	T		
1a.	Country site		
2a.	Name of health facility		
3a.	District		
4a.	Informed consent obtained from interviewee(s)	[1] Yes [2] No	
	If no, please obtain informed consent before p	roceeding, and start again.	
5a.	Date of interview		
6a.	Start time of interview		
7a.	Name of interviewee 1		
8a.	Professional qualification of interviewee 1	[1] Specialist physician	[2] Generalist physician
		[3] Clinical officer	[4] Medical assistant
		[5] Trained midwife	[6] Professional nurse
		[7] Enrolled nursing assistant	[8] Enrolled nurse
		[9] Counsellor	[10] Nurse counsellor
		[11] Community health worker, [12] Other <i>(specify)</i>	/health surveillance asst.
9a.	Name of interviewee 2		☐ None
10a.	Professional qualification of interviewee 2	[1] Specialist physician	[2] Generalist physician
		[3] Clinical officer	[4] Medical assistant
		[5] Trained midwife	[6] Professional nurse
		[7] Enrolled nursing assistant	[8] Enrolled nurse
		[9] Counsellor	[10] Nurse counsellor
		[11] Community health worker, [12] Other <i>(specify)</i>	/health surveillance asst.
11a.	Name(s) of interviewer(s)		

Coding	purposes
	P - P

A1.	Location	[1] Urban [2] Peri-urban	[3] Rural	
A2.	Distance from nearest large city/town (km)			
	(minutes by vehicle)			
	Name of the nearest city/town			
A3.	Access road	[1] Tarmac road [3] Other (describe below):	[2] Functioning dirt road	
		[3] Other (describe below).		
A4.	Current water supply	[1] Mains supply	[2] Bore hole	
		[3] Shallow well	[4] No water supply	
		[5] Other (describe):		
A5.	Current electricity supply	[1] Mains supply	[2] Solar power	
		[3] No electricity	[4] Other (describe below):	
A6.	Health facility catchment population			
A7.	Health facility catchment area (km²)			
A8.	Furthest distance in catchment area (km)			L
A9.	Type of facility	[1] Central Hospital	[2] District Hospital	
		[3] Rural Hospital	[4] Private/Mission Hospital	
		[5] Private/Mission Clinic	[6] Health Centre (no level)	
		[7] Health Centre Level III	[8] Health Centre Level IV	
		[9] Dispensary	[10] Other (list below):	
A10.	What is the nearest tertiary care facility?			
A11.	How long does it take a patient to travel from this facility to the nearest tertiary care facility (District or Central Hospital, whichever is closer)? List in #		hours	
	of hours. State the typical mode of transportation for a		hours	
A12.	patient to travel to the nearest tertiary care facilty.			
A13.	What organization owns this facility?	[1] Ministry of Health		
		[2] Christian Health Assosication	on	
		Name of church:		
		[3] NGO		
		Name of NGO:		
		[4] Other		
		Name and type:	_	

A14.	List number of FULL TIME staff at this facility		
A15.	How many regular FULL TIME staff of the following	ng types are present at this facility?	
	# specialist physician(s)	□ None	
	# generalist physician(s)	□ None	
	# clinical officer(s)	□ None	
	# medical assistant(s)	□ None	
	# trained midwife(s)	□ None	
	# nurse(s)	□ None	
	# nurse counsellors(s)	□ None	
	# counsellor(s)	□ None	
	# trained laboratory technician(s)	□ None	
	# community health worker(s)/HSA(s)	□ None	
	# statistical/administrative clerk(s)	□ None	
	# auxilliary staff	□ None	
	# other (specify)		
	# other (specify)		
	# other (specify)		
Alb I	List number of PART TIME staff (including locums) at this facility		
A17.	How many regular PART TIME staff (including loc	cums) of the following types are present at this facility?	
	# specialist physician(s)	☐ None	
	# generalist physician(s)	□ None	
	# clinical officer(s)	□ None	
	# medical assistant(s)	□ None	
	# trained midwife(s)	□ None	
	# nurse(s)	□ None	
	# nurse counsellors(s)	□ None	
	# counsellor(s)	□ None	
	# trained laboratory technician(s)	□ None	
	# community health worker(s)/HSA(s)	□ None	
	# statistical/administrative clerk(s)	□ None	
	# auxilliary staff	□ None	
	# other (specify)		
	# other (specify)		
	# other (specify)		

Coding	ourposes
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8. How many ABSENTEE DAYS were there in the past	t three months for the following staff cadres at this site?	
# specialist physician(s)	□ None	
# generalist physician(s)	□ None	
# clinical officer(s)	□ None	
# medical assistant(s)	□ None	
# trained midwife(s)	□ None	
# nurse(s)	□ None	
# nurse counsellors(s)	□ None	
# counsellor(s)	□ None	
# trained laboratory technician(s)	□ None	
# community health worker(s)/HSA(s)	□ None	
# statistical/administrative clerk(s)	□ None	
# auxilliary staff	□ None	
# other (specify)		
# other (specify)		
# other (specify)		
9. How many OVERTIME HOURS did staff in the follo	wing cadres work in the past three months at this site?	
# specialist physician(s)	☐ None	
# generalist physician(s)	☐ None	
# clinical officer(s)	□ None	
# medical assistant(s)	☐ None	
# trained midwife(s)	☐ None	
# nurse(s)	□ None	
# nurse counsellors(s)	□ None	
# counsellor(s)	□ None	
# trained laboratory technician(s)	□ None	
# community health worker(s)/HSA(s)	□ None	
# statistical/administrative clerk(s)	☐ None	
# auxilliary staff	□ None	
# other (specify)		
# other (specify)		
# other (specify)		
· · · · · · · · · · · · · · · · · · ·		

Coding	purposes

. How many staff in the following cadres LEFT THEIF	R POST in the past three months at this site?	
# specialist physician(s)	□ None	
# generalist physician(s)	□ None	
# clinical officer(s)	□ None	
# medical assistant(s)	□ None	
# trained midwife(s)	□ None	
# nurse(s)	□ None	
# nurse counsellors(s)	□ None	
# counsellor(s)	□ None	
# trained laboratory technician(s)	□ None	
# community health worker(s)/HSA(s)	□ None	
# statistical/administrative clerk(s)	□ None	
# auxilliary staff	□ None	
# other (specify)		
# other (specify)		
# other (specify) # other (specify)		
# other (specify)	ed at this site in the past three months at this site?	
# other (specify)	ed at this site in the past three months at this site?	
# other (specify) . How many NEW staff in the following cadres start	·	
# other (specify) How many NEW staff in the following cadres start # specialist physician(s)	□ None	
# other (specify) . How many NEW staff in the following cadres start # specialist physician(s) # generalist physician(s)	□ None	
# other (specify) . How many NEW staff in the following cadres start # specialist physician(s) # generalist physician(s) # clinical officer(s)	☐ None ☐ None ☐ None	
# other (specify) How many NEW staff in the following cadres start # specialist physician(s) # generalist physician(s) # clinical officer(s) # medical assistant(s)	☐ None ☐ None ☐ None ☐ None ☐ None	
# other (specify) . How many NEW staff in the following cadres start # specialist physician(s) # generalist physician(s) # clinical officer(s) # medical assistant(s) # trained midwife(s)	□ None □ None □ None □ None □ None	
# other (specify) . How many NEW staff in the following cadres start # specialist physician(s) # generalist physician(s) # clinical officer(s) # medical assistant(s) # trained midwife(s) # nurse(s)	☐ None	
# other (specify) How many NEW staff in the following cadres start # specialist physician(s) # generalist physician(s) # clinical officer(s) # medical assistant(s) # trained midwife(s) # nurse(s) # nurse counsellors(s)	□ None	
# other (specify) How many NEW staff in the following cadres start # specialist physician(s) # generalist physician(s) # clinical officer(s) # medical assistant(s) # trained midwife(s) # nurse(s) # nurse counsellors(s) # counsellor(s)	□ None	
# other (specify) How many NEW staff in the following cadres start # specialist physician(s) # generalist physician(s) # clinical officer(s) # medical assistant(s) # trained midwife(s) # nurse(s) # nurse counsellors(s) # counsellor(s) # trained laboratory technician(s)	□ None	
# other (specify) How many NEW staff in the following cadres start # specialist physician(s) # generalist physician(s) # clinical officer(s) # medical assistant(s) # trained midwife(s) # nurse(s) # nurse counsellors(s) # counsellor(s) # trained laboratory technician(s) # community health worker(s)/HSA(s)	□ None	
# other (specify) . How many NEW staff in the following cadres start # specialist physician(s) # generalist physician(s) # clinical officer(s) # medical assistant(s) # trained midwife(s) # nurse counsellors(s) # counsellor(s) # trained laboratory technician(s) # community health worker(s)/HSA(s) # statistical/administrative clerk(s)	□ None □ None	
# other (specify) . How many NEW staff in the following cadres start # specialist physician(s) # generalist physician(s) # clinical officer(s) # medical assistant(s) # trained midwife(s) # nurse(s) # nurse counsellors(s) # counsellor(s) # trained laboratory technician(s) # community health worker(s)/HSA(s) # statistical/administrative clerk(s) # auxilliary staff	□ None □ None	

Coding	purposes
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A22.	Is staff housing available at this facility?	[1]Yes [2]No	
	If yes, list number of staff housing units available	□ None	
	List which staff is the housing provided to	a) \square None	
		b) \square None	
		c) 🗆 None	
	Describe quality of staff housing units	[1] Good [2] Reasonable [3] Unusable None	
A23.	How many beds does this facility have by categor	y (if applicable)?	
	Emergency	□ None	
	Maternity ward	□ None	
	Surgery	□ None	
	Medical	□ None	
	Pediatric	□ None	
	Other (list)	□ None	
	Other (list)	□ None	
	Other (list)	□ None	
A24.	How many in-patient days were there at this faci	lity in the months listed below?	
	# in-patient days SEPTEMBER 2011	□ None	
	# in-patient days AUGUST 2011	□ None	
	# in-patient days JULY 2011	□ None	
A25.	How many outpatient visits were conducted at the	his facility in the months listed below?	
	# outpatient visits SEPTEMBER 2011	□ None	
	# outpatient visits AUGUST 2011	□ None	
	# outpatient visits JULY 2011	□ None	
	Does this facility provide or refer for any of the fo	llowing services?	
A26.	General medicine	[1] Yes, provide service [2] No, refer [3] Don't know If no, then list referral site:	
427	Podiatrio modicio	·	
A27.	Pediatric medicine	[1] Yes, provide service [2] No, refer [3] Don't know If no, then list referral site:	
A28.	Surgical services	[1] Yes, provide service	
		If no, then list referral site:	
A29.	Tuberculosis treatment	[1] Yes, provide service	
		If no, then list referral site:	
		If yes, is HIV testing routinely offered to patients on TB treatment?	
		[1] Yes, in same consultation	
		[3] Not offered routinely	

Coding purposes	Coding	purposes
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A30.	soniazid preventative therapy for HIV+ patients	[1] Yes, provide service
	(IPT)	If no, then list referral site:
		If yes, what are the criteria for IPT initiation?
A31.	Sexually transimitted infection care	[1] Yes, provide service
	(STI)	I
		If yes, is HIV testing routinely offered to STI clients? [1] Yes, in same consultation [2] Yes, refer to other service
		[3] Not offered routinely [4] Don't know
A32.	HIV testing and counselling (HTC)	
, 1,52.	The testing and counseling (FIT C)	If no, then list referral site:
A33.	Prevention of mother to child transmission	[1] Yes, provide service [2] No, refer [3] Don't know
		If no, then list referral site:
A34.	Basic non-ART HIV/AIDS care	[1] Yes, provide service [2] No, refer [3] Don't know
	(e.g. diarrhea, pneumonia management)	I
A35.	Complex non-ART HIV/AIDS care	[1] Yes, provide service
	(e.g. severe sepsis, meningitis management)	If no, then list referral site:
A36.	Cotrimoxazole preventative therapy	[1] Yes, provide service
	for HIV+ patients (CPT)	If no, then list referral site:
		If yes, what are the criteria for CPT initiation?
		If yes, how many days of stock out of CTX in past 3 mths?
		ill yes, now many days of stock out of CTX ill past 5 mills:
	, , , , , , , , , , , , , , , , , , , ,	ollowing services? (continued from previous page)
A37.	Antiretroviral treatment (ART)	I
		If no, then list referral site:
A38.	Palliative care for AIDS (e.g. opioid treatment)	I ⊨
		If no, then list referral site:

Coding	purposes
Coding	purposes

A39.	Antenatal care	[1] Yes, provide service	
		If no, then list referral site: If yes, then record the average # of new ANC clients per month:	\mathbb{H}
		If yes, then list the routine laboratory testing offered to ANC clients:	
		[1] HIV test [2] Haemoglobin [3] Malaria test	\perp
		[4] Syphillis test [5] No routine tests [6] Don't know	
		[7] Others (specify):	\perp
			\Box
A40.	Obstetric care (L&D)	[1] Yes, provide service [2] No, refer [3] Don't know	
		If no, then list referral site:	
		If yes, then list average # of deliveries per month:	
A41.	Family planning	[1] Yes, provide service	\vdash
	,. ,	If no, then list referral site:	
A42.	Laboratory services	[1] Yes, provide service	
		If no, then list referral site:	
	Please list any other services or clinics provided a	t this facility below:	
A43.	Other service or clinic (specify)	[1] Yes, provide service	
		If no, then list referral site:	
A45.	Other service or clinic (specify)	[1] Yes, provide service [2] No, refer	
		If no, then list referral site:	
A46.	Other service or clinic (specify)	[1] Yes, provide service [2] No, refer	
		If no, then list referral site:	
A47.	Does this facility charge for outpatient consultations?	[1] Yes [2] No	
	If yes, describe the costs and amounts.		
			+
A48.	Does this facility charge for in-patient stays? If yes, describe the costs and amounts.	[1] Yes [2] No	\vdash
	ij yes, aesembe the costs und uniounts.		
A49.	Does this facility charge for drugs (medications)?	[1]Yes [2]No	
	If yes, describe the costs and amounts.		

Coding purposes

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A50.	Does this facility charge for laboratory tests?	[1] Yes [2] No	_	1	\dashv
	If yes, describe the costs and amounts.				
A51.	Aside from transportation and food, are there any	[1]Yes [2]No		Ť	٦
	other medical costs that patients encounter at	a)			
	your facility? <i>If yes,please list</i> & <i>describe the costs</i> .	b)		Ť	٦
		c)		Ť	┨
		d)	\vdash	t	\dashv
			L	\pm	\exists
A52.	Any other research team(s) working at this facility?	[1]Yes [2]No		1	_
		a)			
	If yes, which research team(s)?	b)			
		c)		T	٦
A53.	What is the main funder for the following items a	at your facility?	F	Ť	╕
	Buildings and infrastructure	[1] Government [2] NGO		Ť	٦
		[3] Private institution [4] Research institution/University			
		[5] Faith-based provider [6] Don't know			
		[7] Other			
	Maintenance of buildings and infrastructure	[1] Government [2] NGO		I	
		[3] Private institution [4] Research institution/University		1	_
		[5] Faith-based provider [6] Don't know	_	1	4
		[7] Other		\perp	ightert
	Staff salaries	[1] Government [2] NGO		1	4
		[3] Private institution [4] Research institution/University	-	+	4
		[5] Faith-based provider [6] Don't know		1	\dashv
		[7] Other		1	\rfloor
	ART drugs	[1] Government [2] NGO		1	\rfloor
		[3] Private institution [4] Research institution/University		+	\dashv
		[5] Faith-based provider [6] Don't know		+	\dashv
		[7] Other			

Section A: Health Centre Service Overview

—			Coding pu
\54 .	Please state the # of days of stock outs of the follo	owing items at this facility in the past 3 months	
	TB drugs	□ None	
	Antibiotics	☐ None	
	Antimalarial drugs	☐ None	
	Other (specify)		
	Other (specify)		
	Other (specify)		
		referral system at this facility. Please include all places e referred to your facility from other places and people, and all ents, clients and laboratory specimens to.	
			\Box
			\vdash
			\vdash
			\vdash
			1 1

Coding	purposes

A56. Please describe the patient flow for all the client/	patient services	discussed (use words	and/or pictures)
.57. Please make arrangements to get patient register			
	[1] Received	[2] Not received	[3] Not applicable
PMTCT register		[2] Not received	[3] Not applicable
	[1] Received	[2] Not received	[3] Not applicable
	[1] Received	[2] Not received	[3] Not applicable
	[1] Received	[2] Not received	[3] Not applicable
Pre-ART register		[2] Not received	[3] Not applicable
TB-HIV register	[1] Received	[2] Not received	[3] Not applicable
ANC register	[1] Received	[2] Not received	[3] Not applicable
L&D register	[1] Received	[2] Not received	[3] Not applicable
.58. End time of this section			
PLEASE PROCEED TO NEXT SECTION (SECTION B)			

Baseline Assessment Tool for Health Facility (Lab-lite Study) Section B: **HIV Testing and Counselling**

Coding	purposes

1b.	Country site		
2b.	Name of health facility		
3b.	District		
4b.	Informed consent obtained from interviewee(s)	[1] Yes [2] No	
	If no, please obtain informed consent before pr	oceeding, and start again.	
5b.	Date of interview		
6b.	Start time of interview		
7b.	Name of interviewee 1		
8b.	Professional qualification of interviewee 1	[1] Specialist physician	[2] Generalist physician
		[3] Clinical officer	[4] Medical assistant
		[5] Trained midwife	[6] Professional nurse
		[7] Enrolled nursing assistant	[8] Enrolled nurse
		[9] Counsellor	[10] Nurse counsellor
		[11] Community health worker/ [12] Other (specify)	/health surveillance asst.
9b.	Name of interviewee 2		☐ None
10b.	Professional qualification of interviewee 2	[1] Specialist physician	[2] Generalist physician
		[3] Clinical officer	[4] Medical assistant
		[5] Trained midwife	[6] Professional nurse
		[7] Enrolled nursing assistant	[8] Enrolled nurse
		[9] Counsellor	[10] Nurse counsellor
1		[11] Community health worker	health surveillance asst.
		[12] Other (specify)	Teath surveinance assur
11b.	Name(s) of interviewer(s)	·	Teath surveillance assur

Baseline Assessment Tool for Health Facility (Lab-lite Study) Section B: **HIV Testing and Counselling**

B1.	Are HTC services available at this facility?	[1] Yes	[2]N	lo -> if no, s	kip to SEC	TION C.
В2.	If yes, start date of HTC services at this facility?		MM		YYYY	☐ Don't know
В3.	What is the schedule of HTC services at this facilty?	Mon:				
		Tues:				
	List the hours for each day of the week	Wed:				
	that HTC services are available	Thurs:				
		Fri:				
	Landard LITC visite was a sandwated at this feet	::		liate al le al a	2	
В4.	How many HTC visits were conducted at this faci # HTC visits SEPTEMBER 2011	ity in the	months	listed belov	N ?	□ None
	# HTC visits SEPTEMBER 2011 # HTC visits AUGUST 2011					☐ None
	# HTC visits AUGUST 2011 # HTC visits JULY 2011					□ None
B5.	List the number of staff that provide HTC as a pa	rt of thei	r <i>regular</i>	duties at t	his facility	
	# Physician(s)					☐ None
	# Clinical officer(s)					□ None
	# Medical assistant(s)					□ None
	# Midwife(s)					□ None
	# Nurse(s)					□ None
	# Nurse counsellor(s)					□ None
	# Dedicated counsellor(s)					□ None
	# Community health worker/HSA(s)					☐ None
	# Other (specify)					
	# Other (specify)					
	# Other (specify)					
В6.	List the number of staff that have been trained	to provid	e HTC at	this facility	by provid	er type:
	# Physician(s)					☐ None
	# Clinical officer(s)					☐ None
	# Medical assistant(s)					☐ None
	# Midwife(s)					☐ None
	# Nurse(s)					☐ None
	# Nurse counsellor(s)		_			☐ None
	# Dedicated counsellor(s)					☐ None
	# Community health worker/HSA(s)					☐ None
	# Other (specify)					
	# Other (specify)					
	# Other (specify)					
B7.	What is the HIV test strategy for adults and child	ren aged	>18 mor	nths at this	facility? So	elect all that apply.
		_				
	[1] Rapid HIV test(s) [2] ELISA [3] Weste	ern Riot	[4]PCR	[5] Don't	know [6	J Other (specify below)
<u> </u>					_	
В8.	#Days stock-out of HIV test kits in past 3 months					☐ None

Section B: **HIV Testing and Counselling**

Section B: HIV Testing and Counselling	Coding purposes
B9. Describe how community groups, including CBOs, are involved in HTC provision and support at this facility.	
	H
B10. What are the challenges, if any, that health providers face in providing HTC at this facility?	\mathbb{H}
a)	
b)	
c)	
d)	
e)	
B11. Other important information about HTC at this site.	
B12. End time of this section	

PLEASE PROCEED TO NEXT SECTION (SECTION C)

ect	ion C: PMTCT			Coding purpos
1c.	Country site			
2c.	Name of health facility			
3c.	District			
4c.	Informed consent obtained from interviewee(s)	[1] Yes [2] No		
	If no, please obtain informed consent before pr	oceeding, and start again.		
5c.	Date of interview			
6c.	Start time of interview			
7c.	Name of interviewee 1			
8c.	Professional qualification of interviewee 1	[1] Specialist physician	[2] Generalist physician	
		[3] Clinical officer	[4] Medical assistant	
		[5] Trained midwife	[6] Professional nurse	
		[7] Enrolled nursing assistant	[8] Enrolled nurse	
		[9] Counsellor	[10] Nurse counsellor	
		[11] Community health worker/	health surveillance asst.	
		[12] Other (specify)		
9c.	Name of interviewee 2		□ None	
10c.	Professional qualification of interviewee 2	[1] Specialist physician	[2] Generalist physician	
		[3] Clinical officer	[4] Medical assistant	
		[5] Trained midwife	[6] Professional nurse	
		[7] Enrolled nursing assistant	[8] Enrolled nurse	
		[9] Counsellor	[10] Nurse counsellor	
		[11] Community health worker,	health surveillance asst.	
		[12] Other (specify)		
11c	Name(s) of interviewer(s)	I		

Baseline Assessment Tool for Health Facility (Lab-lite Study)

Section C: **PMTCT**

# new PMTCT clients enrolled SEPTEMBER 2011 # new PMTCT clients enrolled AUGUST 2011 # new PMTCT clients enrolled JULY 2011 C5. List the number of staff that provide PMTCT as a part of their regular duties at this facility, by provider type: # Physician(s) # Clinical officer(s) # Medical assistant(s) # Midwife(s) # Non # Nurse(s) # Non # Nurse(s) # Other (specify) # Other (specify) # Other (specify) # Clinical officer(s) # Physician(s) # Physician(s) # Physician(s) # Physician(s) # Physician(s) # Non # Midwife(s) # Non # Non # Non # Midwife(s) # Non # Other (specify) # Other (spe	C1.	Are PMTCT services available at this facility?	[1] Yes	[2] No ->	if no, skip	o to SECTIO	ON D.
this facility? List the hours for each day of the week that PMTCT services are available that PMTCT services are available that PMTCT services are available that PMTCT clients were enrolled in PMTCT at this facility in the months listed below? # new PMTCT clients enrolled AUGUST 2011	C2.	If yes, start date of PMTCT services at this facility?	N	IM	Υ	YYY	☐ Don't know
that PMTCT services are available Fri: Fri:	C3.						
Fri:		List the hours for each day of the week	Wed:				
# new PMTCT clients enrolled SEPTEMBER 2011		that PMTCT services are available	Thurs:				
# new PMTCT clients enrolled SEPTEMBER 2011 # new PMTCT clients enrolled AUGUST 2011 # new PMTCT clients enrolled JULY 2011 Some PMTCT clients at this facility, by provider type: # Physician(s)			Fri:				
# new PMTCT clients enrolled AUGUST 2011 # new PMTCT clients enrolled JULY 2011 C5. List the number of staff that provide PMTCT as a part of their regular duties at this facility, by provider type: # Physician(s) # Clinical officer(s) # Medical assistant(s) # Nurse(s) # Nurse(s) # Nurse(s) # Nurse(s) # Nurse counsellor(s) # Community health worker/HSA(s) # Other (specify) # Other (specify) C6. List the number of staff that have been trained to provide PMTCT at this facility, by provider type: # Physician(s) # Clinical officer(s) # None # Midwife(s) # None # Midwife(s) # Nurse(s) # Nurse(s) # None # Nurse(s) # Other (specify)	C4.	How many new clients were enrolled in PMTCT a	t this facilit	y in the mo	onths liste	d below?	
# new PMTCT clients enrolled JULY 2011		# new PMTCT clients enrolled SEPTEMBER 2011					☐ None
CS. List the number of staff that provide PMTCT as a part of their regular duties at this facility, by provider type: # Physician(s)		# new PMTCT clients enrolled AUGUST 2011					☐ None
# Physician(s)		# new PMTCT clients enrolled JULY 2011					☐ None
# Clinical officer(s)	C5.	List the number of staff that provide PMTCT as a	part of the	ir regular (duties at	this facility	, by provider type:
# Medical assistant(s) Non- # Midwife(s) Non- # Nurse(s) Non- # Nurse counsellor(s) Non- # Community health worker/HSA(s) Non- # Other (specify) C6. List the number of staff that have been trained to provide PMTCT at this facility, by provider type: # Physician(s) Non- # Clinical officer(s) Non- # Midwife(s) Non- # Midwife(s) Non- # Nurse(s) Non- # Nurse(s) Non- # Other (specify) Non- # Sommunity health worker/HSA(s) Non- # Other (specify) Non- # Other (specify) Non- # Sommunity health worker/HSA(s) Non- # Other (specify) Non- # Sommunity health worker/HSA(s) Non- # Other (specify) Non- # Sommunity health worker/HSA(s) Non- # Sommunity health worker		# Physician(s)					☐ None
# Midwife(s) None # Nurse (s) None # Nurse counsellor(s) None # Dedicated counsellor(s) None # Other (specify) # Other (specify) # Community health worker/HSA(s) None # Physician(s) None # Clinical officer(s) None # Midwife(s) None # Midwife(s) None # Nurse(s) None # Nurse(s) None # Nurse(s) None # Dedicated counsellor(s) None # Other (specify) # Other (specify		# Clinical officer(s)					☐ None
# Nurse(s) None # Nurse counsellor(s) None # Dedicated counsellor(s) None # Other (specify) # Other (specify) # Other (specify) C6. List the number of staff that have been trained to provide PMTCT at this facility, by provider type: # Physician(s) None # Clinical officer(s) None # Midwife(s) None # Midwife(s) None # Nurse(s) None # Nurse counsellor(s) None # Dedicated counsellor(s) None # Other (specify) # Other (speci		# Medical assistant(s)					☐ None
# Nurse counsellor(s) None # Dedicated counsellor(s) None # Community health worker/HSA(s) None # Other (specify) # Other (specify) # Clist the number of staff that have been trained to provide PMTCT at this facility, by provider type: # Physician(s) None # Clinical officer(s) None # Midwife(s) None # Midwife(s) None # Nurse(s) None # Nurse counsellor(s) None # Dedicated counsellor(s) None # Other (specify) # Infant: C7. What is the standard PMTCT regimen available at this facility? Specify the ARVs and dosing schedule. Is this the same PMTCT regimen as the national guideline? [1] Yes [2] No [3] Don't know		# Midwife(s)					☐ None
# Dedicated counsellor(s) None # Community health worker/HSA(s) None # Other (specify) # Other (specify) C6. List the number of staff that have been trained to provide PMTCT at this facility, by provider type: # Physician(s) None # Clinical officer(s) None # Midwife(s) None # Midwife(s) None # Nurse counsellor(s) None # Dedicated counsellor(s) None # Community health worker/HSA(s) None # Other (specify) # Other (specify) # Other (specify) # Other (specify) Mother: C7. What is the standard PMTCT regimen available at this facility? Specify the ARVs and dosing schedule. [1] Yes [2] No [3] Don't know							☐ None
# Community health worker/HSA(s) None # Other (specify) # Other (specify) C6. List the number of staff that have been trained to provide PMTCT at this facility, by provider type: # Physician(s) None # Clinical officer(s) None # Midwife(s) None # Midwife(s) None # Nurse counsellor(s) None # Dedicated counsellor(s) None # Community health worker/HSA(s) None # Other (specify) # Other (specify) # Other (specify) # Other (specify) # Other (specify)							☐ None
# Other (specify) # Other (specify) C6. List the number of staff that have been trained to provide PMTCT at this facility, by provider type: # Physician(s)		# Dedicated counsellor(s)					☐ None
# Other (specify) C6. List the number of staff that have been trained to provide PMTCT at this facility, by provider type: # Physician(s)		# Community health worker/HSA(s)					☐ None
C6. List the number of staff that have been trained to provide PMTCT at this facility, by provider type: # Physician(s)		# Other (specify)					
# Physician(s)		# Other (specify)					
# Clinical officer(s)	C6.	List the number of staff that have been trained	to provide	PMTCT at t	his facility	, by provid	der type:
S None # Midwife(s) None # Nurse(s) None # Nurse counsellor(s) None # Dedicated counsellor(s) None # Community health worker/HSA(s) None # Other (specify) # Other (spec		# Physician(s)					☐ None
# Midwife(s)		# Clinical officer(s)					☐ None
# Nurse (s)		S					☐ None
# Nurse counsellor(s)		# Midwife(s)					☐ None
# Dedicated counsellor(s) # Community health worker/HSA(s) # Other (specify) # Other (specify) # Other (specify) Mother: C7. What is the standard PMTCT regimen available at this facility? Specify the ARVs and dosing schedule. C8. Is this the same PMTCT regimen as the national guideline? [1] Yes [2] No [3] Don't know		# Nurse(s)					☐ None
# Community health worker/HSA(s) # Other (specify) # Other (specify) Mother: C7. What is the standard PMTCT regimen available at this facility? Specify the ARVs and dosing schedule. C8. Is this the same PMTCT regimen as the national guideline? [1] Yes [2] No [3] Don't know		# Nurse counsellor(s)					☐ None
# Other (specify) # Other (specify) Mother: What is the standard PMTCT regimen available at this facility? Specify the ARVs and dosing schedule. [1] Yes [2] No [3] Don't know							☐ None
# Other (specify) C7. What is the standard PMTCT regimen available at this facility? Specify the ARVs and dosing schedule. C8. Is this the same PMTCT regimen as the national guideline? [1] Yes [2] No [3] Don't know		# Community health worker/HSA(s)					☐ None
C7. What is the standard PMTCT regimen available at this facility? Specify the ARVs and dosing schedule. C8. Is this the same PMTCT regimen as the national guideline? [1] Yes [2] No [3] Don't know		# Other (specify)					
C7. What is the standard PMTCT regimen available at this facility? Specify the ARVs and dosing schedule. C8. Is this the same PMTCT regimen as the national guideline? [1] Yes [2] No [3] Don't know		# Other (specify)					
C7. What is the standard PMTCT regimen available at this facility? Specify the ARVs and dosing schedule. C8. Is this the same PMTCT regimen as the national guideline? [1] Yes [2] No [3] Don't know			Mother:				
available at this facility? Specify the ARVs and dosing schedule. [1] Yes [2] No [3] Don't know	c=	 					
dosing schedule. C8. Is this the same PMTCT regimen as the national guideline? [1] Yes [2] No [3] Don't know	C7.						
C8. Is this the same PMTCT regimen as the national guideline? [1] Yes [2] No [3] Don't know			Infant:				
cs. guideline?		dosing schedule.					
C9. # Days stock-out of ARVs for PMTCT in past 3 mths	C8.	_	[1] Yes	[2] No	[3] Don	't know	
	C9.	# Days stock-out of ARVs for PMTCT in past 3 mths					☐ None

Section C: **PMTCT**

Section C: PMTCT	Coding purposes
C10. Is cotrimoxazole prophylaxis provided to HIV+ pregnant mothers? [1] Yes [2] No [3] Don't know	
C11. Is cotrimoxazole prophylaxis provided to exposed infants? [1] Yes [2] No [3] Don't know	
C12. # Days stock-out of cotrimoxazole prophylaxis (CTP)	None
C13. Is infant replacement feeding regularily available for HIV+ mothers who desire it?	
[1] Yes, provide service at this facility [2] Yes, available at a referral facility [3] Not available [4] Don't	know
C14. Is elective C-section regularily available for HIV+ motherts who desire it?	
[1] Yes, provide service at this facility [2] Yes, available at a referral facility [3] Not available [4] Don't	know
C15. What is the HIV test strategy for <i>infants</i> aged ≤18 months at this facility? <i>Select all that apply</i> .	
[1] Rapid HIV test(s) [2] ELISA [3] Western Blot [4] PCR (EID) [5] Don't know [6] Other	
C16. Describe how HIV+ mothers are followed up and supported at this facility.	
Describe how exposed infants are followed up	
and supported at this facility.	
C18. Describe how community groups, including CBOs, are involved in PMTCT provision and	
support at this facility.	
Describe how volunteers, including expert	
patients are involved in PMTCT provision and	
support at this facility.	
C20. What are the challenges, if any, that health providers face in providing PMTCT at this facility?	
a)	
b)	
c)	
d)	
e)	

Baseline Assessment Tool for Health Facility (Lab-lite Study)

Section C: **PMTCT**

C21. Other important information about PMTCT at this site (e.g. support groups, male involvement, etc.):	Γ	T	٦
			٦
		\top	٦
	F	\top	1
	F	†	┪
	r	$^{+}$	\forall
	F	$^{+}$	┨
	-	+	\dashv
	 	+	\dashv
	 	+	\dashv
	H	+	\dashv
	H	+	\dashv
	\vdash	+	\dashv
	H	+	\dashv
	H	+	\dashv
	-	+	\dashv
	-	+	\dashv
	-	+	4
	-	+	4
		\perp	4
		_	4
C22. End time of this section		\perp	4
	_	\perp	\perp
PLEASE PROCEED TO NEXT SECTION (SECTION D)	L		

Baseline Assessment Tool for Health Facility (Lab-lite Study) Section D: **Antiretroviral Treatment**

1d.	Country site			
2d.	Name of health facility			
3d.	District			
4d.	Informed consent obtained from interviewee(s)	[1] Yes [2] No		
	If no, please obtain informed consent before pr	oceeding, and start again.		
5d.	Date of interview			
6d.	Start time of interview			
7d.	Name of interviewee 1			
8d.	Professional qualification of interviewee 1	[1] Specialist physician	[2] Generalist physician	
		[3] Clinical officer	[4] Medical assistant	
		[5] Trained midwife	[6] Professional nurse	
		[7] Enrolled nursing assistant	[8] Enrolled nurse	
		[9] Counsellor	[10] Nurse counsellor	
		[11] Community health worker/[12] Other (specify)	health surveillance asst.	
9d.	Name of interviewee 2		☐ None	
10d.	Professional qualification of interviewee 2	[1] Specialist physician	[2] Generalist physician	
		[3] Clinical officer	[4] Medical assistant	
		[5] Trained midwife	[6] Professional nurse	
		[7] Enrolled nursing assistant	[8] Enrolled nurse	
		[9] Counsellor	[10] Nurse counsellor	
		[11] Community health worker/[12] Other (specify)	health surveillance asst.	
11d.	Name(s) of interviewer(s)			

Baseline Assessment Tool for Health Facility (Lab-lite Study) Section D: Antiretroviral Treatment

المال	ion D. Anthetiovilal freatment	
D1.	Are ART services available at this facility?	[1] Yes [2] No -> if no, consider applying ART readiness tool and skip to SECTION E.
D2.	If yes, start date of ART services at this facility?	MM YYYY □ Don't know
D3.	Where are ART services located at this facility?	[1] ART is provided in the general OPD
		[2] ART is provided in a separate/dedicated clinic.
		[3] Other (specify):
D4.	What is the schedule of ART services at this facilty?	Mon:
		Tues:
	List the hours for each day of the week	Wed:
	and which ART services are available	Thurs:
		Fri:
D5.	# ADULTS 15 and over currently on ART at this fa	cility:
D6.	# CHILDREN <15 currently on ART at this facility:	☐ Don't know
D7.	Average # ADULTS 15 and over <i>initiated</i> on ART	per month at this facility: \square None \square Don't kno
D8.	Average # CHILDREN <15 <i>initiated</i> on ART per m	onth at this facility:
D9.	How many ART patient visits (for any reason) occ	cured at this facility in the months listed below?
	# ART patient visits SEPTEMBER 2011	□ None
	# ART patient visits AUGUST 2011	☐ None
	# ART patient visits JULY 2011	☐ None
D10.	this	[1] TB & ART services are integrated (same provider does both)
	facility?	[2] TB & ART services are co-located (different providers in same clinic)
		[3] No [4] Don't kow
D11.	Is CD4 testing regularily available at this facility?	[1] Yes, sample collection and testing done on site
		[2] Yes, sample collection done on site and sent to referral lab
		[3] Yes, but patients are sent to a referral lab
		[4] CD4 testing not regularily available
D12.	What is the standard first-line ART regimen for adults available at this facility?	
D13.	Is this the same ART regimen as the national guideline?	[1] Yes [2] No [3] Don't know
D14.	#Days stock-out of first-line ARVs for adults in past 3 mths?	□ None
D15.	Are adverse drug reactions (side-effects) to first-	[1] Yes [2] No -> If no, list referral site:
- 10.	line ART in adults managed at this facility?	[] To a many more referral steel
D16.	Is an alternative first-line ART regimen available for adults at this facility?	[1] Yes [2] No -> If no, list referral site:
		If yes, list the regimen.
	[
D17.	Is a second-line ART regimen available for adults at this facility?	[1] Yes [2] No -> If no, list referral site:

Section D: Antiretroviral Treatment Coding purposes If yes, list the regimen. [1] WHO stage [2] CD4 count D18. What is/are the criteria used for ART initiation in adults? Check all that apply. [3] Don't know [4] Other: Describe the schedule for clinical follow up in D19. adults in the first 3 months of ART initiation. Describe the schedule for clinical follow up in adults after the first 3 months of ART initiation. What is the standard first-line ART regimen for D21. children available at this facility? ☐ Not available, list referral site: Is this the same ART regimen as the national D22. [1] Yes [2]No [3] Don't know guideline? #Days stock-out of first-line ARVs for children in ☐ None D23. past 3 mths? Are adverse drug reactions (side-effects) to first-[1] Yes [2] No -> If no, list referral site: line ART in children managed at this facility? Is an alternative first-line ART regimen available D25. [1] Yes [2] No -> If no, list referral site: for children at this facility? If yes, list the regimen. Is a second-line ART regimen available for D26. [2] No -> If no, list referral site: children at this facility? If yes, list the regimen. [1] WHO stage [2] CD4 count D27. What is/are the criteria used for ART initiation in children? Check all that apply. [3] Don't know [4] Other: Describe the schedule for clinical follow up in D28. children in the first 3 months of ART initiation. Describe the schedule for clinical follow up in D29. children after the first 3 months of ART initiation. [1] All adults prior to ART initiation D30. How is CD4 testing regularily utilized at this facility in patients prior to ART initiation? [2] All children prior to ART initiation [3] Selected adults and children prior to ART initiation

Describe selection criteria:

Coding	purposes

		•	
		[4] CD4 testing not utilized in patients prior to ART initiation	
D31.	How is CD4 testing regularily utilized at this	[1] Every 3 mths in adults	
	facility in patients after ART initiation?	[3] Every 6 mths in adults [4] Every 6 mths in children	
	Check all that apply.	[5] Every year in adults	
		[7] Only when clinically indicated (i.e. when necessary)	
		[8] CD4 testing not regularily utilized	
		[9] Other (<i>list</i>):	
		[5] Other (ist).	
	In the last the state of the st		
D32.	Is viral load testing regularily available at this facility?	[1] Yes [2] No [3] Don't know	
		If yes, describe how viral load testing is utilized:	
L	Is HIV resistance testing regularily available at		
D33.	this facility?	[1] Yes [2] No [3] Don't know	
		If yes, describe how HIV resistance testing is utilized:	
D24	How is patient adherence to ART monitored	[1] Self report [2] Pill count by health care provider	
D34.	at this facility? <i>Check all that apply.</i>	[3] Viral load [4] Don't know	
		[5] Other (specify):	
	<u> </u>	[5] Other (specify) .	
D35.	Describe how patients on ART are supported for adherence at your facility.		
	,		
D36.	Describe how defaulter tracing is done at your		
D 30.	facility.		
D27	List the # of staff that provide HIV care as a part	of their <i>regular duties</i> , by provider type and their role:	
<i>U31</i> .		acility [] Visiting staff to this facility or part of mobile team	
	[] ART initiation [] ART routine follow-up		
	[] WHO staging [] Pediatric ART [
		facility [] Visiting staff to this facility or part of mobile team	
	[] ART initiation [] ART routine follow-up		
	[] WHO staging [] Pediatric ART [•	
		acility [] Visiting staff to this facility or part of mobile team	
	[] ART initiation [] ART routine follow-up	ART complex care (side effects, 2 nd line)	
	[] WHO staging [] Pediatric ART [] CPT and other non-ART HIV care	
	Midwife(s) # [] Regular staff at this f	facility [] Visiting staff to this facility or part of mobile team	
	[] ART initiation [] ART routine follow-up] ART complex care (side effects, 2 nd line)	

Coding	purposes

	[] NATIO at a size of a line distant a ADT	ı
	[] WHO staging [] Pediatric ART [] CPT and other non-ART HIV care	-
	Nurse(s) # [] Regular staff at this facility [] Visiting staff to this facility or part of mobile team	
	[] ART initiation [] ART routine follow-up [] ART complex care (side effects, 2 nd line)	
	[] WHO staging [] Pediatric ART [] CPT and other non-ART HIV care	
	Other () # [] Regular staff at this facility [] Visiting staff to this facility or part of mobile team	
	[] ART initiation [] ART routine follow-up [] ART complex care (side effects, 2 nd line) [] WHO staging [] Pediatric ART [] CPT and other non-ART HIV care	l ⊢
D38	List the number of staff that have been trained to provide adult HIV care at this facility, by provider type and role:	i ⊨
D30.	Physician(s) # [] Regular staff at this facility [] Visiting staff to this facility or part of mobile team	1
	[] ART initiation [] ART routine follow-up [] ART complex care (side effects, 2 nd line)	
		l ⊢
	[] WHO staging [] Pediatric ART [] CPT and other non-ART HIV care	! ⊢
	Clinical officer(s) # [] Regular staff at this facility [] Visiting staff to this facility or part of mobile team	
	[] ART initiation [] ART routine follow-up [] ART complex care (side effects, 2 nd line)	L
	[] WHO staging [] Pediatric ART [] CPT and other non-ART HIV care	
	Medical asst(s) # [] Regular staff at this facility [] Visiting staff to this facility or part of mobile team	
	[] ART initiation [] ART routine follow-up [] ART complex care (side effects, 2 nd line)	
	[] WHO staging [] Pediatric ART [] CPT and other non-ART HIV care	
	Midwife(s) # [] Regular staff at this facility] Visiting staff to this facility or part of mobile team	
	[] ART initiation [] ART routine follow-up [] ART complex care (side effects, 2 nd line)	_
	[] WHO staging [] Pediatric ART [] CPT and other non-ART HIV care	!
	Nurse(s) # [] Regular staff at this facility [] Visiting staff to this facility or part of mobile team	
	[] ART initiation [] ART routine follow-up [] ART complex care (side effects, 2 nd line)	
	[] WHO staging [] Pediatric ART [] CPT and other non-ART HIV care	
	Other () # [] Regular staff at this facility [] Visiting staff to this facility or part of mobile team	
	[] ART initiation [] ART routine follow-up [] ART complex care (side effects, 2 nd line) [] WHO staging [] Pediatric ART [] CPT and other non-ART HIV care	l ⊢
		¦ ⊨
D39.	Where are antiretroviral medications dispensed [1] Directly in ART clinic [2] Pharmacy on-site	
	for patients on ART at this facility? [3] Pharmacy off-site [4] Don't know	L
	[5] Other (specify) :	
D40	Describe how community groups, including	i F
D40.	CBOs, are involved in ART provision and	-
	support at this facility.	
		! ⊨
D41.	Describe how volunteers, including expert patients are involved in ART provision and	
	support at this facility.	
		l ⊢
D43	What are the shellowers if any that health providers for a in any disc. ADT at this facility of	¦ ⊨
D42.	What are the challenges, if any, that health providers face in providing ART at this facility?	
a)		
b)		
c)		

Baseline Assessment Tool for Health Facility (Lab-lite Study) Section D: **Antiretroviral Treatment**

D43. Other important information about ART provision at this site:

D44. End time this section.

PLEASE PROCEED TO NEXT SECTION (SECTION E)

Baseline Assessment Tool for Health Facility (Lab-lite Study) Section E: Laboratory Services

	Coding purposes				
an					
!					
,					
None					

1e.	Country site						
2e	Name of health facility						
3e.	District						
4e	Informed consent obtained from interviewee(s)	[1] Yes [2] No					
	If no, please obtain informed consent before proceeding, and start again.						
5e.	Date of interview						
6e	Start time of interview						
7e.	Name of interviewee 1						
8e.	Professional qualification of interviewee 1	[1] Specialist physician	[2] Generalist physician				
		[3] Clinical officer	[4] Medical assistant				
		[5] Trained midwife	[6] Professional nurse				
		[7] Enrolled nursing assistant	[8] Enrolled nurse				
		[9] Counsellor	[10] Nurse counsellor				
		[11] Community health worker,	/health surveillance asst.				
9e.	Name of interviewee 2		☐ None				
10e	Professional qualification of interviewee 2	[1] Specialist physician	[2] Generalist physician				
		[3] Clinical officer	[4] Medical assistant				
		[5] Trained midwife	[6] Professional nurse				
		[7] Enrolled nursing assistant	[8] Enrolled nurse				
		[9] Counsellor	[10] Nurse counsellor				
		[11] Community health worker, [12] Other <i>(specify)</i>	/health surveillance asst.				
11e	Name(s) of interviewer(s)						

	Does this facility provide or refer for any of the fo	ollowing laboratory services?	_
E1.	Haemoglobin	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
E2.	Total white cell count (WCC)	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
E3.	Differential WCC	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
E4.	Liver enzymes	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
E5.	Urea and creatnine	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
E6.	Electrolytes	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
E7.	Glucose	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
E8.	Lipids	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
E9.	Amylase	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
10.	Lactate	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
11.	Pregnancy test (B-HCG)	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
12.	Rapid test for malaria	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
13.	Blood microscopy for malaria	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
14.	Cryptococcal antigen titre (CrAg)	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
15.	CSF microscopy	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
16.	CSF microscopy with India Ink	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	
17.	Blood culture	[1] Yes, on site [2] Yes, refer to another site [3] Not available	
		If [2] Refer, then list referral site:	

Baseline Assessment Tool for Health Facility (Lab-lite Study) Section E: Laboratory Services

Coding	nurnose

E18.	Sputum microscopy for TB	[1] Yes, on site [2] Yes, refer to another site [3] Not available			
		If [2] Refer, then list referral site:			
E19.	Sputum culture for TB	[1] Yes, on site [2] Yes, refer to another site [3] Not available			
		If [2] Refer, then list referral site:			
E20.	TB drug sensitivity testing	[1] Yes, on site [2] Yes, refer to another site [3] Not available			
		If [2] Refer, then list referral site:			
E21.	Chest X-ray	[1] Yes, on site [2] Yes, refer to another site [3] Not available			
		If [2] Refer, then list referral site:			
E22.	CD4 count	[1] Yes, on site [2] Yes, refer to another site [3] Not available			
		If [2] Refer, then list referral site:			
E23.	Viral load for HIV	[1] Yes, on site [2] Yes, refer to another site [3] Not available			
		If [2] Refer, then list referral site:			
E24.	HIV drug resistance testing	[1] Yes, on site [2] Yes, refer to another site [3] Not available			
		If [2] Refer, then list referral site:	.		
E25.	Rapid HIV test	[1] Yes, on site [2] Yes, refer to another site [3] Not available	.		
		If [2] Refer, then list referral site:			
E26.	Other test (specify):	[1] Yes, on site [2] Yes, refer to another site			
		If [2] Refer, then list referral site:			
E27.	Other test (specify):	[1] Yes, on site [2] Yes, refer to another site			
		If [2] Refer, then list referral site:			
E28.	Other test (specify):	[1] Yes, on site [2] Yes, refer to another site			
		If [2] Refer, then list referral site:	.		
E29.	Does this facility charge for laboratory tests?	[1]Yes [2]No			
	If yes, describe the costs and amounts.				
E30.	What is the main funder for laboratory services at your facility?				
		[1] Government [2] NGO			
		[3] Private institution [4] Research institution/University	.		
		[5] Faith-based provider [6] Don't know			
		[7] Other			
E31.	How many CD4 tests were conducted at this facility in the months listed below?				
	# CD4 tests SEPTEMBER 2011				
	# CD4 tests AUGUST 2011	□ None			
	# CD4 tests JULY 2011	□ None			
			-		

Baseline Assessment Tool for Health Facility (Lab-lite Study) Section E: Laboratory Services

Is there a transport system for laboratory [1] Yes [2]No specimens at this facility? If yes, describe the transport system. Is there any point-of-care laboratory testing E33. [1] Yes [2]No available at your site? If yes, describe the point-of-care tests. E34. Is there any other important information about laboratory services at this facility? E35. End time of this section END OF SURVEY.