**IeDEA East Africa Brief Follow-Up Questionnaire**

**This brief survey is a follow-up to the IeDEA site assessment tool. The aim of this survey is to gain a better understanding about:**

1. **this facility’s HIV-testing practices among asymptomatic individuals of unknown HIV-status, and**
2. **approaches to HIV care and treatment since it began providing HIV/AIDS care services.**

**We plan to examine strategies aimed at earlier initiating of ART, and improving retention by encouraging disclosure, and social support. Specifically, we are focusing on the practice of active testing among asymptomatic sex partner(s), relatives and other household members of HIV/AIDS patients, and the implementation of the family-focused care model which centers on the health of the family not just the individual patient.**

**The survey is divided into three sections. Depending on the response, some questions may instruct you to skip to another question (see “SKIPS” column). You are encouraged to first read the entire document and then answer the questions. We greatly appreciate your participation.**

Facility Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City/District Region/State/Province

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name/Email | Title/Position | No. of years working at this facility |
| Individual(s)  Completing this Form | Name: |  |  |
| Email: |
| Name: |  |  |
| Email: |

Date this questionnaire was completed (DD/MM/YYYY):

**HIV/AIDS Care and Treatment Facility Questions**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions and Instructions** | **Responses** | **Skips** |
| **A01** | When did this facility begin providing ART for adults? | *Please use the date format MM/YYYY*  **If the month is unknown please enter “99” for the month.** |  |
| **A02** | When did this facility begin providing pre-ART HIV care to adults? | *Please use the date format MM/YYYY*  **If the month is unknown please enter “99” for the month.** |  |

**Program Characteristics Part 1: The following questions pertain to the practice of active testing at this facility.**

| **No.** | **Questions and Instructions** | **Responses** | | | | **Skips** |
| --- | --- | --- | --- | --- | --- | --- |
| **B01** | **Active testing** is a programmatic activity where providers ask enrolled patients to bring in or refer their **asymptomatic,** undiagnosed relatives, sex partner(s), or other household members for HIV testing.  **Where implemented, it forms part of a facility’s protocol and it’s a proactive effort by facility providers to reach out and test** specific, undiagnosed, **asymptomatic** HIV-infected individuals associated with enrolled patients. By providers we mean any member of the medical staff (e.g. doctors, nurses, counselors, pharmacists, medication dispensers) in the facility.  When HIV testing is done among individuals showing signs or symptoms of HIV/AIDS, it’s diagnostic testing and therefore **it’s not** considered a form of active testing (or screening) even if it is provider-initiated. Some examples of programmatic strategies which are types of active testing include:  1) asking all patients to bring their sex partner(s) for HIV-testing,  2) “Prevention-with-Positives” program where HIV-positive patients encourage individuals of unknown HIV-status to get tested, 3) Provider Initiated Testing and Counseling (PITC) where providers in health facilities periodically initiate HIV testing among all asymptomatic individuals of unknown HIV status independent of the reason they are seeking health care.  Which of the following describes this facility most accurately at this moment? | Active testing has never been practiced at this facility as defined on the left.  Choose this option if, **for example**, active testing has never been part of the protocol or implemented at this facility.  Active testing has been practiced at this facility, as defined on the left, but the coverage has been limited.  Choose this option if, **for example**, as part of the facility’s standard protocol, active testing strategies have been implemented in an attempt to test asymptomatic, undiagnosed relatives, sex partner(s), or other household members of enrolled patients. However, historically few providers (e.g. less than half) have followed this protocol and/or the protocol has been implemented for less than half the time this facility has been operating.  Active testing has been practiced at this facility, as defined on the left, and coverage has been high.  Choose this option if, **for example**, as part of the facility’s standard protocol, active testing strategies have been implemented in an attempt to test asymptomatic, undiagnosed relatives, sex partner(s), or other household members of enrolled patients. Moreover, historically the majority of providers (e.g. 50% or more) have followed this protocol **and** the protocol has been implemented for more than half the time this facility has been operating.  Other (describe here)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1→  2  3  4 | **B12** |
| **B02** | If active testing for HIV has ever been practiced at this facility, in which populations has active testing been conducted or targeted? (Please check all that apply) | ***Yes No Don’t Know***  **a***. Relatives of enrolled patients*  **b***. Sex partner(s) of*  *enrolled patients*  **c***. Other household adults of*  *enrolled patients*  **d***. Children (16 yrs old and under)*  *of enrolled patients*  **e***. Other (describe)\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |  |
| **B03** | Please list all of the active testing strategies which have been formally implemented at this facility, and the time during care (E=at enrollment, F=during follow-up visits, B=both at enrollment and during follow-up visits) where the facility’s standard protocol calls for their application | *Active testing method(s)* | | Time  (E, F, B) | |  |
| 1 |  |  | |
| 2 |  |  | |
| 3 |  |  | |
| 4 |  |  | |
| **B04** | When did implementation of active testing begin in earnest at this facility (i.e. not simply when it became part of the facility’s protocol but rather when implementation of the strategy(ies) began? | *Please use the date format MM/YYYY. If multiple active testing strategies have been used at this facility please list the date for when the first method was initiated in earnest.*  **If the month is unknown please enter “99” for the month.** | | | |  |
| **B05** | Since implementation began in earnest, has active testing been completely stopped and not re-initiated? | Yes  No  Don’t Know | | | 1  2→  3→ | **B07**  **B07** |
| **B06** | When was it stopped at this facility without subsequent re-initiation? | *Please use the date format MM/YYYY*  **If the month is unknown please enter “99” for the month.** | | | |  |
| **B07** | Are providers supplied with any tools (e.g. family testing form) to facilitate the active testing method(s) employed at this facility? | Yes  No  Don’t Know | | | 1  2  3 |  |
| **B08** | The level of HIV/AIDS-related stigma in a community can hinder the willingness of patients to bring in or refer others for testing (since patients may fear that it may lead to disclosure or suspicion of HIV/AIDS) and/or asymptomatic individuals to learn their status. Based on your observations, do you believe stigma has substantially limited the uptake of active testing in this facility and its catchment area? | Yes  No  Don’t Know | | | 1  2→  3→ | **B11**  **B11** |
| **B09** | If you answered “Yes” to question B08, have you noticed a change in the uptake of active testing over the years? | Yes  No  Don’t Know | | | 1  2→  3→ | **B11**  **B11** |
| **B10** | If you answered “Yes” to question B09, when did a change (increase or decrease) in the uptake occur? | *Please use the date format MM/YYYY or* ***for this particular question, if the month is unknown please enter the season for the month:******SP*** *for spring;* ***SM*** *for Summer;* ***FA*** *for Fall;* ***WI*** *for winter along with the year.* | | | |  |
| **B11** | Using the space on the right, please describe anything you would like to add regarding the facility’s experience with active testing since its implementation to the present date (e.g. based on question B10, if a change was observed was there an increase or decrease in uptake; how successful or unsuccessful has active testing been implemented; period(s) during which active testing has been interrupted temporally since implementation began;). You may use qualifiers such as “very”, “modest”, “poorly” to describe the degree of success, and “first few years”, “most of the time” etc to describe time periods active testing has been interrupted if more specific data (e.g. dates) are not available. |  | | | | |
| **B12** | Does this facility provide HIV testing onsite? | Yes  No  Don’t Know | | | 1  2  3 |  |
| **B13** | In some areas, HIV/AIDS workers visit households in the community to offer HIV testing (home-based voluntary counseling and testing). Has there ever been such a program in this facility’s catchment area? | Yes  No  Don’t Know | | | 1  2→  3→ | **C01**  **C01** |
| **B14** | If you answered “Yes” to question B13, when has each round of home-based voluntary counseling and testing taken place in this facility’s catchment area? | *Please use the date format MM/YYYY or* ***for this particular question, if the month is unknown please enter the season for the month:******SP*** *for spring;* ***SM*** *for Summer;* ***FA*** *for Fall;* ***WI*** *for winter along with the year.*  **If the month is unknown please enter “99” for the month.**  Don’t Know | | | 3 |  |
| **B15** | If you answered “Yes” to question B13, has this facility ever been linked to a home-based voluntary counseling and testing program? | Yes  No  Don’t Know | | | 1  2→  3→ | **C01**  **C01** |
| **B16** | If this facility has ever been linked to a home-based voluntary counseling and testing program, when was it linked? (e.g. 02/2002-Present, 03/2004-07/2005) | *Please use the date format MM/YYYY*  *To*  **If the month is unknown please enter “99” for the month.** | | | |  |

**Program Characteristics Part 2: The following questions pertain to the approach (family-focused care or other models) used to deliver HIV/AIDS care and treatment at this facility.**

| **No.** | **Questions and Instructions** | **Responses** | | **Skips** |
| --- | --- | --- | --- | --- |
| **C01** | The **family-focused care model** aims to involve (and when needed, provide health care to) relatives, sex partner(s), and other household members in the care and treatment of their respective enrolled patient(s). Although it shares a similarity with active testing by asking enrolled patients to bring in sex partner(s) and other household members for HIV testing, family-focused care often goes beyond that by, for example, a) involving HIV-negative sex partner(s), relatives and/or household members in the care of enrolled patients (e.g. for emotional support), b) providing HIV/AIDS prevention and care services to enrolled patients and their family, c) encouraging providers to focus on the health needs of the family not just the individual patients. Thus, although it is common for facilities which follow a family-focused care model to also practice active testing, active testing may be practiced in facilities that do not follow a family-focused care model.  MTCT-Plus facilities are one example of facilities following the family-focused care model. On the other hand, pMTCT facilities are not unless they also extend HIV/AIDS care to other family members in addition to the HIV-positive mother and her baby  Which of the following describes the model of care followed by this facility most accurately at this moment? | This facility has not followed the family-focused care model as defined on the left. Its primary focus has been on the enrolled patients, and although disclosure of HIV status may be encouraged, it is not part of the facility’s protocol to involve HIV-negative family members in the care of enrolled patients.  Choose this option if, **for example**, although this facility would treat HIV-positive relatives, sex partner(s) and household members of patients when they seek care, it has not been the facility’s standard protocol to provide comprehensive care to enrolled patients and their family.  This facility has adopted a family-focused care model, as defined on the left, but HIV/AIDS services have been highly individually-focused.  Choose this option if, **for example**, the facility’s standard protocol has been to follow the family-focused care model. However, historically few providers (e.g. less than half) have followed this protocol and/or the protocol has been implemented for less than half the time this facility has been operating.  This facility has followed a family-focused care model, as defined on the left, and services are truly family focused.  Choose this option if, **for example**, the facility’s policy a) called for providers to proactively reach out to relatives, sex partner(s) and household members (including those who are HIV-negative) to support their respective patients, b) aimed to schedule together facility visits of enrolled patients, their children, and sex partner; and c) historically most providers (e.g. 50% or more) have followed this policy **and** the protocol has been implemented for more than half the time this facility has been operating. .  Other (describe here)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1→  2  3  4 | **C09** |
| **C02** | If this facility has ever followed a family-focused care model, to which populations is HIV care and treatment systematically offered?  (Please check all that apply) | ***Yes No Don’t Know***  **a***. Relatives of enrolled patients*  **b***. Sex partner(s) of*  *enrolled patients*  **c***. Other household adults of*  *enrolled patients*  **d***. Children (16 yrs old and under)*  *of enrolled patients*  **e***. Other (describe)\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |  |
| **C03** | When did implementation of the family-focused care model begin in earnest at this facility (i.e. when providers began to follow the family-focused care model not simply when the policy went into effect)? | *Please use the date format MM/YYYY*  **If the month is unknown please enter “99” for the month.** | |  |
| **C04** | Since implementation of the family-focused care model began in earnest, has it been stopped and not re-initiated? | Yes  No  Don’t Know | 1  2→  3→ | **C06**  **C06** |
| **C05** | If you answered “Yes” to question C04, when was the family-focused care model stopped at this facility without subsequent re-initiation? | *Please use the date format MM/YYYY*  **If the month is unknown please enter “99” for the month.** | |  |
| **C06** | Social factors such as the level of stigma in the community can deter patients from involving their family in their HIV/AIDS care even when a facility follows a family-focused care model. Based on your observations, do you believe stigma in the community has substantially prevented this facility from focusing on the health of the family not just individual patients? | Yes  No  Don’t Know | 1  2→  3→ | **C09**  **C09** |
| **C07** | If you answered “Yes” to question C06, have you noticed a change in the proportion of patients willing to involve their family in their care? | Yes  No  Don’t Know | 1  2→  3→ | **C09**  **C09** |
| **C08** | If you answered “Yes” to question C07, when did a change (increase or decrease) occur? | *Please use the date format MM/YYYY or* ***for this particular question, if the month is unknown please enter the season for the month:******SP*** *for spring;* ***SM*** *for Summer;* ***FA*** *for Fall;* ***WI*** *for winter along with the year.* | |  |
| **C09** | Is it part of this facility’s practice to document the family ties (i.e. relationship between patients and their respective sex partner(s), relatives and other household members receiving care in the same facility) among enrolled patients and their relatives, children, sex partner(s), and other household members? | Yes  No  Don’t know | 1  2→  3→ | **C11**  **C11** |
| **C10** | When did the practice of documenting family ties begin in earnest at this facility? | *Please use the date format MM/YYYY*  **If the month is unknown please enter “99” for the month.** | |  |
| **C11** | Has this facility ever been part of the MTCT-Plus Initiative? | Yes  No  Don’t Know | 1  2→  3→ | **C13**  **C13** |
| **C12** | If you answered “Yes” to question C11, when was it part of the MTCT-Plus initiative? (e.g. 02/2002-Present, 03/2004-07/2005) | *Please use the date format MM/YYYY*  *To*  **If the month is unknown please enter “99” for the month.** | |  |
| **C13** | Is it part of this facility’s protocol to encourage its HIV-positive patients to disclose their HIV-status to relatives, sex partner(s) and/or other household members? | Yes  No  Don’t Know | 1  2→  3→ | **C16**  **C16** |
| **C14** | If you answered “Yes” to Question C13, does this facility provide supportive services to encourage disclosure of HIV status (e.g., patient counseling, couple counseling around disclosure)? | Yes  No  Don’t Know | 1  2  3 |  |
| **C15** | When did providers at this facility begin in earnest to encourage its HIV-positive patients to disclose their HIV-status to relatives, sex partner(s) and/or household members (i.e. not simply when disclosure became part of the facility’s protocol but when providers began encouraging enrolled patients to disclose their HIV-status)? | *Please use the date format MM/YYYY*  **If the month is unknown please enter “99” for the month.** | |  |
| **C16** | Please add any other relevant information about the family-focused care program followed at this facility (this could include your assessment of its effectiveness; whether it has been implemented sporadically; changes over the years in the proportion of patients disclosing their HIV-status to household members and willingness to involve their relatives in the family-focused approach; do enrolled patients support family-focused care etc). |  | | |