

M&E: HIV/AIDS SERVICE FACILITY QUESTIONNAIRE

FORM I

Organisation M&E5number: _____

Questionnaire processing dates:
 Corrections completed
 Data entered

QUESTIONNAIRE IDENTIFICATION

Q001 **Organisation name:** _____

Q002 **Facility name:** _____ **Line number:**

Q003 **Respondent name (first, last):** _____

Q004 **Respondent's job title:** _____

Q005 **Contact information:**

Telephone: _____

Mobile: _____

Address: _____

E-mail: _____

INTERVIEWER VISIT

1 2 3

Q006 **Date:** _____

Q007 **Time:** _____

Q008 **Interviewer:** _____

Q009 **Result*:**

CHECKED BY SUPERVISOR

Q010 **Signature:** _____

Q011 **Date:** _____

***RESULT CODES**

Completed	1
Respondent not available	2
Refused	3
Partially completed	4
Other (specify) _____	8

GPS

Altitude

Latitude N/S
 Degrees / Decim

Longitude E/W
 Degrees / Decim

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO	
Q101	<u>Record location.</u> "Roadside" here means a tarred road. <u>Record the name of the place.</u>	Large town or city	1 <input type="checkbox"/>	
		Small town	2 <input type="checkbox"/>	
		Growth point	3 <input type="checkbox"/>	
		Commercial estate / mine	4 <input type="checkbox"/>	
		Roadside business centre	5 <input type="checkbox"/>	
		Rural business centre	6 <input type="checkbox"/>	
		Communal / resettlement area	7 <input type="checkbox"/>	
Q102	<u>Record type of facility.</u>	Hospital	1 <input type="checkbox"/>	
		Health centre / clinic	2 <input type="checkbox"/>	
		Private doctor's surgery	3 <input type="checkbox"/>	
		VCT centre (standalone)	4 <input type="checkbox"/>	
		Family planning centre (standalone)	5 <input type="checkbox"/>	
		Pharmacy	6 <input type="checkbox"/>	
		Mobile facility	7 <input type="checkbox"/>	
		Office	8 <input type="checkbox"/>	
		Other (specify)	10 <input type="checkbox"/>	
		Don't know	98 <input type="checkbox"/>	
Q103	Which of the following services does your facility provide? <u>Record number of clients provided with each service in the past month.</u>	Behaviour change	Yes # No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s1 <input type="checkbox"/>
		Condom distribution	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s1 <input type="checkbox"/>	
		VCT	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s2 <input type="checkbox"/>	
		PMTCT	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s2 <input type="checkbox"/>	
		Family planning for HIV+ women	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s2 <input type="checkbox"/>	
		STI treatment	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s3 <input type="checkbox"/>	
		Male circumcision	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
		TB services	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s3 <input type="checkbox"/>	
		CTX	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s3 <input type="checkbox"/>	
		ART	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s3 <input type="checkbox"/>	
		PLWHA support	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s4 <input type="checkbox"/>	
		Home-based care	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s4 <input type="checkbox"/>	
		Palliative end of life care	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s4 <input type="checkbox"/>	
		OVC support	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s4 <input type="checkbox"/>	
OVC carer support	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s4 <input type="checkbox"/>			
PLWHA carer support	1 <input type="checkbox"/> 2 <input type="checkbox"/> - s4 <input type="checkbox"/>			
Q104	Does the facility have a functioning landline telephone?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
Q105	Does the facility have a functioning cellphone?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
Q106	Does the facility have a functioning short-wave radio for call?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
Q107	Is there a phone or short-wave radio within less than 15 mins walking distance for emergencies?	Yes - available at all times	1 <input type="checkbox"/>	
		Yes - not available at all times	2 <input type="checkbox"/>	
		No - none within 15 mins walk	3 <input type="checkbox"/>	
Q108	Does the facility have a computer? Is it functioning today?	Yes - functioning	1 <input type="checkbox"/>	
		Yes - not functioning	2 <input type="checkbox"/>	
		No	3 <input type="checkbox"/> - Q110	
Q109	Is there access to e-mail / internet within the facility?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
Q110	Is this facility connected to the central electricity supply?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
Q111	During the past week, did you experience any power cuts?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
Q112	Does this facility have other sources of electricity that are functioning?	Generator - with fuel	1 <input type="checkbox"/>	
		Generator - no fuel	2 <input type="checkbox"/>	
		Solar supply	3 <input type="checkbox"/>	
Q113	Do you have a working source of piped water in the facility at the moment?	Piped water - working	1 <input type="checkbox"/>	
		Piped water - not working	2 <input type="checkbox"/>	
		No piped water	3 <input type="checkbox"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q201	<i>Which of the following behaviour change activities do you conduct?</i>		Yes	No	
		Peer education - workplace	<input type="text"/>	<input type="text"/>	
		Peer education - beer halls	<input type="text"/>	<input type="text"/>	
		Peer education - students/youth	<input type="text"/>	<input type="text"/>	
		Popular opinion leaders	<input type="text"/>	<input type="text"/>	
		VCT	<input type="text"/>	<input type="text"/>	
		Posters / leaflets	<input type="text"/>	<input type="text"/>	
		TV / radio programmes / adverts	<input type="text"/>	<input type="text"/>	
		Community meetings	<input type="text"/>	<input type="text"/>	
		AIDS prevention clubs	<input type="text"/>	<input type="text"/>	
		Schools programmes	<input type="text"/>	<input type="text"/>	
		Training courses	<input type="text"/>	<input type="text"/>	
		Youth-friendly corners	<input type="text"/>	<input type="text"/>	
		Other (specify)	<input type="text"/>	<input type="text"/>	
Q202	<i>Which of the following groups do you target?</i>		Yes	No	
		Men in the general community	<input type="text"/>	<input type="text"/>	
		Women in the general community	<input type="text"/>	<input type="text"/>	
		Men in employment	<input type="text"/>	<input type="text"/>	
		Youth - in school	<input type="text"/>	<input type="text"/>	
		Youth - out of school	<input type="text"/>	<input type="text"/>	
		Groups with high-risk behaviour	<input type="text"/>	<input type="text"/>	
		PLWHA	<input type="text"/>	<input type="text"/>	
		Other (specify)	<input type="text"/>	<input type="text"/>	
Q203	<i>Do you organise training courses under the National Behaviour Change Programme?</i>	Yes	<input type="text"/>	<input type="text"/>	- Q205
		No	<input type="text"/>	<input type="text"/>	
Q204	<i>How many community leaders do you have participating in your programme at present?</i>	Number		<input type="text"/>	
Q205	<i>How many community members have completed the 11 week training course in the past year?</i>	Number		<input type="text"/>	
Q206	<i>Which of the following messages do you advocate in your behaviour change programmes?</i>		Yes	No	
		Abstinence - before marriage	<input type="text"/>	<input type="text"/>	
		Abstinence - other	<input type="text"/>	<input type="text"/>	
		Be faithful to one partner	<input type="text"/>	<input type="text"/>	
		Condom use - outside marriage	<input type="text"/>	<input type="text"/>	
		Condom use - within marriage	<input type="text"/>	<input type="text"/>	
		Other (specify)	<input type="text"/>	<input type="text"/>	
Q207	<i>How many condoms did you distribute in the past month?</i>	Number		<input type="text"/>	
Q208	<i>Which type of condom did you distribute?</i>	Protector plus	<input type="text"/>	<input type="text"/>	
		ZNFPC condoms	<input type="text"/>	<input type="text"/>	
		Other (specify)	<input type="text"/>	<input type="text"/>	
Q209	<i>How many community meetings have you conducted in the past month?</i>	Number		<input type="text"/>	
Q210	<i>Which wards in Makoni, Mutasa and Nyanga do you cover with your activities?</i>		Makoni	Mutasa	Nyanga
		List the ward numbers for each district	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>

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Q401	<i>What procedures do you use in diagnosing & treating STIs?</i>	Microscopy & syndromic 1 <input style="width: 20px; height: 15px;" type="text"/> Syndromic management only 2 <input style="width: 20px; height: 15px;" type="text"/> Other (specify) 8 <input style="width: 20px; height: 15px;" type="text"/>																						
Q402	<i>How many patients have you treated for the following STIs in the past month?</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Males</u></td> <td style="text-align: center;"><u>Females</u></td> </tr> <tr> <td>HSV-2 suppressive therapy - acyclovir</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Genital ulcers - other forms of treatment</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Genital discharge</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> </table>		<u>Males</u>	<u>Females</u>	HSV-2 suppressive therapy - acyclovir	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	Genital ulcers - other forms of treatment	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	Genital discharge	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>										
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Q403	<i>What follow-up services do you provide for STI patients?</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> </tr> <tr> <td>Counselling</td> <td style="text-align: center;">1 <input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Condoms</td> <td style="text-align: center;">1 <input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> </table>		<u>Yes</u>	<u>No</u>	Counselling	1 <input style="width: 20px; height: 15px;" type="text"/>	2 <input style="width: 20px; height: 15px;" type="text"/>	Condoms	1 <input style="width: 20px; height: 15px;" type="text"/>	2 <input style="width: 20px; height: 15px;" type="text"/>													
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Q404	<i>Which of the following TB services are offered at this facility?</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> </tr> <tr> <td>TB diagnosis through sputum smear microscopy</td> <td style="text-align: center;">1 <input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>TB through culture</td> <td style="text-align: center;">1 <input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>TB diagnosis through X-ray</td> <td style="text-align: center;">1 <input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Diagnosis of MDR TB via culture or rapid test</td> <td style="text-align: center;">1 <input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Directly observed therapy - in-house</td> <td style="text-align: center;">1 <input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Directly observed therapy - outreach</td> <td style="text-align: center;">1 <input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> </table>		<u>Yes</u>	<u>No</u>	TB diagnosis through sputum smear microscopy	1 <input style="width: 20px; height: 15px;" type="text"/>	2 <input style="width: 20px; height: 15px;" type="text"/>	TB through culture	1 <input style="width: 20px; height: 15px;" type="text"/>	2 <input style="width: 20px; height: 15px;" type="text"/>	TB diagnosis through X-ray	1 <input style="width: 20px; height: 15px;" type="text"/>	2 <input style="width: 20px; height: 15px;" type="text"/>	Diagnosis of MDR TB via culture or rapid test	1 <input style="width: 20px; height: 15px;" type="text"/>	2 <input style="width: 20px; height: 15px;" type="text"/>	Directly observed therapy - in-house	1 <input style="width: 20px; height: 15px;" type="text"/>	2 <input style="width: 20px; height: 15px;" type="text"/>	Directly observed therapy - outreach	1 <input style="width: 20px; height: 15px;" type="text"/>	2 <input style="width: 20px; height: 15px;" type="text"/>	
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Q405	<i>Do you operate a MOHCW accredited clinic for treatment of HIV-related opportunistic infections?</i>	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/>																						
Q406	<i>How many patients did you initiate on ARVs in the past 3 months?</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Men</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Women</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Children (<15)</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> </table>	Men	<input style="width: 20px; height: 15px;" type="text"/>	Women	<input style="width: 20px; height: 15px;" type="text"/>	Children (<15)	<input style="width: 20px; height: 15px;" type="text"/>	- Q411 if ALL zero															
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Q407	<i>Is the decision to initiate based on?</i>	Clinical staging only 1 <input style="width: 20px; height: 15px;" type="text"/> Clinical staging + CD4 count 2 <input style="width: 20px; height: 15px;" type="text"/> Other (specify) 8 <input style="width: 20px; height: 15px;" type="text"/>	- Q411																					
Q408	<i>Is the CD4 count done at this facility or is it done elsewhere?</i>	At this facility 1 <input style="width: 20px; height: 15px;" type="text"/> Elsewhere 2 <input style="width: 20px; height: 15px;" type="text"/>																						
Q409	<i>How many days does it take before you get CD4 count results?</i>	Number of days <input style="width: 20px; height: 15px;" type="text"/> Same day <input style="width: 20px; height: 15px;" type="text"/>																						
Q410	<i>What were the CD4 counts for patients initiated on treatment in the past 3 months?</i> <u>Record numbers in each range.</u>	<50 <input style="width: 20px; height: 15px;" type="text"/> 50-199 <input style="width: 20px; height: 15px;" type="text"/> 200-349 <input style="width: 20px; height: 15px;" type="text"/> >350 <input style="width: 20px; height: 15px;" type="text"/> Data not available <input style="width: 20px; height: 15px;" type="text"/>																						
Q411	<i>Do you currently provide ARVs to patients who have been initiated here or elsewhere?</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> </tr> <tr> <td>Initiated at facility</td> <td style="text-align: center;">1 <input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Initiated elsewhere</td> <td style="text-align: center;">1 <input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 20px; height: 15px;" type="text"/></td> </tr> </table>		<u>Yes</u>	<u>No</u>	Initiated at facility	1 <input style="width: 20px; height: 15px;" type="text"/>	2 <input style="width: 20px; height: 15px;" type="text"/>	Initiated elsewhere	1 <input style="width: 20px; height: 15px;" type="text"/>	2 <input style="width: 20px; height: 15px;" type="text"/>													
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Q412	<i>How many patients did you supply with ARVs in the past month?</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Men</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Women</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Children (<15)</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> </table>	Men	<input style="width: 20px; height: 15px;" type="text"/>	Women	<input style="width: 20px; height: 15px;" type="text"/>	Children (<15)	<input style="width: 20px; height: 15px;" type="text"/>																
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Children (<15)	<input style="width: 20px; height: 15px;" type="text"/>																							
Q413	<i>How many follow-up visits were made from this facility in the past 3 months to clients who missed appointments for ARV supplies?</i>	Number of follow-up visits <input style="width: 40px; height: 20px;" type="text"/>																						
Q414	<i>How many patients were lost to follow-up in the past 3 months for the following reasons?</i>	Passed away <input style="width: 20px; height: 15px;" type="text"/> Left the area <input style="width: 20px; height: 15px;" type="text"/> Unknown <input style="width: 20px; height: 15px;" type="text"/> Other (specify) <input style="width: 20px; height: 15px;" type="text"/>																						
Q415	<i>How many ART patients from this facility had to be put on second line therapy in the past 3 months?</i>	Number of patients on second line therapy <input style="width: 40px; height: 20px;" type="text"/>																						

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Q501	<p><i>What services do you provide for PLWHA?</i></p> <p><u>Record numbers (#) assisted in past month if available.</u></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">#</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Psychosocial support - PLWHA</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Psychosocial support - carers</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Food / nutritional supplements</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Home-based care</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Hospital in-patient beds</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Hospice accommodation</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Palliative care - in-patient</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Palliative care - out-patient</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	#	No	Psychosocial support - PLWHA	1	<input type="text"/>	2	Psychosocial support - carers	1	<input type="text"/>	2	Food / nutritional supplements	1	<input type="text"/>	2	Home-based care	1	<input type="text"/>	2	Hospital in-patient beds	1	<input type="text"/>	2	Hospice accommodation	1	<input type="text"/>	2	Palliative care - in-patient	1	<input type="text"/>	2	Palliative care - out-patient	1	<input type="text"/>	2																																																																													
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Hospital in-patient beds	1	<input type="text"/>	2																																																																																																																
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Q503	<p><i>Which of the following services do you provide for orphans & vulnerable children?</i></p> <p><u>Read through list.</u></p> <p><u>Record numbers (#) assisted in past month if available.</u></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">#</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Cash transfers - with conditions</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Cash transfers - no conditions</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Help with accessing cash transfers</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Help with birth registration</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Help with accessing other services</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Early child education & care</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Support for carers of children with disabilities</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Parenting skills training</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Alcohol & substance abuse counselling</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Counselling for OVC</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Enforcement of child protection policies</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Legal support (incl. inheritance rights)</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Help with inheritance planning</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Respite services (for carers)</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Day care services</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Social work case management</td><td style="text-align: center;">1</td><td style="text-align: center;"><input type="text"/></td><td style="text-align: center;">2</td></tr> <tr><td>Psychosocial support - 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Q505	<p><i>Which of the following are necessary and/or sufficient criteria for support from your facility?</i></p> <p><u>Check responses are internally consistent. (e.g. if one criteria is sufficient, another cannot be necessary).</u></p> <p><u>If "poverty - low income" is mentioned, record cut-off level used here in US\$.</u></p> <div style="text-align: right; margin-top: 10px;"> US\$ </div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Both</th> <th style="text-align: center;">Nec'ySuffici</th> <th style="text-align: center;">N/A</th> </tr> </thead> <tbody> <tr><td>Poverty - low income</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">99</td></tr> <tr><td>Poverty - few assets</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">99</td></tr> <tr><td>Father died</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">99</td></tr> <tr><td>Mother died</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">99</td></tr> <tr><td>Both parents died</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">99</td></tr> <tr><td>Child disabled</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">99</td></tr> <tr><td>Any household member disabled</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">99</td></tr> <tr><td>Child-headed household</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">99</td></tr> <tr><td>Elderly-headed household</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">99</td></tr> <tr><td>Chronically ill caregiver / head</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">99</td></tr> </tbody> </table>		Both	Nec'ySuffici	N/A	Poverty - low income	1	2	3	99	Poverty - few assets	1	2	3	99	Father died	1	2	3	99	Mother died	1	2	3	99	Both parents died	1	2	3	99	Child disabled	1	2	3	99	Any household member disabled	1	2	3	99	Child-headed household	1	2	3	99	Elderly-headed household	1	2	3	99	Chronically ill caregiver / head	1	2	3	99																																																											
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Q601	<p><i>How many staff do you have in each of the following areas:</i></p> <p><u>Do not include the same person in multiple categories.</u></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Full time</th> <th style="text-align: center;">Part-time</th> <th style="text-align: center;">Present today</th> </tr> <tr> <th></th> <th style="text-align: center;">#</th> <th style="text-align: center;">#</th> <th style="text-align: center;">#</th> </tr> </thead> <tbody> <tr><td>Medical doctor</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Clinical officer</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>RGN</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Certified nurse</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Nurse aid / assistant</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Registered midwife</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Lab technician</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Lab assistant</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Pharmacist</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Pharmacy assistant</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Nutritionist</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Primary care (VCT) counsellor</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Social worker</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>EHT</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Community health outreach worker</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Community based distributor (FP)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Health information officer</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>HIV/AIDS programme officers</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Other (specify)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Full time	Part-time	Present today		#	#	#	Medical doctor	<input type="text"/>	<input type="text"/>	<input type="text"/>	Clinical officer	<input type="text"/>	<input type="text"/>	<input type="text"/>	RGN	<input type="text"/>	<input type="text"/>	<input type="text"/>	Certified nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nurse aid / assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	Registered midwife	<input type="text"/>	<input type="text"/>	<input type="text"/>	Lab technician	<input type="text"/>	<input type="text"/>	<input type="text"/>	Lab assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pharmacist	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pharmacy assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nutritionist	<input type="text"/>	<input type="text"/>	<input type="text"/>	Primary care (VCT) counsellor	<input type="text"/>	<input type="text"/>	<input type="text"/>	Social worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	EHT	<input type="text"/>	<input type="text"/>	<input type="text"/>	Community health outreach worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	Community based distributor (FP)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Health information officer	<input type="text"/>	<input type="text"/>	<input type="text"/>	HIV/AIDS programme officers	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Q602	<p><i>How many staff have received pre- or in-service training in the last two years on ...?</i></p> <p><u>For each topic, ask is guidelines are available at the facility.</u></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Staff</th> <th style="text-align: center;">Guidelines</th> </tr> <tr> <th></th> <th style="text-align: center;">#</th> <th></th> </tr> </thead> <tbody> <tr><td>Family planning for HIV+ women</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>STI syndromic management</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>TB diagnosis & treatment</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Management of MDR-TB</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Treatment of OIs</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Post-exposure prophylaxis</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>HIV counselling only</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>HIV testing (including rapid testing)</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>PMTCT</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Infection control</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Drug & supplies management</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Health management information</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Behaviour change programmes</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Male circumcision</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>PLWHA programmes</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Home-based care</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Palliative care</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>OVC support services</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Caregiver support services</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Staff	Guidelines		#		Family planning for HIV+ women	<input type="text"/>	<input type="text"/>	STI syndromic management	<input type="text"/>	<input type="text"/>	TB diagnosis & treatment	<input type="text"/>	<input type="text"/>	Management of MDR-TB	<input type="text"/>	<input type="text"/>	Treatment of OIs	<input type="text"/>	<input type="text"/>	Post-exposure prophylaxis	<input type="text"/>	<input type="text"/>	HIV counselling only	<input type="text"/>	<input type="text"/>	HIV testing (including rapid testing)	<input type="text"/>	<input type="text"/>	PMTCT	<input type="text"/>	<input type="text"/>	Infection control	<input type="text"/>	<input type="text"/>	Drug & supplies management	<input type="text"/>	<input type="text"/>	Health management information	<input type="text"/>	<input type="text"/>	Behaviour change programmes	<input type="text"/>	<input type="text"/>	Male circumcision	<input type="text"/>	<input type="text"/>	PLWHA programmes	<input type="text"/>	<input type="text"/>	Home-based care	<input type="text"/>	<input type="text"/>	Palliative care	<input type="text"/>	<input type="text"/>	OVC support services	<input type="text"/>	<input type="text"/>	Caregiver support services	<input type="text"/>	<input type="text"/>																						
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Q603	<p><i>Does this facility have a staff person responsible for in-service training?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%;">Yes</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 40%;"><input type="text"/></td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> <td><input type="text"/></td> </tr> </tbody> </table>	Yes	1	<input type="text"/>	No	2	<input type="text"/>																																																																															
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