



# Northern Uganda Malaria HIV/AIDS & TB Program

## ART Sites Facility Assessment

November 2011

### QUESTIONNAIRE

Hello. My name is \_\_\_\_\_, and I have been recruited by NUMAT as an interviewer. We are conducting an assessment about quality of services at ART sites and we shall appreciate if you can respond to some questions on this regard in your position of health facility in-charge.

May I proceed with this interview?

**No** → **STOP.**

**Yes** → Continue with interview

General information	DATE OF INTERVIEW ____/____/ 2011
INTERVIEWER NAME: _____  RESPONDENT NAME: <i>(in capital letters)</i> _____  DESIGNATION: _____  FACILITY: _____  SUB-COUNTY: _____  DISTRICT : _____	

### ADMINISTRATIVE CHARACTERISTICS

<b>A1</b>	For how many <u>years</u> have you been the In-charge in this facility? <i>(indicate in the box the number of completed years; if less than one year, indicate 00)</i>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
<b>A2</b>	Have you received additional training on HIV-related topics in the last 2 years?	Clinical mgt of adults..... 1 Clinical mgt of children..... 2 Mgt of opportunistic infections..... 3 Logistics & supply..... 4 Record keeping..... 5 Other ( <i>specify</i> ) _____ 99			
<b>A3</b>	Are you involved in the routine management of the HIV Clinic?	YES..... 1 NO .....( <b>skip to A5</b> ) 2 Not Applicable .....( <b>skip to A5</b> ) 8			
<b>A4</b>	If YES, how often have you participated in the running of the HIV clinic in the last one month?	Never participated last month..... 1 Once..... 2 More than once but not all clinic days 3 All clinic days..... 4 Other ( <i>specify</i> ) _____ 99			
<b>A5</b>	In the last three months have you been interacting with the district HIV Focal Person?	YES..... 1 NO .....( <b>skip to A7</b> ) 2 DON'T KNOW .....( <b>skip to A7</b> ) 8			
<b>A6</b>	Which types of interaction have you had with him/her?  <i>(circle all options that apply)</i>	Consulted for technical assistance 1 Received support supervision 2 Interacted during training session 3 Received policy documents 4 Matter of urgency (e.g. drug stockout) 5 Other ( <i>specify</i> ) _____ 99			
<b>A7</b>	Is there a Health Unit Management Committee for this facility?	YES..... 1 NO .....( <b>skip to HS1</b> ) 2 DON'T KNOW .....( <b>skip to HS1</b> ) 8			
<b>A8</b>	If YES, how many times has it met in the last six months?  <i>(indicate in the box the number of meetings documented by compiled minutes)</i>	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
<b>A9</b>	Is there any financial contribution (cost-sharing) for HIV-related services that clients are supposed to pay?  <i>(read all services listed and circle those that the respondent says are being paid for)</i>	NO..... 1 HIV testing 2 ARV drugs 3 Cotrimoxazole and other OI treatment 4 CD4 testing 5 TB lab screening 6 Other lab tests ( <i>specify</i> ) _____ 7 Client's card (booklet) 8 Consultation fee 9 DON'T KNOW ..... 88 Other service ( <i>specify</i> ) _____ 99			

### HIV-RELATED SERVICES

HS0	Are the following HIV-specific services available at this health facility? <i>(list them one by one)</i>		
HS1	HIV Counseling and Testing (HCT)	YES.....	1
		NO .....	2
HS2	Prevention of Mother-to-Child Transmission (PMTCT)	YES.....	1
		NO .....	2
HS3	CD4 test for screening for ART eligibility	YES.....	1
		NO .....	2
HS4	CD4 test for follow-up for ART effectiveness	YES.....	1
		NO .....	2
HS5	Laboratory monitoring of drug adverse effects	YES.....	1
		NO .....	2
HS6	Second line ART regimens	YES.....	1
		NO .....	2
HS7	Adherence support	YES.....	1
		NO .....	2
HS8	Tracing ART defaulters and drop-outs	YES.....	1
		NO .....	2
HS9	Cotrimoxazole prophylaxis	YES.....	1
		NO .....	2
HS10	Prevention, diagnosis & treatment of opportunistic infections	YES.....	1
		NO .....	2
HS11	TB screening and treatment	YES.....	1
		NO .....	2
HS12	Family planning	YES.....	1
		NO .....	2
HS13	Condom education & provision	YES.....	1
		NO .....	2
HS14	Cervical screening	YES.....	1
		NO .....	2
HS15	Home based care including distribution of basic care package kit	YES.....	1
		NO .....	2
HS16	Care and psychological support for family members and relatives	YES.....	1
		NO .....	2
HS17	Pain and symptom relief, terminal care services	YES.....	1
		NO .....	2
HS18	<i>(Add any relevant comment in relation to the questions above)</i>		

**LABORATORY SERVICES**

<b>LS1</b>	How many Laboratory staff are currently working at this facility and in which positions?  <i>(write the number of Lab staff working at the facility)</i>	Lab Technologists	.....
		Lab Technicians	.....
		Lab Assistants	.....
		Microscopists / Lab Attendants	.....
		Other (specify) _____	.....
<b>LS2</b>	Was any refurbishment/rehabilitation of the laboratory infrastructure done in the last 5 years?	YES.....	1
		NO .....(skip to LS5)	2
		DON'T KNOW .....(skip to LS5)	8
<b>LS3</b>	If YES, which type of rehabilitation?  <i>(circle all options that apply)</i>	Construction of new Lab	1
		Expansion of existing Lab	2
		Major repair of existing Lab	3
		Minor repair of existing Lab	4
		Other (specify) _____	99
<b>LS4</b>	Which of the following lab tests are carried out at this facility?  <i>(read all lab tests and circle those that the respondent says are being done)</i>	Malaria smear test	1
		TB smear test	2
		Stool examination	3
		HIV screening test	4
		Hemoglobin	5
		White blood cells count	6
		Dried Blood Spot test	7
		Syphilis test (VDRL/RPR)	8
		Liver function tests	9
		Renal function tests	10
Other (specify) _____	99		
<b>LS5</b>	How many of the following tests were performed in the last one month?	HIV screening test	_____
		TB smear test	_____
		Syphilis test (VDRL/RPR)	_____
		CD4 test	_____

### LABORATORY SERVICES

LS6	How are clients selected for receiving a CD4 test?  <i>(circle all options that apply)</i>	First come first serve	1
		Priority to certain groups	2
		Selection by the clinician	3
		Selection by any other health worker	4
		Selection by volunteer	5
		Other ( <i>specify</i> ) _____	99
LS7	How are clients selected for receiving a follow-up CD4 test?  <i>(circle all options that apply)</i>	First come first serve	1
		Priority to certain groups	2
		Selection by the clinician	3
		Selection by any other health worker	4
		Selection by volunteer	5
		Other ( <i>specify</i> ) _____	99
LS8	How are the CD4 test results recorded?  <i>(verify the answer for some recent tests, then circle all options that apply)</i>	Result slips put into the Patient File	1
		Results entered into the ART Register	2
		Results entered into the CD4 Register	3
		Result slips given to the patient	4
		Result slips kept into box file	5
		Other ( <i>specify</i> ) _____	99
LS9	Which challenges are you facing in as far as CD4 test provision is concerned?  <i>(circle all options that apply)</i>	No challenge	1
		Few tests available	2
		Long turn-around time for results	3
		Difficult mobilization of clients	4
		Low involvement of facility staff	5
		Inappropriate arrival time of bleeders	6
		Results not presented legibly	7
		Inadequate filing of result	8
		Other ( <i>specify</i> ) _____	99
		LS10	Which recommendation would you give to improve CD4 test provision?  <i>(circle all options that apply)</i>
Increase number of tests available	2		
Provide point-of-care CD4 machines	3		
Reduce on turn-around time	4		
Improve arrival time of bleeders	5		
Improve way of displaying results	6		
Improve filing system	7		
Other ( <i>specify</i> ) _____	99		

**CARE & ARV TREATMENT SERVICES**

<b>CT1</b>	When did the facility start with HIV Care & Treatment services? <i>(indicate month and year)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>CT2</b>	On a typical clinic day, how many health workers run the clinic and from which cadre?  <i>(write the number of staff active in the HIV clinic)</i>	Clinical Officers Nurses Midwives Nursing Assistants Volunteers Other (specify) _____	..... ..... ..... ..... ..... .....
<b>CT3</b>	How many of these staff were trained in HIV clinical management?  <i>(write the number of staff trained)</i>	Clinical Officers Nurses Midwives Nursing Assistants Volunteers Other (specify) _____	..... ..... ..... ..... ..... .....
<b>CT4</b>	How many ART Clinic days you have in a week?	<input type="text"/>	
<b>CT5</b>	How many patients are currently receiving chronic care?	Total Male Female Adults Children	..... ..... ..... ..... .....
<b>CT6</b>	How many patients were screened for TB during their last visit?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>CT7</b>	How many patients were offered TB sputum testing during their last visit?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>CT8</b>	How many patients were given cotrimoxazole during their last visit?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>CT9</b>	How many patients are currently receiving ARV treatment?	Total Male Female Adults Children	..... ..... ..... ..... .....
<b>CT10a</b>	Are you able to determine rates for different clients' outcomes?	YES..... <i>(go to CT10b)</i> NO ..... <i>(go to CT10c)</i>	1 2
<b>CT10b</b>	If Yes, what are the annual rates of retention, death, loss to follow-up and transfer out for the ART clients in this facility?	Retention Death Loss to follow-up Transfer-out	.....% .....% .....% .....%
<b>CT10c</b>	If No, what are the reasons?  <i>(circle all options that apply)</i>	Not trained on it Incomplete/confused records Task too complex Not an essential requirement Other (specify) _____	1 2 3 4 99

**CARE & ARV TREATMENT SERVICES**

<b>CT11</b>	How many TB patients were registered in the last quarter?	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>CT12</b>	How many TB patients that were registered in the last quarter were tested for HIV?	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>CT13</b>	How many TB patients are currently on ARV treatment?	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>CT14</b>	What interventions are in place to strengthen the link between ART and PMTCT/EID at this facility?  <i>(circle all options that apply)</i>	None Shared planning Shared human resource Shared space EID point in ART clinic Use of PMTCT/EID referral forms Other (specify) _____	1 2 3 4 5 6 99
<b>CT15</b>	What is the composition by cadre of the TST members?  <i>(write the number of members of the TST per individual cadre; if no staff of a particular cadre is available at the facility, write N.A.)</i>	Clinicians Counselors Midwives Laboratory staff Dispenser Community volunteers/NSAs Other (specify) _____	..... ..... ..... ..... ..... ..... .....
<b>CT16</b>	From your experience, how helpful have the TST meetings been to your clinic?  <i>(circle all options that apply)</i>	Provided update on clinic activities Forum for identifying problem Planning for clients follow-up Making follow up on agreed decisions Clear assignment of task No helpful contribution Other (specify) _____	1 2 3 4 5 6 99

**RECORD KEEPING & PHARMACY**

RK1	Are individual ART Patient Files well kept in the facility?	YES (physically verified).....	1		
		NO.....	2		
		YES (not physically verified).....	8		
RK2	Is the Pre-ART Register available and in use in the facility? <i>(check if new cases have been entered during last clinic day)</i>	YES (physically verified).....	1		
		NO.....	2		
		YES (not physically verified).....	8		
RK3	Is the ART Register available and in use in the facility? <i>(check if new cases have been entered during last clinic day)</i>	YES (physically verified).....	1		
		NO.....	2		
		YES (not physically verified).....	8		
RK4	Is the Quarterly Report booklet available and in use in the facility? <i>(check for carbonated copy of last Quarterly Report)</i>	YES (physically verified).....	1		
		NO.....	2		
		YES (not physically verified).....	8		
RK5	Is the Drug Dispensing Log available and in use in the facility? <i>(check if new issues of ARV drugs have been entered during last clinic day)</i>	YES (physically verified).....	1		
		NO.....	2		
		YES (not physically verified).....	8		
RK6	Is the End of Cycle (EOC) Report booklet available and in use in the facility? <i>(check for carbonated copy of last EOC Report)</i>	YES (physically verified).....	1		
		NO.....	2		
		YES (not physically verified).....	8		
RK7	How many health workers in the facility have received specific training on ART data management and/or ART record keeping? <i>(circle only one option)</i>	None.....	1		
		1-2.....	2		
		3-4.....	3		
		More than 4.....	4		
		DON'T KNOW .....	8		
RK8	Are any of the record management functions handled using a computer? <i>(circle all options that apply)</i>	None.....	1		
		Filling registers.....	2		
		Compiling quarterly report.....	3		
		Ordering for drugs.....	4		
		DON'T KNOW .....	8		
		Other (specify) _____	99		
RK9	How many health workers in the facility have received specific training on ARV medicine logistics? <i>(indicate number)</i>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
DON'T KNOW .....	99				
RK10	How many health workers in the facility are participating in managing ARV logistics (dispensing drugs, compiling EOC Report, ensuring proper record keeping...)? <i>(indicate number)</i>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
DON'T KNOW .....	99				
RK11	Is the ARV Drug Dispensing Log available and in use in the facility? <i>(check if new records have been entered during last clinic day)</i>	YES (physically verified).....	1		
		NO.....	2		
		YES (not physically verified).....	8		
RK12	Is the facility regularly submitting the End-of-cycle Report every two months to order for drugs? <i>(check for carbonated copy of last EOC Report)</i>	YES (physically verified).....	1		
		NO.....	2		
		YES (not physically verified).....	8		



**RECORD KEEPING & PHARMACY**

<b>RK13</b>	Which challenges have you ever met in the submission of the End-of-cycle Report?  <i>(circle all options that apply)</i>	No challenge	1
		The EOC booklet is not available	2
		Do not understand the form	3
		Can not summarize records	4
		Person filling the EOC not available	5
		Were too busy to prepare in time	6
		Used the NMS reporting cycle	7
		Other ( <i>specify</i> ) _____	99
<b>RK14</b>	In the last twelve months, has the facility received ARVs from any sources other than MOH and NUMAT?  <i>(if yes, indicate the sources in brackets)</i>	NO.....	1
		YES (_____)	2
		YES (_____)	3
		YES (_____)	4
		DON'T KNOW .....	8
<b>RK15</b>	Did the facility experience any stock out of ARVs in the last 12 months?  <i>(circle only one option)</i>	NO.....	1
		For less than 7 days.....	2
		For 8 to 30 days.....	3
		For 31 to 90 days.....	4
		For more than 90 days.....	5
		DON'T KNOW .....	8
		Other ( <i>specify</i> ) _____	99
<b>RK16</b>	What is done for patients when there is an ARV stock out?  <i>(circle all options that apply)</i>	Ask clients to come back	1
		Suggest to buy them	2
		Refer to another ART facility	3
		Borrow ARV from other facilities	4
		Other ( <i>specify</i> ) _____	99
<b>RK17</b>	Did the facility experience any stock out of Cotrimoxazole in the last 12 months?  <i>(circle only one option)</i>	NO.....	1
		For less than a week.....	2
		For 1 to 4 weeks.....	3
		For 1 to 3 months.....	4
		For more than 3 months.....	5
		DON'T KNOW .....	8
		Other ( <i>specify</i> ) _____	99
<b>RK18</b>	Are expired ARV drugs being reported?	YES.....	1
		NO.....	2
		DON'T KNOW .....	3
<b>RK19</b>	How are expired ARV drugs kept at the facility?	Together with other ARVs.....	1
		Same store but separately from ARVs	2
		Different store	3
		DON'T KNOW .....	8
		Other ( <i>specify</i> ) _____	99
<b>RK20</b>	What is the most common way to forecast for new patients to be enrolled for the next cycle?  <i>(circle only one option)</i>	Estimation	1
		Use of new patient regimen tally sheet	2
		Clinical assessment	3
		CD4 eligibility	4
		Fixed increment	5
		DON'T KNOW .....	8
		Other ( <i>specify</i> ) _____	99

**COMMUNITY LINKAGES**

<b>CL1</b>	How are community linkages being ensured at this health facility?  <i>(circle all options that apply)</i>	Outreach by health workers	1
		Community follow up by volunteers	2
		Community follow up by fellow PHAs	3
		Other (specify) _____	99
<b>CL2</b>	How many PHA volunteers were present at the last HIV clinic day?	<input type="text"/> <input type="text"/>	
<b>CL3</b>	What are the PHA volunteers' areas of work?  <i>(circle all options that apply)</i>	Registering clients/keeping records	1
		Counting drugs	2
		Counseling	3
		Home visits	4
		Mobilization of fellow PHAs	5
		Referral for other services	6
Other (specify) _____	99		
<b>CL4</b>	What type of financial/material support do they receive?  <i>(circle all options that apply)</i>	None	1
		Lunch	2
		T-shirts and/or caps	3
		Transport allowance	4
		Bicycle	5
		Stationary	6
		Monthly allowance/salary	7
Other (specify) _____	99		
<b>CL5</b>	What is the scope of the support provided by volunteers to PHAs?  <i>(circle all options that apply)</i>	Psycho-social support	1
		Adherence counseling	2
		Follow up visits	3
		Reminder of clinic days	4
		Referral for other services	5
Other (specify) _____	99		
<b>CL6</b>	How many clients in total were followed up in the community in the last one month?  <i>(write the number of clients followed up)</i>	Male	.....
		Female	.....
		Children	.....
<b>CL7</b>	How many referrals were made in the last one month?	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>CL8</b>	What challenges do you meet in making referrals?  <i>(circle all options that apply)</i>	Limited awareness of services	1
		Inadequate feedback on referral	2
		Unsatisfactory service provided	3
		Inaccessibility of the service	4
		Other (specify) _____	99