**FORM FOR ASSESSING OBLAST CLINICAL HOSPITAL**

|  |  |
| --- | --- |
| Name of the interviewer |  |
| Code of the interviewer |  |
| Date of the interview |  |

1. **Basic information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name of the organization | | |  | | |
| Address |  | | | | |
| Person interviewed |  | | | | |
| Functions since | |  | | Type of ownership:  *(state/private/other)* |  |

1. **Range of Services Offered**

| **Service Provided** | **1. Provided?** | | **2. Referred elsewhere?** | | **3. Comments** |
| --- | --- | --- | --- | --- | --- |
| **Yes** | **No** | **Yes** | **No** |
| **1. Counseling on…** |  |  |  |  |  |
| 1.1. HIV/AIDS and STI | 1 | 2 | 1 | 2 |  |
| 1.2. other Reproductive Health | 1 | 2 | 1 | 2 |  |
| 1.3. contraception | 1 | 2 | 1 | 2 |  |
| 1.4. harm reduction | 1 | 2 | 1 | 2 |  |
| 1.5 family planning | 1 | 2 | 1 | 2 |  |
| 1.6. sexual education issues | 1 | 2 | 1 | 2 |  |
| 1.7. health promotion | 1 | 2 | 1 | 2 |  |
| 1.8. peculiarities of adolescence | 1 | 2 | 1 | 2 |  |
| 1.9. primary prevention | 1 | 2 | 1 | 2 |  |
| 1.10. Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 1 | 2 |  |
| **2. Testing** |  |  |  |  |  |
| 2.1. GC, CT | 1 | 2 | 1 | 2 |  |
| 2.2. syphilis | 1 | 2 | 1 | 2 |  |
| 2.3. HIV (express method) | 1 | 2 | 1 | 2 |  |
| 2.4. HIV (IFA method) | 1 | 2 | 1 | 2 |  |
| 2.5. pregnancy | 1 | 2 | 1 | 2 |  |
| 2.6. vaginal trichomonads | 1 | 2 | 1 | 2 |  |
| 2.7. micoureaplasmosis | 1 | 2 | 1 | 2 |  |
| 2.8. antibodies to herpes virus of type 1,2 | 1 | 2 | 1 | 2 |  |
| 2.9. viral hepatitis | 1 | 2 | 1 | 2 |  |
| 2.10. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 1 | 2 |  |
| **3. Treatment** |  |  |  |  |  |
| 3.1. STI (not without symptoms or etiology) | 1 | 2 | 1 | 2 |  |
| 3.2. HIV | 1 | 2 | 1 | 2 |  |
| 3.3. Substitution therapy | 1 | 2 | 1 | 2 |  |
| 3.4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 1 | 2 |  |
| **4. Other services** |  |  |  |  |  |
| 4.1. Condom distribution | 1 | 2 | 1 | 2 |  |
| 4.2. Syringe exchange | 1 | 2 | 1 | 2 |  |
| 4.3. Contraception | 1 | 2 | 1 | 2 |  |
| 4.4. Distribution of surgical dressings. | 1 | 2 | 1 | 2 |  |
| 4.5. Distributing of disinfectants. | 1 | 2 | 1 | 2 |  |
| 4.6. Abortion | 1 | 2 | 1 | 2 |  |
| 4.7. X-ray, fluorography | 1 | 2 | 1 | 2 |  |
| 4.8. MRI, CT | 1 | 2 | 1 | 2 |  |
| 4.9. Individual psychological counseling. | 1 | 2 | 1 | 2 |  |
| 4.10. Group psychological counseling. | 1 | 2 | 1 | 2 |  |
| 4.11. Legal aid | 1 | 2 | 1 | 2 |  |
| 4.12. Hotline | 1 | 2 | 1 | 2 |  |
| 4.13. Support groups | 1 | 2 | 1 | 2 |  |
| 4.14. Art-therapy | 1 | 2 | 1 | 2 |  |
| 4.15. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 1 | 2 |  |

1. **Client Volume and Range of Services provided:** Using facility record books collect 3 months worth of information and record a monthly average of the following

| **Services provided** | **Number of patients** | | **Number of young clients**  **(15-19 y.o.)** | |
| --- | --- | --- | --- | --- |
| Women | Women | Boys | Girls |
| **1. Counseling on…** |  |  |  |  |
| 1.1. HIV/AIDS and STI |  |  |  |  |
| 1.2. other Reproductive Health |  |  |  |  |
| 1.3. contraception |  |  |  |  |
| 1.4. harm reduction |  |  |  |  |
| 1.5 family planning |  |  |  |  |
| 1.6. sexual education issues |  |  |  |  |
| 1.7. health promotion |  |  |  |  |
| 1.8. peculiarities of adolescence |  |  |  |  |
| 1.9. primary prevention |  |  |  |  |
| 1.10. Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **2. Testing** |  |  |  |  |
| 2.1. GC, CT |  |  |  |  |
| 2.2. syphilis |  |  |  |  |
| 2.3. HIV (express method) |  |  |  |  |
| 2.4. HIV (IFA method) |  |  |  |  |
| 2.5. pregnancy |  |  |  |  |
| 2.6. vaginal trichomonads |  |  |  |  |
| 2.7. micoureaplasmosis |  |  |  |  |
| 2.8. antibodies to herpes virus of type 1,2 |  |  |  |  |
| 2.9. viral hepatitis |  |  |  |  |
| 2.10. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **3. Treatment** |  |  |  |  |
| 3.1. STI (not without symptoms or etiology) |  |  |  |  |
| 3.2. HIV |  |  |  |  |
| 3.3. Substitution therapy |  |  |  |  |
| 3.4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **4. Other services** |  |  |  |  |
| 4.1. Condom distribution |  |  |  |  |
| 4.2. Syringe exchange |  |  |  |  |
| 4.3. Contraception |  |  |  |  |
| 4.4. Distribution of surgical dressings. |  |  |  |  |
| 4.5. Distributing of disinfectants. |  |  |  |  |
| 4.6. Abortion |  |  |  |  |
| 4.7. X-ray, fluorography |  |  |  |  |
| 4.8. MRI, CT |  |  |  |  |
| 4.9. Individual psychological counseling. |  |  |  |  |
| 4.10. Group psychological counseling. |  |  |  |  |
| 4.11. Legal aid |  |  |  |  |
| 4.12. Hotline |  |  |  |  |
| 4.13. Support groups |  |  |  |  |
| 4.14. Art-therapy |  |  |  |  |
| 4.15. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. **Schedule of Available Services:** Write in hours for each day of the week that the following services are available

| **Services provided** | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Counseling on…** |  |  |  |  |  |  |  |
| 1.1. HIV/AIDS and STI |  |  |  |  |  |  |  |
| 1.2. other Reproductive Health |  |  |  |  |  |  |  |
| 1.3. contraception |  |  |  |  |  |  |  |
| 1.4. harm reduction |  |  |  |  |  |  |  |
| 1.5 family planning |  |  |  |  |  |  |  |
| 1.6. sexual education issues |  |  |  |  |  |  |  |
| 1.7. health promotion |  |  |  |  |  |  |  |
| 1.8. peculiarities of adolescence |  |  |  |  |  |  |  |
| 1.9. primary prevention |  |  |  |  |  |  |  |
| 1.10. Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
| **2. Testing** |  |  |  |  |  |  |  |
| 2.1. GC, CT |  |  |  |  |  |  |  |
| 2.2. syphilis |  |  |  |  |  |  |  |
| 2.3. HIV (express method) |  |  |  |  |  |  |  |
| 2.4. HIV (IFA method) |  |  |  |  |  |  |  |
| 2.5. pregnancy |  |  |  |  |  |  |  |
| 2.6. vaginal trichomonads |  |  |  |  |  |  |  |
| 2.7. micoureaplasmosis |  |  |  |  |  |  |  |
| 2.8. antibodies to herpes virus of type 1,2 |  |  |  |  |  |  |  |
| 2.9. viral hepatitis |  |  |  |  |  |  |  |
| 2.10. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
| **3. Treatment** |  |  |  |  |  |  |  |
| 3.1. STI (not without symptoms or etiology) |  |  |  |  |  |  |  |
| 3.2. HIV |  |  |  |  |  |  |  |
| 3.3. Substitution therapy |  |  |  |  |  |  |  |
| 3.4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
| **4. Other services** |  |  |  |  |  |  |  |
| 4.1. Condom distribution |  |  |  |  |  |  |  |
| 4.2. Syringe exchange |  |  |  |  |  |  |  |
| 4.3. Contraception |  |  |  |  |  |  |  |
| 4.4. Distribution of surgical dressings. |  |  |  |  |  |  |  |
| 4.5. Distributing of disinfectants. |  |  |  |  |  |  |  |
| 4.6. Abortion |  |  |  |  |  |  |  |
| 4.7. X-ray, fluorography |  |  |  |  |  |  |  |
| 4.8. MRI, CT |  |  |  |  |  |  |  |
| 4.9. Individual psychological counseling. |  |  |  |  |  |  |  |
| 4.10. Group psychological counseling. |  |  |  |  |  |  |  |
| 4.11. Legal aid |  |  |  |  |  |  |  |
| 4.12. Hotline |  |  |  |  |  |  |  |
| 4.13. Support groups |  |  |  |  |  |  |  |
| 4.14. Art-therapy |  |  |  |  |  |  |  |
| 4.15. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |

1. **Cost of Available Services**

| **Service provided** | **Is there fee for the service?** | | **Comments** |
| --- | --- | --- | --- |
| **Yes** | **No** |
| **1. Counseling on…** |  |  |  |
| 1.1. HIV/AIDS and STI | 1 | 2 |  |
| 1.2. other Reproductive Health | 1 | 2 |  |
| 1.3. contraception | 1 | 2 |  |
| 1.4. harm reduction | 1 | 2 |  |
| 1.5 family planning | 1 | 2 |  |
| 1.6. sexual education issues | 1 | 2 |  |
| 1.7. health promotion | 1 | 2 |  |
| 1.8. peculiarities of adolescence | 1 | 2 |  |
| 1.9. primary prevention | 1 | 2 |  |
| 1.10. Other\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 |  |
| **2. Testing** |  |  |  |
| 2.1. GC, CT | 1 | 2 |  |
| 2.2. syphilis | 1 | 2 |  |
| 2.3. HIV (express method) | 1 | 2 |  |
| 2.4. HIV (IFA method) | 1 | 2 |  |
| 2.5. pregnancy | 1 | 2 |  |
| 2.6. vaginal trichomonads | 1 | 2 |  |
| 2.7. micoureaplasmosis | 1 | 2 |  |
| 2.8. antibodies to herpes virus of type 1,2 | 1 | 2 |  |
| 2.9. viral hepatitis | 1 | 2 |  |
| 2.10. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 |  |
| **3. Treatment** |  |  |  |
| 3.1. STI (not without symptoms or etiology) | 1 | 2 |  |
| 3.2. HIV | 1 | 2 |  |
| 3.3. Substitution therapy |  |  |  |
| 3.4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 |  |
| **4. Other services** |  |  |  |
| 4.1. Condom distribution | 1 | 2 |  |
| 4.2. Syringe exchange | 1 | 2 |  |
| 4.3. Contraception | 1 | 2 |  |
| 4.4. Distribution of surgical dressings. | 1 | 2 |  |
| 4.5. Distributing of disinfectants. | 1 | 2 |  |
| 4.6. Abortion | 1 | 2 |  |
| 4.7. X-ray, fluorography | 1 | 2 |  |
| 4.8. MRI, CT | 1 | 2 |  |
| 4.9. Individual psychological counseling. | 1 | 2 |  |
| 4.10. Group psychological counseling. |  |  |  |
| 4.11. Legal aid | 1 | 2 |  |
| 4.12. Hotline | 1 | 2 |  |
| 4.13. Support groups | 1 | 2 |  |
| 4.14. Art-therapy | 1 | 2 |  |
| 4.15. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 |  |

1. **Personnel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position** | | **1. Is there in the staff schedule?** | | **2. No of staff** | **Comments** |
| **Yes** | **No** |  |
| 1 | Director | 1 | 2 |  |  |
| 2 | Vice director | 1 | 2 |  |  |
| 3 | Leading specialist | 1 | 2 |  |  |
| 4 | Accountant | 1 | 2 |  |  |
| 5 | Senior specialist | 1 | 2 |  |  |
| 6 | Lawyer | 1 | 2 |  |  |
| 7 | Psychologist | 1 | 2 |  |  |
| 8 | Social teacher | 1 | 2 |  |  |
| 9 | Social worker | 1 | 2 |  |  |
| 10 | Pediatrician | 1 | 2 |  |  |
| 11 | Narcologist | 1 | 2 |  |  |
| 12 | Gynecologist | 1 | 2 |  |  |
| 13 | Infectious diseases doctor | 1 | 2 |  |  |
| 14 | Tuberculotherapist | 1 | 2 |  |  |
| 15 | Neurologist | 1 | 2 |  |  |
| 16 | Nurse | 1 | 2 |  |  |
| 17 | Pharmacist | 1 | 2 |  |  |
| 18 | Coach peer | 1 | 2 |  |  |
| 19 | An outreach worker | 1 | 2 |  |  |
| 20 | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**Questions about HIV treatment**

**7. General number of clients**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Number of registered patients |  | 1.1  Men |  | 1.2  Women |  | 1.3  Youth (14–18) |  |
| 2. Number of patients of ARV therapy |  | 2.1  Men |  | 2.2  Women |  | 2.3  Youth (14–18) |  |

**8. Medications**

| **Medicine** | **Is is available?** | | **Comments** |
| --- | --- | --- | --- |
| **Yes** | **No** |  |
| **Medicine for HIV treatment:** | | | |
| 1. First line ART | 1 | 2 | Please, list: |
| 1. Second line ART | 1 | 2 | Please, list: |
| 1. How many patients are receiving medicine (patient / month) | 1 | 2 |  |
| 1. Was there any shortage of drugs in the past? | 1 | 2 | If yes, how often in the past month? |
| 1. What is the period of time the patient is provided with ART? (week/two weeks/month) | 1 | 2 |  |
| 1. Доступна ли постконтактная профилактика? | 1 | 2 |  |
| 1. Is there a protocol for the use of post-exposure prophylaxis? | 1 | 2 |  |
| **Prevention of opportunistic infections** | | | |
| **Is this medicine available for the opportunistic infections prevention?** |  |  |  |
| 1. Trimethoprim / sulfamethoxazole (pneumococcal pneumonia) | 1 | 2 |  |
| 1. Fluconazole (from yeast infection) | 1 | 2 |  |
| 1. Azithromycin (from Mycobacterium of MAI group) | 1 | 2 |  |
| 1. Valacyclovir | 1 | 2 |  |
| 1. Other (specify) | 1 | 2 |  |
| **Is this medicine available for STI treatment?** |  |  |  |
| 1. Cefixime | 1 | 2 |  |
| 1. Azithromycin | 1 | 2 |  |
| 1. Penicillin | 1 | 2 |  |
| 1. Doxycyline | 1 | 2 |  |
| 1. Valacyclovir | 1 | 2 |  |
| 1. Metronidazole / tinidazole | 1 | 2 |  |
| 1. Fluconazole | 1 | 2 |  |
| 1. Other (specify) | 1 | 2 |  |

**9. Diacrisis**

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** | **Is the service available?** | | **Comments** |
| **Yes** | **No** |
| 1. CD4 test | 1 | 2 |  |
| 1. Viral load test | 1 | 2 |  |
| 1. The tuberculin skin test | 1 | 2 |  |
| 1. Sputum analysis | 1 | 2 |  |
| 1. Uranalysis /creatinine | 1 | 2 |  |
| 1. AST / ALT | 1 | 2 |  |
| 1. General blood count | 1 | 2 |  |

**10. Cost of diagnostics**

|  |  |  |  |
| --- | --- | --- | --- |
| **Test** | **Is there service fee?** | | **Comments** |
| **Yes** | **No** |  |
| 1. CD4 test | 1 | 2 |  |
| 1. Viral load test | 1 | 2 |  |
| 1. The tuberculin skin test | 1 | 2 |  |
| 1. Sputum analysis | 1 | 2 |  |
| 1. Uranalysis /creatinine | 1 | 2 |  |
| 6. AST / ALT | 1 | 2 |  |
| 7. General blood count | 1 | 2 |  |

**ADDITIONAL INFORMATION:**

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

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