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**CFL001: COMMUNITY-FACILITY LINKAGES SITE ASSESSMENT SURVEY**

**Part I: Facility Factors**

**Instructions:** This part is to be completed through direct observation and through interviews with up to 7 key informants (e.g. Clinic/Facility In-Charge or Designee, ANC In-Charge or Designee, PMTCT Coordinator or Designee, ART In-Charge or Designee, Under 5 In-Charge or Designee, Pharmacist In-Charge, and Laboratory In-Charge).

<b>SECTION 1: BASIC INFORMATION (6 Questions)</b>	
<i>FIND THE CLINIC/ FACILITY IN-CHARGE INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE QUESTIONS IN SECTIONS 1 – 4.</i>	
1. Date of facility visit:	<i>dd/MMM/yyyy</i> □□/□□□/□□□□
2. Day of the week of facility visit:	□□□
3. Interviewee / Key Informant Cadre:	<i>Name (printed):</i> _____
4. Study Site & Health System Level	<i>Refer to Study Site Code List</i> a. □□□-□□
	1=MOH Health Centre 2=MOH Rural/Community Hospital 3=MOH District Hospital 4=MOH National Referral Hospital 5=CHAM Facility 6=Other (Specify) <span style="float: right;">b. □</span> _____ <i>(specify if other):</i>
5. District Information: <i>Please pre-population this information with district-level DHS or HMIS information.</i>	a. District Name (please print): _____
	b. District <u>Total</u> Population: c. District <u>Total</u> Adult Population:
	_____
6. Catchment Area Information: <i>If key informant is unfamiliar with these figures, please check with HMIS or district M&amp;E officer.</i>	a. Approximate <u>Adult</u> Population in Catchment Area: _____
	b. Approximate <u>Under 5</u> Population in Catchment Area: _____
	c. Approximate Adult HIV Prevalence: _____
	d. Proportion of Women in the Catchment Area who Have Completed Primary Education: _____
	e. Under 5 Mortality in Catchment Area: _____

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	f. Infant Mortality in Catchment Area:
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SECTION 2: FACILITY INFORMATION (4 Questions)		
Question	Options	Response
7. Number of days ANC open per week:	# of days, from 1-7	□
8. Number of days ART open per week:	# of days, from 1-7	□
9. Which organization manages this clinic?	1=Public (government) 2=NGO/ Not-for-profit 3=Mission/ Faith-based 4=Private-for-profit 5=Other (specify)	□  <i>(specify if other):</i> _____
10. Total population in the catchment area:	Specify estimated # of people according to official (government) figures (consider reviewing HMIS reports/ data)	_____

**PART I, Module 1: SERVICE AVAILABILITY**

SECTION 3: STAFFING (13 Questions)		
<p><b>[Please Read: "I have a few questions on the staffing for this facility. Please tell me how many staff with each of the following qualifications are currently assigned to, or employed by, or seconded to this facility. Please count every staff member only once, on the basis of the highest technical or professional qualification. For doctors, I would also like to know, of the total number, how many are part-time at this facility."]</b></p>		
Qualification	Reported	Observed
11. Doctors:	a. □□□	b. □□□
12. Clinical Officers:	a. □□□	b. □□□
13. Medical Assistants:	a. □□□	b. □□□
14. Nursing Professionals (including Midwives):	a. □□□	b. □□□
15. Laboratory Technicians/ Assistants:	a. □□□	b. □□□
16. HIV Testing Counselors:	a. □□□	b. □□□

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17. Diagnostic Assistants:	a. □□□	b. □□□
18. Health Surveillance Assistants:	a. □□□	b. □□□
19. Mentor Mothers (all programs); <i>Specify program(s):</i> _____	a. □□□	b. □□□
20. Expert Clients/ Patients (all programs); <i>Specify program(s):</i> _____	a. □□□	b. □□□
21. Community health workers (all programs); <i>Specify program(s):</i> _____	a. □□□	b. □□□
22. Other types of Lay/ Peer Health Workers (all programs); <i>Specify program(s):</i> _____	a. □□□	b. □□□
23. <b>Total</b> Lay/ Peer Health Workers (all types, all programs)	a. □□□	b. □□□

**SECTION 4: INFRASTRUCTURE (7 Questions)**

**[Please Read: "This next section will focus on questions related to infrastructure."]**

Question	Options	Reported	Observed
<b>COMMUNICATIONS</b>			
24. Is there access to internet within the facility today?	1=Yes 0=No	a. □	b. □
<b>POWER SUPPLY</b>			
25. Does your facility have electricity from any source (i.e. electricity grid, generator, solar or other) including for stand-alone devices (i.e. EPI/vaccine cold chain)?	1=Yes 0=No	a. □	b. □
<b>BASIC CLIENT AMENITIES</b>			
26. On average, how many hours per day is this facility open?	1=4 hours or less 2=5 to 8 hours 3=9 to 16 hours 4=17 to 23 hours 5=24 hours	a. □	b. □
27. How many outpatient medical examination/treatment rooms are there in the facility?	<i>Specify # of rooms</i>	_____	_____
<b>PHARMACY/ ARV STORAGE</b>			

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<p>28. Based on your average volume of clients, could you estimate your storage capacity for HIV test kits?</p>	<p>Enough space for...            1=1 week or less of testing            2=More than 1 week but less than 1 month            3=Between 1 and 3 months            4=Between 4 and 6 months            5=More than 6 months</p>	<p>a. <input type="checkbox"/></p>	<p>b. <input type="checkbox"/></p>
<p>29. Based on your average volume of clients, could you estimate your storage capacity for ARVs?</p>	<p>Enough space for...            1=1 week or less            2=More than 1 week but less than 1 month            3=Between 1 and 3 months            4=Between 4 and 6 months            5=More than 6 months</p>	<p>a. <input type="checkbox"/></p>	<p>b. <input type="checkbox"/></p>
<b>SUPERVISION</b>			
<p>30. When was the last time this facility received a quarterly supervision visit from the MOH HIV Unit?</p>	<p>1=This month            2=In the last 3 months            3=More than 3 months ago            9=Don't know</p>	<p><input type="checkbox"/></p>	

**PART I, Module 2: AVAILABLE SERVICES**

<b>SECTION 5: ANTENATAL CARE SERVICES (3 Questions)</b>		
<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY, USUALLY THE "ANTENATAL IN-CHARGE". INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>		
Question	Options	Response
<p>31. Do nurses or other health workers provide the following services to pregnant women as part of routine ANC?</p>	<p>1=Yes, 0=No</p>	<p>a. HIV testing and counseling <input type="checkbox"/></p> <p>b. Folic Acid Supplementation <input type="checkbox"/></p> <p>c. Intermittent preventive treatment in pregnancy (IPTp) for malaria <input type="checkbox"/></p> <p>d. Tetanus toxoid immunization <input type="checkbox"/></p>

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		e. Monitoring for hypertensive disorders of pregnancy <input type="checkbox"/>
32. Please tell me if the following documents are available in the facility today (if available, ask to see the document)?	1=Yes, observed 2=Yes, reported, not seen 0=No	a. National ANC Guidelines <input type="checkbox"/> b. Any ANC checklists or job aids (if so, specify below) <input type="checkbox"/>  <hr/> <hr/>
33. How many provider(s) of ANC services at this facility received any training on ANC in the last two years?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

SECTION 6: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (6 Questions)		
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PMTCT SERVICES IN THE FACILITY, USUALLY THE "PMTCT COORDINATOR" OR "ART IN-CHARGE". INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
Question	Options	Key Informant
34. Does this facility provide the following services as a part of PMTCT/EID?	1=Yes 0=No	a. HIV testing and counseling (HTC) <input type="checkbox"/>  b. Couples' HTC <input type="checkbox"/>  c. Early Infant HIV Diagnosis (EID) Services for Infants <input type="checkbox"/>  d. ART/ Option B+ to HIV-positive pregnant women <input type="checkbox"/>  e. ARV prophylaxis to exposed newborns <input type="checkbox"/>

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		f. Breastfeeding/ feeding counseling <input type="checkbox"/> g. Infant/young child nutritional counseling <input type="checkbox"/> h. Family planning <input type="checkbox"/> i. Infant cotrimoxazole preventive therapy (CPT) <input type="checkbox"/>	
35. Does the facility provide any of the above PMTCT services as outreach/ through health posts?	1=Yes 0=No	<input type="checkbox"/> (specify which ones if yes): <hr/> <hr/>	
36. Do you have national guidelines for PMTCT available in this facility today?	1=Yes, observed 2=Yes, reported, not seen 0=No	<input type="checkbox"/>	
<b>Question</b>	<b>Options</b>	<b>Response</b>	
37. How many providers of ART/PMTCT services received any training in ART/PMTCT in the last two years?		□□□	
38. How many providers received any training in Early Infant Diagnosis (EID) in the last two years?		□□□	
39. Is there a room available for PMTCT service delivery with auditory and visual privacy?	1= Privacy from people hearing you only 2= Privacy from people seeing you only 3=Privacy from people seeing or hearing you 0=No privacy	a. Reported <input type="checkbox"/>	b. Observed <input type="checkbox"/>

SECTION 7: Child Health Services (4 Questions)		
Question	Options	Response

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40. Does this facility offer immunization services?	1=Yes 0=No	<input type="checkbox"/>
41. Does this facility offer child preventative and curative care services?	1=Yes 0=No	<input type="checkbox"/>
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD PREVENTATIVE AND CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD PREVENTATIVE AND CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b>		
42. Please tell me if this facility provides the following services?	1=Yes 0=No	a. Child Malnutrition Screening & Treatment <input type="checkbox"/> b. Provide Vitamin A supplementation <input type="checkbox"/> c. Provide ORS for children with diarrhoea <input type="checkbox"/> d. Provide Zinc to children with diarrhoea <input type="checkbox"/> e. Child growth monitoring <input type="checkbox"/> f. Treatment/ give antibiotics for pneumonia <input type="checkbox"/> g. Treatment of malaria in children <input type="checkbox"/>
43. How many of the current clinical staff received training in the Integrated Management of Childhood Illness (IMCI) or the equivalent at any time in the last 2 years?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<b>SECTION 8: HIV COUNSELLING &amp; TESTING (7 Questions)</b>		
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV PREVENTION, TREATMENT, AND CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THESE SERVICES IN THE FACILITY, USUALLY THE "ART IN-CHARGE". INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE QUESTIONS IN SECTIONS 5 - 7.</b>		
<b>Question</b>	<b>Options</b>	<b>Response</b>
44. Does this facility offer HIV counseling and	1=Yes 0=No	<input type="checkbox"/>

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testing services (HTS)?			
45. Does this facility offer Couples' HIV counseling and testing (cHTC) services?	1=Yes 0=No		<input type="checkbox"/>
46. Does this facility offer partner notification services for HIV?	1=Yes 0=No		<input type="checkbox"/>
47. Do you have national HIV counseling and testing guidelines available in the facility today?	1=Yes, observed 2=Yes, reported, not seen 0=No		<input type="checkbox"/>
48. How many providers of HIV/AIDS testing services received any training in HIV testing and counseling services (HTS) in the last two years?			<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
49. Is the HIV testing and counseling service room or area a private room/area with auditory and visual privacy?	1= Privacy from people hearing you only 2= Privacy from people seeing you only 3=Privacy from people seeing or hearing you 0=No privacy	a. Reported <input type="checkbox"/>	b. Observed <input type="checkbox"/>
50. Does the facility have HIV rapid test kits (with valid expiration date) in stock in this service site today?	1=Yes, observed 2=Yes, reported, not seen 0=No		<input type="checkbox"/>

**SECTION 9: HIV TREATMENT (3 Questions)**

Question	Options	Response
51. Does this facility offer HIV/AIDS antiretroviral prescription or antiretroviral treatment follow-up services?	1=Yes 0=No	<input type="checkbox"/>
52. Does this facility provide treatment follow-up services for persons on ART, including providing community-based services?	1=Yes 0=No	<input type="checkbox"/>
53. Do you have National guidelines for the clinical	1=Yes, observed 2=Yes, reported, not seen 0=No	<input type="checkbox"/>

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management of HIV/AIDS available in this facility today?		
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**SECTION 10: HIV CARE AND SUPPORT (14 Questions)**

Question	Options	Response
54. Does this facility offer HIV & AIDS care and support services, including treatment of opportunistic infections and provisions of palliative care?	1=Yes 0=No	<input type="checkbox"/>
<b>[Please read: "Please tell me if this facility provides the following services for HIV/AIDS clients."]</b>		
55. Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS?	1=Yes 0=No	<input type="checkbox"/>
56. Prescribe or provide therapeutic feeding or protein supplementation (such as F100, Chiponde or soya-fortified porridge)?	1=Yes 0=No	<input type="checkbox"/>
57. Treatment and care for paediatric HIV/AIDS patients?	1=Yes 0=No	<input type="checkbox"/>
58. Prescribe or provide preventative treatment for TB (INH + Pyridoxine)?	1=Yes 0=No	<input type="checkbox"/>
59. Primary preventative treatment for opportunistic infections, such as cotrimoxazole preventative treatment (CPT)?	1=Yes 0=No	<input type="checkbox"/>
60. Family planning for HIV/AIDS clients?	1=Yes 0=No	<input type="checkbox"/>
61. Provide condoms for preventing further transmission of HIV?	1=Yes 0=No	<input type="checkbox"/>
Question	Options	Response
62. Have any providers of HIV treatment, care and support services received any training in the clinical management of HIV/AIDS in the last two years?	1=Yes 0=No	<input type="checkbox"/>

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Question	Options	Response
63. Number of total (adults and children) clients alive and on ART during the last reporting quarter?	<i>Specify # of people, disaggregated by sex (if possible)</i>	a. Reported: Male _____ Female _____
64. Number of HIV-positive reproductive age women alive and on ART during the last reporting quarter?	<i>Specify # of people, disaggregated by sex (if possible)</i>	a. Reported: Male _____ Female _____
65. Number of HIV-positive pregnant women newly starting ART during the last reporting quarter?	<i>Specify # of people, disaggregated by sex (if possible)</i>	a. Reported: Male _____ Female _____
66. Number of children 24 months of age and younger alive and on ART during the last reporting quarter?	<i>Specify # of people, disaggregated by sex (if possible)</i>	a. Reported: Male _____ Female _____
67. Number of infants newly registered into the 2-month birth cohort for HIV-exposure child follow-up during the last reporting quarter?	<i>Specify # of people, disaggregated by sex (if possible)</i>	a. Reported: Male _____ Female _____

**SECTION 11: HIV DIAGNOSTICS (10 Questions)**

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE HIV DIAGNOSTIC SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THESE SERVICES IN THE FACILITY, USUALLY THE "LABORATORY IN-CHARGE". INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

Question	Options	Response
68. Does this facility offer the following testing services <b>on-site</b> ?	1=Yes 0=No	a. HIV-1/2 Rapid Testing (e.g. Determine and Unigold) <input type="checkbox"/> b. Dried Blood Spot (DBS) collection for DNA PCR Testing <input type="checkbox"/> c. Point-of-Care DNA PCR/ EID Testing (e.g. Alere q Detect or Xpert)

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		<input type="checkbox"/>
69. Is an HIV rapid test kit available or not available today?	<p>1=Yes, observed at least one valid (i.e. not expired)                  2=Yes, observed available but no-valid (i.e. expired)                  3=Reported available but not observed                  4=Not available today                  0=Never available</p>	<input type="checkbox"/>
70. Is filter paper for collecting DBS available or not available today?	<p>1=Yes, observed at least one pack valid (i.e. not expired)                  2=Yes, observed available but pack non-valid (i.e. expired)                  3=Reported available but not observed                  4=Not available today                  0=Never available</p>	<input type="checkbox"/>
71. Are POC EID testing cartridges available or not available today?	<p>1=Yes, observed at least one test valid (i.e. not expired)                  2=Yes, observed available but test non-valid (i.e. expired)                  3=Reported available but not observed                  4=Not available today                  0=Never available</p>	<input type="checkbox"/>
72. Has there been a stock out of HIV rapid test kits in the past 4 weeks? <b>If 0=No, then Skip to question 74</b>	<p>1=Yes                  0=No</p>	<input type="checkbox"/>
73. How many days of HIV test kit stock out has there been in the past 4 weeks?	<p>1=Less than 7 days                  2=7 to 14 days                  3=More than 14 days</p>	<input type="checkbox"/>
74. Has there been a stock out of DBS filter paper packs or POC EID testing cartridges in the past 4 weeks? <b>If 0=No, then Skip to question 76</b>	<p>1=Yes                  0=No</p>	<input type="checkbox"/>
75. How many days of DBS pack/ POC EID test cartridge stock out has there	<p>1=Less than 7 days                  2=7 to 14 days                  3=More than 14</p>	<input type="checkbox"/>

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been in the past 4 weeks?	days	
76. Does this facility conduct HIV Viral Load testing either onsite or offsite?	1=Yes, on-site 2=Yes, off-site 0=No, the test is not offered through this facility	<input type="checkbox"/>
<b>Please Read:</b> Please tell me if the following HIV testing equipment items and reagents are available and functional today.	<b>Available</b>	<b>Functional</b>
77. POC DNA PCR testing platform (e.g. Alere q Detect, Xpert, etc.)	1=Observed 2=Reported, not seen 0=Not available/ Not functional	<input type="checkbox"/>

**SECTION 12: SUPPLY CHAIN (9 Questions)**

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ARVS AND OTHER HEALTH COMMODITIES ARE STORED, USUALLY THE ART CLINIC OR PHARMACY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THESE SERVICES IN THE FACILITY, USUALLY THE "PHARMACIST IN-CHARGE". INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

Question	Options	Response
<b>[Please read: Are the following ARVs available today in this facility?]</b>		
78. Adult fixed-dose combination 'Atripla' (TDF + 3TC/FTC + EFV)	1=Yes, observed at least one pack valid (i.e. not expired) 2=Yes, observed available but pack non-valid (i.e. expired) 3=Reported available but not seen 4=Not available today 0=Never available	<input type="checkbox"/>
79. Paediatric formulation Nevirapine syrup	1=Yes, observed at least one pack valid (i.e. not expired) 2=Yes, observed available but pack non-valid (i.e. expired) 3=Reported available but not seen 4=Not available today 0=Never available	<input type="checkbox"/>
80. Paediatric fixed-dose combination AZT + 3TC + NVP	1=Yes, observed at least one pack valid (i.e. not expired) 2=Yes, observed available but pack non-valid (i.e. expired) 3=Reported available but not seen 4=Not available today 0=Never available	<input type="checkbox"/>
81. Paediatric formulation Lopinavir/ritonavir	1=Yes, observed at least one pack valid (i.e. not expired) 2=Yes, observed available but pack non-valid (i.e. expired) 3=Reported available but not seen 4=Not available today 0=Never available	<input type="checkbox"/>

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<p>82. During the past 6 months, how often did you receive the amount of ARVs that you ordered, or you were supposed to routinely receive?</p>	<p>1=Always 2=Often 3=Almost never 8=Declined to respond 9=Don't know</p>	<p>□</p>
<p>83. Who provides your HIV pharmaceutical supplies (e.g. ARVs and CPT)? (Tick all that apply)</p>	<p><input type="checkbox"/> National medical stores <input type="checkbox"/> District/ Province medical stores <input type="checkbox"/> NGO/Donors <input type="checkbox"/> Private sources <input type="checkbox"/> Other (specify): _____</p>	
<p>84. Who provides your HIV rapid test kits? (Tick all that apply)</p>	<p><input type="checkbox"/> National medical stores <input type="checkbox"/> District/ Province medical stores <input type="checkbox"/> NGO/Donors <input type="checkbox"/> Private sources <input type="checkbox"/> Other (specify): _____</p>	
<p>85. Who provides your HIV laboratory and diagnostic supplies (apart from HIV rapid test kits)? By this I mean who supplies your facility with DBS filter paper, POC EID test cartridges, etc.? (Tick all that apply)</p>	<p><input type="checkbox"/> National medical stores <input type="checkbox"/> District/ Province medical stores <input type="checkbox"/> NGO/Donors <input type="checkbox"/> Private sources <input type="checkbox"/> Other (specify): _____</p>	

**[Please Read:** "Thank you very much for your time and your participation in this interview. Do you have any questions for me?"]

**Part II: CFL Programme Factors**

**Instructions:** This part of the survey is to be completed through direct observation and through interviews with the CFL Site-level Programme Supervisor or Designee.

SECTION 1: BASIC INFORMATION (6 Questions)	
PLEASE FIND THE CFL SITE-LEVEL SUPERVISOR OR EQUIVALENT, INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE QUESTIONS IN SECTIONS 1 – 5.	
1. Date of programme/ site visit:	dd/MMM/yyyy □□/□□□/□□□□

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2. Day of the week of programme/ site visit:			□□□
3. Interviewer / Study Staff:	Name (printed): _____		
4. Study Site:	Refer to Study Site Code List	□□□-□□	
5. CFL Programme:	0=Mother2Mothers 1=Partners In Health 2=Tingathe 3=UNC 4=EGPAF 5=Dignitas 6=EQUIP 7=Other (specify): _____	□	
6. District:	Please print: _____		

**SECTION 2: PERSONNEL (19 Questions)**

**[Please Read: "I have a few questions about your programme. Please tell me which types of staff/ workers/ volunteers you engage with, and the total number currently assigned to, employed by, or seconded to your programme to support PMTCT/EID-related service delivery at site-level. Please count every staff member/ worker/ volunteer only once."]**

7. CFL Programme/ Provider Type(s):	1=Mentor Mother 2=Community Health Worker 3=Expert Client/ Mother 4=More than 1 type (specify) 7=Other (specify)	(specify if more than 1 or other): _____	□
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FOR EACH PROVIDER TYPE INDICATED IN QUESTION #7, NOTE BELOW THE NUMBER OF PROVIDERS REPORTED BY THE RESPONDENT AND THE NUMBER OF PROVIDERS OBSERVED AT THE SITE. USUALLY THIS WILL BE JUST ONE PROVIDER TYPE PER CFL PROGRAMME. IF THERE IS MORE THAN ONE PROGRAMME AT THE SAME SITE, COMPLETE A DIFFERENT PART II OF THIS SURVEY FOR EACH CFL PROGRAMME. IF NON-APPLICABLE, TICK "N/A" AND GO TO THE NEXT QUESTION.

Provider Type		Reported	Observed
8. Mentor Mother:	N/A □	a. □□□	b. □□□
9. Community Health Worker:	N/A □	a. □□□	b. □□□

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10. Expert Client/ Mother:	N/A <input type="checkbox"/>	a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. Other CFL Provider, specify: _____	N/A <input type="checkbox"/>	a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12. Field Supervisor Type(s):		1=Facility-based supervisor 2=Community-based supervisor 3=Traveling supervisor (splits supervision activities between facilities and communities) 4=More than 1 supervisor type (specify) 7=Other (specify) 9=No field supervisors reported	<input type="checkbox"/> (specify if more than 1 or other): _____
<b>Supervisor Type</b>		<b>Reported</b>	<b>Observed</b>
13. Facility-based Supervisors:	N/A <input type="checkbox"/>	a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14. Community-based Supervisors:	N/A <input type="checkbox"/>	a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15. Traveling Supervisors:	N/A <input type="checkbox"/>	a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16. <b>TOTAL</b> Field Supervisors:	N/A <input type="checkbox"/>	a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17. CFL Programme/ Provider Minimum Educational Requirement	1=None 2=Primary School 3=Malawi School Certificate of Education (MSCE) 4=Diploma 5=Bachelor's degree 7=Other (specify)		<input type="checkbox"/> (specify if Other): _____
18. Are CFL lay/peer providers in your programme employed by your organization? That is do they receive a salary at regular intervals? <b>If No, Skip to Question 21</b>	1=Yes 0=No		<input type="checkbox"/>
19. If CFL lay/peer providers in your programme are employees or paid workers, what is their monthly salary, on average in MWK? <b>Skip to Question 21</b>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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<p>20. Are CFL lay/peer providers in your programme considered by your programme to be volunteers?</p>	<p>1=Yes 0=No</p>	<p style="text-align: right;">□</p>
<p>21. Does your program provide a sitting allowance to CFL lay/peer providers for trainings and other meetings? <b>If No, Skip to Question 23</b></p>	<p>1=Yes 0=No</p>	<p style="text-align: right;">□</p>
<p>22. If a sitting/ training allowance is provided, how much is provided, on average, per quarter (in MWK)?</p>		<p style="text-align: right;">□□□,□□□</p>
<p>23. Please tell me if your program provides the following types of non-salary remuneration to CFL lay/peer providers in your programme?</p>	<p>1=Yes 0=No</p>	<p>a. Uniform/ clothing (e.g. shirts or gumboots) <input type="checkbox"/></p> <p>b. Mobile phone airtime <input type="checkbox"/></p> <p>c. Agricultural inputs such as fertilizer <input type="checkbox"/></p> <p>d. Food package/ nutritional supplement <input type="checkbox"/></p>
<p>24. Does your program provide another type of non-salary remuneration I haven't mentioned?</p>	<p>1=Yes 0=No</p>	<p style="text-align: right;">□</p> <p><i>(please specify):</i> _____</p>
<p>25. On average, how many clients (counting mothers and their infants separately), does an individual CFL provider in your programme look after?</p>	<p style="text-align: right;">□□□</p>	

**SECTION 3: TRAINING & SUPERVISION (9 Questions)**

Question	Options	Response
<p>26. Do lay/ peer providers in your programme receive formal introductory training before starting activities? <b>If No, Skip to Question 29</b></p>	<p>1=Yes 0=No</p>	<p style="text-align: right;">□</p>

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<p>27. If so, how long is the introductory training?</p>		<p>□□ days</p>
<p>28. Is a review of relevant material from Malawi National Guidelines (HIV Testing Services / Clinical Management of HIV/AIDS/STIs) included in your training?</p>	<p>1=Yes 0=No</p>	<p>□</p>
<p>29. Do CFL lay/peer providers in your programme receive formal training in HIV testing services (HTS)?</p>	<p>1=Yes 0=No</p>	<p>□</p>
<p>30. Do CFL lay/peer providers in your programme receive refresher training? <b>If No, Skip to Question 32</b></p>	<p>1=Yes 0=No</p>	<p>□</p>
<p>31. If so, with what frequency do refresher trainings occur?</p>	<p>0=Daily 1=Weekly 2=Fortnightly 3=Monthly 4=Quarterly 5=Bi-Annually 7=Other (specify) 8=Declined to respond 9=Don't know</p>	<p>□  (specify if other): _____</p>
<p>32. Are CFL lay/peer providers in your programme provided with paper-based or digital/mHealth job aids?</p>	<p>0=No job aids are provided 1=Yes, paper-based 2=Yes, digital/mHealth</p>	<p>□</p>
<p>33. Do CFL lay/peer providers in your programme receive supportive supervision? <b>If No, Skip to Question 35</b></p>	<p>1=Yes 0=No</p>	<p>□</p>
<p>34. If so, with what frequency do CFL lay/peer providers in your programme receive supportive supervision?</p>	<p>0=Daily 1=Weekly 2=Fortnightly 3=Monthly 4=Quarterly 5=Bi-Annually 6=Annually 7=Other (specify) 8=Declined to respond 9=Don't know</p>	<p>□  (specify if other): _____</p>

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SECTION 4: ACTIVITIES (17 Questions)			
[Please Read: "This next section will focus on questions related to CFL provider activities."]			
Question	Options	Reported	Observed
<b>Psychosocial Support</b>			
35. Do CFL lay/peer providers in your programme facilitate patient support group meetings? <b>If No, Skip to Question 38</b>	1=Yes 0=No	a. <input type="checkbox"/>	b. <input type="checkbox"/>
36. On average, how many clients are there per support group?	Specify # of clients	a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
37. On average, how frequently do the support groups meet?	0=Daily 1=Weekly 2=Fortnightly 3=Monthly 4=Quarterly 5=Bi-Annually 6=Annually 7=Other (specify) 8=Declined to respond 9=Don't know	a. <input type="checkbox"/>  <u>(specify if other):</u>	b. <input type="checkbox"/>  <u>(specify if other):</u>
38. Do CFL lay/peer providers in your programme conduct <i>routine</i> home visits (i.e. NOT for defaulter tracing/ returning clients to care)? <b>If No, Skip to Question 41</b>	1=Yes 0=No	a. <input type="checkbox"/>	b. <input type="checkbox"/>
39. On average, how many <i>routine</i> home visits does a CFL lay/peer provider in your programme offer each client per quarter?	Specify average # of routine home visits per client per quarter	a. <input type="checkbox"/> <input type="checkbox"/>	
40. On average, how many <i>routine</i> home visits does a CFL lay/peer provider in your programme offer each client during their first month on ART?	Specify average # of routine home visits per client during their first month on ART	a. <input type="checkbox"/> <input type="checkbox"/>	
41. Do CFL lay/peer providers in your programme phone clients when they miss an appointment?	1=Yes 0=No	a. <input type="checkbox"/>	b. <input type="checkbox"/>
42. Do CFL lay/peer providers in your programme physically visit clients in the community or at their home if they miss an appointment?	1=Yes 0=No	a. <input type="checkbox"/>	b. <input type="checkbox"/>
43. Do CFL lay/peer providers in your programme initiate defaulter tracing activities if the mother	2=Either 1=Infant 0=Mother	a. <input type="checkbox"/>	

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misses an appointment, the infant misses an appointment, or either one misses an appointment?			
44. How long after a missed appointment does it take for a CFL lay/peer provider to initiate tracing activities (e.g. phone call or home visit)?	0=Same Day 1=Next Day 2=Between 2 – 7 days 3=Between 8 – 14 days 4=Between 15 – 30 days 5=After 1 month 6=After 3 months 7=Other (specify)	a. <input type="text"/>	(specify if other): _____
45. On average, how many “defaulting” clients does a CFL lay/peer provider in your programme physically trace/ visit in the community each month?	Specify average # of “defaulting” clients traced/ visited in the community per CFL provider per month	a. <input type="text"/> <input type="text"/>	
46. Do CFL lay/peer providers in your programme accompany clients to their clinic visits? <b>If No, Skip to Question 48</b>	1=Yes 0=No	a. <input type="text"/>	b. <input type="text"/>
47. If so, how often do your CFL lay/peer providers accompany clients to their clinic visits?	0=For every visit 1=For their first few visits after starting ART 2=Only for their first visit after being successfully traced/ returned to care 3=Other (specify)	a. <input type="text"/>	(specify if other): _____
<b>Counseling</b>			
48. Do CFL lay/peer providers in your programme provide the following counseling services to clients?	1=Yes, observed 2=Yes, reported, not seen 0=No	a. HIV disclosure counseling to clients <input type="text"/>	b. One-on-one psychosocial counseling <input type="text"/>
		c. Adherence counseling <input type="text"/>	d. Nutritional counseling <input type="text"/>
		e. Breastfeeding/ infant feeding counseling <input type="text"/>	
<b>HIV Testing Services</b>			
49. Do CFL lay/peer providers in your programme provide the	1=Yes, observed 2=Yes,		

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following HIV testing services to adults?	<i>reported, not seen</i> 0=No	a. HIV testing & counseling (HTC) for mothers <input type="checkbox"/>  b. Couples' HTC <input type="checkbox"/>  c. Dried Blood Spot (DBS) Collection for EID <input type="checkbox"/>  d. DBS Collection for Viral Load testing <input type="checkbox"/>  e. DNA PCR testing using a POC device <input type="checkbox"/>
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**Community Mobilization & Health Education**

50. Do CFL lay/peer providers in your programme conduct the following?	1=Yes, observed 2=Yes, reported, not seen 0=No	a. Health talks at the facility <input type="checkbox"/>  b. Health talks in the community <input type="checkbox"/>  c. Other community mobilization/ education <input type="checkbox"/>  (specify):
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51. Do CFL lay/peer providers in your programme carry out other activities not mentioned previous?	1=Yes 0=No	a. <input type="checkbox"/>  (specify): _____ _____	b. <input type="checkbox"/>  (specify): _____ _____
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**SECTION 5: OVERLAP & COORDINATION (4 Questions)**

**[Please Read: "This next section will focus on how CFL programmes/ projects coordinate in this catchment area."]**

Question	Options	Reported	Observed
52. Are there other partners or projects in this catchment area currently supporting community-facility linkage for PMTCT/ EID through the engagement of lay/ peer workers or volunteers?	1=Yes, observed 2=Yes, reported, not seen 0=No	a. <input type="checkbox"/>	b. <input type="checkbox"/>

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<b>If No, Skip to Question 54</b>			
53. If so, do you meet with or otherwise coordinate CFL services with the other partners or projects operating in this catchment area?	1=Yes, observed 2=Yes, reported, not seen 0=No	a. <input type="checkbox"/>	b. <input type="checkbox"/>
54. Do clients in your programme receive support from other types of CFL lay/ peer providers over the course of the antenatal and postnatal periods (e.g. a mentor mother during pregnancy and a CHW after delivery)? <b>If No, STOP</b>	1=Yes 0=No 8=Declined to respond 9=Don't know	a. <input type="checkbox"/>	
55. Please briefly describe the services that your clients receive from other types of CFL lay/ peer providers in this catchment area?		a. _____	a. _____
		b. _____	b. _____
		c. _____	c. _____
		d. _____	d. _____
		e. _____	e. _____

**[Please Read: "Thank you very much for your time and your participation in this interview. Do you have any questions for me?"]**

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