DRAFT

PROTOCOL FOR THE EVALUATION OF HIV/AIDS CARE AND SUPPORT

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The World Health Organization
Initiative on HIV/AIDS and Sexually Transmitted Infections (HSI)

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1. INTRODUCTION

Over the past 10 years the HIV/AIDS epidemic has had a profound impact on health services in most of the affected countries. According to new estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), 32.4 million adults and 1.2 million children will be living with HIV by the end of 1999[1]. The health care systems in a number of countries are almost overwhelmed leading to the depletion of health care services and resources[2]. In a study conducted in Zambia it was estimated that the annual increase in the demand for hospital beds for PWA's will be 15%, while the demand for hospital treatment of HIV related TB and other AIDS related diseases will be 20% annually[3]. In Kampala a study in 1992 revealed that bed occupancy had reached levels as high as 55% for HIV/AIDS conditions[4]. Bed occupancy rates today have reached levels of 60 - 85 %. This has made worse the chronic shortages of equipment supplies and medicines making it more difficulty to provide basic health services. Illness and absenteeism of health staff has also had a negative impact on health services. The cost to the family is overwhelming with the ever-increasing cost of care through formal and traditional health systems. Despite these difficulties in the health care system, some useful responses such as home care that involves the participation of communities and the family have developed.

While early in the AIDS epidemic activities for the prevention of HIV infection were considered the priority for resource allocation in developing countries, it is now realized that the issue of care for HIV-infected persons also needs to be addressed. Quality care not only alleviates suffering but can also improve life expectancy of HIV-infected persons. Prevention and care are now seen as interrelated. Since resources are always limited, especially in developing countries, strategies need to be developed to provide an acceptable standard of care at an affordable price.

The quality and organization of medical and nursing care for HIV-infected patients in any setting inevitably reflect the functioning of the health services in general. However, the following additional management issues have been raised due to the care for HIV-infected patients:

Institutional coping
Health services in heavily affected countries find it increasingly difficult to cope with the needs for care of an increasing number of HIV infected patients and there are concerns that as a result of the inability of the health facility to cope, the care of all patients may be affected.

Counseling services
Counseling is a necessity, rather than a western luxury, to help people prevent further transmission as well as to cope with the emotional consequences and with the prospects of a shortened life expectancy.

Staff fears
Fears and prejudices among all health personnel can lead to stigmatization and even discrimination against HIV-infected patients, resulting in lesser quality care, unnecessary individual precautions or even the withholding of treatment or neglect.

On the other hand there is a large segment of the health services virtually unaffected by the need to provide care as they are bypassed by patients going directly to hospitals even with common minor HIV-related diseases. These are the more peripheral services, including

clinics, health centres and dispensaries. In many instances, however, there is scope for more efficient use of available resources.

It is generally acknowledged that the primary health care system should play a more important role in the development of care for HIV patients, because they are less costly, more accessible to patients, and also because of their potential to strengthen prevention and care in the community and at home, and provide emotional and social support as well. As far as possible, patients with HIV disease should be managed on an out-patient basis. A complementary strategy is the promotion and support of home-based care.

2. PURPOSE OF THE PROTOCOL

The overall aim of care for PLHA is to improve quality and length of life through interventions which address their medical, psychosocial, and sometimes material needs. This protocol deals with the evaluation of HIV/AIDS care and support across a continuum. It is designed to assess several components of care that include the following;

Programme policy and management

This is the development of advocacy and support for HIV/AIDS care and support across the continuum and at all levels of the health system. Through the provision of broad national policies and strategies to facilitate the development and implementation of comprehensive HIV/AIDS care. Some common functions are the procurement necessary bulk requisites such as test kits or drugs. It may also entail developing plans for training of health workers and volunteers in comprehensive care involving counselling and case management. It may also result in the development of appropriate materials for use in training and care in the continuum including the revision of guidelines currently in use. The goal being to assist the districts in working out goal oriented comprehensive care programs. Research priorities may also be part of the programme management function to a rigorous assessment of the suitability of various options for care.

Medical and nursing management including individual counselling in health facilities

Medical management includes: preventive therapy for tuberculosis and bacteraemias, toxoplasmosis and PCP, early identification of HIV related illnesses and opportunistic infections including laboratory support, rational treatment using essential drugs and follow up, palliative care; and where applicable, use of combination therapies with antiretroviral drugs. Post exposure prophylaxis and the application of universal precaution principles in all contacts between carer and client at the institution and in the home, guidelines for remedial actions in case of accidental exposure to contaminated body fluids.

Nursing care includes: nutritional support and balance, hygiene maintenance, emotional support, palliation, education on prevention and care at home, maintenance of infection control.

Psychological support includes: accepting serostatus and consequences, ongoing counselling with client and significant other, disclosure and risk reduction strategies, contraception, drug adherence, end of life and bereavement issues.

Discharge planning, referrals and readmission policies across the continuum

Referral plan entails assessing where to send clients for what services for all the above components and facilitating their achieving their goals for a full recovery from hospital. It is also important that the client is clear when he needs to come into hospital for more treatment.

Home care (which include medical, nursing and counselling services)

Home care is: the care of individuals in the home for periods up to the time when they may require readmission in hospital. Guidelines for use in the home maybe are prepared and distributed specifying provision of nutrition, maintenance of patient hygiene, and management of common AIDS symptoms such as cough, fever and diarrhoea when patients are cared for at home. Guidelines are prepared and distributed to health staff, NGO care workers and community volunteers who supervise home care who are also trained in how they will be involved in teaching and supervising families about caring for people with HIV infection at home.

Impact alleviation in the community.

Social support provides for: information exchange, welfare services, legal support, household assistance, food support, peer support, education and care for survivors.

Community support and social services

People with HIV infection may experience few problems and may be able to carry out their lives as normal. During the course of HIV/AIDS, their capacity to perform normal household tasks becomes restricted presenting a need for assistance with domestic tasks such as gathering and preparing food, caring for dependant children, obtaining clean drinking water and other household duties. Assistance for such people should be available to the extent that it is available for the community as a whole and as much as possible integrated within existing systems

Support groups for persons living with HIV/AIDS

This promotes social support of persons affected by HIV/AIDS and acts as a channel for providing information about the availability of welfare services to those individuals affected. It also provides for mutual support and encouragement and the practice of safe sex methods or through Assistance provided will depend on the availability and accessibility of resources in the government welfare system. It will however be important to also include information on the availability of welfare services provided by NGOs, religious groups and foundations. The services identified should be available to all other persons in the community regardless of their HIV status.

Voluntary counselling and testing

This is an entry point for the care and support of persons with HIV/AIDS Guidelines. This provides counselling services and support to those affected through an anonymous centre dedicated for this purpose. Persons providing the service maybe from the community and are provided with guidelines describing how to assess the need for voluntary counselling and testing, and what should be included for pre and post-test counselling/confidentiality, including procedures for referral to social support and follow-up health care.

The management of HIV-infected patients by the informal sector (alternative medicine, traditional healers, etc.) will not be considered because different methods may be necessary for evaluation of these other approaches to care.

The objectives of the survey are: to describe the programme policy and management at various levels of the health system, case management practices of health workers at hospitals and at first-level health facilities, impact alleviation, social support and home care service provision and referral. The survey will identify and describe problems within the health care system that may impede care service development. This will strengthen the national AIDS control programmes (NCAP) capacity to identify problems and develop solutions in HIV/AIDS care and support across a continuum.

This protocol can be used NACP programme managers or individuals responsible for HIV/AIDS care in the NACP or health service planners in assessing the adequacy in the delivery of HIV/AIDS care services for the purpose of planning for adjustment and expansion. The indicators used in this document are useful guide for the purpose of evaluating care services, but they are by no means exhaustive and country specific indicators may need to be identified to fulfil the needs of care programmes at that level.

3. GENERAL DESIGN

The evaluation will be done in care and support units of National AIDS control programmes, hospitals and first-level health facilities, both in the public and private sector. Evaluation of social support and home care services provided in the community will also be conducted. The present evaluation will cover adults and children using guidelines specific to each age group where this is required. Indicators and data collecting tools designed for this purpose. The greater part of the evaluation is prospective and a small part retrospective such as the review of medical records.

1. For the purpose of assessing, at national level, the adequacy of developing and implementing comprehensive national HIV/AIDS care policies that include strategies for creating supportive social environments, the following three care and support indicators (CSI 1 - 3) have been developed:

CSI 1

Availability of national polices and guidelines on care of persons with AIDS and associated conditions

CSI 2

$$\frac{\text{N° of districts with locally adapted HIV/AIDS care policies and guidelines in line with national policies}}{\text{Total N° of districts surveyed}}$$

This indicator can measure appropriateness of plans as well as the commitment to activities. To measure commitment, it is recommended that reviewers contact a sample of districts and inquire about budget allocations for plans. Low commitment can be assumed if no budget allocation has been made, higher commitment if allocation has been made.

CSI 3

N° districts (or equivalent) with active participation

of people living with HIV/AIDS
Total N° districts surveyed

This indicator may in addition require a qualitative component to the measure of participation as this indicator would be a proxy indicator to measure the extent of creating supportive social environments. An example is the number of PWA's on policy and planning committees for the development of care services in some countries. It may be difficult to measure given the stigma/discrimination that exists.

2. For the purpose of assessing, at national level, the development and support for human resource needs for care and support of persons living with HIV/AIDS, the following two care and support indicators (CSI 4 - 5) have been developed:

These indicators measure the proportion of districts that have the capacity to train their health workers in the management of HIV/AIDS and the proportion of health workers who have actually received the required training. These two factors are an important prerequisite for providing appropriate care. Evaluation of training at different levels is taken into account.

CSI 4

N° of districts (or equivalent) with training programmes
for care providers (nurses, doctors, aides) in place
Total N° of districts surveyed

CSI 5

N° of clinical staff that have received training in natural history,
diagnosis, treatment(including prescription and provision of ARVs),
emotional support, and referral and are providing care 12 months after training
Total N° of clinical staff in the health facility surveyed

3. For the purpose of assessing, at national level, the adequacy of referral systems between hospitals and local health and support services, the following care and support indicator (CSI 6) has been developed:

For the continuum of care to be a reality this component needs to be well established between health institutions, other care providers and referring institutions, thus the need to review it.

CSI 6

N° of health facilities with standard procedures for
referral of patients to and from health facilities and support services
Total N° of health facilities surveyed

4. For the purpose of assessing, at national level, the availability of drugs for the treatment of HIV/AIDS and associated conditions at all levels as appropriate under national treatment guidelines, the following care and support indicator (CSI 7) has been developed:

The availability of treatment is a important factor in client satisfaction with the service provided by health facilities and can be easily assessed. It also acts as a proxy indicator of the efficiency of the procurement services and drug utilisation in health facility.

CSI 7

N° of public health facilities with no stock-out of drugs in accordance
with national drug policies and national treatment guidelines in the previous 12 months

Total N° health facilities surveyed

5. For the purpose of monitoring and evaluating, at national level, the availability and quality of care for persons living with HIV/AIDS, the following care and support indicator (CSI 8) has been developed:

CSI 8

N° of districts with monitoring and evaluation reports on care
N° of districts surveyed

6. For the purpose of assessing the adequacy of care in health facilities, the following two Care and Support indicators (CSI 9 - 10) have been developed:

The two indicators look at standard conditions of HIV/AIDS management and can be measured in any setting. They measure the adequacy of management which determine the functioning of health systems and how efficiently clients are seen through such services.

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

CSI 10

N° of individuals in health facilities with
HIV - related conditions appropriately managed
Total N° of individuals surveyed in health facilities
with HIV-related conditions

Deliberately, counseling is not evaluated separately because care of HIV-infected patients should be comprehensive. Management of patients with HIV-related conditions should also include the need for management at the appropriate level of health service, as "peripherally" as possible for the following reasons: (a) peripheral health facilities are supposed to be more accessible and acceptable to patients and their families, (b) for many conditions, it is assumed that peripheral HIV-related health facilities and communities/families can provide quality care at a lesser cost than the more central levels.

However, for reasons of practicability, this dimension is not taken into account explicitly in the operational definition of management in this protocol.

Management of HIV-infected patients includes medical and nursing care, as well as availability of essential drugs and counseling, and implies non-discriminatory attitudes on the part of health care workers. Appropriate management also includes referral and discharge procedures. Appropriate medical care shall be defined as care that conforms with the national guidelines or, if not existing, with WHO/GPA guidelines for the management of HIV infection in adults and children[5 6]. The care provided in hospitals will be assessed against the guidelines for level B health facilities, and the care provided at the first-level will be assessed against the guidelines for level A facilities. Level B facilities are major or district hospitals, including tuberculosis centers (small laboratory available, chest X-ray and microscopy available), while level A facilities are first-level care structures such as primary health care centers (no laboratory or X-ray available).

Because of their frequent occurrence in persons with HIV/AIDS, every health care structure should have the capacity to manage and/or appropriately refer three major conditions of potential HIV infection: lower respiratory tract infections (including pulmonary tuberculosis), chronic diarrhoea (continuous or intermittent for more than one month) and oral candidiasis.

CSI 9 Proportion of health care facilities with standard conditions necessary to manage individuals with HIV-related conditions

This indicator assesses the availability as well as the capacity of a health care structure to deliver standard conditions of care for HIV-infected persons on an in-patient and/or outpatient basis. To do this, facilities should meet the five following standard conditions: they must (1) be adequate to provide nursing and medical care; (2) the appropriate level of diagnostic facilities must exist; (3) the required medications must be available; (4) the capacity must exist to provide counseling and prevent discrimination; and (5) measures must be in place to prevent nosocomial transmission of HIV, including through use of only screened blood transfusions according to defined indications. A health facility is defined as a medical ward in Level B hospital or a health center (Level A). These parameters are examined to judge whether a facility fulfills the requirements of CSI 9 should be applicable in all health care facilities because of their relatively low cost and simplicity.

CSI 10 Proportion of patients with HIV-related conditions who are appropriately managed in health facilities

This indicator evaluates directly the quality of HIV/AIDS case management. For a number of reasons one is unlikely to be able to evaluate patients with proven HIV-related conditions; not all patients will have been tested for HIV infection, testing facilities are not available everywhere, and some patients may not wish to have their HIV infection status disclosed. These problems are overcome by observing the management of patients suffering from one or more conditions that are frequently, but not always, HIV-related. The following conditions, respiratory tract infection (including pulmonary tuberculosis, pleural effusion and bacterial infiltrates), chronic diarrhoea and oral candidiasis, have been selected because they are a common cause of medical consultation worldwide and are also highly predictive of HIV infection in settings where HIV infection is prevalent.

The following are additional and specific sub-indicators that will be used to assess the medical management of persons with HIV/AIDS.

They are included as part of the questionnaires in the appendix as indicated below;

a. The percentage of quality assured labs with capacity to monitor viral load and/or CD4 counts and make diagnosis of associated conditions;

b. The percentage of health facilities/care settings with the capacity to provide and/or supervise palliative care;

c. The percentage of patients reporting satisfaction with care;

d. The proportion of persons presenting and meeting clinical case definition who are admitted;

e. Number of persons meeting clinical case definition who are hospitalized for HIV/AIDS associated conditions;

f. Treatment cure/success rate for pulmonary TB;

g. Number of patients meeting clinical case definition of HIV/AIDS seen for HIV/AIDS associated conditions in the last 12 months;

h. The percentage of care givers (home visitors and family members providing care) with adequate knowledge in diagnosis, treatment, and referral of common symptoms;

i. The percentage of health care facilities which meet national requirements for the provision of HIV/AIDS therapy (*& are in-line with international standards);*

j. The percentage of HIV therapy prescriptions which are in-line with national treatment guidelines and are adequate for patient's needs

7. For the purpose of assessing, the reduction of the economic and social impact of HIV/AIDS on infected persons and their families, the following four care and support indicators (CSI 11 - 14) have been developed:

CSI 11

N° of public institutions and NGOs that provide services to alleviate
the economic impact of HIV/AIDS (including education, financing, food, welfare)
Total N° of public institutions and NGOs in the district surveyed

CSI 12

N° of dependents* (e.g. widows, parents, children) who are aware of
social support services available to them within their community
Total N° of dependents in the district surveyed

*Dependant is defined as household members that receive support from the primary breadwinner.

CSI 13

N° of persons or families receiving
"public financial support" (e.g. disability, welfare)
Total N° of families in the district surveyed

CSI 14

N° of school aged children who dropped out of
school as a direct result of parental HIV/AIDS
Total N° of school children in the district surveyed

8. For the purpose of assessing, the adequacy of home care services and palliative care, the following four care and support indicators (CSI 15 - 18) have been developed:

CSI 15

N° of care givers (home visitors and family members providing care)
with adequate knowledge in diagnosis, treatment, and referral of common symptoms
Total N° of caregivers providing care in the district surveyed

CSI 16

N° of patients referred to a higher level health
facility according to standard referral guidelines
Total N° of patients on the active registered for home care

CSI 17

N° of chronically ill persons, aged 15 and above, receiving home care
Total N° of patients on the active register for home care

CSI 18

N° of households caring for young adults with long term illness
that receive care from an institution or group outside of the family
Total N° of young adults on the active register for home care

These indicators may help the national AIDS control programme measure progress towards their targets and identify when targets have been achieved.

4. DETAILED DESCRIPTION OF THE METHODOLOGY

4.1 Methods of data collection

Data will be collected by (1) interview of specific persons using a standard questionnaires as well as (2) by standardized recording of observations and (3) Focus group discussions where this is required. Most of the data collected will be of a quantitative nature, however qualitative data will also be collected through the three methods indicated above.

At the national level, the HIV/AIDS programme manager and staff responsible for the development and implementation of the continuum of care will be interviewed. In each hospital ward or first level health facility, the following staff based will be interviewed, if available: the physician, the health nurse and the counselor. The pharmacist and the person in charge of the laboratory of the hospital will be interviewed separately.

When a specific post does not exist in the hospital ward or first level health facility (e.g. counselor or physician), the person responsible for the duties ordinarily associated with such a post should be selected for interview (this often will be the medical assistant or nurse).

Interviews will be conducted using a standardized questionnaires covering programme management, national HIV/AIDS care strategy, diagnosis, prevention of nosocomial transmission, nursing, hygiene, counselling, availability of drugs; laboratory equipment and non-discrimination. In addition, the questionnaire includes items requiring observations (e.g. on cleanliness, adherence to confidentiality, essential drugs in stock, etc.) on the part of the evaluator.

In level B facilities, in-patients with one, two or all three of the most common illnesses in symptomatic HIV or AIDS, respiratory tract infection (including TB), chronic diarrhoea and oral candidiasis, will be reviewed with the physician, the medical assistant and/or nurse, using medical records. The information will be collected on: (l) a standardized recording of observations, as well as (2) structured interviews.

In level A facilities, out-patients complaining of cough or diarrehoea with or without fever will be observed during the medical consultation. The information will be collected on a standardized recording of observations.

For the purpose of assessing, the reduction of the economic and social impact of HIV/AIDS on infected persons and their families, the care programme staff will be interviewed using a standardised interview schedule and a standardised recording of observations of selected care activities. Focus group discussions will be conducted with clients, family members and care programme staff where this is possible.

For the purpose of assessing, the adequacy of home care services and palliative care, the care programme staff will be interviewed using a standardised interview schedule and a standardised recording of observations of selected care activities. A questionnaire for the caregiver in the home will be administered to complement this information. Focus group discussions will be conducted with clients, family members and care programme staff where this is possible.

5. SAMPLING AND SAMPLE SIZE

The sample size of the participants for interview or observation will vary according to the indicator that is being assessed. The districts where the assessment is to be conducted will be selected at random.

5.1. For the purpose of assessing the adequacy of developing and implementing comprehensive national HIV/AIDS care policies using CSI 1 and 2, **all** the districts in the country will be surveyed to determine the proportion of districts with locally adapted HIV/AIDS care in line with national standards (CSI 1) and the proportion with active participation of people living with HIV/AIDS (CSI 3).

5.2. For the purpose of assessing the development and support for human resource needs for care and support of persons living with HIV/AIDS, CSI 4, **all** the districts in the country will be surveyed to determine the proportion of districts with training programmes for care providers (nurses, doctors, aides) in place.

The sample sizes used for assessing CSI 9 and CSI 10 will also be used to assess the indicator CSI 5, the proportion of clinical staff that have received training in natural history, diagnosis, treatment (including prescription and provision of ARVs), emotional support, and referral and are providing care 12 months after training.

5.3 The sample sizes used for assessing CSI 9 and CSI 10 will also be used to assess the;

- Adequacy of referral systems between hospitals and local health and support services, CSI 6, (the proportion of health facilities with standard procedures for referral of patients to and from health facilities and support services);

- Availability of drugs for the treatment of symptomatic HIV or AIDS and associated conditions at all levels as appropriate under national treatment guidelines, CSI 7, (the proportion of public health facilities with no stock-out of drugs in accordance with national drug policies and treatment guidelines in the previous 12 months);

5.4 For the purpose of monitoring and evaluating, the availability and quality of care for persons living with HIV/AIDS, CSI 8, (the availability of district monitoring and evaluation reports on care), all the reports submitted to the district NAP over the past 6 months will be reviewed.

5.5 For the purpose of assessing the adequacy of care in health facilities, with the CSI 9 and CSI 10, and to monitor trends, sufficient number of health care structures (for CSI 9) and individual patients (for CSI 10) need to be seen to allow for serial measurements to be compared. For CSI 9, hospitals and first level health facilities will be sampled and the evaluation of CSI 10 when needed, will be performed on patients attending these same health care structures. The assessments will be stratified according to the type of health care structure being evaluated, hospital or first level health facility.

CSI 9

Health care structures evaluated should be representative of facilities in the area under study, and should include those that potentially have a high probability of receiving patients with HIV/AIDS. In practice, usually the largest hospitals receive the most HIV/AIDS patients; they also tend to see HIV/AIDS patients earliest in the epidemic. A line list should be prepared of the largest hospitals in the area under evaluation, in order of number of medical beds. This list should include public hospitals as well as hospitals directed by missions, other NGOs and private organizations. A line list should also be drawn up of first-level facilities in the study area which provide general medical care, in order of number of medical consultations per unit time.

Hospitals

Selectively, the largest hospitals (in decreasing order of size) that together provide a total of half the medical beds in the study area should be evaluated. Within these hospitals, all medical services recognized as potentially providing care for HIV/AIDS patients should be assessed (e.g. Internal medicine, Infectious diseases, Pulmonary diseases). In hospital with 4 or less eligible wards, each ward should be assessed. In larger hospitals, 4 wards should be randomly selected. Arbitrarily, the minimum number of hospital wards in total should be at least 20.

First-level health facilities

For first-level health facilities, a random sample of facilities to be evaluated will be chosen from among the top 50% in order of medical consultations. The necessary sample size can be calculated as shown below for different levels of power and precision.

Table 1

Sample size requirements for first-level health facilities

Proportion of health facilities meeting standard conditions improves from:	**Power 80% Precision 95%**	**Power 90% Precision 90%**
30% to 60%	42	45
50% to 80%	38	41
30% to 70%	23	25

50% to 90%	19	20

The sample size required for CSI 9 for first-level health structures is thus at least 20.

CSI 10

Only in-patients in hospitals (level B) with one, two or all three of the most common illnesses in symptomatic HIV or AIDS, of respiratory tract infection (including TB), chronic diarrhoea and oral candidiasis will be assessed. In order to reflect the relative distribution of recruitment of eligible patients according to health facilities, all in-patients admitted in the clinical wards since more than two days will be included. The total number of patients will probably vary between 50 and 200.

5.6 For the purpose of assessing, the reduction of the economic and social impact of HIV/AIDS on infected persons and their families;

CSI 11

a). The sample size for assessing the proportion of public institutions and NGOs that provide services to alleviate the economic impact of HIV/AIDS including education, financing, food, welfare), CSI 11, will depend on the number of such institutions available in the district. If there are not many then all that exist should be surveyed.

b). The number of focus groups that will be used to assess the indicators CSI 12 – 14) is 10 – 20;

- Dependents (e.g. widows, parents, children) who are aware of social support services available to them within their community, **CSI 12**;

- Persons or families receiving "public financial support" (e.g. disability, welfare), **CSI 13**;

- School aged children who dropped out of school as a direct result of parental HIV/AIDS **CSI 14**;

5.7 The number of clients that will be used to assess the indicators CSI 15 - 18 is 50 - 200;

- Care givers (home visitors and family members providing care) with adequate knowledge in diagnosis, treatment, and referral of common symptoms **CSI 15**;

- Patients referred to a higher level health facility according to standard referral guidelines **CSI 16**;

- Chronically ill persons, aged 15 and above, receiving home care **CSI 17**;

- Households caring for young adults with long term illness that receive care from an institution or group outside of the family **CSI 18**;

Sampling for focus group discussions and ranking groups

The sample size of the groups will depend on the number of individuals that are being reviewed and are willing to participate. The minimum number should be 7 and the maximum number 10. These focus group discussions will be held to complement the indicators CSI 12 to CSI 18 with qualitative data. These will discuss the expectations, impressions, and opinions of local people on home care, palliative care and social support in order to understand how the local community perceives the impact of services provided and what indicators they list as evidence of a better quality of life? Participatory Rapid Rural Appraisal ranking methods will also be used to get local people to list their views and impressions in their order of perceived importance to the people.

Caregivers will be interviewed individually or as a group as appropriate. The group interviews will be organized around a specific, pre-defined set of questions relating to economic and social support, home care services and palliative care. The questions will range from semi-structured to structured, factual and closed-ended. Participants for the group interviews in the local community will be selected through sampling, the main criteria for selection being representativeness and the possession of characteristics that are reflective of the general population amongst whom the survey is conducted.

6. DETAILED ASSESSMENT

6.1 Data to be collected for CSI 1 – 3

Specific features will need to be examined to assess the adequacy of developing and implementing comprehensive national HIV/AIDS care policies that include strategies for creating supportive social environments. Basic information collected will include national and district statistics on health service utilization, populations and care policies that exist

6.2 Data to be collected for CSI 4 – 5

Specific information for collection will include the number of staff that provide care at facility level and the type of training that they have been provided. This will also assess their current activity in HIV/AIDS care.

6.3 Data to be collected for CSI 6 - 8

Specific information for collection will include the number facilities that provide adequate; referral of patients, supplies of drugs and reports to the national level on HIV/AIDS care activities.

6.3 Data to be collected for CSI 9

Specific features will need to be examined to assess the basic standard conditions needed for the management of HIV/AIDS in six major areas considered to be necessary under CSI 9. These features are required for hospitals (level B) and first-level facilities (level A) unless otherwise specified.

6.3.1 Nursing

Availability of:

- toilet paper for in-patients (B only)

- facilities, equipment, and supplies for maintaining cleanliness of health care structures
- food for in-patients without any social support (B only)
- pain relievers
- quality of nursing care
- bathing for bed ridden patients (B only)

6.3.2 Diagnosis

Availability of:

- appropriate testing facilities for the condition the client is suffering from e.g. Ziehl-Nielsen staining of sputum; light microscopy of sputum and, in level B facilities, chest x-ray for diagnosis of tuberculosis, refrigerator, light microscope
- equipment and tests to diagnose e.g. bacterial and parasitic agents of diarrhoea, in level B facilities, HIV infection

6.3.3 Drugs

Drugs considered essential include those for the appropriate management of HIV-related conditions. These should be in stock at the time of the investigation.

6.3.4 Hygiene

- Adequacy of water supply
- Availability of soap and sanitation facilities
- Adequacy of waste disposal /incinerator
- Availability of beds (B only)
- Availability of guidelines on hygiene (B only)

6.3.5 HIV testing, counselling and non-discrimination

-Policy of HIV testing (whether informed consent requested; whether done in mandatory fashion)
- availability of counseling guidelines and/or
- presence of at least one trained staff in counseling
- availability of pre- and post-test counseling if HIV testing is offered
- Measures to assure confidentiality (confidentiality of clinical status and/or HIV test results)
- Absence of specific measures based on HIV-positive status (isolation)

6.3.6 Prevention of nosocomial transmission (including blood transfusion)

- Appropriateness of the sterilization procedures for needles, syringes according to
- Guidelines on sterilization and disinfecting methods effective against use of disposable equipment
- Appropriateness of use of blood (all blood screened) (B only).

6.4 Data to be collected for CSI 10

Assessment of appropriateness of patient management will be performed by review of management of individual patients in light of the national guidelines or, if not existing, of the WHO guidelines for clinical management of HIV infection. As for evaluation of CSI 9,

assessment needs to cover 3 major areas: nursing, diagnosis and treatment, counseling (including non discrimination). Patients studied will be in-patients (level B) with one, two or all three of the most common illnesses in symptomatic HIV or AIDS, respiratory tract infection (including TB), chronic diarrhoea and oral candidiasis

6.4.1 Nursing

- Nursing care provided daily for in-patients (temperature taken and medicine given)
- Bathing or washing provided to bed-ridden patients
- Food provided to in-patients without social support

6.4.2 Diagnosis and treatment

- Availability of medical record
- History, physical examination, assessment of the three most common illnesses in symptomatic HIV or AIDS, respiratory tract infection (including TB), chronic diarrhoea and oral candidiasis
- Diagnostic tests appropriate
- The standard first-line treatment for the three conditions according to national guidelines

6.4.3 HIV testing, counseling and non-discrimination

- If when HIV testing: informed consent was obtained, and pre- and post-test counseling provided
- If clinical diagnosis of HIV/AIDS: counseling and social support provided
- Not segregated because of HIV/AIDS status alone (segregation may sometimes be indicated for medical and nursing reasons such as separating patients with tuberculosis from others; special nursing needs; or terminal care).

6.5 Data to be collected for CSI 11 - 14

Specific information for collection will include the number social support networks providing care and support to individuals and family members affected by HIV/AIDS and the level of support provided.

6.6 Data to be collected for CSI 15 – 18

Specific information for collection will include the quality and quantity of care for persons with HIV/AIDS in the community and the home and referral patterns to a variety of community care service providers including the health care system.

7. ORGANIZATION OF THE SURVEY

7.1 Choice of sites for evaluation

The planners in the national AIDS control programme who commission the survey first have to define the scope of the survey, i.e. what geographic or administrative area it will cover. They also should be responsible for providing a line list of hospitals with numbers of medical beds in the area concerned, the services within those hospitals receiving potential HIV/AIDS

patients, and a line list of first-line health facilities in order of numbers of medical consultations or staff.

Officials of the National AIDS control programme will be responsible for informing the hospitals selected about the survey, although at this time it should not be specified that the survey will address the quality of care of HIV infected persons.

7.2 Selection of staff for the survey

One coordinator will be appointed to take overall responsibility for the survey, including planning, training the surveyors, general supervision of the field work, data entry, analysis of the data) and preparation of a report. Ideally this coordinator should be a physician with experience in public health or epidemiology as well as in HIV/AIDS care.

The survey itself will be conducted by 3 teams, each team of 8 consisting of a mixture of doctors, nurses, medical students or paramedical persons, social scientists and PLWHAs (that are willing to participate). One of them will be chosen as the team supervisor. A part-time secretary will be required for assistance with logistics and data entry.

7.3 Training

All personnel will be taught the procedures of the survey and interview techniques, and will gain familiarity with the questionnaires. The training will include practical exercises relevant to assessments of CSls 1 to 18, and detailed description of practical steps to be taken upon arrival at hospitals and first-line health facilities, and home. Training should be completed in 3 days the third day being reserved for training in conducting the focus and ranking groups.

7.4 Field work

Each team of 6 interviewers and one supervisor should be responsible for 3 hospital wards, two per each ward including at least one medical doctor or nurse (for Level A, the organization of the field work should be adapted). One hospital ward should be investigated in two days. If at least 20 hospital wards are to be visited, the data collection (Level B) should be completed within 6-8 days.

The focus group discussions will be conducted at each site that provides care and support services. An appropriate place for the meetings to take place should be arranged beforehand. This may be within the ward, HIV counselling office, the home care office or in the community.

7.5 Data entry and analysis

Data entry will be performed in Epi-Info. For each CSI assessments will have been made of the essential features of care (planning and management, nursing; diagnosis; drugs; counselling including non discrimination; and prevention of nosocomial transmission) in hospitals and first-line health facilities. It will be important for the National AIDS control programme to have information about these individual features of care stratified by type of site. In addition, aggregated scores for CSls 1 to 18 will also need to be provided. Each facility will be classified as meeting or not meeting standard conditions necessary to manage individuals with HIV-related conditions.

The calculation of the value of each indicator will be by simple proportion as the majority of these indicators are percentages. Each indicator has a pre-identified numerator and denominator that will be collected as part of the data collection exercise. These my need to be adapted or changed according to the availability of data and information locally.

A tape recorder would be used to record the proceedings of the focus groups discussions and the data will be analysed by the social scientists. The opinions that emerge from the focus group discussions will further be refined using RRA (Rapid Rural Appraisal) ranking methods to determine important local indicators for assessing good/high quality care and quality of life, and to determine if these are optimally provided by the services provided. These will be compared to the ranking needs of the service providers. Ranking techniques will also be used to make local people indicate if the community has become increasing awareness of HIV as a community problem since the introduction of HIV/AIDS care services. The scale: low medium and high may be used, and if necessary numerical values may be assigned to these as well.

Summary timetable and staff requirements

	Weeks						**Staff required**
	1	**2**	**3**	**4**	**5**	**6**	
Training of surveyors	***						Coordinator
Data collection		***	***	***			1 coordinator 9-12 surveyors 3 supervisors
Data entry				***	***		1 part-time secretary
Data analysis, report writing					***	***	Coordinator

DESCRIPTION OF RESPONSIBILITIES

A. Responsibilities of the survey Coordinator

The overall task of the survey Coordinator is to ensure that the fieldwork is conducted properly.

This includes the following responsibilities:

1. To identify Supervisors and Interviewers
2. To plan and conduct the training of Supervisors and Interviewers, including the logistic and administrative arrangements
3. To obtain the necessary authorizations of the health facilities Responsible
4. To complete the "General Information on the Hospital" forms
5. To randomly select 4 wards in hospitals with more than 4 wards
6. To supervise the Supervisors
7. To complete shadowed boxes on form CSI 9 - Section # 3 in case there is only one person in charge of counseling in the hospital

8. To complete the master cards for CSI I and CSI 10
9. To meet each afternoon with the Supervisors and the Interviewers to solve problems encountered in the field work
10. To analyze the results
11. To report the results to the NAP

B. Responsibilities of the Supervisors

The overall task of the Supervisor is to ensure that the Interviewers in his/her team conduct interviews and complete their questionnaires properly. This includes the following responsibilities:

1. To supervise the Interviewers and assist them in solving problems encountered in the field work
2. To provide each Interviewer with the necessary forms and questionnaires
3. To introduce the Interviewers properly to the physician responsible of the ward
4. To complete the shadowed boxes in each following questionnaire: CSI 9 - Sections # l, 2, 3, and CSI 10 - Sections # 7 and 8
5. To complete the following forms: CSI I assessment of hospital hygiene, CSI 9 - Sections # 4 and 5

6. To complete form CSI 9 - Section # 3 in case there is only one person in charge of counseling in the hospital
7. To organize additional visits in case of absence of a respondent
8. To review questionnaires each afternoon and to inform Interviewers of mistakes
9. To collect questionnaires daily and organize them by ward (for CSI 9) or by patient (for CSI 10)
10. To meet each afternoon with the Coordinator and the Interviewers to solve problems encountered in the field work

C. Responsibilities of the Interviewers

The overall task of the Interviewers is to accurately complete the collection of data. This includes the following responsibilities:

1. To introduce themselves properly to the health workers and to the patients of the ward
2. To conduct interviews properly with the selected respondents, including asking questions as they are printed in the questionnaire, writing and coding clearly and following skip patterns
3. To review the questionnaires for errors prior to ending the day
4. To refer questions to their Supervisor
5. To meet each afternoon with the Coordinator and the Supervisors to solve problems encountered in the fieldwork

INSTRUCTIONS FOR FILLING OUT THE QUESTIONNAIRES AND FORMS

For each indicator or a group of indicators a set of forms have been developed that are to be filled in.

Except for the open-ended questions all questions are answered by "yes (Y), "no" (N) or "do not know" (DNK) or "not available" (NA). The questions marked in bold in shadowed boxes are not to be asked from the interviewees, but are summary questions to be filled in by the supervisor. The asterisks should be summed up for the calculation of the score.

CSI 1 - 3
Assessing the adequacy of developing and implementing comprehensive national HIV/AIDS care policies will be made by answering a questionnaire designed for this purpose.

CSI 4 - 8

The majority of the questions that address these indicators are incorporated as part of the CSI 9 and 10 questionnaires and recording forms. This is because these indicators are assessed mainly in the health facilities. Were an indicator cannot be assessed by the use of the health care facility questionnaire the relevant questions that address this indicator are asked in another questionnaire. This is indicated in the table that follows below. It summarises the forms and questionnaires required for each indicator.

CSI 9 - 10
Medical Management

- For CSI 9, one questionnaire administered to physician, nurse and counselor has to be filled in for each hospital ward or health center. Only one questionnaire per hospital or health center has to be applied to the pharmacist, to the person in charge of the laboratory and for assessment of hospital hygiene. The data are entered on form 1, section 1 to 6. The last form is a master card (section 7) which is a summary of the data collected and which gives the value of CSI 9 (yes or no) for each hospital or health center. This master card should be filled by the coordinator.

- For CSI 10 for each patient with one, two or all the three most common illnesses in symptomatic HIV or AIDS, respiratory tract infection (including TB), chronic diarrhoea and oral candidiasis, 3 forms have to be filled (sections 8, 9 and 10).

CSI 11 - 14
Specific information for collection will include a questionnaire to assess the reduction of economic and social impact of HIV/AIDS on infected persons and their families

CSI 15 - 18
Specific information for collection will include the assessment of the adequacy of home care services and palliative care through questionnaires and the focus groups and ranking guides designed for his purpose.

Final note on the use of the data collecting instruments:

Not all the questions are to be asked to the respondents. There are skips which allow to move quickly from one question to other questions.

If the interviewer makes an observation in contradiction with the answer of the respondent, he should tick the box under the column "observation" and write down a brief comment. The supervisor may later modify the recorded answer. However, for specific questionnaires, the

supervisor will have to make observations in the laboratory and also to assess the hospital hygiene.

In case the person who has to be interviewed is absent, the interviewer should notify the supervisor (if physician, nurse or person in charge of the counseling) or the supervisor should notify the coordinator (if pharmacist, person in charge of the laboratory), and an additional visit should be organized.

FORMS AND QUESTIONNAIRES REQUIRED

Name of forms or questionnaire	Indicators being assessed	Source of information	Number of forms needed and level of application	Person completing the form	Person reviewing the form
Developing and implementing comprehensive national HIV/AIDS care policies.	CSI 1 - 5, CSI 8 - 9, CSI 11 – 13	NACP Manager	1 at NAP level	Coordinator	Supervisor
General information on the health centre (level A)	CSI 9	Health care provider	1 per health centre	Coordinator	–
Section #1	CSI 9	Health care provider	1 per health centre	Interviewer	Supervisor
Section # 2	CSI 9	Assessment of hygiene	1 per health centre	Interviewer	Supervisor
Section # 3	CSI 7, CSI 9	Health care provider	1 per health centre	Interviewer	Supervisor
Section # 4 Master card	CSI 9	–	1 per health centre	Coordinator	–
General information on the hospital (level B)	CSI 9,	Health care provider	1 per hospital	Coordinator	–
Section # 1	CSI 9	Physician	1 per ward	Interviewer	Supervisor
Section # 2	CSI 9	–	1 per ward	Interviewer	Supervisor
Section # 3	CSI 6, CSI 9	Assessment of Hygiene	1 per ward	Interviewer	Supervisor
Section # 4	CSI 9, CSI 16	Counselor	1 per ward (hospital)	Interviewer (Supervisor)	Supervisor (Coordinator)
Section # 5	CSI 7, CSI 9	Pharmacist	1 per hospital	Supervisor	Coordinator
Section # 6	CSI 9	Laboratory Technician	1 per hospital	Supervisor	Coordinator
Section # 7 Master Card	CSI 9		1 per ward	Coordinator	
Section # 8	CSI 10	Individual patient information	1 per patient	Interviewer	Supervisor
Section # 9	CSI 10	Medical record	1 per patient	Interviewer	Supervisor
Section # 10	CSI 10	Patient	1 per patient	Interviewer	Supervisor
Section # 11 Master Card	CSI 10	–	1 per patient	Coordinator	Supervisor
Reduction of economic and social impact of HIV/AIDS on infected persons and their families	CSI 11 - 14	Social service provider	1 per home care programme, NGO or social service provider	Interviewer	Supervisor
Name of forms	**Indicators being assessed**	**Source of information**	**Number of forms needed and level of application**	**Person completing the form**	**Person reviewing the form**

Adequacy of home care services and palliative care	CSI 15 - 18	Social service provider	1 per home care programme or palliative care centre	Interviewer	Supervisor
Questionnaire for the principle care giver in the home	CSI 15 - 18	Principle home care giver	1 per home	Interviewer	Supervisor
Focus group and ranking guide		Community members	1 per focus group	Interviewer	Supervisor

ANNEXES - ASSESSMENT TOOLS AND QUESTIONNAIRES

The following tools and questionnaires can be used to assess the following indicators:

a) Assessing the adequacy of developing and implementing comprehensive national HIV/AIDS care policies (CSI 1 - 3)

b) Assessing, at national level, the development and support for human resource needs for care and support of persons living with HIV/AIDS, the following two care and support indicators (CSI 4 – 5)

c) Assessing, at national level, the adequacy of referral systems between hospitals and local health and support services, the following care and support indicator (CSI 6)

d) Assessing, at national level, the availability of drugs for the treatment of HIV/AIDS and associated conditions at all levels as appropriate under national treatment guidelines, the following care and support indicator (CSI 7)

e) Monitoring and evaluating, at national level, the availability and quality of care for persons living with HIV/AIDS, the following care and support indicator (CSI 8)

f) Medical Management

Level A (CSI 9)
Level B (CSI 10)

g) Assessing the reduction of economic and social impact of HIV/AIDS on infected persons and their families (CSI 11 - 14)

h) Assessing the adequacy of home care services and palliative care (CSI 15 - 18)
i) List of home care activities performed by the home care team to guide the survey team in;

Preparing their focus group discussions and ranking activities and;

- Observing activities performed by the home care team.

f) References

Developing and implementing comprehensive national HIV/AIDS care policies (CSI 1 - 3)

Name of National AIDS Control Programme being assessed
.....
Date of assessment .....….....

- Number of districts in the country …….
- Country population ……..

3. How many districts have received HIV/AIDS care policy and guideline documents developed at national level?
.....
4. How many districts in the country have adapted national HIV/AIDS care policies and guidelines to address local needs?
….....
5. Number of districts with PLWA as participants on their policy and guideline development committees? ……
6. When were the HIV/AIDS care policies and guidelines last revised at:
National level ……
District level ……..
7. What is the country's preparedness to provide ARVs
Access to drugs ……..
Access to HIV testing…….
Access to patient laboratory monitoring……
8. Number of patients receiving HIV therapy within:
Public sector …….
Private sectors ……
9. Number of patients commencing, and continuing for X amount of time, HIV therapy within the public sector……
10. Proportion of deaths due to AIDS per year ……..
11. Number of districts with at least one HIV testing site with comprehensive services.
Number of districts with at least one HIV testing site with comprehensive services
12. Number of districts producing reports for review at the national level on HIV/AIDS care and support activities…….
13. Percentage of national population living in districts with at least one HIV testing site with comprehensive services……

No	**Question / Observation**	**Answer by observations**
Q1	Are there up-to-date national policies and guidelines for the treatment and management of HIV infection in existence?	Yes=1 No=2
Q2	Do districts have PLWA as participants on their policy and guideline development committees?	Yes=l No=2
Q3	Have the policies and guidelines been distributed to all districts?	Yes=l No=2
Q4	Have the policies and guidelines been distributed to all PWA groups?	Yes=l No=2

Q5	Have the guidelines been adapted at local level e.g. the district?	Yes=l No=2
Q6	***Are the standards for developing and implementing comprehensive national HIV/AIDS care policies and guidelines met? YES if Q1 to Q8 are all yes; NO for all other combinations.***	**Yes=l** ***No=2***

Indicators being assessed on this form

CSI 1

Availability of national polices and guidelines on care of persons with AIDS and associated conditions

CSI 2

N° of districts with locally adapted HIV/AIDS care
policies and guidelines in line with national policies
Total N° of districts surveyed

CSI 4

N° of districts (or equivalent) with training programmes
for care providers (nurses, doctors, aides) in place
Total N° of districts surveyed

CSI 5

N° of clinical staff that have received training in natural history,
diagnosis, treatment(including prescription and provision of ARVs),
emotional support, and referral and are providing care 12 months after training
Total N° of clinical staff in the health facility surveyed

CSI 8

N° of districts with monitoring and evaluation reports on care
N° of districts surveyed

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL A - HEALTH CENTRE

Name of the health centre **Date of visit:**

Q001 District:.....
Q002 Is health centre urban or rural?.....
Q003 Is health centre government or non-government health facility?.....
Q004 Total number of adult admissions over the past 12 months in the eligible wards?
Male ..... Female .....
Q005 What are the total number presenting with case definition of AIDS in the last 12 months?
Male ..... Female.....
Q006 What are the total number presenting with case definition of AIDS who were admitted in the last 12 months?
Q007 What are the total number readmitted for associated conditions within in the last 12 months?
Male ..... Female .....
Q008 What is the total number of nurses/midwives/ medical assistants?.....
Q009 What is the total number of nursing aids?.....
Q010 Is counselling in relation to HIV/AIDS done at the health centre?

*Yes=l
No=2

GENERAL INFORMATION

Q011 What is the total number of staff trained in counselling?
.....
Q012 What is the number of untrained counsellors?...
Q013 Want are the number of staff that have received training in natural history, diagnosis, treatment, emotional support and referral? Male ..... Female .....
Q014 How many are still working with HIV/AIDS cases 12 months after training
Male ..... Female .....
Q015 Are there any staff trained in the ARV therapy including protease inhibitors?
Male ..... Female .....
Q016 Are written guidelines available for: (need to be shown to the interviewer; if not seen/found/locked away answer is no)
Clinical management of HIV related conditions? *Yes=1 / No=2
Nursing care? *Yes=l / No=2
Infection control and sterilisation? *Yes=1 / No=2
Q016 What is done when a patient is suspected or known to be HIV infected? (describe)

_____

_____

Q017 Does the health care facilities meet national requirements for the provision of HIV/AIDS therapy (*& are in-line with international standards)* *Yes=1 /No=2
Q018 Number of patients commencing, and continuing for X amount of time, HIV therapy within the health facility …….
Q019 What is the treatment/cure rate for pulmonary tuberculosis?

Coding later: Patient treated as usual = 1

Patient is treated and referred if condition warrants = 2
Patient is always referred, regardless the clinical condition = 3
Patient is refused treatment = 4

LEVEL A - HEALTH CENTRE

Section 1

Name of health centre:

NOSOCOMIAL TRANSMISSION OF HIV

1. Number of health care workers who have been accidentally exposed as compared to all other health workers……..
2. Number of these health care workers exposed and provided with preventive treatment in the previous 12 months ……

No.	Questions	Answer	Observations Remarks
Q101	Are needles occasionally used for more than 1 patient without sterilising in between when there are not enough needles for all patients?	*Yes =1 No=2	
Q102	Are syringes occasionally used for more than 1 patient without sterilising in between when there are not enough syringes for all patients?	*Yes=l No=2	
Q103	Is there a steriliser in working order present in the health centre? (describe sterilisation equipment) If boiling method is used: how long are needles and syringes being boiled? Is sterilisation of equipment adequate?	*Yes=l No=2	
Q104	***Is the prevention of nosocomial transmission of HIV infection adequate? YES if Q101, Q102, and Q103 are YES and observations agree with the answers; NO for all other combinations.***	***Yes-1 No=2***	

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL A - HEALTH CENTRE

Section 2

Name of health centre:

ASSESSMENT OF HYGIENE

No	Question / Observation	Answer by observations
Q201	How is the water supply? (describe) Is the water supply adequate? (water on the compound: borehole, tank, stand pipe, etc.) (not adequate is water from a well at a distance from the health centre or other irregular water supply)	*Yes=1 No=2
Q202	Is soap available for washing hand?	*Yes=l No=2
Q203	Are the sanitation facilities for the patients sufficient and clean?	*Yes=l No=2
Q204	Does the health centre have a separate pit for waste disposal? How is waste disposed? (describe)	*Yes=l No=2
Q205	***Are standard conditions for hygiene met? YES if Q201, Q202, Q203 and Q204 are all yes; NO for all other combinations.***	***Yes=l No=2***

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL A - HEALTH CENTRE

Section 3

Name of health centre:

ASSESSMENT OF ESSENTIAL DRUGS

No.	Are the following drug presently in stock?	Answer
Q301	Penicillin or derivative, such as ampicillin	*Yes=1 No=2
Q302	Cotrimoxazole tablets, paediatric or adult formula (Septrin)	*Yes=l No=2
Q303	Nystatin tablets/suspension or Gentian Violet	*Yes=l No=2
Q304	Paracetarnol and/or Aspirin	*Yes=l No=2
Q305	Oral rehydration solution	*Yes=l No=2
Q306	Chloroquine tablets	*Yes=l No=2
Q307	***Are all essential drugs presently in stock? YES if all drugs are in stock; NO if one or more drugs are not in stock at time of the visit***	***Yes=l No=2**

Indicators being assessed on this form

CSI 7

N° of public health facilities with no stock-out of drugs in accordance
with national drug policies and national treatment guidelines in the previous 12 months
Total N° health facilities surveyed

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL A - HEALTH CENTRE

Section 4

Name of the health centre:

MASTER CARD FOR THE HEALTH CENTRE

No	Question	Standard conditions	Answer
MC 1	Q010 Q011	Are standard conditions for clinical management met? YES if Q010/1 and Q010/2 are yes and Q011 is 1 or 2; all other combinations are NO	*Yes= 1 No=2
MC2	Q104	Is the prevention of nosocomial transmission of HIV adequate? YES if Q104 is yes; NO if Q104 is no.	*Yes=l No=2
MC3	Q205	Are standard conditions for hospital hygiene met? YES if Q205 is yes; NO if Q205 is no.	*Yes=l No=2
MC4	Q307	Are all essential drugs in stock? YES if Q307 is yes; NO if Q307 is no.	*Yes=l No=2
MC5		***Are the standard conditions for case management of persons with HIV-related conditions met? YES if all above questions are yes.***	****Yes=1 No=2***

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL A - HEALTH CENTRE

ADULT PATIENTS PRESENTING WITH ONE TWO OR ALL THE THREE MOST COMMON ILLNESSES IN SYMPTOMATIC HIV OR AIDS, RESPIRATORY TRACT INFECTION (INCLUDING TB), CHRONIC DIARRHOEA AND ORAL CANDIDIASIS (OBSERVATION OF CASE MANAGEMENT)

Name of the health centre:

Patient number: **Date of visit:**
Age in years:
Sex: M F

No.	Question	Answer	Remarks
Q103	Is this the first visit to the health centre for this continue with this complaint?	*Yes=l No=2	If “yes" continue with Q 104. If “no”, stop here.
Q104	Is the patient known or suspected to be HIV infected?	*Yes=l No=2	
Q105	Is the patient a known tuberculosis patient'	*Yes=l No=2	
Q106	Was the duration of the [symptom] mentioned in the history?	*Yes=l No=2	
Q107	What is the character of the [symptom] mentioned in the history?	*Yes=l No=2	
Q108	Was fever mentioned in the history?	*Yes=l No=2	
Q109	*Was the history taken adequately?* *YES if Q106, Q107 and, Q108 are yes*	*Yes=l No=2	
Q110	***Has the appropriate treatment been prescribed?*** ***(according to standard treatment guidelines)***	***Yes=l*** ***No=2***	
Q111	***Are the basic principles of case management of HIV related conditions applied?*** ***YES if Q109 and Q110 are both yes; any other combination is no***	***Yes=l*** ***No=2***	

LEVEL B - HOSPITAL

GENERAL INFORMATION
(Interview with the medical superintendent or senior nursing officer)

Q001 Name of the hospital:..... Date of visit:

Q002 District:.....
Q003 Is the hospital urban or rural?.....
Q004 Is the hospital a government or non-government health care facility?.....
Q005 Number of eligible wards for assessment? (including adult medical wards, infectious disease wards, intensive care units).....
Q006 Total number of adult admissions over the past 12 months in the eligible wards?
Male ..... Female .....
Q007 What are the total number presenting with case definition of AIDS in the last 12 months?
Male ..... Female.....
Q008 What are the total number presenting with case definition of AIDS who were admitted in the last 12 months?
Q009 What are the total number readmitted for associated conditions within in the last 12 months?
Male ..... Female .....
Q010 Total number of medical officers in these wards?...
Q011 Total number of nurses in these wards?.....
Q012 Total number of trained counsellors in these wards?
Q013 Number of untrained counsellors in these wards?
Q014 What number of staff that have received training in natural history, diagnosis, treatment, emotional support and referral? Male ..... Female .....
Q015 How many are still working with HIV/AIDS cases 12 months after training
Male ..... Female .....
Q016 Are there any staff trained in the ARV therapy including protease inhibitors?
Q017 What is the number of health centres (NGO and government units) in the district?.....
Q018 What is the number of specific AIDS CARE programmes in the district?.....
Q019 Are written guidelines available in the hospital for: (ask to see them)
a. Clinical management of HIV related conditions *Yes=1 /No=2
b. Management of tuberculosis *Yes=1 /No=2
c. Counselling *Yes=1 /No=2
d. Sterilization, disinfection, waste disposal, hygiene *Yes=1 /No=2
Q020 Does the hospital have an incinerator?
if not, how is waste disposed?
Q021 Does the health care facilities meet national requirements for the provision of HIV/AIDS therapy (*& are in-line with international standards)* *Yes=1 /No=2
Q022 Number of patients commencing, and continuing for X amount of time, HIV therapy within the health facility …….
Q023 What is the treatment/cure rate for pulmonary tuberculosis?

Indicators being assessed on this form

CSI 9

$$\frac{\text{N° of health facilities with standard conditions necessary to manage individuals with HIV-related conditions}}{\text{Total N° of health facilities surveyed}}$$

LEVEL B - HOSPITAL
Section 1

Name of the hospital:

Name of the ward:

INTERVIEW WITH THE MEDICAL OFFICER IN CHARGE OF THE WARD

No.	Question	Answer	Observation
Q101	Is a medical record/file available for each patient and is it updated at least once a week?	*Yes= 1 No= 2	
Q102	Are tests usually available in the hospital to confirm a diagnosis of the underlying disease causing the presenting complaint?	*Yes= 1 No= 2	
Q103	Is staining of sputum by ZN usually done when a patient is suspected to have pulmonary tuberculosis?	*Yes= 1 No= 2	
Q104	Is a chest X-ray usually made when a patient is admitted with one two or all the three most common illnesses in symptomatic HIV or AIDS, respiratory tract infection (including TB), chronic diarrhoea and oral candidiasis?	*Yes= 1 No= 2	
Q105	Are tests usually available in the hospital to make a diagnosis of bacterial and parasitic causes of diarrhoea?	Yes= 1 No= 2	
Q106	Are written guidelines available in the ward for the management of suspected HIV related conditions? (to see guidelines)	Yes= 1 No= 2	
Q107	Are written guidelines available in the ward for the management of tuberculosis? (to see guidelines)	Yes= 1 No= 2	
Q108	***Is the diagnostic capacity of the ward adequate? YES if Q101 -Q104 are yes; NO if any of the questions Q101-Q104 are no.***	***Yes= 1 No= 2***	
Q109	Are HIV tests available for your patients to confirm clinical suspected diagnosis of HIV infection?	Yes= 1 No= 2	

Q110	Are there any patients in the ward for whom you order routinely an HIV test, also if there is no clinical suspicion of HIV infection, for example before surgical procedures? If YES, for which patients (describe):	Yes= 1 No= 2	
Q111	Who informs the patient when HIV test results are positive?	Doctor=l Nurse=2 Counsellor=3 Other= 4	
Q112	Are any suspected or known HIV infected patients put in a separate ward? If YES, for what reason (describe):	Yes= 1 *No= 2	
Q113	Are patients referred to higher-level health care centres according to standard guidelines?	Yes= 1 *No= 2	
Q114	***Are known or suspected HIV infected patients put in a separate ward for any other reason than prevention of transmission of tuberculosis ? See Q112.***	***Yes= 1 *No= 2***	
Q115	***If there is an AIDS care programme in the catchment area of the hospital, are suspected or known HIV infected patients on discharge referred to this programme? (NA=Not applicable)***	***Yes= 1 No= 2 NA= 3***	

Indicators being assessed on this form

CSI 6

N° of health facilities with standard procedures for
referral of patients to and from health facilities and support services
Total N° of health facilities surveyed

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL B - HOSPITAL
Section 2

Name of the hospital:

Name of the ward:

INTERVIEW WITH THE NURSE IN CHARGE OF THE WARD

No.	Questions	Answer	Observations
Q201	Was a clinical case definition of AIDS made?	Yes= 1 No= 2	
Q202	Has the patient been known to have HIV associated conditions in the past 6 months? How long has this been known	Yes= 1 No= 2	
Q203	Are occasionally needles used for more than 1 patient without sterilization in between use when there are not sufficient needles for all patients?	Yes = 1 *No = 2	
Q204	Are occasionally syringes used for more than 1 patient without sterilization in between use when there are not enough syringes for all patients?	Yes = 1 No = 2	
Q205	Are written guidelines for sterilization available in the ward (to see guidelines)? Do you have a steriliser in working order in the ward? (describe the sterilization equipment and method of sterilization). If boiling method is used, how long are needles and syringes boiled?	Yes = 1 No = 2	
Q206	Is sterilization practice adequate?	*Yes = 1 No = 2	
Q207 Number of health care workers who have been accidentally exposed as compared to all other health workers…….. Q208 Number of these health care workers exposed and provided with preventive treatment in the previous 12 months ……			
Q209	***Is the prevention of nosocomial transmission of HIV appropriate?*** *YES if Q203 and Q205 are no and Q206 is yes; any other combination is no.*	****Yes = 1*** ***No = 2***	
Q210	What does a nurse do when she finds that a patient is in pain? (describe) Is action adequate?	*Yes = 1 No = 2	

Q211	How often is a bedbath given to bedridden patients? How often is a bedbath given to bedridden patients without family support?	*At least daily =1 Less =2	
Q212	How often is food provided by the hospital to patients? How often do patients get food when they do not have family support?	*At least twice daily = 1 Less= 2	
Q213	How often is the temperature taken of the patients per 24 hours?	*At least twice = 1 Less= 2	
Q214	How are oral medications given to the patients? (describe, if possible observe)	*Under supervision of health worker = 1 Other ways=2	
Q215	I bedding adequate for patients and readily available?	Yes= 1 *NO= 2	
Q216	Does the health facility/care setting have the capacity to provide and/or supervise palliative care	Yes= 1 *NO= 2	
Q217	***Are standard conditions for nursing care met?*** ***YES if Q211 to Q215 are all 1; any other combination is NO.***	****Yes=1*** ***No=2***	

Indicators being assessed on this form

CSI 7

N° of public health facilities with no stock-out of drugs in accordance
with national drug policies and national treatment guidelines in the previous 12 months
Total N° health facilities surveyed

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL B - HOSPITAL
Section 3

Name of the hospital:

Name of the ward:

ASSESSMENT OF HYGIENE IN THE WARD

No	Questions / Observations	Answer
Hl	How is the water supply in the ward? (describe) Is the water supply adequate? (adequate water supply includes tap water, water from a tank on the compound, sufficient containers in the ward, etc.)	*Yes=l No=2
H2	Are facilities for maintaining cleanliness (soap, mops, etc.) available? (supervisor of the team has to see the supply)	*Yes=l No=2
H3	Are sanitation facilities for the patients (toilets in the ward or latrines) sufficient and clean? (inspection by the supervisor of the team)	*Yes=l No=2
	Does every patient in the ward have his/her own bed ? (inspect for floor cases, sharing of beds, etc.)	*Yes=l No=2
H5	***Are standard conditions for hospital hygiene met? YES if H1 to H4 are all yes and Q014 is yes; No if any of the answers is no.***	***Yes=l No=2***

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

Name of the hospital:

LEVEL B - HOSPITAL
Section 4

Name of the ward:

INTERVIEW WITH THE PERSON IN CHARGE OF HIV COUNSELLING

1. Number of staff delivering counselling that received training on emotional and social support for persons with HIV/AIDS?…….
2. Number of persons attending HIV testing site who received
   a. Pre test counselling,
   b. HIV testing,
   c. Test result and;
   d. Post test counselling
1. Number of people attending the hospital who have voluntarily requested an HIV test and have received the results……..
2. Number of VCT reference sites in the district……
3. Number of clients at selected VCT reference sites that reported receiving
   - Good quality pre- and post-test counselling….
   - Poor quality pre- and post-test counselling.

No	Questions	Answer
Q400	Are written guidelines for counselling available (see the guidelines)?	Yes=1 No=2
Q401	Do you provide pre-test counselling for each patient who requires HIV testing? If "no", which patients are not counselled before HIV testing is carried out? (describe)	*Yes=1 No=2
Q402	Who gives the test results to the patient when he/she has tested positive?	Doctor= 1 Nurse= 2 Counsellor= 3 Other= 4
Q403	Do HIV positive patients usually receive post-test counselling when they receive the result of the HIV test?	*Yes=1 No=2
What does the counsellor tell an HIV-infected patient during post-test counselling? (an open ended question, to check whether the different aspects of Q404 to Q407 are mentioned)		
Q404	Is the prognosis mentioned during post-test counselling?	*Yes=1 No=2
Q405	Is prevention of transmission mentioned during post-test counselling?	*Yes=1 No=2
Q406	Are condoms mentioned during post-test counselling?	*Yes=l No=2

Q407	Has care at home been mentioned during post-test counselling?	*Yes=l No=2
Q408	Has a possible referral to an AIDS care programme been discussed during post-test counselling or social services? (if no AIDS care programme, the answer is "not applicable")	*Yes=l No=2 NA=3
Q409	Except health professionals or relatives/friends designated by the patient, are there any other persons who have access to the HIV test results of the patients?	Yes=l No=2
Q410	***Have the standard elements of counselling been met? YES if Q401 and Q403 to Q407 are yes, Q408 is yes or not applicable and Q409 is no; any other :combination is NO.***	****Yes= 1 No=2***
Q410	Are there families and community counseling groups formed to support ARV therapy	Yes=1 No=2
Q411	Are there patients on ARV therapy who have volunteered to provide physical, spiritual, psychosocial care and support for similar therapy for others?	Yes=l No=2

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL B - HOSPITAL

Section 5

Name of the hospital:

ASSESSMENT OF ESSENTIAL DRUG STOCK
(interview of the person in charge of the pharmacy and inspection of the pharmacy)

Percentage of HIV therapy prescriptions which are in-line with national treatment guidelines and are adequate for patient's needs

No.	Are the following drugs presently in stock?	Answer
D1	Drugs for treatment of tuberculosis (according to the national guidelines for the treatment of tuberculosis) Which drugs are available:	*Yes= 1 No= 2
D2	Oral Cotrimoxazole (Septrin)	*Yes= 1 No= 2
D3	Injectable or oral penicillin or penicillin derivative, such as ampicillin	*Yes= 1 No= 2
D4	Oral metronidazole (Flagyl)	*Yes= 1 No= 2
D5	Nystatin tablets or suspension	*Yes= 1 No= 2
D6	Analgesic drugs, such as paracetamol, aspirin	*Yes= 1 No= 2
D7	Anti-histaminic drugs, such as phenergan, piriton	*Yes= 1 No= 2
D8	Oral rehydration solution	*Yes= 1 No= 2
D9	Intravenous normal saline solution	*Yes= 1 No= 2
D10	***Are all essential drugs presently in stock? YES if D1 to D9 are all yes; NO if any question is no.***	***Yes= 1 No= 2***
D11	Percentage of HIV therapy prescriptions which are in-line with national treatment guidelines and are adequate for patient's needs	

Indicators being assessed on this form

CSI 7

N° of public health facilities with no stock-out of drugs in accordance with national drug policies and national treatment guidelines in the previous 12 months
Total N° health facilities surveyed

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions

necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL B - HOSPITAL
Section 6

Name of the hospital:

INTERVIEW OF THE PERSON IN CHARGE OF THE LABORATORY - (and inspection of the laboratory)

1. Number of HIV testing sites in the district with comprehensive testing and counselling services……..

No	Question	Answer / Observation
Q601	Is a refrigerator present and in working order in the laboratory ?	*Yes=1 No=2
Q602	Is a light microscope present and in working order in the laboratory?	*Yes=1 No=2
Q603	Is a centrifuge present and in working order in the laboratory?	Yes=1 No=2
Q604	Can HIV tests be carried out in the laboratory to confirm a clinical diagnosis of HIV infection? (supplies, kits, reader etc. available)	Yes=1 No=2
Q605	Has the lab the capacity to monitor viral load and/or CD4 counts	Yes=1 No=2
Q606	***Is the laboratory equipment adequate? YES if Q601 and Q602 are both yes; NO if any other combination.***	****Yes=1 No=2***
Q607	*Is the laboratory equipment adequate? YES if Q601 and Q602 are both yes; NO if any other combination.*	*Yes=1 No=2
Q608	Is there a supply of HIV reagents for screening of blood for blood transfusions? (including reader etc.)	All= 1 5-100% = 100% less that 50%= 3
Q609	*Is blood transfusion appropriately screened for HIV? YES*	*Yes= 1 No= 2

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL B - HOSPITAL
Section 7

Name of the hospital:

Name of the ward:

MASTER CARD FOR THE WARD

No.	Question	Standard Condition	Answer
Q701	Q108 Q605	Are the standard diagnostic tests and laboratory equipment available?	*Yes= 1 No= 2
Q702	D10	Are the essential drugs in stock?	*Yes= 1 No= 2
Q703	Q205 Q608	Is the prevention of nosocomial transmission of HIV appropriate?	*Yes= 1 No= 2
Q704	H5	Are the standard conditions for hospital hygiene met?	*Yes= 1 No= 2
Q705	Q408 Q114	Are HIV infected patients referred to appropriate care programmes/health centers?	*Yes= 1 No= 2
Q706	Q210	Are the standard conditions for nursing care met?	*Yes= 1 No= 2
Q707	Q410 Q113	Are the standard conditions for the provision of counselling and prevention of discrimination met?	*Yes= 1 No= 2
Q708	***Q701-Q707***	***Are the standard conditions for case management of persons HIV-related conditions met? YES if Q701-Q707 are yes and Q705 is yes or not applicable; NO if any of Q701-Q707 is no.***	****Yes=1 No= 2***

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL B - HOSPITAL
Section 7

Name of the hospital:

Name of the ward:

MASTER CARD FOR THE WARD FOR CSI 9A

No	Question		Answer
Q709	*Q701* *Q702* *Q703* *Q704*	***Are the basic standards for case management of persons with HIV-related conditions met? YES if Q701-Q704 are yes; NO for any other combination.***	***Yes= 1*** ***No= 2***

MASTER CARD FOR THE WARD FOR CSI 9B

No	Question		Answer
Q710	*Q705* *Q706* *Q707*	***Are the secondary conditions for the case management of persons with HIV related conditions met? YES if Q705 is yes or not applicable and Q706 and Q707 are yes; NO for any other combination.***	***Yes= 1*** ***No= 2***

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

CSI 10

N° of individuals in health facilities with
HIV - related conditions appropriately managed
Total N° of individuals surveyed in health facilities
with HIV-related conditions

LEVEL B - HOSPITAL
Section 8

ASSESSMENT OF MANAGEMENT OF PATIENTS WITH THE THREE MOST COMMON ILLNESSES IN SYMPTOMATIC HIV OR AIDS, RESPIRATORY TRACT INFECTION (INCLUDING TB), CHRONIC DIARRHOEA AND ORAL CANDIDIASIS
Review of patient records with health care provider

Q001 Name of hospital:

Q002 Name of ward:

Q003 Patient number:
Q004 Age in years:

Q005 Sex: M F.

INDIVIDUAL PATIENT INFORMATION

No	Question	Answer	Remarks
Q006	Is the medical record available?	*Yes= 1 No= 2	
Q007	Has the patient been tested for HIV during this admission?	Yes = 1 No = 2	
Q008	Is any HIV test result recorded in medical record?	Yes = 1 No = 2	
Q009	Is patient known to be HIV infected?	Yes = 1 No = 2	
Q010	Does the clinical status suggest AIDS according to admitting medical officer?	Yes = 1 No = 2	
Q011	What is the clinical diagnosis of the patient?	Pneumonia= 1 Tuberculosis= 2 Other= 3 Not recorded= 4	
Q012	How many days has the patient spent in the hospital?		If number of days is 2 or less, stop here.
Q013	Has the patient been referred from another health unit or out-patient clinic?	Yes = 1 No = 2	

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL B – HOSPITAL
Section 9

Name of hospital:

Name of the ward:

Patient number:

EVALUATION OF MEDICAL RECORD
(OF PATIENTS ADMITTED WITH ANY OF THE THREE MOST COMMON ILLNESSES IN SYMPTOMATIC HIV OR AIDS RESPIRATORY TRACT INFECTION - INCLUDING TB, CHRONIC DIARRHOEA AND ORAL CANDIDIASIS)

No	Question	Answer	Remarks
Q201	Was the nature of the [symptom] recorded?	*Yes= 1 No= 2	
Q202	Was the duration of the [symptom] recorded?	*Yes= 1 No= 2	
Q203	Was the presence or absence of the three most common illnesses in symptomatic HIV or AIDS, respiratory tract infection (including TB), chronic diarrhoea and oral candidiasis recorded?	*Yes= 1 No= 2	
Q204	Were the findings on auscultation described? (chest clear, rhonchi, crepitations, etc.)	*Yes= 1 No= 2	
Q205	***Were the history and physical examination findings adequately recorded?*** ***YES if Q201, Q202, Q203, and Q204 are all yes; any other combination is NO.***	***Yes= 1*** ***No= 2***	
Q206	Was a chest X-ray made?	*Yes= 1 No= 2	
Q207	If [symptom] was productive, were appropriate tests ordered and done?	*Yes= 1 No= 2 NA= 3	
Q208	***Were the diagnostic tests adequately ordered and results recorded? YES if Q206 is yes and Q207 is yeas or not applicable; any other combination is no.***	***Yes= 1*** ***No= 2***	
Q209	Was the recommended treatment given?	*Yes= 1 No= 2	

Q210	***Was the treatment of the patient appropriate? YES if Q209 is yes; NO if Q209 is no.***	****Yes= 1 No= 2***	
Q211	***Was the clinical management of the patient appropriate? YES if Q205, Q208, and Q210 are all yes; any other combination is NO.***	****Yes= 1 No= 2***	

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL B - HOSPITAL
Section 10

Name of the hospital:

Name of the ward:

Patient number:

INTERVIEW OF THE PATIENT WITH THE THREE MOST COMMON ILLNESSES IN SYMPTOMATIC HIV OR AIDS, RESPIRATORY TRACT INFECTION (INCLUDING TB), CHRONIC DIARRHOEA AND ORAL CANDIDIASIS

No	Question	Answer	Remarks
Q301	Has a nurse taken your temperature today or last night?	*Yes= 1 No= 2	
Q302	Has a nurse given you your medicines (tablets or injections) today?	*Yes= 1 No= 2	
Q303	Is patient bedridden?	Yes= 1 No= 2	
Q304	Who has been bathing you today?	Self=1 Relative= 2 *Nurse= 3 No bath= 4	
Q305	Who has supplied your food today?	Relative= 1 Hospital= 2 No food= 3	
Q306	Has the ward been swept today?	Yes= 1 No= 2	
Q307	Has your linen been changed since admission?	Yes= 1 No= 2	
Q308	Are toilet facilities adequate?	Yes= 1 No= 2	
Q309	***Was nursing provided according to basic standards? YES if Q301 and Q302 are yes and Q303 is yes and Q304=3 or Q303 is no and Q304 is 1,2 or 3 and Q303 is 1 or 2. Any other combination is NO.***	****Yes= 1 No= 2***	
Q310	Has anybody explained to you why blood was taken	*Yes= 1 No= 2 No blood taken= 3	

Q311	Has anybody informed you about the results of any of the blood tests?	*Yes= 1 No= 2 No blood taken= 3 No results yet= 4	
Q312	Have you been explained about the possible nature of your disease? PROBE: Does the patient know his/her diagnosis? (Check with diagnosis in medical record on first page of questionnaire)	*Yes= 1 No= 2	
Q313	Do you have the feeling that you are treated the same way as other patients in the ward?	*Yes= 1 No= 2	
Q314	Are you satisfaction with care provided?	*Yes= 1 No= 2	
Q315	***Are basic standards of counselling and prevention of discrimination applied? YES if Q310 is 1 or 3; Q311 is 1,3 or 4, and Q312, Q313 and Q314 are 1. Any other combination is NO.***	****Yes= 1 No= 2***	

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

LEVEL B - HOSPITAL
Section 11

Name of the hospital:

Name of the ward:

Patient Number:

MASTER CARD FOR EACH PATIENT

No	Question	Standard Condition	Answer
Q401	Q211	Was the clinical management appropriate?	*Yes= 1 No= 2
Q402	Q306	Was nursing care provided according to basic standards?	*Yes= 1 No= 2
Q403	Q311	Were basic standards of counselling and prevention of discrimination applied?	*Yes= 1 No= 2
Q404	***Q401, Q402, Q403.***	***Were standard conditions for case management of individuals with HIV related conditions applied? YES if Q401, Q402, and Q403 are yes; any other combination is NO.***	****Yes= 1 No= 2***

Indicators being assessed on this form

CSI 9

N° of health facilities with standard conditions
necessary to manage individuals with HIV-related conditions
Total N° of health facilities surveyed

Reduction of economic and social impact of HIV/AIDS on infected persons and their families (CSI 11 - 14)

Name of district AIDS Control Programme being assessed
.....

Date of assessment .....

1. How many institutions provide services to alleviate the impact of HIV/AIDS in the district directly or indirectly
.....
2. List what type of institutions these are.
3. Number of orphans in the district. Male..... Female.....
4. Number of dependents in the district. Male ..... Female.....
5. Number of families in the district .....
6. Number of persons or families receiving public financial support .....
7. Number of children in the district who have dropped out of school because of HIV/AIDS
Male ..... Female .....
8. Number of school children in the district. Male ..... Female.....

No	**Question / Observation**	**Answer or observations**
Q1	Are there any public institutions that provide services to alleviate the economic impact of HIV/AIDS in the district?	*Yes=1 No=2
Q2	Are there any dependents in the district?	*Yes=l No=2
Q3	Are there any families receiving public financial support?	*Yes=l No=2
Q4	Are there any institutions providing funds to support income generation by individuals and families affected by HIV/AIDS?	*Yes=l No=2
Q5	Are there any PWA support groups developed in the district?	*Yes=l No=2
Q6	Are there patients needing and being referred to other social welfare services?	*Yes=l No=2
Q7	Are there any children who have stopped school because of the impact of HIV/AIDS?	*Yes=l No=2
Q8	***Are the efforts towards reducing the economic and social impact of HIV/AIDS on infected persons and their families being met? YES if Q1 to Q7 are all yes; NO for all other combinations.***	***Yes=l No=2***

Indicators being assessed on this form

CSI 11

N° of public institutions and NGOs that provide services to alleviate

the economic impact of HIV/AIDS (including education, financing, food, welfare)
Total N° of public institutions and NGOs in the district surveyed

CSI 12

N° of dependents* (e.g. widows, parents, children) who are aware of
social support services available to them within their community
Total N° of dependents in the district surveyed

CSI 13

N° of persons or families receiving
"public financial support" (e.g. disability, welfare)
Total N° of families in the district surveyed

CSI 14

N° of school aged children who dropped out of
school as a direct result of parental HIV/AIDS
Total N° of school children in the district surveyed

Adequacy of home care services and palliative care (CSI 15 - 18)

Name of home care programme or palliative care centre being assessed
.....
Date of assessment .....

Number of clients served by the programme ……
Number of full-time staff running the care programme…….
Number of part-time staff running the care programme……

1. What is the estimated percentage of hospital beds occupied by HIV positive patients in the district ? Male ..... Female.....
2. What are the estimated number of PWAs receiving care in the district?
Male ..... Female.....
3. What are the estimated number of PWAs registered for HBC in the district?
Male ..... Female.....
4. What are the estimated number of PWAs requiring HBC in the district?
Male ..... Female.....
5. Is there an eligibility policy for clients who would like to be provided home care?
6. How many home care programmes are there in the district?
7. What are their affiliation?
    government operated/owned.....
    non-governmental .....
    church affiliated.....
    non-religious .....
8. Is this HBC programme hospital-based?.....
9. Is this HBC programme Urban or Rural?.....
10. Are there any palliative care services in the district or is this form of care provided for in hospitals and clinics?
11. If none what are the alternative sources for clients to obtain such services?
12. Are there any guidelines available for providing home care and palliative care for the chronically ill?
13. Are care givers in the home provided training in methods of palliative care for the home and how to refer patients?
14. How many home carers are providing care in the home? Male ..... Female.....
15. Are community volunteers that support the home care programme trained to provide basic care and counselling and referral of clients to higher level health facilities?
16. How many community volunteers are providing care on home based care?
Male ..... Female.....
17. How many patients have been referred to higher level health facilities over the past 6 months? Male ..... Female.....
18. How many home carers have been trained over the past 6 months?
Male ..... Female.....
19. How many community volunteers have been trained over the past 6 months?
Male ..... Female.....
20. How many of CBOs (by type) address the needs of people living with HIV/AIDS and affected families?……

21. How many CBOs report capacity to respond to the psychosocial needs of people living with HIV/AIDS (PLWHA) and affected families?……..
22. Number of people living with HIV/AIDS who report a *reasonable* quality of life in the district?…..

Indicators being assessed on this form

CSI 15

N° of care givers (home visitors and family members providing care)
with adequate knowledge in diagnosis, treatment, and referral of common symptoms
Total N° of caregivers providing care in the district surveyed

CSI 16

N° of patients referred to a higher level health
facility according to standard referral guidelines
Total N° of patients on the active registered for home care

CSI 17

N° of chronically ill persons, aged 15 and above, receiving home care
Total N° of patients on the active register for home care

CSI 18

N° of households caring for young adults with long term illness
that receive care from an institution or group outside of the family
Total N° of young adults on the active register for home care

Questionnaire for the principle care giver in the home (CSI 15 – 18)

No	Question / Observation	Answer or observations
Q1	When someone is sick in your family, who usually takes care of them?	
Q2	Sometimes it is necessary to help a sick person with daily activities. What do you do to help the sick person?	
Q3	What are the advantages of taking care of the sick people at home?	
Q4	What are the disadvantages of taking care of sick at home?	*Yes=l No=2
Q5	You have someone with HIV/AIDS in your family. Who helps take care of the person who is your family?	*Yes=l No=2
Q6	Who do you talk to when you need information about how care of your relative with AIDS?	
Q7	Where can you go for help, when you and your family can't take care of the sick person alone?	
Q8	**Are the care services provided in the home adequate? Answer to Q1 – Q7 are yes or positive**	***Yes=l** ***No=2***

Indicators being assessed on this form

CSI 15

N° of care givers (home visitors and family members providing care)
with adequate knowledge in diagnosis, treatment, and referral of common symptoms
Total N° of caregivers providing care in the district surveyed

CSI 17

N° of chronically ill persons, aged 15 and above, receiving home care
Total N° of patients on the active register for home care

CSI 18

N° of households caring for young adults with long term illness
that receive care from an institution or group outside of the family
Total N° of young adults on the active register for home care

List of home care activities performed by the home care team to guide the survey team in;

- **Preparing their focus group discussions and ranking activities and;**
- **Observing activities performed by the home care team.**

1. HEALTH EDUCATION - Providing specific information about nutrition, drug compliance, hygiene, condom use or safe sex.

2. CLINICAL CARE - Providing treatment such as cleaning an infection, bandaging, taking weight or temperature.

3. MEDICATION DISTRIBUTION - Dispensing essential drugs.

4. COUNSELLING OR SUPPORT - Emotional, spiritual support to the client. This would include empathetic listening or touching.

5. SUPPLIES DISTRIBUTION - Dispensing supplies such as soap, food supplements or clothes.

6. FAMILY SERVICES - Talking to family members about problems, AIDS prevention or other health related issues.

7. DOMESTIC SERVICES - Making up beds, cleaning, cooking, collecting water.

8. COMMUNITY SERVICES - Talking to community members or friends about problems, AIDS prevention or other health related issues through PWA groups. Availability and access to financial or legal support services.

9. CONDOM DISTRIBUTION - Dispensing condoms.

10. CONTACT TRACING - Any discussion about other partners.

11. ADMINISTRATION - Administrative details such as report forms, identity, address or note taking.

12. OTHER ACTIVITIES- (BE SPECIFIC) -
.....
.....
.....
.....

CSI 15

$$\frac{\text{N° of care givers (home visitors and family members providing care) with adequate knowledge in diagnosis, treatment, and referral of common symptoms}}{\text{Total N° of caregivers providing care in the district surveyed}}$$

CSI 17

$$\frac{\text{N° of chronically ill persons, aged 15 and above, receiving home care}}{\text{Total N° of patients on the active register for home care}}$$

CSI 18

$$\frac{\text{N° of households caring for young adults with long term illness that receive care from an institution or group outside of the family}}{\text{Total N° of young adults on the active register for home care}}$$

Incorporation of Indicators into

Draft Protocol for Evaluating Care and Support.

Contents

The following is a series of tables that indicate how the indicators developed at a meeting of experts in Geneva have been incorporated into the care and support protocol.

Programme policy & management

Objective 1: To develop and implement comprehensive national HIV/AIDS care policies that include strategies for creating supportive social environments

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Input	**National policies and guidelines on the care of persons with HIV/AIDS and associated conditions**	CSI 1	Developing and implementing comprehensive national HIV/AIDS care polices
Utilisation	% of districts (or equivalent) with, if necessary, locally adapted HIV/AIDS care policies and guidelines in line with the national policies	CSI 2	Same as above
Output	% of districts (or equivalent) with active participation of people living with HIV/AIDS	CSI 3	Same as above

Programme policy & management

Objective 2: To develop and support human resource needs for care and support of persons living with HIV/AIDS

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Input	% of districts (or equivalent) with training programmes for care providers (nurses, doctors, aides) in place	CSI 4	Same as above
Coverage	% of clinical staff that have received training in natural history, diagnosis, treatment (including prescription and provision of ARVs), emotional support,	CSI 5	Same as above

	and referral and are providing care 12 months after training		

Programme policy & management

Objective 3: To ensure a referral system between hospitals and local health and support services

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Coverage	% of health facilities with standard procedures for referral of patients to and from health facilities and support services	CSI 6	Section 1, level B

Programme policy & management

Objective 4. To ensure drugs for the treatment of HIV/AIDS and associated conditions are available at all levels as appropriate under national treatment guidelines

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Output	**% of public health facilities with no stock-out of drugs in accordance with national drug policies and treatment guidelines in the previous 12 months**	CSI 7	Section 3 level A and Section 5 level B

Programme policy & management

Objective 5. To monitor and evaluate the availability and quality of care of persons living with HIV/AIDS

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Input	Availability of national monitoring and evaluation reports on care	**CSI 8**	Developing and implementing comprehensive national HIV/AIDS care polices

Impact Alleviation

Objective: To lessen the economic and social impact of HIV/AIDS on infected persons and their families

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Input	# of public institutions and NGOs that provide services to alleviate the economic impact of HIV/AIDS (including education, financing, food, welfare)	**CSI 11**	Reduction of economic and social impact of HIV/AIDS on infected persons and their families
Coverage	% of dependents (e.g. widows, parents, children) who are aware of social support services available to them within their community	CSI 12	Same as above
Utilisation	# of persons or families receiving "public financial support" (e.g. disability, welfare)	CSI 13	**Same as above**
Output	% of school aged children who dropped out of school as a direct result of parental HIV/AIDS	**CSI 14**	**Same as above**

Medical management

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Input	**% of national institutions capable of managing HIV/AIDS and/or associated conditions in accordance to national treatment guidelines**	**C** **S** **I** **9** CSI 10	Section 4 level A and Section 7 level B Section 7 level B
Input	% of quality assured labs with capacity to monitor viral load and/or CD4 counts and make diagnosis of associated conditions	CSI 9	Section 6 level B
Input	% of health facilities/care settings with the capacity to provide and/or supervise palliative care	CSI 9	Section 2 level B
Output	% of patients reporting satisfaction with care	CSI 9	Section 10 level B

Medical management

District, regional, and teaching hospitals (includes specialized tertiary level institutions)

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Input	Proportion of HIV/AIDS patients admitted as compared to total admission *(perhaps it would be better to say" proportion of persons presenting and meeting clinical case definition who are admitted"*	**CSI 9**	General information levels A and B
Output	Frequency of hospitalisation of HIV/AIDS patients as a result of associated conditions *(or "Number of persons meeting clinical case definition who are hospitalised for HIV/AIDS associated conditions")*	CSI 9	General information levels A and B
Output	Treatment cure/success rate for pulmonary TB	CSI 9	General information levels A and B

Medical management

Community health centers

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Input	Number of patients meeting clinical case definition of HIV/AIDS seen for HIV/AIDS associated conditions in the last 12 months	**CSI 9**	General information levels A and B

Home care services

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Output	% of care givers (home visitors and family members providing care) with adequate knowledge in diagnosis, treatment, and referral of common symptoms	**CSI 15**	Adequacy of home care services and palliative care services
Output	% of patients referred to a higher level health facility according to standard referral guidelines	**CSI 16**	**Same as above**

Medical management

Palliative care

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Coverage	Number of chronically ill persons, aged 15-49, receiving home care	CSI 17	Adequacy of home care services and palliative care services
Utilisation	**% of households caring for young adults with long term illness that receive care from and institution or group outside of the family**	CSI 18	**Same as above**

ARVs

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Input	% of health care facilities which meet national requirements for the provision of HIV/AIDS therapy (*& are in-line with international standards)*	**CSI 9**	General information levels A and B
Process	% of HIV therapy prescriptions which are in-line with national treatment guidelines and are adequate for patient's needs	CSI 9	Same as above
Utilisation	Number of patients receiving HIV therapy within the public and private sector	CSI 9	**Same as above**
Utilisation	Number of patients commencing, and continuing for X amount of time, HIV therapy within the public sector	CSI 9	**Same as above**
Output	Proportion of deaths due to AIDS per year	**CSI 9**	Same as above

Preventing accidental transmission of HIV within the health care setting

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Input	% of health care workers who have been accidentally exposed as compared to all other health workers	**CSI 9**	Section 1 level A and Section 2 level B
Output	% of health care workers exposed and provided with preventive treatment in the	**CSI 9**	**Section 2 level B**

	previous 12 months		

Psychosocial Support

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Input	Community capacity to respond to the psychosocial needs of people living with HIV/AIDS (PLWHA) and affected families	**CSI 9** CSI 16	**Section 4 Level B** Adequacy of home care services and palliative care
Process	% of CBOs (by type) which address the needs of people living with HIV/AIDS and affected families	CSI 15 - 18	Adequacy of home care services and palliative care
Output	% of people living with HIV/AIDS who report a *reasonable* quality of life	CSI 15 - 18	Same as above

Counselling, testing, and referral

Indicator type	Indicator	Incorporated into CSI	Data for use in calculating indicator collected on the assessment form
Input	% of HIV testing sites with comprehensive services	**CSI 9**	**Section 4 level B**
Input	% of staff delivering counselling that received training on emotional and social support for persons with HIV/AIDS	**CSI 9**	**General information level B and Section 4 level B**

Input	% of national population living in districts with at least one HIV testing site with comprehensive services	**CSI 9**	**Section 4 level B**
Input	**% of persons attending HIV testing sites who received (1) pre test counselling, (2) HIV testing, (3) test result and (4) post test counselling**	**CSI 9**	**Section 4 level B**
Output	**% of people in the survey population who have voluntarily requested an HIV test and have received the results**	**CSI 9**	**Section 4 level B**
Output	**% of clients at selected VCT reference sites that received good quality pre- and post-test counselling**	**CSI 9**	**Section 4 level B**

References

1. This appears to be a relatively small rise over the global HIV totals at the end of 1998. The real rise is larger, however. Improved surveillance now suggests that national infections in a few populous countries of Latin America and Asia were over-estimated in 1998.

2. Foster S. Cost and Burden of AIDS in Zambian Health care system: Policies to mitigate the impact on health services. John Snow Inc, and The London School of Hygiene and Tropical Medicine London, United Kingdom. 1993.

3. Chela et al, Cost and impact of home based care for people living with HIV/AIDS in Zambia. Ministry of Health and WHO. Lusaka 1994.

4. G. Tembo et al Bed occupancy due to HIV in an urban hospital medical ward in Uganda. WHO/GPA 1994.

5. Guidelines for the clinical management of HIV in Adults. WHO/GPA/IDS/HCS/91.6. World Health Organisation 1991 Geneva.

AB: The guidelines are developed to assist health care workers in the diagnosis and management of HIV infection in adults at the primary, secondary and tertiary levels of the health care system. They were developed by a group of international clinical experts working in the field of HIV using a nominal group process. The guidelines are presented in the form of algorithms with annotations on the common signs and symptoms of HIV disease. The notable features of the guidelines are:
Positive;
- the guidelines are well written and have a clear layout,
- all the common symptoms in HIV infection and the required treatment are covered adequately,
- these guidelines have formed the basis for the development of many national guidelines.
Inadequacies;
- concepts of comprehensive care and referral systems are not included,
- topics related to terminal care, counselling, pain relief and nutrition were not included in this edition,
- the source and grading of the scientific evidence used in the recommendations is not clearly indicated.

6. Guidelines for the clinical management of HIV in children. WHO/GPA/IDS/HCS/93.3. World Health Organisation 1993. Geneva.

AB: The guidelines are developed to assist health care workers in the diagnosis and management of HIV infection in children at the primary, secondary and tertiary levels of the health care system. They were developed by a group of international clinical paediatric experts working in the field of HIV using a nominal group process. The guidelines are presented in the form of algorithms with annotations on the commonly seen signs and symptoms of HIV disease in children. The notable features are similar to those in the adults guidelines except that a section on counselling has been included.