

IeDEA 2017 Site Assessment Survey

The purpose of this survey is to learn about the clinical and support services provided to HIV patients who are enrolled in care at this health facility. This survey is being conducted at all health facilities participating in the International Epidemiology Databases to Evaluate AIDS (IeDEA) network.

This survey is intended to be completed by staff who have in-depth knowledge about the care and services provided to adult HIV patients in the HIV clinic or within the health facility or institution. Most questions refer to care and services provided within the HIV clinic. If your health facility does not have a dedicated clinic for HIV care and treatment, please answer for the facility overall, regardless of what unit(s) serves these patients. If your health facility has multiple HIV care and treatment clinics that serve different patient groups, please report on the services provided for adult HIV patients, unless otherwise indicated.

A few questions in this survey may require consultation with staff in specific units, such as laboratory, pharmacy, HIV counseling and testing units, etc.

There are no incorrect answers to this survey. The information you provide is important for understanding how health facility and service delivery characteristics relate to patient outcomes of interest.

Thank you for your time completing this survey. We are very grateful for your participation.

QUESTIONS	RESPONSE FIELDS
1. RESPONDENT INFORMATION	
1.1 Name of person completing this survey	
1.2. Email address of the person completing the survey	
1.3. Please enter the date this survey is being completed	__ __ / __ __ / <u>201</u> (DD / MM / YYYY)
1.4. What is your title?	<input type="checkbox"/> Head Clinician/Clinical Officer In-Charge <input type="checkbox"/> Other clinician <input type="checkbox"/> Site Manager <input type="checkbox"/> Site Data Manager <input type="checkbox"/> Head Nurse <input type="checkbox"/> Other (specify) _____
2. HEALTH FACILITY INFORMATION	
2.1. What is the location of this health facility?	<input type="checkbox"/> Urban <input type="checkbox"/> Mostly urban <input type="checkbox"/> Mostly rural <input type="checkbox"/> Rural <input type="checkbox"/> Unknown
2.2. What type of facility (i.e. level of care) is this site?	<input type="checkbox"/> Primary (health center) <input type="checkbox"/> District hospital <input type="checkbox"/> Regional, provincial or teaching hospital
2.3. Is this site a public or private facility?	<input type="checkbox"/> Public <input type="checkbox"/> Private
2.4. Is this health facility affiliated with an academic institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. PATIENT POPULATION	
3.1 What types of HIV patients are seen at this health facility's HIV Care and Treatment (C&T) clinic(s)? <i>Select one response only</i>	<input type="checkbox"/> Adults only {→ SKIP to 4.1} <input type="checkbox"/> Children/adolescents only {→ SKIP to 3.2} <input type="checkbox"/> Adults and children/adolescents
3.1a. At this health facility, are HIV patients of all ages (adults, children, adolescents) served within the same Care and Treatment (C&T) clinic or are specialized clinics held for different age groups?	<input type="checkbox"/> Yes (all patients seen within single clinic) {→ SKIP to 4.1} <input type="checkbox"/> No (dedicated clinics held for different patient groups)

QUESTIONS	RESPONSE FIELDS		
3.1b. How often are specialized or dedicated HIV Care and Treatment (C&T) clinics held for each of the following patient groups?	Available every day the health facility is open	Available on special/ dedicated days	Never available
a. Adult patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pediatric patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adolescent/young people (ages 10-24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2. By what age are pediatric or adolescent patients expected to transition to an adult clinic for care?	<input type="checkbox"/> _____(years)		
4. STAFFING & COMMUNITY LINKAGES			
4.1. How often are the following categories of staff available at this C&T clinic?	Available every day clinic is open	Available some days	Never available
a. Pediatrician (general)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Internist, family practitioner, generalist (physician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mid-level providers (clinical officers, nurses/nurse practitioners, midwives, physician assistants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adherence counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Peer educators/mentors/navigators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Outreach workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Nutritionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2. Does this C&T clinic routinely work with any of the following community-based organizations to raise awareness about HIV/AIDS, promote HIV testing, or trace patients? <i>Check all that apply OR select "None/Not applicable."</i>	<input type="checkbox"/> None/Not applicable <input type="checkbox"/> Community health committees or village health teams <input type="checkbox"/> Community health workers and/or volunteers <input type="checkbox"/> Voluntary and/or community-based organizations (CBOs) <input type="checkbox"/> People living with HIV/AIDS (PLWHA) associations or support groups <input type="checkbox"/> Community leaders/officials <input type="checkbox"/> Youth groups or peer educator groups <input type="checkbox"/> Other (specify)_____		
5. HIV TESTING			
5.1. How often are HIV counseling and testing services offered at this health facility?	<input type="checkbox"/> Services available every day clinic is open <input type="checkbox"/> Services available some days <input type="checkbox"/> Services never available {→ SKIP TO 5.2}		
5.1a. What types of HIV testing services are offered at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> Opt-out testing (provider-initiated) <input type="checkbox"/> Opt-in testing (client-initiated) <input type="checkbox"/> Partner/couples testing <input type="checkbox"/> "Family tree" testing (testing of family and other household members) <input type="checkbox"/> Rapid HIV tests/Same-day testing <input type="checkbox"/> HIV self-testing kits		
5.1b. What type of support services are routinely provided to clients who receive an HIV+ test result at this health facility? <i>Check all that apply OR select "None". Routinely provided means provided as the standard of care.</i>	<input type="checkbox"/> None <input type="checkbox"/> Psychosocial support from nurse or social worker <input type="checkbox"/> Psychosocial support from lay counselor, peer educator, mentor <input type="checkbox"/> Partner disclosure counseling and support <input type="checkbox"/> Referral to support groups <input type="checkbox"/> Referral to community-based volunteers/workers <input type="checkbox"/> Other (specify)_____		
5.2. Which of the following types of HIV testing services are regularly available in the catchment area of this health facility? <i>Check all that apply OR select "None". Regularly available means that these testing services are offered frequently or on a predictable schedule (weekly, monthly, etc.)</i>	<input type="checkbox"/> None <input type="checkbox"/> Home testing <input type="checkbox"/> Voluntary counseling and testing (VCT) at fixed community locations <input type="checkbox"/> Mobile VCT testing <input type="checkbox"/> Other (specify)_____		

QUESTIONS	RESPONSE FIELDS
6. ENTRY/ENROLLMENT INTO CARE	
<p>6.1. What are the most common entry points into HIV care for patients at this health facility?</p> <p style="text-align: right;"><i>Check all that apply.</i></p>	<input type="checkbox"/> Voluntary counseling and testing (VCT) unit <input type="checkbox"/> Antenatal care (ANC) unit or prevention of mother to child transmission (PMTCT) <input type="checkbox"/> Labor and delivery unit <input type="checkbox"/> Sexually transmitted infection (STI) treatment unit <input type="checkbox"/> Tuberculosis (TB) unit <input type="checkbox"/> Outpatient department <input type="checkbox"/> Referrals from other health facilities/sites <input type="checkbox"/> Other (specify) _____
<p>6.2. After a positive result on an HIV screening test at this health facility or elsewhere, is additional testing done to confirm the diagnosis of HIV infection for patients enrolling into care at this site?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 6.3}
<p>6.2a. How is the diagnosis of HIV infection confirmed for patients enrolling into care at this site?</p> <p style="text-align: right;"><i>Check all that apply.</i></p>	<input type="checkbox"/> Confirmatory antibody test <input type="checkbox"/> Confirmation based on CD4 count <input type="checkbox"/> Confirmation based on HIV viral load (PCR) test <input type="checkbox"/> Other (specify) _____
<p>6.3. Are any incentives provided for patients to enroll in HIV care early (e.g., within one month of diagnosis)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 7.1}
<p>6.3a. What type of incentives are provided for patients to enroll in HIV care early?</p> <p style="text-align: right;"><i>Check all that apply.</i></p>	<input type="checkbox"/> Mobile airtime voucher <input type="checkbox"/> Cash transfers for transportation costs <input type="checkbox"/> Other (specify) _____
7. PRE-ART PATIENT RETENTION AND OUTREACH STRATEGIES	
<p>7.1. Do you provide services/care to any pre-ART patients at this C&T clinic?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 8.1}
<p>7.2. What medications are routinely provided to pre-ART patients (or routinely prescribed if your clinic does not provide medications directly)?</p> <p style="text-align: right;"><i>Check all that apply OR select "None".</i></p> <p>Routinely provided means provided (or prescribed) as the standard of care.</p>	<input type="checkbox"/> None <input type="checkbox"/> Cotrimoxazole <input type="checkbox"/> Isoniazid <input type="checkbox"/> Vitamin supplements (i.e., multivitamins) <input type="checkbox"/> Other (specify) _____
<p>7.3. Which of the following commodities/supplies are routinely provided to pre-ART patients?</p> <p style="text-align: right;"><i>Check all that apply OR select "None".</i></p> <p>Routinely provided means provided as the standard of care.</p>	<input type="checkbox"/> None <input type="checkbox"/> Vitamin supplements <input type="checkbox"/> Food supplements <input type="checkbox"/> Condoms <input type="checkbox"/> Soap <input type="checkbox"/> Pill boxes <input type="checkbox"/> Appointment calendar <input type="checkbox"/> Patient education materials <input type="checkbox"/> Other (specify) _____
<p>7.4. What is done if pre-ART patients miss an appointment?</p> <p style="text-align: right;"><i>Check all that apply OR select "Nothing".</i></p>	<input type="checkbox"/> Nothing (<i>No routine follow-up tracing of pre-ART patients</i>) <input type="checkbox"/> Phone call to individual <input type="checkbox"/> Phone call to family <input type="checkbox"/> Send letter <input type="checkbox"/> Send SMS <input type="checkbox"/> Send email <input type="checkbox"/> Send message via online patient portal <input type="checkbox"/> Home visit by clinic staff <input type="checkbox"/> Home visit by community outreach worker <input type="checkbox"/> Other (specify) _____

QUESTIONS		RESPONSE FIELDS	
8. ART INITIATION			
8.1 What are the current criteria for ART initiation at this health facility and when were those criteria introduced? <i>Check all that apply, and specify the year that the guideline was introduced at this facility.</i> <i>As relevant, specify the types of patients for whom the treatment guidance is followed—e.g., pregnant patients, TB patients, pediatric, etc.</i>	TREATMENT CRITERIA		MONTH & YEAR introduced at facility (MM/YYYY)
	<input type="checkbox"/> Start all patients on ART regardless of CD4 or symptoms		__ __ / 20__ __
	<input type="checkbox"/> Start some patients on ART regardless of CD4 or symptoms (specify) _____		__ __ / 20__ __
	<input type="checkbox"/> CD4 count ≤ 500 cells/mm ³ for all patients		__ __ / 20__ __
	<input type="checkbox"/> CD4 count ≤ 500 cells/mm ³ for some patients (specify) _____		__ __ / 20__ __
	<input type="checkbox"/> CD4 count ≤ 350 cells/mm ³ for all patients		__ __ / 20__ __
	<input type="checkbox"/> CD4 count ≤ 350 cells/mm ³ for some patients (specify) _____		__ __ / 20__ __
<input type="checkbox"/> Other (specify) _____		__ __ / 20__ __	
8.2 On average, at this clinic, how soon after establishing treatment eligibility do patients initiate ART? <i>Check one best response.</i>	<input type="checkbox"/> Same day that ART eligibility is established <input type="checkbox"/> 1-14 days after establishing ART eligibility <input type="checkbox"/> 2-4 weeks after establishing ART eligibility <input type="checkbox"/> >1 month after establishing ART eligibility		
8.3 At this clinic how many ART readiness counseling sessions are typically conducted before eligible patients initiate ART? <i>Check one best response.</i>	<input type="checkbox"/> 0 sessions <input type="checkbox"/> 1 session <input type="checkbox"/> 2 sessions <input type="checkbox"/> 3 sessions <input type="checkbox"/> 4 or more sessions		
9. ART ADHERENCE AND RETENTION STRATEGIES			
9.1 How is ART medication adherence routinely monitored in patients on ART at this C&T clinic? <i>Check all that apply OR select "Not applicable".</i> <i>Routinely monitored means monitored as the standard of care.</i>	<input type="checkbox"/> Not applicable (<i>Medication adherence not routinely monitored</i>) <input type="checkbox"/> Unstructured assessment of adherence by clinician <input type="checkbox"/> Structured assessment of adherence by clinician using recall instrument (e.g., recall of missed doses during 24-hour, 3-day, 7-day, 30-day, or other recall period). <input type="checkbox"/> Pill counts <input type="checkbox"/> Pharmacy refills <input type="checkbox"/> Electronic dose monitoring (MEMS caps) <input type="checkbox"/> Directly observed treatment <input type="checkbox"/> Routine viral loads <input type="checkbox"/> Viral loads for patients suspected of non-adherence. <input type="checkbox"/> Other (specify) _____		
9.2 What is the standard frequency of refills for patients who are stable on ART? <i>Check one best response.</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Every 3 months <input type="checkbox"/> Every 6 months <input type="checkbox"/> Other (specify) _____		
9.3 What ART adherence support services are routinely provided to HIV patients at this C&T clinic? <i>Check all that apply OR select "None/Not applicable".</i> <i>Routinely provided means provided as the standard of care.</i>	<input type="checkbox"/> None/Not applicable <input type="checkbox"/> One-on-one adherence counseling <input type="checkbox"/> Group adherence counseling <input type="checkbox"/> Individual mental health counseling <input type="checkbox"/> Group mental health counseling <input type="checkbox"/> Referral to peer support or mentor groups <input type="checkbox"/> Other (specify) _____		
9.4. Which of the following types of adherence aids/reminders are routinely provided to ART patients? <i>Check all that apply. Routinely provided means provided as the standard of care.</i>	<input type="checkbox"/> None/Not applicable <input type="checkbox"/> Patient education media (written, pictorial, video, etc.) <input type="checkbox"/> Pill boxes or blister packs <input type="checkbox"/> Calendars, checklists, or other reminders <input type="checkbox"/> Alarm clocks, wrist watches, beepers <input type="checkbox"/> Pharmacist included on multidisciplinary team <input type="checkbox"/> Routine review of medication pick up <input type="checkbox"/> Other (specify) _____		

QUESTIONS	RESPONSE FIELDS
<p>9.5. Which of the following commodities and adherence supports are routinely provided to ART patients?</p> <p><i>Check all that apply OR select "None/Not applicable".</i></p> <p>Routinely provided means provided as the standard of care.</p>	<input type="checkbox"/> None/Not applicable <input type="checkbox"/> Vitamin supplements <input type="checkbox"/> Food supplements <input type="checkbox"/> Assistance with transport costs <input type="checkbox"/> Condoms <input type="checkbox"/> Soap <input type="checkbox"/> Appointment calendar <input type="checkbox"/> Other (specify) _____
<p>9.6. Which of the following types of cell phone or SMS reminders are used with ART patients at this C&T clinic?</p> <p><i>Check all that apply OR select "None/Not applicable".</i></p>	<input type="checkbox"/> None/Not applicable {→ SKIP TO 9.7} <input type="checkbox"/> Voice messaging <input type="checkbox"/> Text messaging <input type="checkbox"/> Interactive text messaging <input type="checkbox"/> Interactive voice messaging <input type="checkbox"/> Other (specify) _____
<p>9.6a. How are SMS/phone reminders used to support ART adherence and retention in care?</p> <p><i>Check all that apply.</i></p>	<input type="checkbox"/> Reminders to take medication <input type="checkbox"/> Reminders of upcoming appointments <input type="checkbox"/> Follow-up to missed appointments <input type="checkbox"/> General health education (HIV and other diseases) <input type="checkbox"/> Other (specify) _____
<p>9.7. What is done to track ART patients who miss appointments?</p> <p><i>Check all that apply, OR select "Nothing/No follow-up".</i></p>	<input type="checkbox"/> Nothing/No follow-up with ART patients who miss appointments <input type="checkbox"/> Phone call to individual <input type="checkbox"/> Phone call to family <input type="checkbox"/> Send letter <input type="checkbox"/> Send SMS <input type="checkbox"/> Send email <input type="checkbox"/> Send message via online patient portal <input type="checkbox"/> Home visit by clinic staff <input type="checkbox"/> Home visit by community outreach worker <input type="checkbox"/> Other (specify) _____

10. PREVENTION SERVICES FOR HIV POSITIVE PATIENTS					
10.1. Which of the following prevention services are provided to enrolled HIV patients and where are these services provided?	Provided in C&T Clinic	In same health facility (but not at C&T clinic)	Only offsite (distance ≤30 minutes travel)	Only offsite (distance > 30 minutes travel)	Not available
a. Counseling regarding disclosure to sexual partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Screening for Sexually Transmitted Infections (STIs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Education on sexual behavior changes and safer sex methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Family planning counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Family planning/contraceptive methods other than condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Education on high-risk substance-use behaviors and harm reduction practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Screening for drug and alcohol use/abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Referral for substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pre-exposure prophylaxis (PrEP) for serodiscordant couples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Post-exposure prophylaxis (PEP) for serodiscordant couples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Voluntary male circumcision services for serodiscordant couples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. HPV vaccine					
n. Cervical cancer screening (e.g., visual inspection with acetic acid/PAP smear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Anal PAP screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS	RESPONSE FIELDS																																				
10.2. What is the predominant WHO option for Prevention of Mother to Child Transmission (PMTCT) currently offered at this health facility?	<input type="checkbox"/> Option A (for CD4 \leq 350: ARVs starting at diagnosis and continued for life; for CD4 $>$ 350: ARVs starting at or after 14 weeks gestation and continuing through 7 days postpartum). <input type="checkbox"/> Option B (For CD4 \leq 350: ARVs starting at diagnosis and continued for life; for CD4 $>$ 350: ARVs starting at or after 14 weeks gestation and continued through childbirth or 1 week after cessation of breastfeeding) <input type="checkbox"/> Option B+ (For any CD4 count: ARVs starting at diagnosis and continued for life). <input type="checkbox"/> None (Do not provide PMTCT services)																																				
11. OTHER SERVICES PROVIDED TO HIV PATIENTS																																					
11.1. Which of the following services are provided to pediatric HIV patients at this health facility? <i>Check all that apply or select "Not Applicable" if no pediatric patients are served at this health facility.</i>	<input type="checkbox"/> Not applicable (<i>No pediatric patients served at this health facility</i>) <input type="checkbox"/> Postnatal ARV prophylaxis <input type="checkbox"/> ART initiation <input type="checkbox"/> Infant feeding counseling <input type="checkbox"/> Male circumcision for infants <input type="checkbox"/> Immunizations <input type="checkbox"/> Nutritional support <input type="checkbox"/> Growth monitoring <input type="checkbox"/> Integrated Management of Childhood Illness (IMCI)																																				
11.2. Does this health facility offer any of the following services for adolescent/youth HIV patients? <i>Check all that apply or tick "None".</i>	<input type="checkbox"/> None (<i>No dedicated services for adolescent patients</i>) <input type="checkbox"/> Dedicated hours or space for youth/adolescent HIV testing & counseling services <input type="checkbox"/> Dedicated hours or space for youth/adolescent HIV care and treatment services <input type="checkbox"/> Peer counseling for youth/adolescent HIV patients <input type="checkbox"/> Support groups specifically for youth/adolescent HIV patients																																				
11.3. Which of the following services are provided to enrolled HIV patients and where are these services provided?	<table border="1"> <thead> <tr> <th></th> <th>Provided in C&T Clinic</th> <th>In same health facility (but not at C&T clinic)</th> <th>Only offsite (distance \leq30 minutes travel)</th> <th>Only offsite (distance $>$ 30 minutes travel)</th> <th>Not available</th> </tr> </thead> <tbody> <tr> <td>a. Prenatal care (also known as antenatal care)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Maternity care (labor/delivery)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. Postpartum care</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d. TB treatment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e. Where do HIV patients who become pregnant get their PMTCT services?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Provided in C&T Clinic	In same health facility (but not at C&T clinic)	Only offsite (distance \leq 30 minutes travel)	Only offsite (distance $>$ 30 minutes travel)	Not available	a. Prenatal care (also known as antenatal care)	<input type="checkbox"/>	b. Maternity care (labor/delivery)	<input type="checkbox"/>	c. Postpartum care	<input type="checkbox"/>	d. TB treatment	<input type="checkbox"/>	e. Where do HIV patients who become pregnant get their PMTCT services?	<input type="checkbox"/>																				
	Provided in C&T Clinic	In same health facility (but not at C&T clinic)	Only offsite (distance \leq 30 minutes travel)	Only offsite (distance $>$ 30 minutes travel)	Not available																																
a. Prenatal care (also known as antenatal care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
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e. Where do HIV patients who become pregnant get their PMTCT services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																
11.4. Do any patients at this C&T clinic receive TB prophylaxis (administration of Isoniazid preventive therapy-IPT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 11.6 }																																				
11.5. After screening negative for active TB, what types of patients receive TB prophylaxis (administration of Isoniazid preventative therapy-IPT)? <i>Check all that apply.</i>	<input type="checkbox"/> Patients who meet CD4 or clinical staging criteria <input type="checkbox"/> Patients with positive TB skin test or IGRA <input type="checkbox"/> Patients deemed at risk for TB (e.g., living with family/household members with TB, incarcerated, or homeless) <input type="checkbox"/> Other (specify) _____																																				
11.6. Do patients other than TB patients and pregnant women at this C&T clinic receive Cotrimoxazole prophylaxis as the standard of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																				
12. LABORATORY & DIAGNOSTIC SERVICES																																					
12.1. Is CD4+ cell count testing used to monitor immunologic status of pre-ART patients at this health facility?	<input type="checkbox"/> Yes, routinely (i.e., at regular intervals or milestones) <input type="checkbox"/> Yes, but not routinely <input type="checkbox"/> No, not available																																				
12.2. Is CD4+ cell count testing used to monitor immunologic status of ART patients at this health facility?	<input type="checkbox"/> Yes, routinely (i.e., at regular intervals or milestones) <input type="checkbox"/> Yes, but not routinely <input type="checkbox"/> No, not available																																				
12.3. Where is the laboratory that conducts the majority of the CD4 cell count testing for this C&T clinic?	<input type="checkbox"/> Onsite, at the same health facility as the HIV clinic <input type="checkbox"/> Offsite, \leq 30 minutes travel time <input type="checkbox"/> Offsite, at a distance ($>$ 30 minutes travel time)																																				
12.4. Are same-day/point of care (POC) CD4 count results routinely available at this health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <p>Routinely available means that the test could be requested or performed today, if needed.</p>																																				

QUESTIONS		RESPONSE FIELDS		
12.4a. During the past month, what was the usual turnaround time (<i>in hours OR days</i>) for getting CD4 count results? <i>Turnaround time means the time from ordering or referring a patient for the test to the time when results are received.</i>		<input type="checkbox"/> _____ hours <input type="checkbox"/> _____ days		
12.5. Is viral load testing used to monitor status of HIV+ patients at this health facility?		<input type="checkbox"/> Yes, routinely (<i>i.e., at regular intervals or milestones</i>) <input type="checkbox"/> Yes, but not routinely <input type="checkbox"/> No, not available {→ SKIP TO 12.6 }		
12.5a. Where is the laboratory that conducts the majority of viral load testing for this C&T clinic?		<input type="checkbox"/> Onsite, at the same health facility as the HIV clinic <input type="checkbox"/> Offsite, ≤ 30 minutes travel time <input type="checkbox"/> Offsite, at a distance (>30 minutes travel time)		
12.5b. During the past month, what was the usual turnaround time (in days) for getting viral load test results? <i>Turnaround time means the time from ordering or referring a patient for the test to the time when results are received.</i>		<input type="checkbox"/> _____ days		
12.6 Which of the following tests are available for patients at this C&T clinic? <i>Confirm the availability of each test with laboratory staff involved in screening and diagnostic testing. "Available", means that the test could be requested or performed today, if needed, and you are confident about receiving results</i>		Test/results available for routine patient care	Test/results not available for routine patient care	Test available but no longer in routine use
a. 1 st generation rapid diagnostic immunoassay tests (Western Blot, HIV-1 LFA)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 2 nd generation rapid diagnostic immunoassay (late antibody (IgG) only)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 3 rd generation rapid diagnostic immunoassay (late & early (IgG/IgM) antibody (Ab))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 4 th generation rapid immunoassay (IgG/IgM antibody and antigen (Ag/Ab))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 4 th generation chemiluminescent immunoassay (Ag/Ab)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. HIV 1/2 immunoassay (supplemental or confirmatory HIV 1/2 laboratory-based diagnostic)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. P24 ELISA (laboratory-based immunoassay (Ag))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Qualitative PCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Quantitative PCR or viral load assay		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. DNA or RNA PCR for early infant diagnosis (EID)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. HIV-1 genotypic drug resistance testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.7. What other types of labs and diagnostic services are available for routine care of HIV patients at your C&T clinic? <i>Confirm the availability of each test with laboratory staff involved in screening and diagnostic testing. "Available for routine care", means that the test could be requested or performed today, if needed, and you are confident about receiving results</i>		Test/results available for routine patient care	Test/results not available for routine patient care	
a. Hemoglobin		<input type="checkbox"/>	<input type="checkbox"/>	
b. Creatinine		<input type="checkbox"/>	<input type="checkbox"/>	
c. Serum Cholesterol		<input type="checkbox"/>	<input type="checkbox"/>	
d. Triglycerides		<input type="checkbox"/>	<input type="checkbox"/>	
e. AST (SGOT) and/or ALT (SGPT)		<input type="checkbox"/>	<input type="checkbox"/>	
f. Syphilis screening/testing (RPR)		<input type="checkbox"/>	<input type="checkbox"/>	
g. Cryptococcal meningitis screening (serum cryptococcal antigen)		<input type="checkbox"/>	<input type="checkbox"/>	
h. Cryptococcal meningitis screening using the lateral flow assay (using specimens from the blood, urine, and/or cerebrospinal fluid (CSF))		<input type="checkbox"/>	<input type="checkbox"/>	
i. Cryptococcal meningitis diagnosis by CSF India Ink		<input type="checkbox"/>	<input type="checkbox"/>	
j. Cryptococcal meningitis diagnosis by CSF latex agglutination		<input type="checkbox"/>	<input type="checkbox"/>	
k. TB screening/diagnosis (AFB smear microscopy)		<input type="checkbox"/>	<input type="checkbox"/>	
l. TB screening/diagnosis (Chest X-ray)		<input type="checkbox"/>	<input type="checkbox"/>	
m. TB diagnosis (culture)		<input type="checkbox"/>	<input type="checkbox"/>	
n. TB diagnosis (GeneXpert)		<input type="checkbox"/>	<input type="checkbox"/>	
o. TB drug resistance testing		<input type="checkbox"/>	<input type="checkbox"/>	

QUESTIONS	RESPONSE FIELDS
13. PHARMACY	
13.1. Is there a pharmacy located at this health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 14.1 }
13.2. Which of the following medications are dispensed and/or available at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> First-line HIV antiretroviral medications (ARVs) <input type="checkbox"/> Second-line HIV ARVs <input type="checkbox"/> Isoniazid <input type="checkbox"/> TB medications other than isoniazid <input type="checkbox"/> Cotrimoxazole (Bactrim, Septra, TMP-SMX) <input type="checkbox"/> Malaria treatment <input type="checkbox"/> Fluconazole <input type="checkbox"/> Amphotericin B <input type="checkbox"/> Hepatitis C Direct Acting Antivirals (DAAs) — e.g., telaprevir, bocepravir, sofosbuvir/ledipasvir
13.3. In the past 12 months, has this health facility had medication drug supply disruptions/stock outs lasting 1 week or longer?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 13.5 } <input type="checkbox"/> Don't know {→ SKIP TO 13.5 }
13.4. What medications had supply disruptions/stock outs in the past 12 months? <i>Check all that apply.</i>	<input type="checkbox"/> First-line HIV antiretroviral medications (ARVs) <input type="checkbox"/> Second-line HIV ARVs <input type="checkbox"/> Isoniazid <input type="checkbox"/> TB medications other than isoniazid <input type="checkbox"/> Cotrimoxazole (Bactrim, Septra, TMP-SMX) <input type="checkbox"/> Malaria treatment <input type="checkbox"/> Fluconazole <input type="checkbox"/> Amphotericin B <input type="checkbox"/> Hepatitis C Direct Acting Antivirals (DAAs) — e.g., telaprevir, bocepravir, sofosbuvir/ledipasvir
13.5. In the past 12 months, has this C&T clinic had patients on a waiting list to receive ART?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14. MEDICAL RECORDS AND PATIENT TRACKING	
14.1. Do you track the outcomes of patients who are lost to follow-up (e.g. outcomes such as patient deaths, transfers to other facilities, ART status, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO END }
14.2. Are the outcomes of tracked patients recorded in electronic databases?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO END }
14.3. After tracking patients lost to follow-up at this C&T clinic, what information is recorded in electronic databases? <i>Check all that apply.</i>	<input type="checkbox"/> Transfers to other facilities <input type="checkbox"/> Loss to follow-up <input type="checkbox"/> Deaths <input type="checkbox"/> Other (specify) _____
15. ACKNOWLEDGEMENTS (OPTIONAL)	
15.1. We would like to acknowledge clinic team members who participated in the completion of this survey. If your team members would like their names included, please enter their full names, separated by commas, so we can acknowledge their contribution.	

1-MAY-17

Thank you for your participation.