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**HIV PREVENTION IN RURAL ECONOMIC ENCLAVES
A Health Workers Baseline Survey**

by
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&
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A report by NRI in collaboration with the NDoH/ADB HIV Prevention in Rural Economic Enclaves Project, Barrick Kainantu Limited, Higaturu Oil Palm, Oil Search Limited, Ramu Agri-Industries, WR Carpenters, and selected rural health facilities.



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ACRONYMS

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
APO	Aid Post Orderly
ART	Antiretroviral Therapy
AusAID	Australian Agency for International Development
BKL	Barrick Kainantu Limited
CBSC	Capacity Building Service Centre
CD4	Cluster of Differentiation 4
CEO	Chief Executive Officer
CHW	Community Health Worker
DOT	Directly Observed Therapy
DVD	Digital Video Disk
EO	Economic Operator
EPI	Extended Program of Immunization
FHI	Family Health International
FHS	Family Health Services
FP	Family Planning
HBG	Hemoglobin
HEO	Health Extension Officer
HIV	Human Immunodeficiency Virus
HOP	Higaturu Oil Palm
HOPL	Higaturu Oil Palm Limited
HW	Health Worker
IEC	Information, Education and Communication
IV	Intravenous
NA	Nurse Aid
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NDoH	National Department of Health
NGO	Non-Government Organization
NRI	National Research Institute
OI	Opportunistic Infections
OPD	Out Patient Department
OSL	Oil Search Limited
PAC	Provincial AIDS Committee
PHC	Provincial Health Centre
PEP	Post Exposure Prophylaxis
PHO	Provincial Health Officers
PLHIV	People/Person Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PNG	Papua New Guinea
RAI	Ramu Agri Industries
RDT	Rapid Test
RN	Registered Nurse
STI	Sexually Transmitted Infections
SHC	Sub-Health Centre
TB	Tuberculosis
TL	Tingim Laip
TV	Television
VCT	Voluntary HIV Counseling and Testing
WHO	World Health Organization
WRC	WR Carpenters

HIGHLIGHTS OF THE FINDINGS

Introduction

The National Department of Health (NDoH) works with the Asian Development Bank (ADB) and the private sector in the HIV Prevention in Rural Economic Enclaves Project to improve primary health care and the response to the HIV epidemic in PNG. Infrastructure strengthening and support to improve provincial, district and church-run primary health care is being tracked through a variety of monitoring tools to capture target performance indicators of the Rural Enclave Project. This report gives the results of a monitoring survey completed across five enclave sites from May 7th to August 17th 2008, and is a baseline for monitoring and evaluating issues that impact on the delivery of primary health care, the effectiveness of the health workers support system, and the response to HIV in rural Papua New Guinea.

The focus of data collection was with health workers in health facilities that are in geographic proximity to rural economic enclaves. An enclave is a geographical area where people are drawn to for reasons of economic or social need. These facilities are either managed by various Churches, by the Provincial and District Health Offices, or by enclave companies themselves.

There were 141 self administered surveys collected from health workers for this baseline survey. The project had the support of five companies: Barrick Kainantu Limited (38 health workers surveyed), Higaturu Oil Palm (23), Oil Search Limited (35), Ramu Agri-Industries (19), and WR Carpenters (26).

The self administered surveys were distributed by community health workers from the private sector companies to all participating health facilities and these were collected back in envelopes. All surveys were forwarded to the National Research Institute and the data was entered, analyzed and is presented in this report.

This section on the highlights of the findings provides some overall results. However throughout the report the data have been disaggregated into enclave areas and the associated companies involved, as well as overall totals. This allows participating health workers to monitor the facilities in particular areas and measure the efforts and progress of different companies.

These findings are integral for those participating in the research as a baseline to monitor change over time in the delivery of rural primary health care and the response to HIV in particular rural areas. However the data also highlights the challenges faced by rural health facilities in general, particularly with accessing drugs and other supplies and with decreasing the potential for stigma towards PLHIV and other vulnerable groups.

The Rural Enclave Project provides support to improve infrastructure, resources and skills in rural enclave areas. This data collection was in 2008 after the project had started, therefore the data also indicates some early success in improving the delivery of primary health care in these areas. This is evident in responses to some 'before and after the project began' questions. The success of this kind of public and private partnership in response to the HIV epidemic will become better understood when monitoring surveys are repeated to compare with these baseline findings.

Education and training

Just over half of all health workers completed high school (Grade 10) or secondary school (Grade 12). The rest completed studies at a tertiary health college. At the time of data collection in 2008, half of the health facility staff had been educated more than 20 years ago. This can indicate the need for updating knowledge, skills and services provided, particularly if the health worker had been working in isolation with a lack of support, training and updated information.

Close to a third of health workers surveyed had attended training on STI Syndromic Management. This was the most common training that health staff had received in the previous year. Over a fifth had been trained on the Introduction to HIV, and close to a fifth on VCT and the extended program on immunization. Other courses that were undertaken by a much smaller number of health staff were on Anti-Retroviral Therapy (ART) and Preventing Mother-to Child-Transmission (PMTCT).

Infrastructure, staffing and support

Most (91.2%) health workers reported that their health facilities required maintenance prior to the project commencing. At the time of the baseline study they reported an increased need for maintenance, perhaps resulting from the growing demand for infrastructural improvements. Just over a tenth of health workers' houses had had maintenance in the past year; however most (94.1%) said they still required some maintenance.

The study found that there was a great need for improved access to electricity, privacy for patient consultations and treatment, sanitation, and water supplies to decrease the spread of disease generally. Over half of all facilities reported not having private rooms for counseling, private conversations or giving treatment to their patients.

Close to three quarters of health workers reported that the facility lacked adequate numbers of staff. A majority of health workers reported that staff came to work as scheduled, but more than a quarter reported that staff did not always work as scheduled. The length of time staff stayed away varied from being late on a particular day, to being absent for a day or a week; to staff being absent over a month to over three months.

Over three quarters of health workers reported that staff did not receive enough supervision and just over half reported that they had team meetings at their facilities. Prior to the project, close to half of the health workers reported receiving a supervisory support visit only once a year; however at the time of the baseline, over half of the health workers reported that their last supervisory visit had been within the last month.

Facilities

Nearly all health workers reported having their doors open to patients during scheduled hours however over the past year, health workers also reported the closure of their facility or part of their facility, due to a shortage of medicine, staffing issues, water problems, criminal activities or tribal fighting.

The approximate number of patients reported to be served in facilities ranged from less than 100 to over 1000 per month. Around half of health staff reported that usually less than 50 antenatal mothers were served in a month.

While the survey tracked a baseline, it also asked some retrospective questions to gauge change since the project had begun. There was a distinct change in the number of health workers reporting that their facilities were accredited to provide ART, VCT and HIV testing after the implementation of the Rural Enclave Project. Close to half of the health workers reported that their facility was accredited to provide ART prior to the Rural Enclave Project, but this increased to two-thirds at the time of the survey. Providing VCT increased by ten percent since the project had begun. Over three quarters of health staff reported that they provided HIV testing and there had been an increase (16.6%) since the implementation of the Rural Enclave Project. These increases were experienced by health workers affiliated across all enclave sites. This indicates a positive change with increased services to increase prevention, through testing and knowing one's status; and for access to treatment for those living with HIV.

HIV and STI services

Most health workers reported that they thought people living with HIV were neglected in their surrounding community. Nearly two-thirds (66.7%) of health workers said that they would give direct referrals, while some others said they would provide counseling and then refer (9.9%) or give basic treatment (7.8%). Significantly less health workers said that they would be involved more directly to provide services to PLHIV, by giving basic treatment, or other services, such as: weekly reviews of ART, VCT, health education, basic health care or needs based treatments. It is important to note that most of the missing data in the survey was found in the area of referrals for people living with HIV. This could indicate an uncertainty and lack of knowledge about HIV referrals, or just a lack of response in this section.

Overall, over a third of health workers reported feeling safe from HIV. Over three quarters reported that they would not do resuscitation on babies born to HIV positive mothers. Close to two thirds of health workers thought that women living with HIV should not have babies.

Health workers reported treating 102 patients (42M, 60F) after they had been sexually assaulted. It is important to highlight that while most sexual assault was reported by women at health facilities, there was also a considerable incidence of sexual assault against men in particular areas. More health staff gave victims of sexual assault treatment for sexually transmitted infections (STI), and referred victims for counseling (41.5%) and medical review (40.4%). Very few health workers (6.5%) referred victims of sexual assault for post exposure prophylaxis (PEP). At the time of the survey, nearly all (92.2%) health workers interviewed reported that the facility they worked in did not have a month's supply of PEP to treat at least five people. Increasing access to PEP to reduce the potential for HIV infection after sexual assault is vital to reduce HIV transmission, and this is an important area for focus, as well as access to other STI drugs and supplies.

Drugs and supplies

A large majority (81.2%) of health staff reported that their facilities had run out of supplies over the past year. When asked about the type of medicine and materials they had run out of, over a third of the health staff reported that their facilities had run out of drugs, such as: malarial tablets, STI drugs, painkillers, Tuberculosis drugs for the TB Dot Program and emergency medicine such as adrenaline. Five percent reported that they had run out of HIV RDT Test kits and ten percent had run out of male or female condoms. Over ten percent reported not having disinfectant. Only nearly a third (30.0%) of health facilities surveyed had stock to carry out rapid HIV testing at the time of the baseline collection.

At the time of the survey, the majority (77.9%) of the health workers reported that their facilities had not received last month's supply of drugs on time. At the time of survey, close to three quarters of the facilities were out of STI drugs. The majority of staff across all facilities at the time of survey did not have a sufficient amount of drugs to treat ten people with Azithromycin. Inadequate supplies at the medical store were said to be caused by a delay in transportation, a lack of funds, an increase in patients, stealing, misuse of drugs, and a lack of proper management.

Over three quarters said that condoms were given out to people who were on STI treatment while over a fifth said that they did not give condoms to STI patients. There was a greater shortage of female condoms than male condoms reported by health staff over the past year. Over half of the health workers surveyed experienced a shortage of lubricants at their facility over the past year. Over half of the health workers sampled reported that they did not always have adequate supplies of forms.

Close to three quarters of health workers reported feeling frustrated in their work. Being overloaded with work was identified as the issue that created most frustration, other factors included lack of human resources, equipment, and medical supplies. At the time of the survey, over half of health workers felt that they were supported in their work but close to two thirds reported that they were not satisfied with their working conditions at the time of the baseline survey.

INTRODUCTION

The HIV Prevention and Control in Rural Development Enclaves Project is based on the concept of public private partnerships for health. The partnership for this project is between both the National and Provincial Departments of Health and a number of private companies, referred to as Enclave Operators or Enclave Companies. Funding is provided by the Government of PNG, AusAID, NZAID, and the Asian Development Bank (ADB). In order to meet the project goal of contributing to the reduction of HIV in rural areas, a functional primary health care system is a pre-requisite. The project with the Provincial Health Offices and Enclave Operators has undertaken to rehabilitate health facilities in rural areas surrounding the companies and including their area of impact.

An enclave is a geographical area where people are drawn to for reasons of economic or social need. Health facilities in this project include those managed by various Churches, those managed by the Provincial and District Health Offices, as well as those managed by the Enclave Companies as private or public clinics. This survey has not differentiated between the various types of health facilities as the researchers were motivated to assure the respondents of confidentiality. Those interviewed were sourced from different health facilities in the enclave area, and included Registered Nurses, Nurse Aids, Health Extension Officers, Aid Post Orderlies and Community Health Workers. Throughout the report, it is important that the reader understands that the health facilities referred to are mostly not managed by the Enclave Operator, but rather are those facilities in the geographical area of the Enclave and include the Government and Church managed health facilities.

In the HIV Prevention in Rural Economic Enclaves Project, the National Department of Health works with the Asian Development Bank (ADB) and the private sector to improve primary health care and the response to the HIV epidemic in PNG. Infrastructure strengthening and support to improve provincial, district and church run primary health care is being tracked through a variety of monitoring tools to capture target performance indicators of the Rural Enclave Project. This report gives the results of a survey completed across five enclave sites from May 7th to August 17th 2008, and is a baseline for monitoring and evaluating issues that impact on the delivery of primary health care, the health workers support system, and the response to HIV in rural Papua New Guinea.

This English self-administered survey was conducted across five Rural Economic Enclave Project areas, and completed by 141 health workers from selected participating health facilities working with five economic operators: Barrick Kainantu Limited; Higaturu Oil Palm; Oil Search Limited; Ramu Agri-Industries; and WR Carpenters.¹ The tool design and piloting was done by Oil Search Limited with the support of the National Research Institute and the HIV in Rural Enclaves Project, and five economic operators supported the distribution and collection of the survey during supervisory visits at clinics. The management of data, analysis and writing was supported by the National Research Institute.

This survey creates a baseline to understand how health workers are supported in their work and how they feel about the support they receive. The information can be used to understand the situation of health workers in the provision of health services at the time of collection. Data is given in relation to: training, infrastructure of housing and facilities; supervision, support and working conditions; equipment, drugs and supplies; testing and laboratory services; data recording; referral services for PLHIV, STI treatment, and approaches with more vulnerable populations. An aim of the HIV Prevention in Rural Enclave Project and the Economic Operators is to improve the infrastructure, training, supervisory and other support that health workers receive to deliver primary health care services, and to more effectively respond to the HIV epidemic.

¹ Surveys and methods (instructions) were provided to Porgera Joint Venture (PJV) for distribution to health facilities; however no completed surveys were returned to NRI for data entry and analysis.

METHODOLOGY

The survey was given to health workers by employees of the Economic Operator during supervisory visits to a range of health facilities. Those health workers available and consenting during the day of the visit completed the survey and then put it into a sealed envelope and either returned it that day or kept it and gave it during the next supervisory visit. The name of the health worker and health facility were not written on the survey.

Health workers were told that their information would be kept confidential and they would not be identified, and that they could refuse to do the survey or that they could stop completing the survey at any time. Health workers were told that the potential benefits of the surveys would be focused to improve the infrastructure in the places where they worked, health care provision, and the rural response to HIV. The information provided was kept confidential and was locked at the NRI after surveys were returned and data entered, verified and analyzed.

The limitation of the method was the inability to control missing data when self administered by health workers and of the understanding of the Economic Operators (EO) to maintain the method from written instructions. Missing data is identified in the results section. There have been many lessons learnt with this survey and a review of survey questions before repeating data collection will improve available and trend data for monitoring improvements over time.

PILOT

An English survey was piloted in April 2008 in the OSL area with 11 staff members, at five facilities in Kaipu, Tigiri, Pimaga, Inu and Moro. There were three registered nurses (RN), three Health Extension Officers (HEO), one Nurse Aid, three Community health workers (CHW) and one Aid Post Orderly (APO) who were given the survey to complete in a private place, and an envelope to return it in. There was a variety of educational backgrounds. These ranged with three at higher levels of education: one had a Diploma in Health Science, another had tertiary education, and one had CHW college training. But most (5) had Grade 10 education, one completed Grade 8, and another completed Grade 6. No educational background for the APO.

The average time of completion ranged from 17 minutes to two hours and 30 minutes with an average time of completion around 55 minutes. However, the great majority (7/11 or 64%) completed the survey in less than one hour; and overall health staff completed the survey in an average of 38 minutes. Two people said that it was too long; these were also the people that took the longest to complete (a RN and a CHW). However, most (8/11) said that it was not too long. All health workers including Aid Post Orderlies were given the survey in English to self administer, with an envelope to return it in.

Based on analysis of the pilot survey answers and comments received, the introduction was shortened and some revisions were made to the survey questions. Consent was added as a numbered question instead of as part of the introduction, to ensure that participants agreed and answered to give their consent. Some of the format was changed to be more linear and some words broken down and described. Many acronyms were removed that identified types of training, as many health workers did not understand them and they created confusion.

It was identified that it would be important to track some areas that have occurred since the project began. This was done by adding some 'prior to the project' types of questions to capture what has been done prior to this baseline, such as the frequency of supervisory visits, equipment, and renovations. The durations of time which people could also be absent from work when scheduled was inserted. The specific name of each Enclave Operator was inserted on the copy of the survey given to each Enclave to create more clarity of the area and support mechanisms for those being interviewed and to allow for the disaggregation of data by the EO who was supporting those facilities.

OVERALL FINDINGS

The findings are presented to allow for an understanding of the overall baseline totals across all enclaves and a baseline percentage for each individual economic operator and affiliated health facilities. Because of the number of sites and the need for clarity by site, totals by site and overall were best to illustrate baseline numbers and percentages.

Overview of sample

There were 141 surveys collected from health workers participating from five economic enclave areas, including Barrick Kainantu Limited (38), Higaturu Oil Palm (23), Oil Search Limited (35), Ramu Agri-Industries (19), and WR Carpenters (26).

Table 1: Distribution of surveys across enclave supported facilities

Enclave	Number of surveys	% of Total
Barrick Kainantu Ltd (BKL)	38	27.0%
Higaturu Oil Palm (HOP)	23	16.3%
Oil Search Ltd (OSL)	35	24.8%
Ramu Agri-Industries (RAI)	19	13.5%
WR Carpenters Ltd (WRC)	26	18.4%
Total	141	100.0%

Overall, surveys were distributed to health workers across different types of health facilities with concentrations of responses coming from hospitals (10.8%;15HW); clinics (10.8%;15HW) clinics in hospitals (2.2%;3HW); urban clinics (.7%;1HW); district health centres (29.5%;41HW); sub-health centres (28.8%; 40HW); aid posts (16.5%; 23HW); and aid post as part of sub-health centres (.7%;1HW) and 2 had missing data. Only ten of these facilities had VCT centres, these were in a clinic in a hospital (2); a hospital (1); a clinic (3); a sub-health centre (3); and an aid post (1).

Table 2: Types of facilities by enclave site and overall

Facility type	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Hospital	11	28.9%	0	0.0%	3	8.8%	1	5.3%	4	15.4%	19	13.6%
Clinic	8	21.1%	5	21.7%	1	2.9%	0	0.0%	1	3.8%	15	10.7%
Urban clinic	1	2.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
District health centre	1	2.6%	16	69.6%	5	14.7%	10	52.6%	9	34.6%	41	29.3%
Sub-health centre	11	28.9%	2	8.7%	22	64.7%	3	15.8%	3	11.5%	41	29.3%
Aid post	6	15.8%	0	0.0%	3	8.8%	5	26.3%	9	34.6%	23	16.4%
Total	38	100.0%	23	100.0%	34	100.0%	19	100.0%	26	100.0%	140	100.0%

*Missing = OSL (1)

Health workers surveyed were distributed across a range of work types or positions, including: mostly Community Health Workers (CHW) (59.6%) and Registered Nurse (RN) (24.1%); with some other Nurse Aids (NA) (8.5%); Health Extension Officers (HEO) (5.0%); and Aid Post Orderlies (APO) (2.8%).

Table 3: Distribution of work type at selected clinics by enclave site and overall

Type of work at clinics	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
HEO	3	7.9%	0	0.0%	2	5.7%	1	5.3%	1	3.8%	7	5.0%
RN	6	15.8%	6	26.1%	10	28.6%	5	26.3%	7	26.9%	34	24.1%
NA	5	13.2%	0	0.0%	4	11.5%	2	10.5%	1	3.8%	12	8.5%
CHW	23	60.5%	17	73.9%	18	51.4%	11	57.9%	15	57.7%	84	59.6%
APO	1	2.6%	0	0.0%	1	2.9%	0	0.0%	2	7.7%	4	2.8%
Total	38	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	141	100.0%

There were more Community Health Workers (CHW) and registered nurses (RN) sampled from across the different types of work, and more female (60.3%) than male health workers (39.7%) who participated in the survey. There is wide variation in the distribution of male and female health workers between the five economic enclave sites who were interviewed.

Table 4: Gender of health workers by enclave site and overall

Gender of health workers	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Male	16	42.1%	8	34.8%	10	28.6%	12	63.2%	10	38.5%	56	39.7%
Female	22	57.9%	15	65.2%	25	71.4%	7	36.8%	16	61.5%	85	60.3%
Total	38	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	141	100.0%

Education and training

Over half (52.5%) of all health workers interviewed had completed high school (Grade 10) and (3.5%) had completed secondary school (Grade 12). The rest (44.0%) had gone to a tertiary health college.

Table 5: Level of education by enclave site and overall

Educational Level	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Grade 10	27	71.1%	12	52.2%	15	42.9%	10	52.6%	10	38.5%	74	52.5%
Grade 12	1	2.6%	2	8.7%	2	5.7%	0	0.0%	0	0.0%	5	3.5%
Tertiary	10	26.3%	9	39.1%	18	51.4%	9	47.4%	16	61.5%	62	44.0%
Total	38	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	141	100.0%

At the time of collection in 2008, a quarter of health staff had completed their education in the last eight years and another quarter had completed their education from between ten to 18 years before. The other half had been educated more than 20 years before, with close to a quarter educated from between 20 to 28 years.

Table 6: Years of education completed by enclave site and overall

Years of education	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
1960-1969	1	2.6%	3	13.0%	0	0.0%	0	0.0%	2	8.3%	6	4.3%
1970-1979	6	15.8%	3	13.0%	10	28.6%	5	26.3%	3	12.5%	27	19.4%
1980-1989	12	31.6%	10	43.5%	6	17.1%	4	21.1%	5	20.8%	37	26.6%
1990-1999	12	31.6%	4	17.4%	8	22.9%	4	21.1%	7	29.2%	35	25.2%
2000-2008	7	18.4%	3	13.0%	11	31.4%	6	31.6%	7	29.2%	34	24.5%
Total	38	100.0%	23	100.0%	35	100.0%	19	100.0%	24	100.0%	139	100.0%

*Missing = WRC (2)

The last quarter, had completed their education from between 30 to over 40 years ago. Certainly this could be impacting on knowledge, skills and services provided, particularly if health workers had been working more in isolation with a lack of support and training.

The different types of courses or training that health staff had received in the past year varied and health workers gave multiple responses. Training on STI Syndromic Management was the most common, and close to a third (30.1%) reported being trained in the past year; HIV Introduction Training (22.8%), VCT (18.7%) and the extended program on immunization (17.5%) were the courses more commonly taken.

Other courses less received by most health workers were those that focused on: Anti-Retroviral Therapy (3.7%) and Preventing Mother to Child Transmission (7.3%). Health workers in the sample affiliated with WRC reported being trained more in ART and VCT, while OSL and BKL health workers had been trained more in EPI, and OSL, BKL and HOP had trained most in STI Syndromic Management.

Health staff had different types of refresher courses or training in the past year and training on STI Syndromic Management and the Introduction to HIV were most commonly reported. Less received was training on ART and Preventing Mother to Child Transmission (PMTCT).

Table 7: Types of courses and training that health staff received in the past year by enclave site and overall

Types of Training	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
ART	2	4.2%	1	2.4%	1	1.5%	2	5.1%	3	6.0%	9	3.7%
PMTCT	2	4.2%	2	4.9%	7	10.3%	3	7.7%	4	8.0%	18	7.3%
VCT	8	16.7%	10	24.4%	8	11.8%	4	10.3%	16	32.0%	46	18.7%
EPI	11	22.9%	7	17.1%	16	23.5%	6	15.4%	3	6.0%	43	17.5%
HIV Introduction	6	12.5%	4	9.8%	19	27.9%	13	33.3%	14	28.0%	56	22.8%
STI Syndromic Management	19	39.6%	17	41.5%	17	25.0%	11	28.2%	10	20.0%	74	30.1%
Total	48	100.0%	41	100.0%	68	100.0%	39	100.0%	50	100.0%	246	100.0%

*Percentages and totals based on total number of response

Health workers reported other courses that they most needed, including: ART (19.4%); Introduction to HIV (17.4%); VCT (16.0%); PMTCT (13.2%); and STI Syndromic Management (11.8%). Other courses and training identified to be needed included: EPI, STI, home based care, trauma and emergency, nursing studies, administration and management, emergency medicine, midwifery, obstetrics and pediatrics, laboratory, post basic, child health courses, health services, project proposal writing and HIV rapid testing. A small number (5; 3.5%) did not say what other courses they needed.

Table 8: Other courses and training health workers preferred by enclave site and overall

Course most presently needed	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
All courses	1	2.0%	0	0.0%	2	5.8%	0	0.0%	0	0.0%	3	2.1%
ART	10	20.0%	2	18.2%	7	20.6%	5	20.0%	4	16.7%	28	19.4%
Introduction to HIV	9	18.0%	2	18.2%	4	11.7%	3	12.0%	7	29.2%	25	17.4%
PMTCT	9	18.0%	1	9.1%	4	11.8%	2	8.0%	3	12.5%	19	13.2%
VCT	9	18.0%	1	9.1%	7	20.6%	3	12.0%	3	12.5%	23	16.0%
EPI	4	8.0%	0	0.0%	2	5.9%	0	0.0%	2	8.3%	8	5.6%
STI Syndromic Management/STI	6	12.0%	1	9.1%	3	8.8%	3	12.0%	4	16.7%	17	11.8%
Home based care	1	2.0%	1	9.1%	0	0.0%	1	4.0%	0	0.0%	3	2.1%
Nursing studies	0	0.0%	1	9.1%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Post basic	0	0.0%	1	9.1%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Child health course	0	0.0%	0	0.0%	1	2.9%	0	0.0%	0	0.0%	1	0.7%
Midwifery	0	0.0%	0	0.0%	1	2.9%	0	0.0%	0	0.0%	1	0.7%
Pediatrics	0	0.0%	0	0.0%	1	2.9%	0	0.0%	0	0.0%	1	0.7%
Administration & management	0	0.0%	0	0.0%	0	0.0%	1	4.0%	0	0.0%	1	0.7%
Health services	0	0.0%	0	0.0%	0	0.0%	1	4.0%	0	0.0%	1	0.7%
Laboratory	0	0.0%	0	0.0%	0	0.0%	1	4.0%	0	0.0%	1	0.7%
Rapid testing	0	0.0%	0	0.0%	0	0.0%	1	4.0%	0	0.0%	1	0.7%
Trauma and emergency	0	0.0%	0	0.0%	0	0.0%	2	8.0%	0	0.0%	2	1.4%
Project proposal writing	0	0.0%	0	0.0%	1	2.9%	0	0.0%	0	0.0%	1	0.7%
Obstetrics	0	0.0%	0	0.0%	0	0.0%	1	4.0%	0	0.0%	1	0.7%
Not stated	1	2.0%	1	9.1%	1	2.9%	1	4.0%	1	4.2%	5	3.5%
Total	50	100.0%	11	100.0%	34	100.0%	25	100.0%	24	100.0%	144	100.0%

*Percentages based on total number of responses

Infrastructure of facilities and housing

Maintenance and utilities of facilities

Prior to the enclave project, 91.2% of health workers reported that their health facilities required maintenance; and at the time of data collection the need for facility maintenance had increased by 0.8% to 92.0%. Perhaps this increase is from the growing demand for infrastructural change, as over the previous year of the project, close to a fifth (19.7%) of health staff overall reported that their health facility had had some maintenance. Most maintenance done was reported from OSL and HOP related facilities, while none was reported from WRC health workers at the time of collection.

Table 9: Maintenance in the past year by enclave site and overall

Maintenance in the past year	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	4	11.8%	7	33.3%	12	35.3%	3	15.8%	0	0.0%	26	19.7%
No	30	88.2%	14	66.7%	22	64.7%	16	84.2%	24	100.0%	106	80.3%
Total	34	100.0%	21	100.0%	34	100.0%	19	100.0%	24	100.0%	132	100.0%

*Missing =BKL (4); HOP (2); OSL (1); WRC (2)

At the time of the baseline, there was a great need for improved sanitation and water supplies to decrease the spread of disease generally, access to electricity, and privacy for patient consultations and treatment. Close to three quarters of the health workers reported receiving services such as water (71.4%) and electricity (69.8%). Over three quarters (77.0%) reported having sinks but just over half (59.6%) reported having toilets. Some needed water pumps (61.7%) and private rooms for consultation (56.2%).

While BKL and OSL related facilities reported the most access to water. BKL reported much less access to pumps as did RAI and HOP.

Table 10: Availability of water by enclave site and overall

Water	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	29	76.3	19	82.6%	25	71.4%	10	55.6%	17	65.4%	100	71.4%
No	9	23.7	4	17.4%	10	28.6%	8	44.4%	9	34.6%	40	28.6%
Total	38	100.0%	23	100.0%	35	100.0%	18	100.0%	26	100.0%	140	100.0%

*Missing=1(RAI)

Table 11: Availability of water pump by enclave site and overall

Water pump	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	7	22.6%	9	39.1%	19	54.3%	3	16.7%	13	50.0%	51	38.3%
No	24	77.4%	14	60.9%	16	45.7%	15	83.3%	13	50.0%	82	61.7%
Total	31	100.0%	23	100.0%	35	100.0%	18	100.0%	26	100.0%	133	100.0%

*Missing=7(BKL); 1(RAI)

Access to private rooms was limited, with HOP and RAI related facilities reporting the least privacy. WRC related facilities reported the least access to toilets. The greatest majority did not have the minimum standards available for accreditation for VCT, HIV testing and provision of ART.

Table 12: Availability of private rooms by enclave site and overall

Private rooms	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	13	37.1%	5	21.7%	21	67.7%	8	44.4%	10	43.5%	57	43.8%
No	22	62.9%	18	78.3%	10	32.3%	10	55.6%	13	56.5%	73	56.2%
Total	35	100.0%	23	100.0%	31	100.0%	18	100.0%	23	100.0%	130	100.0%

*Missing=3(BKL); 4(OSL) 1(RAI); 3(WRC)

Table 13: Availability of electricity by enclave site and overall

Electricity	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	24	66.7%	17	73.9%	22	62.9%	10	52.6%	24	92.3%	97	69.8%
No	12	33.3%	6	26.1%	13	37.1%	9	47.4%	2	7.7%	42	30.2%
Total	36	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	139	100.0%

*Missing=2(BKL)

Table 14: Availability of toilet by enclave site and overall

Toilet	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	21	61.8%	10	43.5%	27	79.4%	13	68.4%	10	38.5%	81	59.6%
No	13	38.2%	13	56.5%	7	20.6%	6	31.6%	16	61.5%	55	40.4%
Total	34	100.0%	23	100.0%	34	100.0%	19	100.0%	26	100.0%	136	100.0%

*Missing=4(BKL); 1(OSL)

Table 15: Availability of sink by enclave site and overall

Sink	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	23	67.6%	19	86.4%	30	88.2%	12	63.2%	20	76.9%	104	77.0%
No	11	32.4%	3	13.6%	4	11.8%	7	36.8%	6	23.1%	31	23.0%
Total	34	100.0%	22	100.0%	34	100.0%	19	100.0%	26	100.0%	135	100.0%

*Missing=4(BKL); 1(HOP); OSL (1)

Rooms and beds

Over half (56.2%) of all facilities reported not having private rooms for counseling, having private conversations or giving treatments to their patients. The number of rooms varied across all facilities with most facilities having from 1 to 5 rooms (38.8%); or from 6 to 10 rooms (32.5%), while just over a quarter (28%) reported having more than ten rooms.

Table 16: Number of rooms by enclave site and overall

Number of rooms	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
0 rooms	0	0.0%	0	0.0%	0	0.0%	1	5.6%	0	0.0%	1	0.7%
1-5 rooms	19	54.3%	2	9.1%	15	53.6%	5	27.8%	8	34.8%	49	38.8%
6-10 rooms	15	42.9%	6	27.3%	9	32.1%	3	16.7%	8	34.8%	41	32.5%
11-15 rooms	1	2.9%	13	59.1%	0	0.0%	0	0.0%	3	13.0%	17	13.6%
16-20 rooms	0	0.0%	1	4.5%	2	7.1%	0	0.0%	3	13.0%	6	4.8%
21 or more rooms	0	0.0%	0	0.0%	2	7.1%	9	50.0%	1	4.3%	12	9.6%
Total	35	100.0%	22	100.0%	28	100.0%	18	100.0%	23	100.0%	126	100.0%

*Missing =BKL (3); HOP (1); OSL (7); RAI (1); WRC (3)15

The majority (78.1%) of the health workers reported having beds at their facilities, but nearly a fifth did not have any beds for patients. Health staff mostly reported having from one to five beds (40.6%) or from six to ten beds (12.5%) at their facilities. A quarter of those interviewed reported that their facilities had more than ten beds.

Table 17: Number of beds in facilities by enclave site and overall

Number of beds	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
0 beds	6	17.1%	1	5.6%	8	25.0%	4	21.1%	9	37.5%	28	21.9%
1-5 beds	21	60.0%	7	38.9%	10	31.3%	4	21.1%	10	41.7%	52	40.6%
6-10 beds	1	2.9%	0	0.0%	5	15.6%	9	47.4%	1	4.2%	16	12.5%
11-15 beds	3	8.6%	1	5.6%	2	6.3%	1	5.3%	0	0.0%	7	5.5%
16-20 beds	2	5.7%	6	33.3%	2	6.3%	1	5.3%	3	12.5%	14	10.9%
21 or more beds	2	5.7%	3	16.7%	5	15.6%	0	0.0%	1	4.2%	11	8.6%
Total	35	100.0%	18	100.0%	32	100.0%	19	100.0%	24	100.0%	128	100.0%

*Missing =BKL (3); HOP (5); OSL (3); WRC (2)

Maintenance of staff housing and utilities

Only just over a tenth (11.9%) of health workers houses had had maintenance in the past year, with the greatest majority (88.1%) not having had any repairs. More (94.1%) said that they still required some maintenance. The majority did not have water, electricity or toilets in their houses; with only near a third (32.0%) reporting having water in their houses and near a third reporting having either electricity (34.0%) or toilets (34.0%).

Table 18: Types of utilities available to health workers houses by enclave site and overall

Types of utilities available to health workers houses	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Water	12	28.6%	16	30.2%	27	38.0%	9	27.3%	16	31.4%	80	32.0%
Electricity	18	42.9%	15	28.3%	17	23.9%	12	36.4%	23	45.1%	85	34.0%
Toilets	12	28.6%	22	41.5%	27	38.0%	12	36.4%	12	23.5%	85	34.0%
Total	42	100.0%	53	100.0%	71	100.0%	33	100.0%	51	100.0%	250	100.0%

*Percentage based on total number of responses

While BKL and WRC health workers' houses were reported to have more electricity than in other areas, much fewer houses from these areas had access to toilets where they lived. The same number at RAI had electricity and toilets, but less had access to water where they lived. While nearly a third of health staff reported having access to water at their houses; more health staff from OSL-related facilities reported having water at their houses.

Staffing, salaries and schedules**Staffing**

The majority (72.4%) of health workers reported that the facility they worked in lacked adequate numbers of staff. The numbers of staff by facility varied, with two fifths (40.0%) of the facilities having from one to five staff; 30.0% had from six to ten staff, over a quarter (25.7%) had from 11 to 15 staff, 2.8% from 16 to 20 staff and 1.4% had 21 or more staff.

Table 19: Number of staff by enclave site and overall

Number of staff	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
1-5 staff	11	28.9%	0	0.0%	20	58.8%	9	47.4%	16	61.5%	56	40.0%
6-10 staff	23	60.5%	0	0.0%	6	17.6%	3	15.8%	10	38.5%	42	30.0%
11-15 staff	2	5.3%	19	82.6%	8	23.5%	7	36.8%	0	0.0%	36	25.7%
16-20 staff	0	0.0%	4	17.4%	0	0.0%	0	0.0%	0	0.0%	4	2.9%
21 and more	2	5.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.4%
Total	38	100.0%	23	100.0%	34	100.0%	19	100.0%	26	100.0%	140	100.0%

*Missing=OSL (1)

Staff feeling isolated or lonely when working at their facility

Health workers were asked about loneliness and isolation when working and where they were living. Although the majority of health workers did not feel isolated or lonely; some health workers (17.4%) reported feeling isolated and lonely when working at their clinics or where they were living (15.9%).

Table 20: Staff feeling isolated or lonely working at the clinic by enclave site and overall

Isolated or lonely working at the clinic	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	3	8.1%	3	14.3%	10	28.6%	4	21.1%	4	15.4%	24	17.4%
No	34	91.9%	18	85.7%	25	71.4%	15	78.9%	22	84.6%	114	82.6%
Total	37	100.0%	21	100.0%	35	100.0%	19	100.0%	26	100.0%	138	100.0%

*Missing=HOP (2), BKL (1)

Table 21: Feeling isolated or lonely where you are living by enclave site and overall

Isolated or lonely where living	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	5	13.9%	0	0.0%	10	28.6%	3	16.7%	4	15.4%	22	15.9%
No	31	86.1%	23	100.0%	25	71.4%	15	83.3%	22	84.6%	116	84.1%
Total	36	100.0%	23	100.0%	35	100.0%	18	100.0%	26	100.0%	138	100.0%

*Missing=BKL (2); RAI (1)

Salary payments

The majority (65.7%) of staff reported receiving their pay on time. A few (2.7%) health staff reported that the health facility in which they worked did close at times when staff experienced salary issues. More OSL and RAI area related facility staff reported that they did not get their salary on time.

Table 22: Salary on time by enclave site and overall

Timely salaries	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Salary on time	29	76.3%	19	86.4%	11	31.4%	10	52.6%	23	88.5%	92	65.7%
Salary not on time	9	23.7%	3	13.6%	24	68.6%	9	47.4%	3	11.5%	48	34.3%
Total	38	100.0%	22	100.0%	35	100.0%	19	100.0%	26	100.0%	140	100.0%

*Missing = HOP (1)

Scheduling and facility closure

While a majority of health workers reported that staff came to work as scheduled, just more than a quarter (28.4%) reported that staff did not always attend work as scheduled. Of these, how long staff stayed away from work when they were scheduled varied from mostly being late, to being absent for a day or a week, with some reporting staff being absent over a month and over three months.

Table 23: Staff attending work as scheduled

Staff attending work as scheduled	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	31	83.8%	20	87.0%	14	42.4%	8	44.4%	23	23.0%	96	71.6%
No	6	16.2%	3	13.0%	19	57.6%	10	55.6%	0	0.0%	38	28.4%
Total	37	100.0%	23	100.0%	33	100.0%	18	100.0%	23	100.0%	134	100.0%

*Missing = BKL (1); OSL (2); RAI (1); WRC (3)+

Most health workers reported that staff could be very late coming to work (44.4%), or that staff could be absent for a day (40%). Over a tenth (11.9%), reported that staff could be away for more than a week, with only a few reporting staff absences for more than a month (2.5%) or for over three months (1.3%). More BKL and HOP related health staff reported that staff could be late or away for a day. More OSL related health staff could be away for a week or more.

Table 24: Length of time staff are away from work when scheduled, by enclave site and overall

Length of time staff are away from scheduled work	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Late coming to work	21	53.8%	18	56.3%	13	31.0%	9	40.9%	10	40.0%	71	44.4%
Absent for a day	17	43.6%	12	37.5%	14	33.3%	11	50.0%	10	40.0%	64	40.0%
Away more than a week	1	2.6%	2	6.3%	10	23.8%	2	9.1%	4	16.0%	19	11.9%
Away over a month	0	0.0%	0	0.0%	3	7.1%	0	0.0%	1	4.0%	4	2.5%
Away over three months	0	0.0%	0	0.0%	2	4.8%	0	0.0%	0	0.0%	2	1.3%
Total	39	100.0%	32	100.0%	42	100.0%	22	100.0%	25	100.0%	160	100.0%

*Percentage based on total number of responses

Nearly all (93.4%) health workers reported having their doors open to patients during scheduled hours. However, over the past year, health workers also reported that their facility or part of their facility had 'closed' for a variety of reasons.

Table 25: Reasons for facility closure by enclave site and overall

Reasons for facility closure	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Shortage of medicine	12	37.5%	4	18.2%	8	21.6%	6	27.3%	7	19.4%	37	25.0%
Staff	1	3.1%	2	9.1%	10	27.0%	3	13.6%	7	19.4%	23	15.5%
Water problem	6	18.8%	5	22.7%	4	10.8%	3	13.6%	0	0.0%	18	12.2%
Tribal fight	3	9.4%	3	13.6%	5	13.5%	0	0.0%	4	11.1%	15	10.1%
Criminal activities	8	25.0%	0	0.0%	5	13.5%	1	4.5%	2	5.6%	15	10.1%
Toilet facility problem	0	0.0%	4	18.2%	0	0.0%	0	0.0%	0	0.0%	4	2.7%
Wages problem	0	0.0%	3	13.6%	1	2.7%	0	0.0%	0	0.0%	4	2.7%
Maintenance at facility	0	0.0%	0	0.0%	1	2.7%	2	9.1%	0	0.0%	3	2.0%
Family problems	0	0.0%	0	0.0%	0	0.0%	1	4.5%	1	2.8%	2	1.4%
Public holidays	1	3.1%	0	0.0%	0	0.0%	0	0.0%	1	2.8%	2	1.4%
Community leaders removed ambulance	0	0.0%	0	0.0%	1	2.7%	0	0.0%	0	0.0%	1	0.7%
Due to rubbish	0	0.0%	1	4.5%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Land compensations	1	3.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Staff housing problem	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.8%	1	0.7%
No transport	0	0.0%	0	0.0%	1	2.7%	0	0.0%	0	0.0%	1	0.7%
Not stated	0	0.0%	0	0.0%	1	2.7%	6	27.3%	13	36.1%	20	13.5%
Total	32	100.0%	22	100.0%	37	100.0%	22	100.0%	36	100.0%	148	100.0%

*Percentage based on total number of responses and rounded percentages

The most common reasons why facilities had closed over the previous year were due to a shortage of medicine (25.0%), staffing issues (15.5%), water problems (12.2%); criminal activities (10.1%), and tribal fighting (10.1%). They also gave other reasons such as facility toilet issues (2.7 %); salary delays (2.7%); facility maintenance (2.0%); and a range of other reasons that fall into smaller categories. BKL and RAI affiliated health workers reported more shortage of medicine that contributed to facility closure, OSL affiliated staff reported more staffing issues, and BKL affiliated staff reported more criminal activities.

Community support

Most health staff said that their health facility received some form of community support but to varying degrees. A quarter (24.4%) of health staff reported receiving great community support for their health facility and a quarter (25.2%) said that they had not received any community support. Most (50.4%) reported receiving a little support. More WRC and OSL affiliated health staff said that they had had great community support, while more BKL and HOP affiliated staff had no community support.

Table 26: Community support received by enclave site and overall

Community support received by enclave sites	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
No community support	14	38.9%	8	36.4%	4	11.8%	1	5.6%	7	28.0%	34	25.20%
Little community support	14	38.9%	12	54.5%	22	64.7%	12	66.7%	8	32.0%	68	50.40%
Great community support	8	22.2%	2	9.1%	8	23.5%	5	27.8%	10	40.0%	33	24.40%
Total	36	100.0%	22	100.0%	34	100.0%	18	100.0%	25	100.0%	135	100.0%

*Missing =BKL (2); HOP (1); OSL (1); RAI (1); WRC (1)

Of those health staff that reported that their facilities were supported by the community, there were different activities that the community did that illustrated their support. Supportive activities involved gardening and cutting the grass (38.2%), providing security (24.8%), cleaning premises and clearing rubbish from around the facility (21.8%), and providing drugs, firewood and food, (3.4%), positive respect and the youth and church support while community provides support in giving awareness (3.4%). Five people mentioned that there was lack of support through vandalism and the need for payment for work done.

Table 27: Type of community support by enclave site and overall

Community support	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Gardening/cut grass	17	34.0%	9	37.5%	38	49.3%	14	41.20%	13	24.50%	91	38.2%
Provide security	13	26.0%	7	29.2%	14	18.2%	7	20.60%	18	34.00%	59	24.8%
Clear trash/clean	8	16.0%	7	29.2%	20	25.9%	10	29.40%	7	13.20%	52	21.8%
Provide food, firewood medication, and pay fees	3	6.0%	1	4.2%	0	0.0%	1	2.90%	3	5.60%	8	3.4%
Positive help with youth, church, respect, support, and awareness	2	4.0%	0	0.0%	3	3.9%	1	2.90%	2	3.80%	8	3.4%
Build fence	4	8.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	4	1.7%
Payment given cutting grass and other work	1	2.0%	0	0.0%	2	2.6%	0	0.00%	0	0.00%	3	1.3%
Little support and property vandalism	2	4.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	2	0.8%
Not stated	0	0.0%	0	0.0%	0	0.0%	1	2.90%	10	18.90%	11	4.6%
Total	50	100.0%	24	100.0%	77	100.0%	34	100.0%	53	100.0%	238	100.0%

*Percentages based on total number of responses

Supervision

Over three quarters (78.9%) of health workers reported that staff did not receive enough supervision.

Table 28: Adequate staff supervision by enclave site and overall

Adequate supervision	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	10	29.4%	3	13.6%	3	8.8%	3	16.7%	9	36.0%	28	21.1%
No	24	70.6%	19	86.4%	31	91.2%	15	83.3%	16	64.0%	105	78.9%
Total	34	100.0%	22	100.0%	34	100.0%	18	100.0%	25	100.0%	133	100.0%

*Missing =BKL (4); HOP (1); OSL (1); RAI (1); WRC (1)

When asked if a doctor had visited their facility over the past year, near three-fifths (59.4%) reported that a doctor had visited. OSL, RAI and HOP affiliated staff reported the least amount of adequate supervision, and BKL and OSL affiliated health staff reported least seeing a doctor in the last year.

Table 29: Doctors visit in the past year by enclave site and overall

Doctors visit past year	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	14	42.4%	17	73.9%	17	51.5%	13	68.4%	18	72.0%	79	59.4%
No	19	57.6%	6	26.1%	16	48.5%	6	31.6%	7	28.0%	54	40.6%
Total	33	100.0%	23	100.0%	33	100.0%	19	100.0%	25	100.0%	133	100.0%

*Missing =BKL (5); OSL (2); WRC (1)

Supervisory visit prior to the project

Near half (49.1%) of health workers reported receiving a supervisory support visit once a year prior to the project. Just over a quarter (26.8%) reported they were visited every 3 to 6 months and just under a quarter (24.1%) reported they were visited on a monthly basis prior to the project.

Table 30: Frequency of supervisory support visit prior to the project by enclave site and overall

Supervisory visits prior to project	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Once a year	9	56.2%	14	70.0%	8	34.8%	13	56.5%	11	36.7%	55	49.1%
Every 6 months	2	12.5%	1	5.0%	1	4.3%	4	17.4%	7	23.3%	15	13.4%
Every 3 months	2	12.5%	2	10.0%	2	8.7%	3	13.0%	6	20.0%	15	13.4%
Every 1 month	3	18.8%	3	15.0%	12	52.2%	3	13.0%	6	20.0%	27	24.1%
Total	16	100.0%	20	100.0%	23	100.0%	23	100.0%	30	100.0%	112	100.0%

*Percentages based on the total number of responses

Last supervisory visit

Most (58.7%) of the health workers reported that their last supervisory visit was within the last month. Over 40 percent (42.3%) also had been visited within the last three months and around a quarter had their last supervisory visit six months ago. This indicates more frequent supervisory visits after the project began. Greater numbers of health workers affiliated to HOP and OSL had their last supervisory visit within the last month.

Table 31: Supervisory visit in last month by enclave site and overall

Supervisory visit last month	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	7	36.8%	16	76.2%	13	52.0%	8	66.7%	10	66.7%	54	58.7%
No	12	63.2%	5	23.8%	12	48.0%	4	33.3%	5	33.3%	38	41.3%
Total	19	100.0%	21	100.0%	25	100.0%	12	100.0%	15	100.0%	92	100.0%

*Missing = (HOP (2); OSL (10); RAI (7); WRC (11))

Table 32: Supervisory visit in last three months by enclave site and overall

Supervisory visit in last 3 months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	5	31.2%	0	0.0%	8	40.0%	7	58.3%	13	81.3%	33	42.3%
No	11	68.8%	14	60.9%	12	60.0%	5	41.5%	3	18.8%	45	57.7%
Total	16	100.0%	14	39.9%	20	100.0%	12	100.0%	16	100.0%	78	100.0%

*Missing = BKL (22); HOP (9); OSL (15); RAI (7); WRC (10)

Table 33: Supervisory visit in six months by enclave site and overall

Supervisory visit last 6 months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	5	29.4%	0	0.0%	3	17.6%	6	50.0%	4	40.0%	18	25.7%
No	12	70.6%	14	60.9%	14	82.4%	6	50.0%	6	60.0%	52	74.3%
Total	17	100.0%	14	100.0%	17	100.0%	12	100.0%	10	100.0%	70	100.0%

*Missing =BKL (21); HOP (9); OSL (18); RAI (7); WRC (16)

Present at last supervisory visit

There were a variety of people who were present at the last supervisory visit to the health facilities. Rural enclave operators (19.3%) and Provincial Disease Control Officers (17.4%) were those most present at last supervisory visit, followed by representatives of family health services, from churches, the coordinating community and NDoH. Less than ten percent reported that the provincial advisor (8.7%) or a district health services representative (7.7%) were present at their last supervisory visit.

Table 34: Type of person present at last supervisory visit by enclave site and overall

Type of community support	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Enclave operators	9	29.0%	14	16.3%	5	10.4%	10	19.2%	22	23.4%	60	19.3%
Provincial health advisor	4	12.9%	8	9.3%	6	12.5%	3	5.8%	6	6.4%	27	8.7%
District health services	3	9.7%	11	12.8%	4	8.3%	2	3.8%	4	4.3%	24	7.7%
Family health services	1	3.2%	13	15.1%	4	8.3%	12	23.1%	14	14.9%	44	14.1%
Disease control officer	5	16.1%	13	15.1%	9	18.8%	13	25.0%	14	14.9%	54	17.4%
NDoH representative	1	3.2%	14	16.3%	4	8.3%	4	7.7%	10	10.6%	33	10.6%
Coordinating community member	0	0.0%	12	14.0%	6	12.5%	2	3.8%	14	14.9%	34	10.9%
Church health representative	8	25.8%	1	1.2%	10	20.8%	6	11.5%	10	10.6%	35	11.3%
Total	31	100.0%	86	100.0%	48	100.0%	52	100.0%	94	100.0%	311	100.0%

*Percentages based on total number of responses

Activities at last visit

During the last supervisory meeting, most (25.9%) of the respondents reported that they discussed about their needs, other issues or discussed and checked the stock (17.2%). Some others reported that

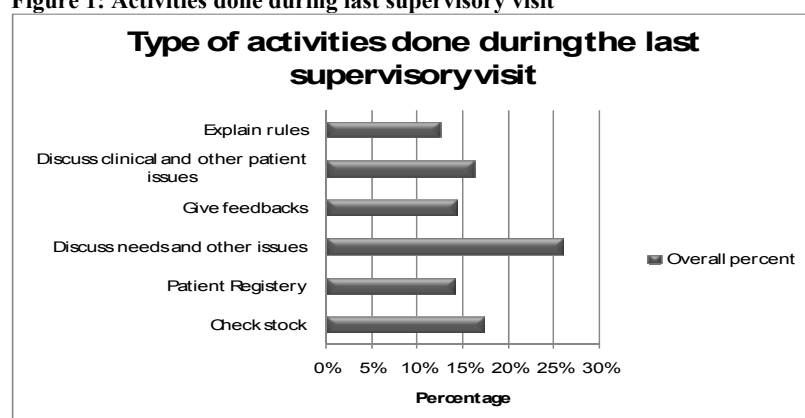
they discussed patient clinical issues (16.1%); gave feedback (14.3%); checked patients' registry (14.0%); and there was discussion around rules (12.4%).

Table 35: Type of activities done during the last supervisory visit by enclave site and overall

Activity during last supervisory visit	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Check stock	7	16.7%	15	17.2%	15	20.8%	12	16.2%	16	15.5%	65	17.2%
Discuss clinical patients' issues	5	11.9%	15	17.2%	12	16.7%	12	16.2%	17	16.5%	61	16.1%
Give feedback	3	7.1%	13	14.9%	7	9.7%	12	16.2%	19	18.4%	54	14.3%
Patients' registry	7	16.7%	13	14.9%	8	11.1%	11	14.9%	14	13.6%	53	14.0%
Explain rules	2	4.8%	11	12.6%	9	12.5%	10	13.5%	15	14.6%	47	12.4%
Discuss needs and other issues	18	42.9%	20	23.0%	21	29.2%	17	23.0%	22	21.4%	98	25.9%
Total	42	100.0%	87	100.0%	72	100.0%	74	100.0%	103	100.0%	378	100.0%

*Percentages based on total number of responses and rounded

Figure 1: Activities done during last supervisory visit



Other visits in the past three months

Just over a third (34.1%) of the facilities had no other visits in the past three months while the majority (65.9%) had visits. For those facilities that had other visits in the past three months only 12.0% of the health workers did not state who had visited; however, those who responded reported on the various type of personnel who had visited them. More staff (22.2%) reported being visited by economic operators than by any other visitors. Close to ten percent (9.4%) of the health workers reported been visited by members of Provincial Health Officers and 7.7% from the Capacity Building Strengthening Centre (CBSC). Six percent of the facilities had visits from Provincial Disease Control Officers and another 6.0% had visits from representatives from the NDoH.

There were also a range of other types of personnel who had visited facilities but were all in smaller percentages (See Appendix 2: Table 135: Type of visitors in the last three months by enclave site and overall).

Meetings at facility

Just over half (58.5%) of health staff interviewed reported having team meetings at their facilities.

Table 36: Meetings at facility by enclave site and overall

Meetings at facility	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	22	62.9%	14	60.9%	18	52.9%	10	55.6%	15	60%	79	58.5%
No	13	37.1%	9	39.1%	16	47.1%	8	44.4%	10	40%	56	41.5%
Total	35	100%	23	100%	34	100%	18	100%	25	100%	135	100.0%

*Missing =BKL (3); OSL (1); RAI (1); WRC (1)

Most (62.9%) health workers reported having meetings with their boss, and over three quarters (77.0%) reported they could easily talk and give feedback to their boss. Less meetings and ability to give feedback to facility boss was seen at OSL affiliated facilities.

Table 37: Meetings with boss by enclave site and overall

Meetings with boss	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	27	71.1%	12	52.2%	13	38.2%	10	55.6%	21	80.8%	88	62.9%
No	11	28.9%	11	47.8%	21	61.8%	8	44.4%	5	19.2%	52	37.1%
Total	38	100%	23	100%	34	100%	18	100%	26	100%	140	100%

*Missing =OSL (1)

Table 38: Ability to easily give feedback to their boss by enclave site and overall

Ability to give feedback to boss	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	31	81.6%	18	78.3%	18	54.5%	18	94.7%	22	84.6%	107	77.0%
No	7	18.4%	5	21.7%	15	45.5%	1	5.3%	4	15.4%	32	23.0%
Total	38	100.0%	23	100.0%	33	100.0%	19	100.0%	26	100.0%	139	100.0%

*Missing = OSL (2)

Services and referrals for community support

Number of patients served per month

The approximate number of patients reported to be served in facilities ranged from less than 100 to over 1000 per month. Some facilities served less than 50 patients a month (9.3%) or from 50 to 100 (7.5%).

Table 39: Number of patients per month by enclave site and overall

# of patients a month	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
50 or less	7	21.9%	0	0.0%	4	14.8%	0	0.0%	0	0.0%	11	9.3%
51-100	0	0.0%	0	0.0%	3	11.1%	1	6.3%	5	21.7%	9	7.6%
101-500	19	59.4%	3	15.0%	11	40.7%	7	43.8%	8	34.8%	48	40.7%
501-1000	4	12.5%	8	40.0%	7	25.9%	7	43.8%	5	21.7%	31	26.3%
1000 plus	2	6.3%	9	45.0%	2	7.4%	1	6.3%	5	21.7%	19	16.1%
Total	32	100.0%	20	100.0%	27	100.0%	16	100.0%	23	100.0%	118	100.0%

*Missing =BKL (6); HOP (3); OSL (8); RAI (3); WRC (3)

Most staff reported that their facilities normally served from 101 to 500 patients (40.7%) or from over 500 to 1000 (26.3%) per month. Only (16.1%) of health workers reported serving over 1000 patients a month. More OSL, BKL and WRC supported health workers reported that their facilities had lower monthly numbers of patients served.

Number of antenatal mothers served per month

More health staff reported that the number of antenatal mothers most served in a month was usually less than 50, with over a quarter (27.1%) reporting that their health facilities served between one to ten antenatal mothers or between 11 to 20 antenatal mothers (16.8%). A quarter (25.2%) served over 100 antenatal mothers per month and less (15.0%) served 91 to 100 antenatal mothers a month. Two WRC and one BKL affiliated health facilities reported not serving any antenatal mothers, while mostly HOP and BKL affiliated health facilities served more than 100 a month.

Table 40: Number of antenatal mothers served per month by enclave site and overall

# antenatal mothers served per month	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
None	1	4.5%	0	0.0%	0	0.0%	0	0.0%	2	10.0%	3	2.8%
1-10	2	9.1%	2	9.5%	17	63.0%	6	35.3%	2	10.0%	29	27.1%
11-20	5	22.7%	2	9.5%	4	14.8%	5	29.4%	2	10.0%	18	16.8%
21-30	2	9.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.9%
31-40	0	0.0%	0	0.0%	0	0.0%	2	11.8%	0	0.0%	2	1.9%
41-50	1	4.5%	2	9.5%	1	3.7%	0	0.0%	2	10.0%	6	5.6%
51-60	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	10.0%	2	1.9%
61-70	0	0.0%	0	0.0%	2	7.4%	0	0.0%	0	0.0%	2	1.9%
91-100	5	22.7%	2	9.5%	2	7.4%	1	5.9%	6	30.0%	16	15.0%
101 plus	6	27.3%	13	61.9%	1	3.7%	3	17.7%	4	20.0%	27	25.2%
Total	22	100.0%	21	100.0%	27	100.0%	17	100.0%	20	100.0%	107	100.0%

*Missing =BKL (16); HOP (2); OSL (8); RAI (2); WRC (6)

Providing ART, VCT and HIV testing

Health staff answered questions in the survey that could track change in particular areas since the start of the Enclaves Project until the collection of the baseline in the areas of VCT, distribution of Fefol/iron, HIV testing ART and STI Syndromic Management. Increases were identified in all of these areas.

There were changes in the numbers of health workers who reported providing ART, VCT and HIV testing after the implementation of the Rural Enclave Project at their facilities. Prior to the Rural Enclave Project, close to half (48.2%) of the health workers reported that their facility was accredited to provide ART, and this increased by 17.2% with two thirds (65.4%) who provided ART. BKL and WRC were most accredited to provide ART prior to the project, while OSL and HOP were least accredited.

Table 41: Health workers accredited to provide ART test prior to the project by enclave site and overall

HW facility accredited to provide ART prior to project	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	17	73.9%	8	38.1%	5	26.7%	10	58.8%	13	68.4%	53	48.2%
No	6	26.1%	13	61.9%	25	83.3%	7	41.2%	6	31.6%	57	51.8%
Total	23	100.0%	21	100.0%	30	100.0%	17	100.0%	19	100.0%	110	100.0%

*Missing =BKL (15); HOP (2); OSL (5); RAI (2); WRC (7)

After the project began, there was an overall change of 17.2% in accreditation of facilities to provide ART. OSL and RAI had the most change in accreditation of facilities to provide ART since the project began and baseline data was collected in 2008.

Table 42: Health worker facility accredited to provide ART after the project began by enclave site and overall

HW facility accredited to provide ART after project began	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	18	78.3%	10	50.0%	16	59.3%	13	72.2%	13	68.4%	70	65.4%
No	5	21.7%	10	50.0%	11	40.7%	5	27.8%	6	31.6%	37	34.6%
Total	23	100.0%	20	100.0%	27	100.0%	18	100.0%	19	100.0%	107	100.0%

*Missing = BKL (15); HOP (3); OSL (8); RAI (1); WRC (7)

ART for antenatal mothers before and after the project

Prior to the project, only 16.5% of health workers said that ART was offered to antenatal mothers, while 28.1% said they referred patients for ART to other health facilities. After the project began until the baseline data collection, there was an increase of 6.7% (from 16.5% to 23.2%) health staff who said that ART was offered to antenatal mothers. There was a slight reduction (1.7%) in referrals to other health facilities from 28.1% prior to the project, to 26.4% after the project started until data collection.

Table 43: Antenatal mothers offered ART prior to the project by Enclave and overall

Antenatal mothers offered ART prior to the project	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	8	27.6%	6	28.6%	1	3.2%	0	0.0%	4	17.4%	19	15.7%
No	10	34.5%	7	33.3%	25	80.6%	11	64.7%	14	60.9%	67	55.4%
Referred	3	10.3%	0	0.0%	0	0.0%	5	29.4%	1	4.3%	9	7.4%
Yes/referral	0	0.0%	0	0.0%	1	3.2%	0	0.0%	0	0.0%	1	0.8%
No/referral	8	27.6%	8	38.1%	4	12.9%	1	5.9%	4	17.4%	25	20.7%
Total	29	100.0%	21	100.0%	31	100.0%	17	100.0%	23	100.0%	121	100.0%

*Missing = BKL (9); HOP (2); OSL (4); RAI (2); WRC (3)

Table 44: Antenatal mothers offered ART after the project by Enclave and overall

Antenatal mothers offered ART after project began	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	8	28.6%	7	33.3%	4	12.9%	0	0.0%	7	30.4%	26	21.5%
No	8	28.6%	6	28.6%	21	67.7%	14	77.8%	12	52.2%	61	50.4%
Referred	3	10.7%	0	0.0%	1	3.2%	2	11.1%	2	8.7%	8	6.6%
Yes/referral	0	0.0%	1	4.8%	1	3.2%	0	0.0%	0	0.0%	2	1.7%
No/referral	9	32.1%	7	33.3%	4	12.9%	2	11.1%	2	8.7%	24	19.8%
Total	28	100.0%	21	100.0%	31	100.0%	18	100.0%	23	100.0%	121	100.0%

*Missing = BKL (10); HOP (2); OSL (4); RAI (1); WRC (3)

Table 45: Facilities accredited to provide VCT prior to the project by enclave site and overall

Facility accredited to provide VCT prior to project	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	21	84.0%	13	56.5%	15	45.5%	14	82.4%	22	88.0%	85	69.1%
No	4	16.0%	10	43.5%	18	54.5%	3	17.6%	3	12.0%	28	30.9%
Total	25	100.0%	23	100.0%	33	100.0%	17	100.0%	25	100.0%	123	100.0%

*Missing = BKL (13); OSL (2); RAI (2); WRC (1)

Providing VCT also increased by 10.6% from 69.1% prior to the project and to 79.7% since the project began and data was collected in 2008.

Table 46: Facilities accredited to provide VCT after the project by enclave site and overall

Facilities accredited to provide VCT after the project	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	20	87.0%	13	61.9%	25	78.1%	13	72.2%	23	95.8%	94	79.7%
No	3	13.0%	8	38.1%	7	21.9%	5	27.8%	1	4.2%	24	20.3%
Total	23	100.0%	21	100.0%	32	100.0%	18	100.0%	24	100.0%	118	100.0%

*Missing = BKL (15); HOP (2); OSL (3); RAI (1); WRC (2)

VCT for antenatal mothers before and after the project

Health workers were asked if antenatal mothers were offered HIV counseling and testing (VCT), iron, ART and STI management and treatment at their facility before the prior to the project. Nearly half (51.6%) of health workers said that antenatal mothers were offered VCT (46.2%) or offered VCT and referred (5.4%).

Table 47: Antenatal mothers offered HIV counseling and testing prior to the project by enclave site and overall

Antenatal mothers offered HIV counseling and test prior to the project	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	20	62.5%	13	56.5%	8	24.2%	5	27.8%	14	58.3%	60	46.2%
No	7	21.9%	6	26.1%	19	57.6%	8	44.4%	5	20.8%	45	34.6%
Referred	3	9.4%	0	0.0%	0	0.0%	4	22.2%	2	8.3%	9	6.9%
Yes and referral	0	0.0%	3	13.0%	2	6.1%	0	0.0%	2	8.3%	7	5.4%
No but do referral	2	6.3%	1	4.3%	4	12.1%	1	5.6%	1	4.2%	9	6.9%
Total	32	100.0%	23	100.0%	33	100.0%	18	100.0%	24	100.0%	130	100.0%

*Missing = BKL (6); OSL (2); RAI (1) WRC (2)

Over ten percent (13.8%) only referred antenatal mothers to other health facilities. There were over three fifths (63.3%) of health workers, an increase of 11.7%, who said that since the project began, antenatal mothers are now offered VCT at their facilities. There was a slight decrease (3.6%) in referrals from 13.8% before the project to 10.2% after the project had commenced and until data was collected in 2008. There was an 8.0% decrease in those who had offered no VCT services at all at their facility or through referrals since the project began.

Table 48: Antenatal mothers offered HIV counseling and testing after the project by enclave site and overall

Antenatal mothers offered HIV counseling and testing after project began	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	21	75.0%	14	63.6%	20	57.1%	7	36.8%	14	58.3%	76	59.4%
No	3	10.7%	6	27.3%	11	31.4%	9	47.4%	5	20.8%	34	26.6%
Referred	1	3.6%	0	0.0%	0	0.0%	2	10.5%	3	12.5%	6	4.7%
Yes/referral	0	0.0%	2	9.1%	2	5.7%	0	0.0%	1	4.2%	5	3.9%
No/referral	3	10.7%	0	0.0%	2	5.7%	1	5.3%	1	4.2%	7	5.5%
Total	28	100.0%	22	100.0%	35	100.0%	19	100.0%	24	100.0%	128	100.0%

*Missing = BKL (10); HOP (1); WRC (2)

Over three quarters of the health workers reported that their facility provided HIV testing and there had been an increase of 16.6% since the implementation of the Rural Enclave project and data collection.

Table 49: Facilities accredited to provide HIV testing prior to the project by enclave site and overall

Facility accredited to provide VCT testing prior to the project	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	25	86.2%	9	40.9%	13	39.4%	9	52.9%	20	80.0%	76	60.3%
No	4	13.8%	13	59.1%	20	60.6%	8	47.2%	5	20.0%	50	39.7%
Total	29	100.0%	22	100.0%	33	100.0%	17	100.0%	25	100.0%	126	100.0%

*Missing =BKL (9); HOP (1); OSL (2); RAI (2); WRC (1)

These increases were experienced by health workers affiliated across all enclave sites, but OSL affiliated health staff mostly reported higher increases.

Table 50: Facilities accredited to provide HIV test after the project by enclave site and overall

Facility accredited to provide HIV test after the project	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	24	88.9%	12	54.5%	24	77.4%	13	72.2%	20	87.0%	93	76.9%
No	3	11.1%	10	45.5%	7	22.6%	5	27.8%	3	13.0%	28	23.1%
Total	27	100.0%	22	100.0%	31	100.0%	18	100.0%	23	100.0%	121	100.0%

*Missing = BKL (11); HOP (1); OSL (4); RAI (1); WRC (3)

Fefol/iron distribution for antenatal mothers before and after the project

Prior to the project, most (85.5%) health workers interviewed said antenatal mothers were offered Fefol/iron at their health facilities, while only 3.8% said they only referred to other health facilities. After the project began until the time of the baseline, there was an increase of 6.1% (from 85.5% to 91.6%) of those who reported that their facilities offered Fefol/iron and a very slight decrease of 0.8% (from 3.1% down to 2.3%) of health staff who still referred to other health facilities.

Table 51: Antenatal mothers offered Fefol or iron prior to the project by enclave site and overall

Antenatal mothers offered Fefol/iron prior to the project	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	28	82.4%	20	95.2%	25	73.5%	15	83.3%	23	95.8%	111	84.7%
No	4	11.8%	1	4.8%	7	20.6%	2	11.1%	0	0.0%	14	10.7%
Referred	2	5.9%	0	0.0%	0	0.0%	1	5.6%	0	0.0%	3	2.3%
Yes/referral	0	0.0%	0	0.0%	1	2.9%	0	0.0%	0	0.0%	1	0.8%
No/referral	0	0.0%	0	0.0%	1	2.9%	0	0.0%	1	4.2%	2	1.5%
Total	34	100.0%	21	100.0%	34	100.0%	18	100.0%	24	100.0%	131	100.0%

*Missing = BKL (4); HOP (2); OSL (1); RAI (1); WRC (2)

Table 52: Antenatal mothers offered Fefol or iron after the project began by enclave site and overall

Antenatal mothers offered Fefol/ iron after project began	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	28	90.3%	21	95.5%	31	88.6%	16	84.2%	23	95.8%	119	90.8%
No	2	6.5%	1	4.5%	2	5.7%	2	10.5%	0	0.0%	7	5.3%
Referred	1	3.2%	0	0.0%	0	0.0%	1	5.3%	1	4.2%	3	2.3%
Yes/Referral	0	0.0%	0	0.0%	1	2.9%	0	0.0%	0	0.0%	1	0.8%
No/Referral	0	0.0%	0	0.0%	1	2.9%	0	0.0%	0	0.0%	1	0.8%
Total	31	100.0%	22	100.0%	35	100.0%	19	100.0%	24	100.0%	131	100.0%

*Missing = BKL (7); HOP (1); WRC (2)

STI Syndromic Management for antenatal mothers before and after the project

Close to three quarters (71.1%) of health workers said that STI Syndromic Management was offered at their health facilities to antenatal mothers, while close to a fifth (19.8%) said they referred antenatal mothers to other health facilities for STI management. After the project began until the time of the baseline, there was an increase of 3.9% (from 71.1% to 75.0%) of health staff who reported that STI Syndromic Management was offered at their health facilities. The greatest decrease was seen in referrals for STI Syndromic Management with 12.5% (from 19.8% down to 7.3%) less referrals for STI management since the project began. Overall, of those facilities that had provided no STI management or referrals, there was a 4.2% decrease in those not giving services after the project began.

Table 53: Antenatal mothers offered STI Syndromic Management prior to the project by enclave site and overall

Antenatal mothers offered STI management prior to project	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	21	67.7%	19	86.4%	17	51.5%	12	66.7%	19	79.2%	88	68.8%
No	5	16.1%	3	13.6%	13	39.4%	4	22.2%	2	8.3%	27	21.1%
Referred	2	6.5%	0	0.0%	0	0.0%	2	11.1%	1	4.2%	5	3.9%
Yes/referral	0	0.0%	0	0.0%	2	6.1%	0	0.0%	1	4.2%	3	2.3%
No/referral	3	9.7%	0	0.0%	1	3.0%	0	0.0%	1	4.2%	5	3.9%
Total	31	100.0%	22	100.0%	33	100.0%	18	100.0%	24	100.0%	128	100.0%

*Missing = BKL (7); HOP (1); OSL (2); RAI (1); WRC (2)

Table 54: Antenatal mothers offered STI Syndromic Management after the project by enclave site and overall

Antenatal mothers offered STI Syndromic Management after the project	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	20	71.4%	20	90.9%	22	68.8%	13	68.4%	15	65.2%	90	72.6%
No	3	10.7%	2	9.1%	7	21.9%	4	21.1%	5	21.7%	21	16.9%
Referred	1	3.6%	0	0.0%	0	0.0%	2	10.5%	2	8.7%	5	4.0%
Yes/referral	0	0.0%	0	0.0%	2	6.3%	0	0.0%	1	4.3%	3	2.4%
No/referral	4	14.3%	0	0.0%	1	3.1%	0	0.0%	0	0.0%	5	4.0%
Total	28	100.0%	22	100.0%	32	100.0%	19	100.0%	23	100.0%	124	100.0%

*Missing = BKL (10); HOP (1); OSL (3); WRC (3)

Helping people living with HIV (PLHIV)

Participants were also asked what they would do if a PLHIV came to them with a health problem that they could not assist them with. Nearly two-thirds (66.7%) of health workers said that they would give direct referrals, others said they would provide counseling and then refer (9.9%) or give basic treatment (7.8%). Less health workers said that they would be involved more directly serving PLHIV, with giving basic treatments, or other services, such as: weekly reviews of ART and VCT, health education, basic health care or needs based treatments. RAI and WRC gave more direct treatment services to PLHIV. Two health workers reported not having patients who were living with HIV and nearly ten percent did not say what services they provided.

Table 55: Type of services given to PLHIV patients by enclave site and overall

Type of services given to PLHIV	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Direct referrals	28	73.7%	15	65.2%	28	80.0%	6	31.6%	17	65.4%	94	66.7%
Counsel and refer	4	10.5%	0	0.0%	1	2.9%	6	31.6%	3	11.5%	14	9.9%
Basic treatment	0	0.0%	0	0.0%	3	8.6%	2	10.5%	6	23.1%	11	7.8%
Basic health care	1	2.6%	0	0.0%	0	0.0%	1	5.3%	0	0.0%	2	1.4%
Health education	0	0.0%	1	4.3%	0	0.0%	1	5.3%	0	0.0%	2	1.4%
Counseling	0	0.0%	0	0.0%	0	0.0%	1	5.3%	0	0.0%	1	0.7%
Review ART / VCT	1	2.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Needs based	0	0.0%	0	0.0%	0	0.0%	1	5.3%	0	0.0%	1	0.7%
No PLHIV patient	0	0.0%	2	8.7%	0	0.0%	0	0.0%	0	0.0%	2	1.4%
Not stated	4	10.5%	5	21.7%	3	8.6%	1	5.3%	0	0.0%	13	9.2%
Total	38	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	141	100.0%

Number of people referred in the past month

Over two fifths (43.5%) of health workers had not referred a patient for VCT in the past month, with most others referring from one to five patients (31.5%). Around a fifth (21.3%) referred from six to 20 patients in the past month. Less (3.7%) referred more than 20 patients for VCT in the past month. Referral for VCT is low at the majority of facilities, with RAI, WRC and OSL affiliated health staff most reporting no referrals for VCT in the past month, but of those facilities that gave VCT services, OSL, HOP and WRC health workers referred more people for VCT in the past month.

Table 56: Number of people referred for VCT in the past month by enclave site and overall

Number of people referred for VCT in the past month	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
None	9	36.0%	7	35.0%	10	43.5%	11	61.1%	10	45.5%	47	43.5%
1 - 5	8	32.0%	6	30.0%	10	43.5%	5	27.8%	5	22.7%	34	31.5%
6 - 10	5	20.0%	0	0.0%	0	0.0%	1	5.6%	3	13.6%	9	8.3%
11 - 15	1	4.0%	0	0.0%	0	0.0%	1	5.6%	1	4.5%	3	2.8%
16 - 20	1	4.0%	7	35.0%	1	4.3%	0	0.0%	2	9.1%	11	10.2%
21 - 25	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	4.5%	1	0.9%
26 - 30	1	4.0%	0	0.0%	2	8.7%	0	0.0%	0	0.0%	3	2.8%
Total	25	100.0%	20	100.0%	23	100.0%	18	100.0%	22	100.0%	108	100.0%

*Missing =BKL (13); HOP (3); OSL (12); RAI (1); WRC (4)

Number of people living with HIV referred in the past three months

It is important to note that most missing data in the survey is found in the area of referrals for people living with HIV. This could indicate lack of referrals or a lack of awareness of services offered, or just a lack of response in this section around services for PLHIV.

Referrals for counseling

More than half (55.3%) of the health workers had not referred any PLHIV for counselling in the last three months and just less than a tenth (8.5%) had only referred one person. Around a third (36.2%) had referred two or more people last month.

Table 57: Number of PLHIV referred for counseling in the past three months by enclave site and overall

# of PLHIV referred for counseling in last 3 months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
0	12	57.1%	4	26.7%	16	59.3%	13	92.9%	7	41.2%	52	55.3%
1	1	4.8%	1	6.7%	4	14.8%	0	0.0%	2	11.8%	8	8.5%
2	3	14.3%	9	60.0%	3	11.1%	0	0.0%	3	17.6%	18	19.1%
3	2	9.5%	0	0.0%	3	11.1%	1	7.1%	0	0.0%	6	6.4%
4 and more	3	14.2%	1	6.7%	1	3.7%	0	0.0%	5	29.4%	10	10.7%
Total	21	100.0%	15	100.0%	27	100.0%	14	100.0%	17	100.0%	94	100.0%

*Missing =BKL (17); HOP (8); OSL (8); RAI (5); WRC (9)

More health staff from OSL, WRC and BKL reported referring PLHIV for counseling, medical tests and review in the past three months before data collection. There was also much missing data and lack of response from staff at these enclave affiliated facilities.

Referrals for medical testing and reviews

Just over a third (37.4%) of health workers had referred a PLHIV over the past three months for medical testing. Most had referred between one and ten people, and only five health workers had referred more than ten to over 20 people in those three months.

Table 58: Number of PLHIV referred for medical testing in the past three months by enclave site and overall

# PLHIV referred for medical testing in the past three months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
0	12	60.0%	7	70.0%	18	66.7%	10	71.4%	7	46.7%	54	62.8%
1- 10	6	30.0%	3	30.0%	8	29.6%	4	28.6%	6	40.0%	27	31.5%
11 - 20	1	5.0%	0	0.0%	1	3.7%	0	0.0%	1	6.7%	3	3.5%
20 +	1	5.0%	0	0.0%	0	0.0%	0	0.0%	1	6.7%	2	2.4%
Total	20	100.0%	10	100.0%	27	100.0%	14	100.0%	15	100.0%	86	100.0%

*Missing =BKL (18); HOP (13); OSL (8); RAI (5); WRC (11)

Just over a third (34.9%) of the health workers had referred a PLHIV for medical review in the past three months, while the majority had not done any referrals for medical reviews.

Table 59: Number of PLHIV referred for medical review in the past three months by enclave site and overall

# PLHIV referred for medical review in the past three months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
0	12	60.0%	8	88.9%	14	51.9%	13	92.9%	7	53.8%	54	65.1%
1	1	5.0%	0	0.0%	4	14.8%	1	7.1%	1	7.7%	7	8.5%
2	1	5.0%	1	11.1%	6	22.2%	0	0.0%	0	0.0%	8	9.6%
3	3	15.0%	0	0.0%	2	7.4%	0	0.0%	0	0.0%	5	6.0%
4 and more	3	15.0%	0	0.0%	1	3.7%	0	0.0%	5	38.5%	9	10.8%
Total	20	100.0%	9	100.0%	27	100.0%	14	100.0%	13	100.0%	83	100.0%

*Missing =BKL (18); HOP (14); OSL (8); RAI (5); WRC (13)

RAI and HOP reported less referral for medical review in the last three months. Less health staff gave referrals for opportunistic infections, ART and CD4 and viral load tests, potentially indicating a lack of need or a lack of knowledge about the need for these.

Referrals for treatment of opportunistic infections

Of the 27.7% of health workers that had referred people for opportunistic infections. WRC and OSL affiliated health staff had referred more for treatment of opportunistic infections, while RAI and HOP affiliated health staff referred less PLHIV for treatment for opportunistic infections. Unfortunately missing data limits analysis across these referral areas for PLHIV.

Table 60: Number of people referred for opportunistic infections in the past three months by enclave site and overall

# PLHIV referred for opportunistic infections in the past three months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
0	15	75.0%	8	80.0%	19	70.4%	12	92.3%	6	46.2%	60	72.3%
1	2	10.0%	2	20.0%	4	14.8%	0	0.0%	1	7.7%	9	10.8%
2	2	10.0%	0	0.0%	3	11.1%	0	0.0%	0	0.0%	5	6.0%
3	0	0.0%	0	0.0%	1	3.7%	1	7.7%	1	7.7%	3	3.6%
4 and more	1	5.0%	0	0.0%	0	0.0%	0	0.0%	5	38.5%	6	7.2%
Total	20	100.0%	10	100.0%	27	100.0%	13	100.0%	13	100.0%	83	100.0%

*Missing = BKL (18); HOP (13); OSL (8); RAI (6); WRC (13)

TB test referrals

A third (32.5%) of health workers reported having made referrals for tuberculosis (TB) testing in the past three months, and more BKL and OSL staff reported making tuberculosis testing referrals. for PLHIV.

Table 61: Number of PLHIV referred for TB testing in the past three months by enclave site and overall

Number of PLHIV referred for TB testing in the past 3 months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
0	11	55.0%	8	88.9%	17	63.0%	10	76.9%	8	72.7%	54	67.5%
1	3	15.0%	1	11.1%	3	11.1%	1	7.7%	0	0.0%	8	10.0%
2	3	15.0%	0	0.0%	3	11.1%	1	7.7%	3	27.3%	10	12.5%
3 and more	3	15.0%	0	0.0%	4	14.8%	1	7.7%	0	0.0%	8	10.0%
Total	20	100.0%	9	100.0%	27	100.0%	13	100.0%	11	100.0%	80	100.0%

*Missing =BKL (18); HOP (14); OSL (8); RAI (6); WRC (15)

Dots (TB) treatment in facilities

Over half (54.6%) of the health workers reported carrying out Dots treatment for their TB patients at their facilities. Most TB treatment was reported by health staff affiliated with BKL, HOP and RAI. OSL and WRC affiliated health staff reported less.

Table 62: DOT treatment for TB patients in facilities by enclave site and overall

DOT treatment for TB patients	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	18	58.1%	22	95.7%	10	28.6%	13	72.2%	8	34.8%	71	54.6%
No	13	41.9%	1	4.3%	25	71.4%	5	27.8%	15	65.2%	59	45.4%
Total	31	100.0%	23	100.0%	35	100.0%	18	100.0%	23	100.0%	130	100.0%

*Missing data=BKL (7); RAI (1); WRC (3)

ART referrals

Close to a quarter of health staff had given ART referrals in the past three months, while most had referred two or more people. WRC had more staff making referrals for ART; while RAI affiliated staff had not made any referrals for ART.

Table 63: Number of people referred for ART in the past three months by enclave site and overall

Number of PLHIV referred for ART in the past three months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
0	17	85.0%	8	80.0%	21	77.8%	14	100.0%	4	30.8%	64	76.2%
1	2	10.0%	1	10.0%	4	14.8%	0	0.0%	1	7.7%	8	9.5%
2	1	5.0%	1	10.0%	1	3.7%	0	0.0%	0	0.0%	3	3.6%
3	0	0.0%	0	0.0%	1	3.7%	0	0.0%	0	0.0%	1	1.2%
4 and more	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	61.5%	8	9.6%
Total	20	100.0%	10	100.0%	27	100.0%	14	100.0%	13	100.0%	84	100.0%

*Missing =BKL (18); HOP (13); OSL (8); RAI (5); WRC (13)

CD4 test referrals

Testing for CD4 was the second lowest referral made by health workers in the past three months. Most (80.5%) had not referred anyone for a CD4 count test, and the health workers affiliated with both RAI and HOP had not referred anyone for a CD4 test in the past three months. Of the 16 health workers who had referred PLHIV for CD4 tests, most had referred two to five people.

Table 64: Number of people referred for CD4 testing in the past three months by enclave site and overall

# of PLHIV referred for CD4 testing in the past three months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
0	18	90.0%	8	100.0%	20	74.1%	14	100.0%	6	46.2%	66	80.5%
1	1	5.0%	0	0.0%	4	14.8%	0	0.0%	2	15.4%	7	8.5%
2	1	5.0%	0	0.0%	3	11.1%	0	0.0%	1	7.7%	5	6.1%
4	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	23.1%	3	3.7%
5	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	7.7%	1	1.2%
Total	20	100.0%	8	100.0%	27	100.0%	14	100.0%	13	100.0%	82	100.0%

*Missing =BKL (18); HOP (15); OSL (8); RAI (5); WRC (13)

Viral load referrals

Viral load testing that was the lowest referral area. The majority (86.2%) of the health workers had not referred people living with HIV for a viral load test in the past three months and only 11 health staff made referrals, mostly from OSL, WRC and BKL affiliated facilities.

Table 65: Number of people referred for Viral load testing in the past three months by enclave site and overall

# of PLHIV referred for viral load testing in the past 3 months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
0	18	90.0%	8	100.0%	22	81.5%	14	100.0%	7	63.6%	69	86.2%
1	0	0.0%	0	0.0%	4	14.8%	0	0.0%	1	9.1%	5	6.2%
2	0	0.0%	0	0.0%	1	3.7%	0	0.0%	2	18.2%	3	3.8%
3 and more	2	10.0%	0	0.0%	0	0.0%	0	0.0%	1	9.1%	3	3.8%
Total	20	100.0%	8	100.0%	27	100.0%	14	100.0%	11	100.0%	80	100.0%

*Missing =BKL (18); HOP (15); OSL (8); RAI (5); WRC (15)

STI treatment

Number of men and women treated for a STI in the past month

The number of both male and female patients treated for a STI by health facility staff within the past month was variable between enclaves while the overall percentage of men and women treated in different number ranges were more similar. Overall, under a tenth had not seen any STI patients in the last month, while over two fifths of health staff reported that they had treated between one to five male and female patients for STI; followed by around a quarter treating between six and ten male and female patients. Nearly ten percent had treated between 11 and 40 male and female STI patients and over a tenth had treated more than 40 male and female patients in the past month.

Table 66: Number of male STI patients treated in the last month by enclave site and overall

# male STI patients treated last month	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
None	2	8.7%	1	6.3%	2	5.9%	5	31.3%	0	0.0%	10	8.9%
1-5	7	30.4%	10	62.5%	21	61.8%	5	31.3%	3	13.0%	46	41.1%
6-10	4	17.4%	3	18.8%	9	26.5%	5	31.3%	11	47.8%	32	28.6%
11-15	1	4.3%	1	6.3%	0	0.0%	0	0.0%	1	4.3%	3	2.7%
16 - 20	1	4.3%	0	0.0%	1	2.9%	1	6.3%	2	8.7%	5	4.5%
21 - 25	1	4.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.9%
26 - 30	2	8.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.8%
31-35	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
36-40	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	4.3%	1	0.9%
40 plus	5	21.7%	1	6.3%	1	2.9%	0	0.0%	5	21.7%	12	10.7%
Total	23	100.0%	16	100.0%	34	100.0%	16	100.0%	23	100.0%	112	100.0%

*Missing = BKL (15); HOP (7); OSL (1); RAI (3); WRC (3)

Close to a third of RAI related health staff reported not treating any male and a quarter reported not treating any female patients for an STI in the past month. All health staff affiliated with WRC had treated a patient for an STI and more affiliated health staff at WRC and BKL reported treating STI patients in the past month.

Table 67: Number of female STI patients treated in the last month by enclave site and overall

# of female STI patients treated last month	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
None	2	8.3%	0	0.0%	3	8.8%	4	25.0%	0	0.0%	9	7.9%
1-5	6	25.0%	15	88.2%	21	61.8%	5	31.1%	3	13.0%	50	43.9%
6-10	4	16.7%	1	5.9%	8	23.5%	6	37.5%	10	43.5%	29	25.4%
11-15	1	4.2%	0	0.0%	0	0.0%	1	6.3%	3	13.0%	5	4.4%
16-20	3	12.5%	0	0.0%	1	2.9%	0	0.0%	1	4.3%	5	4.4%
21-25	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
26-30	2	8.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.8%
31-35	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
36-40	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	4.3%	1	0.9%
40 plus	6	25.0%	1	5.9%	1	2.9%	0	0.0%	5	21.7%	13	11.4%
Total	24	100.0%	17	100.0%	34	100.0%	16	100.0%	23	100.0%	114	100.0%

*Missing = BKL (14); HOP (6); OSL (1); RAI (3); WRC (3)

Type of STI symptoms diagnosed and treated in health facility

From those surveyed, half (50.4%) of the health workers diagnosed and treated gonorrhoea which was the most common STI symptoms reported. Over a quarter (27.9%) said they had diagnosed and treated syphilis and near a tenth treated Chlamydia (10.2%). Trichomoniasis was among the least STI symptoms diagnosed and treated, and was reported by only 3.7% of the health workers. Pelvic Inflammatory Disease (PID) (1.2%) and Urinary Tract Infection (UTI) (0.4%) were even less diagnosed and treated.

Table 68: Type of STI symptoms diagnosed in the health facility by enclave site and overall

Type of STI diagnosed & treated in health facility	BKL		HOP		OSL		RAM		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Gonorrhoea	30	51.7%	20	43.5%	32	55.2%	17	54.8%	22	44.9%	123	50.4%
Syphilis	13	22.4%	13	28.3%	18	31.0%	5	16.1%	19	38.8%	68	27.9%
Chlamydia	3	5.2%	10	21.7%	4	6.9%	2	6.5%	6	12.2%	25	10.2%
Trichomoniasis	1	1.7%	1	2.2%	2	3.4%	4	12.9%	1	2.0%	9	3.7%
UTI	0	0.0%	0	0.0%	0	0.0%	1	3.2%	0	0.0%	1	0.4%
PID	3	5.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	1.2%
Not stated	8	13.8%	2	4.3%	2	3.4%	2	6.5%	1	2.0%	15	6.1%
Total	58	100.0%	46	100.0%	58	100.0%	31	100.0%	49	100.0%	244	100.0%

*Percentages based on the total number of responses and rounded

Condoms to STI patients

Of the 141 health workers interviewed, over three quarters (78%) said that condoms were given out to people who were on STI treatment while near a fifth (22%) said that they did not give condoms to STI patients. Of those interviewed, condoms were most distributed by health staff affiliated to HOP, WRC, BKL and OSL, and the least condoms were distributed by health staff affiliated with RAI.

Table 69: Always give condoms to STI patients by enclave site and overall

Always give condoms to STI patients	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	25	78.1%	19	86.4%	25	75.8%	13	68.4%	21	80.8%	103	78.0%
No	7	21.9%	3	13.6%	8	24.2%	6	31.6%	5	19.2%	29	22.0%
Total	32	100.0%	22	100.0%	33	100.0%	19	100.0%	26	100.0%	132	100.0%

*Missing = BKL (6); HOP (1) OSL (2)

Treating sex workers with STI at health facilities

More health workers (29.1%) reported that they would give information on condom use and give condoms (26.8%) if they were giving treatment to a female sex worker who had a STI. Near a fifth (21.2%) reported they would give spiritual advice, while 5.4% reported they would feel embarrassed or uncomfortable (3.6%). Only 14.0% reported they would feel relaxed and these were health workers

affiliated to BKL, RAI and OSL. Feeling uncomfortable and embarrassed were mostly from WRC affiliated health workers, and more from HOP and OSL health facility sites would give condoms.

Table 70: Treatment of a STI sex worker by enclave site and overall

Treat STI sex worker	HOP		OSL		BKL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Feel uncomfortable	3	6.8%	3	3.1%	5	5.5%	1	1.5%	9	9.9%	21	5.4%
Feel embarrassed	1	2.3%	1	1.0%	3	3.3%	2	2.9%	7	7.7%	14	3.6%
Feel relaxed	4	9.1%	12	12.2%	15	16.5%	14	20.6%	10	11.0%	55	14.0%
Give spiritual advice	5	11.4%	24	24.5%	17	18.7%	15	22.1%	22	24.2%	83	21.2%
Information condom use	16	36.4%	31	31.6%	27	29.7%	18	26.5%	22	24.2%	114	29.1%
Give condoms	15	34.1%	27	27.6%	24	26.4%	18	26.5%	21	23.1%	105	26.8%
Total	44	100.0%	98	100.0%	91	100.0%	68	100.0%	91	100.0%	392	100.0%

*Percentages based on the total number of responses

Treating men who have sex with men (MSM)

When treating a man who had male to male sex, 23.3% said that they would feel uncomfortable (12.5%) or embarrassed (10.8%). Nearly a quarter would give information on condom use (24.7%), and near a fifth would give condoms (21.8%) or spiritual advice (21.5%). Less than a tenth (8.7%) said that they would feel relaxed. Most that would be embarrassed or uncomfortable were from OSL, BKL or WRC.

Table 71: Treatment towards men who had sex with men with STI by enclave site and overall

Treatment towards MSM who had STI	HOP		OSL		BKL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Information on condom use	14	33.3%	23	23.5%	19	26.0%	16	25.0%	13	19.4%	85	24.7%
Give condoms	11	26.2%	19	19.4%	15	20.5%	17	26.6%	13	19.4%	75	21.8%
Spiritual advice	6	14.3%	24	24.5%	11	15.1%	16	25.0%	17	25.4%	74	21.5%
Uncomfortable	4	9.5%	20	20.4%	8	11.0%	3	4.7%	8	11.9%	43	12.5%
Feel embarrassed	3	7.1%	7	7.1%	13	17.8%	3	4.7%	11	16.4%	37	10.8%
Feel relaxed	4	9.5%	5	5.1%	7	9.6%	9	14.1%	5	7.5%	30	8.7%
Total	42	100.0%	98	100.0%	73	100.0%	64	100.0%	67	100.0%	344	100.0%

*Percentages based on total number of responses

Main issues for PLHIV who frequent facility

Many (28.1%) health staff reported that inadequate nutrition was one of the main issues for people living with HIV (PLHIV) frequenting the facility. This was followed by illness from opportunistic infections (20.1%), a need for ART drugs (16.3%), for medical reviews (16.3%), and mother to child transmission (14.3%).

Table 72: Main issues for PLHIV attending facility by enclave site and overall

Main issues of PLHIV at facility	HOP		OSL		BKL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Inadequate nutrition	7	14.0%	31	30.7%	22	26.5%	17	26.6%	35	35.0%	112	28.1%
Opportunistic infections	14	28.0%	18	17.8%	19	22.9%	12	18.8%	17	17.0%	80	20.1%
Need for ART	11	22.0%	15	14.9%	16	19.3%	8	12.5%	15	15.0%	65	16.3%
Medical reviews	10	20.0%	13	12.9%	14	16.9%	13	20.3%	15	15.0%	65	16.3%
Mother to child transmission	3	6.0%	16	15.8%	11	13.3%	10	15.6%	17	17.0%	57	14.3%
Don't know	4	8.0%	4	4.0%	1	1.2%	3	4.7%	0	0.0%	12	3.0%
Other	1	2.0%	4	4.0%	0	0.0%	1	1.6%	1	1.0%	7	1.8%
Total	50	100.0%	101	100.0%	83	100.0%	64	100.0%	100	100.0%	398	100.0%

*Percentages based on total number of responses

Neglect of PLHIV in surrounding communities

Most (60.2%) health workers said that they thought people living with HIV were neglected in their surrounding community, with more RAI and HOP affiliated health staff reporting that they felt that

there was considerable neglect for PLHIV in their surrounding communities, indicating increased potential for stigma and discrimination.

Table 73: People living with HIV (PLHIV) neglected in the surrounding community by enclave site and overall

PLHIV neglected in surrounding community	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	18	54.5%	15	68.2%	19	55.9%	13	72.2%	15	57.7%	80	60.2%
No	15	45.5%	7	31.8%	15	44.1%	5	27.8%	11	42.3%	53	39.8%
Total	33	100.0%	22	100.0%	34	100.0%	18	100.0%	26	100.0%	133	100.0%

*Missing = (5); HOP (1); OSL (1); RAI (1)

Health workers' assessment of risk of HIV transmission

Overall, only near a third (34.9%) of the health workers reported feeling safe from HIV and this is also reflected in their response to if they would give resuscitation to a baby born to a woman living with HIV.

Table 74: Health workers feeling safe from HIV by enclave site and overall

Feel safe from HIV	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	11	37.9%	19	86.4%	8	24.2%	8	42.1%	15	62.5%	44	34.9%
No	18	62.1%	3	13.6%	25	75.8%	11	57.9%	9	37.5%	82	65.1%
Total	29	100.0%	22	100.0%	33	100.0%	19	100.0%	24	100.0%	126	100.0%

*Missing = BKL (9); HOP (1); OSL (2); WRC (2)

Mouth to mouth resuscitation

Health workers fear of HIV can greatly affect their work with people living with HIV. This fear cannot be illustrated more clearly than in their response when asked if they, as a health worker, would feel comfortable giving mouth to mouth resuscitation on a baby that was born to women living with HIV. Over three quarters (78.1%) reported that they would not give resuscitation on babies born to HIV positive mothers. More at RAI and WRC said that they would do this resuscitation.

Table 75: Doing mouth to mouth resuscitation on a baby that was born to a woman living with HIV by enclave site and overall

Mouth to mouth resuscitation on a baby born to a woman living with HIV	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	5	17.2%	3	14.3%	4	12.1%	9	47.4%	7	26.9%	28	21.9%
No	24	82.8%	18	85.7%	29	87.9%	10	52.6%	19	73.1%	100	78.1%
Total	29	100.0%	21	100.0%	33	100.0%	19	100.0%	26	100.0%	128	100.0%

*Missing = BKL (9); HOP (2); OSL (2)

Feel shy when working with people living with PLHIV

Despite their own fears, nearly all (90.6%) of the health workers reported not feeling shy to tell people that they work with people living with HIV. More at OSL and BKL felt shy to tell people that they work with those living with HIV.

Table 76: Feel shy to tell people that you work with people living with HIV by enclave site and overall

Feel shy to tell people you work with PLHIV	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	3	10.0%	1	5.0%	5	14.7%	1	5.6%	2	7.7%	12	9.4%
No	27	90.0%	19	95.0%	29	85.3%	17	94.4%	24	92.3%	116	90.6%
Total	30	100.0%	20	100.0%	34	100.0%	18	100.0%	26	100.0%	128	100.0%

*Missing = BKL (8); HOP (3); OSL (1); RAI (1)

Most said that they would tell those in the community, patients coming to the clinic, co-workers, people living with HIV or people working in HIV or AIDS, other health staff, community leaders, no one or their family members. Close to five percent (5.3%) said that they would not tell anyone that

they worked with someone living with HIV. Only one health worker said that she would tell her husband about her work with PLHIV.

Table 77: Type of people health workers would tell if they worked with people living with HIV by enclave site and overall

Type of people HW would tell if they work with PLHIV	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Community	5	15.2%	3	12.5%	12	37.5%	5	35.7%	0	0.0%	26	20.0%
Patients who come to clinic	5	15.2%	3	12.5%	4	12.5%	0	0.0%	6	23.1%	18	13.8%
HIV positive patients (PLHIV)	0	0.0%	0	0.0%	0	0.0%	2	14.3%	9	34.6%	11	8.5%
People working in HIV and AIDS	3	9.1%	5	20.8%	1	3.1%	0	0.0%	1	3.8%	10	7.7%
Health staff	0	0.0%	5	20.8%	1	3.1%	2	14.3%	0	0.0%	8	6.2%
Community leaders	0	0.0%	0	0.0%	7	21.9%	0	0.0%	0	0.0%	7	5.4%
No one (nobody)	0	0.0%	1	4.2%	0	0.0%	2	14.3%	4	15.4%	7	5.4%
Wantok/relatives, family	5	15.2%	1	4.2%	1	3.1%	0	0.0%	0	0.0%	7	5.3%
Co-workers, staff members	0	0.0%	2	8.3%	2	6.2%	0	0.0%	1	3.8%	5	3.9%
Church pastor (Church leaders)	1	3.0%	0	0.0%	2	6.3%	0	0.0%	0	0.0%	3	2.3%
Educated people	1	3.0%		0.0%	0	0.0%	1	7.1%	0	0.0%	2	1.5%
Friends	1	3.0%	0	0.0%	0	0.0%	0	0.0%	1	3.8%	2	1.5%
Concerned people only	0	0.0%	0	0.0%	0	0.0%	1	7.1%	0	0.0%	1	0.8%
Currently not dealing with any one	0	0.0%	1	4.2%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
General public	0	0.0%	0	0.0%	0	0.0%	1	7.1%	0	0.0%	1	0.8%
Husband	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	3.8%	1	0.8%
Wish to talk to PLHIV	1	3.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
Antenatal mothers	0	0.0%	0	0.0%	1	3.1%	0	0.0%	0	0.0%	1	0.8%
Not stated	11	33.3%	3	12.5%	1	3.1%	0	0.0%	3	11.5%	18	13.8%
TOTAL	33	100.0%	24	100.0%	32	100.0%	14	100	26	100.0%	130	100.0%

*Percentages based on the total number of responses

Knowing someone living with HIV

Nearly all (91.8%) health workers surveyed reported knowing someone personally who was living with HIV. Just over ten percent of OSL and RAI health related staff had not known someone living with HIV which could relate to their shyness, while just under a tenth from WRC knew people living with HIV but still felt shy working with a person living with HIV.

Table 78: Health workers personally know someone living with HIV by enclave site and overall

HW personally knows person living with HIV	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	32	91.4%	21	91.3%	29	87.9%	16	88.9%	25	100.0%	123	91.8%
No	3	8.6%	2	8.7%	4	12.1%	2	11.1%	0	0.0%	11	8.2%
Total	35	100.0%	23	100.0%	33	100.0%	18	100.0%	25	100.0%	134	100.0%

*Missing = BKL (3); OSL (2); RAI (1); WRC (1)

Relationship with someone living with HIV

More affiliated health staff reported having a relationship with a close friend (41.0%) living with HIV than relationships with patients (20.9%) living with HIV.

Table 79: Relationship with someone living with HIV by enclave site and overall

Relationship with PLHIV	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Close friends	7	21.9%	9	40.9%	14	48.3%	8	42.1%	16	59.3%	57	41.0%
Patients	10	31.3%	5	22.7%	7	24.1%	6	31.6%	0	0.0%	29	20.9%
Family members	6	18.8%	6	27.3%	5	17.2%	0	0.0%	3	11.1%	21	15.1%
Relatives	2	6.3%	0	0.0%	2	6.9%	1	5.3%	0	0.0%	9	6.5%
Community members	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	14.8%	4	2.9%
Neighbours	0	0.0%	0	0.0%	0	0.0%	1	5.3%	0	0.0%	1	0.7%
Not stated	7	21.9%	2	9.1%	1	3.4%	3	15.8%	4	14.8%	18	12.9%
Total	32	100.0%	22	100.0%	29	100.0%	19	100.0%	27	100.0%	139	100.0%

*Percentages based on the total number of responses

These were followed by having relationships with family members (15.1%) living with HIV. A tenth (10.1%) knew relatives, neighbours or other community members living with HIV. More health staff from WRC and OSL said that they had close friends living with HIV while more health workers from HOP, BKL and OSL had relationships with family members living with HIV. More health staff from BKL, OSL and RAI had relationships with patients living with HIV while no health staff at WRC had a relationship with a patient living with HIV.

HIV positive women and pregnancy

Most (65.1%) health workers thought that women living with HIV should not have babies. Significantly more from OSL health staff thought HIV positive mothers should have babies.

Table 80: Opinion on whether women living with HIV should have babies by enclave site and overall

Opinion on whether women living with HIV should have babies	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	11	35.5%	2	9.1%	20	62.5%	4	22.2%	8	30.8%	45	34.9%
No	20	64.5%	20	90.9%	12	37.5%	14	77.8%	18	69.2%	84	65.1%
Total	31	100.0%	22	100.0%	32	100.0%	18	100.0%	26	100.0%	129	100.0%

*Missing = BKL (7); HOP (1); OSL (3); RAI (1)

When asked if HIV positive women should have babies, health staff gave a variety of reasons. The reasons behind why positive women should or should not have a baby varied but three quarters of health staff did not agree and their reasons ranged mostly around potential for HIV transmission, complications and death, burden of the child and for the mothers wellbeing.

Table 81: Reasons why HIV positive women should or should not have a baby

Reasons why HIV women should or should not have babies	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Mother to child transmission of virus	6	19.4%	3	13.0%	5	16.1%	10	27.0%	4	15.4%	28	18.9%
Lead complication and death	9	29.0%	0	0.0%	5	16.1%	5	13.5%	5	19.2%	24	16.2%
Baby (husband) get infected with HIV	3	9.7%	7	30.4%	0	0.0%	7	18.9%	4	15.4%	21	14.2%
HIV+ mother can have HIV+ babies	1	3.2%	1	4.3%	5	16.1%	2	5.4%	2	7.7%	11	7.4%
A burden, and not enough care and support for the child	1	3.2%	6	26.1%	0	0.0%	2	5.4%	2	7.7%	11	7.4%
ART/PMTCT advice at antenatal clinics	2	6.5%	0	0.0%	6	19.4%	1	2.7%	0	0.0%	9	6.1%
Have sex partners & have rights	1	3.2%	0	0.0%	4	12.9%	2	5.4%	2	7.7%	9	6.1%
Reproductive system active and works	4	12.9%	0	0.0%	0	0.0%	1	2.7%	1	3.8%	6	4.1%
Counseling / treatment at antenatal clinic	1	3.2%	1	4.3%	0	0.0%	1	2.7%	1	3.8%	4	2.7%
Safe delivery	1	3.2%	0	0.0%	1	3.2%	1	2.7%	1	3.8%	4	2.7%
Child can separate after birth	0	0.0%	0	0.0%	3	9.7%	0	0.0%	0	0.0%	3	2.0%
For well being mother not good for baby	0	0.0%	0	0.0%	1	3.2%	1	2.7%	1	3.8%	3	2.0%
HIV is not 100% transmitted	0	0.0%	0	0.0%	0	0.0%	1	2.7%	0	0.0%	1	0.7%
To avoid spreading of HIV	0	0.0%	1	4.3%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Not Stated	2	6.5%	4	17.4%	1	3.2%	3	8.1%	3	11.5%	13	8.8%
Total	31	100.0%	23	100.0%	31	100.0%	37	100.0%	26	100.0%	148	100.0%

Nearly a third supported the rights of a mother and acknowledged their sexuality, and identified counselling, ART, PMTCT and safe delivery as options to support women to have HIV negative babies. This certainly indicates the training needs around PMTCT, ART and the rights of PLHIV. More affiliated health staff of OSL and BKL identified ART and PMTCT as an option to support HIV positive pregnant women.

Advice for couples living with HIV

When asked what advice they would give HIV positive couples, most (68.5%) said that they would tell them to always use a condom and have unprotected sex only with their positive partner (18.5%). Some said that they would tell them to abstain from sex (12.9%).

Table 82: Advice to HIV positive couple by enclave site and overall

Advise for HIV positive couple	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Always use condoms	30	68.2%	18	72.0%	31	73.8%	18	58.1%	25	69.4%	122	68.5%
Unprotected sex only with HIV+ partner	10	22.7%	5	20.0%	7	16.7%	6	19.4%	5	13.9%	33	18.5%
Abstain from sex	4	9.1%	2	8.0%	4	9.5%	7	22.6%	6	16.7%	23	12.9%
Total	44	100.0%	25	100.0%	42	100.0%	31	100.0%	36	100.0%	178	100.0%

*Percentages based on total number of responses

Wearing of gloves while treating PLHIV

When health workers were asked if they wore gloves when touching a person living with HIV, 12.2% said that they always wore gloves, and 1.8% said that they never wore gloves when touching a person living with HIV. Close to a third (30.2%) said they always wore gloves when treating wound of PLHIV and over a quarter (27.9%) said they always wore gloves when contact with blood or drawing blood of PLHIV. Unfortunately, 18.5% said that they wore gloves when bathing a person living with HIV and close to a tenth (9.4%) said that they always wore gloves when taking vital statistics.

Table 83: Use gloves when touching a person with HIV by enclave site and overall

Use gloves when touching PLHIV	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Always use gloves touching PLHIV	15	14.4%	10	15.9%	10	10.3%	6	14.0%	6	7.8%	47	12.2%
Always gloved when blood present or drawing blood from PLHIV	26	25.0%	18	28.6%	30	30.9%	12	27.9%	21	27.3%	107	27.9%
Use gloves treating wound of PLHIV	33	31.7%	19	30.2%	28	28.9%	12	27.9%	24	31.2%	116	30.2%
Use gloves when bathing a PLHIV	19	18.3%	10	15.9%	19	19.6%	6	14.0%	17	22.1%	71	18.5%
Use gloves taking vital status of PLHIV	9	8.7%	6	9.5%	7	7.2%	6	14.0%	8	10.4%	36	9.4%
Never use gloves when contact PLHIV	2	1.9%	0	0.0%	3	3.1%	1	2.3%	1	1.3%	7	1.8%
Total	104	100.0%	63	100.0%	97	100.0%	43	100.0%	77	100.0%	384	100.0%

HIV awareness outreach programs

Close to three quarters (74.4%) of health workers reported that they conduct HIV awareness programs at their facility.

Table 84: Facility conduct awareness programs on HIV by enclave site and overall

Facility conducts HIV awareness	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	22	71.0%	17	77.3%	27	77.1%	14	73.7%	19	73.1%	99	74.4%
No	9	29.0%	5	22.7%	8	22.9%	5	26.3%	7	26.9%	34	25.6%
Total	31	100.0%	22	100.0%	35	100.0%	19	100.0%	26	100.0%	133	100.0%

*Missing = BKL (7); HOP (1)

Sexual assault

Health workers reported treating 102 people (M42 and F60) after they had been sexually assaulted.

Table 85: Number of sexually assaulted female patients by enclave site and overall

# of sexually assaulted female patients	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
0	0	0.0%	0	0.0%	7	43.8%	0	0.0%	3	16.7%	10	16.7%
1	4	30.8%	2	25.0%	1	6.3%	3	60.0%	6	33.3%	16	26.7%
2	3	23.1%	4	50.0%	7	43.8%	1	20.0%	4	22.2%	19	31.7%
3	3	23.1%	1	12.5%	0	0.0%	0	0.0%	1	5.6%	5	8.3%
4	0	0.0%	0	0.0%	1	6.3%	0	0.0%	0	0.0%	1	1.7%
5	2	15.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	3.3%
6	0	0.0%	0	0.0%	0	0.0%	1	20.0%	3	16.7%	4	6.7%
10	1	7.7%	0	0.0%	0	0.0%	0	0.0%	1	5.6%	2	3.3%
30	0	0.0%	1	12.5%	0	0.0%	0	0.0%	0	0.0%	1	1.7%
Total	13	100.0%	8	100.0%	16	100.0%	5	100.0%	18	100.0%	60	100.0%

*Missing = BKL (25); HOP (15); OSL (19); RAI (14); WRC (8)

From their experiences, health workers had treated more female victims of sexual assault than male victims of sexual assault. All health staff interviewed affiliated with BKL, HOP and RAI had treated a female patient who had been sexually assaulted, while two fifths of staff interviewed affiliated with OSL had not treated a female victim of assault. One particular health worker at HOP reported treating 30 women.

Most (76.2%) health workers reported that they had not treated a man who had been sexually assaulted. However, one particular health worker at HOP had reported treating over 20 men. There were also significant amounts of missing data for the questions on sexual assault and post exposure prophylaxis which impact on interpretation of data.

Table 86: Number of sexually assaulted male patients by enclave site and overall

Number of sexually assaulted male patients	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
None	8	80.0%	3	75.0%	8	80.0%	5	83.3%	8	66.7%	32	76.2%
1	1	10.0%	0	0.0%	1	10.0%	0	0.0%	2	16.7%	4	9.5%
2	1	10.0%	0	0.0%	0	0.0%	1	16.7%	0	0.0%	2	4.8%
7	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	16.7%	2	4.8%
8	0	0.0%	0	0.0%	1	10.0%	0	0.0%	0	0.0%	1	2.4%
20	0	0.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	1	2.4%
Total	10	100.0%	4	100.0%	10	100.0%	6	100.0%	12	100.0%	42	100.0%

*Missing = BKL (28); HOP (19); OSL (25); RAI (13); WRC (14)

Very few (6.5%) health workers reported giving a post exposure prophylaxis (PEP) of antiretroviral drugs to the female victims of sexual assault; with another 25% unsure if they had. More health staff (37.0%) gave female victims of sexual assault treatment for sexually transmitted infections (STI).

Health workers would also refer victims of sexual assault for different types of services to assist them to deal with their trauma and situations. When asked about referral to legal advice, only 20.0% of the health workers reported they had made referrals and there was considerable uncertainty.

Table 87: Referring sexually assaulted victims for legal advice by enclave site and overall

Refer sexual assault victims for legal advice	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	2	18.2%	2	15.4%	4	16.0%	4	28.6%	4	23.5%	16	20.0%
No	6	54.5%	8	61.5%	14	56.0%	8	57.1%	9	52.9%	45	56.2%
Don't know	3	27.3%	3	23.1%	7	28.0%	2	14.3%	4	23.5%	19	23.8%
Total	11	100.0%	13	100.0%	25	100.0%	14	100.0%	17	100.0%	80	100.0%

*Missing = BKL (27); HOP (10); OSL (10); RAI (5); WRC (9)

Table 88: Referring sexually assaulted victims for counseling by enclave site and overall

Refer sexual assault victims for counseling	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	9	52.9%	2	16.7%	9	31.0%	6	40.0%	13	61.9%	39	41.5%
No	6	35.3%	7	58.3%	13	44.8%	7	46.7%	5	23.8%	38	40.4%
Don't know	2	11.8%	3	25.0%	7	24.1%	2	13.3%	3	14.3%	17	18.1%
Total	17	100.0%	12	100.0%	29	100.0%	15	100.0%	21	100.0%	94	100.0%

*Missing = BKL (21); HOP (11); OSL (6); RAI (4); WRC (5)

Most health staff referred sexually assaulted victims for counselling (41.5%), and medical review (40.4%).

Table 89: Referring sexually assaulted victims for medical review by enclave site and overall

Refer sexual assault victim for medical review	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	11	57.9%	4	28.6%	5	19.2%	7	43.8%	11	57.9%	38	40.4%
No	6	31.6%	7	50.0%	14	53.8%	7	43.8%	4	21.1%	38	40.4%
Don't know	2	10.5%	3	21.4%	7	26.9%	2	12.5%	4	21.1%	18	19.1%
Total	19	100.0%	14	100.0%	26	100.0%	16	100.0%	19	100.0%	94	100.0%

*Missing = BKL (19); HOP (9); OSL (9); RAI (3); WRC (7)

Very few (6.5%) referred victims of sexual assault for PEP but as is illustrated below, most did not have a month's supply of ART at their facility.

Table 90: Referring sexually assaulted victims for PEP by enclave site and overall

Refer sexual assault victims for PEP	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	1	8.3%	1	8.3%	1	4.2%	2	14.3%	0	0.0%	5	6.5%
No	8	66.7%	8	66.7%	16	66.7%	9	64.3%	11	73.3%	52	67.5%
Don't know	3	25.0%	3	25.0%	7	29.2%	3	21.4%	4	26.7%	20	26.0%
Total	12	100.0%	12	100.0%	24	100.0%	14	100.0%	15	100.0%	77	100.0%

*Missing = BKL (26); HOP (11); OSL (11); RAI (5); WRC (11)

Monthly supply of PEP

At the time of the survey, nearly all (92.2%) health workers interviewed reported that the facility they worked in, did not have a month's supply of post exposure prophylaxis (PEP) to treat at least five people.

Table 91: Month's supply of PEP to treat five people by enclave site and overall

Month's supply of PEP to treat five people	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	1	4.2%	0	0.0%	2	6.7%	1	5.3%	5	20.0%	9	7.8%
No	23	95.8%	17	100.0%	28	93.3%	18	94.7%	20	80.0%	106	92.2%
Total	24	100.0%	17	100.0%	30	100.0%	19	100.0%	25	100.0%	115	100.0%

*Missing = BKL (14); HOP (6); OSL (5); WRC (1)

Only near half (53.8%) reported that their facility had a month's supply of Cotrimoxazole to treat at least 5 people, and more at WRC and OSL reported they had a month supply of ART or other medicines for treatment of PLHIV and victims of sexual assault.

Table 92: Month's supply of Cotrimoxazole to treat five people by enclave site and overall

Month's supply of Cotrimoxazole to treat 5 people	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	15	48.4%	9	40.9%	23	65.7%	8	42.1%	16	64.0%	71	53.8%
No	16	52.6%	13	59.1%	12	34.3%	11	57.9%	9	36.0%	61	46.2%
Total	31	100.0%	22	100.0%	35	100.0%	19	100.0%	25	100.0%	132	100.0%

*Missing = BKL (7); HOP (1); WRC (1)

Standard treatment guidelines

Health workers were also asked about whether their facilities had copies of different standard treatment guidelines or manuals. The most common manual found at most facilities was the Manual of Family Planning for Doctors, HEOs and Nurses in PNG, where over three quarters (75.4%) reported having a copy of that manual. Over a third of BKL affiliated health staff did not have a copy at their facility.

Table 93: Having a copy of the Manual for Family Planning for Doctors, HEOs and Nurses in PNG

Manual of Family Planning for Doctors, HEOs and Nurses in PNG	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	22	61.1%	19	82.6%	29	85.3%	14	73.7%	20	76.9%	104	75.4%
No	14	38.9%	2	8.7%	4	11.8%	5	25.3%	6	23.1%	31	22.5%
Don't know	0	0.0%	2	8.7%	1	2.9%	0	0.0%	0	0.0%	3	2.2%
Total	36	100.0%	23	100.0%	34	100.0%	19	100.0%	26	100.0%	138	100.0%

*Missing = BKL (2); OSL (1)

Also common was the manual for Standard Management of STI and Genital Conditions in PNG, and close to two thirds (61.6%) reported having it. Only a third of staff from RAI and BKL affiliated facilities had a copy.

Table 94: Having a copy of the Standard Management of STI and Genital Conditions in PNG manual by enclave site and overall

Standard Management of STI and Genital Conditions in PNG	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	13	36.1%	22	95.7%	26	76.5%	7	36.8%	17	65.4%	85	61.6%
No	22	61.1%	1	4.3%	7	20.6%	12	63.2%	7	26.9%	49	35.5%
Don't know	1	2.8%	0	0.0%	1	2.9%	0	0.0%	2	7.7%	4	2.9%
Total	36	100.0%	23	100.0%	34	100.0%	19	100.0%	26	100.0%	138	100.0%

*Missing = BKL (2); OSL (1)

Close to half of health staff (48.2%) reported that their facility had a copy of Standard Treatment for Common Illnesses of Adults in PNG. Only a third of RAI, OSL and BKL affiliated health staff had a copy at their facility.

Table 95: Having a copy of the Standard Treatment for Common Illness of Adults in PNG by enclave site and overall

Standard Treatment for Common Illnesses of Adults in PNG	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	14	38.9%	16	69.6%	13	37.1%	7	36.8%	17	65.4%	67	48.20%
No	22	61.1%	6	26.1%	20	57.1%	12	63.2%	9	34.6%	69	49.60%
Don't know	0	0.0%	1	4.3%	2	5.7%	0	0.0%	0	0.0%	3	2.20%
Total	36	100.0%	23	100.0%	35	99.9%	19	100.0%	26	100.0%	139	100.0%

*Missing = BKL (2)

The Manual for HIV in PNG was the least available manual in most of the facilities, with a majority (72.9%) not having a copy. Very few health staff at HOP and BKL facilities had access to this HIV manual, while WRC related health staff interviewed had a copy at their facility.

Table 96: Having a copy of the Manual for HIV in PNG to facilities by enclave site and overall

The Manual for HIV in PNG	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	2	6.1%	1	4.5%	8	25.8%	5	27.8%	10	40.0%	26	20.2%
No	28	84.8%	16	72.7%	23	74.2%	12	66.7%	15	60.0%	94	72.9%
Don't know	3	9.1%	5	22.7%	0	0.0%	1	5.6%	0	0.0%	9	7.0%
Total	33	100.0%	22	100.0%	31	100.0%	18	100.1%	25	100.0%	129	100.0%

*Missing = BKL (5); OSL (4); RAI (1); WRC (1)12

Standard precautions for infection control

The majority (80.2%) of the health workers reported that their facility did not have the equipment and supplies needed to maintain standard precautions for infection control. Only a fifth (19.8%) had what they needed to protect themselves and others from infection. More WRC and BKL affiliated health staff had the equipment and supplies needed for standard precautions however this coverage is still low.

Table 97: Availability of equipment and supplies to maintain standard precautions for infection control by enclave site and overall

Availability of equipment & supplies to maintain standard precautions	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	8	22.9%	2	9.1%	5	16.1%	3	16.7%	8	32.0%	26	19.8%
No	27	77.1%	20	90.9%	26	83.9%	15	83.3%	17	68.0%	105	80.2%
Total	35	100.0%	22	100.0%	31	100.0%	18	100.0%	25	100.0%	131	100.0%

*Missing =BKL (3); HOP (1); OSL (4); RAI (1); WRC (1)

Most (52.1%) reported that they didn't always use standard precautions for infection control, with three quarters of OSL-related health staff not always using standard precautions.

Table 98: Always using standard precautions for infection by enclave site and overall

Always using standard precautions for infection	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	12	41.4%	14	70.0%	7	25.0%	7	41.2%	17	68.0%	57	47.9%
No	17	58.6%	6	30.0%	21	75.0%	10	58.8%	8	32.0%	62	52.1%
Total	29	100.0%	20	100.0%	28	100.0%	17	100.0%	25	100.0%	119	100.0%

*Missing = BKL (9); HOP (3); OSL (7); RAI (2); WRC (1)22

Items needed to maintain standard precautions for infection control

The majority (85.9%) reported needing various items to maintain standard precautions for infection control. Just over ten percent (10.1%) of these health workers reported needing a basic item such as a disinfectant cleaner or powder and protective equipment (9.4%) and over six percent reported they need proper rubbish incinerators (6.7%) and rubbish bins (6.4%). There were other items such as: autoclave machines, antibiotic needles, proper suture trays, blood pressure machine and a proper water supply (4.0). A few (3.4%) mentioned having health education and prevention programs, while less reported needing awareness on maintaining standard precautions for infection control in the workforce area (0.7%), having work place policies (0.7%) and having a manual for HIV (0.7%) (see Appendix 2: Table 136: Type of supplies needed to make standard precautions for infection control by enclave site and overall).

Supplies and shortages

The greatest majority (81.2%) of health staff reported that their facilities had run out of supplies over the past year.

Table 99: Facilities that run out of supplies in the past year by enclave site and overall

Facility ran out of supplies in past year	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	29	82.9%	19	82.6%	27	77.1%	17	89.5%	20	76.9%	112	81.2
No	6	17.1%	4	17.4%	8	22.9%	2	10.5%	6	23.1%	26	18.8
Total	35	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	138	100.0%

*Missing =BKL (3)

When asked about the type of medicine and materials they had run out of within the last six months, over a third of the health staff reported that their facilities had run out of drugs, such as: malarial tablets, including Altimeter (7.3%), Chloroquine (3.5%) and Quinine (2.7%); STI drugs (7.5%); pain killers (7.0%); TB drugs (6.1%) for the TB Dot program and emergency medicine such as adrenaline (3.7%). Five percent reported that they had run out of HIV RDT Test kits (5.0%), and ten percent (10.1%) had run out of male or female condoms. Over ten percent (11.3%) reported not having disinfectant. Other vital medical supplies such as oxygen (4.8%), blood tubes (3.6%), alcohol swabs (3.4%), and IV fluids (3.0%); and protective equipment such as vacutainers (8.1%), syringes (4.4%), disposable gloves (4.2%), and needles (3.0%) had run out in some health facilities over the past six months (see Appendix 2: Table 137: Supplies that the facilities had run out of in the last 6 months by enclave site and overall).

Last month's drug supply

At the time of the survey, the majority (77.9%) of facilities had not received last month's supply of drugs on time.

Table 100: Last month's supply on time by enclave site and overall

Last month's supply on time	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	8	22.9%	3	13.6%	2	5.9%	6	31.6%	11	42.3%	30	22.1%
No	27	77.1%	19	86.4%	32	94.1%	13	68.4%	15	57.7%	106	77.9%
Total	35	100.0%	22	100.0%	34	100.0%	19	100.0%	26	100.0%	136	100.0%

*Missing = BKL (3); HOP (1); OSL (1)

When further asked if last month's order was complete, 62.3% of the health workers said that their order was incomplete. More health staff affiliated with BKL and HOP and OSL said that their last month's order was not complete.

Table 101: Last month's order complete by enclave site and overall

Last month's order complete	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes, complete	8	25.80%	6	28.60%	9	27.30%	9	47.40%	17	65.40%	49	37.7%
No, incomplete	23	74.20%	15	71.40%	24	72.70%	10	52.60%	9	34.6%	81	62.3%
Total	31	100.0%	21	100.0%	33	100.0%	19	100.0%	26	100.0%	130	100.0%

*Missing = BKL (7); HOP (2); OSL (2)

Some of the health workers (18.1%) mentioned missing drugs that they had ordered and a few mentioned not receiving specific drugs. These included: STI drugs (7.1%), antibiotics (5.5%), TB drugs (4.7%) malaria drugs (4.0%), amoxicillin (3.1%), emergency drugs (1.6%) and contraceptives (1.6%). There were other medical supplies (5.5%) missing such as: scalpel blades and surgical blades (7.1%), disinfectant (2.4%), blood pressure (BP) machine (6.3%), protective equipment (2.4%), stethoscope, foot scales, dressing materials, syringe (0.8%), HIV RDT test kit, RIF caps and other medical equipment. Health workers reported transportation or out of stock dispensaries as contributing factors as to why they had not received their order in the last month (see Appendix 2: Table 138: Type of supplies missing from last month's order by enclave site and overall).

At the time of survey, close to three quarters (74.6%) of the facilities were out of STI drugs. Health workers previously reported that STI drugs had run out within the last six months (7.5%) or that they were missing in last month's order (7.4%).

Table 102: Facilities out of STI drugs at the time of survey by enclave site and overall

Out of STI drug stock	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	28	93.3%	17	77.3%	21	60.0%	13	76.5%	18	69.2%	97	74.6%
No	2	6.7%	5	22.7%	14	40.0%	4	23.5%	8	30.8%	33	25.4%
Total	30	100.0%	22	100.0%	35	100.0%	17	100.0%	26	100.0%	130	100.0%

*Missing = BKL (8); HOP (1); RAI (2)

Questions were asked about the availability of particular drugs, with enough to treat ten people at the time of the survey at the health facility. The majority of staff across all facilities at the time of survey did not have a sufficient amount of drugs to treat ten people for a range of drugs, and the antibiotic Azithromycin was least available (6.6%). Availability of some other drugs was near or less than a fifth: Doxycycline (20.8%), Benzathrine-Penicillin (19.7%), Tinidazole (19.5%), and Augmentin (14.9%). There was variability in the availability of these drugs across enclave affiliated health facilities, with RAI facilities reporting much less availability of penicillin and amoxicillin, while reporting more availability of Augmentin and Tinidazole.

Table 103: Current availability of stock to treat ten people by enclave site and overall

Current availability of stock to treat ten people	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Doxycycline	14	23.0%	18	20.2%	29	24.4%	7	18.4%	14	15.9%	82	20.8%
Benzathrine- Penicillin	10	16.4%	18	20.2%	27	22.7%	3	7.9%	20	22.7%	78	19.8%
Tinidazole	10	16.4%	18	20.2%	18	15.1%	13	34.2%	18	20.5%	77	19.5%
Amoxicillin	13	21.3%	15	16.9%	23	19.3%	4	10.5%	18	20.5%	73	18.5%
Augmentin	8	13.1%	15	16.9%	15	12.6%	9	23.7%	12	13.6%	59	14.9%
Azithromycin	6	9.8%	5	5.6%	7	5.9%	2	5.3%	6	6.8%	26	6.6%
Total	61	100.0%	89	100.0%	119	100.0%	38	100.0%	88	100.0%	395	100.0%

*Percentages based on the number of responses

Health staff also reported on the availability of other basic supplies that enable the hygienic and efficient running of their facilities. Over 60 percent (60.6%) reported not having soap at every basin for staff to wash their hands and 88.4% reported that soap was not available at every basin where patients wash their hands.

Table 104: Soap in every basin to wash hands by enclave site and overall

Supervisory visit in last month	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	12	35.3%	16	69.6%	9	27.5%	2	10.5%	12	46.2%	54	39.4%
No	22	64.7%	7	30.4%	26	74.3%	17	89.5%	14	53.8%	83	60.6%
Total	34	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	137	100.0%

*Missing = BKL (4);

Table 105: Soap at basin for patients to wash hands by enclave site and overall

Soap at basin for patients to wash hands	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	7	20.0%	1	4.3%	2	5.7%	2	5.7%	4	15.4%	16	11.6%
No	28	80.0%	22	95.7%	33	94.3%	17	94.3%	22	84.6%	122	88.4%
Total	35	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	138	100.0%

*Missing = BKL - 3

Table 106: Toilet paper in staff bathroom by enclave site and overall

Toilet paper in staff bathroom	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	0	0.0%	1	4.5%	2	5.7%	4	21.1%	5	19.2%	12	8.8%
No	34	100.0%	21	95.5%	33	94.3%	15	78.9%	21	80.8%	124	91.2%
Total	34	100.0%	22	100.0%	35	100.0%	19	100.0%	26	100.0%	136	100.0%

*Missing = BKL - 4

The supply of toilet paper was of greatest concern for the health workers with nearly all (91.2%) reporting that they didn't have toilet paper available in the staff bathroom and most (97.1%) said that it was not available for patients to use.

Table 107: Toilet paper available for patients by enclave site and overall

Toilet paper for patients	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	15.4%	4	2.9%
No	34	100.0%	23	100.0%	35	100.0%	19	100.0%	22	84.6%	133	97.1%
Total	34	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	137	100.0%

*Missing = BKL - 4

Vacutainers for needles and sharps were more available with just over a quarter (28.6%) of health workers reporting that they did not have them.

Table 108: Having vacutainers for needles and sharps by enclave site and overall

Having vacutainers	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	29	76.30%	20	87.00%	24	68.60%	6	31.60%	21	84.00%	100	71.40%
No	9	23.70%	3	13.00%	11	31.40%	13	68.40%	4	16.00%	40	28.60%
Total	38	100.00%	23	100.00%	35	100.00%	19	100.00%	25	100.00%	140	100.00%

*Missing = WRC - 1

Supply shortages

A wide range of reasons were given why there were shortages in medical supplies, and a fifth did not give any reasons. Inadequate supplies at the medical store (14.6%), delay in distribution of supplies because of transportation (12.8%), delay in delivery from area medical store (11.0%) and a lack of funds (10.4%) were most mentioned as to why there were shortages in supplies. Increase in patients (5.5%), stealing (4.9%), misuse of drugs (4.9%) and a lack of proper management (4.3%) were also more often mentioned.

Table 109: Causes of medical supply shortage by enclave site and overall

Causes of medical supply shortage	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Inadequate supplies in area medical store	8	19.0%	7	25.9%	4	10.3%	3	13.6%	2	5.9%	24	14.6%
Transportation issues	4	9.5%	4	14.8%	5	12.8%	1	4.5%	7	20.6%	21	12.8%
Delay area medical store	5	11.9%	0	0.0%	10	25.6%	1	4.5%	2	5.9%	18	11.0%
Lack of funds	4	9.5%	6	22.2%	0	0.0%	2	9.0%	5	14.7%	17	10.4%
Increase in patients	1	2.4%	0	0.0%	3	7.7%	2	9.0%	3	8.8%	9	5.5%
Misuse of drugs	2	4.8%	0	0.0%	2	5.1%	3	13.6%	1	2.9%	8	4.9%
Stealing (staff stealing)	4	9.5%	0	0.0%	3	7.7%	1	4.5%	0	0.0%	8	4.9%
Lack proper management	0	0.0%	0	0.0%	1	2.6%	3	13.6%	3	8.8%	7	4.3%
Lack of communication	0	0.0%	0	0.0%	3	7.7%	0	0.0%	0	0.0%	3	1.8%
Delay NDoH medical store	1	2.4%	0	0.0%	0	0.0%	0	0.0%	2	5.9%	3	1.8%
Not enough supply ordered	2	4.8%	0	0.0%	0	0.0%	1	4.5%	0	0.0%	3	1.8%
Delay in purchase	0	0.0%	2	7.4%	0	0.0%	0	0.0%	0	0.0%	2	1.2%
Government failure	2	4.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.2%
Shortage in supplementary order	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	5.9%	2	1.2%
Misuse of funds	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	5.9%	2	1.2%
Stock short in private pharmacies	0	0.0%	1	3.7%	0	0.0%	0	0.0%	0	0.0%	1	0.6%
Not stated	8	19.0%	7	25.9%	8	20.5%	5	22.7%	5	14.7%	33	20.1%
Not sure	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.6%
Total	42	100.0%	27	99.9%	39	100.1%	22	99.5%	34	100.0%	164	100.0%

*Percentages based on the total number of responses

Questions were asked on the types of staff that were responsible for the medical supply, monitoring the pharmacy and its stock, and making orders. Most (41.8%) health workers reported that it was the responsibility of the officer-in-charge, while over ten percent reported that it was the responsibility of the sister-in-charge (13.5%), the supervisor (10.6%) or the HEO (8.5%).

Others were identified in smaller percentages such as: Nurse in charge (4.3%); CHW (4.3%); Estate manager (3.5%); Pharmacy technician (2.1%). Many other people were also identified indicating an overall lack of a standard approach or protocol being followed in facilities about who monitors and has access to the supply and ordering of medical supplies needed for treatment, and this may be contributing to lack of control and access over drugs and other medical supplies.

Table 110: Staff in charge of medical supply by enclave sites and overall

Staff in charge of medical supply	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Officer-in-charge	24	63.2%	9	39.1%	8	22.86%	9	47.37%	9	34.6%	59	41.8%
Sister-in-charge	0	0.0%	0	0.0%	17	48.57%	0	0.00%	2	7.7%	19	13.5%
HEO	0	0.0%	6	26.1%	3	8.57%	1	5.26%	2	7.7%	12	8.5%
CHW	1	2.6%	1	4.3%	0	0.00%	4	21.05%	0	0.0%	6	4.3%
Nurse in-charge	0	0.0%	0	0.0%	0	0.00%	2	10.53%	3	11.5%	6	4.3%
Estate manager	0	0.0%	0	0.0%	0	0.00%	0	0.00%	5	19.2%	5	3.5%
Pharmacy technician	3	7.9%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	3	2.1%
Area medical store	1	2.6%	0	0.0%	1	2.86%	0	0.00%	0	0.0%	2	1.4%
Nursing officer	0	0.0%	1	4.3%	0	0.00%	2	10.53%	0	0.0%	2	1.4%
Supervisor	0	0.0%	2	8.7%	0	0.00%	0	0.00%	0	0.0%	2	1.4%
Community relationship officer	0	0.0%	0	0.0%	0	0.00%	0	0.00%	1	3.8%	1	0.7%
Field department	0	0.0%	1	4.3%	0	0.00%	0	0.00%	0	0.0%	1	0.7%
Field store staff	0	0.0%	1	4.3%	0	0.00%	0	0.00%	0	0.0%	1	0.7%
Health officer	0	0.0%	0	0.0%	1	2.90%	0	0.00%	0	0.0%	1	0.7%
Hospital pharmacist	1	2.6%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	1	0.7%
Myself	1	2.6%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	1	0.7%
Nursing supervisor	0	0.0%	1	4.3%	0	0.00%	0	0.00%	0	0.0%	1	0.7%
Officer-in-charge pharmacy	1	2.6%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	1	0.7%
Project manager	0	0.0%	0	0.0%	0	0.00%	0	0.00%	1	3.8%	1	0.7%
Senior staff	1	2.6%	0	0.0%	0	0.00%	0	0.00%	0	0.0%	1	0.7%
Not stated	5	13.2%	1	4.3%	5	14.29%	1	5.26%	3	11.5%	15	10.6%
Total	38	100.0%	23	100.0%	35	100.0%	19	100.00%	26	100.0%	141	100.0%

*Percentages based on total number of responses

Number of times medicines are ordered

Facilities had different time periods in which they ordered their medicines. Close to a third (34.0%) ordered medicine every two months and just over a quarter (26.2%) ordered every three months. Close to a fifth (19.9%) did their orders monthly, while 14 others didn't state the times they do their orders. Just under a tenth (7.1%) waited for over four to six months or annually before they ordered supplies. A few health workers (3; 2.1%) reported that they normally ordered their medicine when they ran out of supplies.

Table 111: Number of times medicines are ordered at each facility by enclave site and overall

# of times medicine ordered	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Daily	0	0.0%	1	4.3%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Weekly	2	5.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.4%
Every two weeks	0	0.0%	0	0.0%	1	2.9%	0	0.0%	0	0.0%	1	0.7%
Monthly	12	31.6%	3	13.0%	3	8.6%	1	5.3%	9	34.6%	28	19.9%
Every two months	6	15.8%	7	30.4%	12	34.3%	11	57.9%	12	46.2%	48	34.0%
Every three months	8	21.1%	10	43.5%	12	34.3%	4	21.1%	3	11.5%	37	26.2%
Every four months	0	0.0%	0	0.0%	1	2.9%	0	0.0%	0	0.0%	1	0.7%
Every six months	2	5.3%	0	0.0%	1	2.9%	1	5.3%	0	0.0%	4	2.9%
Yearly	1	2.6%	0	0.0%	1	2.9%	0	0.0%	0	0.0%	2	1.4%
When supplies run out	1	2.6%	0	0.0%	1	2.9%	0	0.0%	1	3.8%	3	2.1%
Not stated	6	15.8%	2	8.7%	3	8.6%	2	10.5%	1	3.8%	14	10.0%
Total	38	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	141	100.0%

Medicine and supply flow to facility

A fifth (20.9%) of the health workers surveyed didn't mention ways that would improve the delivery of medicine and other medical supplies however most mentioned what they think would help to solve this issue. Over a third (37.9%) believed that this issue could be improved with improvement in transportation and it was suggested that the area medical store or health facilities have their own transport to pick up its medicines and supplies. Close to a tenth suggested that orders should be made early (9.2%), and others suggested that funds should be available to purchase their supplies (5.9%), that communication is improved (3.9%), direct orders be made through the pharmacy to the medical store (5.2%), drugs be accessed through the private sector (3.9%), to have more regular visits (2.6%), or to have better management (2.0%). There were other suggestions made and they were in smaller numbers, focused on more direct ordering, improved roads, better management, and to decrease in delays and increase flow more timely from the medical store (See Appendix 2: Table 139: How medicine and supply flow can be faster by enclave site and overall).

Shortage of condoms and lubricants

Over half (54.8%) of those surveyed reported not having a National AIDS Council Secretariat (NACS) condom dispenser at their facility. Just under half of staff reported their facilities had dispensers and with the present lack of condoms packaged by the NACS to fit these existing dispensers in the enclaves and more broadly across PNG; an assessment should be made of how this gap in condom distribution through dispensers with condoms packaged to fit can be filled or other strategies created for more privacy in accessing condoms.

Table 112: Number of facilities having NACS condom dispenser by enclave site and overall

Facilities having NACS condom dispensers	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	13	41.9%	8	36.4%	13	39.4%	8	53.3%	15	60.0%	57	45.2%
No	18	58.1%	14	63.6%	20	60.6%	7	46.7%	10	40.0%	69	54.8%
Total	31	100.0%	22	100.0%	33	100.0%	15	100.0%	25	100.0%	126	100.0%

*Missing = BKL (7); HOP (1); OSL (2); RAI (4) WRC (1)

There was more shortage of female condoms than male condoms reported by health staff over the past year. Over half of health workers surveyed experienced shortage of lubricants at their facility over the past year. Close to three quarters of health staff surveyed reported that their facilities experienced a shortage of NACS HIV IEC materials or other IEC materials (29.8%).

Table 113: Types of IEC materials that were short over the past year by enclave site and overall

Types of IEC materials that were short over the past year	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Male condoms	20	17.9%	6	12.5%	12	13.6%	7	8.9%	11	14.1%	56	13.8%
Female condom	23	20.5%	15	31.2%	14	15.9%	16	20.3%	21	26.9%	89	22.0%
Lubricant	25	22.3%	7	14.6%	18	20.5%	15	19.0%	11	14.1%	76	18.8%
NCS HIV IEC material	15	13.4%	7	14.6%	17	19.3%	14	17.7%	12	15.4%	65	16.0%
NACS STI IEC material	16	14.3%	8	16.7%	15	17.0%	14	17.7%	11	14.1%	64	15.8%
Other IEC material	13	11.6%	5	10.4%	12	13.6%	13	16.5%	12	15.4%	55	13.6%
Total	112	100.0%	48	100.0%	88	99.9%	79	100.1%	78	100.0%	405	100.0%

*Percentages based on the total number of responses

Supplier of condoms at facility

Over 40 percent (41.9 %) of health workers reported that other health facilities normally supplied condoms to their facility. This was followed by 10.2% from the private sector (OSL, PAMS and WRC), the Provincial Health Office (9.6%), the PAC (8.4 %), NDoH (6.6 %), NACS (4.8%), an NGO (2.4%), dispensary (2.4%) and donor organizations (2.4%). From the private sector, OSL was most mentioned and WRC management was also mentioned as a supplier of condoms for health staff at their facilities.

Table 114: Supplier of condoms at facilities by enclave site and overall

Suppliers of condoms at facilities	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Health Facility	13	33.3%	9	32.1%	22	48.9%	13	61.9%	13	38.2%	70	41.9%
Private Sector (OSL/PAMS/WRC)	0	0.0%	0	0.0%	9	20.0%	0	0.0%	8	23.5%	17	10.2%
Provincial Health Officer	1	2.6%	7	25.0%	4	8.9%	1	4.8%	3	8.8%	16	9.6%
PAC officers/PAC	7	17.9%	0	0.0%	1	2.2%	1	4.8%	5	14.7%	14	8.4%
Not stated	4	10.3%	4	14.3%	3	6.7%	3	14.3%	0	0.0%	14	8.4%
NDoH	4	10.3%	2	7.1%	3	6.7%	1	4.8%	1	2.9%	11	6.6%
NACS	2	5.1%	1	3.6%	2	4.4%	0	0.0%	3	8.8%	8	4.8%
Donor (ADB/AusAID)	1	2.6%	0	0.0%	0	0.0%	2	9.5%	1	2.9%	4	2.4%
Dispensary	4	10.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	2.4%
NGO (Tingim Laip and Family Health services)	0	0.0%	3	10.7%	1	2.2%	0	0.0%	0	0.0%	4	2.4%
STI Clinic	2	5.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.2%
Don't know	1	2.6%	1	3.6%	0	0.0%	0	0.0%	0	0.0%	2	1.2%
Rural Health Officers	0	0.0%	1	3.6%	0	0.0%	0	0.0%	0	0.0%	1	0.6%
Total	39	100.0%	28	100.0%	45	100.0%	21	100.0%	34	100.0%	167	100.0%

*Percentages based on total number of responses

Equipment

Health workers were asked about the current status of a variety of medical equipment and if it was in good working condition. The equipment queried allows for health facilities to function effectively and efficiently. From survey baseline results it was indicated that at the time of data collection, either most equipment was in dire need of replacement or facilities did not have them.

Health staff were asked to identify the types of equipment that were in working order, including: electricity, solar power and generators (12.9%), adult scales (10.3%), health communication radios

(9.7%), stethoscopes (7.8%), beds (7.8%), infant scales (7.2%), delivery beds (6.5%), blood pressure machines (6.1%) and delivery sets (4.2%). Just over ten percent of health workers overall reported that they had adult scales in working order, the figure for all other types of equipment was much less than ten percent, with some variations between the enclave-affiliated facilities. Some equipment was only available for less than 3% of health workers. This included incinerators, vacuum pump extractors, emergency resuscitator, sterilization machines, portable oxygen, and IV drip stands.

The ability to have privacy for patients and during health staff and patient discussions appears extremely limited within the resources available for most with no access to privacy screens, and as previously noted earlier in the report, only 56.2% of health staff said that their facility had rooms available for counselling and other discussions. Less than one percent had a TV screen, video deck or DVD player which is important in rural areas for health education with patients who may be less literate, and for updating health staff on new information if audio-visual material is available.

As the supply kits were distributed from the Enclaves project after the baseline was completed, it would be expected that there would be considerable improved change in availability of some equipment in working order. This data is also an important monitoring opportunity when the surveys are repeated, to see if the equipment that was distributed is still available (see Appendix 2: Table 140: Type of equipment in working order by enclave site and overall).

Over half of health workers (58.3%) from across all enclave affiliated facilities gave further comments on the equipment needed at their facility and stressed some of their already mentioned needs. Over a third (37.5%) of the health workers who commented said that their health facilities needed other medical equipment. Additional comments again stressed the need for a supply of electricity at some facilities (5.6%), particularly from HOP affiliated health staff, and health staff from RAI mentioned needing incinerators. Blood pressure machines, sterilization machines, freezers, safety boots and medical drugs were mentioned by some. Other non-medical equipment mentioned were: a computer; a photocopy machine; an electric rice cooker and electric jug; a TV and CD player; and a vehicle (See Appendix 2: Table 141: Additional comments of health workers by enclave site and overall).

There was also a lack of basic equipment and supplies also required by the health workers for infection control, safety and protection, and other necessary items needed by patients for their comfort when they are unwell. Cleaning equipment, such as brooms was reported by over a quarter (27.8 %) of the health workers and 17.2% reported having buckets. Essential protective garments such as gowns (3.6 %), glasses (2.3 %) and boots (1.0%) were available to less than ten percent of the health workers. Items needed by the patients for their ease and comfort were only: mattresses (16.2 %); pillows (8.9 %); sheets (8.9 %); and dressing trays (13.9%) were only available to a few health facilities while the rest reported otherwise.

Table 115: Types of basic protective equipment in facilities by enclave site and overall

Had basic protective equipment	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Brooms	21	23.1%	12	21.1%	21	32.8%	12	41.4%	15	28.8%	84	27.8%
Bucket	19	20.9%	9	15.8%	8	12.5%	7	24.1%	7	13.5%	52	17.2%
Mattresses	14	15.4%	6	10.5%	14	21.9%	3	10.3%	12	23.1%	49	16.2%
Dressing trays	6	6.6%	13	22.8%	7	10.9%	4	13.8%	11	21.2%	42	13.9%
Sheets	11	12.1%	9	15.8%	1	1.6%	1	3.4%	4	7.7%	27	8.9%
Pillows	12	13.2%	6	10.5%	7	10.9%	0	0.0%	1	1.9%	27	8.9%
Gowns	3	3.3%	0	0.0%	4	6.2%	2	6.9%	1	1.9%	11	3.6%
Glasses	5	5.5%	0	0.0%	1	1.6%	0	0.0%	1	1.9%	7	2.3%
Boots	0	0.0%	2	3.5%	1	1.6%	0	0.0%	0	0.0%	3	1.0%
Total	91	100.0%	57	100.0%	64	100.0%	29	99.9%	52	100.0%	302	100.0%

*Percentages based on the total number of responses

Testing and laboratory

Type of testing at health facilities

When asked about whether the facilities they work in conducted testing, over half (51.9%) of the health workers reported their facilities did not do testing. More testing was reported by health staff from OSL, BKL and HOP. WRC and RAI affiliated health staff most reported a lack of testing at the facilities that they worked in.

Table 116: Testing at facilities by enclave site and overall

Testing at Facilities	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	20	57.1%	15	65.2%	20	57.1%	7	41.2%	7	30.4%	69	51.9%
No	15	42.9%	8	34.8%	15	42.9%	10	58.8%	16	69.6%	64	48.1%
Total	35	100.0%	23	100.0%	35	100.0%	17	100.0%	23	100.0%	133	100.0%

*Missing =BKL (3); RAI (2); WRC (3)

Well over a quarter (28.7%) of health staff surveyed said that their facility conducted testing for malaria and under a fifth (18.2%) said their facility conducted HIV tests.

Table 117: Type of testing done in facilities by enclave site and overall

Type of tests had	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Sputum	10	11.4%	9	16.4%	0	0.0%	8	23.5%	4	10.5%	31	12.0%
Malaria	15	17.0%	19	34.5%	25	58.1%	7	20.6%	8	21.1%	74	28.7%
Urine (micro)	15	17.0%	6	10.9%	2	4.7%	5	14.7%	4	10.5%	32	12.4%
Sugar	13	14.8%	6	10.9%	1	2.3%	6	17.6%	4	10.5%	30	11.6%
Fesces (hookworms)	9	10.2%	4	7.3%	0	0.0%	0	0.0%	4	10.5%	17	6.6%
HIV	18	20.5%	5	9.1%	15	34.9%	0	0.0%	9	23.7%	47	18.2%
TB	8	9.1%	6	10.9%	0	0.0%	8	23.5%	5	13.2%	27	10.5%
Total	88	100.0%	55	100.0%	43	100.0%	34	100.0%	38	100.0%	258	100.0%

*Percentages based on the total number if responses

Some health staff said that their facilities carried out sputum (12.0%), urine (12.4%), sugar (11.6%) and TB (10.5%) tests, while less (6.6%) carried out faeces tests. There was variability in testing services at the facilities that the health staff worked in. OSL and HOP affiliated facilities reported the most malaria testing, while RAI affiliated facilities did most TB and sputum testing.

Rapid HIV testing

Overall, near a third (30%) of the health facilities had stock and were prepared to carry out rapid HIV testing at the time of the survey. No health staff affiliated with RAI reported having rapid tests available; while OSL, BKL and WRC affiliated health staff reported greater access.

Table 118: Rapid testing available at health facility by enclave site and overall

Rapid testing available	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	16	48.5%	2	9.5%	15	48.4%	0	0.0%	6	23.1%	39	30.0%
No	17	51.5%	19	90.5%	16	51.6%	19	100.0%	20	76.9%	91	70.0%
Total	33	100.0%	21	100.0%	31	100.0%	19	100.0%	26	100.0%	130	100.0%

*Missing = BKL (5); HOP (2); OSL (4)

Treating malaria without testing

The majority (80.9%) of the health staff said that their facilities treated malaria without testing. More HOP and WRC affiliated health staff reported treating malaria without testing, while more BKL and OSL tested before treating.

Table 119: Treat malaria without testing by enclave site and overall

Treating malaria without testing	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	26	78.8%	21	95.5%	27	79.4%	16	84.2%	24	92.3%	114	85.1%
No	7	21.2%	1	4.5%	7	20.6%	3	15.8%	2	7.7%	20	14.9%
Total	33	100.0%	22	100.0%	34	100.0%	19	100.0%	26	100.0%	134	100.0%

*Missing = BKL (5); HOP (1); OSL (1)

Laboratories and lab technicians

Over half (57.9%) of health staff reported that the health facilities that they worked in did not have laboratories, however seven health staff reported that their facilities had a laboratory but did not have a technician. .

Table 120: Laboratory at facility by enclave site and overall

Lab at facility	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	20	54.1%	13	56.5%	8	22.9%	9	47.4%	9	34.6%	59	42.1%
No	17	45.9%	10	43.5%	27	77.1%	10	52.6%	17	65.4%	81	57.9%
Total	37	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	140	100.0%

*Missing = BKL (1)

Availability of laboratory technician at health facility

Close to two-thirds (62.9%) of the health workers who had laboratories in their facilities reported that the facility was without a lab technician to conduct medical tests. More BKL affiliated staff reported that a lab technician was available at their facility.

Table 121: Laboratory technician at facility by enclave site and overall

Lab technician at facility	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	21	56.8%	13	56.5%	6	17.1%	7	36.8%	5	19.2%	52	37.1%
No	16	43.2%	10	43.5%	29	82.9%	12	63.2%	21	80.8%	88	62.9%
Total	37	100.0%	23	100.0%	35	100.0%	19	100.0%	26	100.0%	140	100.0%

*Missing = BKL (1)

Equipment needed for cross matching blood donations

Close to half (49.2%) said that the facilities they worked in didn't have the equipment they needed for cross matching blood donations, and 15.2% didn't know if their facility had equipment for cross matching blood donations. Of those 59 health staff who reported having a laboratory at their facility, 12 of these did not have equipment for blood matching.

Table 122: Equipment for cross matching blood donations by enclave site and overall

Equipment for cross matching blood	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	12	35.3%	7	30.4%	12	37.5%	7	38.9%	9	36.0%	47	35.6%
No	12	35.3%	12	52.2%	18	56.2%	8	44.4%	15	60.0%	65	49.2%
Don't know	10	29.4%	4	17.4%	2	6.2%	3	16.7%	1	4.0%	20	15.2%
Total	34	100.0%	23	100.0%	32	100.0%	18	100.0%	25	100.0%	132	100.0%

*Missing = BKL (4); OSL (3); RAI (1); WRC (1)9

Laboratory equipment needed

Over half (58.9%) of health staff surveyed believed that their laboratories needed other equipment. A third (32.5%) of the health workers did not state what equipment their laboratories needed, but those who responded gave multiple responses.

Microscopes were most mentioned by health workers (20.8%), as the primary equipment needed by many health facilities for their laboratories. This was followed by freezers and refrigerators (5.2%), CD4 machines (6.5%); HBG reader machine (6.5%); water tanks (5.2%) and 1.3% did not have the kits (1.3%) or reagents (1.3%) for HIV testing. Other equipment were less mentioned and some mentioned equipment maintenance and having a lab technician to operate the equipment, as an equipment need (see Appendix 2: Table 142: Type of equipment needed in health facilities laboratories by enclave site and overall).

Table 123: Other equipment needed in the lab by enclave site and overall

Equipment needed in lab	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	18	78.3%	11	64.7%	12	44.4.0%	12	75.0%	10	41.7%	63	58.9%
No	5	21.7%	6	35.3%	15	55.6%	4	25.0%	14	58.3%	44	41.1%
Total	23	100.0%	17	100.0%	27	100.0%	16	100.0%	24	100.0%	107	100.0%

*Missing = BKL (15); HOP (6); OSL (8); RAI (3); WRC (2)

Data recording and reporting

Health facility staff answered questions about the types of recording and keeping of data that they made, about the supplies of forms and who was responsible for data collection and completion of a variety of forms.

NHIS monthly

The NHIS monthly form was primarily (65.7%) said to be completed by the Sister- or Officer-in-charge or the Community Health Worker. Some said that clerks, Health Extension Officers and CHWs filled the NHIS monthly tallies, and there also were many other individuals identified. Mostly BKL affiliated health workers did not state who filled out the report while more HOP and OSL affiliated health workers said that the officer-in-charge filled it out. More CHWs were reported to be completing these at RAI affiliated health facilities.

Table 124: Staff who fill in the NHIS monthly report form by enclave site and overall

Staff who fill in the NHIS monthly report form	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Officer-in-charge	16	39.0%	22	84.6%	28	90.3%	13	68.4%	15	57.7%	94	65.7%
CHW	0	0.0%	0	0.0%	2	6.5%	4	21.1%	0	0.0%	6	4.2%
Primary health director	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	11.5%	3	2.1%
Clerk (hospital)	2	4.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.4%
CEO	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
District health manager	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Doctor	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Project manageress	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	3.8%	1	0.7%
Health worker	0	0.0%	0	0.0%	0	0.0%	1	5.3%	0	0.0%	1	0.7%
Not sure	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Not stated	19	46.3%	4	15.4%	1	3.2%	1	5.3%	7	26.9%	32	22.4%
Total	41	100.0%	26	100.0%	31	100.0%	19	100.0%	26	100.0%	143	100.0%

*Percentage based on total number of responses

Some health workers reported using separate books to record patients' data for different types of patients or different infections. Just over a fifth of health workers (22.7%) reported having a separate book for patient recording for the Extended Program on Immunization (EPI) (22.7%); and similarly for sexually transmitted infections (STI) (22.5%) and ANC attendees (22.2%). Less than a fifth had separate books for TB (16.7%) or PLHIV (15.9%).

Improving privacy with increased separate books for recording patient information outside of the main registry also helps in the compilation of monthly totals for NHIS and this could be increased for improved data management, as well as to protect the privacy of ANC, TB, STI and HIV patients.

Table 125: Separate books kept for ANC, STI, TB, PHLIV and EPI/immunization records by enclave site and overall

Separate books used to record ANC, STI, TB, PLHIV and EPI	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
ANC	24	23.1%	23	22.5%	28	25.5%	14	22.6%	20	23.0%	85	22.2%
STI	24	23.1%	23	22.5%	26	23.6%	14	22.6%	21	24.1%	86	22.5%
TB	17	16.3%	23	22.5%	12	10.9%	13	21.0%	14	16.1%	64	16.7%
PLHIV	16	15.4%	13	12.7%	15	13.6%	8	12.9%	19	21.8%	61	15.9%
EPI	23	22.1%	20	19.6%	29	26.4%	13	21.0%	13	14.9%	87	22.7%
Total	104	100.0%	102	100.0%	110	100.0%	62	100.0%	87	100.0%	383	100.0%

*Percentages based on the total number of responses

Adequacy of supply and shortage of forms

Over half (57.9%) of the health workers sampled reported that they did not always have adequate supplies of forms. More facilities at WRC and OSL reported generally having forms available, while more at RAI, HOP and BKL reported not always having adequate supplies of forms.

Table 126: Adequacy of forms by enclave site and overall

Forms adequate	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	10	31.2%	7	30.4%	17	50.0%	5	26.3%	17	68.0%	56	42.1%
No	22	68.8%	16	69.6%	17	50.0%	14	73.7%	8	32.0%	77	57.9%
Total	32	100.0%	23	100.0%	34	100.0%	19	100.0%	25	100.0%	133	100.0%

*Missing = BKL (6); OSL (1); WRC (1)

When asked if their facility was currently short of forms, most (73.0%) health staff reported that their facility was short of forms at the time of data collection. There was considerable shortage of forms at the time of data collection. A shortage of forms at particular affiliated facilities at time of collection was more for RAI, HOP and BKL.

Table 127: Shortage of forms by enclave site and overall

Shortage of forms	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	22	78.6%	15	78.9%	17	70.8%	15	93.8%	12	50.0%	81	73.0%
No	6	21.4%	4	21.1%	7	29.2%	1	6.2%	12	50.0%	30	27.0%
Total	28	100.0%	19	100.0%	24	100.0%	16	100.0%	24	100.0%	111	100.0%

*Missing = BKL (10); HOP (4); OSL (11); RAI (3); WRC (2)

Most health staff reported that their facilities had adequate forms overall. When further asked what forms they were short on, more were short of VCT and HIV forms, STI monthly and individual patient record and registry forms, TB referral forms, TB and DOT forms and patient drug sheets and registry forms, ANC patient registry forms and cards, monthly report tally forms, referral forms generally, health case forms, family planning and a variety of other forms.

Variations were seen across the enclave related facilities to the degree that different types of forms were short, with: BKL affiliated health staff mostly short on STI, HIV and TB forms; HOP were most short on ANC, VCT, STI and referral forms; OSL affiliated health staff more short on health case forms, drug forms and child health tally forms; RAI affiliated staff more short on STI, TB, ANC, monthly tally and VCT forms; while WRC affiliated health staff reported being more short on STI, TB, and ANC forms. (See Appendix 2: Table 143: Type of forms that health workers were short of by enclave site and overall.)

Monthly report form completion and types completed

Overall, nearly all (95.5%) of the health workers reported filling out monthly reports, with all WRC and RAI affiliated health staff surveyed reporting that they all did. Most filled out monthly tally reports (18.8%) or monthly STI reports. Near a tenth or less filled out the HIV monthly tally report

(11.1%); the health care report (8.7%), the ANC report (6.7%) and the family planning tally. Other types of forms were less filled out by health workers.

Table 128: Filling out monthly report forms by enclave site and overall

Filling out monthly report forms	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	31	93.90%	22	95.70%	31	91.20%	19	100%	25	100%	128	95.5%
No	2	6.10%	1	4.30%	3	8.80%	0	0%	0	0%	6	4.5%
Total	33	100%	23	100%	34	100%	19	100%	25	100%	134	100.0%

*Missing = BKL (5); OSL (1); WRC1)

More said that their facilities submitted monthly health and tally reports, STI reports, outpatient tallies, HIV related reports, and health care, family planning and ANC related reports. There was a variety of other reporting that health staff mentioned, but at much smaller frequencies (See Appendix 2: Table 144: Monthly reports submitted by enclave site and overall).

PLHIV files and patient registry

Only over half (57.1%) of health staff reported that patients registry files and other files belonging to people living with HIV, were locked and kept in a safe place. Least securing of patient files was reported from RAI affiliated health staff, while most HOP related health staff reported securing files and registries.

Table 129: Patient registry files or HIV files locked in a cabinet by enclave site and overall

Patient registry files locked in cabinet	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	12	52.2%	19	95.0%	18	54.5%	4	23.5%	15	57.7%	68	57.1%
No	11	47.8%	1	5.0%	15	45.5%	13	76.5%	11	42.3%	51	42.9%
Total	23	100.0%	20	100.0%	33	100.0%	17	100.0%	26	100.0%	119	100.0%

*Missing = BKL (15); HOP (3); OSL (2); RAI (2)

Working conditions — additional comments

Frustration whilst working

Close to three quarters (72.6%) of health workers reported feeling frustrated in their work. More of the health staff who were frustrated in their work, were affiliated with RAI, HOP and OSL.

Table 130: Health workers feeling frustrated at work by enclave site and overall

Feeling frustrated in work	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	23	65.7%	19	82.6%	25	75.8%	17	94.4%	14	53.8%	98	72.6%
No	12	34.3%	4	17.4%	8	24.2%	1	5.6%	12	46.2%	37	27.4%
Total	35	100.0%	23	100.0%	33	100.0%	18	100.0%	26	100.0%	135	100.0%

*Missing = BKL (3); OSL (2); RAI (1)

Overall, only 10.9% reported feeling frustrated most of the time, while over half (59.7%) reported feeling frustrated sometimes and nearly a third (29.5%) did not often feel frustrated in their work.

Table 131: How often health workers feel frustrated in their work by enclave site and overall

How often health workers feel frustrated in their work	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Most of the time	6	17.1%	0	0.0%	4	13.8%	3	16.7%	1	4.0%	14	10.9%
Sometimes	18	51.4%	16	72.7%	16	55.2%	13	72.2%	14	56.0%	77	59.7%
Not often	11	31.4%	6	27.3%	9	31.0%	2	11.1%	10	40.0%	38	29.5%
Total	35	99.9%	22	100.0%	29	100.0%	18	100.0%	25	100.0%	129	100.0%

*Missing = BKL (3); HOP (1); OSL (6); RAI (1); WRC (1)

Issues that create the most frustration in work

Being overloaded with work (16.8%) was identified by health staff as creating the most frustration. Other factors that created frustration at work included a lack of human resources (8.7%), equipment (5.8%), drugs (8.1%) and medical supplies (5.8%). Some others mentioned issues with patients (7.5%), delays in salary (4.0%), uncooperative management (6.4%) and staff not doing their duties (5.2%) which also contributed to their frustrations. Other issues such as supervision (2.3%), a lack of logistics support (2.9%), a lack of forms (1.7%), a lack of funds (1.2%), and family problems (0.6%) were also identified as issues that contributed to their level of frustration when at work.

Table 132: Issues that create frustration at work by facility by enclave site and overall

Creates frustration at work	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Overloaded with work	6	12.8%	3	8.8%	9	22.5%	5	20.0%	6	22.2%	29	16.8%
Not enough man power	2	4.3%	7	20.6%	4	10.0%	2	8.0%	0	0.0%	15	8.7%
Lack of drugs	7	14.9%	3	8.8%	1	2.5%	0	0.0%	3	11.1%	14	8.1%
Patient issues	4	8.5%	1	2.9%	2	5.0%	1	4.0%	5	18.5%	13	7.5%
Management uncooperative	0	0.0%	1	2.9%	10	25.0%	0	0.0%	0	0.0%	11	6.4%
Lack of equipment	5	10.6%	2	5.9%	2	5.0%	1	4.0%	0	0.0%	10	5.8%
Lack medical supplies	0	0.0%	4	11.8%	0	0.0%	4	16.0%	2	7.4%	10	5.8%
Staff not doing duties	1	2.1%	2	5.9%	4	10.0%	0	0.0%	2	7.4%	9	5.2%
Delay in salary	3	6.4%	0	0.0%	1	2.5%	2	8.0%	1	3.7%	7	4.0%
Lack logistics support	2	4.3%	0	0.0%	2	5.0%	0	0.0%	1	3.7%	5	2.9%
Supervisory issues	1	2.1%	1	2.9%	0	0.0%	2	8.0%	0	0.0%	4	2.3%
Lack of basic resources	2	4.3%	2	5.9%	0	0.0%	0	0.0%	0	0.0%	4	2.3%
No community support	1	2.1%	0	0.0%	2	5.0%	0	0.0%	0	0.0%	3	1.7%
Lack of forms	0	0.0%	3	8.8%		0.0%	0	0.0%	0	0.0%	3	1.7%
No staff promotion	2	4.3%		0.0%	0	0.0%	1	4.0%	0	0.0%	3	1.7%
No refresher courses	2	4.3%	0	0.0%	0	0.0%	1	4.0%	0	0.0%	3	1.7%
Lack of funds	0	0.0%	1	2.9%	0	0.0%	1	4.0%	0	0.0%	2	1.2%
Lack safety measures	0	0.0%	1	2.9%	0	0.0%	1	4.0%	0	0.0%	2	1.2%
Rundown facility	0	0.0%	1	2.9%	0	0.0%	0	0.0%	1	0.0%	2	1.2%
Family problems	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	3.7%	1	0.6%
Work environment	1	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.6%
Not stated	8	17.0%	1	2.9%	3	7.5%	4	16.0%	5	18.5%	21	12.1%
Other not stated	0	0.0%	1	2.9%	0	0.0%	0	0.0%	0	0.0%	1	0.6%
Total	47	100.0%	34	100.0%	40	100.0%	25	100.0%	27	100.0%	173	100.0%

*Percentages based on the total number of response

Shortages of drugs created the most frustration for BKL and WRC affiliated health staff. WRC, OSL and RAI related health staff said that their workloads were frustrating. HOP expressed the most frustration from a lack of manpower, and HOP, RAI and BKL experienced frustration over for a lack of resources, supplies and equipment.

Work support

Over half (56.2%) of health workers did feel that they were supported in their work, with WRC and OSL affiliated health staff feeling more supported in their work.

Table 133: Health workers feel supported in their work by enclave site and overall

Health workers feel supported in work	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	15	46.9%	9	40.9%	20	60.6%	10	58.8%	19	73.1%	73	56.2%
No	17	53.1%	13	59.1%	13	39.4%	7	41.2%	7	26.9%	57	43.8%
Total	32	100.0%	22	100.0%	33	100.0%	17	100.0%	26	100.0%	130	100.0%

*Missing = (6); HOP (1); OSL (2); RAI (2)

Working conditions

This report has clearly created baseline data to understand overall the working conditions of the health workers interviewed.

Table 134: Health worker feeling satisfied in their working conditions by enclave site and overall

HW feel satisfied in their working conditions	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	14	40.0%	4	17.4%	11	33.3%	6	35.3%	14	53.8%	49	36.6%
No	21	60.0%	19	82.6%	22	66.7%	11	64.7%	12	46.2%	85	63.4%
Total	35	100.0%	23	100.0%	33	100.0%	17	100.0%	26	100.0%	134	100.0%

*Missing = BKL (3); OSL (2); RAI (2)

When asked specifically, close to two thirds (63.4%) of health workers reported that they were not satisfied with their working conditions at the time of this baseline survey.

ANNEX 1: SURVEY**Health Worker Survey**

Date ___/___/___

The National Department of Health is working with [name of enclave operator] and the ADB Rural Enclaves Project to improve primary health care and the response to the HIV epidemic. This survey will be completed by health workers from participating health facilities across six Rural Enclave Project areas.

This survey will help us to understand how health workers are supported in their work and how they feel about the support they receive. The information will be used to understand the present situation for health workers and respond to the needs that you identify. The aim is to improve the support that health workers receive to do their primary health care duties. We want to understand the issues that health workers face and we want to improve how health workers feel about the support that they receive.

The survey will be given to you by [enclave name] workers. Please return the survey to them in the sealed envelope. Your name and the name of your health facility will not be written down on the survey. The information that you provide will be kept confidential. You can refuse or agree to do this survey, and you can stop the interview at any time. We thank you for your participation, your honesty, and your help to improve the places in which you work, health care provision, and the rural response to HIV.

1. Do you agree to complete this survey? Yes__ No __
2. Age _____
3. Are you male ___ or female ___?
4. What is the highest level of education you have completed _____
5. In what year did you finish your education? _____
6. What is your position at this health facility?

Health Extension Officer – HEO	_____
Registered Nurse – RN	_____
Nurse Aid	_____
Community Health Worker – CHW	_____
Aid Post Orderly – APO	_____
7. Put a √ beside the refresher courses or other training that you have received over the past year?

Intro to HIV	_____
STI Syndromic Management	_____
ART – Anti-Retroviral Therapy	_____
VCT – Volunteer Counselling and Testing	_____
Extended Program of Immunization (Epi)	_____
Preventing mother to child transmission (PMTCT)	_____
8. What course do you presently most need? _____

Facility and Housing

9. What type of health facility is this?

Hospital	_____
Clinic	_____
Urban Clinic	_____
District Health Centre	_____
Care Centre	_____

VCT Centre _____
 Sub-Health Centre _____
 Aid Post _____

10. Prior to the project, did your health facility require maintenance? Y___ N___
11. Does the health facility that you work in require maintenance? Y___ N___
12. Does the health facility you work in have:
- | | | | | |
|---|------|------|--|--|
| Water | Y___ | N___ | | |
| Power | Y___ | N___ | | |
| Water Pump | Y___ | N___ | | |
| Private room for counselling or private conversations and treatment | Y___ | N___ | | |
| Toilet | Y___ | N___ | | |
| Sink | Y___ | N___ | | |
13. Do you have beds at this health facility? Y___ N___
 If yes, how many? _____
14. How many rooms are in this health facility? _____
15. Are the doors of your facility always open during scheduled hours? Y___ N___
16. Has the house that you live in had maintenance over the past year? Y___ N___
17. Does the house that you live in require maintenance? Y___ N___
18. Does the house you live in have:
- | | | | | | | | | |
|-------|------|------|-------|------|------|--------|------|------|
| Water | Y___ | N___ | Power | Y___ | N___ | Toilet | Y___ | N___ |
|-------|------|------|-------|------|------|--------|------|------|
19. Has the facility that you work in had maintenance over the past year? Y___ N___

Staffing

20. How many staff works at your facility? _____
21. Do you think that the facility you work in has adequate staff? Y___ N___
22. Do staff at your facility always come to work when they are scheduled? Y___ N___
23. Put a ✓ beside how long staff can be away when they are scheduled to work:
- | | |
|--------------------|-------|
| Late | _____ |
| Absent for a day | _____ |
| More than a week | _____ |
| More than a month | _____ |
| More than 3 months | _____ |
24. Over the past year, has your facility or part of your facility been closed because of:
- | | | |
|------------------------|------|------|
| A shortage of Medicine | Y___ | N___ |
| Staff | Y___ | N___ |
| Tribal Fight | Y___ | N___ |
| Other | Y___ | N___ |
- Specify _____
25. Do you always receive your pay on time? Y___ N___

39. When was your last supervisory visit?
- | | | |
|-----------------------|------|------|
| 6 months ago | Y___ | N___ |
| 3 months ago | Y___ | N___ |
| Within the last month | Y___ | N___ |
40. On the last supervisory visit, who was present?
- | | | |
|---|------|------|
| [Insert enclave operator] worker | Y___ | N___ |
| Provincial Health Advisor | Y___ | N___ |
| District Health Advisor | Y___ | N___ |
| Family Health Services | Y___ | N___ |
| Disease Control Officer | Y___ | N___ |
| NDOH representative | Y___ | N___ |
| Coordinating Committee Member | Y___ | N___ |
| Representative of Church Health Service | Y___ | N___ |
41. What is done during support visits?
- | | | |
|--------------------------------------|------|------|
| Check stock | Y___ | N___ |
| Patient's registry | Y___ | N___ |
| Discuss about needs and other issues | Y___ | N___ |
| Give feedback | Y___ | N___ |
| Talk about clinical patient issues | Y___ | N___ |
| Explain the rules | Y___ | N___ |
42. Do you think that staff at this facility receives enough supervision? Y___ N___
43. Do you have team meetings at your facility? Y___ N___
44. Do you have meetings with your boss? Y___ N___
45. Can you easily talk and give feedback to your boss? Y___ N___
46. In the past 3 months did you have other visits? Y___ N___
- Who came to visit? _____

Supplies

47. Have you run out of supplies over the past year? Y___ N___
48. Put a \checkmark beside the things that you have run out of over the past 6 months:
- | | |
|----------------------------------|-------|
| Painkillers | _____ |
| Artemeter | _____ |
| Chloroquine | _____ |
| Quinine | _____ |
| Drugs for TB Dot program | _____ |
| Savlon | _____ |
| Disinfectant cleaner | _____ |
| Emergency medicines (adrenaline) | _____ |
| STI drugs | _____ |
| Disposable gloves | _____ |
| Needles | _____ |
| IV fluids | _____ |
| Oxygen | _____ |
| Syringes | _____ |
| Male condoms | _____ |
| Female condoms | _____ |

Alcohol swabs	_____
Vacutainer	_____
Vacutainer needles	_____
Blood tubes	_____
HIV RDT Test Kits	_____

49. Was the last month's order of drugs and supplies on time? Y___ N___
50. Was the last month's order complete? Y___ N___
51. If not, what was missing? _____
52. Are you presently out of stock of any STI drugs? Y___ N___
53. Do you have enough stock for treatment of 10 people with:
- | | | |
|------------------------|------|------|
| Azithromycin | Y___ | N___ |
| Doxycycline | Y___ | N___ |
| Benzathrine Penicillin | Y___ | N___ |
| Amoxicillin | Y___ | N___ |
| Augmentin | Y___ | N___ |
| Tinidazole | Y___ | N___ |
54. Number of men you have treated for STI in the past month? _____
55. Number of women that you have treated for an STI in the past month? _____
56. Have any women or men presented after being sexually assaulted? Y___ N___
 How many women? _____ How many men? _____
57. Were these women given a post exposure prophylaxis (PEP) of anti-HIV drugs (ART)? Y___
 N___ Don't Know _____
58. Were these women given treatment for sexually transmitted infections (STI)?
 Y___ N___ Don't Know _____
59. Were these women referred for:
- | | | | |
|----------------|------|------|------------------|
| Legal advice | Y___ | N___ | Don't Know _____ |
| Counselling | Y___ | N___ | Don't Know _____ |
| Medical review | Y___ | N___ | Don't Know _____ |
| PEP | Y___ | N___ | Don't Know _____ |
60. Do you presently have a (5 x 4 week supply) of post exposure prophylaxis - PEP?
 Y___ N___
61. Do you presently have enough supply to treat 5 people each with a month supply of Cotrimoxazole? Y___ N___
62. Is there soap at every basin so you can wash your hands? Y___ N___
63. Is there toilet paper in the staff bathroom? Y___ N___
64. Is there toilet paper available for patients? Y___ N___
65. Is there soap at every basin where patients wash their hands? Y___ N___

66. Do you have a vacutainer for needles and sharps? Y___ N___
67. Does your facility have a copy of:
- Standard treatment for common illnesses of adults in PNG
Y___ N___ Don't Know ___
 - The standard management of STI and genital conditions in PNG?
Y___ N___ Don't Know ___
 - A Manual for HIV in PNG
Y___ N___ Don't Know ___
 - Manual of Family Planning for Doctors, HEOs and Nurses in PNG
Y___ N___ Don't Know ___
68. Does your facility have the equipment and supplies needed to maintain standard precautions for infection control? Y___ N___
69. What is needed to maintain standard precautions for infection control?

70. Do you always use standard precautions for infection control? Y___ N___
71. What do you think causes medical supply shortages? _____

72. Who looks after and monitors the pharmacy and stock, and makes orders?

73. How often are medicines ordered at this facility? _____
74. Do you have a National AIDS Council (NACS) condom dispenser at your facility?
Y___ N___
75. Over the past year have there been shortages of:
- | | | | |
|------------------------|------|------|----------------|
| Male condoms | Y___ | N___ | |
| Female condoms | Y___ | N___ | |
| Lubricant | Y___ | N___ | |
| NACS HIV IEC materials | Y___ | N___ | |
| NACS STI IEC materials | Y___ | N___ | |
| Other IEC materials | Y___ | N___ | Specify: _____ |
76. Who supplies the condoms to this facility? _____
77. What do you think would make medicines and supplies flow faster to your facility?

78. Who fills out the NHIS monthly? _____

Equipment

79. What equipment does your facility need?

80. Does your facility have the following equipment in working order:

- | | | | |
|--|------|------|-------------------------------------|
| Portable oxygen | Y___ | N___ | |
| Examination light | Y___ | N___ | |
| Mobile privacy screen | Y___ | N___ | |
| Wheelchair | Y___ | N___ | |
| Stand for IV drip | Y___ | N___ | |
| Vacuum extractor pump | Y___ | N___ | |
| Working sterilization autoclave or other working sterilization machine | Y___ | N___ | |
| Emergency Resuscitator | Y___ | N___ | |
| Blood pressure machine | Y___ | N___ | |
| Stethoscope | Y___ | N___ | |
| Scale for infants | Y___ | N___ | |
| Scale for adults | Y___ | N___ | |
| X-ray machine | Y___ | N___ | Have an x-ray technician? Y___ N___ |
| Microscope | Y___ | N___ | |
| Delivery sets | Y___ | N___ | |
| Fans | Y___ | N___ | |
| Privacy screens between beds | Y___ | N___ | |
| Beds | Y___ | N___ | |
| Delivery bed | Y___ | N___ | |
| Trolley table on wheels | Y___ | N___ | |
| Power source: Electricity | Y___ | N___ | Solar panels Y___ N___ |
| Generator | Y___ | N___ | |
| Health Communication Radio | Y___ | N___ | |
| Incinerator | Y___ | N___ | |
| TV screen | Y___ | N___ | |
| Video deck | Y___ | N___ | |
| DVD player | Y___ | N___ | |
- Additional comments about equipment:
-
-

81. Does your facility have:

- | | | |
|----------------|------|------|
| Dressing Trays | Y___ | N___ |
| Bucket | Y___ | N___ |
| Broom | Y___ | N___ |
| Sheets | Y___ | N___ |
| Pillows | Y___ | N___ |
| Mattresses | Y___ | N___ |
| Gowns | Y___ | N___ |
| Glasses | Y___ | N___ |
| Boots | Y___ | N___ |

Testing and Laboratory

82. Are there any tests done at your facility? Y___ N___

83. Are any of the following tests performed:

- | | | |
|--------------------|------|------|
| Sputum | Y___ | N___ |
| Malaria | Y___ | N___ |
| Urine (micro) | Y___ | N___ |
| Sugar | Y___ | N___ |
| Faeces (hookworms) | Y___ | N___ |
| HIV | Y___ | N___ |
| TB | Y___ | N___ |

84. Does the facility have stock of rapid tests for HIV? Y___ N___
85. Do you treat malaria without testing? Y___ N___
86. Do you have a laboratory at your facility? Y___ N___
87. Do you have a laboratory technician? Y___ N___
88. Does the laboratory at your facility need equipment for doing the cross match for blood donations? Y___ N___ Don't know
89. Does the lab require other equipment? Y___ N___ What? _____
90. Is there Dots treatment for TB patients done at your facility? Y___ N___
91. Prior to the project, were antenatal mothers are offered:
- | | | | |
|---------------------------------|------|------|-------------|
| Counselling and testing for HIV | Y___ | N___ | Referred___ |
| Fefol/iron | Y___ | N___ | Referred___ |
| ART | Y___ | N___ | Referred___ |
| Syndromic Management of STI | Y___ | N___ | Referred___ |
92. At your facility, antenatal mothers are offered:
- | | | | |
|---------------------------------|------|------|-------------|
| Counselling and testing for HIV | Y___ | N___ | Referred___ |
| Fefol/iron | Y___ | N___ | Referred___ |
| ART | Y___ | N___ | Referred___ |
| Syndromic Management of STI | Y___ | N___ | Referred___ |

Data Recording and Reporting

93. Are there separate books to record data for:
- | | | |
|--------------------------------|------|------|
| ANC | Y___ | N___ |
| STI | Y___ | N___ |
| TB | Y___ | N___ |
| People living with HIV (PLHIV) | Y___ | N___ |
| EPI (immunization) | Y___ | N___ |
94. Do you always have adequate forms? Y___ N___
95. Are you presently short of any forms?
96. Which forms are you short on?
97. Do you fill out monthly reports? Y___ N___
98. What reports does your facility submit monthly?
- _____
- _____
99. Do you keep all of your patient registries or files for people living with HIV locked? Y___ N___ Where are these locked? _____

STI and HIV

100. What type of sexually transmitted infections (STI) do you diagnose and treat most often?
- _____

101. Do you always give condoms to people who have a sexually transmitted infection?
 Y___ N___
102. If you are treating a person who exchanges sex for money or other resources and who has an STI, do you feel:
 Uncomfortable___
 Embarrassed___
 Relaxed___
 A need to give spiritual advice ___
 A need to give information on condom use ___
 A need to give
 A need to give condoms ___
103. If you were treating a man who has sex with a man, how would you feel?
 Uncomfortable___
 Embarrassed___
 Relaxed___
 A need to give spiritual advice ___
 A need to give information on condom use ___
 A need to give condoms ___
104. What are the main issues for PLHIV who frequent your facility?
 Inadequate Nutrition_____
 Preventing mother to child transmission _____
 Safe sex_____
 Treatment for Opportunistic infections _____
 Need ART _____
 Medical review _____
 Do Not know _____
 Other _____
105. Do you feel that people living with HIV (PLHIV) are neglected in the surrounding community?
 Y___ N___
106. Do you feel safe from HIV? Y___ N___
107. Would you do mouth to mouth resuscitation on a baby that was born to a woman living with HIV?
 Y___ N___
108. Does your facility do outreach awareness programs on HIV? Y___ N___
109. Do you feel shy to tell people that you work with PLHIV? Y___ N___
110. Who do you tell? _____
111. In your personal life have you known people living with HIV? Y___ N___
 What is their relationship to you? _____
112. Do you think that women living with HIV should have babies?
 Y___ N___
 Why? _____

113. If a couple is HIV positive, choose which one you would advise them to do:

- To abstain from sex _____
- Always use condoms _____
- Have unprotected sex only with their positive partner _____

114. Do you wear gloves when touching a person living with HIV:

- Always Y___ N___
- Only when in contact with blood or drawing blood Y___ N___
- Treating wounds Y___ N___
- Bathing Y___ N___
- Taking vital statistics Y___ N___
- Never Y___ N___

Additional Comments

115. Do you ever feel frustrated in your work? Y___ N___

116. How often? Most of the time ___ Sometimes ___ Not often ___

117. What creates the most frustration in your work? _____

120. Do you feel that you are supported in your work? Y___ N___

121. Do you feel satisfied with your working conditions? Y___ N___

Other comments to share:

APPENDIX 2: ADDITIONAL TABLES

Table 135: Type of visitors in the last three months by enclave site and overall

Type of visitors in the last three months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Provincial Health Staffs (PHO)	1	5.9%	7	21.2%	1	3.3%	1	5.3%	1	5.6%	11	9.4%
OSL Community Health Unit/OSL Community Health Officer	0	0.0%	0	0.0%	9	30.0%	0	0.0%	0	0.0%	9	7.7%
CBSC Team and World Vision	3	17.6%	1	3.0%	0	0.0%	5	26.0%	0	0.0%	9	7.7%
Provincial Disease Control Officer	1	5.9%	0	0.0%	3	10.0%	2	10.5%	1	5.6%	7	6.0%
NDOH	0	0.0%	4	12.1%	3	10.0%	0	0.0%	0	0.0%	7	6.0%
HOPL (HOPL, HOPL officers)	0	0.0%	6	18.2%	0	0.0%	0	0.0%	0	0.0%	6	5.1%
ADB (ADB Boss, Reps)	0	0.0%	2	6.1%	1	3.3%	1	5.3%	1	5.6%	5	4.3%
BKL Workers	4	23.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	3.4%
National STI Advisor/STI Advisor	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	22.2%	4	3.4%
WHO	0	0.0%	2	6.1%	1	3.3%	1	5.3%	0	0.0%	4	3.4%
WRC rural outreach team	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	22.2%	4	3.4%
African Doctors	0	0.0%	1	3.0%	0	0.0%	1	5.3%	1	5.6%	3	2.6%
ECP health secretary	0	0.0%	0	0.0%	3	10.0%	0	0.0%	0	0.0%	3	2.6%
Community Health Staffs	0	0.0%	0	0.0%	2	6.7%	0	0.0%	0	0.0%	2	1.7%
Provincial Health advisor	1	5.9%	0	0.0%	1	3.3%	0	0.0%	0	0.0%	2	1.7%
Ramu Agri Industry staffs/Ramu Sugar worker	0	0.0%	0	0.0%	0	0.0%	2	10.5%	0	0.0%	2	1.7%
The Nestle Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	11.1%	2	1.7%
AIDPOST Officer	0	0.0%	0	0.0%	1	3.3%	0	0.0%	0	0.0%	1	0.9%
Health Sub-center officer	0	0.0%	0	0.0%	1	3.3%	0	0.0%	0	0.0%	1	0.9%
Caritas Group from Moresby	0	0.0%	1	3.0%	0	0.0%	0	0.0%	0	0.0%	1	0.9%
Family Health International (FHI)	0	0.0%	0	0.0%	0	0.0%	1	5.3%	0	0.0%	1	0.9%
District Health Advisor	0	0.0%	0	0.0%	1	3.3%	0	0.0%	0	0.0%	1	0.9%
Environment and Safety Officers	0	0.0%	1	3.0%	0	0.0%	0	0.0%	0	0.0%	1	0.9%
National health Planner	0	0.0%	1	3.0%	0	0.0%	0	0.0%	0	0.0%	1	0.9%
Primary Health Director	1	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.9%
Hagen District Outreach team	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.6%	1	0.9%
Medical Officer	1	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.9%
Medics delegate for nutrition	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.6%	1	0.9%
NGO	0	0.0%	0	0.0%	0	0.0%	1	5.3%	0	0.0%	1	0.9%
OSL field staffs	0	0.0%	0	0.0%	1	3.3%	0	0.0%	0	0.0%	1	0.9%
Outreach programs	1	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.9%
GBH Specialist group	1	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.9%
Provincial Project Officer	1	5.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.9%
Rotary Club from Lae	0	0.0%	0	0.0%	0	0.0%	1	5.3%	0	0.0%	1	0.9%
World Vision team	0	0.0%	0	0.0%	0	0.0%	1	5.3%	0	0.0%	1	0.9%
WR Carpenters coffee buyers from America	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.6%	1	0.9%
Not Stated	2	11.8%	7	21.2%	2	6.7%	2	10.5%	1	5.6%	14	12.0%
Total	17	100.0%	33	100.0%	30	100.0%	19	100.0%	18	100.0%	117	100.0%

* Percentages based on the total number of responses and are rounded creating differences in a hundred percent totals.

Table 136: Type of supplies needed to make standard precautions for infection control by enclave site and overall

Type of supplies needed to make standard precautions for infection control	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Medical supplies and equipment	4	12.5%	4	14.3%	5	15.2%	3	9.1%	1	4.3%	17	11.4%
Disinfectant cleaner	5	15.6%	4	14.3%	6	18.2%	0	0.0%	0	0.0%	15	10.1%
Protective equipment (gloves, facemask, goggles)	4	12.5%	3	10.7%	3	9.1%	11	33.3%	2	8.7%	14	9.4%
Sterilizer & Steam Sterilizer	3	9.4%	2	7.1%	4	12.1%	2	6.1%	0	0.0%	11	7.4%
Incinerator	2	6.3%	5	17.9%	2	6.1%	1	3.0%	0	0.0%	10	6.7%
Rubbish bins	1	3.1%	1	3.6%	1	3.0%	1	3.0%	5	21.7%	9	6.0%
Gowns	3	9.4%	0	0.0%	0	0.0%	4	12.1%	1	4.3%	8	5.4%
Good water supply	0	0.0%	1	3.6%	1	3.0%	2	6.1%	2	8.7%	6	4.0%
Education and Awareness	1	3.1%	0	0.0%	1	3.0%	0	0.0%	3	13.0%	5	3.4%
Autoclave Machine	1	3.1%	1	3.6%	2	6.1%	0	0.0%	0	0.0%	4	2.7%
Proper toilets	1	3.1%	0	0.0%	0	0.0%	0	0.0%	2	8.7%	3	2.0%
Proper suture trays	0	0.0%	0	0.0%	2	6.1%	0	0.0%	0	0.0%	2	1.3%
Antiseptic	0	0.0%	0	0.0%	0	0.0%	1	3.0%	0	0.0%	1	0.7%
Buckets	0	0.0%	0	0.0%	0	0.0%	1	3.0%	0	0.0%	1	0.7%
Antibiotic needles	0	0.0%	1	3.6%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Sharp containers	0	0.0%	0	0.0%	0	0.0%	1	3.0%	0	0.0%	1	0.7%
Gas stove	1	3.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
BP machine	0	0.0%	0	0.0%	1	3.0%	0	0.0%	0	0.0%	1	0.7%
Condoms	0	0.0%	1	3.6%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Having workplace policies in place	0	0.0%	1	3.6%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
STI Drugs	0	0.0%	0	0.0%	0	0.0%	1	3.0%	0	0.0%	1	0.7%
Manual for HIV	1	3.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Need manpower	0	0.0%	0	0.0%	1	3.0%	0	0.0%	0	0.0%	1	0.7%
General maintenance	0	0.0%	0	0.0%	1	3.0%	0	0.0%	0	0.0%	1	0.7%
Staff need training in infection control	1	3.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Clean wards	0	0.0%	0	0.0%	1	3.0%	0	0.0%	0	0.0%	1	0.7%
OPD	0	0.0%	0	0.0%	1	3.0%	0	0.0%	0	0.0%	1	0.7%
Not stated	4	12.5%	4	14.3%	1	3.0%	5	15.2%	7	30.4%	21	14.1%
Total	32	100.0%	28	100.0%	33	100.0%	33	100.0%	23	100.0%	149	100.0%

*Percentages based on the total number of responses

Table 137: Supplies that the facilities had run out of in the last six months by enclave site and overall

Things facilities ran out of in the past six months	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Disinfectant	36	11.1%	29	11.4%	43	12.7%	17	7.9%	27	12.5%	152	11.3%
Vacutainer	15	4.6%	32	12.6%	24	7.1%	26	12.0%	12	5.6%	109	8.1%
STI drugs	29	9.0%	22	8.7%	17	5.0%	16	7.4%	17	7.9%	101	7.5%
Altimeter	20	6.2%	16	6.3%	26	7.7%	18	8.3%	19	8.8%	99	7.3%
Pain killers	24	7.4%	15	5.9%	22	6.5%	17	7.8%	17	7.9%	95	7.0%
Female condoms	20	6.2%	13	5.1%	13	3.8%	16	7.4%	22	10.2%	84	6.2%
Drugs TB Dots	22	6.8%	20	7.9%	17	5.0%	13	6.0%	10	4.6%	82	6.1%
HIV and RDT test kits	18	5.6%	6	2.4%	18	5.3%	15	6.9%	11	5.1%	68	5.0%
Oxygen	12	3.7%	14	5.5%	20	5.9%	10	4.6%	9	4.2%	65	4.8%
Syringes	11	3.4%	15	5.9%	10	2.9%	12	5.5%	11	5.1%	59	4.4%
IV fluids	14	4.3%	12	4.7%	21	6.2%	6	2.8%	5	2.3%	58	4.3%
Gloves	19	5.9%	10	3.9%	15	4.4%	5	2.3%	8	3.7%	57	4.2%
Male condoms	17	5.2%	10	3.9%	11	3.2%	4	1.8%	10	4.6%	52	3.9%
Emergency medicine	10	3.1%	13	5.1%	12	3.5%	10	4.6%	5	2.3%	50	3.7%
Blood tubes	6	1.9%	5	2.0%	16	4.7%	14	6.5%	8	3.7%	49	3.6%
Chloroquine	17	5.2%	3	1.2%	19	5.6%	3	1.4%	5	2.3%	47	3.5%
Alcohol swabs	14	4.3%	8	3.1%	11	3.2%	4	1.8%	9	4.2%	46	3.4%
Needles	11	3.4%	9	3.5%	8	2.4%	5	2.3%	8	3.7%	41	3.0%
Quinine	9	2.8%	2	0.8%	16	4.7%	6	2.8%	3	1.4%	36	2.7%
Total	324	100.0%	254	100.0%	339	100.0%	217	100.0%	216	100.0%	1350	100.0%

*Percentages based on total number of responses

Table 138: Type of supplies missing from last month's order by enclave site and overall

Items missing from last month's order	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Medical drugs	9	29.0%	7	22.6%	6	20.0%	0	0.0%	1	5.9%	23	18.1%
STI drugs	3	9.7%	1	3.2%	1	3.3%	3	16.7%	1	5.9%	9	7.1%
Scapel blade and surgical blades	0	0.0%	6	19.4%	0	0.0%	0	0.0%	3	17.6%	9	7.1%
BP machine	1	3.2%	6	19.4%	1	3.3%	0	0.0%	0	0.0%	8	6.3%
Basic antibiotics	1	3.2%	1	3.2%	0	0.0%	5	27.8%	0	0.0%	7	5.5%
Medical supply	0	0.0%	0	0.0%	5	16.7%	2	11.1%	0	0.0%	7	5.5%
TB drugs	0	0.0%	2	6.5%	0	0.0%	0	0.0%	4	23.5%	6	4.7%
Amoxicillin	2	6.5%	1	3.2%	0	0.0%	1	5.6%	0	0.0%	4	3.1%
Medical orders not sent in yet	0	0.0%	0	0.0%	4	13.3%	0	0.0%	0	0.0%	4	3.1%
Other supplies	2	6.5%	0	0.0%	0	0.0%	1	5.6%	1	5.9%	4	3.1%
Artemeter	0	0.0%	0	0.0%	1	3.3%	1	5.6%	1	5.9%	3	2.4%
Protective equipment (gloves/ condom)	0	0.0%	1	3.2%	2	6.7%	0	0.0%	0	0.0%	3	2.4%
Disinfectant cleaner	0	0.0%	0	0.0%	2	6.7%	0	0.0%	1	5.9%	3	2.4%
Chloroquine/Anti malaria	0	0.0%	1	3.2%	1	3.3%	0	0.0%	0	0.0%	2	1.6%
Contraceptive drugs	0	0.0%	0	0.0%	0	0.0%	2	11.1%	0	0.0%	2	1.6%
Emergency drugs	1	3.2%	0	0.0%	1	3.3%	0	0.0%	0	0.0%	2	1.6%
Azithromycin	1	3.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
Penicillin	0	0.0%	1	3.2%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
Tinidazole	1	3.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
HIV RDT test kit	0	0.0%	1	3.2%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
Medical equipment	0	0.0%	1	3.2%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
Syringes	0	0.0%	0	0.0%	0	0.0%	1	5.6%	0	0.0%	1	0.8%
Stethoscope	1	3.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
Foot scales	1	3.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
Dressing things	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.9%	1	0.8%
RIF caps	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.9%	1	0.8%
Unable to deliver area medical store	0	0.0%	0	0.0%	1	3.3%	0	0.0%	0	0.0%	1	0.8%
Not stated	8	25.8%	2	6.5%	5	16.7%	2	11.1%	3	17.6%	20	15.7%
Total	31	100.0%	31	100.0%	30	100.0%	18	100.0%	17	100.0%	127	100.0%

*Percentages based on the total number of responses

Table 139: How medicine and supply flow can be faster by enclave site and overall

How medicine and supply flow can be faster	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Better transportation	14	31.8%	5	21.7%	20	55.6%	11	47.8%	8	29.6%	58	37.9%
Supply orders made early	4	9.1%	1	4.3%	2	5.6%	1	4.3%	6	22.2%	14	9.2%
Funds available	3	6.82%	2	8.7%	1	2.8%	2	8.7%	1	3.7%	9	5.9%
Direct supplies and order from medical store or pharmacy	4	9.1%	0	0.0%	0	0.0%	1	4.3%	3	11.1%	8	5.2%
Better communication	0	0.0%	1	4.3%	3	8.3%	2	8.7%	0	0.0%	6	3.9%
Private Sector	0	0.0%	5	21.7%	1	2.8%	0	0.0%	0	0.0%	6	3.9%
Medical supplies issued on time from medical store	1	2.3%	0	0.0%	2	5.6%	2	8.7%	0	0.0%	5	3.3%
Regular visitation by health to the health facility and area medical store	0	0.0%	0	0.0%	3	8.3%	0	0.0%	1	3.7%	4	2.6%
Good and proper management	0	0.0%	1	0.0%	0	0.0%	1	4.3%	1	3.7%	3	2.0%
Possible	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	11.1%	3	2.0%
Follow up on order request	0	0.0%	0	0.0%	2	5.6%	0	0.0%	0	0.0%	2	1.3%
Delegate to provincial district health	1	2.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Health center	0	0.0%	0	0.0%	0	0.0%	1	4.3%	0	0.0%	1	0.7%
Good road condition	1	2.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Not stated	16	36.4%	8	34.8%	2	5.6%	2	8.7%	4	14.8%	32	20.9%
Total	44	100.0%	23	100.0%	36	100.0%	23	100.0%	27	100.0%	153	100.0%

*Percentages based on total number of responses

Table 140: Type of equipment in working order by enclave site and overall

Type of equipment in working order	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Adult scale	25	10.2%	18	9.8%	32	10.8%	14	11.8%	15	8.9%	54	10.3%
Health communication radio	16	6.5%	18	9.8%	28	9.5%	11	9.2%	13	7.7%	51	9.7%
Stethoscope	18	7.3%	10	5.5%	23	7.8%	11	9.2%	11	6.5%	41	7.8%
Beds	21	8.5%	18	9.8%	15	5.1%	8	6.7%	17	10.1%	41	7.8%
Electricity	16	6.5%	16	8.7%	17	5.8%	8	6.7%	19	11.3%	39	7.4%
Infant scale	16	6.5%	17	9.3%	19	6.4%	9	7.6%	6	3.6%	38	7.2%
Delivery beds	15	6.1%	15	8.2%	16	5.4%	4	3.4%	11	6.5%	34	6.5%
Blood pressure machine	13	5.3%	7	3.8%	19	6.4%	5	4.2%	13	7.7%	32	6.1%
Delivery sets	7	2.8%	9	4.9%	14	4.7%	7	5.9%	3	1.8%	22	4.2%
Generator	4	1.6%	14	7.7%	15	5.1%	3	2.5%	3	1.8%	21	4.0%
Wheelchair	8	3.3%	8	4.4%	9	3.1%	5	4.2%	4	2.4%	18	3.4%
Microscope	9	3.7%	9	4.9%	8	2.7%	2	1.7%	2	1.2%	16	3.0%
Portable oxygen	4	1.6%	2	1.1%	13	4.4%	3	2.5%	1	0.6%	14	2.7%
Fans	9	3.7%	4	2.2%	9	3.1%	8	6.7%	2	1.2%	14	2.7%
Trolley tables on wheels	8	3.3%	3	1.6%	8	2.7%	0	0.0%	5	3.0%	13	2.5%
X-ray machine	8	3.3%	1	0.5%	6	2.0%	0	0.0%	3	1.8%	12	2.3%
Sterilization machine	7	2.8%	0	0.0%	6	2.0%	4	3.4%	8	4.8%	11	2.1%
X-ray technician	4	1.6%	0	0.0%	3	1.0%	1	0.8%	1	0.6%	8	1.5%
Solar panels	3	1.2%	0	0.0%	4	1.4%	5	4.2%	3	1.8%	8	1.5%
Stand for IV drip stand	5	2.0%	5	2.7%	7	2.4%	2	1.7%	1	0.6%	6	1.1%
Vacuum extractor pump	8	3.3%	0	0.0%	2	0.7%	4	3.4%	2	1.2%	5	1.0%
Incinerator	5	2.0%	5	2.7%	3	1.0%	0	0.0%	0	0.0%	5	1.0%
Privacy screens between beds	5	2.0%	0	0.0%	3	1.0%	0	0.0%	2	1.2%	4	0.8%
TV screen	1	0.4%	0	0.0%	3	1.0%	1	0.8%	4	2.4%	4	0.8%
Video deck	1	0.4%	0	0.0%	3	1.0%	1	0.8%	4	2.4%	4	0.8%
DVD player	0	0.0%	0	0.0%	3	1.0%	1	0.8%	4	2.4%	4	0.8%
Examination light	6	2.4%	3	1.6%	1	0.3%	2	1.7%	6	3.6%	3	0.6%
Emergency resuscitator	2	0.8%	0	0.0%	4	1.4%	0	0.0%	3	1.8%	3	0.6%
Mobile privacy screen	2	0.8%	1	0.5%	2	0.7%	0	0.0%	2	1.2%	1	0.2%
Total	246	100.0%	183	100.0%	295	100.0%	119	100.0%	168	100.0%	526	100.0%

*Percentages based on total number of responses

Table 141: Additional comments of health workers by enclave site and overall

Other equipment needed	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Medical equipment	13	31.7%	6	26.1%	14	53.8%	10	35.7%	11	42.3%	54	37.5%
Electricity	1	2.4%	4	17.4%	1	3.8%	0	0.0%	2	7.7%	8	5.6%
Incinerator	0	0.0%	0	0.0%	0	0.0%	4	14.3%	0	0.0%	4	2.8%
Blood pressure machine	0	0.0%	0	0.0%	0	0.0%	3	10.7%	0	0.0%	3	2.1%
Computer set	0	0.0%	0	0.0%	0	0.0%	2	7.1%	0	0.0%	2	1.4%
Just Aid post, don't need most equipment	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	7.7%	2	1.4%
Freezer	0	0.0%	1	4.3%	0	0.0%	1	3.6%	0	0.0%	2	1.4%
Sterilization machine	2	4.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.4%
Photo machine	0	0.0%	0	0.0%	0	0.0%	1	3.6%	0	0.0%	1	0.7%
Vehicle	0	0.0%	0	0.0%	0	0.0%	1	3.6%	0	0.0%	1	0.7%
Electric cooker	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Electric jug	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Medical drugs	0	0.0%	0	0.0%	1	3.8%	0	0.0%	0	0.0%	1	0.7%
TV Disk	0	0.0%	0	0.0%	1	3.8%	0	0.0%	0	0.0%	1	0.7%
Safety boots	0	0.0%	0	0.0%	0	0.0%	1	3.6%	0	0.0%	1	0.7%
Not stated	23	56.1%	12	52.2%	9	34.6%	5	17.9%	11	42.3%	60	41.7%
Total	41	100.0%	23	100.0%	26	100.0%	28	100.0%	26	100.0%	144	100.0%

*Percentages based on the total number of responses

Table 142: Type of equipment needed in health facilities laboratories by enclave site and overall

Type of equipment needed in laboratories	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Microscope	10	38.5%	1	9.1%	1	11.1%	3	13.6%	1	11.1%	16	20.8%
CD4 machine	0	0.0%	1	9.1%	0	0.0%	1	4.5%	3	33.3%	5	6.5%
HGB machine	0	0.0%	1	9.1%	0	0.0%	4	18.2%	0	0.0%	5	6.5%
Freezer	0	0.0%	0	0.0%	0	0.0%	4	18.2%	0	0.0%	4	5.2%
Fridge/Refrigerator	1	3.8%	0	0.0%	0	0.0%	3	13.6%	0	0.0%	4	5.2%
Lab technician	4	15.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	5.2%
Water tanks	4	15.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	5.2%
Air Condition	0	0.0%	0	0.0%	0	0.0%	2	9.1%	0	0.0%	2	2.6%
Biochemistry detecting machine	1	3.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.3%
HIV kit	0	0.0%	1	9.1%	0	0.0%	0	0.0%	0	0.0%	1	1.3%
Lab equipment	0	0.0%	0	0.0%	1	11.1%	0	0.0%	0	0.0%	1	1.3%
Maintenance	1	3.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.3%
Many more equipment	0	0.0%	0	0.0%	1	11.1%	0	0.0%	0	0.0%	1	1.3%
Medical equipment	0	0.0%	1	9.1%	0	0.0%	0	0.0%	0	0.0%	1	1.3%
New lights	0	0.0%	1	9.1%	0	0.0%	0	0.0%	0	0.0%	1	1.3%
Reagent to confirm HIV rapid test	1	3.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.3%
Not stated	4	15.4%	5	45.5%	6	66.7%	5	22.7%	5	55.6%	25	32.5%
Total	26	100.0%	11	100.0%	9	100.0%	22	100.0%	9	100.0%	77	100.0%

*Percentages based on the total number of responses

Table 143: Type of forms that health workers were short of by enclave site and overall

Short Form	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
STI (STI forms)	8	26.7%	4	12.5%	0	0.0%	4	14.8%	2	11.8%	19	15.3%
ANC (ANC cards, ANC forms)	2	6.7%	8	25.0%	1	5.9%	2	7.4%	2	11.8%	15	12.1%
TB (DOT forms, TB forms)	4	13.3%	2	6.3%	0	0.0%	3	11.1%	1	5.9%	10	8.1%
VCT (VCT consent forms)	0	0.0%	8	25.0%	0	0.0%	0	0.0%	0	0.0%	8	6.5%
Monthly tally and report forms	1	3.3%	0	0.0%	1	5.9%	5	18.5%	1	5.9%	8	6.5%
HIV forms	5	16.7%	0	0.0%	1	5.9%	0	0.0%	0	0.0%	6	4.8%
All health cases forms/all types of health forms	0	0.0%	0	0.0%	5	29.4%	0	0.0%	0	0.0%	5	4.0%
Referral forms	0	0.0%	4	12.5%	1	5.9%	0	0.0%	0	0.0%	5	4.0%
Family planning forms	2	6.7%	0	0.0%	1	5.9%	0	0.0%	1	5.9%	4	3.2%
Drug forms	0	0.0%	0	0.0%	4	23.5%	0	0.0%	0	0.0%	4	3.2%
STI monthly reporting form (STI patient record form)	1	3.3%	1	3.1%	0	0.0%	0	0.0%	2	11.8%	4	3.2%
TB referral	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	23.5%	4	3.2%
Admission forms	0	0.0%	0	0.0%	1	5.9%	1	3.7%	0	0.0%	2	1.6%
All forms vital for data recording report	2	6.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.6%
Child health tally (Health children tally sheet)	0	0.0%	0	0.0%	2	11.8%	0	0.0%	0	0.0%	2	1.6%
Lab forms	1	3.3%	1	3.1%	0	0.0%	0	0.0%	0	0.0%	2	1.6%
Patient tally/ record sheet	1	3.3%	1	3.1%	0	0.0%	0	0.0%	0	0.0%	2	1.6%
EPI forms	0	0.0%	0	0.0%	0	0.0%	2	7.4%	0	0.0%	2	1.6%
Aidpost monthly tally sheet	1	3.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
Daily outpatient	1	3.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
Health monthly report	0	0.0%	0	0.0%	0	0.0%	1	3.7%	0	0.0%	1	0.8%
Order forms	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.9%	1	0.8%
HIV referral forms	0	0.0%	0	0.0%	0	0.0%	1	3.7%	0	0.0%	1	0.8%
TB patient drug sheet	1	3.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
TB register form	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.9%	1	0.8%
Not stated	0	0.0%	3	9.4%	0	0.0%	8	29.6%	2	11.8%	13	10.5%
Total	30	100.0%	32	100.0%	17	100.0%	27	100.0%	17	100.0%	124	100.0%

*Percentages based on the total number of responses

Table 144: Monthly reports submitted by enclave site and overall

Facility submit monthly report	BKL		HOP		OSL		RAI		WRC		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Monthly tally report	9	22.0%	2	9.5%	12	29.3%	7	20.0%	9	12.9%	39	18.8%
STI reports	6	14.6%	0	0.0%	2	4.9%	6	17.1%	17	24.3%	31	14.9%
HIV monthly report	6	14.6%	0	0.0%	4	9.8%	1	2.9%	12	17.1%	23	11.1%
All health care reports	0	0.0%	9	42.9%	9	22.0%	0	0.0%	0	0.0%	18	8.7%
Family planning tally report	4	9.8%	0	0.0%	3	7.3%	0	0.0%	7	10.0%	14	6.7%
ANC	0	0.0%	3	14.3%	2	4.9%	4	11.4%	5	7.1%	14	6.7%
TB	2	4.9%	1	4.8%	0	0.0%	3	8.6%	1	1.4%	7	3.4%
Immunization report	2	4.9%	0	0.0%	0	0.0%	0	0.0%	3	4.3%	5	2.4%
VCT	1	2.4%	0	0.0%	1	2.4%	1	2.9%	2	2.9%	5	2.4%
Aid post monthly summary report	1	2.4%	0	0.0%	1	2.4%	2	5.7%	0	0.0%	4	1.9%
ART forms	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	5.7%	4	1.9%
OPD report	2	4.9%	0	0.0%	0	0.0%	1	2.9%	1	1.4%	4	1.9%
Outpatient monthly report	0	0.0%	3	14.3%	0	0.0%	1	2.9%	0	0.0%	4	1.9%
Other disease report	1	2.4%	0	0.0%	1	2.4%	0	0.0%	2	2.9%	4	1.9%
School visit	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	4.3%	3	1.4%
Aid post monthly tally sheet	2	4.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.0%
General monthly disease report	0	0.0%	0	0.0%	2	4.9%	0	0.0%	0	0.0%	2	1.0%
Monthly statistics report	1	2.4%	0	0.0%	0	0.0%	1	2.9%	0	0.0%	2	1.0%
Medical supply request form	0	0.0%	0	0.0%	0	0.0%	1	2.9%	0	0.0%	1	0.5%
PLHIV	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.4%	1	0.5%
Data recording report	0	0.0%	0	0.0%	0	0.0%	1	2.9%	0	0.0%	1	0.5%
Delivery report	0	0.0%	0	0.0%	1	2.4%	0	0.0%	0	0.0%	1	0.5%
General illness report	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.4%	1	0.5%
Health centre activity report	0	0.0%	0	0.0%	0	0.0%	1	2.9%	0	0.0%	1	0.5%
Health information record	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Health monthly disease report form	0	0.0%	1	4.8%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Monthly testing summary report	0	0.0%	0	0.0%	1	2.4%	0	0.0%	0	0.0%	1	0.5%
Malaria	0	0.0%	0	0.0%	0	0.0%	1	2.9%	0	0.0%	1	0.5%
National health sheet	0	0.0%	0	0.0%	1	2.4%	0	0.0%	0	0.0%	1	0.5%
DC	0	0.0%	0	0.0%	0	0.0%	1	2.9%	0	0.0%	1	0.5%
FHS	0	0.0%	0	0.0%	0	0.0%	1	2.9%	0	0.0%	1	0.5%
PMTCT	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.4%	1	0.5%
RDT	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Financial reports	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Timesheet	0	0.0%	0	0.0%	1	2.4%	0	0.0%	0	0.0%	1	0.5%
EPI	0	0.0%	0	0.0%	0	0.0%	1	2.9%	0	0.0%	1	0.5%
HIV testing summary	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not stated	1	2.4%	2	9.5%	0	0.0%	1	2.9%	1	1.4%	5	2.4%
Total	41	100.0%	21	100.0%	41	100.0%	35	100.0%	70	100.0%	208	100.0%

*Percentages based on total number of response

