





USAID
FROM THE AMERICAN PEOPLE


HIV/AIDS PROGRAM SUSTAINABILITY ANALYSIS TOOL: MINISTRY OF HEALTH QUESTIONNAIRE



USAID
FROM THE AMERICAN PEOPLE



HEALTH SYSTEMS 2020



HAPSAT HIV/AIDS Program
Sustainability Analysis Tool

Disclaimer

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID), or the United States Government.

The software, data and information contained in the HIV/AIDS Program Sustainability Tool (HAPSAT) are being provided "as is." Abt Associates Inc. makes no representation or warranty, either express or implied, as to their accuracy, completeness, or fitness for a particular purpose. Abt Associates Inc. will not be liable to any extent relative to the use or reliance of the software, data, or information.

Further, the mention of specific companies or of certain products that may be required for the operation of this software does not imply any endorsement, recommendation, or license to use such items. Abt Associates Inc. is not responsible for any technical assistance or support associated with this software.

April 2010

This publication was produced for review by the United States Agency for International Development.



Ministry of Health Questionnaire

Data Collector Name _____ Phone _____ Email _____

This questionnaire collects information on HIV/AIDS programs from Ministry of Health offices. We ask the Ministry of Health office to provide information regarding allocated budgets, disbursements, and services delivered for HIV/AIDS-related activities in the years 2006-2008. This will aid in our efforts to analyze the total cost of, and resources required to sustain or scale-up national HIV/AIDS programs and services and identify possible shortfalls threatening achievement of program goals. Please provide thorough and accurate information to the best of your ability. Whenever possible, it is very important to also provide supporting documentation such as published or internal reports.

This questionnaire has 7 parts. The information in this form can be collected from NACA and Ministry of Health at the federal level, and from SACA and Ministry of health offices, or implementing organizations at the state-level.

PART A. GENERAL IDENTIFYING INFORMATION

PART B. SERVICE DELIVERY POINTS

PART C. HEALTH WORKERS

PART D. HIV/AIDS EPIDEMIOLOGY

PART E. HIV/AIDS SERVICE VOLUME

PART F. LABORATORY RESOURCES IN JURISDICTION

PART G: HIV TREATMENT DRUG REGIMENS

Different employees of the Ministry of Health office or NACA/SACA may have the information to answer different sections. Please list all respondents in Part A.

PART A. GENERAL IDENTIFYING INFORMATION

Office Name / Jurisdiction			
Office Address / Location			
Respondent Name	Position	Phone Number	Email

Do you have a recent annual report or other documentation on your HIV/AIDS related operations?
 If so, please give it to the data collector or email an electronic copy to: data_submit@hapsat.net

Ministry of Health Questionnaire

PART B. SERVICE DELIVERY POINTS

Please indicate the number of service delivery points (e.g. health care facilities) of each level/type in your jurisdiction

- *If possible, please attach a list with the names of and locations of all service delivery points in your region.*
- Indicate the number of service delivery points that have integrated laboratory facilities.
- In the last 4 columns, indicate the number of service delivery points that are providing any HIV/AIDS services, ART, PMTCT, and VCT.

Government Service Delivery Points	Total Number of Service Delivery Points	Number of Points that have Laboratories	Number of Points Providing Any HIV/AIDS service	Number of Points Providing ART	Number of Points Providing PMTCT	Number of Points Providing VCT
Tertiary Hospitals						
Secondary Hospitals						
Primary Clinic						
Health Posts						
Standalone HIV Testing						
Standalone Laboratory						
Other _____						
Non-governmental Org. Service Delivery Points	Total Number of Service Delivery Points	Number of Points that have Laboratories	Number of Points Providing Any HIV/AIDS service	Number of Points Providing ART	Number of Points Providing PMTCT	Number of Points Providing VCT
Tertiary Hospitals						
Secondary Hospitals						
Primary Clinic						
Health Posts						
Standalone HIV Testing						

Ministry of Health Questionnaire

Standalone Laboratory						
Other _____						

Faith-based Org. Service Delivery Points	Total Number of Service Delivery Points	Number of Points that have Laboratories	Number of Points Providing Any HIV/AIDS service	Number of Points Providing ART	Number of Points Providing PMTCT	Number of Points Providing VCT
Tertiary Hospitals						
Secondary Hospitals						
Primary Clinic						
Health Posts						
Standalone HIV Testing						
Standalone Laboratory						
Other _____						
Private Service Delivery Points	Total Number of Service Delivery Points	Number of Points that have Laboratories	Number of Points Providing Any HIV/AIDS service	Number of Points Providing ART	Number of Points Providing PMTCT	Number of Points Providing VCT
Tertiary Hospitals						
Secondary Hospitals						
Primary Clinic						
Health Posts						
Standalone HIV Testing						
Standalone Laboratory						
Other _____						

Ministry of Health Questionnaire

PART C. HEALTH WORKERS

Please indicate the number of health workers of each level/type in your jurisdiction working at government-run service delivery points

- *If possible, please attach any reports available summarizing information about health care workers employed by the government.*
- A Full-Time Equivalent (FTE) is a way to measure the total amount of labour devoted to an activity. Each worker participating in the activity is counted as a fraction of 1 worker. For example, Workers that work full-time should be counted as 1 FTE. Workers that work part-time should be counted as a fraction of 1 FTE proportional to the time they work for government. For example, a doctor that works 1 day per week would count as 0.2 FTE.

	Government-employed Health Workers				Other Health Workers	
	Total Number	Total Number of FTE	Average Salary for FTE	Estimated Number of FTE for HIVAIDS services	Total Number	Estimated Number of FTE for HIVAIDS services
Medical Doctors						
Registered Nurses						
Auxiliary Nurses						
Nursing Assistant						
CHEW						
HIVAIDS Counselors						
Nutritionist						
Pharmacist						
Pharmacy Technician						
Laboratory Technologist						
Laboratory Technician						
Laboratory Assistant						
Health Educator						
Social Worker						
Data Manager / Records Officer / Statistician						
Administrative Assistant						

Ministry of Health Questionnaire

PART D. HIV/AIDS EPIDEMIOLOGY

Please provide the following information regarding HIV prevalence and incidence in your jurisdiction.

- Please provide a copy of any reports containing HIV prevalence and incidence information
- If only totals are available then skip the other lines.

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

	Population Size	HIV Prevalence	HIV Incidence
Males (0-14 years)			
Males (15 or more years)			
Total Males (All ages)			
Females (0-14 years)			
Females (15 or more years)			
Total Females (All ages)			
Total Male and Female (All ages)			

Ministry of Health Questionnaire

PART E. HIV/AIDS SERVICE VOLUME

- Please provide a copy of any reports containing information on HIV/AIDS services being delivered in the jurisdiction of the health ministry office

VOLUNTARY COUNSELING AND TESTING (VCT) SERVICE

Please provide the following information regarding VCT at government facilities in your jurisdiction.

- If only totals are available then skip the other lines.

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

VCT	Number of patients counseled	Number of patients tested	Number of patients tested positive
Males (0-14 years)			
Males (15 or more years)			
Total Males (All ages)			
Females (0-14 years)			
Females (15 or more years)			
Total Females (All ages)			
Total Male and Female (All ages)			

Ministry of Health Questionnaire

ANTIRETROVIRAL THERAPY (ART) SERVICE

Please provide the following information regarding ART at government facilities in your jurisdiction.

- If only totals are available then skip the other lines.

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

ART	Number of living persons on ART during the time period (Only report the number of people who received ART therapy <i>during the time period</i>)
Males (0-14 years)	
Males (15 or more years)	
Total Males (All ages)	
Females (0-14 years)	
Females (15 or more years)	
Total Females (All ages)	
Total Male and Female (All ages)	

Ministry of Health Questionnaire

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) SERVICES

Please provide the following information regarding PMTCT at government facilities in your jurisdiction.

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

PMTCT	Number of Women
Number of pregnant women receiving prenatal care	
Number of pregnant women offered HIV testing	
Number of pregnant women accepting HIV testing	
Number of pregnant women who were identified as HIV-infected	
Number of HIV-infected pregnant women receiving PMTCT	
Number of newborn children born to HIV-positive mothers who receiving ART post-delivery	
Number of HIV-positive new mothers receiving ART post-delivery <div style="border: 1px solid black; padding: 5px; display: inline-block;"> If specific data is not available, please instead provide an estimate of the fraction of HIV-positive new mothers receiving PMTCT who continue on ART post-delivery </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> _____ % </div>	
Number of male partners of HIV-positive new mothers who are tested for HIV as part of the PMTCT service <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Please provide an estimate of the fraction of HIV-positive new mothers receiving PMTCT whose spouse/partner is also HIV tested as part of the PMTCT service </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> _____ % </div>	

Ministry of Health Questionnaire

HIV CARE & SUPPORT SERVICES

Please provide the following information regarding non-ART HIV/AIDS care and support services provided by the government in your jurisdiction.

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

Care & Support Services	Total number of people living with HIV/AIDS who received service during the time period
Pre-ART clinical care	
Home-based care	
Palliative care	
TB Test	
TB Treatment	
Other (specify) _____	
Other (specify) _____	
Other (specify) _____	

Ministry of Health Questionnaire

TREATMENT OF OPPORTUNISTIC INFECTIONS - TUBERCULOSIS (TB/HIV CO-INFECTION)

Please provide the following information regarding TB-HIV co-infection services provided by the government in your jurisdiction.

TB-HIV Case Detection

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

	Estimated number of new TB cases	Number of new TB cases detected	Number of newly detected TB cases that were tested for HIV	Number of newly detected TB cases that are known to be HIV+
Total Males (All ages)				
Total Females (All ages)				
Total Male and Female (All ages)				

Services for TB-HIV persons

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

	Number of new TB cases detected through HIV program	Number of new HIV cases detected through TB program	Number of TB patients getting DOTS TB treatment during the time period	Number of HIV+/TB getting DOTS TB treatment during the time period
Total Males (All ages)				
Total Females (All ages)				
Total Male and Female (All ages)				

Ministry of Health Questionnaire

TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

	Number <u>tested</u> for any STI	Number <u>treated</u> for any STI
Total Males (All ages)		
Total Females (All ages)		
Total Male and Female (All ages)		

Ministry of Health Questionnaire

HIV-PREVENTION SERVICES

In the table below, please describe the prevention activities funded by the ministry of health *in your jurisdiction*.

- If the activity not paid out of your health ministry office’s budget, please do not include it.
- If the funding burden is shared, please indicate your ministry office’s portion in the last column of the table below.

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

In the table below, please describe the prevention activities sponsored by the ministry of health in your jurisdiction

Prevention Activity (e.g. prevention commodities, mass media campaign, workplace HIV/AIDS awareness, etc)	Volume of service provided It can be difficult to quantify the amount of a prevention activity that is delivered to a jurisdiction. Please indicate the measure the Ministry of Health uses and report the volume of each service using that measure. (e.g. number of prevention commodities distributed, number of billboards, number of people reached, number of television ads)	Amount of money spent Please indicate the amount the health ministry of <i>your jurisdiction</i> spent on this activity. (Please also indicate the currency type)
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources

Ministry of Health Questionnaire

Prevention Activity (e.g. prevention commodities, mass media campaign, workplace HIV/AIDS awareness, etc)	Volume of service provided It can be difficult to quantify the amount of a prevention activity that is delivered to a jurisdiction. Please indicate the measure the Ministry of Health uses and report the volume of each service using that measure. (e.g. number of prevention commodities distributed, number of billboards, number of people reached, number of television ads)	Amount of money spent Please indicate the amount the health ministry of your jurisdiction spent on this activity. (Please also indicate the currency type)
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources

- You can make photocopies of this page as needed.

Ministry of Health Questionnaire

OTHER HIV/AIDS RELATED ACTIVITIES

In the table below, please describe the prevention activities funded by the ministry of health *in your jurisdiction*.

- If the activity not paid out of your health ministry office’s budget, please do not include it.
- If the funding burden is shared, please indicate your ministry office’s portion in the last column of the table below.

Indicate the time period for the data you are reporting in the table below.

Time Period: Month Quarter Year

Dates for Time Period: from _____ to: _____

In the table below, please describe the prevention activities sponsored by the ministry of health in your jurisdiction

Prevention Activity (e.g. training, coordination, management, administration, planning/budgeting)	Volume of service provided It can be difficult to quantify the amount of these cross-cutting activities occurring in a jurisdiction. Please indicate the measure the Ministry of Health uses and report the volume of each service using that measure. (e.g. number of staff trained, number of trainings, number of staff employed for this activity, etc.)	Amount of money spent Please indicate the amount the health ministry of <i>your jurisdiction</i> spent on this activity. (Please also indicate the currency type)
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources
		Amount _____ <input type="checkbox"/> Activity cost shared with other government sources <input type="checkbox"/> Activity cost shared with other non-government sources

Donor Questionnaire

PART F: LABORATORY RESOURCES IN JURISDICTION

LABORATORY INFRASTRUCTURE

Please enter the quantity of each type of laboratory machine available in government facilities in your province.

Laboratory Equipment	Total number of machines in use in jurisdiction
Thermo Cycler	
Flow Cytometer	
Chemistry Analyzer	
Hematology Analyzer	
PCR	
X-ray	
Microscope	
Tissue Processor	
Safety Cabinet	

Ministry of Health Questionnaire

Please enter the number of service delivery points (facilities) where the indicated HIV/AIDS care-related tests are available.

Laboratory Tests	Number of service delivery points within jurisdiction where test is available
CD4 count	
Creatinine	
Viral Load	
TB smear test	
Full Blood Count	
Hemoglobin	
Liver Function Test	
RPR - Syphilis	
Urine Protein	
Cholesterol	
White Blood Cell	
Other HIV-related (specify) _____	

Donor Questionnaire

PART G: HIV TREATMENT DRUG REGIMENS

For the ART patients in your jurisdiction, please indicate the number of patients on each regimen

- Please use most recent available data.
- Please report on any regimen used by more than 5% of your ART patients
- If you have a report containing this information, please give it to the data collector.

ART Drug Regimens	Number of current ART patients on regimen	Estimated Cost of regimen per patient per year	Fraction of current ART patients in province receiving ART as a Fixed Dose Combination
TDF/FTC/EFV			
TDF/FTC/NVP			
AZT/3TC/EFV			
AZT/3TC/NVP			
D4T/3TC/EFV			
D4T/3TC/NVP			
TDF/FTC/LPVr			
ABC/FTC/LPVr			
AZT/3TC/LPVr			
AZT/TDF/FTC/LPVr			
Other: (specify) _____			
Other: (specify) _____			
Other: (specify) _____			

Ministry of Health Questionnaire

Other: (specify) _____			
---------------------------	--	--	--

Key to Abbreviations

- 3TC = Lamivudine
- ABC = Abacavir
- AZT = Zidovudine,
- d4T = Stavudine,
- DDI = Didanosine
- EFV = Efavirenz
- FTC = Emtricitabine
- LPVr = Lopinavir (Kaletra or Aluvia)
- NVP = Nevirapine
- TDF = Tenofovir

END OF SURVEY – THANK YOU FOR YOUR PARTICIPATION!