

	STAFF LISTING FORM										CODE OF FACILITY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>				INTERVIEWER CODE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>							
CLINIC/ UNIT NUMBER	PROVIDER NUMBER AND NAME CIRCLE PROVIDER ID FOR THOSE SELECTED FOR INTERVIEW		QUALI- FICATION * (ENTER NUMBER)	SERVICE RELATED TO HIV/AIDS					LAB	TB	OTHER CURATIVE (MALARIA) (STI) (CHILD)	DELI- VERY	ANC	FP	OTHER (SPECIFY)	CHECK IF INTERVIEW COMPLETED OR IF SELF ADMINISTERED QUESTIONNAIRE HAS BEEN RETURNED						
	ID	NAME		COUNSEL	TEST	PMTCT	ART	SOC. SERV.								CLINICAL CARE HIV	INTERVIEW COMPLETE	SELF-ADMIN QRE COMPLETE	YES		NO	
																			YES	NO	YES	NO
	1																					
	2																					
	3																					
	4																					
	5																					
	6																					
	7																					
	8																					
	9																					
	10																					
	11																					
	12																					
	13																					
	14																					
	15																					

*Code for provider qualification: 01=Doctor 02=Medex 03=Nurse/Midwife 04=Nurse 05=Midwife 06=Nursing Assistant 07=Lab Technician 96=Other (write in) _____

STAFF LISTING FORM

CODE OF FACILITY

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INTERVIEWER CODE

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

*Code for provider qualification: 01=Doctor 02=Medex 03=Nurse/Midwife 04=Nurse 05=Midwife 06=Nursing Assistant 07=Lab Technician 96=Other (write in) _____

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

1. Facility Identification

001 NAME OF FACILITY _____ 002 ADDRESS OF FACILITY _____ 003 REGION NUMBER _____ 005 FACILITY NUMBER	FACILITY CODE PROVINCE NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> DISTRICT NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> FACILITY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
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006 TYPE OF FACILITY: NATIONAL REFERRAL HOSPITAL 01 REGIONAL HOSPITAL 02 DISTRICT HOSPITAL 03 HOSPITAL 04 POLYCLINIC 05 HEALTH CENTER 06 HEALTH POST 07 STAND-ALONE VCT 08 OTHER _____ . 96 (SPECIFY) 007 MANAGING AUTHORITY GOVERNMENT 01 NGO 02 PRIVATE (FOR-PROFIT) 03 MISSION 04 SEMIAUTONOMOUS 05 OTHER _____ . 96 (SPECIFY)	FACILITY TYPE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MANAGING AUTHORITY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
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2. Information about Interview

008 Date: _____ 009 Name of the interviewer _____	DAY <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> MONTH <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> YEAR <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> INTERVIEWER CODE <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
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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 style="width:20px; height:20px;" type="text"/>
	Visit 1	Visit 2	Visit 3										
DATE	_____	_____	_____										
TEAM LEADER	_____	_____	_____										

011 CHECKED BY MONITOR/SUPERVISOR: SIGNATURE _____ DATE _____	<input style="width:20px; height:20px;" type="text"/>
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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: 50px; height: 20px;" type="text"/>
13 ALTITUDE	ALTITUDE <input style="width: 50px; height: 20px;" type="text"/>
14 LATITUDE	N/S a <input style="width: 20px; height: 20px;" type="text"/>
	DEGREES/DECIM..... b <input style="width: 20px; height: 20px;" type="text"/> c <input style="width: 40px; height: 20px;" type="text"/>
15 LONGITUDE	E/W a <input style="width: 20px; height: 20px;" type="text"/>
	DEGREES/DECIM..... b <input style="width: 20px; height: 20px;" type="text"/> c <input style="width: 40px; height: 20px;" type="text"/>

CHECKLIST FOR QUESTIONNAIRES:

Code of facility:

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- 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. RECORD THE NUMBER (0-2) OF QUESTIONNAIRES COMPLETED FOR THAT SERVICE.
- 4) AT END OF DATA COLLECTION, VERIFY THAT ALL SITES HAVE BEEN VISITED AND THAT ALL QRE COMPLETED ARE RECORDED ON THIS FORM.

	TYPE OF OUTPATIENT CLINIC/UNIT (OPD)	UNIT AVAILABLE IN THIS FACILITY? 1=YES 0=NO	ELIGIBLE QUESTIONNAIRE (QRE)					OPD QUESTIONS COMPLETE FOR	
			Service provided					STERILI- ZATION 1=YES 2=NO	WASTE 1=YES 2=NO
			OPD LAB HMIS	PHAR LAB	TB	(V)CT ART	PMTCT		
01	GENERAL OUTPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	PEDIATRIC OUTPATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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	<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	<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)	<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"/>	<input type="checkbox"/>						
19	LAB (OPD or OPD & IPD)	<input type="checkbox"/>	<input type="checkbox"/>						
20	PHARMACY (OPD or OPD & IPD)	<input type="checkbox"/>	<input type="checkbox"/>						
			OPD	TB	(VCT)	ART	PMTCT		
40	TOTAL OUTPATIENT QRE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

INPATIENT SERVICES(IPD) SEPARATE FROM OUTPATIENT SERVICES

Code of facility:

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	TYPE OF INPATIENT UNIT (IPD)	UNIT AVAILABLE IN THIS FACILITY? 1=YES 0=NO	ELIGIBLE QRE						IPD QUESTIONS COMPLETE FOR		
			IPD	PHAR					STERILIZATION	WASTE	
				LAB	SERVICE PROVIDED						
			HMIS	TB	(V)CT	ART	PMTCT	1=YES	2=NO		
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	
33	INPATIENT ONLY HMIS	<input type="checkbox"/>	<input type="checkbox"/>	HMIS QRE						<input type="checkbox"/>	<input type="checkbox"/>
34	INPATIENT ONLY LAB	<input type="checkbox"/>	<input type="checkbox"/>	LAB QRE						<input type="checkbox"/>	<input type="checkbox"/>
35	INPATIENT ONLY PHARMACY	<input type="checkbox"/>	<input type="checkbox"/>	PHARM QRE						<input type="checkbox"/>	<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"/>	<input type="checkbox"/>		

SECTION A.. OVERVIEW OF HIV/AIDS SERVICES

Code of facility:

REGION		FACILITY	

QRE TYPE A

Interviewer: Code

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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 (organization) to assist the government in knowing more about the availability of HIV/AIDS-related services.

Your facility was 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 clinic/unit. By care and support, we mean the **provision of services that address the medical, psychological, emotional, and social needs** of patients living with HIV/AIDS and their families. We are interested in care and support that is provided for clients who you think probably are HIV infected or have AIDS, but this is not confirmed by a blood test, as well as for those clients who are confirmed by test to have an HIV/AIDS related illness. We will be asking about how patients receive HIV/AIDS care and support for services not provided in this facility. We will ask to see HIV/AIDS-related patient registers. We will not be using the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. No patient names from the registers will be reviewed, recorded, or shared. We would also like to ask you some questions about about your training and experiences in HIV/AIDS-related care and support. The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one, including your supervisor, will know what you tell us. You may refuse to answer any question or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the government and the health facilities involved in HIV/AIDS care and support to improve formulation of policy and the delivery of services. Do you have any questions for me at this time?

100	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP					
101	RECORD THE TIME AT BEGINNING OF INTERVIEW	<table border="1" style="display: inline-table; border-collapse: collapse;"> <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>			.			
		.						

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?</p> <p>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:	NO UNIT IN FACILITY	YES UNIT NO HIV/AIDS CLIENTS	YES UNIT YES HIV/AIDS CLIENTS	
	OUTPATIENT CLINIC/UNIT				
01	GENERAL OUTPATIENT CLINIC/UNIT	3	2	1	
02	PEDIATRIC OUTPATIENT CLINIC/UNIT	3	2	1	
03	ANTENATAL CARE CLINIC/UNIT	3	2	1	
04	FAMILY PLANNING CLINIC/UNIT	3	2	1	
05	MATERNITY (OUTPATIENT) CLINIC/UNIT	3	2	1	
06	TUBERCULOSIS (TB) CLINIC/UNIT	3	2	1	
07	VCT OR CT CLINIC/UNIT	3		1	
08	PMTCT CLINIC/UNIT	3		1	
09	SPECIFIC HIV ONLY CLINIC/UNIT	3	2	1	
10	OUTPATIENT CLINIC/UNIT COMBINING SPECIAL DIAGNOSES (INCLUDING HIV/AIDS)	3	2	1	
11	SEXUALLY TRANSMITTED INFECTIONS CLINIC/UNIT	3	2	1	
12	GYNECOLOGY CLINIC/UNIT	3	2	1	
13	UROLOGY CLINIC/UNIT	3	2	1	
14	DERMATOLOGY CLINIC/UNIT	3	2	1	
15	EMERGENCY CLINIC/UNIT	3	2	1	
16	OTHER OUTPATIENT _____	3	2	1	
	INPATIENT UNITS				
21	GENERAL INPATIENT (Male and female) UNIT	3	2	1	
22	MALE INPATIENT UNIT	3	2	1	
23	FEMALE INPATIENT UNIT	3	2	1	
24	PEDIATRIC INPATIENT UNIT	3	2	1	
25	HIV/AIDS ONLY INPATIENT UNIT	3	2	1	
26	MATERNITY (INPATIENT) UNIT	3	2	1	
27	TUBERCULOSIS (TB) INPATIENT UNIT	3	2	1	
28	INPATIENT CLINIC/UNIT COMBINING SPECIAL DIAGNOSES (INCLUDING HIV/AIDS)	3		1	
29	SURGERY INPATIENT UNIT (Male and female)	3	2	1	
30	MALE SURGICAL	3	2	1	
31	FEMALE SURGICAL	3	2	1	
32	OTHER INPATIENT _____ (SPECIFY)	3	2	1	
	OTHER SERVICES				
41	GENERAL SOCIAL SERVICE DEPARTMENT	3	2	1	
42	SOCIAL SERVICE UNIT SPECIFIC FOR HIV/AIDS	3		1	
43	OTHER _____ (SPECIFY)	3	2	1	

NO.	QUESTIONS	CODING CATEGORIES		GO TO
103	<p>Now I have some questions about staffing for this facility. The staffing I am referring to include those who provide outpatient services, and (if applicable) inpatient services. For each qualification that I mention, please tell me how many of this qualification staff your facility is authorized to have, and then tell me how many of this qualification are actually assigned to the facility. We want to know the highest technical qualification that any staff may hold (such as nurse or doctor) regardless of the person's administrative position or specialist studies after qualification or the actual work that they do. For example, if a nurse provides counseling, then the highest qualification is nurse, not counselor.</p>			
	<p>QUALIFICATION*</p>	<p>(a) NUMBER AUTHORIZED</p>	<p>(b) ACTUAL NUMBER ASSIGNED TO FACILITY</p>	
01	Specialist physician	<input type="text"/>	<input type="text"/>	
02	Physician (on site)	<input type="text"/>	<input type="text"/>	
03	Physician (visiting)	<input type="text"/>	<input type="text"/>	
04	Medex (on site)	<input type="text"/>	<input type="text"/>	
05	Medex (visiting)	<input type="text"/>	<input type="text"/>	
06	Staff Nurse/Midwife	<input type="text"/>	<input type="text"/>	
07	Staff Nurse	<input type="text"/>	<input type="text"/>	
08	Midwife	<input type="text"/>	<input type="text"/>	
09	Nursing Assistant	<input type="text"/>	<input type="text"/>	
10	Community Health Worker	<input type="text"/>	<input type="text"/>	
11	Lab technician	<input type="text"/>	<input type="text"/>	
12	Lab assistant	<input type="text"/>	<input type="text"/>	
13	Social worker	<input type="text"/>	<input type="text"/>	
14	HIV/AIDS counselor	<input type="text"/>	<input type="text"/>	
15	Other counselor	<input type="text"/>	<input type="text"/>	
16	All other staff	<input type="text"/>	<input type="text"/>	
104	<p>SUM THE NUMBER OF STAFF REPORTED IN COLUMN (a) AND COLUMN (b).</p>	<input type="text"/>	<input type="text"/>	
	<p>You have told me that there are (TOTAL STAFF) clinical staff assigned to this facility. Is this correct? IF NOT CORRECT, PROBE AND MAKE CORRECTIONS.</p>			

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																																																		
105	<p>In addition to the above mentioned staff, does this facility have any people who are not officially assigned to the facility but who work routinely (either full or part time) and who provide client services? This might include seconded staff from other organizations or volunteers.</p>	YES 1 NO 2	→ 108																																																																																		
106	<p>Please tell me the qualification of the people who are seconded to the facility and indicate if they work specifically with HIV/AIDS related services or with other services</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="4" style="text-align: center;">SERVICES</th> </tr> <tr> <th colspan="2"></th> <th colspan="2" style="text-align: center;">HIV/AIDS</th> <th colspan="2" style="text-align: center;">OTHER</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td>Doctor</td> <td>DOCTOR</td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">02</td> <td>Medex</td> <td>MEDEX</td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">03</td> <td>Nurse</td> <td>NURSE</td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">04</td> <td>Midwife</td> <td>MIDWIFE</td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">05</td> <td>Nursing assistant</td> <td>NURSING ASSISTANT</td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">06</td> <td>Laboratory technician</td> <td>LAB TECHNICIAN</td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">07</td> <td>Laboratory assistant</td> <td>LAB ASSISTANT</td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">08</td> <td>Counselor</td> <td>COUNSELOR</td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">09</td> <td>Community worker</td> <td>COMM WORKER</td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">10</td> <td>Other clinical staff</td> <td>OTHER (CLINICAL)</td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> </tr> </tbody> </table>			SERVICES						HIV/AIDS		OTHER		01	Doctor	DOCTOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	02	Medex	MEDEX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	03	Nurse	NURSE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	04	Midwife	MIDWIFE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	05	Nursing assistant	NURSING ASSISTANT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	06	Laboratory technician	LAB TECHNICIAN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	07	Laboratory assistant	LAB ASSISTANT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	08	Counselor	COUNSELOR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	09	Community worker	COMM WORKER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	Other clinical staff	OTHER (CLINICAL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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107	<p>SUM THE NUMBER OF OTHER PEOPLE WHO WORK WITH THE FACILITY.</p>	TOTALS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																																																			
108	<p>Is there a pharmacy or other place where medications for outpatients are stored?</p>	YES 1 NO 2																																																																																			
109	<p>Is there a pharmacy or other place where medications for inpatients are stored, that is different from where outpatient medicines are stored?</p>	YES 1 NO 2 NO INPATIENT SERVICES 3																																																																																			
110	<p>Does the facility have a computer? (REPORTED RESPONSE IS ACCEPTABLE) IF YES, ASK: Is the computer functioning today?</p>	YES, FUNCTIONING 1 YES, NOT FUNCTIONING 2 NO 3																																																																																			
111	<p>Does the facility have a functioning telephone or radio to call outside? (REPORTED RESPONSE IS ACCEPTABLE)</p>	YES, TELEPHONE 1 YES, RADIO 2 NO 3	→ 113 → 113																																																																																		
112	<p>Is there access to email/internet within the facility? (REPORTED RESPONSE IS ACCEPTABLE)</p>	YES 1 NO 2																																																																																			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
113	<p>Does this facility have a back-up generator? IF YES, ASK: Is the generator functioning and is fuel routinely available?</p> <p>ASK IF THE GENERATOR FUNCTIONS AND IF FUEL IS ROUTINELY AVAILABLE.</p> <p>(REPORTED RESPONSE IS ACCEPTABLE)</p>	<p>YES, FUNCTIONING AND FUEL ROUTINELY AVAILABLE 1</p> <p>YES, FUNCTIONING BUT FUEL NOT ROUTINELY AVAILABLE 2</p> <p>YES, BUT NOT FUNCTIONING 3</p> <p>YES, FUNCTIONING BUT FUEL NOT ROUTINELY AVAILABLE 4</p> <p>YES GENERATOR BUT NOT FUNCTIONING 5</p> <p>NO GENERATOR 6</p>	
114	<p>Does this facility ever obtain electricity from any (other) source?</p>	<p>YES CENTRAL SUPPLY 1</p> <p>YES, SOLAR OR OTHER SUPPLY 2</p> <p>NO 3</p>	→ 116
115	<p>Is the electricity (not including any backup generator) always available during the times when the facility is providing services, or is it sometimes interrupted?</p>	<p>ALWAYS AVAILABLE 1</p> <p>SOMETIMES INTERRUPTED 2</p> <p>ONLY AFTER DARK 3</p>	→ 116
116	<p>IF SOMETIMES INTERRUPTED, ASK: How many <i>days</i> during the past week was the electricity not available for at least 2 hours?</p>	<p>NUMBER OF DAYS <i>NOT AVAILABLE PAST WEEK</i> <input type="text"/></p> <p>NEVER INTERRUPTED 2 HOURS OR MORE 0</p>	
117	<p>What is the most commonly used source of water for the facility at this time?</p> <p>(REPORTED RESPONSE IS ACCEPTABLE)</p>	<p>PIPED FROM PROTECTED SOURCE 1</p> <p>PIPED FROM UNPROTECTED SOURCE 2</p> <p>PIPED FROM UNKNOWN SOURCE 3</p> <p>PROTECTED WELL OR BOREHOLE 4</p> <p>UNPROTECTED WELL OR BOREHOLE 5</p> <p>RIVER OR LAKE OR POND 6</p> <p>OTHER 7</p> <p style="text-align: center;">SPECIFY _____</p>	
118	<p>Is the water outlet from this source available onsite or within 500m of the facility? REPORTED RESPONSE IS ACCEPTABLE</p>	<p>YES, INSIDE FACILITY 1</p> <p>YES, OUTSIDE FACILITY 2</p> <p>NO 3</p>	
119	<p>Does the availability of this source of wter for the facility vary by season?</p>	<p>YES 1</p> <p>NO 2</p>	
120	<p>Is there a time of year when the facility normally has a severe shortage or lack of water?</p>	<p>YES 1</p> <p>NO 2</p>	
<p>AT THIS TIME, EXPLAIN TO THE IN-CHARGE THAT REMAINING QUESTIONS RELATE SPECIFICALLY TO HIV/AIDS. EXPLAIN THAT YOU NEED TO VISIT ALL SERVICE AREAS WHERE CLIENTS RECEIVE ANY SERVICES RELATED TO HIV/AIDS. IF THE PERSON MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES AND CARE WAS NOT PRESENT, DISCUSS WITH THE IN-CHARGE THE BEST PERSON TO RESPOND TO REMAINING QUESTIONS ABOUT FACILITY LEVEL HIV/AIDS POLICIES AND WHO IS THE BEST PERSON TO INTRODUCE YOU TO THE CLINICAL CARE AND/OR SUPPORT SERVICE AREAS FOR OUTPATIENT AND FOR INPATIENT SERVICES. MAKE SURE THE IN-CHARGE KNOWS THAT HE/SHE DOES NOT NEED TO ACCOMPANY YOU IF THERE IS SOMEONE ELSE WHO CAN INTRODUCE YOU. REASSURE HIM/HER THAT WHEN YOUR WORK IS COMPLETED YOU WILL RETURN TO PROVIDE A BRIEFING ON YOUR EXPERIENCES IN THE FACILITY.</p>			
121	<p>HAS AN INFORMED CONSENT BEEN RECEIVED FROM THE RESPONDENT FOR THE FOLLOWING HIV/AIDS QUESTIONS?</p>	<p>YES 1</p> <p>NO 2</p>	
122	<p>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.</p>	<p>YES, FACILITY CONDUCTS TEST 1</p> <p>YES, FACILITY HAS AFFILIATED EXTERNAL LABORATORY 2</p> <p>YES, CLIENTS REFERRED EXTERNALLY TO OTHER SITE (NON-AFFILIATED) 3</p> <p>NO 4</p>	<p>→ 124</p> <p>→ LAB QRE</p> <p>→ 124</p> <p>→ 132</p>

NO.	QUESTIONS	CODING CATEGORIES	GO TO
131	Do staff in this facility have access to post-exposure prophylaxis (PEP)? IF YES, Is the PEP provided in this facility or are staff referred elsewhere for the PEP?	YES, PEP IN THIS FACILITY 1 YES, REFERRED TO OTHER FACILITY FOR PEP 2 NO PEP AVAILABLE 3	→133 →139
132	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	→138 →138 →138
133	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	
134	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	YES, LOCKED, SEPARATE FROM OTHER MEDICINES 1 NO, NOT LOCKED, SEPARATE FROM OTHER MEDICINES 2 STORED WITH OTHER MEDICINES 3 OTHER 6 (SPECIFY)	
134	Is the PEP regime prescribed by a provider in this clinic/unit, that is, where the medicines are stored?	YES 1 NO 2	→138
135	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	
136	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	
137	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	
138	RECORD THE TIME AT END OF INTERVIEW		
<div style="display: flex; justify-content: center; align-items: center; gap: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE</p>			

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 GRPA and MOH to assist the government in knowing more about the availability of HIV/AIDS-related services.

Your facility was 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 clinic/unit. By care and support, we mean the **provision of services that address the medical, psychological, emotional, and social needs** of patients living with HIV/AIDS and their families. We are interested in care and support that is provided for clients who you think probably are HIV infected or have AIDS, but this is not confirmed by a blood test, as well as for those clients who are confirmed by test to have an HIV/AIDS related illness. We will be asking about how patients receive HIV/AIDS care and support for services not provided in this facility. We will ask to see HIV/AIDS-related patient registers. We will not be using the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. No patient names from the registers will be reviewed, recorded, or shared. We would also like to ask you some questions about your training and experiences in HIV/AIDS-related care and support. The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one, including your supervisor, will know what you tell us. You may refuse to answer any question or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the government and the health facilities involved in HIV/AIDS care and support to improve formulation of policy and the delivery of services.

Do you have any questions for me at this time?

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

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	
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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 NO 2	→ 212
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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		<input type="text"/>	
		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
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC/UNIT THIS FACILITY	REFER CLIENTS OUTSIDE FACILITY	
		1→	2	3	
		TB QRE			
		01	Prescribe treatment for tuberculosis (TB) or provide follow-up treatment	1→	
02	Diagnose tuberculosis (TB)	1→	2	3	4
03	Prescribe treatment for sexually transmitted infections (STIs)?	1	2	3	4
04	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		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

NO.	QUESTIONS	CODING CATEGORIES				GO TO
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				NO SERVICE OR REFERRAL
		PROVIDE SERVICE THIS CLINIC	REFERRED TO OTHER CLINIC THIS FACILITY	REFERRED TO OUTSIDE FACILITY	SERVICE SOMETIMES OFFERED (MAY BE IN THIS CLINIC OR REFER)	
01	Test or screen for tuberculosis	1	2	3	4	5
02	Preventive treatment for TB (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
226	For each specific topic I mention, if guidelines or protocols are available, could you please show them to me?	OBSERVED, COMPLETE	OBSERVED, INCOMPL-ETE	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	
01	National guidelines for the clinical management of HIV/AIDS infection in adults	1 → 07	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 on micronutrient supplementation	1	2	3	4	
05	Guidelines on advanced nutritional support (FPS)	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
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/providers	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				
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
232	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 → 234 → 234
233	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	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				

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																								
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.</p> <p>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>																																																											
238	<table border="0"> <tr> <td>1</td> <td>ORAL/ESOPHAGEAL CANDIDIASIS</td> </tr> <tr> <td>2</td> <td>TOXOPLASMOSIS</td> </tr> <tr> <td>3</td> <td>KAPOSI'S SARCOMA</td> </tr> <tr> <td>4</td> <td>AIDS-RELATED COMPLEX (ARC)</td> </tr> <tr> <td>5</td> <td>HERPES ZOSTER/SIMPLEX</td> </tr> <tr> <td>6</td> <td>PCP (PNEUMOCYSTITIS CARNII PNEUMONIA)</td> </tr> <tr> <td>7</td> <td>TB</td> </tr> <tr> <td>8</td> <td>CHRONIC DIARRHEA</td> </tr> <tr> <td>9</td> <td>PNEUMONIA</td> </tr> <tr> <td>10</td> <td>IMMUNOSUPPRESISON/ HIV/AIDS</td> </tr> <tr> <td>11</td> <td>WASTING SYNDROM</td> </tr> <tr> <td>12</td> <td>CHRONIC DIARRHEA</td> </tr> <tr> <td>13</td> <td>OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE</td> </tr> <tr> <td></td> <td>(SPECIFY) _____</td> </tr> </table>	1	ORAL/ESOPHAGEAL CANDIDIASIS	2	TOXOPLASMOSIS	3	KAPOSI'S SARCOMA	4	AIDS-RELATED COMPLEX (ARC)	5	HERPES ZOSTER/SIMPLEX	6	PCP (PNEUMOCYSTITIS CARNII PNEUMONIA)	7	TB	8	CHRONIC DIARRHEA	9	PNEUMONIA	10	IMMUNOSUPPRESISON/ HIV/AIDS	11	WASTING SYNDROM	12	CHRONIC DIARRHEA	13	OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED SERVICE		(SPECIFY) _____	<table border="0"> <tr> <td colspan="2">NUMBER OF VISITS</td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> <tr> <td>.....</td> <td><input type="text"/></td> </tr> </table>	NUMBER OF VISITS		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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NO.	QUESTIONS	CODING CATEGORIES	GO TO
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	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	
17	EXAMINATION TABLE	1 2 3	
18	ALCOHOL AND COTTON	1 2 3	
255	Where is used equipment from this unit sterilized or disinfected before being reused again?	NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY 1 OTHER CLINIC/UNIT THIS FACILITY 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> SEND TO OTHER FACILITY 3 OTHER 6 (SPECIFY) NO ITEMS EVER PROCESSED 7	→ 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

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 NOT PREVIOUSLY ASSESSED 2				→ 271			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
273	RECORD THE TIME AT END OF INTERVIEW	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
THANK YOUR IRESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE			

SECTION C: HIV/AIDS INPATIENT CARE

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

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.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">GENERAL MEDICAL INPATIENT UNITS (Both male and female)</td> <td style="width: 20%; text-align: right;">21</td> </tr> <tr> <td>MALE INPATIENT UNIT</td> <td style="text-align: right;">22</td> </tr> <tr> <td>FEMALE INPATIENT UNIT</td> <td style="text-align: right;">23</td> </tr> <tr> <td>PEDIATRIC INPATIENT UNIT</td> <td style="text-align: right;">24</td> </tr> <tr> <td>HIV/AIDS INPATIENT UNIT</td> <td style="text-align: right;">25</td> </tr> <tr> <td>DELIVERY INPATIENT UNIT</td> <td style="text-align: right;">26</td> </tr> <tr> <td>TB INPATIENT UNIT</td> <td style="text-align: right;">27</td> </tr> <tr> <td>UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS</td> <td style="text-align: right; vertical-align: bottom;">28</td> </tr> <tr> <td>SURGERY INPATIENT UNIT (Male and female) ..</td> <td style="text-align: right;">29</td> </tr> <tr> <td>MALE SURGICAL</td> <td style="text-align: right;">30</td> </tr> <tr> <td>FEMALE SURGICAL</td> <td style="text-align: right;">31</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">97</td> </tr> <tr> <td align="center" colspan="2">SPECIFY TYPE OF UNIT</td> </tr> </table>	GENERAL MEDICAL INPATIENT UNITS (Both male and female)	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 _____	97	SPECIFY TYPE OF UNIT	
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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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">MANAGING AUTHORITY</td> <td style="width: 20%;"></td> </tr> <tr> <td>GOVERNMENT</td> <td style="text-align: right;">01</td> </tr> <tr> <td>NGO</td> <td style="text-align: right;">02</td> </tr> <tr> <td>PRIVATE (FOR-PROFIT)</td> <td style="text-align: right;">03</td> </tr> <tr> <td>MISSION</td> <td style="text-align: right;">04</td> </tr> <tr> <td>SEMIAUTONOMOUS</td> <td style="text-align: right;">05</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td align="center" colspan="2">(SPECIFY)</td> </tr> </table>	MANAGING AUTHORITY		GOVERNMENT	01	NGO	02	PRIVATE (FOR-PROFIT)	03	MISSION	04	SEMIAUTONOMOUS	05	OTHER _____	96	(SPECIFY)		MANAGING AUTHORITY <input type="text"/> <input type="text"/>
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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 GRPA and MOH to assist the government in knowing more about the availability of HIV/AIDS-related services.

Your facility was 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 clinic/unit. By care and support, we mean the **provision of services that address the medical, psychological, emotional, and social needs of** patients living with HIV/AIDS and their families. We are interested in care and support that is provided for clients who you think probably are HIV infected or have AIDS, but this is not confirmed by a blood test, as well as for those clients who are confirmed by test to have an HIV/AIDS related illness. We will be asking about how patients receive HIV/AIDS care and support for services not provided in this facility. We will ask to see HIV/AIDS-related patient registers. We will not be using the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. No patient names from the registers will be reviewed, recorded, or shared. We would also like to ask you some questions about your training and experiences in HIV/AIDS-related care and support. The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one, including your supervisor, will know what you tell us. You may refuse to answer any question or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the government and the health facilities involved in HIV/AIDS care and support to improve formulation of policy and the delivery of services. Do you have any questions for me at this time?

301	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP
302	RECORD THE TIME AT BEGINNING OF INTERVIEW	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
NO.	QUESTIONS	CODING CATEGORIES	GO TO
303	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and 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. THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW	STAFF LIST COMPLETED YES 1 NO 2	
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	
305	Do providers in this unit ever prescribe HIV tests?	YES 1 NO 2	→ 307

NO.	QUESTIONS	CODING CATEGORIES			GO TO
		OBSERVED, COMPLETE	OBSERVED INCOMPLETE	REPORTED AVAILABLE, NOT SEEN	
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?				
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 Syndromic approach to diagnosing STI	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 → 323 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY 3 → 323 OTHER 6 → 323 (SPECIFY)			
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 (FPS)	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 THIS FACILITY FROM OTHER CLINIC/UNIT	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	
321	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 → 07	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 on micronutrient supplementation	1	2	3	4	
05	Guidelines on advanced nutritional support (FPS)	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 → 11	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	
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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
323	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	
324	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	→ 326 → 326
325	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	
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
327	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 → 329 → 329
328	Do you use any method to provide client information to the referral site or to help the client receive services from the referral site? 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	Do you have a system for making individual client appointments for follow-up after discharge? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
330	CHECK Q318 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THE 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 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.		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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 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	→ 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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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	
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 96 (SPECIFY TYPE)	
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358	<p>INDICATE IF THE ITEM IS AVAILABLE IN THE PATIENT ROOM OR IN AN IMMEDIATELY ADJACENT AREA</p>	<table border="1"> <thead> <tr> <th></th> <th>OBSERVED</th> <th>REPORTED, NOT SEEN</th> <th>NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td>01 PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)</td> <td>1 → 04</td> <td>2</td> <td>3</td> </tr> <tr> <td>02 AUDITORY PRIVACY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>03 VISUAL PRIVACY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>04 RUNNING WATER</td> <td>1 → 06</td> <td>2</td> <td>3</td> </tr> <tr> <td>05 WATER IN BUCKET OR BASIN (WITHOUT TAP)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>06 SOAP</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>07 SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>08 SHARPS CONTAINER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>09 DISPOSABLE LATEX GLOVES</td> <td>1 → 11</td> <td>2</td> <td>3</td> </tr> <tr> <td>10 DISPOSABLE GLOVES-NON LATEX</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>11 CHLORINE BASED DECONTAMINATION SOLUTION</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>12 CONDOMS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>13 SPINAL TAP KIT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>14 RAPID TEST FOR HIV</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>15 DISPOSABLE SYRINGES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>16 DISPOSABLE NEEDLES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>17 EXAMINATION TABLES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	01 PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	02 AUDITORY PRIVACY	1	2	3	03 VISUAL PRIVACY	1	2	3	04 RUNNING WATER	1 → 06	2	3	05 WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	06 SOAP	1	2	3	07 SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	08 SHARPS CONTAINER	1	2	3	09 DISPOSABLE LATEX GLOVES	1 → 11	2	3	10 DISPOSABLE GLOVES-NON LATEX	1	2	3	11 CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	12 CONDOMS	1	2	3	13 SPINAL TAP KIT	1	2	3	14 RAPID TEST FOR HIV	1	2	3	15 DISPOSABLE SYRINGES	1	2	3	16 DISPOSABLE NEEDLES	1	2	3	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>	NON CLINIC/UNIT, CENTRAL PROCESSING, THIS FACILITY 1 OTHER CLINIC/UNIT THIS FACILITY 2 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> SEND TO OTHER FACILITY 3 OTHER _____ 6 (SPECIFY) NO ITEMS EVER PROCESSED 7 → 368																																																																									
360	<p>HAS THIS SITE ALREADY BEEN ASSESSED? IF NO, GO TO THAT LOCATION AND ASSESS THE AVAILABILITY OF EQUIPMENT FOR DISINFECTION</p>	YES 1 → 368 NO 2																																																																									

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 → 02a	8 → 02a	1	2	8
	02	AUTOClave pressure; wet heat (non-electric)	1 → 02b	2 → 02b	3 → 03a	8 → 03a	1	2	8
	03	DRY HEAT STERILIZER	1 → 03b	2 → 03b	3 → 04a	8 → 04a	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 → 06a	8 → 06a	1	2	8
	06	AUTOMATIC TIMER	1 → 06b	2 → 06b	3 → 07a	8 → 07a	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. How does this unit finally dispose of potentially contaminated waste and items which are not reused, such as bandages or syringes?	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 LATRIN 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 LATRIN 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	
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376	RECORD THE TIME AT END OF INTERVIEW																	
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE																		

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		→ 407
		YES, INFORMAL	2		
		NO	3		
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"/>	
		NUMBER OF MONTHS	2	<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"/>	
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		→ 410
		YES, INFORMAL	2		
		NO	3		
409	Who do you train in HMIS?	STAFF IN HMIS UNIT	1		
		STAFF IN SERVICE UNITS	2		
		STAFF IN HMIS AND SERVICE UNITS	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 APPLIC.
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 workers, traditional birth attendants, etc.)	1	2	3	4

NO.	QUESTIONS	CODING CATEGORIES			GO TO
		YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	
412	Do you receive or compile reports of deaths in the facility attributed to HIV/AIDS? IF YES, ASK TO SEE A REPORT	1	2 → 413	3 → 413	NOT APPLIC. 4 → 413
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 PREVIOUS 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 MONTHS 4 NEVER 5			→ 421
416	To whom are the reports sent? CIRCLE ALL THAT APPLY.	FACILITY STATISTICIAN A FACILITY DIRECTOR B DISTRICT LEVEL C PROVINCIAL LEVEL D PROVINCIAL AIDS OFFICE E NATIONAL AIDS OFFICE F 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:	<table border="1" style="margin: auto;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td align="center">REGION</td><td align="center">FACILITY</td></tr> </table>			REGION	FACILITY	<table border="1" style="margin: auto;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td align="center">INTERVIEWER CODE</td><td></td></tr> </table>			INTERVIEWER CODE		QRE <input type="checkbox"/> TYPE <input type="checkbox"/>
REGION	FACILITY										
INTERVIEWER CODE											

500	INDICATE SETTING FOR LAB	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 SEMIAUTONOMOUS 05 OTHER 96 _____ (SPECIFY)	MANAGING AUTHORITY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
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CHECK AT THIS TIME IF '5' IS CIRCLED FOR Q500. IF YES, STOP INTERVIEW AND GO TO THE NEXT DATA COLLECTION SITE.

FIND THE PERSON IN CHARGE OF THE LABORATORY. IF HE/SHE IS NOT PRESENT, ASK TC SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES IN THE LABORATORY

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 (organization) to assist the government in knowing more about availability of HIV/AIDS-related services.

Your facility was selected to participate in this study. As a part of this survey, we are interested in knowing what laboratory services related to HIV/AIDS care and support are available today. We will be asking to see various records and registers related to laboratory work and specifically to HIV/AIDS related services. We will not be using the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. No patient names from the registers will be reviewed, recorded, or shared.

The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one, including your supervisor, will know what you tell us.

You may refuse to answer any question or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the government and the health facilities involved in HIV/AIDS care and support to improve formulation of policy and the delivery of services.

Do you have any questions for me at this time?

501	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→ STOP
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502	RECORD THE TIME AT BEGINNING OF INTERVIEW	<table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> : <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>					

NO.	QUESTIONS	CODING CATEGORIES				GO TO
503	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide laboratory services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide laboratory services related to HIV/AIDS, TB, malaria, or STIs.</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>				
<p>THE RESPONDENT FOR THIS QUESTIONNAIRE WILL ALSO BE ONE OF THE HEALTH WORKERS IDENTIFIED FOR INTERVIEW</p>						
<p>First I would like to know about guidelines and protocols that are available in the laboratory area.</p>						
504	<p>For each topic I mention, please tell me if you have any protocols and guidelines relating to this topic in the laboratory area?</p> <p>IF YES: May I see the guidelines please?</p>	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	<p>Does this laboratory conduct any tests for HIV? IF YES, CIRCLE ALL REASONS FOR WHICH HIV TESTS ARE CONDUCTED BY THIS LABORATORY</p>	<p>CLIENT DIAGNOSIS ... 1</p> <p>BLOOD SCREENING ... 2</p> <p>EMPLOYMENT PHYSICAL ... 3</p> <p>NO HIV TESTS 4</p>				→ 521
506	<p>Are there any guidelines or protocols related to any of the topics I will ask, in the laboratory area?</p> <p>IF YES, ASK: May I see the guideline please.</p>	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	Written guidelines 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	
04	Laboratory guidelines for HIV testing	1		3	4	
05	Other protocols or guidelines relevant to HIV/AIDS or related services (SPECIFY) _____	1		3	4	
<p>Now I would like to see the equipment and the reagents necessary to conduct the different tests I will ask you about.</p>						

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
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
		1 → 01b	2 → 01b	3 02 ↙	8 02 ↙	1	2	8
01	ELISA scanner/reader	1 → 01b	2 → 01b	3 02 ↙	8 02 ↙	1	2	8
02	Cytoflowmeter - CD4 Count	1 → 02b	2 → 02b	3 508 ↙	8 508 ↙	1	2	8
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	DONT 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 immunosorben 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				
		YES	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS		MONTHS OF DATA	
	01	TOTAL CLIENTS RECEIVING HIV TEST	1 → 01b	2 02 ↙	3 02 ↙	□ □ □ □ □		□ □
	02	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 → 02b	2 03 ↙	3 03 ↙	□ □ □ □ □		□ □
	03	TOTAL CLIENTS WHO RECEIVED TEST RESULTS	1 → 03b	2 04 ↙	3 04 ↙	□ □ □ □ □		□ □
04	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 → 04b	2 511 ↙	3 511 ↙	□ □ □ □ □		□ □	
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						

NO.	QUESTIONS	CODING CATEGORIES		GO TO
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	→ 515
			NO EXTERNAL QUALITY CONTROL 3	→ 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"/> <input type="text"/> <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 RECORDOR REPORT WHERE THE RESULTS ARE RECORDED.	YES, OBSERVED 1	YES, REPORTED, NOT SEEN ... 2	→ 518
		NO 3		→ 518
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	NO 2	→ 521
520	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	(a) YES FEE NO NA	(b) AMOUNT IN KSH	
01	FEE FOR HIV TEST	1 → 01b 2 02 ↙ 5 02 ↘	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
02	FEE FOR CD4 TEST	1 → 02b 2 03 ↙ 5 03 ↘	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
03	FEE FOR COMPLETE BLOOD COUNT	1 → 03b 2 04 ↙ 5 04 ↘	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
04	OTHER _____ (SPECIFY)	1 → 04b 2 521 ↙ 5 521 ↘	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CATEGORIES				GO TO						
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?						
		REPORTED, OBSERVED	NOT SEEN	NOT AVAILABLE	DONT KNOW	YES	NO	DONT KNOW				
	01	Hemocytometer (for total lymphocyte count, full blood count)/coulter	1→ 01b	2→ 01b	3 02↙	8 02↙	1	2	8			
	02	Microscope	1→ 02b	2→ 02b	3 03↙	8 03↙	1	2	8			
	03	Refrigerator	1→ 03b	2→ 03b	3 04↙	8 04↙	1	2	8			
	04	Incubator	1→ 04b	2→ 04b	3 05↙	8 05↙	1	2	8			
	05	Test tubes	1	2	3	8						
	06	Glass slides and covers	1	2	3	8						
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.											
523	MALARIA TESTS	a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?						
		REPORTED, OBSERVED	NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCT- ED IN THIS LAB	YES	NO	DONT KNOW				
				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						
GONORRHEA TESTS						4 526↙						
01	Chocolate agar (culture medium)	1	2	3	4							

NO.	QUESTIONS	CODING CATEGORIES				GO TO			
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?			
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW	
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 test for TB _____ (SPECIFY)	1	2	3	4				
529	URINE TESTS					4 530 ↙			
01	Urinalysis (Centrifuge for urine testing)	1→ 01b	2→ 01b	3 02 ↙	4	1	2	8	
02	Dip sticks for urine SPECIFY TYPE OF DIP STICK _____	1	2	3	4				

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
		a) ARE ALL ITEMS FOR TEST AVAILABLE?				b) IS THE ITEM IN WORKING ORDER?		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	TEST NOT CONDUCTED IN THIS LAB	YES	NO	DON'T KNOW
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			
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?							
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 cellcount	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			
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		

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																																						
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 HEALTHWORKER 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																																																							
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 HEALTHWORKER WHO TELLS CLIENT 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																																																							
541	Do you send any specimens outside for lab test 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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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																																																						

NO.	QUESTIONS	CODING CATEGORIES			GO TO
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	FACILITY STATISTICIAN A FACILITY DIRECTOR B DISTRICT LEVEL C PROVINCIAL LEVEL D PROVINCIAL AIDS OFFICE E NATIONAL AIDS OFFICE F 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			
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			→ 551
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 NO 3			→ 553 → 553
552	When was the last entry in the register for TB test results?	WITHIN 30 DAYS 1 MORE THAN 30 DAYS AGO 2			
BLOOD TRANSFUSION AND SCREENING					
553	Do you do blood screening in this laboratory?	YES 1 NO 2			→ 555

NO.	QUESTIONS	CODING CATEGORIES			GO TO
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
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
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	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 04	2	3	
02	AUDITORY PRIVACY	1	2	3	
03	VISUAL PRIVACY	1	2	3	
04	RUNNING WATER	1 → 06	2	3	
05	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
06	SOAP	1	2	3	
07	SINGLE-USE HAND DRYING TOWELS OR FUNCTIONING ELECTRIC HAND-DRIER	1	2	3	
08	SHARPS CONTAINER	1	2	3	
09	DISPOSABLE LATEX GLOVES	1 → 11	2	3	
10	DISPOSABLE GLOVES-NON LATEX	1	2	3	
11	CHLORINE BASED DECONTAMINATION SOLUTION	1	2	3	
12	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 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 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	DONT 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	DONT KNOW	YES	NO	DONT 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"/> <input type="text"/> REGION FACILITY		QRE <input type="checkbox"/> <input checked="" type="checkbox"/> TYPE
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 SEMIAUTONOMOUS 05 OTHER _____ 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>
CHECK AT THIS TIME IF '4' IS CIRCLED FOR Q600. IF YES, STOP INTERVIEW AND GO TO THE NEXT DATA COLLECTION SITE.		
<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 (organization) to assist the government in knowing more about availability of HIV/AIDS-related services.</p> <p>Your facility was 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 are available for HIV/AIDS related services.</p> <p>The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one, including your supervisor, will know what you tell us.</p> <p>You may refuse to answer any question or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the government and the health facilities involved in HIV/AIDS care and support to improve formulation of policy and the delivery of services.</p> <p>If one of the medicines 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. 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					
<p>ASK TO SEE THE FOLLOWING MEDICATIONS AND SUPPLIES. IF THE ITEM IS LOCATED IN ANOTHER AREA OF THE FACILITY, GO THERE TO OBSERVE IT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE: FOR ALL ITEMS THAT ARE OBSERVED, ASK IF THERE HAS BEEN ANY STOCK OUT (NONE OF THE MEDICINE AVAILABLE) DURING THE LAST SIX MONTHS</p>							
603	GENERAL MEDICINES	a			b		
		OBSERVED ALL UNITS VALID	AT LEAST ONE UNIT VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
		YES	NO				
01	Aceteminophen/paracetamol		2 → 01b	3 02 ↙	4 02 ↙	1	2
02	Acetylsilic acid/aspirin oral		2 → 02b	3 03 ↙	4 03 ↙	1	2
03	Acyclovir ophthalmic		2 → 03b	3 04 ↙	4 04 ↙	1	2
04	Acyclovir oral		2 → 04b	3 05 ↙	4 05 ↙	1	2
05	Albendazole oral		2 → 05b	3 06 ↙	4 06 ↙	1	2
06	Amoxicillin/ampicillin oral	1 → 06b	2 → 06b	3 07 ↙	4 07 ↙	1	2
07	Amoxicillin/clavulanate (Augmentin) oral		2 → 07b	3 08 ↙	4 08 ↙	1	2
08	Ampicillin, injectable	1 → 08b	2 → 08b	3 09 ↙	4 09 ↙	1	2
09	Amphotericin B injectable		2 → 09b	3 10 ↙	4 10 ↙	1	2
10	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

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

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		OBSERVED		a		b	
		ALL UNITS VALID	AT LEAST ONE UNIT VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS	
				YES	NO		
45	Multivitamins		2 → 45b	3 46 ↙	4 46 ↙	1	2
46	Nalidixic acid oral	1 → 46b	2 → 46b	3 47 ↙	4 47 ↙	1	2
47	Nitrofurantoin oral		2 → 47b	3 48 ↙	4 48 ↙	1	2
48	Nitrofurazone ointment		2 → 48b	3 49 ↙	4 49 ↙	1	2
49	Norflloxacin		2 → 49b	3 50 ↙	4 50 ↙	1	2
50	Nystatin oral/suspension		2 → 50b	3 51 ↙	4 51 ↙	1	2
51	Nystatin vaginal tablets		2 → 51b	3 52 ↙	4 52 ↙	1	2
52	Oral rehydration salts		2 → 52b	3 53 ↙	4 53 ↙	1	2
53	Penicillin, Benzathine injectable	1 → 53b	2 → 53b	3 54 ↙	4 54 ↙	1	2
54	Penicillin Benzyl injectable	1 → 54b	2 → 54b	3 55 ↙	4 55 ↙	1	2
55	Penicillin, procaine, injectable	1 → 55b	2 → 55b	3 56 ↙	4 56 ↙	1	2
56	Phenobarbital		2 → 56b	3 57 ↙	4 57 ↙	1	2
57	Prednisolone (or other steroid)		2 → 57b	3 58 ↙	4 58 ↙	1	2
58	Sulfadiazine		2 → 58b	3 59 ↙	4 59 ↙	1	2
59	Tetracycline		2 → 59b	3 60 ↙	4 60 ↙	1	2
60	Tinidazole		2 → 60b	3 61 ↙	4 61 ↙	1	2
61	Vincristine injectable		2 → 61b	3 62 ↙	4 62 ↙	1	2
62	Vitamin b6		2 → 62b	3 63 ↙	4 63 ↙	1	2
63	Other B vitamins		2 → 63b	3 64 ↙	4 64 ↙	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
		OBSERVED		a		b	
604	ANTIMALARIALS	ALL UNITS	AT LEAST	REPORTED	NOT	STOCK OUT	
		VALID	ONE UNIT	AVAILABLE,	AVAILABLE	IN LAST	NO
			VALID	NOT SEEN		SIX MONTHS	
						YES	NO
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	Are medicines for treating tuberculosis kept in the pharmacy?		YES	1			
			NO, KEPT IN TB UNIT	2		→ 607	
			NO TB MEDICINES IN FACILITY	3		→ 607	
606	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	3 607 ↙	4 607 ↙	1	2
607	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 → 04b	2 → 04b	3 608 ↙	4 608 ↙	1	2

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES				
		a			b	
608	OTHER	OBSERVED	REPORTED	NOT	STOCK OUT	
		AT LEAST	AVAILABLE,	AVAILABLE	IN LAST	
		ALL UNITS	NOT SEEN		SIX MONTHS	
		ONE UNIT			YES	NO
		VALID	VALID			
01	Infant formula		1 → 01b	2 02	3 02	1 2
02	Fortified protein supplement		1 → 02b	2 609	3 609	1 2
609	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			→ 612
610	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN Q609.		REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES 1 REGISTER/STOCK CARDS UPDATED DAILY 2 OTHER 6 (SPECIFY)			
611	FOR EACH OF THE FOLLOWING MEDICINES THAT ARE AVAILABLE IF THE AMOUNT OF STOCK ON THE STOCK CARD OR REGISTER THE INVENTORY OBSERVED IN STORAGE, OR, IF THE CORRECT AMOUNT CAN RAPIDLY BE CALCULATED USING DAILY DISTRIBUTION RECORDS		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			
612	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			

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES						
618	If there is a shortage of a specific medicine between routine orders, what is the most common procedure followed by this facility? Submit special order to normal supplier Facility purchases from private market Clients must purchase from outside the facility	SPECIAL ORDER	1					
		FACILITY PURCHASE	2					
		CLIENT PURCHASE OUTSIDE	3					
619	During the past 3 months, have you always, sometimes, or almost never received the amount of each medicine that you ordered (or that you are supposed to routinely receive)?	ALWAYS	1					
		SOMETIMES	2					
		ALMOST NEVER	3					
620	Does this facility stock any antiretroviral medicines other than those for post-exposure prophylaxis?	YES	1					
		NO	2		→ 627			
621	ASK TO SEE THE ANTIRETROVIRAL MEDICINES AND COMPLETE THE FOLLOWING INFORMATION ON AVAILABILITY.	a		b				
		OBSERVED		REPORTED				
		ALL UNITS VALID	AT LEAST ONE UNIT VALID	AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN LAST SIX MONTHS		
					YES	NO		
	01	AZT + 3TC		1 → 01b	2 02 ←	3 02 ←	1	2
	02	Zidovudine (ZDV, AZT)		1 → 02b	2 03 ←	3 03 ←	1	2
	03	Abacavir/ABC		1 → 03b	2 04 ←	3 04 ←	1	2
	04	Didanosine/ddI		1 → 04b	2 05 ←	3 05 ←	1	2
	05	Efavirenz (EFZ)		1 → 05b	2 06 ←	3 06 ←	1	2
	06	Lamivudine/3TC		1 → 06b	2 07 ←	3 07 ←	1	2
	07	Nevirapine (NVP)		1 → 07b	2 08 ←	3 08 ←	1	2
	08	NRTIs (Tenofovir disoproxil fumarate [Viread])		1 → 08b	2 09 ←	3 09 ←	1	2
09	Protease inhibitors (indinavir [Crixivan], nelfinavir [Viracept], ritonavir [Norvir], saquinavir [Invirase])		1 → 09b	2 10 ←	3 10 ←	1	2	
10	Stavudine/d4T		1 → 10b	2 11 ←	3 11 ←	1	2	
11	Other _____ (SPECIFY)		1 → 11b	2 622 ←	3 622 ←	1	2	
622	ARE THE ANTIRETROVIRALS STORED SEPARATE FROM OTHER MEDICINES?	YES	1					
		NO	2					
623	ARE THE ANTIRETROVIRAL DRUGS STORED UNDER LOCKED CONDITIONS?	YES	1					
		NO	2					
624	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		→ 627			

NO.	MEDICATION/SUPPLY ITEM	CODING CATEGORIES				
625	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN Q624.	REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES 1 REGISTER/STOCK CARDS UPDATED DAILY 2 OTHER _____ 6 (SPECIFY)				
626	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 RAPIDLY BE RECONCILED?	YES 1 NO 2				
627	Finally, I would like to see supplies that you have in stock. Please show me the following stock supply items:	a OBSERVED REPORTED AVAILABLE, NOT SEEN NOT AVAILABLE			b STOCK OUT IN LAST SIX MONTHS YES NO	
01	Condoms	1 → 01b	2 02 ↙	3 02 ↙	1	2
02	Disposable needles	1 → 02b	2 03 ↙	3 03 ↙	1	2
03	Disposable syringes	1 → 03b	2 04 ↙	3 04 ↙	1	2
04	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	2 628 ↙	3 628 ↙	1	2
628	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
703	<p>First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS or TB, who are assigned to this clinic/unit and are present today.</p> <p>Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any tuberculosis, or 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>	
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</p> <p>GENERAL OPD CLINIC/UNIT B</p> <p>SPECIALTY OPD CLINIC/UNITS C</p> <p>ANC CLINIC/UNIT D</p> <p>HIV/AIDS UNIT 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>	
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</p> <p>GENERAL OPD CLINIC/UNIT B</p> <p>SPECIALTY OPD CLINIC/UNITS C</p> <p>ANC CLINIC/UNIT D</p> <p>HIV/AIDS CLINIC/UNIT 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>	
706	<p>What method is used by providers in this clinic/unit for diagnosing TB?</p>	<p>SPUTUM SMEAR ONLY 1</p> <p>X-RAY ONLY 2</p> <p>EITHER SPUTUM OR X-RAY 3</p> <p>BOTH SPUTUM AND X-RAY 4</p> <p>CLINICAL SYMPTOMS ONLY 5</p> <p>DIAGNOSED ELSEWHERE, THIS CLINIC PROVIDES FOLLOW-UP TREATMENT ONLY 6</p>	<p>→ 710</p> <p>→ 710</p> <p>→ 710</p> <p>→ 710</p> <p>→ 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</p> <p>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</p> <p>YES, REPORTED, NOT SEEN 2</p> <p>NO RECORD 3</p>	
709	<p>When you refer the client to another facility for TB diagnosis, do you use a referral form? IF YES, ASK TO SEE THE REFERRAL FORM.</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED, NOT SEEN 2</p> <p>NO 3</p>	<p>→ 711</p> <p>→ 711</p>

NO.	QUESTIONS	CODING CATEGORIES	GO TO
710	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	
711	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 guideline or protocols available? IF YES, ASK, may I see them?	OBSERVED OBSERVED REPORTED, COMPLETE NOT NOT NOT COMPLETE COMPLETE SEEN AVAIL.	
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	
712	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	→ 715
713	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"/>	
714	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA <input type="text"/> <input type="text"/>	
715	Is this facility included in the national DOTS program?	YES 1 NO 2	
716	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 3 FOLLOW UP CLIENTS ONLY AFTER INTENSIVE TREATMENT PROVIDED ELSEWHERE 4	→ 723 → 723
717	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)	
718	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	→ 720 → 720
719	Is the record/register up-to-date for the prior week for all clients receiving their DOTS medications?	YES 1 NO 2	
720	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	
721	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			→ 723	
		YES, BULK JARS	2			→ 724	
		NO, MEDICINES IN PHARMACY	3				
722	ASK TO SEE THE PREPACKAGED MEDICINES AND RECORD IF THERE IS A PACKAGE FOR ALL CLIENTS CURRENTLY UNDER DOTS TREATMENT.	YES, ALL CLIENTS	1			→ 724	
		NO, SOME CLIENTS ONLY	2			→ 724	
		NO MEDICINES AVAILABLE	3			→ 724	
723	MEDICINES FOR TUBERCULOSIS	a				b	
		OBSERVED		REPORTED		STOCK OUT	
		AT LEAST		AVAILABLE,		IN LAST	
		ALL UNITS		NOT SEEN,		SIX MONTHS	
		VALID		NOT AVAILABLE		YES	
		ONE UNIT		AVAILABLE,		NO	
		VALID		NOT SEEN			
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	3 724 ↙	4 724 ↙	1	2	
724	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			→ 737	
		NO, CLIENTS REFERRED TO HEALTH CENTER	4			→ 737	
		NO, CLIENTS REFERRED ELSEWHERE _____ (SPECIFY)	55			→ 737	
725	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				
726	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			→ 731	
727	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			→ 731	
728	USING EITHER THE CARDS OR REGISTER, RECORD THE TOTAL NUMBER OF CLIENTS WHO ARE CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	TOTAL NUMBER OF CLIENTS ON TB TREATMENT					

NO.	QUESTIONS	CODING CATEGORIES	GO TO
729	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	
730	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	
731	Are newly diagnosed cases of TB (or cases followed up by this clinic/unit), referred for an HIV test or for counseling about HIV/AIDS?	YES, ALL REFERRED 1 SUSPECT CASES ONLY REFERRED 2 NO 3 DON'T KNOW 8	→ 735 → 735
732	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	→ 735 → 735
733	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"/>	
734	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
735	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	→ 737 → 737
736	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"/>	
737	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 ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/> 2 NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY 3 OTHER 6 (SPECIFY)	→ OPD OR IPD QRE → 745
738	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	→ 740 → 745
739	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	→ 744 → 744 → 744
740	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES 1 NO 2	→ 745
741	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES 1 NO 2	→ 745
742	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	
743	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	
744	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	
745	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 H: COUNSELING AND TESTING

Code of facility:	<table border="1" style="margin:0 auto;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td align="center">REGION</td><td align="center">FACILITY</td></tr> </table>			REGION	FACILITY	<table border="1" style="margin:0 auto;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>			QRE TYPE H
REGION	FACILITY								
Interviewer: Code	<table border="1" style="margin:0 auto;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>								

800	INDICATE THE SERVICE SETTING FOR THIS SECTION.	<p>OUTPATIENT</p> <p>ANTENATAL CARE 03</p> <p>OUTPATIENT COUNSELING AND TESTING CLINIC/UNIT 07</p> <p>SPECIFIC HIV UNIT WITHIN OPD 09</p> <p>CLINIC/UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS . 10</p> <p>INPATIENT</p> <p>HIV/AIDS INPATIENT UNIT 25</p> <p>UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS 28</p> <p>OTHER</p> <p>ENTER CLINIC/UNIT NUMBER <table border="1" style="display:inline-table; vertical-align: middle;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table></p> <p>OTHER 96 (SPECIFY)</p>		

801	<p>MANAGING AUTHORITY</p> <p>GOVERNMENT 01</p> <p>NGO 02</p> <p>PRIVATE (FOR-PROFIT) 03</p> <p>MISSION 04</p> <p>SEMIAUTONOMOUS 05</p> <p>OTHER 96 (SPECIFY)</p>	<p>MANAGING AUTHORITY <table border="1" style="display:inline-table; vertical-align: middle;"><tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr></table></p>		

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT COUNSELING AND TESTING 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 Q802 BELOW AND GO ON TO Q803.

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 (organization) to assist the government in knowing more about the availability of HIV/AIDS-related services.

Your facility was 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 clinic/unit. By care & support, we mean the **provision of services that address the medical, psychological, emotional, and social needs** of patients living with HIV/AIDS & their families. We are interested in care & support that is provided for clients who you think probably are HIV infected or have AIDS, but this is not confirmed by a blood test, as well as for those clients who are confirmed by test to have an HIV/AIDS related illness. We will be asking about how patients receive HIV/AIDS care and support for services not provided in this facility. We will ask to see HIV/AIDS-related patient registers. We will not be using the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. No patient names from the registers will be reviewed, recorded, or shared. We would also like to ask you some questions about your training and experiences in HIV/AIDS-related care and support. The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one, including your supervisor, will know what you tell us. You may refuse to answer any question or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the government and the health facilities involved in HIV/AIDS care and support to improve formulation of policy and the delivery of services.

Do you have any questions for me at this time?

802	Do I have your agreement to participate? Thank you. Let's begin now.	<p>YES 1</p> <p>NO 2</p>	→ STOP
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803	RECORD THE TIME AT BEGINNING 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></tr> </table> : <table border="1" style="display:inline-table; vertical-align: middle;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>				

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 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 YES 1 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 GENERAL OPD CLINIC/UNIT B SPECIALTY OPD CLINIC/UNITS C ANC CLINIC/UNIT D MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS E OTHER CLINIC/UNIT THIS FACILITY .. W ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ X (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 GENERAL OPD CLINIC/UNIT B SPECIALTY OPD CLINIC/UNITS C ANC CLINIC/UNIT D MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS E OTHER CLINIC/UNIT THIS FACILITY .. W ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ X (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>	

NO.	QUESTIONS	CODING CATEGORIES			GO TO								
809	I would like to ask you about the routine practice for offering counseling <u>during normal working</u> 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.	<table border="0"> <tr> <td></td> <td>COUNSELING ROUTINELY PROVIDED</td> <td>COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT</td> <td>DON'T KNOW</td> </tr> <tr> <td></td> <td>ALWAYS BY TRAINED COUNSELOR</td> <td>NOT ALWAYS BY TRAINED COUNSELOR</td> <td></td> </tr> </table>				COUNSELING ROUTINELY PROVIDED	COUNSELING NOT ROUTINELY PROVIDED BY THIS CLINIC/UNIT	DON'T KNOW		ALWAYS BY TRAINED COUNSELOR	NOT ALWAYS BY TRAINED COUNSELOR		
	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								
810	Do you have any guidelines or protocols related to HIV test counseling?	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, COMPLETE			REPORTED, 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		→ HW QRE								
		NO	3										
814	How is pretest counseling or information provided? 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								

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
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,	[][]		→ 818	
		NO	995			
817	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA	[][]			
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			→ 823	
		YES	2		→ 823	
		NO	3			
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 ←	[][][]	[][]
02	TOTAL CLIENTS RECEIVING POST-TEST COUNSELING	1 →02b	2 [] 820 ←	3 [] 820 ←	[][][]	[][]
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	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT	1		→ 828 → 828	
		YES, OTHER LOCATION	2			
		NO	3			
825	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, NOT COMPLETE ..	2			
		YES, REPORTED NOT SEEN	3			
		NO	4			
826	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today? IF YES, IDENTIFY THE PROVIDER FOR INTERVIEW.	YES, PRESENT TODAY	1			
		YES, NOT PRESENT TODAY	2			
		NO	3			

NO.	QUESTIONS	CODING CATEGORIES	GO TO																																								
833	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	→ 838 → 838 → 838 → 838																																								
834	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE REQUESTED NUMBERS.	<table border="1"> <thead> <tr> <th colspan="3" data-bbox="664 451 976 537">(a) RECORD AVAILABILITY</th> <th colspan="2" data-bbox="976 451 1192 537">(b) NUMBERS FROM OBSERVED RECORDS</th> </tr> <tr> <th data-bbox="664 537 776 642">OBSERVED</th> <th data-bbox="776 537 888 642">REPORTED, NOT SEEN</th> <th data-bbox="888 537 976 642">NO RECORD</th> <th data-bbox="976 537 1192 642">NUMBER OF CLIENTS</th> <th data-bbox="1192 537 1198 642">MONTHS OF DATA</th> </tr> </thead> <tbody> <tr> <td data-bbox="664 642 776 747">1 →01b</td> <td data-bbox="776 642 888 747">2 02 ←</td> <td data-bbox="888 642 976 747">3 02 ←</td> <td data-bbox="976 642 1192 747"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td data-bbox="1192 642 1198 747"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="664 747 776 852">02</td> <td data-bbox="776 747 888 852">2 03 ←</td> <td data-bbox="888 747 976 852">3 03 ←</td> <td data-bbox="976 747 1192 852"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td data-bbox="1192 747 1198 852"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="664 852 776 957">03</td> <td data-bbox="776 852 888 957">2 04 ←</td> <td data-bbox="888 852 976 957">3 04 ←</td> <td data-bbox="976 852 1192 957"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td data-bbox="1192 852 1198 957"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="664 957 776 1062">04</td> <td data-bbox="776 957 888 1062">2 05 ←</td> <td data-bbox="888 957 976 1062">3 05 ←</td> <td data-bbox="976 957 1192 1062"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td data-bbox="1192 957 1198 1062"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="664 1062 776 1167">05</td> <td data-bbox="776 1062 888 1167">2 06 ←</td> <td data-bbox="888 1062 976 1167">3 06 ←</td> <td data-bbox="976 1062 1192 1167"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td data-bbox="1192 1062 1198 1167"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="664 1167 776 1272">06</td> <td data-bbox="776 1167 888 1272">2 839 ←</td> <td data-bbox="888 1167 976 1272">3 839 ←</td> <td data-bbox="976 1167 1192 1272"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td data-bbox="1192 1167 1198 1272"><input type="text"/><input type="text"/></td> </tr> </tbody> </table>	(a) RECORD AVAILABILITY			(b) NUMBERS FROM OBSERVED RECORDS		OBSERVED	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA	1 →01b	2 02 ←	3 02 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	02	2 03 ←	3 03 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	03	2 04 ←	3 04 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	04	2 05 ←	3 05 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	05	2 06 ←	3 06 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	06	2 839 ←	3 839 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
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835	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	→ 838																																								
836	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	→ 838																																								
837	To whom do you send these reports? CIRCLE ALL THAT APPLY.	FACILITY STATISTICIAN A FACILITY DIRECTOR B DISTRICT LEVEL C PROVINCIAL LEVEL D PROVINCIAL AIDS OFFICE E NATIONAL AIDS OFFICE F OTHER X (SPECIFY)																																									

NO.	QUESTIONS	CODING CATEGORIES	GO TO
838	<p>Is an individual client chart or record maintained for all HIV positive clients?</p> <p>IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED NOT SEEN 2</p> <p>YES, CHART/RECORD AVAILABLE IN OTHER CLINIC/UNIT, THIS FACILITY 3</p> <p>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 6</p> <p>SPECIFY _____</p> <p>NO 7</p>	
839	<p>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.</p>	<p>YES 1</p> <p>NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY 2</p> <p>ENTER CLINIC/UNIT NUMBER <input type="text"/> <input type="text"/></p> <p>NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY 3</p> <p>OTHER 6</p> <p>SPECIFY _____</p>	<p>→ OPD OR IPD QRE & → 847</p>
840	<p>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?</p>	<p>YES, PEP IN THIS FACILITY 1</p> <p>YES, REFERRED TO OTHER FACILITY FOR PEP 2</p> <p>NO PEP AVAILABLE 3</p>	<p>→ 842</p> <p>→ 847</p>
841	<p>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</p>	<p>YES, RECORD SHOWS REFERRED AND RECEIVED PEP 1</p> <p>RECORD SHOWS REFERRAL ONLY .. 2</p> <p>NO RECORD OF REFERRAL 3</p>	<p>→ 846</p> <p>→ 846</p> <p>→ 846</p>
842	<p>HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 847</p>
843	<p>Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 847</p>
844	<p>Are there any written guidelines or protocols for post-exposure prophylaxis available in this clinic/unit? IF YES, ASK TO SEE THE GUIDELINES</p>	<p>YES, OBSERVED, COMPLETE 1</p> <p>YES, OBSERVED, INCOMPLETE .. 2</p> <p>YES, REPORTED, NOT SEEN 3</p> <p>NO 4</p>	
845	<p>Is a record maintained for staff who are referred for or prescribed PEP? IF YES, ASK TO SEE THE RECORD</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED, NOT SEEN 2</p> <p>NO 3</p>	
846	<p>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.</p>	<p>YES, OBSERVED 1</p> <p>YES, REPORTED, NOT SEEN 2</p> <p>NO 3</p>	
847	<p>RECORD THE TIME AT END OF INTERVIEW <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p>		
<p>THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE</p>			

SECTION I: ANTIRETROVIRAL THERAPY

Code of facility:	<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> <tr> <td align="center" colspan="2">REGION</td> <td align="center" colspan="2">FACILITY</td> </tr> </table>					REGION		FACILITY		QRE TYPE	1
REGION		FACILITY									
Interviewer: Code	<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>										

900	INDICATE THE SERVICE SETTING FOR THIS SECTION	<p>OUTPATIENT</p> <p>OUTPATIENT COUNSELING AND TESTING CLINIC/UNIT 07</p> <p>SPECIFIC HIV UNIT WITHIN OPD..... 09</p> <p>CLINIC/UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS 10</p> <p>INPATIENT</p> <p>HIV/AIDS INPATIENT UNIT 25</p> <p>UNIT COMBINES SPECIAL DIAGNOSES INCLUDING HIV/AIDS..... 28</p> <p>OTHER</p> <p>ENTER CLINIC/UNIT NUMBER <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align: middle;"></table></p> <p>OTHER 96</p> <p align="center">SPECIFY</p>
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901	<p>MANAGING AUTHORITY</p> <p>GOVERNMENT 01</p> <p>NGO 02</p> <p>PRIVATE (FOR-PROFIT) 03</p> <p>MISSION 04</p> <p>SEMI-AUTONOMOUS 05</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>MANAGING AUTHORITY <table border="1" style="display:inline-table; width:40px; height:20px; vertical-align: middle;"></table></p>
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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.

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 (organization) to assist the government in knowing more about the availability of HIV/AIDS-related services.

Your facility was 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 clinic/unit. By care & support, we mean the **provision of services that address the medical, psychological, emotional, and social needs** of patients living with HIV/AIDS & their families. We are interested in care & support that is provided for clients who you think probably are HIV infected or have AIDS, but this is not confirmed by a blood test, as well as for those clients who are confirmed by test to have an HIV/AIDS related illness. We will be asking about how patients receive HIV/AIDS care and support for services not provided in this facility. We will ask to see HIV/AIDS-related patient registers. We will not be using the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. No patient names from the registers will be reviewed, recorded, or shared. We would also like to ask you some questions about your training & experiences in HIV/AIDS-related care and support. The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one, including your supervisor, will know what you tell us. You may refuse to answer any question or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the government and the health facilities involved in HIV/AIDS care and support to improve formulation of policy and the delivery of services.

Do you have any questions for me at this time?

902	Do I have your agreement to participate? Thank you. Let's begin now.	<p>YES 1</p> <p>NO 2</p>	→ STOP
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903	RECORD THE TIME AT BEGINNING OF INTERVIEW	<table border="1" style="display:inline-table; width:60px; height:20px;"> <tr> <td style="width:15px; height:15px;"></td> <td style="width:15px; height:15px;"></td> <td style="width:10px; height:15px;"></td> <td style="width:15px; height:15px;"></td> <td style="width:15px; height:15px;"></td> <td style="width:15px; height:15px;"></td> </tr> </table>						

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 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	<p>How many days each week are ART services available in this clinic/unit?</p>	<p>DAYS PER WEEK <input type="text"/></p>	
906	<p>How many months have ART 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>	
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 a person specifically in charge of ART? IF YES, ASK: Is the person in charge of ART assigned to this clinic/unit, or assigned to another clinic/unit?</p>	<p>YES, ASSIGNED THIS UNIT 1</p> <p>YES, ASSIGNED OTHER UNIT 2</p> <p>NO ONE PERSON IN CHARGE OF ART 3</p>	<p>→ 911</p> <p>→ 911</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)						
911	<p>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</p> <p>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</p>	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 HOMELESS G OTHER X (SPECIFY) NO SOCIAL CRITERIA APPLIED Y						
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

NO.	QUESTIONS	CODING CATEGORIES	GO TO		
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 test, 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
	TOPIC	OBSERVED COMPLETE	OBSERVED, REPORTED, INCOMPLETE NOT SEEN		NOT AVAILABLE
01	National Guidelines for VCT	1 → 03	2	3	4
02	HIV testing protocol	1	2	3	4
03	National Guidelines to Antiretroviral Drug Therapy	1 → 08	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
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 COMPUTER 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"/>			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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
939	To whom do you send these reports? CIRCLE ALL THAT APPLY.	FACILITY STATISTICIAN A FACILITY DIRECTOR B DISTRICT LEVEL C PROVINCIAL LEVEL D PROVINCIAL AIDS OFFICE E NATIONAL AIDS OFFICE 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 counseling services for HIV/AIDS patients? By nutritional rehabilitation I mean do you provide client education about eating well, early identification of deficiencies, and does the facility provide 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 FORTIFIED PROT. SUPP. D 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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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	
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 ENTER CLINIC/UNIT <input type="text"/> <input type="text"/> NUMBER NO, CLIENTS ARE REFERRED TO OTHER FACILITY 3 OTHER _____ 6 (SPECIFY)	→ OPD OR IPD QRE → 958
951	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	→ 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

NO.	QUESTIONS	CODING CATEGORIES	GO TO
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, NOT COMPLETE 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 data-bbox="703 552 743 604" type="text"/> <input data-bbox="743 552 784 604" type="text"/> <input data-bbox="800 552 841 604" type="text"/> <input data-bbox="841 552 881 604" 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:
 REGION FACILITY

Interviewer: Code

QRE J
 TYPE

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)	
1001	MANAGING AUTHORITY GOVERNMENT 01 NGO 02 PRIVATE (FOR-PROFIT) 03 MISSION 04 SEMIAUTONOMOUS 05 OTHER 96 (SPECIFY)	MANAGING AUTHORITY <input type="text"/> <input type="text"/>	
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 DELIVERY SERVICE AREA 2 PMTCT CLINIC/UNIT INTEGRATED WITHIN DELIVERY UNIT 3 PMTCT CLINIC/UNIT INTEGRATED WITHIN ANC UNIT 4 OTHER 6 (SPECIFY)	

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 (organization) to assist the government in knowing more about the availability of HIV/AIDS-related services.

Your facility was 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 clinic/unit. By care and support, we mean the **provision of services that address the medical, psychological, emotional, and social needs** of patients living with HIV/AIDS and their families. We are interested in care and support that is provided for clients who you think probably are HIV infected or have AIDS, but this is not confirmed by a blood test, as well as for those clients who are confirmed by test to have an HIV/AIDS related illness. We will be asking about how patients receive HIV/AIDS care and support for services not provided in this facility. We will ask to see HIV/AIDS-related patient registers. We will not be using the information from any register for any purpose except to confirm the existence of the patient registers and to record numbers. No patient names from the registers will be reviewed, recorded, or shared. We would also like to ask you some questions about about your training and experiences in HIV/AIDS-related care and support. The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one, including your supervisor, will know what you tell us. You may refuse to answer any question or choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the government and the health facilities involved in HIV/AIDS care and support to improve formulation of policy and the delivery of services. 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
1004	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
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 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 YES 1 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 SPECIALTY OPD CLINIC/UNIT B ANC CLINIC/UNIT C MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS D VCT OR CT CLINIC/UNITS E FAMILY PLANNING F GENERAL INPATIENT UNITS G HIV/AIDS INPATIENT UNIT H OUTSIDE FACILITY/SIT I OTHER CLINIC/UNIT THIS FACILITY W ENTER CLINIC/UNIT NUMBER <input type="text"/><input type="text"/> OTHER _____ X 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 SPECIALTY OPD CLINIC/UNIT B ANC CLINIC/UNIT C MATERNITY (LABOR AND/OR DELIVERY) CLINIC/UNITS D VCT OR CT CLINIC/UNITS E FAMILY PLANNING F GENERAL INPATIENT UNITS G HIV/AIDS INPATIENT UNIT H OUTSIDE FACILITY/SITE I OTHER CLINIC/UNIT THIS FACILITY W ENTER CLINIC/UNIT NUMBER <input type="text"/><input type="text"/> OTHER _____ X 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 and their families	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 EVER PROVIDE PMTCT SERVICES FOR OUTPATIENT CLIENTS?	YES 1 NO 2			→ 1068	
1011	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			→ 1016	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1012	How many days each week are HIV tests available in this facility for pregnant women?	DAYS PER WEEK <input type="text"/> DON'T KNOW 8	
1013	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 <input type="text"/> <input type="text"/> CLINIC/UNIT 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	→ 1016 → 1016 → 1016 → 1016 → 1016 → 1016 → 1016
1014	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	
1015	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES 1 NO 2	
1016	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	→ 1022

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1017	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 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	
1018	Do you have any guidelines or protocols related to PMTCT or to HIV test counseling?	YES, GUIDELINES AVAILABLE 1 NO GUIDELINES AVAILABLE 2			→ 1020	
1019	COUNSELING GUIDELINES FOR:	OBSERVED, COMPLETE	OBSERVED, INCOMPLETE	REPORTED, NOT SEEN	NOT AVAILABLE	
01	National Guidelines on PMTCT	1 → 11	2	3	4	
02	Other guidelines on counseling for the prevention of mother-to-child transmission (PMTCT)					
03	National Guidelines for VCT	1 → 11	2	3	4	
04	Pretest counseling	1	2	3	4	
05	Post test counseling for positive results	1	2	3	4	
06	Post test counseling for negative results	1	2	3	4	
07	Written policy stating all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling	1	2	3	4	
08	HIV testing procedures	1	2	3	4	
09	Policy on informed consent	1	2	3	4	
10	Policy on confidentiality regarding disclosure of HIV status	1	2	3	4	
11	Confidentiality policy specifically mentions family members will not be informed without client consent	1	2	3	4	
1020	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	
1021	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				
1022	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT 1 YES, OTHER LOCATION 2 NO 3			→ 1026 → 1026	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1023	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, NOT COMPLETE 2 YES, REPORTED NOT SEEN 3 NO 4	
1024	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today?	YES, PRESENT TODAY 1 YES, NOT PRESENT TODAY 2 NO 3	
1025	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM A DISCOUNT FEES B NO FEES C OTHER _____ X (SPECIFY)	
1026	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="checkbox"/> <input type="checkbox"/> NO 4	
1027	CHECK Q1009 (10) AND (11) TO SEE IF THE FACILITY PROVIDES ARV PROPHYLAXIS FOR PREGNANT WOMEN OR NEWBORNS.	YES 1 NO 2	→ 1032
1028	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	
1029	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	
1030	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 DELIVER A PROVIDED AT MONTHS PREGNANCY <input type="checkbox"/> PROVIDE AT TIME OF DELIVERY TO WOMEN WHO DELIVER IN FACILITY B OTHER _____ X SPECIFY	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1031	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 DELIVERF..... A PROVIDED 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	
1032	Are there any fees assessed for any services or items related to PMTCT services?	YES 1 NO 2	→ 1034
1033	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 HIV test	1 → 01b 2 3 02 ← 02 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02	Fee for antiretroviral prophylaxis for mother	1 → 02b 2 3 03 ← 03 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	Fee for antiretroviral prophylaxis for newborn	1 → 03b 2 3 04 ← 04 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04	OTHER _____ (SPECIFY)	1 → 04b 2 3 1034 ← 1034 ←	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1034	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 OVER THE PAST 12 MONTHS (Q1035). 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 IS AVAILABLE.		
	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, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 1037 → 1037
1035	RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS DURING THE PAST 12 MONTHS.	NUMBER OF FIRST VISIT ANC CLIENTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1036	INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN Q 1040.	MONTHS OF DATA <input type="text"/> <input type="text"/>	
1037	CHECK Q1009 (02): IS "1" CIRCLED, INDICATING GROUP PRE-TEST INFORMATION IS PROVIDED?	YES 1 NO 2	→ 1045
1038	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	
1039	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	
1040	Are there any records or registers that provide numbers of clients receiving pre or post test counseling or HIV testing?	YES	1		→ 1044	
		NO	2			
1041	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	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"/> 07
	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"/>
	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"/>
	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"/>
	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"/>
	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"/>
07	TOTAL ANC CLIENTS WITH POSITIVE HIV TEST	1 → b	2 → 1042	3 → 1042	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1042	IS THE INFORMATION IN Q1035 AND Q1041 FOR THE SAME GROUP OF WOMEN?	YES	1			
		NO	2			
1043	WHAT IS THE MOST RECENT DATE RECORDED FOR EITHER PRE OR POST TEST COUNSELING?	WITHIN PAST 30 DAYS	1		→ 1045 → 1045	
		MORE THAN 30 DAYS	2			
		NO DATE RECORDED	3			
		NO COUNSELING PROVIDED	4			
1044	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	
1045	Is there any record of the HIV status of infants born to HIV positive women?	YES	1			→ 1049	
		NO RECORD	2			→ 1049	
		SEROSTATUS NOT ASSESSED	3				
1046	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)		(b)			
		RECORD/REGISTER		NUMBERS FROM OBSERVED RECORDS			
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF INFANTS	MONTHS OF DATA	
		1 → b	2 → 02	3 → 02	<input type="text"/>	<input type="text"/>	
01	TOTAL NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN.	1 → b	2 → 02	3 → 02	<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"/>	
03	NUMBER OF HIV POSITIVE INFANTS	1 → b	2 → 1047	3 → 1047	<input type="text"/>	<input type="text"/>	
1047	CLARIFY WITH THE RESPONDENT WHETHER THE INFANTS IN Q1046 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				
		DON'T KNOW	8				
1048	ARE THE INFANTS IN Q1046 LINKED WITH THE HIV POSITIVE WOMEN IN Q1041 (O7)+G757+G712?	YES	1				
		NO	2				
1049	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			→ 1053	
1050	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				
1051	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			→ 1053	
1052	Where are reports on pregnant women receiving services related to testing for HIV in this clinic sent? CIRCLE ALL THAT APPLY.	FACILITY STATISTICIAN	A				
		FACILITY DIRECTOR	B				
		DISTRICT LEVEL	C				
		PROVINCIAL LEVEL	D				
		PROVINCIAL AIDS OFFICE	E				
		NATIONAL AIDS OFFICE	F				
		OTHER _____	X				
		(SPECIFY)					
1053	CHECK Q 1009 (10) TO SEE IF ARV PROPHYLAXIS FOR PMTCT IS OFFERED.	YES	1			→ 1062	
		NO	2				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1054	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	→ 1059 → 1059
1055	Among the HIV positive ANC clients noted in 1041 (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	→ 1057
1056	How many of the eligible ANC clients in Q 1055 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	
1057	Among all the ANC clients in Q1041 (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	
1058	How many of the newborns of women in Q 1041 (07) were provided the ARV prophylactic dose? IF ARV IS PROVIDED FOR INFANT AND 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	
1059	Do you submit reports on the HIV positive ANC clients who receive ARV prophylaxis through this clinic?	YES 1 NO 2	→ 1062
1060	How often do you submit these reports?	MONTHLY OR MORE FREQUENTLY 1 QUARTERLY 2 OTHER 6 (SPECIFY)	
1061	Where are reports on ANC clients receiving ARV prophylaxis for HIV/AIDS through this clinic sent? CIRCLE ALL THAT APPLY.	FACILITY STATISTICIAN A FACILITY DIRECTOR B DISTRICT LEVEL C PROVINCIAL LEVEL D REGIONAL LEVEL E NATIONAL LEVEL F OTHER X (SPECIFY)	
1062	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	→ 1064 → 1064

NO.	QUESTIONS	CODING CATEGORIES			GO TO	
1063	AMONG WOMEN CURRENTLY RECEIVING PMTCT SERVICES, RECORD THE CORRECT RESPONSE. IT MAY BE NECESSARY TO REVIEW ANC AS WELL AS PMTCT RECORDS TO COLLECT THE INFORMATION.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED, NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL ANC CLIENTS RECEIVING PRIMARY PREVENTIVE COUNSELING (EITHER GROUP OR INDIVIDUAL) PAST 12 MONTHS	1 → 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 → 1064	3 → 1064	<input type="text"/>	<input type="text"/>
1064	CHECK 1009 (14) IF ARV THERAPY FOR TREATMENT IS PROVIDED TO HIV POSITIVE WOMEN.	YES	NO	1 2		→ 1068
1065	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	
1066	CHECK 1009 (15) IF ARV THERAPY FOR IS PROVIDED TO FAMILY OF HIV POSITIVE WOMEN	YES	NO	1 2		→ 1068
1067	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	
1068	Are deliveries conducted in this facility?	YES	NO	1 2		→ 1076
1069	CHECK TO SEE WHERE INFORMATION FOR PMTCT SERVICES FOR WOMEN DELIVERING IN THE FACILITY ARE KEPT.	IN THIS CLINIC/UNIT	DELIVERY/MATERNITY	1 2		
1070	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				Y

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1071	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	1			
		YES, REPORTED, NOT SEEN	2			
		NO	3			
1072	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 Q1057)	YES, OBSERVED	1			
		YES, REPORTED, NOT SEEN	2			
		NO	3			
1073	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
	01	TOTAL DELIVERIES IN THE FACILITY	1 → 01b	2 → 02	3 → 02	<input type="text"/>
02	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY	1 → 02b	2 → 03	3 → 03	<input type="text"/>	<input type="text"/>
03	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY AND RECEIVING ARV PROPHYLAXIS	1 → 03b	2 → 1074	3 → 1074	<input type="text"/>	<input type="text"/>
1074	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			
1075	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 _____ (SPECIFY)	X			
		NONE	Y			
		DON'T KNO	Z			
1076	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	→ 1078		
		YES, REFERRED TO OTHER FACILITY FOR PEI	2			
		NO PEP AVAILABLE	3	→ 1083		
1077	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 PEI	1	→ 1082		
		RECORD SHOWS RI	2	→ 1082		
		NO RECORD OF REFERRAL	3	→ 1082		
1078	HAS INFORMATION ON PEP ALREADY BEEN COLLECTED FROM THIS CLINIC/UNIT?	YES	1	→ 1083		
		NO	2			
1079	Do any providers in this clinic/unit prescribe the PEP regime for an exposed worker?	YES	1			
		NO	2	→ 1083		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1080	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, NOT COMPLETE 2 YES, REPORTED, NOT SEEN 3 NO 4	
1081	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	
1082	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	
1083	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			



1

























NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
105	What is your current technical qualification?*	CONSULTANT 01 MEDICAL DOCTOR 02 CLINICAL OFFICER 03 REGISTERED NURSE 04 REGISTERED MIDWIFE 05 ENROLLED NURSE 06 ENROLLED MIDWIFE 07 TRAINED COUNSELOR (FULL TIME) 08 LABORATORY TECHNICIAN 09 LABORATORY ASSISTANT 10 SOCIAL WORKER 11 OTHER 96 _____ (SPECIFY)	
106	What year did you graduate with this qualification?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
107	How many years of study were required for this qualification (AFTER COMPLETING THE BASIC EDUCATION DESCRIBED IN Q104)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	YEARS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/>	
108	In what year did you start working in your current position in this facility? IF YEAR IS NOT KNOWN, PROBE AND MAKE THE BEST ESTIMATE	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
109	What was your age at your last birthday?	AGE AT LAST BIRTHDAY (YRS) <input type="text"/> <input type="text"/>	
2. SERVICES PROVIDED IN CURRENT POSITION IN THIS FACILITY			
200	Now I want to ask you about services you provide. In your current position, and as a part of your work for this facility, do you ever provide any client services other than laboratory tests?	YES 1 NO 2	→ 600
201	Do you personally provide any of the following services?		
01	Diagnosis and treatment of STIs	YES 1 NO 2	
02	Diagnosis and treatment of malaria	YES 1 NO 2	
03	Manager for a clinical service	YES 1 NO 2	
202	Do you provide any services that are designed to be Youth Friendly, that is that have a specific aim to encourage adolescent utilization?	YES 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
203	Now I want to ask you about any pre-service or in-service training you have received during the past 3 years where any of the following topics were covered: ASK FOR EACH TOPIC	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING	
01	Universal precautions	1	2	3	
02	Other infection prevention	1	2	3	
03	Health Management Information Systems (HMIS) or reporting requirements for any service	1	2	3	
04	Counseling and information sharing related to problems that affect adolescents	1	2	3	
05	Diagnosis and treatment of problems that affect adolescents	1	2	3	
06	Diagnosis and treatment of physical/sexual abuse in adolescents	1	2	3	
07	Interaction and/or communication skills for working with adolescents	1	2	3	
08	Confidentiality and rights to non-discrimination practices for People Living with HIV/AIDS	1	2	3	
09	Syndromic approach to diagnosis and treatment of STIs	1	2	3	
10	Other diagnosis and treatment of STIS (other than HIV/AIDS)	1	2	3	
11	Diagnosis and treatment for malaria	1	2	3	
Now I want to ask about in-service or pre-service training related to specific health services					
3. Maternal Health					
301	During the past three years have you received any pre-service or in-service training on subjects related to maternal or newborn health and HIV/AIDS?	YES	1		→ 303
		NO	2		
302	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING	
01	Prevention of mother to child transmission for HIV/AIDS	1	2	3	
02	Nutrition counseling for newborn of mother with HIV/AIDS	1	2	3	
03	Optimal delivery practices for women who might be infected with HIV/AIDS?	1	2	3	
303	In your current position, and as a part of your work for this facility, do you ever personally provide delivery services? By that I mean conducting the actual deliveries of newborns.	YES	1		
		NO	2		
4. Tuberculosis					
401	In your current position, and as a part of your work for this facility, do you ever personally provide tuberculosis services? This includes diagnosis and laboratory testing.	YES	1		→ 403
		NO	2		
402	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS	<input type="text"/> <input type="text"/>		

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
403	Do you provide any of the following services?	PROVIDES SERVICE		
		YES	NO	
01	Clinical diagnosis of tuberculosis	1	2	
02	Sputum diagnosis for TB	1	2	
03	Prescribe treatment for tuberculosis	1	2	
04	Follow-up treatment for tuberculosis	1	2	
05	Direct Observation Treatment Strategy (DOTS)	1	2	
404	During the past three years have you received any pre-service or in-service training on subjects related to tuberculosis?	YES 1 NO 2	→ 501	
405	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING
01	Clinical diagnosis of TB	1	2	3
02	Sputum diagnosis of TB	1	2	3
03	Prescribing treatment for TB	1	2	3
04	Follow-up of TB clients	1	2	3
	DOTS	1	2	3
5. HIV/AIDS				
501	In your current position, and as a part of your work for this facility, do you ever personally provide HIV/AIDS services? Services related to HIV/AIDS include counseling for prevention, counseling or testing, clinical care, care and support services such as social services, home care, or any other type of service for HIV/AIDS clients?	YES 1 NO 2	→ 511	
502	In your current position, and as a part of your work for this facility, do you ever personally provide any services related to HIV testing or counseling for HIV/AIDS patients?	YES 1 NO 2	→ 504	

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
503	Do you provide any of the following services? IF YES, FOR THE INDICATED SERVICES ASK: How long have you been providing this service? IF LESS THAN ONE YEAR WRITE '00'.	(a) PROVIDES SERVICE		(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)
		YES	NO	
01	HIV pre-test counseling	1 → b	2 → 02	<input type="text"/> <input type="text"/>
02	HIV post-test counseling	1 → b	2 → 03	<input type="text"/> <input type="text"/>
03	Follow-up counseling for HIV, after the initial post-test counseling or emotional support	1	2	
04	Ordering or prescribing HIV tests	1	2	
05	Counseling for prevention of mother to child transmission	1 → b	2 → 06	<input type="text"/> <input type="text"/>
06	Nutrition counseling for newborns of HIV infected women	1	2	
07	Adherence counseling for ART	1 → b	2 → 08	
08	Counseling or prescribing ARV for Post-exposure prophylaxis	1	2	
09	Education for patient and families on HIV care	1	2	
10	Nutrition counseling to HIV/AIDS infected clients	1	2	
504	In your current position, and as a part of your work for this facility, do you ever personally provide any clinical services for HIV/AIDS patients?	YES 1 NO 2		→ 506
505	Do you provide any of the following services? IF YES, FOR THE INDICATED SERVICES ASK: How long have you been providing this service? IF LESS THAN ONE YEAR WRITE '00'.	(a) PROVIDES SERVICE		(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)
		YES	NO	
01	Clinical management of HIV/AIDS-related neurological disorders	1	2	
02	Diagnosis of opportunistic infections	1 → b	2 → 03	
03	Management of opportunistic infections	1 → b	2 → 04	<input type="text"/> <input type="text"/>
04	Prescribing ART	1 → b	2 → 05	<input type="text"/> <input type="text"/>
05	Medical follow-up for ART clients	1 → b	2 → 06	<input type="text"/> <input type="text"/>
06	Ordering or prescribing laboratory test for monitoring of ART	1	2	
07	Nutritional rehabilitation for HIV/AIDS patients	1 → b	2 → 08	
08	Pediatric AIDS care	1 → b	2 → 506	<input type="text"/> <input type="text"/>
506	In your current position, and as a part of your work for this facility, do you ever personally provide any preventive interventions for HIV/AIDS patients?	YES 1 NO 2		→ 508

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO		
507	Do you provide any of the following services? IF YES, FOR THE INDICATED SERVICES ASK: How long have you been providing this service? IF LESS THAN ONE YEAR WRITE '00'.	(a) PROVIDES SERVICE		(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)		
		YES	NO			
		01	Preventive treatment for TB (INH)	1	2	
		02	Preventive treatment for other OIs , such as cotrimoxazole preventive therapy (CPT)	1	2	
		03	ARV prophylaxis for prevention of mother to child transmission (PMTCT)	1 → b	2 → 04	
04	Ordering and/or prescribing ARVs for Post-exposure prophylaxis (PEP)	1	2			
508	In your current position, and as a part of your work for this facility, do you ever personally provide any services related to care and support for HIV/AIDS patients?	YES	1	→ 510		
	NO	2				
509	Do you provide any of the following services? IF YES, FOR THE INDICATED SERVICES ASK: How long have you been providing this service? IF LESS THAN ONE YEAR WRITE '00'.	(a) PROVIDES SERVICE		(b) LENGTH OF TIME PROVIDING SERVICE (YEARS)		
		YES	NO			
		01	Nursing care for HIV/AIDS patients	1	2	
		02	Training caregivers and/or patients in HIV/AIDS care	1	2	
		03	Palliative care for terminally ill AIDS patients, such as symptom or pain control, emotional and nursing care	1	2	
04	Home-based care services for people living with HIV/AIDS and their families	1 → b	2 → 510	<input type="text"/> <input type="text"/>		
510	Do you provide any other service related to HIV/AIDS? IF YES, _____ SPECIFY	1	2			
511	During the past three years have you received any pre-service or in-service training related to HIV tests, prevention of HIV/AIDS, or counseling for care and support of HIV/AIDS clients?	YES	1	→ 513		
		NO	2			
512	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING		
		01	HIV pre-test counseling	1	2	3
		02	HIV post-test counseling	1	2	3
		03	Follow-up counseling, after the initial post-test counseling or emotional support for HIV/AIDS clients	1	2	3
		04	Adherence counseling for ART	1	2	3
		05	Adherence counseling for TB preventive therapy	1	2	3
		06	Adherence counseling for cotrim preventive therapy	1	2	3
		07	Education for patient and families on HIV care	1	2	3
		08	Nutrition counseling to HIV/AIDS infected clients	1	2	3
		09	Primary prevention of HIV, such as behavior change education, partner counseling, condom promotion and distribution	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
513	During the past three years have you received any pre-service or in-service training related to clinical services for HIV/AIDS clients?	YES	1		→ 515
		NO	2		
514	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING	
01	Ordering or prescribing HIV tests	1	2	3	
02	Clinical management of HIV/AIDS-related neurological disorders	1	2	3	
03	Diagnosis of opportunistic infections	1	2	3	
04	Management of opportunistic infections	1	2	3	
05	Prescribing antiretroviral therapy (ART)	1	2	3	
06	Ordering or prescribing laboratory tests for monitoring of ART	1	2	3	
07	Nutritional rehabilitation for HIV/AIDS patients	1	2	3	
08	Pediatric AIDS care	1	2	3	
515	During the past three years have you received any pre-service or in-service training related to preventive serv or preventive treatment for HIV/AIDS clients?	YES	1		→ 517
		NO	2		
516	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING	
01	Preventive treatment for TB (INH)	1	2	3	
02	Preventive treatment for other OIs, such as cotrimoxazole preventive therapy (CPT))	1	2	3	
03	ARV prophylaxis for prevention of mother to child transmission (PMTCT)	1	2	3	
04	Ordering or prescribing Post-exposure prophylaxis (PEP)	1	2	3	
517	During the past three years have you received any related to providing home care or other supportive care for HIV/AIDS clients?	YES	1		→ 519
		NO	2		
518	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING	
01	Nursing care for HIV/AIDS patients	1	2	3	
02	Training caregivers and/or patients in HIV/AIDS care	1	2	3	
03	Palliative care for terminally ill AIDS patients, such as symptom or pain control, emotional and nursing care	1	2	3	
04	Home-based care services for people living with HIV/AIDS and their families	1	2	3	
6. Laboratory services					
600	In your current position, and as a part of your work for this facility, do you ever personally provide any laboratory services for TB or tests for HIV?	YES	1		→ 602
		NO	2		

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
601	Do you provide any of the following services?	PROVIDES SERVICE		
		YES	NO	
01	Sputum diagnosis of TB	1	2	
02	Conduct HIV test	1	2	
03	Drawing blood for HIV test	1	2	
04	Laboratory tests for monitoring of ART	1	2	
602	During the past three years have you received any pre-service or in-service training related to infection prevention or laboratory tests for TB or HIV/AIDS clients or for screening blood?	YES	1	→ 604
		NO	2	
603	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO PRE OR IN-SERVICE TRAINING
01	Universal precautions	1	2	3
02	Other infection control	1	2	3
03	How to carry out sputum test for TB	1	2	3
04	HIV testing	1	2	3
05	CD4 testing	1	2	3
06	Blood screening	1	2	3
07	Tests for monitoring ART	1	2	3
08	Other _____ (SPECIFY)	1	2	3
604	Have you received any other in-service or pre-service training related to HIV/AIDS clinical care and/or support services?	YES	1	→ 700
		NO	2	
605	IF YES, SPECIFY THE SUBJECTS OF OTHER IN-SERVICE OR PRE-SERVICE TRAINING	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	
01	_____	1	2	
02	_____	1	2	
7. Personal working situation				
700	Now I want to ask you a few more questions about your work in this facility. In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.	AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY		<input type="text"/> <input type="text"/>

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																								
701	<p>I want to know if you can estimate how much of your time each week is spent providing services or performing tasks related to HIV/AIDS. This includes such services as counseling, testing, providing clinical care and support, providing social support services, as well as record keeping and documentation related to HIV/AIDS.</p> <p>When you add up all the time you spend, on average, during a normal week either providing services or performing tasks related to HIV/AIDS, what percentage of your time do you estimate this is?</p>	<p>AVERAGE WEEKLY PERCENTAGE OF WORK TIME</p> <p>..... <input type="text"/> <input type="text"/> <input type="text"/></p>																																									
702	<p>During the past 12 months, if you add together all of the formal training you have received related to HIV/AIDS, how many days is this? By formal training I mean training where there was a structured class. This may have been conducted by this facility or external to the facility. I am interested in actual days of training. For example, a one week training usually entails 5 actual days of training, a four week training usually entails 20 days of training. IF THE TRAINING WAS LESS THAN ONE FULL DAY, ENTER 001. PROBE IF NECESSARY.</p>	<p>NUMBER OF DAYS OF HIV/AIDS RELATED TRAINING</p> <p>..... <input type="text"/> <input type="text"/> <input type="text"/></p>																																									
703	<p>Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility. Do you receive technical support or supervision in your work?</p> <p>IF YES, ASK: When was the most recent time?</p>	<p>YES, IN THE PAST 3 MONTHS 1 YES, IN THE PAST 4-6 MONTHS 2 YES, IN THE PAST 7-12 MONTHS 3 YES, MORE THAN 12 MONTHS AGO 4 NO 5</p>	<p>→ 706 → 706 → 706</p>																																								
704	<p>How many times in the past six months has your work been supervised?</p>	<p>NUMBER OF TIMES</p> <p><input type="text"/> <input type="text"/></p>																																									
705	<p>The last time you were personally supervised, did your supervisor do any of the following:</p> <p>01 Deliver supplies</p> <p>02 Check your records or reports</p> <p>03 Observe your work</p> <p>04 Provide any feedback (either positive or negative) on your performance</p> <p>05 Give you verbal feedback that you were doing your work well</p> <p>06 Provide any written comment that you were doing your work well</p> <p>07 Provide updates on administrative or technical issues related to your work</p> <p>08 Discuss problems you have encountered</p> <p>09 Anything else?</p> <p>_____</p> <p>(SPECIFY)</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DELIVERED SUPPLIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHECKED RECORD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OBSERVED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FEEDBACK</td> <td>1</td> <td>2 ↓ 07</td> <td>8 ↓ 07</td> </tr> <tr> <td>VERBAL PRAISE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WRITTEN PRAISE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>UPDATES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DISCUSS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	DK	DELIVERED SUPPLIES	1	2	8	CHECKED RECORD	1	2	8	OBSERVED	1	2	8	FEEDBACK	1	2 ↓ 07	8 ↓ 07	VERBAL PRAISE	1	2	8	WRITTEN PRAISE	1	2	8	UPDATES	1	2	8	DISCUSS	1	2	8	OTHER	1	2	<input type="checkbox"/>	
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OTHER	1	2	<input type="checkbox"/>																																								

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
706	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
707	Are there any opportunities for promotion in your current job?	YES 1 UNCERTAIN 2 NO 3	
708	Do you personally receive any salary supplement, that is, money outside of your routine salary, that is related to your work in this facility?	YES 1 NO 2	
709	Which type of salary supplement do you receive?	MONTHLY OR DAILY SALARY SUPPLEMENT A PERDIEM WHEN ATTENDING TRAINING .. B OTHER _____ X (SPECIFY)	
710	In your current position, have you ever received any non-monetary incentives for the work you do? This might include such things as discounts for medicines or other items, uniforms or other clothing, food, training, or other things like this.	YES 1 NO 2	→ 712
711	Describe any incentives that you have received. CIRCLE ALL THAT APPLY.	UNIFORMS, BACKPACKS, CAPS ETC. A DISCOUNT MEDICINES, VOUCHERS, FREE TICKETS FOR CARE B TRAINING C FOOD RATION D OTHER _____ X (SPECIFY)	
712	Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide care and support services for HIV/AIDS? CIRCLE ONLY THREE ITEMS. IF THE PROVIDER MENTIONS MORE THAN THREE ITEMS, ASK THE PROVIDER TO PRIORITIZE TO ONLY THREE. IF THE PROVIDER DOES NOT MENTION THREE ITEMS, PROBE FOR ANY OTHERS IN AN ATTEMPT TO HAVE THREE ANSWERS.	MORE SUPPORT FROM SUPERVISOR .. A MORE KNOWLEDGE/TRAINING B MORE SUPPLIES/STOCK C BETTER QUALITY EQUIPMENT/ SUPPLIES D LESS WORKLOAD (i.e. MORE STAFF) E BETTER WORKING HOURS F MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS) .. G TRANSPORTATION FOR PATIENTS WHO ARE REFERRED H PROVIDING ART I INCREASED SECURITY J BETTER FACILITY INFRASTRUCTURE K MORE AUTONOMY/INDEPENDENCE L EMOTIONAL SUPPORT FOR STAFF (COUNSELING/GROUP SOCIAL ACTIVITIES) M OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)	
Finally, I would like to ask you a few additional questions about HIV/AIDS and working with clients who may have HIV/AIDS			

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
800	What should you do if you got a needle stick injury? PROBE: ANYTHING ELSE? CIRCLE ALL THAT ARE MENTIONED.	SQUEEZE FINGER AND PUT IT IN ALCOHOL/IODINE A SQUEEZE FINGER AND WASH WITH BLEACH/OTHER DISINFECTANT B REPORT TO MANAGER C GET AN HIV TEST IMMEDIATELY D GET ANTIRETROVIRAL OR REFERRAL FOR ARVs E OTHER _____ X (SPECIFY) NOTHING Y DON'T KNOW Z	
801	If you had a choice, would you work with AIDS patients?	YES 1 DEPENDS 2 NO 3 DON'T KNOW 8	
802	Do you think that a health care worker who has HIV but is not sick, should be allowed to continue to work?	YES 1 DEPENDS 2 NO 3 DON'T KNOW 8	
803	If a member of your family became ill with HIV, would you want it to remain secret?	YES 1 DEPENDS 2 NO 3 DON'T KNOW 8	
804	There are some people who think that HIV/AIDS patients deserve the illness that they have. Do you agree with this point of view? IF YES, ASK: Do you completely agree or agree somewhat?	YES, COMPLETELY 1 YES, SOMEWHAT 2 NO 3 DON'T KNOW 8	
805	I don't want to know the result, but have you ever had an HIV test?	YES 1 NO 2	→ 807
806	The last time you had an HIV test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASK SELF 1 WAS OFFERED 2 WAS REQUIRED 8	
807	RECORD THE TIME AT END OF INTERVIEW <input type="text"/> : <input type="text"/> : <input type="text"/>		
Thank you for taking the time to talk with me and to answer these questions. As I mentioned at the beginning, all of your responses will remain confidential.			

1. Education and Experience			
NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
101	What year did you start working in this facility? WRITE THE YEAR IN THE BOXES TO THE RIGHT	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
102	How many years of primary and secondary education did you complete in total? WRITE THE YEARS IN THE BOXES TO THE RIGHT	YEARS: <input type="text"/> <input type="text"/>	
103	What is your current technical qualification?*	CONSULTANT 01 MEDICAL DOCTOR 02 CLINICAL OFFICER 03 REGISTERED NURSE 04 REGISTERED MIDWIFE 05 ENROLLED NURSE 06 ENROLLED MIDWIFE 07 TRAINED COUNSELOR (FULL TIME) . 08 LABORATORY TECHNICIAN 09 LABORATORY ASSISTANT 10 SOCIAL WORKER 11 OTHER _____ 96 (SPECIFY)	
104	What year did you graduate with this qualification? WRITE THE YEAR IN THE BOXES TO THE RIGHT.	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
105	How many years of study were required for this qualification after completing the basic education described in question 102? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND WRITE THE NUMBER OF MONTHS OF STUDY REQUIRED.	YEARS: <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/>	
106	In what year did you start working in your current position in this facility? IF YOU DO NOT REMEMBER THE EXACT YEAR, PROVIDE YOUR BEST ESTIMATE. WRITE THE ANSWER IN THE BOXES TO THE RIGHT.	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
107	What was your age at your last birthday? WRITE YOUR AGE IN THE BOXES TO THE RIGHT.	AGE <input type="text"/> <input type="text"/>	
108	In your current position, and as a part of your work for this facility, do you ever provide any client services other than laboratory tests?	YES 1 NO 2	SKIP TO Q200

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																	
SERVICES PROVIDED IN CURRENT POSITION IN THIS FACILITY																																				
109	<p>CIRCLE '1' IF YOU PROVIDE ANY SERVICE RELATED TO THE TOPIC LISTED UNDER "SERVICE PROVIDED" IN YOUR CURRENT POSITION IN THIS FACILITY. IF YOU PROVIDE THE SERVICE, WRITE THE NUMBER OF YEARS YOU HAVE PROVIDED THE SERVICE, EITHER IN THIS POSITION, OR ELSEWHERE. WRITE '00' IF YOU HAVE PROVIDED THE SERVICE LESS THAN ONE FULL YEAR. LEAVE THE LINE BLANK IF YOU DO NOT PROVIDE THE SERVICE</p> <table border="1" data-bbox="310 338 1325 1041"> <thead> <tr> <th data-bbox="310 338 894 411">Service provided in current position in this facility</th> <th data-bbox="894 338 1146 411">YES, PROVIDE SERVICE</th> <th data-bbox="1146 338 1325 411">TOTAL YEARS PROVIDING SERVICE</th> </tr> </thead> <tbody> <tr> <td data-bbox="310 411 894 485">01 Delivery services</td> <td data-bbox="894 411 1146 485">1</td> <td data-bbox="1146 411 1325 485"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 485 894 548">02 Diagnosis and treatment of sexually transmitted infections</td> <td data-bbox="894 485 1146 548">1</td> <td data-bbox="1146 485 1325 548"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 548 894 611">03 Diagnosis and treatment of malaria</td> <td data-bbox="894 548 1146 611">1</td> <td data-bbox="1146 548 1325 611"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 611 894 674">04 Clinical diagnosis of tuberculosis (TB)</td> <td data-bbox="894 611 1146 674">1</td> <td data-bbox="1146 611 1325 674"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 674 894 737">05 Sputum diagnosis for TB</td> <td data-bbox="894 674 1146 737">1</td> <td data-bbox="1146 674 1325 737"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 737 894 800">06 Prescribe treatment for tuberculosis (TB)</td> <td data-bbox="894 737 1146 800">1</td> <td data-bbox="1146 737 1325 800"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 800 894 863">07 Follow-up treatment for tuberculosis (TB)</td> <td data-bbox="894 800 1146 863">1</td> <td data-bbox="1146 800 1325 863"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 863 894 926">08 Direct Observation Treatment Strategy (DOTS)</td> <td data-bbox="894 863 1146 926">1</td> <td data-bbox="1146 863 1325 926"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 926 894 989">09 Any services designed to be youth friendly, that is, that have a specific aim to encourage adolescent utilization</td> <td data-bbox="894 926 1146 989">1</td> <td data-bbox="1146 926 1325 989"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 989 894 1041">10 Manager for clinical services</td> <td data-bbox="894 989 1146 1041">1</td> <td data-bbox="1146 989 1325 1041"><input type="text"/><input type="text"/></td> </tr> </tbody> </table>	Service provided in current position in this facility	YES, PROVIDE SERVICE	TOTAL YEARS PROVIDING SERVICE	01 Delivery services	1	<input type="text"/> <input type="text"/>	02 Diagnosis and treatment of sexually transmitted infections	1	<input type="text"/> <input type="text"/>	03 Diagnosis and treatment of malaria	1	<input type="text"/> <input type="text"/>	04 Clinical diagnosis of tuberculosis (TB)	1	<input type="text"/> <input type="text"/>	05 Sputum diagnosis for TB	1	<input type="text"/> <input type="text"/>	06 Prescribe treatment for tuberculosis (TB)	1	<input type="text"/> <input type="text"/>	07 Follow-up treatment for tuberculosis (TB)	1	<input type="text"/> <input type="text"/>	08 Direct Observation Treatment Strategy (DOTS)	1	<input type="text"/> <input type="text"/>	09 Any services designed to be youth friendly, that is, that have a specific aim to encourage adolescent utilization	1	<input type="text"/> <input type="text"/>	10 Manager for clinical services	1	<input type="text"/> <input type="text"/>		
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10 Manager for clinical services	1	<input type="text"/> <input type="text"/>																																		
110	Do you provide any services related to HIV/AIDS? IF YES, CIRCLE '1' AND CONTINUE: IF NO, CIRCLE '2' AND SKIP TO QUESTION 200.	YES 1 NO 2	→ SKIP TO Q200																																	
111	Do you provide any of the following HIV/AIDS related services? <table border="1" data-bbox="310 1199 1325 1824"> <thead> <tr> <th colspan="3" data-bbox="310 1199 1325 1241">HIV Testing and counseling for HIV/AIDS patients</th> </tr> <tr> <th data-bbox="310 1241 894 1304">01 HIV pre-test counseling</th> <th data-bbox="894 1241 1146 1304">YES, PROVIDE SERVICE</th> <th data-bbox="1146 1241 1325 1304">TOTAL YEARS PROVIDING SERVICE</th> </tr> </thead> <tbody> <tr> <td data-bbox="310 1304 894 1367">02 HIV post-test counseling</td> <td data-bbox="894 1304 1146 1367">1</td> <td data-bbox="1146 1304 1325 1367"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 1367 894 1430">03 Follow-up counseling for HIV, after the initial post-test counseling or emotional support</td> <td data-bbox="894 1367 1146 1430">1</td> <td data-bbox="1146 1367 1325 1430"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 1430 894 1493">04 Ordering or prescribing HIV tests</td> <td data-bbox="894 1430 1146 1493">1</td> <td data-bbox="1146 1430 1325 1493"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 1493 894 1556">05 Counseling for prevention of mother to child transmission (PMTCT)</td> <td data-bbox="894 1493 1146 1556">1</td> <td data-bbox="1146 1493 1325 1556"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 1556 894 1619">06 Nutrition counseling for newborns of HIV infected women</td> <td data-bbox="894 1556 1146 1619">1</td> <td data-bbox="1146 1556 1325 1619"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 1619 894 1682">07 Adherence counseling for ART</td> <td data-bbox="894 1619 1146 1682">1</td> <td data-bbox="1146 1619 1325 1682"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 1682 894 1745">08 Counseling or prescribing ARV for post-exposure prophylaxis</td> <td data-bbox="894 1682 1146 1745">1</td> <td data-bbox="1146 1682 1325 1745"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 1745 894 1808">09 Education for patient and families on HIV care</td> <td data-bbox="894 1745 1146 1808">1</td> <td data-bbox="1146 1745 1325 1808"><input type="text"/><input type="text"/></td> </tr> <tr> <td data-bbox="310 1808 894 1824">10 Nutrition counseling to HIV/AIDS infected clients</td> <td data-bbox="894 1808 1146 1824">1</td> <td data-bbox="1146 1808 1325 1824"><input type="text"/><input type="text"/></td> </tr> </tbody> </table>	HIV Testing and counseling for HIV/AIDS patients			01 HIV pre-test counseling	YES, PROVIDE SERVICE	TOTAL YEARS PROVIDING SERVICE	02 HIV post-test counseling	1	<input type="text"/> <input type="text"/>	03 Follow-up counseling for HIV, after the initial post-test counseling or emotional support	1	<input type="text"/> <input type="text"/>	04 Ordering or prescribing HIV tests	1	<input type="text"/> <input type="text"/>	05 Counseling for prevention of mother to child transmission (PMTCT)	1	<input type="text"/> <input type="text"/>	06 Nutrition counseling for newborns of HIV infected women	1	<input type="text"/> <input type="text"/>	07 Adherence counseling for ART	1	<input type="text"/> <input type="text"/>	08 Counseling or prescribing ARV for post-exposure prophylaxis	1	<input type="text"/> <input type="text"/>	09 Education for patient and families on HIV care	1	<input type="text"/> <input type="text"/>	10 Nutrition counseling to HIV/AIDS infected clients	1	<input type="text"/> <input type="text"/>		
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10 Nutrition counseling to HIV/AIDS infected clients	1	<input type="text"/> <input type="text"/>																																		

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
	Clinical services for HIV/AIDS patients	YES, PROVIDE SERVICE	TOTAL YEARS PROVIDING SERVICE	
11	Clinical management of HIV/AIDS-related neurological disorders	1	<input type="text"/> <input type="text"/>	
12	Diagnosis of opportunistic infections	1	<input type="text"/> <input type="text"/>	
13	Management of opportunistic infections	1	<input type="text"/> <input type="text"/>	
14	Prescribing ART	1	<input type="text"/> <input type="text"/>	
15	Medical follow-up for ART clients	1	<input type="text"/> <input type="text"/>	
16	Ordering or prescribing laboratory tests for monitoring of ART	1	<input type="text"/> <input type="text"/>	
17	Nutritional rehabilitation for HIV/AIDS patients	1	<input type="text"/> <input type="text"/>	
18	Pediatric AIDS care	1	<input type="text"/> <input type="text"/>	
	Preventive interventions for HIV/AIDS patients			
19	Preventive treatment for TB (INH)	1	<input type="text"/> <input type="text"/>	
20	Preventive treatment for other OIs , such as cotrimoxazole preventive therapy (CPT)	1	<input type="text"/> <input type="text"/>	
21	ARV prophylaxis for prevention of mother to child transmission (PMTCT)	1	<input type="text"/> <input type="text"/>	
22	Ordering and/or prescribing ARV for Post-exposure prophylaxis (PEP)	1	<input type="text"/> <input type="text"/>	
	Care and Support for HIV/AIDS patients			
23	Nursing care for HIV/AIDS patients	1	<input type="text"/> <input type="text"/>	
24	Training caregivers and/or patients in HIV/AIDS care	1	<input type="text"/> <input type="text"/>	
25	Palliative care for terminally ill AIDS patients, such as symptom or pain control, emotional and nursing care	1	<input type="text"/> <input type="text"/>	
26	Home-based care services for people living with HIV/AIDS and their families	1	<input type="text"/> <input type="text"/>	
112	Do you provide any other service related to HIV/AIDS? IF YES, PLEASE WRITE WHAT THE SERVICE IS: _____	YES	1	
		NO	2	
TRAINING				
<p>Now we want to know about any training you have received during the past three years. The training may have been pre-service, that is, when you were studying for your qualification, or may have been in-service, since starting to work. We want to know about formal training, which might have taken place in the facility or elsewhere. We do not want to know about training that occurred when you were being supervised, on-the-job.</p> <p>For each topic that is listed, indicate if you have received any training where the topic was covered as a part of the training. Circle '1' if the most recent training was within the past year, circle '2' if the training was not within the past year, but took place within the past two to three years. Circle '3' if you have not received any training during the past three years where the topic was covered.</p>				

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
GENERAL TOPICS				
200	FOR EACH OF THE FOLLOWING TOPICS, CIRCLE '1', '2', OR '3' TO INDICATE WHEN YOU MOST RECENTLY RECEIVED TRAINING THAT INCLUDED INFORMATION ON THE TOPIC.	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING PAST 3 YEARS
01	Universal precautions	1	2	3
02	Other infection prevention	1	2	3
06	Health Management Information Systems (HMIS) or reporting requirements for any service	1	2	3
09	Counseling and information sharing related to problems that affect adolescents	1	2	3
10	Diagnosis and treatment of problems that affect adolescents	1	2	3
11	Diagnosis and treatment of physical/sexual abuse in adolescents	1	2	3
12	Interaction and/or communication skills for working with adolescents	1	2	3
13	Confidentiality and rights to non-discrimination practices for People Living with HIV/AIDS	1	2	3
14	Syndromic approach to diagnosis and treatment of STIs	1	2	3
15	Other diagnosis and treatment of STIS (other than HIV/AIDS)	1	2	3
17	Diagnosis and treatment for malaria	1	2	3
MATERNAL AND NEWBORN HEALTH				
201	During the past three years have you received any pre-service or in-service training on subjects related to maternal or newborn health and HIV/AIDS?	YES, CIRCLE '1' AND CONTINUE		NO, CIRCLE '2' AND SKIP TO QUESTION 300 . 2 →Q300
202	FOR EACH OF THE FOLLOWING TOPICS, CIRCLE '1', '2', OR '3' TO INDICATE WHEN YOU MOST RECENTLY RECEIVED TRAINING THAT INCLUDED INFORMATION ON THE TOPIC.	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING PAST 3 YEARS
01	Prevention of mother to child transmission for HIV/AIDS	1	2	3
02	Infant feeding counseling for HIV/AIDS infected mothers	1	2	3
03	Optimal delivery practices for women who may be HIV positive	1	2	3
04	Other MATERNITY AND HIV topics LIST THE TOPIC FOR ANY OTHER TRAINING RELATED TO MATERNITY AND HIV/AIDS THAT YOU HAVE RECEIVED IN THE PAST THREE YEARS	1	2	3
TUBERCULOSIS				
300	During the past three years have you received any pre-service or in-service training on subjects related to tuberculosis?	YES, CIRCLE '1' AND CONTINUE		NO, CIRCLE '2' AND SKIP TO QUESTION 400 . 2 →Q400
301	FOR EACH OF THE FOLLOWING TOPICS, CIRCLE '1', '2', OR '3' TO INDICATE WHEN YOU MOST RECENTLY RECEIVED TRAINING THAT INCLUDED INFORMATION ON THE TOPIC.	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING PAST 3 YEARS
01	Treatment of TB	1	2	3
02	Sputum diagnosis of TB	1	2	3
	Other topics on diagnosis of TB	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
HIV/AIDS					
400	During the past three years have you received any pre-service or in-service training related to counseling for HIV tests or counseling for care and support of HIV/AIDS clients?	YES, CIRCLE '1' AND CONTINUE NO, CIRCLE '2' AND SKIP TO QUESTION 402 . 2			→Q402
401	FOR EACH OF THE FOLLOWING TOPICS, CIRCLE '1', '2', OR '3' TO INDICATE WHEN YOU MOST RECENTLY RECEIVED TRAINING THAT INCLUDED INFORMATION ON THE TOPIC.	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING PAST 3 YEARS	
01	HIV pre-test counseling	1	2	3	
02	HIV post-test counseling	1	2	3	
03	Follow-up counseling, after the initial post-test counseling or emotional support for HIV/AIDS clients	1	2	3	
04	Adherence counseling for ART	1	2	3	
05	Adherence counseling for TB preventive therapy	1	2	3	
06	Adherence counseling for cotrim preventive therapy	1	2	3	
07	Education for patient and families on HIV care	1	2	3	
08	Nutrition counseling to HIV/AIDS infected clients	1	2	3	
09	Primary prevention of HIV, such as behavior change education, partner counseling, condom promotion and distribution	1	2	3	
402	During the past three years have you received any pre-service or in-service training related to clinical services for HIV/AIDS clients?	YES, CIRCLE '1' AND CONTINUE NO, CIRCLE '2' AND SKIP TO QUESTION 404 . 2			→Q404
403	FOR EACH OF THE FOLLOWING TOPICS, CIRCLE '1', '2', OR '3' TO INDICATE WHEN YOU MOST RECENTLY RECEIVED TRAINING THAT INCLUDED INFORMATION OF	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING PAST 3 YEARS	
01	Ordering or prescribing HIV tests	1	2	3	
02	Clinical management of neurological disorders, related to AIDS	1	2	3	
03	Diagnosis of opportunistic infections	1	2	3	
04	Management of opportunistic infections	1	2	3	
05	Prescribing antiretroviral therapy	1	2	3	
06	Ordering or prescribing laboratory tests for monitoring of ART	1	2	3	
07	Nutritional rehabilitation for HIV/AIDS patients	1	2	3	
08	Pediatric AIDS care	1	2	3	
404	During the past three years have you received any pre-service or in-service training related to preventive services or preventive treatment for HIV/AIDS?	YES, CIRCLE '1' AND CONTINUE NO, CIRCLE '2' AND SKIP TO QUESTION 406 . 2			→Q406
405	FOR EACH OF THE FOLLOWING TOPICS, CIRCLE '1', '2', OR '3' TO INDICATE WHEN YOU MOST RECENTLY RECEIVED TRAINING THAT INCLUDED INFORMATION ON THE TOPIC.	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING PAST 3 YEARS	
01	Preventive treatment for TB (INH)	1	2	3	
02	Preventive treatment for other OIs, such as cotrimoxazole preventive therapy (CPT)	1	2	3	
03	ARV prophylaxis for prevention of mother to child transmission (PMTCT)	1	2	3	
04	Ordering or prescribing post-exposure prophylaxis (PEP)	1	2	3	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
406	During the past three years have you received any related to providing home care or other supportive care for HIV/AIDS clients?	YES, CIRCLE '1' AND CONTINUE		NO, CIRCLE '2' AND SKIP TO QUESTION 40 . . . 2	→Q408
407	FOR EACH OF THE FOLLOWING TOPICS, CIRCLE '1', '2', OR '3' TO INDICATE WHEN YOU MOST RECENTLY RECEIVED TRAINING THAT INCLUDED INFORMATION ON THE TOPIC.	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING PAST 3 YEARS	
01	Nursing care for HIV/AIDS patients	1	2	3	
02	Training caregivers and/or patients in HIV/AIDS care	1	2	3	
03	Palliative care for terminally ill AIDS patients, such as symptom or pain control, emotional and nursing care	1	2	3	
04	Home-based care services for people living with HIV/AIDS and their families	1	2	3	
408	Have you received any other in-service or pre-service training related to HIV/AIDS clinical care and/or support services?	YES, CIRCLE '1' AND CONTINUE		NO, CIRCLE '2' AND SKIP TO QUESTION 50 . . . 2	→Q500
409	IF YES, SPECIFY THE SUBJECTS OF OTHER IN-SERVICE OR PRE-SERVICE TRAINING	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS		
01	_____	1	2		
02	_____	1	2		
LABORATORY SERVICES AND TRAINING					
500	Do you provide any laboratory services or tests for HIV?	YES 1	NO 2	SKIP TO Q503	
501	Do you provide any of the following lab related services?	YES, PROVIDE SERVICE			
01	Sputum diagnosis of TB	1			
01	Conduct HIV tests	1			
02	Draw blood for HIV test	1			
03	Conduct laboratory tests for monitoring of ART	1			
502	During the past three years have you received any pre-service or in-service training related to any aspect of laboratory work related to HIV/AIDS, TB, or blood transfusion?	YES, CIRCLE '1' AND CONTINUE		NO, CIRCLE '2' AND SKIP TO QUESTION 600 . . . 2	→Q600
503	FOR EACH OF THE FOLLOWING TOPICS, CIRCLE '1', '2', OR '3' TO INDICATE WHEN YOU MOST RECENTLY RECEIVED TRAINING THAT INCLUDED INFORMATION ON THE TOPIC.	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING PAST 3 YEARS	
01	Universal precautions	1	2	3	
02	Other infection control	1	2	3	
03	How to carry out sputum test for TB	1	2	3	
04	HIV testing	1	2	3	
05	CD4 testing	1	2	3	
06	Blood screening	1	2	3	
07	Tests for monitoring Antiretroviral treatment (ART)	1	2	3	
08	Other _____ (SPECIFY)	1	2	3	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
PERSONAL WORK SITUATION			
600	<p>Now I want to ask you a few more questions about your work in this facility.</p> <p>On an average week, how many hours do you work in this facility? If you do not work the same number of hours every week, make a rough average of the hours you work each month, and then divide this by 4.</p>	<p>AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY <input type="text"/> <input type="text"/></p>	
601	<p>I want to know if you can estimate how much of your time each week is spent providing services or performing tasks related to HIV/AIDS. This includes such services as counseling, testing, providing clinical care and support, providing social support services, as well as record keeping and documentation related to HIV/AIDS.</p> <p>When you add up all the time you spend, on average, during a normal week either providing services or performing tasks related to HIV/AIDS, what percentage of your time do you estimate this is?</p>	<p>AVERAGE WEEKLY PERCENTAGE OF WORK TIME <input type="text"/> <input type="text"/> <input type="text"/></p>	
602	<p>During the past 12 months, if you add together all of the formal training you have received related to HIV/AIDS, how many days is this? By formal training I mean training where there was a structured class. This may have been conducted by this facility or external to the facility. I am interested in actual days of training. For example, a one week training usually entails 5 actual days of training, a four week training usually entails 20 days of training. IF THE TRAINING WAS LESS THAN ONE FULL DAY, ENTER 001.</p>	<p>NUMBER OF DAYS OF HIV/AIDS RELATED TRAINING <input type="text"/> <input type="text"/> <input type="text"/></p>	
603	<p>Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility , or from outside the facility. Do you receive technical support or supervision in your work?</p> <p>CIRCLE THE NUMBER FOR THE MOST APPROPRIATE RESPONSE</p>	<p>YES, IN THE PAST 3 MONTHS 1 YES, IN THE PAST 4-6 MONTH 2 YES, IN THE PAST 7-12 MONTHS 3 YES, MORE THAN 12 MONTHS AGO 4 NO 5</p>	<p>→Q607 →Q607 →SKIP TO →Q607</p>
604	<p>How many times in the past six months has your work been supervised? IF YOU ARE UNCERTAIN, PLEASE PROVIDE A REASONABLE ESTIMATE.</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
605	The last time you were personally supervised, did your supervisor do any of the following:	YES NO CAN'T REMEMBER	
01	Deliver supplies	DELIVERED SUPPLIES 2 8	
02	Check your records or reports	CHECKED RECORD 2 8	
03	Observe your work	OBSERVED 2 8	
04	Provide any feedback (either positive or negative) on your performance	FEEDBACK 2 8 ↓ ↓ 07 07	
05	Give you verbal feedback that you were doing your work well.	VERBAL PRAISE 2 8	
06	Provide any written comment that you were doing your work well	WRITTEN PRAISE 2 8	
07	Provide updates on administrative or technical issues related to your work	UPDATES 2 8	
08	Discuss problems you have encountered	DISCUSS 2 8	
09	Anything else? IF YES, WRITE THE OTHER ACTIVITY CONDUCTED BY THE SUPERVISOR ON THE LINE PROVIDED.	OTHER 2 <input type="checkbox"/> _____ (SPECIFY)	
606	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
607	Are there any opportunities for promotion in your current job?	YES 1 UNCERTAIN 2 NO 3	
608	Do you personally receive any salary supplement, that is, money outside of your routine salary, that is related to your work in this facility?	YES 1 NO 2	
609	Which type of salary supplement do you receive? CIRCLE THE LETTER FOR ALL RESPONSES THAT APPLY	MONTHLY OR DAILY SALARY SUPPLEMENT A PERDIEM WHEN ATTENDING TRAINING B OTHER X (SPECIFY)	
610	In your current position, have you ever received any non-monetary incentives for the work you do? This might include such things as discounts for medicines or other items, uniforms or other clothing, food, training, or other things like this.	YES 1 NO 2	→ SKIP TO Q612
611	CIRCLE THE LETTER FOR ANY OF THE INCENTIVES LISTED THAT YOU HAVE RECEIVED. IF YOU HAVE RECEIVED OTHER INCENTIVES, PLEASE WRITE WHAT THEY WERE IN "OTHER".	UNIFORMS, BACKPACKS, CAPS ETC. A DISCOUNT MEDICINES, VOUCHERS, FREE TICKETS FOR CARE B TRAINING C FOOD RATION D OTHER X (SPECIFY)	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
612	<p>Among the various things related to your working situation that you would like to see improved, can you tell ME THE three that you think would most improve your ability to provide care and support services for HIV/AIDS?</p> <p>WE HAVE LISTED ITEMS THAT MANY STAFF MENTION. CIRCLE ONLY THE THREE ITEMS THAT YOU THINK ARE MOST IMPORTANT FOR YOU. IF YOU HAVE ANOTHER SITUATION THAT YOU THINK IS MORE IMPORTANT THAN THE ITEMS LISTED, WRITE THAT IN THE 'OTHER' SPACE. MAKE CERTAIN, HOWEVER, THAT ONLY THREE ITEMS ARE MARKED.</p>	<p>MORE SUPPORT FROM SUPERVISOR A MORE KNOWLEDGE/TRAINING B MORE SUPPLIES/STOCK C BETTER QUALITY EQUIPMENT AND SUPPLIES D LESS WORKLOAD/MORE STAFF E BETTER WORKING HOURS F MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS) G TRANSPORTATION FOR PATIENTS WHO ARE REFERRED H PROVIDING ART I INCREASED SECURITY J BETTER FACILITY INFRASTRUCTURE K MORE AUTONOMY/INDEPENDENCE L EMOTIONAL SUPPORT FOR STAFF (E.G., COUNSELING, GROUP SOCIAL ACTIVITIES) M OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)</p>	
<p>Finally, I would like to ask you a few additional questions about HIV/AIDS and working with clients who may have HIV/AIDS. We want to understand how you feel about working with persons with HIV/AIDS. All responses will remain confidential.</p>			
700	<p>Among the items listed to the right, circle any that you think you should do if you get a needle stick injury. CIRCLE THE LETTER FOR ALL RESPONSES THAT YOU THINK ARE APPROPRIATE.</p>	<p>SQUEEZE FINGER AND PUT IT IN ALCOHOL/IODINE A SQUEEZE FINGER AND WASH WITH BLEACH/OTHER DISINFECTANT B REPORT TO MANAGER C GET AN HIV TEST IMMEDIATELY D GET ANTIRETROVIRAL OR REFERRAL FOR ARVs E OTHER _____ X (SPECIFY) NOTHING Y DON'T KNOW Z</p>	
701	<p>If you had a choice, would you work with AIDS patients?</p>	<p>YES 1 DEPEND 2 NO 3 DON'T KNOW 8</p>	
702	<p>Do you think that a health care worker who has HIV but is not sick, should be allowed to continue to work?</p>	<p>YES 1 DEPEND 2 NO 3 DON'T KNOW 8</p>	
703	<p>If a member of your family became ill with HIV, would you want it to remain secret?</p>	<p>YES 1 DEPEND 2 NO 3 DON'T KNOW 8</p>	
704	<p>There are some people who think that HIV/AIDS patients deserve the illness that they have. Do you agree with this point of view? IF YES, ASK: Do you completely agree or agree somewhat?</p>	<p>YES, COMPLETELY 1 YES, SOMEWHAT 2 NO 3 DON'T KNOW 8</p>	
705	<p>I don't want to know the result, but have you ever had an HIV test?</p>	<p>YES 1 NO 2 IF NO, THE QUESTIONNAIRE IS COMPLETE</p>	
706	<p>The last time you had an HIV test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?</p>	<p>ASK SELF 1 WAS OFFERED 2 WAS REQUIRED 8</p>	
<p>Thank you for taking the time to answer this questionnaire. As mentioned at the beginning, all of your responses will remain confidential. Please return this questionnaire to the location where you were instructed to place the completed questionnaire.</p>			