M&E: HIV/AIDS SERVICE FACILITY QUESTIONNAIRE (ROUND 6) **FORM I**

ORGNO:	
FACNO:	

Questionnaire processing dates:
Corrections completed
Data entered

QUESTIONNAIRE IDENTIFICATION

Q001 **Organisation name:**

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

Study site number facility belongs to:

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

Q004 **Respondent's job title:**

Q005 **Facility contact information:** **Telephone:**

Mobile:

Address:

E-mail:

INTERVIEWER VISIT

		1	2	3
Q006	**Date (DD/MM/YY):**			
Q007	**Time (HH:MM):**			
Q008	**Interviewer:**			
Q009	**Result*:**			

CHECKED BY SUPERVISOR

Q010 **Signature:**

Q011 **Date (DD/MM/YYYY):**

*RESULT CODES			**GPS:**		
Completed	1		**Altitude**		
Respondent not available	2				
Refused	3		**Latitude**	N/S	
Partially completed	4			Degrees/Decim	
Other (specify) _____	8		**Longitude**	N/S	
				Degrees/Decim	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q101	**Record location.** **"Roadside" here means a tarred road.** **Record the name of the place:** _____	Large town or city Small town Growth point Commercial estate / mine Roadside business centre Rural business centre Communal / resettlement area	1 2 3 4 5 6 7	
Q102	**Record type of facility.** _____ _____	Referral hospital (provincial or national) District/large hospital Rural district hospital Small health centre Satellite clinic Private doctor's surgery HTC centre (standalone) Family planning centre (standalone) Pharmacy Mobile facility Office School Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12 18	 - Q104 - Q104 - Q104 - Q104 - Q104 - Q104 - Q104
Q103	*Does this facility offer in-patient care (overnight)?*	Yes No The only in-patient is obstetric care	1 2 3	
Q104	*Which authority manages the facility?* _____	Government Faith-based organisation Other NGO Private-for-profit Other (specifiy)	1 2 3 4 8	
Q105	*Does the facility have a functioning landline telephone?*	Yes No	1 2	
Q106	*Does the facility have a functioning cellphone?*	Yes - facility has No - but staff have personal No - no functioning cellphone at	1 2 3	
Q107	*Does the facility have a functioning short-wave radio for calls?*	Yes No	1 2	
Q108	*Does the facility have a computer?* *Is it functioning today?*	Yes - functioning Yes - not functioning No	1 2 3	 - Q110
Q109	*Is there access to e-mail / internet within the facility?*	Yes No	1 2	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q110	*Is this facility connected to the central electricity supply?*	**Yes** **No**	1 2	 - **Q112**
Q111	*During the past week, did you experience any power cuts?*	**Yes** **No**	1 2	
Q112	*Does this facility have other sources of electricity that are functioning?*	**Generator - with fuel** **Generator - no fuel** **Solar supply** **None**	1 2 3 4	
Q113	*Do you have a working source of piped water in the facility at the moment?*	**Piped water - working** **Piped water - not working** **No piped water**	1 2 3	
Q114	*Does the facility have separate or shared toilet facilities for males and females?*	**Separate** **Shared** **No toilets in facility**	1 2 3	

Q115 *Which of the following services does your facility provide?*

If yes, indicate when the service started (or re-started) at this facility (MM/YYYY). Enter '99' if month and '9999' if year not known .

Record number of clients provided with each service in the past month (for school education, record total number of pupils enrolled).

Tick right-hand boxes to indicate that the relevant sections have been completed.

	Yes	Started	#	No	
Behaviour change	1			2	-S2
Condom distribution	1			2	-S2
HTC (incl PITC)	1			2	-S3
PMTCT	1			2	-S4
Family planning for HIV+ women	1			2	-S4
Male circumcision	1			2	
STI treatment	1			2	-S5
TB services	1			2	-S5
CTX	1			2	-S5
ART	1			2	-S5
PLHIV support	1			2	-S6
Home-based care	1			2	-S6
Palliative end of life care	1			2	-S6
OVC support	1			2	-S6
OVC carer support	1			2	-S6
PLHIV carer support	1			2	-S6
Primary school education	1			2	-S7
Secondary school education	1			2	-S7
Other (specify)	1			2	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO

Q201 — *Which of the following behaviour change activities do you conduct?*

	Yes	No
Peer education - workplace	1	2
Peer education - beer halls	1	2
Peer education - students/youth	1	2
Popular opinion leaders	1	2
HTC (incl PITC)	1	2
Posters / leaflets	1	2
TV / radio - programmes / adverts	1	2
Community meetings	1	2
AIDS prevention clubs	1	2
Schools programmes	1	2
Training courses	1	2
Youth-friendly corners	1	2
Other (specify)	1	2

Q202 — *Which of the following groups do you target?*

*** e.g. women involved in commercial sex.**

	Yes	No
Men in the general community	1	2
Women in the general community	1	2
Men in employment	1	2
Youth - in school	1	2
Youth - out of school	1	2
Groups with high-risk behaviour* (specify)	1	2
PLWHA	1	2
Other (specify)	1	2

Q203 — *Do you organise training courses under the National Behaviour Change Programme?*

Yes	1
No	2 → Q206

Q204 — *How many community leaders do you have participating in your programme at present?*

Number

Q205 — *How many community members have completed the 11 week training course in the past year?*

Number

Q206 — *Which of the following messages do you advocate in your behaviour change programmes?*

	Yes	No
Abstinence - before marriage	1	2
Abstinence - other	1	2
Be faithful to one partner	1	2
Condom use - outside marriage	1	2
Condom use - within marriage	1	2
Other (specify)	1	2

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q207	*How many male condoms did you distribute in the past month?*	**Number**	**Q209** if '0'
Q208	*Which type of male condom did you distribute?*		

Q208 coding:

	Yes	No
Protector plus	1	2
ZNFPC condoms	1	2
Other (specify)	1	2

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q209	*How many female condoms did you distribute in the past month?*	**Number**	
Q210	*How many community meetings have you conducted in the past month?*	**Number**	
Q211	*Which wards in Makoni and Mutasa do you cover with your activities?* **Tick here & attach extra sheet if more wards.**	**List the ward numbers for each district.** Makoni Mutasa	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO

Q301
[-]

What are your HTC client groups?

Record numbers (#) in past month if available. Leave sub-components empty if specific numbers not known.

	Yes	# Men	# Women	# Total	No
Medical patients (all ages) PITC	1				2
Men & non-pregnant women (general) VCT	1				2
Pregnant women (ANC/PMTCT)	1				2
Children 2-14 yrs (general)	1				2
Infants <2 yrs (general)	1				2
TOTAL					

Q302
[a060]

Do you also offer HTC to any of the following groups?

	Yes	No
Men who have sex with men	1	2
Sex workers	1	2
Prisoners	1	2
Drug users	1	2
School children	1	2
Truck drivers	1	2
Estate/ factory workers	1	2

Q303

Does this facility offer mobile outreach?

Yes	1
No	2

Q304
[a022]

Which HTC services does your facility offer?

Read through list.

Record date started (MM/YYYY) if 'Yes'.
Enter '99' if month and '9999' if year not known .

	Yes	Start date	#	No
VCT for individuals	1			2
VCT for couples (each couple = 2 tests)	1			2
PITC for ANC clients	1			2
PITC for OPD clients	1			2
PITC for TB	1			2
PITC for STI and FP clients	1			2
Other HTC services (specify)	1			2
TOTAL				

Q305
[a033]

How many HTC clients were seen in the past 3 months?

Fill in the number for all that apply above (#).
Leave sub-components empty if specific numbers not known.

Q306
[-]

Which wards in Makoni and Mutasa do you cover with HTC services for the general public?

Tick here & attach extra sheet if more wards.

List the ward numbers for each district.

Makoni / Mutasa

Makoni _____

Mutasa _____

Q307
[a023]

How many days of the week are HIV tests conducted?

Number

Q308
[a024]

What hours are HIV testing services normally available? (24 hours notation)

Opening time (HH:MM)	
Closing time (HH:MM)	

Q309
[a032]

How many medical staff (doctors, clinical officers, nurses, counsellors) are trained to, and currently provide, HIV testing services at this facility?

Number	
Don't know	99

Q310
[a030]

How much do HIV testing clients have to pay for anything related to this service, including registration fees, service fees and equipment costs?

Enter '0' if no fee charged, '9999' if amount not known.

Clinic registration fee	US$
HIV test fee	US$
Equipment fee (e.g. gloves, test kits)	US$
Other (specify)	US$
Nothing (everything is free)	9

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q311 [a027]	*How do clients consent to test?*	Clients give verbal consent Clients give signed consent Consent not recorded Other (specify)	1 ▢ 2 ▢ 3 ▢ 8 ▢	
Q312 [a035]	*How many HIV screening tests do you have in stock now?* **Each individual HIV screening test can** *be used to test one person.*	<u>Name</u> _____ _____ _____	<u>Number</u> ▢ ▢ ▢	
Q313 [a036]	*How many HIV confirmatory tests do you have in stock now?*	<u>Name</u> _____ _____ _____	<u>Number</u> ▢ ▢ ▢	
Q314 [a037]	*How many times did you have stock-outs of HIV test kits over the past year, such that you could not conduct HIV tests at all?* **Even after borrowing from other clinics**	Once A few times More than 10 times Never	1 ▢ 2 ▢ 3 ▢ 4 ▢	- Q316
Q315 [a038]	*What is the longest period of time that you had such stock-outs of HIV test kits over the past year?*	Unit & Number Days 1 Weeks 2 Months 3	▢	
Q316 [a039]	*How are patient HIV test data recorded?*	Yes No Computer 1 2 Registers/Logbooks 1 2 Facility-held patient cards 1 2 Patient-retained cards 1 2 Other (specify) 1 2 NA - Data not recorded 1 2		- Q318
Q317 [a040]	*Which variables are collected?* _____ _____ _____	Yes No Sex 1 2 Age/date of birth 1 2 Residence 1 2 Name of client 1 2 Test result 1 2 Other (specify) 1 2		
Q318 [a046]	*Can HIV test results be disclosed to anybody else without their consent?* _____ _____	To doctors or other health workers To spouse or family member No one else - only client Other (specify)	1 ▢ 2 ▢ 3 ▢ 8 ▢	
Q319 [-]	*What form of counselling do you offer?* _____ _____	Systemic Client-centred Counselling not available Other (specify)	1 ▢ 2 ▢ 3 ▢ 8 ▢	- Q322

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q320 [a025+ a028]	*How long, on average, is spent on:* **Enter '0' if not offered and '99' if not known.**	Pre-test group counselling mins Pre-test individual counselling mins Post-test group counselling mins Post-test individual counselling mins			
Q321 [a026+ a029]	*Is pre/post-test counselling always given before/after an HIV test?*		Pre-test	Post-tes	
		Sometimes			1
		Usually (most of the time)			2
		Always			3
Q322 [a056]	*What advice about repeat testing is given to people who test HIV negative?* _____	**Test again in 3 months** 1 **Test again in 6 months** 2 **Test again in 1 year** 3 **Test again when you feel worried** 4 **No specific advise given** 5 **Other (specify)** 8			
Q323	*After how long are clients who test HIV positive advised to return for a confirmatory test ("window period")?* _____	**After 1 month** 1 **After 2 months** 2 **After 3 months** 3 **Other (specify)** 8 **NA - not advised to have repeat test** 9			
Q324 [a043]	*Do you provide HIV treatment initiation services in this facility for individuals who test positive?*	**Yes - same building** 1 **Yes - different building** 2 **No, but external referrals** 3 **No** 4			
Q325 [a044]	*How do you document the referral to HIV care and treatment services for individuals who test HIV+?* _____		Yes	No	
		Register/logbook (facility only)	1	2	
		Referral letter (sent with patient)	1	2	
		2 or 3 part (duplicate) referral form	1	2	
		Facility-held patient cards or notes	1	2	
		Patient retained cards	1	2	
		Other (specify)	1	2	
		NA - Not documented	1	2	
Q326 [a046]	*How do you refer HIV positive individuals for HIV care and treatment services?* _____	**Send to ART provider/unit by him/herself** 1 **Accompanied by health worker** 2 **Other (specify)** 8			
Q327 [a045]	*Do you check if HIV positive clients register in HIV care and treatment services?* _____	**Yes** 1 **No** 2 **Other (specify)** 8			

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO

Q328
[a047+ a049]

Which follow-up services do you provide within your facility, or make external referrals to, for individuals who test HIV positive?
Read through list.

	Internal	External	No
Post-test clubs	1	2	3
PLHIV support groups	1	2	3
Home-based care	1	2	3
CTX	1	2	3
Pre-ART care and monitoring	1	2	3
Clinical staging	1	2	3
CD4 counts	1	2	3
ART initiation	1	2	3
ART resupply	1	2	3
Family planning counselling	1	2	3
PMTCT	1	2	3
TB services	1	2	3
Other (specify)	1	2	3
None	1	2	- **Q330**

Q329
[a048+ a055]

How are these internal, or external, referrals for these services documented?
If referral for one service is not documented but others are, interviewer may circle option 1 along with the others for documented referrals

	Internal		External	
	Yes	No	Yes	No
Register/logbook (facility only)	1	2	1	2
Referral letter (sent with patient)	1	2	1	2
2 or 3 part (duplicate) referral form	1	2	1	2
Facility-held patient cards, files or notes	1	2	1	2
Patient-retained cards or files	1	2	1	2
Other (specify)	1	2	1	2
NA - Not documented	1	2	1	2

Q330
[a057+ a058]

Is there a minimum and/or maximum number of counselling sessions that counsellors should perform a day, and if so, how many?

Minimum	
Maximum	
NA - no min & max	99

Q331
[a059]

How often (on average) are quality of care reviews/audits of HIV testing services conducted at this facility?
These are authorised MoH or District supervisors, excluding visits from direct supervisors

Once a month	1
Once a quarter (every 3 months)	2
Twice a year	3
Once a years	4
Once every 2 years	5
Other (specify)	8
Never	0

Q332
[a054]

How often (on average) do other supervisors visit this facility to check on quality?

Once a month	1
Once a quarter (every 3 months)	2
Twice a year	3
Once a years	4
Once every 2 years	5
Other (specify)	8
Never	0

Q333
[a055]

Please tell me what you consider to be the top three challenges to delivering HIV testing services to the population here?
1
2
3

Q334
[a056]

In your opinion, how has the presence of the research project in this area influenced HIV testing rates?
(ask for specific examples)

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q400 [a079]	**How many PMTCT visits were recorded over the past 3 months?** <u>Make sure that numbers add up to the TOTAL</u>	PMTCT during 1st trimester pregnancy [ ] PMTCT during 2nd trimester pregnancy [ ] PMTCT during 3rd trimester pregnancy [ ] PMTCT during pregnancy (use if trimester is not known or not recorded) [ ] PMTCT during labour/delivery [ ] PMTCT during pos-partum (first 6 weeks after delivery) [ ] Other (specify) [ ] <u>TOTAL</u> [ ]	

Q401 [a061] — *Which PMTCT services does your facility offer to HIV+ pregnant women and their infants?*
<u>Read through list.</u>
<u>Record date started (MM/YYYY) if 'Yes'.</u>
<u>Enter '99' if month and '9999' if year not known .</u>

	Yes	Start date	#	No
ARV treatment for mother (for her own health)	1			2
ARV prophylaxis for mother	1			2
ARV prophylaxis for baby	1			2
HIV testing for infant at birth	1			2
ARV treatment for infant at birth	1			2
Early infant diagnosis (testing from 6 weeks)	1			2
ARV treatment for infants (from 6 weeks)	1			2
Infant feeding counselling	1			2
Testing during pregnancy, labour or post-delivery	1			2
Testing for breastfeeding women	1			2
Other (specify)	1			2
TOTAL PMTCT clients (mothers)				2

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q402 [a073]	*How many HIV infected PMTCT clients seen in the past 3 months received these services?*	<u>Fill in the number for all that apply above (#).</u> <u>Leave sub-components empty if specific numbers not known.</u>	

Q403 [-]	*Which wards in Makoni and Mutasa do you cover with PMTCT services for the general public?*
	
	<u>Tick here & attach extra sheet if more wards.</u> [ ]
		<u>List the ward numbers</u>
		<u>for each district.</u> Makoni Mutasa
		                  [ ] [ ]
		                  [ ] [ ]
		Makoni _____ [ ] [ ]
		                  [ ] [ ]
		Mutasa _____ [ ] [ ]	

Q404 [a059]	*How many days of the week are ANC and PMTCT services normally available at this facility?*	ANC [ ] PMTCT [ ]	
Q405 [a064]	*What hours are PMTCT services normally available?* *(24 hours notation)*	Opening time (HH:MM) [ ] Closing time (HH:MM) [ ] 24 hour availability [ ]	
Q406 [a080]	How many HIV-positive pregnant women receive PMTCT services?	Same room as ANC services 1 [ ] Same building as ANC, but different room 2 [ ] Same facility as ANC, different building 3 [ ] Another facility 4 [ ] NA - dedicated ART clinic 5 [ ]	
Q407 [a081]	When do HIV-positive pregnant women receive PMTCT services?	On the same day as ANC service 1 [ ] On another day 2 [ ] Other (specify) 3 [ ]	
Q408 [a084]	*How many medical staff (doctors, clinical officers, nurses, trained counsellors) provide PMTCT services at this facility?*	Number [ ] Don't know 99 [ ]	
Q409 [a065]	*How many women at this facility used ANC and PMTCT services in the past month?*	ANC [ ] PMTCT [ ]	
Q410 [a070]	*How many women delivered babies at this facility last month?*	Number [ ] No delivery services available 99 [ ]	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q411 [a062]	*How much do PMTCT clients have to pay for anything related to this service, including registration fees, service fees and equipment costs?* <u>Enter '0' if no fee charged, '9999' if amount not known.</u> <u>Tick if cost is one-off only.</u>	**Clinic registration fee** US$ **PMTCT service fee** US$ **Fees for drugs** US$ **Equipment fees** US$ **Other (specify)** US$ **Nothing (everything is free)** 9		Once?
Q412 [a068]	*Do you provide HTC for pregnant women on an opt-in or opt-out basis?*	**Opt-in** 1 **Opt-out** 2 **Neither** 3 **Other (specify)** 8		- **Q416**
Q413 [a066]	*Is rapid HIV testing available in this ANC clinic?*	**Yes** 1 **No** 2		
Q414 [a067]	*At which ANC visit(s) do women get tested for HIV?*		<u>Yes</u> <u>No</u> **At first ANC visit for this pregnancy** 1 2 **At first ANC visit in this clinic** 1 2 **At last scheduled visit before delivery** 1 2 **At any time that she requests** 1 2 **Other (specify)** 1 2	
Q415 [a069]	*How many ANC women had an HIV test here last month?*	**Number**		
Q416 [a071+ a072]	*If HIV+ women want (or are likely) to deliver at home, or at another facility, are they given PMTCT drugs for their delivery?*		Home delivery Another facility **Only if they request the drugs** 1 **Sometimes** 2 **Yes - always** 3 **No** 4 **Women always deliver here, no drugs needed** 5 **Other (specify)** 8	
Q417 [a074]	*Where do HIV+ pregnant women receive HIV treatment?* <u>For there own HIV</u>	**Same room as ANC services** 1 **Same building as ANC, but different room** 2 **Same facility as ANC, different building** 3 **Another facility** 4 **NA - dedicated ART clinic** 5		- **Q419**
Q418 [a075]	*Do HIV+ pregnant women receive HIV treatment at the same day as ANC services or another day?*	**Same day as ANC services** 1 **Another day** 2 **Other (specify)** 8		
Q419 [a076]	*From what gestational age are HIV+ pregnant women provided with ARV prophylaxis, or combination ART for their own health?*	**14 weeks** 1 **28 weeks** 2 **At diagnosis** 3 **Other (specify)** 8		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO
Q420 [-]	*Which PMTCT regimen do you provide currently?* <u>Record date started (MM/YYYY) if 'Yes' and numbers on treatment in past 3 months.</u>		Yes	Start date	#	No
		Single-dose NVP	1			2
		MER	1			2
		Other (specify)	1			2

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q421 [a079]	*What is the standard therapy offered at this facility for pregnant women to prevent mother-to-child transmission?*	**AZT + sdNVP + 7day maternal AZT + 3TC tail** 1 **Other (specify)** 8 **NA - no MTCT therapy available here** 9	- **Q426**
Q422 [a080]	*What is the standard therapy to prevent mother-to-child transmission for pregnant women who present during labour?*	**AZT + sdNVP + 7day maternal AZT + 3TC tail AND 3TC at onset of labour** 1 **Other (specify)** 8 **NA - no MTCT therapy available during labour** 9	
Q423 [a087]	*How many courses of transmission prevention drugs for mothers do you have in stock now?* <u>A course is enough drugs for mother to complete PMTCT regime until end of breastfeeding.</u> <u>This equates to bottles which contain</u>	<u>Name</u> <u>Number</u> **N/A (Drugs not provided at this facility)** 1 **None as all pregnant women enrolled on lifelong ART** 2	
Q424 [a090]	*How many times did you have stock-outs of prophylaxis drugs for mothers over the past year, such that you could not provide PMTCT?* <u>Even after borrowing from other clinics</u>	**Once** 1 **A few times** 2 **More than 10 times** 3 **Never** 4	- **Q426**
Q425 [a092]	*What is the longest period of time that you had stock-outs of prophylaxis drugs for mothers over the past year?* <u>Even after borrowing from other clinics</u>	**Unit & Number** Days 1 Weeks 2 Months 3	
Q426 [a077]	*At what CD4 count/clinical stage are HIV+ pregnant women eligible to receive ART for their own health?*	**CD4<200** 1 **CD4<350 & stage 4** 2 **Stage 3 and 4 (regardless of CD4)** 3 **All HIV+ pregnant women initiate** 4 **Other (specify)** 8	
Q427 [a078]	*What is the standard recommended 1st line therapy offered at this facility for pregnant women starting ART for their own health?*	**AZT + 3TC + NVP** 1 **Other (specify)** 8 **NA - no initiation here for their own health** 9	
Q428 [a088]	*How many monthly cycles of 1st line treatment drugs for mothers do you have in stock now?*	<u>Name</u> <u>Number</u> **NA - drugs not provided at this facility** 99	
Q429 [a082]	*For how long is ARV prophylaxis provided to infants post-partum?*	**7 days** 1 **4-6 weeks if replacement feeding** 2 **Until cessation of breastfeeding** 3 **Other (specify)** 8	
Q430 [a086]	*How many courses of prophylactic drugs for infants do you have in stock now?*	<u>Name</u> <u>Number</u> **NA - drugs not provided at this facility** 99	- **Q433**

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q431 [a089]	*How many times did you have stock-outs of infant prophylaxis drugs over the past year, such that you could not provide PMTCT?*	Once A few times More than 10 times Never	1 2 3 4	- **Q433**
Q432 [a091]	*What is the longest period of time that you had stock-outs of infant prophylaxis drugs over the past year?*	Unit & Number Days 1 Weeks 2 Months 3		
Q433 [-]	*What proportion of HIV+ pregnant women & babies completed their course of PMTCT in the past 3 months?*	Proportion Mothers Babies Both % % % Month / year		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	Yes	No	SKIP TO
Q434 [a093]	*How are patient data recorded?*	Computer	1	2	
		Registers/Logbooks	1	2	
		Facility-held patient cards or notes	1	2	
		Patient-retained cards	1	2	
		Other (specify)	1	2	
		NA - Data not recorded	1	2	- **Q436**
Q435 [a094]	*Which variables are collected?*	Sex	1	2	
		Age/date of birth	1	2	
		Residence	1	2	
		Name	1	2	
		Other (specify)	1	2	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q436 [a095]	*Do you provide HIV care and treatment services in this facility for mothers who test HIV positive during pregnancy or delivery?*	Yes - same building Yes - different building No, but external referrals No	1 2 3 4	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	Yes	No	SKIP TO
Q437 [a096]	*How do you document the referral to HIV care and treatment services for mothers who test HIV positive during pregnancy or delivery?* **Whenever the switching from PMTCT back to CTC happens.**	Register/logbook (facility only)	1	2	
		Referral letter with patient	1	2	
		2 or 3 part referral form	1	2	
		Patient notes/files (held by facility)	1	2	
		Patient notes/files (held by patient)	1	2	
		Other (specify)	1	2	
		NA - Not documented	1	2	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q438 [a097]	*Do you check if HIV+ mothers register in HIV care and treatment services?* **Whenever the switching from PMTCT back to CTC happens.**	Yes - always Yes - sometimes No Other (specify)	1 2 3 8	
Q439 [a098]	*How do you refer HIV+ mothers for HIV care and treatment services?* **Whenever the switching from PMTCT back to CTC happens.**	Send women to ART provider/unit by herself Health worker accompanies her to ART provider/unit Not applicable (same provider) Other (specify)	1 2 3 8	
Q440 [a099]	*At what point are PMTCT clients referred to the ART clinic/unit if they are in need of treatment?*	During ANC Soon after delivery After testing HIV positive After cessation of the breastfeeding 2 years after birth Never referred Other (specify)	1 2 3 4 5 6 8	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO

Q441 [a100+ a102]

Which follow-up services do you provide within your facility, or make referrals to, for mothers who test HIV positive during pregnancy or after delivery?

<u>Read through list.</u>
<u>Capture services that are not provided within facility</u>

	Internal	External	No
Post-test clubs	1	2	3
PLHIV support groups	1	2	3
Home-based care	1	2	3
Pre-ART monitoring (e.g. CD4, CTX prophyl.)	1	2	3
ART	1	2	3
Infant/pediatric HIV care	1	2	3
Food packages	1	2	3
Family planning counselling	1	2	3
Other (specify)	1	2	3
None	1	2	

→ Q443

Q442 [a101+ a103]

How are these internal and external referrals for these services documented?

	Internal Yes	No	External Yes	No
Register/logbook (facility only)	1	2	1	2
Referral letter with patient	1	2	1	2
2 or 3 part (duplicate) referral form	1	2	1	2
Facility-held patient cards or notes	1	2	1	2
Patient-retained cards	1	2	1	2
Other (specify)	1	2	1	2
NA - not documented	1	2	1	2
NA - same nurse does everything	1	2		

Q443 [a104]

Do you check whether mothers who are referred for ART arrive at the referral site (internal / external)?

Yes (internal only)	1
Yes (internal & external)	2
No	3
Other (specify)	8

Q444 [-]

Are you able to offer ANC & HTC services to male partners at your facility?

Yes	1
No	2

Q445 [-]

What steps do you take to encourage male partners to attend for ANC and HTC?

Written invitations	1	2
Community promotion campaigns	1	2
Women bringing male partners served first	1	2
No steps	1	2
Other (specify)	1	2

Q446 [-]

What proportion of women bring their male partners for ANC and HTC?

Proportion _____ %

Q447 [a115]

How often are quality of care reviews/audits of PMTCT services conducted at this facility?
<u>Excluding visits from direct supervisors</u>

Once a month	1
Once a quarter (every 3 months)	2
Twice a year	3
Once a years	4
Once every 2 years	5
Other (specify)	8
Never	9

Q448 [a106a]

How often do supervisors visit this facility to check on quality?
<u>Include both program supervisors and MoH supervisors</u>

Once a month	1
Once a quarter (every 3 months)	2
Twice a year	3
Once a years	4
Once every 2 years	5
Other (specify)	8
Never	9

Q449 [a106]

Please tell me what you consider to be the top three challenges to delivering PMTCT services to the population here?
1 _____
2 _____
3 _____

Q450 [a107]

In your opinion, how has the presence of the research project in this area influenced PMTCT services?
(ask for specific examples)

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO

Q501
[a110]

Which HIV care and treatment services do you offer?

Read through list.

Record date started (MM/YYYY) if 'Yes'.
Enter '99' if month and '9999' if year not known .

	Yes	Start date	#	No
In-patient hospital care	1			2
Pre-ART monitoring (e.g. CD4, CTX prophylaxis)	1			2
ART initiation	1			2
ART provision (refill/follow-up)	1			2
Treatment of OI infections	1			2
Laboratory services	1			2
Other (specify)	1			2
TOTAL				

Q502
[-]

How many HIV infected clients seen in the past 3 months received these services?

Fill in the number for all that apply above (#).
Leave sub-components empty if specific numbers not known.

Q503
[-]

Which wards in Makoni and Mutasa do you cover with HIV care and treatment services for the general public?

Tick here & attach extra sheet if more wards.

List the ward numbers
for each district.

Mutasa

Makoni

Makoni	Mutasa

Q504
[a190]

Do you also offer HIV care and treatment services to any of the following groups?

	Yes	No
Men who have sex with men	1	2
Sex workers	1	2
Prisoners	1	2
Drug users	1	2
School children	1	2
Truck drivers	1	2
Estate/ factory workers	1	2

Q505
[a111]

How much do HIV care & treatment clients have to pay for anything related to this service, including registration fees, service fees and equipment costs?

Enter '0' if no fee charged, '9999' if amount not known.
Tick if cost is one-off only.

			Once?
Clinic registration fee	US$		
HIV test fee	US$		
Equipment fees	US$		
Other (specify)	US$		
Nothing (everything is free)	9		

Q506
[a112]

How many days per week are HIV care and treatment services normally available?

Pre-ART monitoring	
ART initiation	
ART provision (refill/follow-up)	
Treatment of opportunistic infections (OIs)	
Laboratory services	

Q507
[a113]

What hours are HIV treatment services officially available and what time of day do you usually start/stop offering services at this facility?

Opening time (HH:MM)	
Closing time (HH:MM)	
Start time (HH:MM)	
Stop time (HH:MM)	

Q508
[a172]

What time of the day do patients start arriving at the facility?

Time (HH:MM)

Q509
[a168]

How many medical staff (doctors, clinical officers, nurses, trained counsellors) provide HIV care and treatment at this facility?

Number

Don't know   99

Q510
[a174]

Do all patients receive HIV care and treatment services (including refills) in private rooms?

Yes   1
No   2

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO

Q511
[a114]

What specific services, if any, are provided to patients in the pre-ART phase?

	Yes	No
Diagnosis and treatment of OIs	1	2
Cotrimoxazole prophylaxis	1	2
Fluconazole prophylaxis	1	2
Isoniazid preventive therapy	1	2
Nutrition supplements and food packages	1	2
CD4 testing / clinical staging	1	2
Condom provision & counselling	1	2
Other (specify)	1	2
None provided	1	2

Q512
[a115]

Where are patient data on pre-ART recorded?

	Yes	No
Computer	1	2
Registers/Logbooks	1	2
Facility-held patient cards	1	2
Patient-retained cards	1	2
Other (specify)	1	2
NA - Data not recorded	1	2

Q513
[a116a]

How frequently are CD4 tests conducted on patients while in pre-ART care?

Wheneverpatient comes	1
Only when patient is sick	2
Every 3 months	3
Every 6 months	4
Yearly	5
Other (specify)	8

Q514
[a130]

What is the maximum time period recommended at this facility for pre-ART check-ups if patients are not yet eligible to start treatment?

Once a month	1
Once every 2 months	2
Once every 3 months	3
Once every 6 months	4
Yearly	5
When they feel unwell	6
Other (specify)	8

Q515
[a166]

Which laboratory tests are required before a patient can initiate ART at this facility?

	Yes	No	
Liver function test	1	2	
Renal function test	1	2	
Hb/full blood count	1	2	
CD4 counts	1	2	
Other (specify)	1	2	
NA - no ART initiation here		9	- Q525

Q516
[a142]

What is the decision to initiate ART based on?

Clinical staging only	1	- Q520
Either clinical staging or CD4 count	2	
Clinical staging AND CD4 count	3	
CD4 count only	4	
Other (specify)	8	

Q517
[a134]

Is the CD4 count done at this facility or is it done elsewhere?

At this facility	1
Elsewhere - patient send	2
Elsewhere - sample send	3

Q518
[a133]

At what level (CD4 and/or clinical stage) are non-pregnant patients initiated on ART?

Clinical stage 4	1
Clinical stage 3 or 4	2
CD4 count <=250	3
CD4 count <=350	4
CD4 count <=500	5
Other (specify)	8
NA, no ART initiation here	9

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q519 [a135]	*How many days does it take on average for the CD4 count results to come back to the clinic from the laboratory?*	Number of days Same day	0	
Q520 [a137]	*Which types of health workers initiate patients on ART at this facility?*	Doctors Clinical officers Registered/enrolled nurses Other (specify)	1 2 3 8	
Q521 [a116]	*How many adherence counselling sessions must patients attend before initiating ART?*	At least one session At least two sessions At least three sessions None, participation is voluntary Other (specify)	1 2 3 4 8	
Q522 [a117]	*Is adherence counselling usually conducted individually or in group sessions?*	Individual counselling Group counselling Both individual and group	1 2 3	
Q523 [a119]	*How many separate adherence counselling sessions (or other visits) to the clinic are required between ART eligibility and receiving ART drugs?*	Number		
Q524 [a120a]	*Is there a minimum period within which patients should be initiated on ART after being found eligible?*	N/A No minimum Same day Within 1 week Within 2 weeks Within 1 month Other (specify)	1 2 3 4 5 8	
Q525 [a142]	*How many visits were made to your facility by clients for pre-ART or ART in the past 3 months?* **Enter 999 if data not available.**	Pre-ART monitoring and assesment visits in adults Pre-ART in children (<15) ART initiation and follow ups in adults ART initiation and follow ups in children (<15) TOTAL		
Q526 [a143]	*How many patients are currently receiving care but not yet eligible for ART at this facility?* **Enter 999 if data not available.** **Make sure that numbers add up to the TOTAL**	Men Women Children (<15) TOTAL		
Q527 [a144]	*How many patients initiated care, are eligibile for ART, but did not start ART in the past 3 months at this facility?* **Enter 999 if data not available.**	Men Women Children (<15) TOTAL		
Q528 [-]	*Do you currently provide ARVs to patients who have been initiated here or elsewhere?*	Yes No Initiated at facility 1 2 Initiated elsewhere 1 2 NA - no ARVs provided 9		- Q567
Q529 [a145]	*How many patients are currently receiving ART (1st or 2nd line) at this facility?* **Enter 999 if data not available.**	Men Women Children (<15) TOTAL		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q530 [-]	*How many eligible patients currently on ART did you supply with ARVs in the past 3 months?* **Enter 999 if data not available.**	Men Women Children (<15) TOTAL	
Q531 [a146]	*How many patients initiated 1st line ART in the past 3 months at this facility?* **Enter 999 if data not available.**	Men Women Children (<15) TOTAL	
Q532 [a147]	*How many patients initiated ART in the past 3 months with CD4 counts in the following ranges?* **Enter 999 if data not available.**	Adults Children <50 50-199 200-349 350-499 500+ Unknown CD4 count	
Q533 [a148]	*How many patients have transferred in to your facility in the past 3 months?* **Enter 999 if data not available.**	Adults Children (<15) TOTAL	
Q534 [a149]	*How many patients were documented to have transferred out during the past 3 months?* **Enter 999 if data not available.**	Adults Children (<15) TOTAL	
Q535 [a150]	*How many patients were recorded as "no shows" in the past 3 months?* **Enter 999 if data not available.**	Adults Children (<15) TOTAL	
Q536 [a151]	*How many patients are known to have discontinued treatment in total over the past 3 months?* **Enter 999 if data not available.**	Adults Children (<15) TOTAL	- if '999' Q538
Q537 [a151]	*How many of these died in the past 3 months?* **Enter 999 if data not available.**	Adults Children (<15) TOTAL	
Q538 [-]	*What proportion of patients who initiated about 12 months ago (and are still alive) is still on treatment?* **Enter '999' if not known.**	Adults % Children (<15) % TOTAL %	
Q539 [-]	*What proportion of patients who initiated about 12 months ago (and are still alive) are lost to follow up?* **Enter '999' if not known.**	Adults % Children (<15) % TOTAL %	
Q540 [-]	**Check that corresponding percentages in Q535 & Q536 sum up to 100%.**		
Q541 [a152]	*After how many months will a "no show" patient be categorised as "lost to follow up"?*	**Number**	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q542 [a153]	*What do you do to trace patients who default? (i.e. no shows, before being "lost to follow up")*		Yes	No	
		Phone call once	1	2	
		Phone call more than once	1	2	
		Text message	1	2	
		Visit them at home	1	2	
		Nothing	1	2	
		Other (specify)	1	2	
Q543 [a154]	*What do you do to trace patients who are "lost to follow up"?*		Yes	No	
		Phone call once	1	2	
		Phone call more than once	1	2	
		Text message	1	2	
		Visit them at home	1	2	
		Nothing	1	2	
		Other (specify)	1	2	
Q544 [-]	*How many follow-up visits were made from this facility in the past 3 months to clients who missed appointments for ARV supplies?*	**Number of follow-up visits**			
Q545 [-]	*How many patients were lost to follow-up in the past 3 months for the following reasons?*	**Passed away**			
		Left the area			
		Unknown			
		Other (specify)			
Q546 [a155]	*Does the facility routinely monitor adherence (pill-taking) among all patients on ART, and if so, how?*	**Patient pill boxes checked & counted**	1		
		Patients asked about pill-taking	2		
		Adherence not monitored	3		
		Other (specify)	8		
Q547 [a156]	*What action does the facility take for patients who present with low drug adherence at routine follow-up visits?*		Yes	No	
		Stop ART	1	2	
		Provide pill boxes	1	2	
		Insist on participation in support groups	1	2	
		Provide psycho-social counselling	1	2	
		Conduct home visits	1	2	
		Refer patient to home-based care programme	1	2	
		Conduct directly-observed therapy	1	2	
		Provide adherence counselling	1	2	
		Reduce the refil period / no. pills given	1	2	
		Other (specify)	1	2	
		Nothing	1	2	
Q548 [a157]	*How many monthly cylces of ARVs were prescribed in the most recently completed calendar month?* **Enter 999 if data not available.**	**Adults**			
		Children (<15)			
Q549 [a125]	*What is the standard recommended 1st line ART offered at this facility for non-pregnant adults?* __What should be offered providing it is in stock__	**AZT + d4T + EFV**	1		
		AZT + 3TC + NVP	2		
		AZT + 3TC + EFV	3		
		d4T + 3TC + NVP	4		
		d4T + 3TC + EFV	5		
		TDF + FTC + EFV	6		
		TDF + FTC + NVP	7		
		TDF + 3TC + EFV	8		
		TDF + 3TC + NVP	9		
		Other (specify)	18		
Q550 [a126]	*How many different regime combinations of 1st line ART drugs do you offer?*	**Number**			
Q551 [a160]	*How many times did you have stock-outs of 1st line ART drugs over the past year, such that you could not provide treatment for patients on ART?*	**Once**	1		
		A few times	2		
		More than 10 times	3		
		Never	4		Q553

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q552 [a161]	*What was the longest period of time that you had stock-outs of 1st line ART drugs over the past year?*	Unit & number	Days 1 Weeks 2 Months 3	
Q553 [a127]	*What is the standard recommended 2nd line ART offered at this facility for non-pregnant adults?*	ABC + ddI + LPV/r ABC + TDF + LPV/r ABC + TDF + ATV/r ABC + ddI + ATV/r AZT + 3TC + LPV/r TDF + 3TC + LPV/r Other (specify) NA - no 2nd line available	1 2 3 4 5 6 8 9	
Q554 [a128]	*How many different regime combinations of 2nd line ART drugs do you offer?*	Number		
Q555 [-]	*How many ART patients from this facility had to be put on 2nd line therapy in the past 3 months?*	Number		
Q556 [a164]	*How are ART drugs re-supplied to this clinic?*	Regularly by government supplier On request from government supplier Regularly by any other drug supplier On request from any other drug supplier Other (specify)	1 2 3 4 5	
Q557 [a140]	*How are patient data on ART recorded?*		Yes	No	
		Computer	1	2	
		Registers/Logbooks	1	2	
		Facility-held patient cards	1	2	
		Patient-retained cards	1	2	
		Other (specify)	1	2	
		NA - Data not recorded	1	2	- Q559
Q558 [a141]	*Which variables are collected?*		Yes	No	
		Sex	1	2	
		Age/date of birth	1	2	
		Residence	1	2	
		Name	1	2	
		Other (sepcify)	1	2	
Q559 [a136]	*How frequently are CD4 tests conducted on patients once stabilised on ART?*	Only when patient is sick Every 3 months Every 6 months Yearly Other (specify) NA - no CD4 test conducted once stable	1 2 3 4 8 9	
Q560 [a131]	*What is the maximum time period recommended at this facility for patients to return for refills once they stabilize on ART?*	Once a month Once every 2 months Once every 3 months Other (specify) NA - no refill service	1 2 3 8 9	
Q561 [a173]	*How long on average do patients wait to receive a routine refill?*	Minutes		
Q562 [a138]	*Can ART drugs be collected by designated persons other than the patient?*	Yes No	1 2	
Q563 [a139]	*Can ART drugs be collected from other places outside of the ART clinic, such as dispensaries or chemists?*	Yes (specify) No	1 2	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q564 [a120]	*Are the following services for patients on ART provided:* **Please read through list and enter code for each service.** **Codes:** **1) within your facility** **2) in the community** **3) at another facility in same town** **4) in another town in same district** **5) in another district** **6) not available at all**	Code TB diagnosis TB treatment TB refill services Food packages / nutritional support Support groups for PLWH Treatment for fungal disease Treatment for HIV-related malignancies (e.g. Kaposi's sarcoma, lymphoma) Treatment for protozoal diseases (e.g. toxoplasmosis) In-patient hospital care for sick patients Home-based care Condom provision Family planning (other methods) Malaria treatment STI treatment Cervical cancer screening	
Q565 [a121]	*How are referrals to these services documented?*	Yes No Register/logbook (facility only) 1 2 Referral letter with patient 1 2 2 or 3 part referral form 1 2 Patient notes/files (held by facility) 1 2 Patient notes/files (held by patient) 1 2 Other (specify) 1 2 NA - Not documented 1 2	
Q566 [a122]	*Do you check whether patients who are referred arrive at the referral site (internal/external)?*	Yes (internal only) 1 Yes (internal and external) 2 No 3 Other (specify) 8	
Q567 [-]	*What procedures do you use in diagnosing and treating STIs?*	Microscopy & syndromic 1 Syndromic management only 2 Other (specify) 8 NA - STI service not available 9	- **Q570**
Q568 [-]	*How many patients have you treated for the following STIs in the past 3 months?*	Males Females HSV-2 suppressive therapy - acyclovir Genital ulcers - other forms of treatment Genital discharge	
Q569 [-]	*What follow-up services do you provide for STI patients?*	Yes No Counselling 1 2 Condoms 1 2 Contact tracing 1 2 Other (specify) 1 2	
Q570 [-]	*Which of the following TB services are offered at this facility?* **Read through list.**	Yes No TB diagnosis through sputum smear microscopy 1 2 TB through culture 1 2 TB diagnosis through X-ray 1 2 Diagnosis of MDR TB via culture or rapid test 1 2 Directly observed therapy - in-house 1 2 Directly observed therapy - outreach 1 2 NA - no TB services offered 9	- **Q575**
Q571 [-]	*Do you operate a clinic for treatment of HIV-related opportunistic infections?*	Yes - by approved nurses 1 Yes - other 2 No 3	
Q572 [a118]	*In which circumstances is TB screening conducted prior to ART initiation?*	Clinical symptoms of TB 1 After contact with TB-infected individuals 2 For all patients initiating ART 3 Other (specify) 8	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q573 [a119a]	*When can patients who present with TB initiate ART?*	**Initiate TB medication and ART treatment on same day** **Initiate ART within two weeks of starting TB treatment** **Initiate ART two weeks after starting TB treatment** **Initiate ART once stable on TB treatment** **Initiate ART within 8 weeks of starting TB treatment** **Other (specify)**	1 2 3 4 5 8	
Q574 [a124]	*Are patients on ART screened for TB at every visit?*	**Yes** **No** **Other (specify)**	1 2 8	
Q575 [a129]	*Which prophylactic treatments are offered in this facility for OI for patients on ART?*	**Co-trimoxazole prophylaxis** **Fluconazole prophylaxis** **Isoniazid preventive therapy** **Other (specify)** **NA - no OI treatment services offered**	1 2 3 8 9	- Q578
Q576 [a162]	*How many times did you have stock-outs of any prophylactic OI drugs (CTX, fluconazole, isoniazid) over the past year, such that you could not provide any prophylactic medication?* <u>Even after borrowing from other clinics</u>	**Once** **A few times** **More than 10 times** **Never**	1 2 3 4	- Q578
Q577 [a163]	*What is the longest period of time that you had stock-outs of OI drugs over the past year?* <u>Even after borrowing from other clinics</u>	**Number** Days 1 Weeks 2 Months 3		
Q578 [-]	*What is the main type of needles and syringes used for general health services?*	**Disposable** **Re-usable** **Auto-destruct** **Other (specify)**	1 2 3 8	
Q579 [-]	*Is an environmental disinfectant (i.e. bleach Lysol) available in this facility?*	**Yes - available today** **Yes - not available today** **Not routinely available**	1 2 3	
Q580 [-]	*Is hand-washing soap or cleansing solution available at this facility?*	**Yes - available today** **Yes - not available today** **Not routinely available**	1 2 3	
Q581 [-]	*Is post-exposure prophylaxis (PEP) using anti-retroviral drugs available here for HIV prevention?*	**Yes - available today** **Yes - not available today** **Not routinely available**	1 2 3	
Q582 [-]	*How many times has PEP been used at this facility in the past 3 months?*	**Number or times**		

Q583 [a165] *Which of the following laboratory tests do you perform on site at this facility?*

	Yes	No
Liver function test	1	2
Renal function test	1	2
Hb/full blood count	1	2
Bacterial culture	1	2
Fungal agglutination assay	1	2
Lumbar puncture	1	2

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO

Q584
[-]

Is the facility able to provide the following services at present?

Reason codes:
1. Equipment not working
2. Test kits / re-agents out of stock
3. Qualified staff not available
4. No equipment

	Yes	No	Reason (if no)
Rapid test for HIV	1	2	
ELISA reader scanner with test items	1	2	
Western blot for HIV	1	2	
CD4 count machine	1	2	
PCR for viral load	1	2	
Microscope	1	2	
Slides with cover	1	2	
GIEMSA stain	1	2	
Field stain	1	2	
Rapid test for malaria	1	2	
TB sputum test	1	2	
Culture test for M. tuberculosis	1	2	
TB drug susceptibility testing	1	2	
VDRL test for syphilis	1	2	
RPR test for syphilis	1	2	
X-rays	1	2	

Q585
[-]

Are the following tests available at this facility?

Codes:
1. Available today, test results today
2. Available today, test results not today
3. Available off-site, results within 7 days
4. Not available

	Code
HIV test	
Hepatitis B	
Malaria blood slide	
TB sputum	
Syphilis	
CD4	
Chemistry analysis	

Q586
[a158+ a159]

Does the facility have the following drugs and supplies in stock today?

If not available, ask if available in last 3 months.
Tick if "yes".

	Yes	No	3m?
Ciproflaxin	1	2	
Co-trimoxazole suspension for paediatrics	1	2	
Co-trimoxazole capsules or tablets for adults	1	2	
Isoniazid preventive therapy	1	2	
Amoxicillin capsules or tablets	1	2	
Ceftriaxone injections	1	2	
Fluconazole capsules or tablets	1	2	
Diclofenac or ibuprofen capsules of tablets	1	2	
Paracetemol suspension (paediatric pain relief)	1	2	
Albendazole	1	2	
Mebendazole	1	2	
Metronidazole	1	2	
Vitamin A capsules	1	2	
Combined oral contraceptive pills	1	2	
Injectable contraceptives	1	2	
Male condoms	1	2	
Female condoms	1	2	
Malaria treatment (country regimen)	1	2	
TB treatment (country regimen)	1	2	
Zidovudine	1	2	
Stavudine	1	2	
Niverapine	1	2	
Tenofovir	1	2	
Lamivudine	1	2	
Efavirenz	1	2	
ART treatment (second line)	1	2	

Q587
[a175]

How often are quality of care reviews/audits of HIV treatment services conducted at this facility?

Once a month	1
Once a quarter (every 3 months)	2
Twice a year	3
Once a years	4
Once every 2 years	5
Other (specify)	8
Never	9

Q588
[a176]

Please tell me what you consider to be the top three challenges to delivering HIV treatment services to the population here?
1
2
3

Q589
[a177]

In your opinion, how has the presence of the research project in this area influenced the delivery of HIV treatment services? (ask for specific examples)

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO

Q601 — *What services do you provide for PLHIV?*

Record numbers (#) assisted in past month if available.

	Yes	#	No
Psychosocial support - PLHIV	1		2
Psychosocial support - carers	1		2
Food / nutritional supplements	1		2
Home-based care	1		2
Hospital in-patient beds	1		2
Hospice accommodation	1		2
Palliative care - in-patient	1		2
Palliative care - out-patient	1		2
NA - no such services provided			9

SKIP TO: - **Q603**

Q602 — *Which wards in Makoni and Mutasa do you cover with your PLHIV support services?*

Tick here & attach extra sheet if more wards.

List the ward numbers for each district

	Makoni	Mutasa
Makoni		
Mutasa		

Q603 — *Which of the following services do you provide for orphans & vulnerable children?*

Read through list.

Record numbers (#) assisted in past month if available.

	Yes	#	No
Cash transfers - with conditions	1		2
Cash transfers - no conditions	1		2
Help with accessing cash transfers	1		2
Help with birth registration	1		2
Help with accessing other services	1		2
Early child education & care	1		2
Support for carers of children with disabilities	1		2
Parenting skills training	1		2
Alcohol & substance abuse counselling	1		2
Counselling for OVC	1		2
Enforcement of child protection policies	1		2
Legal support (incl. inheritance rights)	1		2
Help with inheritance planning	1		2
Respite services (for carers)	1		2
Day care services	1		2
Social work case management	1		2
Psychosocial support - OVC	1		2
Psychosocial support - carers	1		2
Free healthcare services	1		2
Food / nutritional supplements	1		2
Help with school costs (specify form)	1		2
Residential care	1		2
Kinship & foster care	1		2
Adoption services	1		2
Temporary shelters	1		2
Family re-integration	1		2
Other (specify)	1		2
NA - no such services provided			

SKIP TO: - **Q801**

Q604 — *Which of the following are necessary and/or sufficient criteria for support from your facility?*

Check responses are internally consistent. (e.g. if one criteria is sufficient, another cannot be necessary).

If "poverty - low income" is mentioned, record cut-off level used here in US$s.

_____ US$

	Both	Nes'y	Suff't	NA
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

Q605 — *Which wards in Makoni and Mutasa do you cover with your OVC support services?*

Tick here & attach extra sheet if more wards.

List the ward numbers for each district

	Makoni	Mutasa
Makoni		
Mutasa		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q701	*Which wards in Makoni and Mutasa fall within your school's catchment area?* **Tick here & attach extra sheet if more wards.**	<u>List the ward numbers</u> <u>for each district</u> Makoni Mutasa **Makoni** _____ **Mutasa** _____	
Q702	*Does your school have a written AIDS policy or guidelines?* **If yes, ask if posted on school noticeboards.**	Yes - on noticeboards 1 Yes - not on noticeboards 2 No 3	- **Q704**
Q703	*Which of the following does the AIDS policy make provision for?*	<u>Yes</u> <u>No</u> **AIDS-related bullying** 1 2 **Children struggling to pay fees** 1 2 **Children struggling to complete homework** 1 2 **Children who miss school** 1 2 **Children who miss exams** 1 2	
Q704	*How many cases of bullying (pupil vs. pupil) were reported in the last year?* <u>Record action taken.</u> <u>Repeat question for incidents of abuse</u> sexual, physical or verbal) by teachers.	Pupils Teachers **Code of conduct for children & staff** **Fired / expelled or suspended** **Other punishment (detention / training)** **Case dismissed after investigation** **No action taken**	
Q705	*How much are the regular school fees for a year?* <u>i.e. NOT including exam fees, uniforms, extras.</u>	US$	
Q706	*How many pupils failed to pay their full fees on time last year?*	**Number**	- **Q708** if '0'
Q707	*How many of these pupils were sent home for non-payment of fees?*	**Number**	
Q708	*How many pupils currently are receiving support for school fees?*	**BEAM** **School waiver / scholarships** **Other sources**	
Q709	*Which of the following services does your school provide?*	<u>Yes</u> <u>No</u> **After-school AIDS club** 1 2 **After-school clubs other (non-sports)** 1 2 **Teacher/parent meetings** 1 2 **Field trips** 1 2 **Counselling** 1 2 **Student committee** 1 2 **School health master** 1 2	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO

Q710 — *Which of the following subjects are taught in the classroom and outside?*
<u>Codes:</u>
1. Both
2. Classroom only
3. Outside classroom only
4. Neither

Subject	Codes
Communication skills	
Income generation	
Sexual & reproductive health	
HIV prevention methods	
Condom use	
HIV stigma awareness	
AIDS treatment & care	

Q711 — *Which of the following groups does the school collaborate with on ...?*
<u>Codes:</u>
1. Yes
2. No

	NGOs	CBOs	Private	Church	MOHCW
Supporting teachers					
Providing scholarships					
Psychosocial support					
HIV awareness for pupils					
HIV progs for the community					

Q712 — *Which of the following methods are used in teaching?*

	Yes	No
Problem-based learning	1	2
Group work	1	2
Peer education	1	2
Participatory teaching (other)	1	2
Role plays	1	2

Q713 — *Have the students initiated any new HIV or health activities in the last year?*
<u>If yes, note nature of the activity.</u>

Yes	1
No	2

REF.	QUESTIONS & FILTERS	CODING CATEGORIES					SKIP TO

Q801

a) How many staff do you have in each of the following areas (full & part time)?
b) How many are physically present at the facility today?
c) How many started working over the past year?
d) How many were working here last year but are no longer working here?

Do not include the same person in multiple categories.
Do not include drivers and general hands.

Write '999' if don't know.

	Full time	Part time	Present today	Started	Stopped
Medical doctor					
Clinical officer					
RGN					
Certified nurse					
Primary care nurse					
Nurse aid / assistant					
Certified midwife					
Lab technician					
Lab assistant					
Pharmacist					
Pharmacy assistant					
HMIS, IT staff & computer specialists					
Nutritionist					
Primary care counsellor					
Social worker					
EHT					
Community health outreach worker					
Community based distributor (FP)					
Health information officer					
HIV/AIDS programme officers					
School teacher					
Other (specify)					

Q802

How many current staff have received pre- or in-service training in the last 2 years on ...?

For each topic, ask if guidelines are available at the facility and write year of document (YYYY) if seen or '9999' if not seen.

Enter '999' if don't know staff number.

	Staff	Guideline	Year
Family planning for HIV+ women		1	
STI syndromic management		1	
TB diagnosis & treatment		1	
Management of MDR-TB		1	
Treatment of OIs		1	
Post-exposure prophylaxis		1	
HIV counselling only		1	
HIV testing (including rapid testing)		1	
PMTCT		1	
Infection control		1	
Drug & supplies management		1	
Health management information		1	
Behaviour change programmes		1	
Male circumcision		1	
PLHIV programmes		1	
Home-based care		1	
Palliative care		1	
OVC support services		1	
Caregiver support services		1	
Teaching HIV awareness / life-skills		1	
HIV care and treatment		1	
Other (specify)		1	

Q803

Does this facility have a staff person responsible for in-service training?

Yes	1
No	2

Q804

How often does this facility undergo a quality of care review or audit?

Occasionally	1
Every month	2
Every year	3
Other (specify)	8
Never	4

Q805

Record time interview completed.

HH:MM

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
	Notes		