ARQ Voluntary Counseling and Testing (VCT) Intervention Sheet

Purpose
A 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 (cost per output) and quality.

The other parts of ARQ (i.e., ARQni) focus on facility characteristics and expenditures with limited specific reference to VCT. The ARQ VCT sheet focuses on the VCT activities in the facility during the last month and most recently completed fiscal year.

ARQvct is the mainstay of the “abbreviated”, or “econometric,” sites. It will also be important for the intensive single program analyses.

Here is a definition of VCT activities: Voluntary Counseling and Testing activities include pre-test counseling, HIV testing (blood draw), HIV test processing, and post test counseling.

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. (See the manual section on Working with Facilities for more guidance on this.)

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, as described in the Data Collection: Data Sources and also below after question 6.

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. We ask about this month because it provides the most recent data on the intervention, and because some questions require recall, which is most accurate for short recall periods (that is, recall for one month prior is more accurate than for 3 months prior). If data are very unavailable for the most recent month, but are available for the month just prior, that month can be used.

   ▪ **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.

**TIP:**

If the last month is December 2002 but records are not available – but are good for the prior month November 2002, then consider using the prior month. The data collector must use his or her best judgment as to which option is preferable, using the last month with poor records but easier for recall, or using the prior month which is more complete but less recent.

2. What "most recent fiscal year" is covered by the information provided on this sheet? ("Most recent 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. We ask for this time period because we believe the quality of data (over all instruments) may be better for this time period than for subsequent partial years.

- **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.

  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 their professional 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.

- **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.
TIP: 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 VCT 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.

TIP: If the facility switched from similar but less formal/structured services, what is the start date? — Use the earlier date, if intent was to provide or link to HIV testing, and include an explanation in comments.

4. Where were your VCT activities conducted in the last month? (Part 1)

   Was this the same for ALL of the most recent fiscal year? (Part 2)

   (If no to prior question)  When did you make this change? (Part 3)

   ...A health facility with other services?
   ...A stand-alone facility?
   ...In a mobile unit (e.g., van)?
   ...In another type of location? Please specify

- **Format:**  Drop down menu with yes/no, and text as mm/yyyy
- **Purpose:** This question is important because the location of services is likely to affect both costs and the types of clients reached. Thus, location may predict both costs and client mix (which influences our calculation of epidemic impact).

   This is a 3 part question. The question format ("query change") is a common format used in the ARQ intervention sheets.

   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.


  Part 1: no, Part 2: yes, Part 3: 03/2001. Note that in this example, the location did not exist in the last month but did previously.

  Note: It is possible to answer “yes” to more than one location, e.g., a stand-alone unit and a van.

- **Unreasonable answers:** Part 1: yes, Part 2: yes, Part 3: 03/2001. In this example Part 3 should be “n/a” since the activity did not change throughout the fiscal year.

**TIP:**

“Stand alone facility” means a predominantly separate operationally and fiscally. Can be some overlap (sharing of personnel, intermingling of budget items), but this overlap should be minimal. See also the new requirement for defining the “facility” at the end of HIPPI-I (Q8).

**Recruitment**

**Questions (5- 6)**

- **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 question. 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.

The last two rows in both questions 5 ad 6 refer to “other”. There is also a 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.

**Tip:**

“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. **In the last month, which activities did you do with a major purpose of recruiting individuals to the intervention?**

How often did you do this recruitment in the most recent fiscal year?

...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.

Provide information or seek referrals at  
... medical offices or clinics  
... other HIV prevention service agencies  
... non-HIV related health/social service agencies  
... community groups  
... pharmacies  
... other (specify)

Other (specify)

6. **In the last month, did you conduct these recruitment activities specifically for . . .**

How often did you do this recruitment in the most recent fiscal year?
...Men?
...MSM?
...Women?
...Pregnant women?
...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?

TIP: The response categories overlap, to capture broad groupings as well as narrower divisions, according to how the program is targeted and available data. This applies to similar questions (such as questions 8, 11, and 14).

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, from a report done for a funder. 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.

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.


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.

Please try to classify all data sources into these categories. However if you encounter sources of data that don’t fit, do not try to make them fit. Instead, describe the data source you used with explanations describing its possible inaccuracies. We will improve this data classification system as we gain experience. The information you provide on the data sources you find is important to this process.

Services

Questions (7–14)

- **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 client characteristic, and data for the most recent fiscal year broken down by monthly detail. **Question 14 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. This is asked in Questions 8, 11 and 14. We ask how many of the total is in each category – by age, gender, behavior, or other characteristic. The categories overlap so the sum of the numbers in the categories should usually be greater than the total.

Part 2 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 client detail. The “fiscal year” was established in Question 2. This part of the question requires providing totals 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 counseling logs.

We anticipate that only some of the breakdown by client characteristics will be available in written form. The rest should be estimated if the respondent has a good idea.

The most important item for month by month detail is number of HIV+ individuals receiving test results (q 14).

7. What was the total number of pre-test counseling sessions you conducted in the last month?

For each month of the most recent fiscal year, what was the total number of pre-test counseling session you conducted? Provide detail by month in the spaces provided.

- **Format**: Number

- **Purpose**: Note: Pre-test counseling sessions is the number of sessions, not the number of individuals participating (see Q 8). This is important because it indicates how the program organizes a key element of its services, and thus may affect efficiency and quality.

- **Reasonable answers**: A number lower than the number of clients counseled (question8).

- **Unreasonable answers**: The answer should not be more than the number of clients counseled in that same month. See question 8.

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

Of these how many were... (Detailed breakdown of the last month by type of client)

...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)*
...General population?
...Other?
...Specify?

For each month of the most recent fiscal year, to how many individual clients did you provide pre-test counseling? Provide detail by month in the spaces provided.
9. What was the total number of HIV tests you administered in the last month?

For each month of the most recent fiscal year, what was the total number of HIV test you administered? Provide detail by month.

- **Format:** Number

- **Purpose:** This is a key output. It is in the middle of the VCT cascade from pre-test counseling, to testing, to post-test counseling. It also is a direct predictor of a key supply cost – HIV test kits.

- **Reasonable answers:** This number should be close to the number of people receiving HIV pre-test counseling, or slightly less.

- **Unreasonable answers:** Normally not more than the number of individuals getting pre-test counseling, or not less than the number of HIV tests positive or clients.
receiving results.

10. ...How many of these tests were positive in the last month?

For each month of the most recent fiscal year, how many of these tests were positive? Provide detail by month.

- **Format:** Number

- **Purpose:** This is a key indicator of the population reached – the level of HIV risk. Along with information on the number of HIV+ obtaining test results (below), it helps predict the effect of the intervention on the epidemic.

- **Reasonable answers:** Whole numbers, e.g., 40, 60, 200.

- **Unreasonable answers:** Normally not more than the number of individuals getting pre-test counseling, and certainly not more than the number of HIV test administered (q9).

11. How many of your clients received their HIV test results in the last month?

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)
...Other (specify)

For each month of the most recent fiscal year, how many clients received their HIV test results? Provide detail by month.

- **Format:** Number

- **Purpose:** This is a key indicator of the completion of the VCT sequence. It helps estimate efficiency and quality of service delivery, and also via client detail impact on the epidemic.

- **Unreasonable answers:** See question 8 above.

12. What was the total number of post-test counseling sessions you conducted in the last month?

For each month of the most recent fiscal year, what was the total number of post-test counseling session you conducted? Provide detail by month.
- Format: Number

- **Purpose**: This is important because it indicates how the program organizes a key element of its services, and thus may affect efficiency and quality.

- **Unreasonable answers**: The number of post-test-counseling sessions is usually not more than the number of HIV tests given or not more than the number of clients receiving results.

13. **ESSENTIAL**: To how many individual clients did you provide these post-test counseling sessions in the last month?

For each month of the most recent fiscal year, how many individual clients did you provide post-test counseling sessions too? Provide detail by month.

- **Format**: Number

- **Purpose**: This is a key indicator of the population reached – the level of HIV risk. Along with information on the number of HIV+ obtaining test results (below), it helps predict the effect of the intervention on the epidemic.

- **Unreasonable answers**: The number is usually not more than the number of post-test counseling session, number of HIV tests or number of clients receiving results.

14. **ESSENTIAL**: To how many HIV-positive clients did you provide these post-test counseling sessions in the last month?

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)
...Other (specify)

For each month of the most recent fiscal year, to how many HIV-positive clients did you provide post-test counseling? Provide detail by month.

- **Format**: Number

- **Purpose**: This is a key indicator of the population diagnosed with HIV, a key outcome of VCT. It indicates efficiency in achieving the full VCT, and helps predict the effect of the intervention on the epidemic.
- Unreasonable answers: The number is usually not more than the number of post-test counseling session, number of HIV tests or number of clients receiving results.

NOTE: THE TWO QUESTIONS ON POST TEST COUNSELING ARE THE MOST IMPORTANT VCT OUTPUTS. SPECIAL EFFORT SHOULD BE MADE TO TRACK THEM OVER TIME. OTHER INDICATORS ARE IMPORTANT TOO, BUT MAY BE TOO TIME-CONSUMING TO BE TRACKED OVER TIME.

15. [If month to month variation >= 20%]

I see that the number of HIV-positive clients (if unavailable, all clients) who received post-test counseling varied by month. The highest was [#] in [month], and the lowest was [#] in [month]. What factors do you think explains this variation? ...

(Specify whether the answer if for HIV positive clients or for all clients)
(Prompt, only if necessary)

[If month to month variation < 20%]

Many programs have a wide variation in their outputs. Please tell me what you think accounts for this stability, given all the factors that could affect your services.

- 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: 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.

A 20% change may be small from a cost perspective. However, finding HIV+ clients may be very important from ...
an effectiveness perspective. When in doubt, explain.

*Note: the answer field should not be labeled “Last month;” this is an error.*

16. 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.

- **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.

17. What percent of these condoms was purchased?

- **Format:** percent

- **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).

Tip:

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

Questions (18 - 23)

- **Format:** Text (yes/no) and date.

- **Purpose:** The purpose of each is discussed below.

These are 4-part questions.

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”.

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- J-13 -
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.

18. In the last month, how far away from here was the nearest place where clients went to have blood drawn?

- **Format:** Number (kilometers)
- **Purpose:** This provides an indication of the proximity of this service.
- **Reasonable answers:** 0.5, 2 (km)
- **Unreasonable answers:** 100 – seems too high

19. What was the name of the HV test kit you used most in the last month? (Brand name and manufacturer)

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

(If "no") What was the name of the test kit you used previously?

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

- **Format:** text, yes/no, text, mm/yyyy
- **Purpose:** This choice of test kit may affect costs and speed.
- **Reasonable answers:** Since no drop down menu is provided in the first part of this question, enter in the brand name of the HIV test or HIV test kit used in the last month. The test kit should have a name, e.g. Rapid One. If no name is given, then ask the respondent to tell you the name used most often to refer to that particular kind of test kit, this could be a brand name or local common name.
- **Unreasonable answers:** There is no name for the HIV test or HIV test kit, or the name is incorrect.

Tips

If the respondent does not know the name, then ask if there is someone else at the facility who might know the name, for example someone in the laboratory or someone who orders the kits.
Counseling Sessions: group size, supervision

20. In the last month, were pre-test counseling sessions one-on-one or group sessions?

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

- **Purpose:** This question serves two purposes. First, it confirms that the number of individuals getting pre-test counseling should be more than the number of pretest counseling sessions (questions asked earlier). More importantly, it indicates if the approach to pre-test counseling changed over time, which would have effects on the efficiency of serving each client (groups are typically cheaper) and on quality (smaller may be better).

- **Reasonable answers:** 1:1; Yes; N/A; N/A. Or, Group; No; 1:1; 07/2001.

- **Unreasonable answers:** 1:1; Yes; Group; N/A – The answer “Yes” to the second part should mean “n/a” in the third part.

- **TIP:** If both group and 1:1, note in comments.

21. In the last month, were post-test counseling sessions for HIV- one-on-one or group sessions?

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 post-test counseling was done in the last month, then this answer might be “one-on-one”.

When did you make this change?

- **Purpose:** Similar to question18.

- **Reasonable answers:** Similar to question18.

- **Unreasonable answers:** Similar to question18.

- **TIP:** If both group and 1:1, note in comments.

22. In the last month, were post-test counseling sessions for HIV+ one-on-one or group sessions?

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 post-test counseling was done in the last month, then this answer might be “one-on-one”.

When did you make this change?

- **Purpose**: Similar to question18.

- **Reasonable answers**: Similar to question18.

- **Unreasonable answers**: Similar to question18.

- **TIP**: If both group and 1:1, note in comments.

23. Did you use a written protocol for pre- and/or post-test counseling in the last month? (yes/no)

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 a protocol was used in the last month, then this answer might be “no protocol”.

When did you make this change?

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

- **Purpose**: This is a measure of VCT quality. This is can affect costs, and will be assessed as a predictor of efficiency in the econometric analyses. The purpose of the question is to capture changes in when a protocol was used or not, not changes within the type or version of a protocol.

A “protocol” is a formal document usually issued by an authoritative body such as a Ministry of Health or a multinational agency such as W.H.O. It is intended to help insure high quality and standardization of health services. It sets forth in detail exactly how a given service is to be provided. In the case of VCT counseling, it might specify such elements as the qualifications of the counselors; physical characteristics of the counseling facility; number of people in each session; length of the sessions; and the specific content of the counseling sessions.

- **Reasonable answers**: Yes; No; No; 06/2001.

**Tips:**

The term “use” is left this loose intentionally, because our efforts to more precisely define protocol use led to a set of questions that was too complicated for this questionnaire and also an invitation to exaggerate. If pressed, “use” means “base activities on” (also vague, could include referring to, training on, supervising on). If the respondent
offers specific credible detail on written protocol use, please record in comments.

24. ... (If "yes") Please show me your protocol. Which protocol is this--WHO, UNAIDS, other? (refers to answers in Question 19)

- **Format:** text
- **Purpose:** To identify what protocol the intervention is using. It is important to look at the protocol if possible and write down who was responsible for developing the protocol. This supports actual protocol use and provides some information on content of the protocol.
- **Reasonable answers:** WHO, UNAIDS, Ministry of Health

25. Do supervisors ever review the conduct or content of counseling sessions? (yes/no)

- **Format:** yes/no
- **Purpose:** Supervision is a quality measure. By reviewing, supervisors can assess and improve counseling quality. Review can be by observing the session and discussing it with the counselor; or by having the counselor report orally or in writing and discussing with the counselor.
- **Reasonable answers:** Yes or no.

**Tips:** "Supervisor" could be any supervisor -- whoever is charged with supervising VCT.

26. ... (If "yes") What percentage of sessions were reviewed in the last month?

- **Format:** Percent %
- **Purpose:** More supervision will generally lead to higher quality, and also increases the cost of services.
- **Reasonable answers:** Most likely 10%-50%; less than 2-5% and more than 75% seems questionably low or high.

**Counseling Sessions: length, location**

**For questions (27 – 29)**
27. What was the scheduled length of your pre-test counseling sessions in the last month? (minutes)

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

(If "no") What was the scheduled length of your sessions previously?

When did you make this change?

- **Format:** minutes

- **Purpose:** This and the next two questions ask how much time is allotted for counseling sessions. We want to know if there is a difference in the length of a post-test counseling session for an HIV+ and HIV- client. The scheduled length for a counseling session refers to the amount of time that a counselor sets aside for a session. Longer sessions are more expensive but probably improve quality. There is one limitation to this question – we don’t know if scheduled times accurately represent actual time used.

- **Reasonable answer:** 15 minutes; Yes; n/a; n/a. This portrays a reasonable time.

- **Unreasonable answer:** 90 minutes … seems longer than normal; needs verification.

28. What was the scheduled length of your post-test counseling sessions for HIV+ clients in the last month? (minutes)

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

(If "no") What was the scheduled length of your sessions previously?

When did you make this change?

- **Reasonable answer:** 45 minutes; No; 20; 12/2001. This portrays reasonable times, and a reasonable change in policy to shorter sessions.

- **Unreasonable answer:** 2 minutes … very short; needs verification.

29. What was the scheduled length of your post-test counseling sessions for your HIV- clients in the last month? (minutes)

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

(If "no") What was the scheduled length of your sessions previously?

When did you make this change?

- **Unreasonable answer:** 90 minutes. Normally, a post test counseling session is shorter for an HIV- client than an HIV+ positive client. See q27 for the comparison.
30. Where did you conduct your HIV+ post-test counseling sessions in the last month? ("yes" or "no" for each of the areas listed below)

...In an open room, audible to others.
...In a distant or curtained area of public space.
...In a private (closed-door) room with client and counselor only.
...Other. Please 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:** Drop down menu with yes/no, and text as mm/yyyy
- **Purpose:** This is a 3 part question.

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.

- **Reasonable answers:** Yes, No, 03/2001

  No, Yes, 03/2001. The site was dropped.

- **Unreasonable answers:** Part 1: yes, Part 2: yes, Part 3: 03/2001. In this example Part 3 should be “n/a” since the activity did not change throughout the fiscal year.

**Tips:** Feel free to specify other settings for delivering VCT and/or add comments.

**Timing of services: hours, wait time**

**Questions (31 - 34)**

- **Format:** Drop down menu, text and date in 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 used in predictors of efficiency of services.

These are 4 part questions.

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?

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.

31. How many hours per week did you offer VCT services in the last month?

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

(If "no") How many hours per week did you offer VCT services previously?

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

- Reasonable answers: 60 hours – seems high for weekly … make sure client wasn’t reporting monthly.

- Unreasonable answers: 20 hours per week; Yes, 10 hours per week, 05/2000. In this example Part 2 should be “no” since the activity changed throughout the fiscal year.

32. 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") When did you offer these services previously?

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

- Reasonable answers: The drop down menu allows gives you the choice of “both evenings and weekends, evenings only, weekends only, neither”

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.
Tip:

Weekends mean any part of either Saturday and/or Sunday. Evenings are the hours after normal business closes, usually after 5 pm.

33. In the last month, how long did clients wait in the facility before receiving pre-test counseling? (average minutes)

- **Format:** Minutes
- **Purpose:** This is an important measure of perceived quality – the clients’ experience. Shorter wait times are preferable. This may affect demand for VCT at this facility. This will be used in regression equations to predict output and efficiency.
- **Reasonable answers:** 1 hour, 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.

34. 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
- **Purpose:** This is 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 VCT. 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: test results**

For questions (35-36)

- **Format:** Drop down menu choice, yes/no, text, mm/yyyy
- Purpose: This question addresses the convenience of the blood draw required for VCT. It may affect perception of quality and hence demand for services. This will be used in regression equations to predict output and efficiency.

This is a 4 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?

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.

35. In the last month, on average, how long did it take for you to get the results of HIV tests you administered? (1. less than 1 day, 2. 1 - 3 days, 3. 3 days - week, 4. one week - one month, 5. > one month)

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

(If "no") How long did it take previously?

When did you make this change?

- Purpose: This question describes the speed of the process to get test results. It is a measure of facility operation that affects the speed of getting test results to clients (see next question), which affects perceived quality and hence potentially demand. This will be used in regression equations to predict output and efficiency.

- Reasonable answers: 3 days – week, no, less than 1 day, 09/2001 – this describes a faster process to get HIV test results today than previously.

- Unreasonable answers: less than 1 day, no, less than 1 day, 09/2001. The answer given for the last month should be different than for the situation previously.

36. In the last month, on average, how long did it take for your clients to receive the results of their tests? (1. less than 1 day, 2. 1 - 3 days, 3. 3 days - week, 4. one week - one month, 5. > one month)

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

(If "no") How long did it take previously?
When did you make this change?

- **Purpose**: This question describes the speed of the process to get test results to clients, which affects perceived quality and hence potentially demand. This will be used in regression equations to predict output and efficiency.

- **Reasonable answers**: The time should be equal to or greater than the time in question 36.

- **Unreasonable answers**: Any time less than the time in question 36.

Contacts and Reporting

**For questions (37 - 38) see format for question 4.**

**37.** What did you do to encourage clients to return for test results in the last month? (yes/no for each)

...Distribute coupons
...Phone non-returners
...Phone all clients
..Provide same-day results
...Visit non-returners
...Visit all clients
...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?

- **Purpose**: This question describes the quality and intensity of service. More ambitious follow-up may consume considerable resources, but may yield lower attrition and thus more efficient use of pre-test counseling and testing resources.

- **Reasonable answers**: Do something else I haven't already asked you about – yes, Specify: Display posters that give reasons why it is important to know your HIV status and that encourage clients to return for test results: No; 07/2001. This describes implementation of a poster approach in July 2001.

  Visit non-returners – yes; Visit all clients – no. This would represent a policy focused on those not returning.

- **Unreasonable answers**: "Phone all" wouldn't make sense in an environment where few clients have phones.

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

...Telephone partners
...Visit partners
...Encourage clients to notify their partners
...No measures taken
...Other (specify)

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

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

- **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**: See list.

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

**Fees**: posted

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

- **Format**: Drop down menu- Inclusive, separate, or n/a

- **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 VCT for that price – pre-test counseling, testing and post-test counseling. 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 question 0 only; if "separate", use all sections of question 0 except for "all services")

**Questions 40- 43**

These are 4 part questions.

Part 1 of the question asks you to give the amount or select an option 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? If you answered “yes” in part 2, you would enter “n/a” in part 3.
Part 4 of the question is asked if the respondent answered “no” in part 2, indicating that a change occurred during the fiscal year. It asks when did the change occur? If you answered “yes” in part 2, you would enter “n/a” in part 4.

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

…ALL SERVICES (pre-test counseling, HIV test, post-test counseling)?
…Pre-test counseling?
…An HIV test?
…Post-test counseling?

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, currency, yes/no, 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.

41. Among those who paid for VCT services in the last month, what was the average amount paid for . . .

(If "inclusive" was given as the answer to #0, use the "all services" section of this question only; if "separate", use all sections of this question except for "all services").

…ALL SERVICES (pre-test counseling, HIV test, post-test counseling) (if price is all-inclusive)?
…Pre-test counseling
…HIV Test?
…Post-test counseling?

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

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

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.

42. **What percentage of your clients received your VCT service for free in the last month?**

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 – outputs, and efficiency.

**TIP**

If any services are received for free, please describe which services and what % are received for free. E.g., “All services free,” or “All services free except HIV tests, which are free for 20% of clients”

42.5. **Did the counseling staff receive training on how to deliver VCT counseling?**

If "yes", how many hours did they receive, on average?

"If "yes", briefly describe the training."

(e.g., "observe senior counselor, complete check-list of 10 skills", or "1 week training at national AIDS program")

• **Format:** Yes/no, then numeric, then open-ended.

• **Purpose:** Receiving training specifically on a key intervention service may be a key predictor of quality of care.

• **Reasonable answers:** Yes; 40; week-long training at national institute.

• **Unreasonable answers:** Yes; n/a, n/a. If yes, need to complete other parts. Yes; 8; training. Too vague.

**Productivity and incentives**

43. **In the last month, how many patients were seen per day, per counselor 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 (counselors) on staff.

- **Reasonable answers:** Between 5 and 30 if counseled 1:1, higher if in groups.

- **Unreasonable answers:** If fewer than 5, the clinicians are certainly not busy, verify (and so note in the comments) if question understood. If more than 30, 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 question 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.
Tip: 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?

- **Purpose:** This set of questions assess incentives to staff. This information is potentially an important predictor of outputs, quality, and efficiency, to be used in econometric regressions.

Tip: 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?

- **Purpose:** This set of questions assess incentives to staff. This information is potentially an important predictor of outputs, quality, and efficiency, to be used in econometric regressions.

Tip: By “monitor” we mean some regular, systematic measure of following 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?

   ...Specify (text)

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

- **Purpose:** This set of questions assess incentives to staff. The prior questions asked which performance is measured. This and the next question ask about incentives – rewards and penalties. This information is potentially an important predictor of outputs, quality, and efficiency, to be used in econometric regressions.

Tip: 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?

- **Purpose:** This set of questions assess incentives to staff. Early questions asked which performance is measured. This and the previous question ask about incentives – rewards and penalties. This information is potentially an important predictor of outputs, quality, and efficiency, to be used in econometric regressions.
**Tip:** 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

- **Unreasonable answer:** Yes, 1, 4.Finances. Who the evaluators were was not noted. In the comments field, enter the name of the evaluator, e.g. FHI.

**Service and stock interruption**

Questions 51 - **Error! Reference source not found.** ask about interruptions to supplies and staff.

These 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 HIV test kits in the last month?**

...**How many total days were you out of test kits in the last month?**

During ALL of the most recent fiscal year . . .

- **Format:** number
52. "Vital supplies" are those without which service is disrupted. How many times did you run out of vital supplies other than test kits ...

How many total days were you out of other vital supplies ...

... in the last month?

During ALL of the most recent fiscal year . . .

- **Purpose:** This question assesses the frequency of shortages in all 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

**Tip:** Supplies other than test kits might include syringes, reagent, cotton, alcohol swabs, gloves or any other supplies necessary for conducting VCT services.

53. "Vital staff" are those whose absence disrupts service delivery. How many times were vital staff absent when scheduled to work ...

How many days were vital staff absent when scheduled to work ...

During 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
Tip: Vital staff are staff members who are essential to providing VCT services.

54. How many days were you unable to deliver your full set of services due to the absence of vital supplies or vital staff ... During the last year? 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 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.

Tip: This question is similar to the prior questions except it asks about any lack of inputs (supplies, staff). It is probably easier for the last month, since recall is thought to be quite hard for longer periods for this complicated situation.

**Similar Services in Community**

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

55. Please describe the area from which most of your clients came last month (mark on map). (Part 1)

Please also mark the general location of other organizations that provide VCT 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(s) clients who travel from afar come from to obtain VCT services at this program. It is used to interpret the following questions on other VCT 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.

Although we strongly prefer the use of maps, their use may not always be feasible. Collecting a descriptive account of the area with descriptions of distances and landmarks can be an acceptable alternative.

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

57. Please name up to three of these facilities.

(For each of the facilities) When did this facility begin providing VCT services? (If yes, write the date; if no, write code for missing/dk) It’s ok to estimate, within a few months.

58. Where the same facilities providing VCT services in this area for ALL of the most recent fiscal year?

59. If “no”, how many organizations provided VCT services in the most recent fiscal year, in addition to those already mentioned?

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

(For each of the facilities) When did this facility begin providing VCT services? When did this facility stop providing VCT services? If yes, write the date; if no, write code for missing/dk, and n/a if thought to be still providing services. It’s ok to estimate, within a few months.

Supply and demand

61. In the last month, did you have more clients than you could serve, even when you had no supply shortages and full staffing?

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:** yes/no, DK, N/A

- **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 4 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 #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.

63. How did the number of clients seeking VCT 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:
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 – see above
- **Purpose:** see above