ARQ Sexually Transmitted Infections (STI) Intervention Sheet

Purpose
The major purpose of PANCEA is to document intervention expenditures and associated outputs. We want to know how much it costs to provide selected HIV prevention services, and the factors determining efficiency and quality.

The other parts of ARQ focus on facility characteristics and expenditures without specific reference to STI. The ARQ STI sheet focuses on the STI activities in the facility during the most recently completed fiscal year.

Data Collection Approach
In general, rely on written records, wherever possible. These may be formal summaries or reports, or raw records like log sheets. A number of questions in this instrument require data for each of the 12 months in the selected fiscal year. Let the respondent know this in advance so that the necessary records can be available.

If records are unavailable, ask for the respondent's best estimate.

A few open-ended questions don't require reference to records. Otherwise, the preference on written records is for all questions.

In the “Data Sources” fields, note the source of data.

Question by Question

1. What "last month" is covered by the information provided on this sheet?
   - **Format:** Text, Month (mm/yyyy)
   - **Purpose:** To establish the time period for the “last month” or time frame within which the data will be collected. The “last month” is the most recent completed calendar month.
   - **Reasonable answers:** If today’s date is December 10th, 2002, the last completed month would be November 2002.
   - **Unreasonable answers:** If today’s date is August 20th, 2002, an unreasonable answer would be July 15 – August 15th, 2002. While this may be a complete 30 day period, this is not a complete calendar month.

2. What "previous fiscal year" is covered by the information provided on this sheet? ("Previous fiscal year" is the most recent COMPLETED fiscal year for which records are available. This period may or may not be a calendar year.)
   - **Format:** Text, Start Month (mm/yyyy), End Month (mm/yyyy)
   - **Purpose:** To establish the “previous fiscal year” time frame within which the data will be collected. The “previous fiscal year” is the most recent completed fiscal year. The key elements to consider are 1) the fiscal year must be a consecutive 12
months, 2) the 12 month period may include the last month but usually won’t, and 3) the fiscal year must be a year for which the program has records.

- **Reasonable answers:** If today’s date is November 18, 2002, the last completed fiscal year might be January to December 2001. A 12 month period such as September 2000 – August 2001 is also acceptable.

- **Unreasonable answers:** If today’s date is November 18, 2002, the last completed fiscal year can not be January to December 2002 because the last month in the fiscal year occurs after the current month.

**TIPS:**

- If the last fiscal year is January – December 2001 but records are not available, not substantially complete, or would otherwise not adequately represent the fiscal year activity, use the next previous fiscal year January – December 2000. The data collector must use his or her best judgment as to which option is preferable, using year 2001 data which is incomplete but more recent, or using year 2000 data which is more complete but less recent. In some cases, consultation with the in-country PANCEA Project Director will be warranted.

3. **When did you begin providing STI services?**

- **Format:** Text, Month (mm/yyyy)
- **Purpose:** To establish the time period or time frame when VCT services started
- **Reasonable answers:** 07/1999
- **Unreasonable answers:** 1999. The start date must include the month and year.

4. **Did you provide syndromic, etiologic or both types (including a combination of syndromic and etiologic) of management of STIs in the last month?**

The possible answers are: Syndromic only, Mainly Syndromic, Syndromic and Etiologic equally, Mainly Etiologic, and Etiologic only. These should be read to the respondent.

**Definition of syndromic STI management:** Syndromic STI management classifies clinical status and guides treatment based on syndromes – specific constellations of symptoms and signs. No pathogen-based diagnosis is made. Instead, it uses history and findings of an examination (visual and/or physical) to assign one of 4-5 syndromes. Those syndromes are usually: urethral discharge (men), vaginal discharge or genito-urinary complaint (women), lower abdominal pain (women), and genital ulcers (men or women). It does not include laboratory tests. This approach is more rapid and less costly than etiologic, but can be less accurate and also fails to detect non-symptomatic STI.

**Definition of etiologic STI management:** Etiologic management classifies clinical status and guides treatment based on pathogens (etiologic agents), such as gonorrhea or syphilis.
It typically includes laboratory based diagnosis. This permits more definitive identification of the pathogen, and therefore may result in more effective treatment.

- **Format:** Drop down menu and text.

  This type of question is called a “query change” because it asks if something changed during a certain time period. This particular change query, like most, is asked in four distinct parts. These four periods parts are shown in the screen shot below as one “part “ in each of the four columns

  Part 1 of the question asks you to select an option from the pull down menu for the **last month**. The “last month” was established in Question 1.

  Part 2 of the question asks you to consider if the answer in Part 1 was true for the **entire fiscal year period**. The fiscal year was established in question 2. If so, the answer in part 2 would be “yes”. If the answer in part one was not true for the entire fiscal year, the answer in part 2 would be “no”.

  Part 3 of the question is asked if the respondent answered “no” in part 2, indicating that a change occurred during the fiscal year. It asks what **was the situation prior to the change** that occurred?

  Part 4 of the question asks if you answered “no” in part 2, (which would indicate that a change occurred during the fiscal year), **when** did the change occur? If you answered “yes” in part 2, you would enter “n/a” in part 4.

- **Purpose:** Etiologic and syndromic management have different costs and effectiveness. It therefore important to distinguish between the two.

- **Reasonable answers:** Syndromic only; no; mainly etiologic; 09/2002. This answer indicates a shift from etiologic to syndromic management.

  Mainly syndromic only; yes; n/a, n/a. This answer indicates a consistent use of mainly syndromic management.

- **Unreasonable answers:** Anything other than the answers listed in the screen shot.

  Mainly syndromic only; no; Mainly syndromic only; 09/2002. This answer suggests a change (“no”), but then documents the same practice in the prior period.

**TIPS:**

We used a five-level scale because we suspect that many clinics rely primarily on one approach, but use the other approach for certain types of complaints or patients.

If the respondent offers more explanation on the approach used, please document in the comments field.
Outreach

- **Format:** Drop down menu with yes/no (for last month) or never/sometimes/usually-always (for last fiscal year).

- **Purpose:** These questions are important because outreach – to build demand for this unit and sometimes to build demand for prevention generally – are a common part of intervention activities. These data will help us describe program “inputs” (what’s required to generate demand for the services offered). When the outreach also builds demand for prevention in general or affects risk behavior, we will consider it as an “output”. The decision about when to analyze outreach as an input or an output is complicated and will be made later; regardless, we need these data.

There are two parts to these questions. You must consider both parts of the questions for all the areas given.

Part 1 of the question asks for data for the last month. The "last month" was established in Question 1. The answer is “yes” or “no”.

Part 2 of the question asks the respondent to consider how often the activity occurred in the most recent fiscal year period. The “fiscal year” was established in Question 2. The drop down menu gives the respondent three possible answer choices, “never” or “sometimes” or “usually-always”. The respondent may select only one option for the answer.

In some questions, there is a line that refers to “other”, with an additional line for the respondent to specify what the “other” area is. Please use the space provided to enter your answer (in text).

- **Reasonable answers:** Selected from specified options.

- **Unreasonable answers:** An answer not among the options. If necessary, add explanation in the comments field.

**TIPs:**

- "Sometimes" implies intermittent, more often not engaging in that outreach than engaging in it. In contrast, "usually-always" means always or very regularly doing that outreach.

5. **What kind(s) of outreach did you do in the last month?**

- Distribute flyers - posters
- Place advertisements in newspapers
- Broadcast messages over the radio
- Broadcast messages on TV
- Conduct street outreach. (Street outreach can also include street theater, contacts at concerts or fairs.)
- Conduct another type of outreach/publicity/marketing.
...If "yes", please specify what you mean by "other".

**Question.** Data Source. This will be done for each section.

**What is the source of these data?**

- **Format:** Text

- **Purpose:** We want to know the source of our data as a quality-control check. We are the most confident of data coming directly from written records, and the least confident of estimates based on recall alone.

- **Reasonable Answers:** (See Tips below for explanation of abbreviations): “Types of outreach are SR. Population reached is RO.”

- **Unreasonable Answers:** “Mix of records and recall.” (Too vague). “Population reached is RO.” (Incomplete).

- **Tips:** Complete this field immediately after you collect data for the section. It is not necessary to ask your interviewee for this information; rather describe your process of obtaining the information.

1. **The classification system is as follows:**

   - **SR:** Written summaries or reports whose numbers are used directly. Examples: Recurrent spending from audited report; annual payroll reports used for salaries; reports to funder on number of HIV tests.

   - **SR-A:** Written summaries or reports adapted to our data needs: Example: Funding history translated to %s by type of funder.

   - **RR:** Raw written records whose numbers are used directly. Examples: Complete registers of salary or per diem payments; simple sum across 3 months to generate quarterly data; invoices for condom purchases, including number purchased; register of HIV tests completed.

   - **RR-R:** Raw written records informed by recall. Example: Incomplete registers of salary or per diem payments; invoices for condom purchases, with recall for number purchased and thus price.

   - **WP:** Written policies/protocols. Example: Counseling protocol.

   - **EE:** Estimation extrapolated from similar data. Example: Salary to hire someone to do volunteer’s work, based on a similar employee’s salary.

   - **RO:** Recall only. Example: Percent effort on 2 interventions; supply outages; STI follow-up return rates.

   - **Guess:** Really rough estimate. No basis in data.
Services

Questions (6 – 13)

- **Format:** Number

- **Purpose:** In this section we are collecting outputs which are the intermediate step between the output, and the number of HIV infections averted. This is a key step in measuring efficiency (cost per output) and in estimating effect on risk behaviors (each output has an effect in reducing risk behaviors).

There are up to three parts to each question, **data for the last month**, **data for the last month detailed by type of client or STI**, and **data for the most recent fiscal year broken down by monthly detail**. **Question 10 is the most essential output to track over time.**

Part 1 Last month: asks for **total outputs for the last month**. The “last month” was established in Question 1.

Part 2 Last month client detail: asks for **a detailed breakdown by type of client or type of STI**. This is asked in Questions 6, 8, 9, and 10.

Part 3 Last month fiscal year detail: asks for **data for the fiscal year by monthly total**. This is asked for all questions for the monthly totals only, not for the STI detail except question 10, which does for detail. The “fiscal year” was established in Question 2. This part of the question requires providing values for each of the 12 months in the year. See the answer spaces provided and fill in the information accordingly.

**TIPS:**

We anticipate that the totals data for these questions will be available in a combination of summary reports; lab records; and appointment and treatment logs.

**The most important item for month by month detail is number STI cases detected by STI type (Q10).**
6. How many first visits were there for STI (non-HIV) diagnostic or treatment services? (Count only non-HIV STIs, though HIV+ individuals with STIs can be included.)

Of these, how many were . . .

...Men?
...MSM?
...Women?
...Pregnant women?
...Counseled Couples? *(Total # of people, not # of couples)*
...Youth? *(Define age range in comments field)*
...IDU?
...SW? *(Those who identify as SW and/or those who trade sex for goods, use the comment field to specify)*
...Other?
...Specify

For each month of the most recent fiscal year, how many first visits were there for STI (non-HIV) diagnostic or treatment services? Provide detail by month in the spaces provided.
- Format: Number

- Purpose: This is the number of individual clients served, not the total number of clients that enter in for services. We are asking for the number of unique clients. For example, Jesus is a client. If Jesus comes into the clinic 2 times in the same month for the same STI problem, how many client visits and how many unique client visits would there be? Ans: There would be 2 client visits, but only 1 first visit.

We ask this to understand how many STI clients are being seen, which helps us estimate epidemic impact. This number will also allow us to calculate how many visits, on average, each client makes per STI episode.

There are up to three parts to each question, data for the last month, data for the last month detailed by type of STI, and data as a by-month break-down for the most recent fiscal year.

Part 1 Last month: Enter the data into the table under the section “Last Month”. The “last month” was established in Question 1.

Q6: For all STI clients, give the total number of clients served in the last month.

Part 2 Last month STI detail: Enter data into the table under the section “Last month”. This question asks for a detailed breakdown of the last month total by type of client.

Part 3 Last month fiscal year detail: Enter data into the table next to the columns that give the month and year. The question asks for data for the fiscal year by monthly total. The “fiscal year” was established in Question 2. No client detail is needed.

- Reasonable answers: Typically, dozens to hundreds of new STI clients are seen per month. The breakdown by type of client may total more than the number of new STI clients, since some individuals are in more than one category).

- Unreasonable answers: A number less than 100 is unlikely for an STI program, and needs to be verified. A last month number equal to or greater than the total for the fiscal year is also unlikely. No individual client category should be bigger than the total. An individual client category equal to the total would imply that all clients fall under one category, which is unlikely but possible and should be verified (and so noted in the comments).

7. How many physical examinations did you perform in these first visits in the last month?

(A physical exam for a male is a visual examination and palpation as indicated. A physical exam for a female is a visual, palpation, bimanual, and speculum examination as indicated.)

- Format: Number
- **Purpose:** This is an important indicator of quality. More examinations probably means higher costs and more accurate diagnosis. It will be examined as a predictor of outputs and costs in the econometric regressions.

  Last month: asks for **total outputs for the last month**. The “last month” was established in Question 1.

- **Reasonable answer:** If there were 50 clients (first visits) that came in last month. Of these 50 clients, 25 got physical exams.

- **Unreasonable answer:** In general, we would not expect there to be more physical exams than first visits in the last month. If so, verify (and so note in the comments).

8. How many client visits did you have in the last month?

   (This is the sum of all first visits and follow-up visits.)

   Of these, how many were . . .
   ...Men?
   ...MSM?
   ...Women?
   ...Pregnant women?
   ...Couples? *(Total # of people, not # of couples)*
   ...Youth? *(Define age range in comments field)*
   ...IDU?
   ...SW? *(Those who identify as SW and/or those who trade sex for goods, use the comment field to specify)*
   ...Other?
   ...Specify

- **Format:** Number

  **Purpose:** This is a key output. In combination with number of first visits, represents the set of visit outputs. These will be used in various analyses of cost and quality (e.g., rate of return for follow-up visits).

- **Reasonable answer:** 75 clients

- **Unreasonable answer:** In general, we would not expect there to be more first visits than client visits in the last month. If so, verify (and so note in the comments).

9. How many of each of the following tests did you administer in these visits in the last month?

   ...Gonorrhea-specific tests such as culture, antibody, antigen, DNA
   ...Syphilis-specific tests such as culture, antibody, antigen, DNA
   ...HIV-specific tests such as antibody
   ...Chlamydia-specific tests such as ...
   ...Herpes-specific tests such as ...
...Chancroid-specific tests such as ...
...Gram stain
... Wet mount
...Other
...Specify

- **Format:** Number

- **Purpose:** This is a key output. It also is a direct predictor of a key supply cost—test kits, slides, reagent etc.

Last month: asks for **total outputs for the last month.** The “last month” was established in Question 1.

- **Reasonable answer:** If there were 50 first visits, and an etiologic approach is emphasized, there might be 50 lab exams or more. If more than the number of first visits, verify (and so note in comments) that sometimes more than one test is done per client.

- **Unreasonable answer:** A high number (e.g., 50) would not make sense if the facility uses primarily a syndromic approach. A very low number (e.g., 5) would not make sense if the facility relies mainly on etiologic diagnoses.

10. How many cases did you detect of each of the following in the last month?

| NOTE this is the most essential output for STIs. |

| NOTE in the following list the inclusion of etiologic diagnoses (Gonorrhea through Bacterial vaginosis) and syndromes (Urethral discharge through Genital ulcers). Depending on the management approach used (syndromic or etiologic), some rows may be empty or nearly so. |

...Gonorrhea
...Syphilis
...Chlamydia
...Herpes
...Chancroid
...Trichomonas
...Bacterial vaginosis

Etiologic diagnoses

...Urethral discharge - men
...Vaginal discharge or genito-urinary complaint - women
...Lower abdominal pain - women
...Genital ulcers - men or women
...Other
...Specify

Syndromic diagnoses
- **Format:** Number

- **Purpose:** This is the most important output. The best predictor of the impact of an STI program on HIV transmission is the number of cases detected (and treated!). This information will be used in calculations of efficiency (cost per case detected and treated) and in estimating HIV epidemic impact. The mix of different diagnoses is important because of different effects on HIV transmission.

Last month: asks for **total outputs for the last month.** The “last month” was established in Question 1.

For all STI cases detected, give the number of STI cases detected in the last month. Fill the data into the table under the section “Last Month.”

Fiscal year detail: Enter data into the table next to the columns that give the month and year. The question asks for **data for the fiscal year by monthly total.** The “fiscal year” was established in Question 2.

For all STI cases detected, give the number of STI cases detected in the most recent fiscal year by monthly total.
11. Of the cases that can be treated by antibiotics, what percent of patients were given or sold drugs at this facility?

- **Format:** Percentage
- **Purpose:** This is a predictor of quality. If this percent is low, and patients must depend on obtaining drugs outside of the facility that has important implications for efficiency in achieving treatment and in HIV epidemic impact.
- **Reasonable answers:** 100%
- **Unreasonable answers:**

12. What percent were given prescriptions or instructions on how to obtain drugs?

- **Format:** Percentage
- **Purpose:** This is a predictor of quality. If this percent is not close to 100% that has important implications for efficiency in achieving treatment and in HIV epidemic impact.
- **Reasonable answers:** 50-95% is likely
- **Unreasonable answers:** 100% is very high, and would need to be verified (and noted as such in the comments). Less than 50% would warrant explanation too (in the comments).

13. In the last month, for what percent of detected non-HIV STI cases were patients informed of their diagnosis?

- **Format:** Percentage
- **Purpose:** This is a key output and a predictor of quality. If this percent is not close to 100%, that has important implications for efficiency in achieving treatment and in HIV epidemic impact.
- **Reasonable answers:** 50-95% is likely
- **Unreasonable answers:** 100% is very high, and would need to be verified (and noted as such in the comments). Less than 50% would warrant explanation too (in the comments).

14. To how many individual clients did you provide HIV pre-test counseling sessions in the last month?

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**NOTE:** This and the next question set not need to be asked if the ARQ vct sheet is administered at this facility.
- Format: Number

- Purpose: This is a key output. It will be used in calculations of efficiency (cost per various outputs). See also discussion under ARQvct.

- Reasonable answers: 25.

- Unreasonable answers: Unlikely (but not impossible) answers for the last month total would be 0 or a number equal to or greater than the total for the fiscal year. However, the number entered here cannot logically be less than the number of HIV-positive clients who received post-test counseling (Question 19).

**TIPS:**

In situations where more than one person is pre-test counseled at a time, be sure to enter the number of individuals participating and not the number of sessions.

15. To how many HIV-positive clients did you provide HIV post-test counseling sessions in the last month?

**NOTE:** This and the previous question do not need to be asked if the ARQ vct sheet is administered at this facility.

- Format: Number

- Purpose: This is a key indicator of the population diagnosed with HIV, a key outcome of VCT services if offered in conjunction with STI services. It helps predict the impact of the intervention on the epidemic. See also discussion under ARQvct.

- Reasonable answers: This number should be less than the number of people receiving HIV pre-test counseling or receiving HIV tests.

- Unreasonable answer: We would not expect this number to exceed the number of clients who received HIV pre-test counseling.

16. [Ask only if month to month variation >= 20%] I see that the number of STIs you detected varied by month. The highest (total) was [#] in [month], and the lowest was [#] in [month]. What factors do you think explains this variation?...(Prompt, only if necessary)

[Ask only if month to month variation < 20%] Many programs have wide variation in their outputs, please tell us what you think accounts for this stability, given all the factors that could affect your services...(Prompt, only if necessary)

- Format: Text

- Purpose: To capture main factors that have influence on high and low levels of outputs, which may affect efficiency.
• **Reasonable answers:** We expect answers to be things like transportation or travel difficulties due to rainy season, a funding delay due to an administrative issue such as money was released to the program late, or a shortage of key staff or supplies, or a planned service interruption to allow staff to do training. Other possible answers could be external program issues such as police harassment. “Don’t know” is also reasonable.

• **Unreasonable answers:** “It varied because some months are busier” is just repeating the question. Any answer that does not appear to explain the actual pattern is also unreasonable.

**TIPS:**

Ask this and the following question only if the number of STIs diagnosed varies by month by more than 20% (the highest month is > 1.2 x the lowest month).

When asking the question, review with the respondent the high and low months and the difference between these two numbers. Give the respondent a minute to think about the possible answers. If after a few minutes they do not have any ideas, then you can prompt them with possible factors. However, do not suggest what you think the answer might be; the aim is to capture what factors the respondent thinks explains the variation.

17. **How many condoms did clients obtain from you in the last month?**

During ALL of the most recent fiscal year?

• **Format:** Number; number

• **Purpose:** This question is intended to measure another important output of prevention programs – condoms. This can be used to estimate epidemic impact. It also can be checked against recurrent supplies to help estimate costs.

• **Reasonable answers:** 2500

• **Unreasonable answers:** We would not expect the number for the last month to be greater than the total for the entire fiscal year. Exceptions to this are if the intervention was in a start up period which would account for low outputs in the fiscal year, and is now operating at high volume.

18. **What percentage of these condoms was purchased?**

• **Format:** Percentage

• **Purpose:** Condoms that are purchased are more likely to be used than those obtained free. Thus we will count them

• **Reasonable answers:** Any percent – all condoms may be handed out for free (0% purchased) or all may be sold by the program to the clients (100% purchased).
Unreasonable answer: 1200. This is a number and not a percent

TIPS:
Record answer for the last month. If the answer differs for the last fiscal year, record this in the comments.

19. Which of the following services are provided currently at your facility or within 1/2 km, in addition to STI services? (y/n for each)

- Format: Drop down menu yes/no/dk

- Purpose: This question is asking about services, other than STI services, that are available at the facility or nearby. The proximity of services may be perceived as a plus by clients, and/or may be a source of referrals. This information will be assessed as potential predictors of outputs, costs, and efficiency in the econometric analyses.

TIPS:
The services do not need to be part of the same facility or organization.

Timing of services

Questions 20 - 22

20. Did you conduct on-site STI laboratory tests in the last month? (y/n)
(In house refers to lab tests done on site at the facility)

Was this the same for ALL of the most recent fiscal year?

(If no to prior question) When did you make this change?

- Format: Drop down menu with yes/no, and text as mm/yyyy

- Purpose: This question provides information about access to services and is a measure of quality. On site STI laboratory tests may impact cost and may also increase the quality of service provided to the clients (e.g. shorter time to receive results.) These will be used in regression equations to predict output and efficiency.

- Reasonable answers: Yes, No, 03/2001

- Unreasonable answers: Yes, Yes, Part 3: 03/2001. In this example Part 3 should be “n/a” since the activity did not change throughout the fiscal year.

21. Last month, how far away was the nearest pharmacy? (1. Onsite in clinic, 2. At facility but not in clinic, 3. Off facility, <1 km, 4. 1-2 km, 5. > 2 km)
22. Last month, how often did the pharmacy have the needed drug in stock?

Was this the same for ALL of the most recent fiscal year?

(If "no") What changed? Choose the answer for the period prior to the change. E.g., if group pre-test counseling was done in the last month, then this answer might be “one-on-one”.

When did you make this change? mm/yyyy

- **Format:** Drop down menu choice, yes/no, text, mm/yyyy
- **Purpose:** This is a predictor of quality. If the pharmacy does not have the needed stock of drugs, patients ultimately may not get treated. This would have important implications for efficiency in achieving treatment.

- **Reasonable answers:** Often, Yes, n/a, n/a
- Unreasonable answers: Never, Yes, n/a, n/a. We would consider it an extreme situation if the pharmacy never had needed drug in stock and it was the same for all of the most recent fiscal year. If this occurs, please verify and use the comments field.

23. How many hours per week did you offer STI services in the last month?

Was this the same for ALL of the most recent fiscal year?

(If "no") What changed? Choose the answer for the period prior to the change. E.g., if group pre-test counseling was done in the last month, then this answer might be “one-on-one”.

When did you make this change? mm/yyyy

- Format: Number, yes/no, text, mm/yyyy
- Purpose: The following two questions provide important information about access to services. Providing longer hours, and evenings and/or weekends, may improve access (and perceived quality) but may also increase costs. This information will be use in predictors of efficiency of services.
- Reasonable answers: 35 hours, Yes, N/A, N/A.

  40 hours; No; 24 hours; 07/2001.

- Unreasonable answers: 20 hours; Yes; 30 hours; N/A – The answer “Yes” to the second part should lead to “n/a” in the third part.

24. Did you offer these services in the evenings and on weekends in the last month?

Was this the same for ALL of the most recent fiscal year?

(If "no") What changed? Choose the answer for the period prior to the change. E.g., if group pre-test counseling was done in the last month, then this answer might be “one-on-one”.

When did you make this change? mm/yyyy

- Format: Both/Evening only/Weekend only/Neither/DK
- Reasonable answers: Both evening and weekends, No, neither, 05/2001.
- Unreasonable answers: Evening only; Yes; Both; N/A – The answer “Yes” to the second part should mean “n/a” in the third part.

TIPS: Weekends mean any part of either Saturday and/or Sunday. Evenings are the hours after normal business closes, usually after 5 pm.
25. In the last month, how long did clients wait in the facility before receiving pre-test counseling? (average minutes)? (average minutes)

- **Format:** Minutes
- **Purpose:** The clients’ experience is an important measure of perceived quality –. Shorter wait times are preferable. This may affect demand for SW at this facility. This is used in regression equations to predict output and efficiency.
- **Reasonable answers:** 60 minutes, or 3 hours.
- **Unreasonable answers:** 10 minutes – verify (and so note in the comments) how the system works to keep waits so short. 7 hours – verify (and so note in the comments) if clients really waited all day.

26. If there is a waiting area: Three times during the day (morning, mid-day, and evening or close to closing time), look at your watch, write down the time of day and the number of people in the waiting room

- **Format:** Time, Number (enter data based on a 24 hour clock)
- **Purpose:** This may serve as an important independent verification of the previous question on waiting time, though data from only one point in time.
  
  This is a two part question that occurs at three time intervals.

  Record the time of day.

  Directly observe the number of people who are physically present in the waiting area for STI services. Count the number of people apparently awaiting services and record that number. Do not count small children who are accompanying adults.

- **Reasonable answers:** 8:00 am, 38 adults waiting; 1:30 pm, 18; 4 p.m. 2.
- **Unreasonable answers:** 8:00 am, 5 adults waiting; 1:30 pm, 18; 4 p.m. 50. This answer doesn’t make sense unless there is an evening session.

**Timing of services: Consultations**

27. In the last month, how much time did a woman with vaginal discharge spend with each of the following types of staff in an average first visit? (minutes)

- **Format:** Time
- **Purpose:** This is an important measure of perceived quality – the clients’ experience. Clients prefer spending longer periods of time being seen and examined by staff. This may affect demand for STI services at this facility. This will be used in regression equations to predict output and efficiency.
- Reasonable answers: 15 min, 10 min, 0 min, 30 min, 5 min other: lab assistant to draw blood.

- Unreasonable answers: 2 min, 0 min, 0 min, 5 min – it would be difficult to complete an STI visit in this short a period of time. If the respondent gives this type of answer, verify (and so note in the comments) if the visit could really be that short.

28. In the last month, could clients be seen and treated the same day?

- Format: Drop down menu – yes/no/DK

- Purpose: This question addresses the convenience for STI clients to access services. It may affect perception of quality and hence demand for services. This will be used in regression equations to predict output and efficiency.

- Reasonable answers: No

- Unreasonable answers: DK or Blank. If same day treatment is usually available, but not consistently available every day, answer the question for what happened during most of the last month.

TIPS: “Sometimes” means the answer depends on factors such as which day they came in or time of their appointment.

29. In the last month, were syphilis results (RPR, VDRL) available to the clinic the same day as sample acquisition?

- Format: Drop down menu – yes/sometimes/no

- Purpose: This question addresses the convenience for STI clients to access services. It may affect perception of quality and hence demand for services. This will be used in regression equations to predict output and efficiency.

- Reasonable answers: No

- Unreasonable answers: DK or Blank. If same day treatment is usually available, but not consistently available every day, answer the question for what happened during most of the last month.

30. In the last month, what percentage of your patients did you ask to return for a follow-up visit?

- Format: Percentage %

- Purpose: This is a measure of quality – follow-up visits confirm treatment success, so scheduling them is desirable. It will be used in econometric regressions to predict cost and outputs
• **Reasonable answers:** 90%

• **Unreasonable answers:** 100%. This would occur as unusually high since not every patient is required to return for a follow up visit.

**TIPS:**

If the facility has records that easily allow this value to be estimated, e.g., a register with column for “follow-up” scheduled, use those records.

31. **...Of these, what percentage actually returned for a follow-up visit?**

• **Format:** Percentage %

• **Purpose:** This is also a measure of quality – that scheduled visits are kept. It will be used in econometric regressions to predict cost and outputs.

• **Reasonable answers:** 65%

• **Unreasonable answers:** 100%. This would occur as unusually high since not every patient required to return for a follow up visit actually returns to the clinic.

**TIPS:**

If the facility has records that easily allow this value to be estimated, e.g., a register with columns for “follow-up” complete, use those records.

**Contacts and Reporting**

32. **What did you do to notify partners of STI-infected clients in the last month? ("yes" or "no" for each)**

...Telephone partners
...Visit partners
...Encourage clients to notify their partners
...Do something else I haven't already asked you about
...Specify

Was this the same for ALL of the most recent fiscal year?

(If no to prior question) When did you make this change?

• **Format:** Yes/No/DK/NA

• **Purpose:** This question describes the quality and intensity of service. More ambitious follow-up of partners may consume resources without clearly measurable effects on outputs but real public health benefits. It may predict efficiency.

• **Reasonable answers:** Other. In the comments: “We hand out slips for clients to give to their sexual partners. The slips ask the partner to go to the local STI clinic
because they have been exposed to an STI. A code for the STI they were exposed
to is marked on the slip."

- **Unreasonable answers:** “Phone all” would not make sense in an environment
where few clients have phones.

**Fees: Posted**

33. Do you charge one inclusive price for all services or separately for each component
of your services?

- **Format:** Drop down menu- Inclusive/Separate/Not Available/DK/NA

- **Purpose:** To establish the structure of charges for services. One inclusive price for
all services means that there a client would pay one price and receive all
components of STI treatment for that price – interview/physical exam, laboratory test,
medications. This is important both for how the questionnaire is administered, and
also for how clients use services (perhaps less likely to drop out after paying the full
price).

(If "inclusive", use the "all services" section of Q 34 only; if "separate", complete all
sections of question Q 34 except for "all services").

34. In the last month, what was your POSTED FEE for . . .

...All services (fees for the appointment, test(s), and medication)?
...A consultation (exclude fees for a test or medication)?
...Gonorrhea?
...Syphilis?
...Chlamydia?
...Herpes?
...Chancroid?
...HIV/AIDS?
...Gram stain?
...Wet mount?
...Other?
...Specify

Was this the same for ALL of the most recent fiscal year?

(If "no") What price did you charge previously?

When did you make this change?

- **Format:** Number, yes/no, number, date mm/yyyy.

- **Purpose:** These are the charge(s). They are important because of their effects on
demand (higher charges, lower demand, all else equal). This will be used in
regression equations to predict output and efficiency. It also should match up with
data on client income.
This is a 4 part question, because of the need to know currency for the charge estimates.

Part 1 of the question asks you to give the amount charged to clients in the last month. The “last month” was established in Question 1.

Part 2 of the question asks you to consider if the answer in Part 1 was true for the entire fiscal year period. If so, the answer in part 3 would be “yes”. If the answer in part one was not true for the entire fiscal year, the answer in part 3 would be “no”.

Part 3 of the question is asked if the respondent answered “no” in part 3, indicating that a change occurred during the fiscal year. It asks what the fee was prior to the change that occurred?

Part 4 of the question asks if you answered “no” in part 3, (which would indicate that a change occurred during the fiscal year), when did the change occur? If you answered “yes” in part 3, you would enter “n/a” in part 6.

35. Among those who paid for STI services in the last month, what was the average amount paid for... Currency

(If "inclusive" was given as the answer to Q 33, use the "all services" section of this question only; if "separate", use all sections of this question except for "all services").

...All services (fees for the appointment, test(s), and medication)?
...An consultation (exclude fees for a test or medication)?
...Gonorrhea?
...Syphilis?
...Chlamydia?
...Herpes?
...Chancroid?
...HIV/AIDS?
...Gram stain?
...Wet mount?
...Other?
...Specify

Was this the same within 20%, for ALL of the most recent fiscal year?

(If "no") What was the average amount paid previously? Currency

When did you make this change?

- **Purpose:** This question is the last part of understanding what clients have to pay to receive services. It predicts demand – outputs, and efficiency.

- **Reasonable answers:** Less than charges (earlier question), since this question is asked only if some clients received reduced prices.
Unreasonable answers: More than or equal to charges (earlier question), since this question is asked only if some clients received reduced prices. Also, if charges are for “all services” should have n/a for charges for specific services.

36. What percentage of your clients received your STI services for free in the last month?

If 100% for all time period, skip to Q 37.

Was this the same for ALL of the most recent fiscal year?

(If "no") What percentage of your clients received services for free previously?

When did you make this change?

Format: %, yes/no, %, mm/yyyy

Purpose: This question is another part of understanding what clients have to pay to receive services. It is especially important for understanding if client can avoid financial barriers to care. It predicts demand (hence outputs), and efficiency.

Reasonable answers: 20%, no, 50, 04/2001

Unreasonable answers: Responses that do not fit the logic outlined in boxed text.

Medication

37. What was the primary medication you prescribed/provided for [read name of STI or syndrome] in the last month?

...Gonorrhea
...Syphilis
...Chlamydia
...Herpes
...Chancroid
...Trichomonas
...Bacterial vaginosis
...Urethral discharge – men
...Vaginal discharge or genito-urinary complaint – women
...Lower abdominal pain – women
...Genital ulcers - men or women
...Other
...Specify

Format: Text

Purpose: This is important to understand the elements of treatment component of service, and to help with discussion of treatment charges that follows.
- Reasonable answers:
  Vaginal discharge: clotrimazole 200mg bid 3 days.

  Urethral discharge: doxycycline 100 mg bid 7 days.

- Unreasonable answer: Antibiotics. This answer is not specific enough, the actual name of the medication/antibiotic is better. An antibiotic name without dosing is acceptable but dosing information is preferred if the respondent knows it.

TIPS:
If the facility uses 2 drugs in combination as a primary therapy for some diagnoses, record both drugs.

38. ...Did you provide this medication directly (as opposed to prescription to an outside source) to your patients in the last month?

- Format: Yes/No

- Purpose: This question is very important because medications provided directly are more likely to represent completed therapy than are prescriptions or instructions to be filled elsewhere.

TIPS:
If the medication was always or almost always provided to the patient directly, the answer is “Yes”. If never or very rarely, the answer is “No”. If sometimes, use “Yes” but note in the comments further explanation (e.g., “about half the time”).

39. How much did you charge the patient/family for this medication in the last month?

- Format: Number

- Purpose: Charges are important because of their effects on demand (higher charges, lower demand, all else equal). This will be used in regression equations to predict output and efficiency. It also should match up with data on client income.

40. What percentage of your patients/families received the medication for free in the last month? (Note: If price for the visit includes drugs, the drugs are considered free.)

- Format: Percentage %

- Purpose: This question is another part of understanding what clients have to pay to receive services. It is especially important for understanding if client can avoid financial barriers to care. It predicts demand – outputs, and efficiency.
41. Did any of your patients/families pay a reduced price for the medication in the last month?

- **Format**: Yes/No
- **Purpose**: This question determines whether the next question, on average amount paid, is needed.

42. Among those who paid for the medication, what was the average amount paid in the last month?

- **Format**: Number and Currency
- **Purpose**: This question is the last part of understanding what clients have to pay to receive medications. It predicts demand – outputs, and efficiency.

**Productivity and incentives**

43. In the last month, how many patients were seen per day, per clinician who saw patients the entire day?

  - Was this the same for ALL of the most recent fiscal year?
  - (If "no") How many patients were seen per day previously?
  - When did you make this change?

- **Format**: Number
- **Purpose**: This question is an indicator of clinician productivity. It will be used as a predictor of efficiency and outputs. In addition, it will serve as a check on other measures: number of clients seen and number of clinicians on staff.
- **Reasonable answers**: Between 250 and 100 per day.
- **Unreasonable answers**: If fewer than 25, the clinicians are certainly not busy, verify (and so note in the comments) if question understood. If more than 100, verify (and so note in the comments).
For questions (44 - 49)

These are 3 part-questions. Part 1 of the question asks for data for the last month. The “last month” was established in Question 1.

Part 2 of the question asks you to consider if the answer for the last month was true for the entire fiscal year. The “fiscal year” was established in Question 2. If the answer in part one (which pertains to the last month) was also true for the entire fiscal year, the answer in part 2 would be “yes”. If the answer in part one was not true for the entire fiscal year, the answer in part 2 would be “no”.

Part 3 of the question is asked if the respondent answered “no” in part 2, indicating a change during the fiscal year. Part 3 asks when the change was made. If you answered “yes” in part 2, you would enter “n/a” in part 3.

44. Did you monitor the number of clients seen by each staff member in the last month?

Was this the same for ALL of the most recent fiscal year?

(If no to prior question) When did you make this change?

- **Format:** Yes/no, yes/no, mm/yyyy
- **Purpose:** This question and following questions assess incentives to staff. The first few questions determine what performance is measured. The last two questions ask how that information is used for rewards and penalties. This information is potentially an important predictor of outputs and efficiency, to be used in econometric regressions.

  - **Reasonable answer:** Yes, yes, n/a
  - **Unreasonable answers:** Responses that do not fit the logic outlined for this question.

**TIPS:**

By “monitor” we mean some regular, quantitative measure of the number of clients seen. This could be a running register or samples on certain days, or reviews of counseling lists, or some other measure.

45. Did you monitor how polite staff members are to clients in the last month?

- **Format:** Yes/no, yes/no, mm/yyyy
- **Purpose:** This set of questions assesses incentives to staff. This information is potentially an important predictor of outputs, quality, and efficiency, to be used in econometric regressions.
- **Reasonable answer**: Yes, yes, n/a
- **Unreasonable answers**: Responses that do not fit the logic outlined for this question.

**TIPS:**

By “monitor” we mean some regular, systematic measure of politeness appropriate to the local setting. This might be observations by a supervisor.

46. Did you monitor whether individual staff members followed protocol in the last month?

- **Format**: Yes/no, yes/no, mm/yyyy
- **Purpose**: This set of questions assesses incentives to staff. This information is potentially an important predictor of outputs, quality, and efficiency, to be used in econometric regressions.
- **Reasonable answer**: Yes, no, 02/2002
- **Unreasonable answers**: Responses that do not fit the logic outlined for this question.

**TIPS:**

By “monitor” we mean some regular, systematic measure of following a protocol. This might be observations by a supervisor, or completion of a checklist by the staff person.

47. Did you monitor the performance of facility staff in any other way in the last month?

- **Format**: yes/no, yes/no, mm/yyyy
- **Purpose**: This information is potentially an important predictor of outputs, quality, and efficiency.
- **Reasonable answer**: no, yes, n/a
- **Unreasonable answers**: Responses that do not fit the logic outlined for this question.

48. Did you reward staff members for exceptionally good performance in the last month?

- **Format**: Yes/no, yes/no, mm/yyyy
- **Purpose:** This set of questions assesses incentives to staff. Incentives provided for good performance is potentially an important predictor of outputs, quality, and efficiency.

- **Reasonable answer:** Yes, yes, n/a

- **Unreasonable answers:** Responses that do not fit the logic outlined for this question.

**TIPS:**

By “reward” we mean any meaningful positive incentive – financial such as bonuses or raises; promotions; gifts; added days off with pay; favorable evaluations; public notice such as awards; a nicer workspace; etc.

49. Did you penalize any staff members for exceptionally poor performance in the last month?

- **Format:** Yes/no, yes/no, mm/yyyy

- **Purpose:** Penalties provided for poor performance is potentially an important predictor of outputs, quality, and efficiency.

- **Reasonable answer:** Yes, yes, n/a

- **Unreasonable answer:** Responses that do not fit the logic outlined for this question.

**TIPS:**

By “penalty” we mean any meaningful negative incentive – financial such as docked pay; delayed promotions; days off without pay; unfavorable evaluations; public criticism of any type; a less desirable work space; etc.

50. Has an evaluation by an external agency ever been conducted for this intervention, where the purpose of the evaluation is to improve the functioning of this intervention?

If yes: How many such evaluations have been conducted? (In the comments note who the evaluators were)

If yes: What did the evaluation(s) look at? (Indicate all that apply)

1 Finances  2 Operations;  3 Effects on HIV risk behavior?  4 Other, (specify

- **Format:** Yes/no, number, number(s)

- **Purpose:** This question assesses how a facility is evaluated. An evaluation by an outside agency may provide less biased feedback which could lead to better quality of services

- **Reasonable answer:** Yes, 1, 4. Finances
Service and stock interruption

The following 3 questions ask about interruptions to supplies and staff.
They are 4 part questions

How many times they ran out in the last month.
How many times they ran out in the most recent fiscal year.

Total days they were out during the last month.
Total days they were out during the most recent fiscal year.

51. How many times did you run out of any needed antibiotic in the last month?

...How many total days were you out of any needed antibiotic in the last month?

During ALL of the most recent fiscal year . . .

- **Format**: number

- **Purpose**: This question assesses the frequency of shortages in a key input. It is used along with the other questions in this section as a predictor of the efficiency of operation.

- **Reasonable answer**: 2 times, 10 times, 15 days, 60 days. Running out is typically more common for a year than for a month. Days out (duration) are almost always more than times out (number of separate occasions).

- **Unreasonable answer**: 2 times, 10 times, 1 day, 5 days. It is highly unlikely that the supply interruptions lasted less than a day on average.

52. How many times did you run out of testing supplies of any kind (e.g., test kits, reagents, exam gloves, etc.) in the last month?

...How many total days were you out of supplies in the last month?

During ALL of the most recent fiscal year . . .

- **Purpose**: This question assesses the frequency of shortages in testing supplies. It is used along with the other questions in this section as a predictor of the efficiency of operation.

- **Reasonable answer**: see previous question

- **Unreasonable answer**: see previous question
TIPS: Supplies other than test kits might include syringes, reagent, cotton, alcohol swabs, gloves or any other supplies necessary for conducting VCT services.

53. How many times were key staff absent when you expected them to be present in the last month?

...How many total days was key staff absent in the last month?

During ALL of the most recent fiscal year...

- **Purpose**: This question assesses the frequency of shortages in key staff. It is used along with the other questions in this section as a predictor of the efficiency of operation.

- **Reasonable answer**: see previous question

- **Unreasonable answer**: see previous question

TIPS: Key staff are staff members who are essential to providing STI services.

54. TOTAL: How many total days did you lack testing supplies, medication, or key staff in the last month?

During ALL of the most recent fiscal year...

- **Format**: Number

- **Purpose**: This question asks the respondent to summarize the number of times and days for shortages in any of the following: HIV test kits, supplies, medication and/or key staff. It is used along with the other questions in this section as a predictor of the efficiency of operation.

- **Reasonable answer**: Less than the sum of the answers to the prior questions, since lack of any two categories (HIV test kits, supplies, or key staff) on the same day counts as just one episode and one day.

- **Unreasonable answer**: A value higher than the sum of the answers to prior questions. If equal to the sum, be sure there are no overlapping days of shortage.

TIPS: This question is similar to the prior questions except it asks about any lack of inputs (supplies, staff). It focuses only for the last month.

Similar Services in Community
- **Purpose:** The following questions establish from what area area(s) clients who travel from afar come to obtain STI services at this program, and if and what other STI services are in the vicinity. This is important as a measure of competition for clients among providers of STI care.

55. Please outline the area from which most of your clients came last month (mark on map).

Please also mark the general location of other organizations that provide STI services for people in this area. (Part 2)

- **Format:** Map of the area printed on a separate full sheet of paper.

- **Purpose:** This question establishes from what area clients travel to obtain STI services at this program. It is used to interpret the following questions on other STI providers, and to describe the area/population in the programs catchment area.

**TIPS:**

The respondent should outline the geographic area(s) where most clients come from.

Make sure the respondent knows how to properly read the map. If necessary, orient and help them by pointing out landmarks and verifying the locations they mark.

56. How many other organizations provided STI services for people in this area in the last month?

- **Format:** number

- **Purpose:** To establish the availability of STI services in the area. This is most important as a measure of competition for clients among multiple providers of STI services.

- **Reasonable answers:** 2

- **Unreasonable answers:** 100. This would seem like a large number of organizations for the people in the same area.

57. Please name up to three of these facilities:

When did this facility begin providing STI services?

- **Format:** Text, date (mm/yyyy)

- **Purpose:** By listing the name of three organizations that provide STI services in the same area, we can estimate the relative impact that each of these organizations may have on competition for clients, service quality and cost.
- **Reasonable answer:** Community Health, 06/2001.

- **Unreasonable answer:** STI testing. This is the type of service provided and not necessarily the name of the organization providing the services. We need the name of the organization and the date or estimated date that they began providing services. If the date is unknown and you are not able to provide an estimate, enter DK.

58. **Were the same facilities providing STI services in this area for ALL of the most recent fiscal year?**

- **Format:** Yes/No

- **Purpose:** To determine if there was a change in the number of facilities providing services. This increases the number of data points we have because we will know that 2 facilities existed for a certain number of months, and then 5 facilities existed for a certain number of months. This increases the number of data points in the econometric analysis.

- **Reasonable answer:** Yes

- **Unreasonable answer:** Blank. If the answer is not known or you are not certain, provide an explanation in the comments field.

59. (If "no") **How many organizations provided STI services in the most recent fiscal year, in addition to those already mentioned?**

- **Format:** Number

- **Purpose:** To determine if there was a change in the number of facilities providing services. This increases the number of data points we have because we will know that 2 facilities existed for a certain number of months, and then 5 facilities existed for a certain number of months. This increases the number of data points in the econometric analysis.

- **Reasonable answer:** 5

- **Unreasonable answer:** 2. If this number is as the same number given in question 44, while it may be correct, verify that in fact the organizations are different than those in the first part of the most recent fiscal year and note this in the comments field.

60. **Please name up to three of these OTHER facilities:**

   When did this facility begin providing SW services?

   When did this facility stop providing SW services?

   - **Format:** Text, date (mm/yyyy)
- **Purpose:** By listing the name of three organizations that provide STI services in the same area, we can estimate the relative impact that each of these organizations may have on competition for clients, service quality and cost.

- **Reasonable answer:** Community Health, 06/2002, 10/2002

- **Unreasonable answer:** STI testing. This is the type of service provided and not necessarily the name of the organization providing the services. We will need the name of the organization and the date or estimated date that they began and stopped providing services. If the date is unknown and you are not able to provide an estimate, enter DK.

Supply and demand

61. In the last month, did you have more clients than you could serve, even when you weren't out of supplies or short of staff?

Was this the same for ALL of the most recent fiscal year?

(If "no") What was the situation previously?

When did you make this change?

- **Format:** Never / sometimes / usually-always or yes/no (under discussion)

- **Purpose:** This question is intended to identify "excess demand", as distinguished from shortages in particular inputs (supplies or staff). By doing so, it helps determine into which econometric analysis to place this facility.

This is a four part question.

Part 1 of the question asks you to select an option from the pull down menu for the **last month**. The "last month" was established in Question 1.

Part 2 of the question asks you to consider if the answer in Part 1 was true for the **entire fiscal year period**. If so, the answer in part 2 would be “yes”. If the answer in part one was not true for the entire fiscal year, the answer in part 2 would be “no”.

Part 3 of the question is asked if the respondent answered “no” in part 2, indicating that a change occurred during the fiscal year. It asks what was the situation **prior to the change** that occurred? Select from the responses given in the pull down menu.

Part 4 of the question asks if you answered “no” in part 2, (which would indicate that a change occurred during the fiscal year), **when** did the change occur? If you answered “yes” in part 2, you would enter “n/a” in part 4.
...On how many days did this happen? Ask the respondent to give the number of days that they had more clients than they could serve even when they weren’t out of supplies or short of staff.

62. Did you experience high demand on certain day(s) in the last month? (If "no", skip to Q 63)

...If "yes", which days?

- **Format:** yes/no, text
- **Purpose:** This question is intended to detect variation in demand. It is also useful in indicating in which analysis the facility should be examined.
- **Reasonable answers:** yes, Mondays; no, n/a; or yes, the 15th of the month.
- **Unreasonable answers:** Any response pair that defies the logic of the question.

63. How did the number of clients seeking STI services vary by day of the week in the last month?

- **Format:** text
- **Purpose:** This question is intended to detect weekly patterns in demand. These may affect efficiency and output.
- **Reasonable answers:** Mondays highest Fridays lowest. Wednesdays slow.
- **Unreasonable answers:** “First week of month highest.” This is not a day of the week pattern.

64. What was the most important factor limiting the number of clients you saw in the last month? (Select one.)

...If "other", please specify:

- **Format:** Drop down menu text - Inadequate demand, inadequate availability of key staff, inadequate availability of supplies, inadequate funding, other specify. Text if “other” is selected.
- **Purpose:** This question is another approach to classify the facility according to supply/demand relationship. It helps guide the econometric analyses, and interpret the accounting analyses.
- **Reasonable answers:** Any of the drop-down options or specified “other.”

**TIPS:**

If the respondent offers another factor, please report it in the comments.
65. What was the second most important factor limiting the number of clients you saw in the last month? (Select one.)

…If "other", please specify:

- **Format:** Drop down menu text - Inadequate demand, inadequate availability of key staff, inadequate availability of supplies, inadequate funding, other specify, DK, N/A. Text if “other" is selected.

- **Purpose:** This question is meant to more finely classify the facility according to supply/demand relationship.

- **Reasonable answers:** Any of the drop-down options or specified “other.”

- **Unreasonable answers:** This response should be different from the response for Question 53.

**TIPS:**

- If the respondent offers a third factor, please report it in the comments.