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HIV/AIDS PROGRAM SUSTAINABILITY ANALYSIS TOOL: HEALTH FACILITY QUESTIONNAIRE



HAPSAT

HIV/AIDS Program
Sustainability Analysis Tool

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Health Facility Questionnaire

We are asking health facilities providing HIV/AIDS services to provide the following information regarding HIV/AIDS-related activities in 20XX, 20XX, and 20XX. This will aid in our efforts to analyze the total cost of, and resources required to sustain or scale-up HIV/AIDS services and identify possible shortfalls threatening achievement of program goals. Please provide thorough and accurate information to the best of your ability.

- Sources of data for the following survey may include VCT registers, ART registers, and Pharmacy data systems.
- Whenever possible, please provide the data collector with supporting reports or other documentation.

This questionnaire has 7 parts.

PART A. IDENTIFICATION INFORMATION

PART B. HEALTH WORKERS

PART C: SCHEDULED HIV/AIDS CLINIC SESSIONS

PART D: HIV TREATMENT DRUG REGIMENS

PART E: LABORATORY RESOURCES

PART F. HIV/AIDS SERVICE VOLUME

Different employees of the health facility may have the information to answer different sections. Please list all respondents in Part A.

PART A. IDENTIFICATION INFORMATION

Name of health facility			
Address / Location			
Type of facility (hospital, health center, laboratory, etc)			
Level of facility (primary, secondary, tertiary)			
Respondent Name	Position	Phone Number	Email

Health Facility Questionnaire

PART B. HEALTH WORKERS

Please indicate the number of health workers of each level/type in health facility

- *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 worked at facility	Average Salary for FTE	Estimated Number of FTE for HIVAIDS services	Total Number	Estimated Number of FTE for HIVAIDS services
Medical Doctors						
Medical Officer						
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						

Health Facility Questionnaire

PART C: SCHEDULED HIV/AIDS CLINIC SESSIONS

How many hours per week do you run HIV/AIDS clinics? (For example if you have clinics on Mondays and Wednesday afternoons from 2pm-5pm, that equals 6 hours of clinic per week where HIV/AIDS patients are seen.)

Total HIV/AIDS Clinic Hours	
------------------------------------	--

During each clinic session, estimate the average number of HIV/AIDS patients served per hour.

HIV/AIDS Clinic Patients served per Hour	
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During each clinic session please list the numbers of health workers on duty

Medical Doctors	
Medical Officer	
Registered Nurses	
Auxiliary Nurses	
Nursing Assistant	
CHEW	
HIVAIDS Counselors	
Nutritionist	
Pharmacist	
Pharmacy Technician	
Laboratory Technologist	
Laboratory Technician	
Laboratory Assistant	
Health Educator	
Social Worker	

Health Facility Questionnaire

PART D: HIV TREATMENT DRUG REGIMENS

For the ART patients treated at your facility, 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.
- Some regimens may be given as a fixed dose combination (more than 1 drug in a single pill). If the information is available, indicate what fraction of patients are getting each combination of drugs in a fixed dose.

ART Drug Regimens	Number of <u>current</u> ART patients on regimen	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) _____		
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

Health Facility Questionnaire

PART E: LABORATORY RESOURCES

Please enter the quantity of each type of laboratory machines operating in the health facility.

Laboratory Equipment	Total number of machines in use
Thermo Cycler	
Flow Cytometer (for CD4 count)	
Chemistry Analyzer	
Hematology Analyzer	
PCR	
X-ray Machine	
Microscope	
Tissue Processor	
Safety Cabinet	

In one week, how many of the following tests are done in the lab?

TEST	QUANTITY
CD4 Count	
HIV Screening	
HIV diagnostic confirmation test	
Creatinine	
RPR- Syphilis	
LFT-Liver Function	
Full Blood Count	
White Blood Cell	
HgB- Hemoglobin	
Viral Load	
Blood Sugar	
Urine Protein	
Cholesterol/Triglycerides	
TB smear test	
Other HIV related test	

How many of hours of the following laboratory staff are on duty in an average week?

Health Workers	Number of Workers	Total Hours per week for all workers in category
Lab Scientist		
Lab Technician		
Lab Technologist		
Other _____		

Health Facility Questionnaire

Please provide the following information regarding any HIV/AIDS-related laboratory tests conducted for your HIV/AIDS patients

- If the total number of tests is known, but the number of test specifically for HIV/AIDS is not known, please enter the total number of tests and check the box indicating you are reporting total for all.

Please check one:

- In the table below, we reported the number of tests for HIV/AIDS patients only
- In the table below, we reported the number of tests for *all patients* at health facility

	Test is Routinely Performed for Patient	Total Number of Tests Performed per Month	Number of Tests Performed On-site (at facility)	Number of Tests Performed Off-site (specimen sent out for processing)
What lab tests are <i>routinely</i> performed for <i>new ART patients</i> ?	01 <input type="checkbox"/> CD4 count	01 _____	01 _____	01 _____
	02 <input type="checkbox"/> Viral Load	02 _____	02 _____	02 _____
	03 <input type="checkbox"/> Creatinine	03 _____	03 _____	03 _____
	04 <input type="checkbox"/> RPR- Syphilis	04 _____	04 _____	04 _____
	05 <input type="checkbox"/> LFT-Liver Function	05 _____	05 _____	05 _____
	06 <input type="checkbox"/> Full Blood Count	06 _____	06 _____	06 _____
	07 <input type="checkbox"/> White Blood Cell	07 _____	07 _____	07 _____
	08 <input type="checkbox"/> HgB- Hemoglobin	08 _____	08 _____	08 _____
	09 <input type="checkbox"/> Urine Protein	09 _____	09 _____	09 _____
	10 <input type="checkbox"/> TB smear test	10 _____	10 _____	10 _____
	11 <input type="checkbox"/> TB culture	11 _____	11 _____	11 _____
	12 <input type="checkbox"/> Other _____	12 _____	12 _____	12 _____
What lab tests are <i>routinely</i> performed for <i>ongoing ART patients</i> ?	01 <input type="checkbox"/> CD4 count	01 _____	01 _____	01 _____
	02 <input type="checkbox"/> Viral Load	02 _____	02 _____	02 _____
	03 <input type="checkbox"/> Creatinine	03 _____	03 _____	03 _____
	04 <input type="checkbox"/> RPR- Syphilis	04 _____	04 _____	04 _____
	05 <input type="checkbox"/> LFT-Liver Function	05 _____	05 _____	05 _____
	06 <input type="checkbox"/> Full Blood Count	06 _____	06 _____	06 _____
	07 <input type="checkbox"/> White Blood Cell	07 _____	07 _____	07 _____
	08 <input type="checkbox"/> HgB- Hemoglobin	08 _____	08 _____	08 _____
	09 <input type="checkbox"/> Urine Protein	09 _____	09 _____	09 _____
	10 <input type="checkbox"/> TB smear test	10 _____	10 _____	10 _____
	11 <input type="checkbox"/> TB culture	11 _____	11 _____	11 _____
	12 <input type="checkbox"/> Other _____	12 _____	12 _____	12 _____

Health Facility Questionnaire

What lab tests are <i>routinely</i> performed for patients receiving HIV care but who are NOT on ART?	01 <input type="checkbox"/> CD4 count	01 _____	01 _____	01 _____
	02 <input type="checkbox"/> Viral Load	02 _____	02 _____	02 _____
	03 <input type="checkbox"/> Creatinine	03 _____	03 _____	03 _____
	04 <input type="checkbox"/> RPR- Syphilis	04 _____	04 _____	04 _____
	05 <input type="checkbox"/> LFT-Liver Function	05 _____	05 _____	05 _____
	06 <input type="checkbox"/> Full Blood Count	06 _____	06 _____	06 _____
	07 <input type="checkbox"/> White Blood Cell	07 _____	07 _____	07 _____
	08 <input type="checkbox"/> HgB- Hemoglobin	08 _____	08 _____	08 _____
	09 <input type="checkbox"/> Urine Protein	09 _____	09 _____	09 _____
	10 <input type="checkbox"/> TB smear test	10 _____	10 _____	10 _____
	11 <input type="checkbox"/> TB culture	11 _____	11 _____	11 _____
	12 <input type="checkbox"/> Other _____	12 _____	12 _____	12 _____

Health Facility Questionnaire

Lab Test Costs

- This cost should include the actual cost of supplies, labour, equipment use, and laboratory overhead. This cost may be different than the price of the test.
- If the only information available is the price of the test, please report the price.

TEST	COST OF TEST*
CD4 Count	
HIV Screening	
HIV diagnostic confirmation test	
HIV rapid test	
Creatinine	
RPR- Syphilis	
LFT-Liver Function	
Full Blood Count	
White Blood Cell	
HgB- Hemoglobin	
Viral Load	
Blood Sugar	
Urine Protein	
TB smear test	
TB culture	
Other HIV-related test (specify) _____	

Health Facility Questionnaire

PART F. HIV/AIDS SERVICE VOLUME

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

VOLUNTARY COUNSELING AND TESTING (VCT) SERVICE

Please provide the following information regarding VCT at the facility.

- 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)			

Health Facility Questionnaire

ANTIRETROVIRAL THERAPY (ART) SERVICE

Please provide the following information regarding ART at the health facility.

- 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)	

Health Facility Questionnaire

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

Please provide the following information regarding PMTCT at the health facility.

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="display: inline-block; vertical-align: middle; margin-left: 10px;"> _____ % </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="display: inline-block; vertical-align: middle; margin-left: 10px;"> _____ % </div>	

Health Facility Questionnaire

HIV CARE & SUPPORT SERVICES

Please provide the following information regarding non-ART HIV/AIDS care and support services provided at the health facility.

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) _____	

Health Facility Questionnaire

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

Please provide the following information regarding TB-HIV co-infection services provided at the health facility

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)				

Health Facility 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)		

END OF SURVEY – THANK YOU FOR YOUR PARTICIPATION!