CORRECT RESPONSE.	(a)		(b)		
		RECORD/REGISTER		NUMBERS FROM OBSERVED RECORDS		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
		1 → b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/>
01	TOTAL DELIVERIES IN THE FACILITY	1 → b	2 → 02	3 → 02	<input type="text"/>	
02	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY	1 → b	2 → 03	3 → 03	<input type="text"/>	
03	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY AND RECEIVING ARV PROPHYLAXIS	1 → b	2 → 1079	3 → 1079	<input type="text"/>	
1079	Are there any protocols or guidelines for delivery of HIV positive women? IF YES, ASK: May I see them?	YES, OBSERVED	1			
		YES, REPORTED, NOT SEEN	2			
		NO	3			
1080	What delivery practices are implemented in this unit, to decrease mother to child transmission of HIV/AIDS? DO NOT READ RESPONSES. CIRCLE ALL THAT ARE MENTIONED.	NO ROUTINE EPISIOTOMY	A			
		MINIMIZE INSTRUMENT DELIVERY	B			
		HIBITANE VAGINAL CLEANSING	C			
		MINIMIZE VAGINAL EXAM	D			
		MINIMIZE ARTIFICIAL RUPTURE MEMBRANES	E			
		CAESAREAN SECTION	F			
		OTHER _____	X			
		(SPECIFY)				
		NONE	Y			
		DON'T KNOW	Z			
1081	Do staff in this clinic/unit have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY	1		→ 1083	
		YES, REFERRED TO OTHER FACILITY FOR PEP	2			
		NO PEP AVAILABLE	3		→ 1088	
1082	Is there a register or record that shows that a worker has been referred for PEP and has received PEP treatment? IF YES, ASK TO SEE A/ANY REGISTER/RECORD	YES, RECORD SHOWS REFERRED AND RECEIVED PEP	1		→ 1087	
		RECORD SHOWS REFERRAL ONLY	2		→ 1087	
		NO RECORD OF REFERRAL	3		→ 1087	
1083	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES	1		→ 1088	
		NO	2			
1084	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES	1			
		NO	2		→ 1088	
1085	Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES	YES, OBSERVED, COMPLETE	1			
		YES, OBSERVED, INCOMPLETE	2			
		YES, REPORTED, NOT SEEN	3			
		NO	4			
1086	Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD	YES, OBSERVED	1			
		YES, REPORTED, NOT SEEN	2			
		NO	3			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1087	Is there a system to monitor workers receiving PEP for full compliance with the regime? IF YES, ASK TO SEE SOME EVIDENCE THAT A PRE-TREATMENT AND A POST-TREATMENT HIV/AIDS TEST IS RECORDED.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
1088	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

STAFF LISTING FORM

FACILITY CODE

PROV DIST FAC

INTERVIEWER CODE

CLINIC/ UNIT NUMBER **	PROVIDER CODE AND NAME		QUALI- FICATION * (ENTER NUMBER)	SERVICE RELATED TO HIV/AIDS						MATE- RNITY	ANC	FP	OTHER (SPECIFY)	CHECK IF INTERVIEW COMPLETED OR IF SELF- ADMIN QRE HAS BEEN RETURNED				
	CIRCLE PROVIDER CODE FOR THOSE SELECTED FOR INTERVIEW	NAME		COUNSEL TEST	PMTCT	ART SERV	SOC. CLINICAL CARE HIV	LAB	TB					OTHER CURATIVE (MALARIA) (STI) (CHILD)	INTERVIEW COMPLETE	SELF-ADMIN QRE COMPLETE	YES	NO
	01																	
	02																	
	03																	
	04																	
	05																	
	06																	
	07																	
	08																	
	09																	
	10																	
	11																	
	12																	
	13																	
	14																	
	15																	

*Provider Qualification Codes: 01=Consultant 02=Medical Doctor 03=Clinical Officer 04=Nurse (R) 05=Midwife (R) 06=Nurse (E) 07=Midwife (E) 08=Nurse Aide 09=Lab. Technical/Technologist 10=Counselor 96=Other (Write in)

**OPD Clinic/Unit Number: 01=General Outpatient 02=Pediatric Outpatient 03=Antenatal Care (ANC) 04=Fam Planning (FP) 05=Delivery 06=Tuberculosis (TB) 07=VCT OR CT Only 08=PMCT Only 09=HIV/AIDS Only
 10=Clinic/Unit Combines Special Diagnoses 11=STI Only 12=Gynecology 13=Urology 14=Dermatology 15=Emergency (ER) 16=Other (write in) 17= Other (write in)

**IPD Clinic/Unit Number: 21=General Medical Inpatient (Male & Female) 22=Male Medical Inpatient 23=Female Medical Inpatient 24=Pediatric Inpatient 25=HIV/AIDS Inpatient 26=Delivery Inpatient 27=TB Inpatient 28=Combines Special Diagnoses
 29=Surgery Inpatient (Male & Female) 30=Male Surgical 31=Female Surgical 32=Other IPD (write in) 33=Inpatient Only HMIS 34=Inpatient Only Lab
 35=Inpatient Only Pharmacy

STAFF LISTING FORM

FACILITY CODE

INTERVIEWER CODE

PROV DIST FAC

CLINIC/ UNIT NUMBER	PROVIDER CODE AND NAME		QUALIFICATION * (ENTER NUMBER)	SERVICE RELATED TO HIV/AIDS						MATE- RNITY	ANC	FP	OTHER (SPECIFY)	CHECK IF INTERVIEW COMPLETED OR IF SELF- ADMINISTERED QRE HAS BEEN RETURNED					
	CIRCLE PROVIDER CODE FOR THOSE SELECTED FOR INTERVIEW	NAME		COUNSEL TEST	PMTCT	ART SERV	SOC. CLINICAL CARE HIV	LAB TB	OTHER CURATIVE (MALARIA) (STI) (CHILD)					YES	NO	YES	NO	YES	NO
	16																		
	17																		
	18																		
	19																		
	20																		
	21																		
	22																		
	23																		
	24																		
	25																		
	26																		
	27																		
	28																		
	29																		
	30																		

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STAFF LISTING FORM

INTERVIEWER CODE <input style="width: 40px; height: 20px;" type="text"/>		FACILITY CODE <input style="width: 40px; height: 20px;" type="text"/>		PROV	DIST	FAC									
CLINIC/ UNIT NUMBER	PROVIDER CODE AND NAME		SERVICE RELATED TO HIV/AIDS						CHECK IF INTERVIEW COMPLETED OR IF SELF- ADMINISTERED QRE HAS BEEN RETURNED						
	CIRCLE PROVIDER CODE FOR THOSE SELECTED FOR INTERVIEW	QUALI- FICATION * (ENTER NUMBER)	COUNSEL TEST	PMTCT	ART SERV	SOC. CLINICAL CARE HIV	LAB	TB	OTHER CURATIVE (MALARIA) (STI) (CHILD)	MATE- RNITY	ANC	FP	OTHER (SPECIFY)	INTERVIEW COMPLETE	SELF ADMIN QRE COMPLETE
	CODE	NAME												YES	NO
46															
47															
48															
49															
50															
51															
52															
53															
54															
55															
56															
57															
58															
59															
60															

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