

# FACILITY QUESTIONNAIRE

## SECTION I: IDENTIFICATION INFORMATION

Questions 1-8 should be filled by the research assistant. Section II onwards **should be asked to the facility in-charge/facility manager**

	Name			
1. Name of facility				
2. County				
3. Sub-county				
4. Cluster/region				
5. Location: 1 = urban, 2 = Peri-urban 3 = Rural				
6. Survey administrator information				
5.1: Name of interviewer: _____				
5.2: Signature of interviewer: _____				
5.3: Name of Supervisor: _____				
5.4: Signature of supervising officer: _____				
5.6: Title of person interviewed: _____				
5.7: Phone number of person interviewed: _____				
5.8: Email of person interviewed: _____				
7. Interviewer visits				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>Final visit</b>
Visit date				Day: _____ Month: _____ Year: _____ Results*: _____
Interviewer name				
Results:				
Next visit: Date				Total number of visits
Next visit: Time				_____
Time started	<b>Hour</b> <input type="text"/> <input type="text"/> <b>Minutes</b> <input type="text"/> <input type="text"/>		<b>Time ended</b>	<b>Hour</b> <input type="text"/> <input type="text"/> <b>Minutes</b> <input type="text"/> <input type="text"/>

\* RESULTS CODES:

*Estimating the cost of PrEP in Kenya\_V2\_Sept\_2017*

1. Completed
2. No Facility in-charge/other respondent during the interview
3. No personnel available during the time
4. Postponed
5. Refused
6. Partly completed
7. Others (specify)

## SECTION II: QUESTIONNAIRE

1. Key population: ☐ 1=MSM/MSW ☐ 2 = FSW ☐ 3 = AGYW ☐ 4 = General population

☐ 5 =Discordant couple ☐ 6 = IDUs ☐ 7 = Others (specify)

(Check all that apply)

2. Facility category: ☐ 1=Hosp. ☐ 2 = HC ☐ 3 =Dispensary

(Check all that apply)

☐ 4 = Youth friendly centre ☐ 5 = DICES/DICs  
☐ 6= Private for profit clinic ☐ 7 = Private not for profit clinics  
☐ 8 = Outreaches ☐ 9 = other (specify)

3. Facility Ownership: ☐ 1 = GoK ☐ 2 = CSO ☐ 3 = Private for profit

(Check all that apply)

☐ 4= Private not for profit ☐ 5 = other (specify) \_\_\_\_\_

4. Provider of PrEP: ☐ 1= CSO ☐ 2 =MOH ☐ 3 =Private for profit ☐ 4 = Private not for profit ☐

(Check all that apply)

5. Mode of Service: ☐ 1 =YFC ☐ 2 =Integrated public facility ☐ 3 = DICES/DICs

(Check all that apply)

☐ 4 = Private for profit clinics ☐ 5 = Private not for profit facilities/clinics

6. Total number of inpatient health clients at this facility (April - September, 2017)

7. Total number of outpatient health clients at this facility (April-September, 2017)

8. How many people were tested for HIV to determine their eligibility for PrEP (April-September, 2017)?

9. How many people declined to be tested for HIV?

10. How many were eligible after testing for HIV to participate (April-September, 2017)?

11. How many accepted to pursue PrEP (April-September, 2017)?

12. How many actually enrolled in PrEP (April-September, 2017)?

13. Total number of MSM/MSW PrEP clients who have been enrolled for PrEP at this facility (April-September, 2017)

14. Total number of FSW who have been enrolled for PrEP services at this facility (April-September, 2017)?

15. Total number of AYGW who have been enrolled for PrEP services at this facility (April-September, 2017)?

16. Total number of IDUs who have been enrolled for PrEP services at this facility (April-September, 2017)?

17. Total number of discordant couple who have been enrolled for PrEP services at this facility (April-September, 2017)?

18. How many PrEP clients could your facility attend to in a month with your current staff and facilities?

19. Does your facility charge for any PrEP services? If NO skip to Q21

☐

Yes

☐

No

20. If **YES**, which specific PrEP services do you charge? And amount of fee? (Check each service and amount paid)

Service	Check Services charged	Charge (Kshs)
1. Consultation		
2. HIV testing and counselling		
3. PrEP drugs		
4. Kidney function test		
5. Liver function test		
6. Urinalysis		
7. Serum creatinine and creatinine clearance		
8. Hepatitis B surface antigen		
9. Hepatitis C antibody		
10. Rapid Plasma Reagin		
11. Pregnancy testing		

12. Other (specify)		
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21. How much does your facility or your partners typically spend on mobilization for PrEP services in a month? \_\_\_\_\_

22. What is the source of the money for mobilization?

Facility fund (revenue from facility)	
Partner fund (direct support by partners)	
Other 1 (Specify)	
Other 2 (Specify)	
Other 3 (Specify)	

23. a) For how many months has your facility been providing PrEP services to KPs?

\_\_\_\_\_

b) How many PrEP visits are reported per month in this facility?

Number of PrEP visits per month	Enrolment visit	Follow up visit 1	Follow up visit 2
April			
May			
June			
July			
August			
September			

24. Please enter number of patients by month according to the table breakdown below.

Client summary	Apr	May	Jun	Jul	Aug	Sep	Total
All clients for any service (in-patient and out-patient) including PrEP and non-PrEP)							
Patients for treatment services							
Clients for prevention services including PrEP							
PrEP clients (FSW)							
PrEP clients (MSM/MSW)							
PrEP clients (AYGW)							
IDU clients							
Discordant couples							
General population							
Number of continuing PrEP clients (FSW)							
Number of continuing PrEP clients (MSM)							
Number of continuing PrEP clients (AYGW)							
Clients discontinued PrEP services (FSW)							
Clients discontinued PrEP services (MSM)							
Clients discontinued PrEP services (AYGW)							
Number of continuing IDU clients							
IDU clients discontinued PrEP services							
Number of continuing discordant couples							
Discordant couples discontinued PrEP services							
Number of general population clients continuing with PrEP services							
General population clients who have discontinued PrEP services							

## 25. Hours of operation for PrEP services

Day of the week	Hours of operation
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Public holidays	

**Notes:**


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## SECTION III: STAFFING, EQUIPMENT AND MAINTENANCE

Please complete the table for all permanent personnel involved in the delivery of PrEP services at the facility.  
For the annual salary please (include bonus, overtime, and other benefits). If preferred, feel free to share a personnel list, we do not necessary need the information transcribed into personnel table below.

### III.1 CLINICAL STAFF

26. Number of permanent clinical employees involved in the delivery of PrEP Services (attach staff establishment)

Staff category	Number of Employees	Monthly Salary (including benefits)	Hours employed per typical week	Weeks employed per typical year.	% of salary to be allocated to PrEP	Notes: Note if any of the salaries are not reported in Kenyan Shillings. Also note if the employee receives any type of "top up" for delivering PrEP
Clinical officer						
Counsellor						
Enrolled Registered Community Nurse						
Kenya Registered Community Health Nurse						
Lab Technician						
Lab technologist						
Medical officer						
Pharmacist						
Pharm Tech						
Nurse Aid						
Other (specify)						

Notes:

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## 27. Number of contracted/external clinical employees involved in the delivery of PrEP services

Please complete the table for all on contract involved in the delivery of PrEP services at the facility. For the salary include also benefits e.g. bonus, overtime etc.). If volunteer cadres support PrEP. Delivery services, please include these personnel in the table as well, even if they do not receive monetary compensation. Then provide figures and detailed notes on allocation to PrEP. If preferred, feel free to share a personnel list; we do not necessarily need the information transcribed into the personnel tables below.

Staff category	Number of Employees	Monthly Salary (including benefits)	Hours employed per typical week	Weeks employed per typical year.	% of salary to be allocated to PrEP	Notes: Note if any of the salaries are not reported in Kenyan Shillings. Also note if the employee receives any type of "top up" for delivering PrEP
Clinical officer						
Counsellor						
Enrolled Registered Community Nurse						
Kenya Registered Community Health Nurse						
Lab Technician						
Lab technologist						
Medical officer						
Nurse						
Pharmacist						
Other (specify)						




**Notes:**

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### III.2 Non- Clinical Staff

28. Number of permanent non-clinical I staff (*entire facility, not only for PrEP*)

Staff category	Number of Full-time Employees	Monthly Salary (including benefits)	Hours employed per typical week	Weeks employed per typical year.	% of time allocated to PrEP (if applicable)	Notes (Note if any of the salaries are not reported in Kenyan Shillings.)
Accountant						
Accounts clerk						
Administrator						
Assistant accountant						
Assistant HR officer						
Advocacy						
Cook						
Communication officer						
Community Mobiliser Officer						
Community Strategy Coordinator						
Driver						
Director, operations						
Data Officer						
Executive Director						
Finance manager						
Finance assistant						
Gardener						
Guard/Watchman						
HR officer						
Hospital assistant						

Housekeeping staff						
Head of Prevention						
HTC Coordinator, National						
HIV C&T Site Coordinator						
HTC Counsellor						
IT Officer I						
Legal Assistant						
Maintenance						
Mgmt Officer						
Mobile HTC Coordinator						
M & E Manager						
Office assistant						
Peer Educator						
Procurement & Logistics Officer						
Programme Officer - Prevention						
Program assistant -MSM						
Program Assistant youth						
Pharmacy technician						
Records Officer						
Research Assistant						
Receptionist						
Radiographic assistant						
Research Manager						
Senior accountant						
Senior Health assistant						
Supply Clerk						
Technical officer						
Technical communications Officer						
Training Manager						
Youth Prog Coordinator						
Ward attendant						


**Notes:**

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**29. Number of contracted support staff (entire facility), not only for PrEP**

	<b>Number of Full-time Employees</b>	<b>Monthly Salary (including benefits)</b>	<b>Hours employed per typical week</b>	<b>Weeks employed per typical year.</b>	<b>% of time allocated to PrEP (if applicable)</b>	<b>Notes (Note if any of the salaries are not reported in Kenyan Shillings)</b>
Accountant						
Accounts clerk						
Administrator						
Assistant accountant						
Assistant HR officer						
Cook						
Community Mobiliser Officer						
Community Strategy Coordinator						
Coordinator I - HTC						
Driver						
Director, operations						
Data Officer						
Executive Director						
Finance manager						
Gardener						
Guard/Watchman						
HR officer						
Hospital assistant						
Housekeeping staff						
Head of Prevention						
IT Officer I						
Legal Assistant						
Maintenance						
Mgmt Officer						
Mobile HTC Coordinator						
M & E Manager						
Office assistant						
Procurement & Logistics Officer						
Programme Officer - Prevention						

Program assistant -MSM						
Program Assistant youth						
Pharmacy technician						
Records Officer						
Research Assistant						
Receptionist						
Radiographic assistant						
Research Manager						
Senior accountant						
Senior Health assistant						
Senior Pharmacy TechnicianSupply Clerk						
Technical officer						
Technical communications Officer						
Training Manager						
Youth Prog Coordinator						
Ward attendant						
Accountant						

**Notes:**

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### III.3: EQUIPMENT/CONSUMABLES

30. Provide information on the equipment, supplies and time used in each of the areas indicated to provide PrEP services.

#### Reception

- I. How much time does each of the following staff members spend with the client during first visit/initiation and revisit in the following service delivery stages?

Staff category	Initial Visit (Minutes)	Revisit (Minutes)	What percentage of their time can be allocated to PrEP?
Receptionist			
Cashier			
Records officer			
Other (specify)			

#### 2. Equipment's / Stationery/Consumables

- a. What equipment, stationery and supplies are used during **PrEP provision?** Are there any other drugs/supplies they receive? (Write in)

Type of equipment/asset/consumables	Quantity	Type/Model	Estimated replacement cost	% of equipment allocated to PrEP	Notes
Air conditioning					
Benches for waiting area					
Binding machine,					
Computer UPS					
Desk top computer					
Document feeder & Pedestal					
Finger Print Reader System					
Fixtures and Fittings					
Filing cabinet					
Filing shelves					
Laminator, Paper cutter					
LCD					
Office chairs					
Plastic chairs & tables					
Photocopier					
Printer					
Receptionist desk					
Receptionist Chair					
Telephone					
Water dispenser					
<b>Others (specify) I</b>					

Others (specify) 2					
Others (specify) 3					
Others (specify) 4					
Others (specify) 5					

Stationery and Consumables	Number	Unit Cost	Quantity in pack (packaging)	Notes
Stationery				
Biros				
IEC materials				
Marker Pens				
Notebook				
Printing paper				
Registers				
Staples				
Other (specify) 1				
Others (specify) 2				
Others (specify) 3				
Others (specify) 4				

## Triage

1. How much time does each of the following staff members spend with the client during first visit/initiation and revisit in the following service delivery stages?

Staff category	Initial Visit (Minutes)	Revisit (Minutes)	What percentage of their time can be allocated to PrEP?
Nurse			
Clinical Officer			
Other specify			

## 2. Equipment's / Stationery/Consumables

- a. What equipment's, stationery and supplies are used during PrEP provision? Are there any other drugs/supplies they receive? (Write in)

Type of equipment	Quantity	Type/Model	Estimated replacement cost	% of equipment allocated to PrEP	Notes
BP Machine					
Computer					
Metalm Spatular					
Medical & Examination couches					
Office chairs					

Office furniture					
Thermometer					
Weighing Scale with Height measure					
Weighing scales					
<b>Others (specify) 1</b>					
<b>Others (specify) 2</b>					
<b>Others (specify) 3</b>					
<b>Others (specify) 4</b>					
<b>Others (specify) 5</b>					

<b>Stationery and Consumables</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Quantity in pack (packaging)</b>	<b>Notes</b>
<b>Stationery</b>				
Biros				
IEC materials				
Marker Pens				
Notebook				
Printing paper				
Registers				
Staples				
<b>Other (specify) 1</b>				
<b>Others (specify) 2</b>				
<b>Others (specify) 3</b>				
<b>Others (specify) 4</b>				
<b>Consumables</b>				
Clean gloves (packs of 50 pairs)				
Face masks (3-ply) (packs of 50)				
Gloves 7.5" (packs of 50 pairs)				
Gloves 8" (packs of 50 pairs)				
<b>Other (specify) 1</b>				
<b>Others (specify) 2</b>				
<b>Others (specify) 3</b>				



## Heath Education

1. How much time does each of the following staff members spend with the client during first visit/initiation and revisit in the following service delivery stages?

Staff category	Initial Visit (Minutes)	Revisit (Minutes)	What percentage of your time can be allocated to PrEP?
Counselor/Nurse			
Clinical Officer			
Medical Officer			
Nutritionist			
Other specify			

## 2. Equipment's / Stationery/Consumables

- b. What equipment's, stationery and supplies are used during **PrEP provision?** Are there any other drugs/supplies they receive? (Write in)

Type of equipment	Quantity	Type/Model	Estimated replacement cost	% of equipment allocated to PrEP	Notes
Benches for waiting area					
Book shelves					
Camera & Voice recorders					
Chairs					
Desk top computer					
Filing cabinet					
LCD Projector					
Laptop					
Office furniture					
Penile Model					
Vagina Model					
TV screens					
Others (specify) 1					
Others (specify) 2					
Others (specify) 3					

Stationery and Consumables	Number	Unit Cost	Quantity in pack (packaging)	Notes
<b>Stationery</b>				
Biros				
Educational charts/materials				
IEC materials				
Marker Pens				
Notebook				
Registers				
Written family planning guidelines				
<b>Other (specify) 1</b>				
<b>Others (specify) 2</b>				
<b>Others (specify) 3</b>				
<b>Others (specify) 4</b>				
<b>Consumables</b>				
Female condom				
Hand-washing soap				
Hand disinfectant				
Hand rub				
HIV test kits				
Lancets				
Latex gloves				
Male condom				
Vaginal speculum				
<b>Other (specify) 1</b>				
<b>Others (specify) 2</b>				
<b>Others (specify) 3</b>				
<b>Others (specify) 4</b>				
<b>Contraceptives (if available)</b>				
Family planning visual aids				
Individual cards or records for clients				
IUD				
Injectable				
Implants				
Pill				
<b>Other (specify) 1</b>				
<b>Others (specify) 2</b>				
<b>Others (specify) 3</b>				

Others (specify) 4				
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### Counselling

- I. How much time does each of the following staff members spend with the client during first visit/initiation and revisit in the following service delivery stages

Staff category	Initial Visit (Minutes)	Revisit (Minutes)	What percentage of your time can be allocated to PrEP?
Lab Technologist			
Lab Assistant			
Counsellor			
Other specify			

### 2. Equipment's / Stationery/Consumables

- a. What equipment's, stationery and supplies are used during **PrEP provision?** Are there any other drugs/supplies they receive? (Write in)

Type of equipment	Number	Type/Model	Estimated replacement cost	% of equipment allocated to PrEP	Notes
Bin					
Desks					
Table					
Computer					
Filing cabinet					
LCD Projector					
Penile model					
Registers/diary					
Office chairs					
Office tables					
Office furniture					
Cool box					
Others (specify) 2					
Others (specify) 3					

Stationery and Consumables	Quantity	Unit Cost	Quantity in pack (packaging)	Notes
Stationery				
Biros				
IEC materials				
Marker Pens				

Notebook				
Printing paper				
Registers				
Staples				
<b>Other (specify) 1</b>				
<b>Others (specify) 2</b>				
<b>Others (specify) 3</b>				
<b>Others (specify) 4</b>				
<b>Consumables</b>				
Alcohol prep pads (box of 200)				
Bleach(JIK)				
Biogel				
Cotton swabs				
Cotton wool -400gms				
Client suspension files				
Cotton gauze				
Dettol soap/liquid				
Distilled water (20l drums)				
Ethanol(GPR)				
EDTA Tubes				
Frosted microscope slides				
HIV test kits				
Hand towels				
Hand rub				
Hand sanitizer				
Lancets				
Lab Register KB 310				
Lotion				
Liquid soap (500ml)				
Omo (1kg)				
Methylated spirit				
MOH Cards (Hard Paper)				
Non sterile gloves (box of 100)				

Powder free Gloves (medium\$ small )				
Pipettes lubricants				
Pipette [ 1000ul , and 200ul ]				
Purple tops(4ml)				
Pritt (Glue Stick)				
Red tops				
Sputum bottles				
Scrubbing brushes				
scissors				
Staple pins (small)				
Staples pins (big)				
Tray –inlay & outlay				
Super adhesive labels yellow/red				
Utility gloves				
White out				
waste bags				
Yellow stickers				
5ml transfer pipettes				
15ml Conical tubes				
50ml Conical tubes				
<b>Others (specify)</b>				

## PrEP Introduction and Prescription

- I. How much time does each of the following staff members spend with the client during first visit/initiation and revisit in the following service delivery stages

Staff category	Initial Visit (Minutes)	Revisit (Minutes)	What percentage of your time can be allocated to PrEP?
Nurse			
Clinical Officer			
Medical Officer			
Other specify			

### 2. Equipment's / Stationery/Consumables

- a. What equipment's, stationery and supplies are used during **PrEP provision?** Are there any other drugs/supplies they receive? (Write in)

Type of equipment	Quantity	Type/Model	Estimated replacement cost	% of equipment allocated to PrEP	Notes
BP Machine					
Computer					
Metalm Spatular					
Medical & Examination couches					
Office chairs					
Office furniture					
Thermometer					
Weighing Scale with Height measure					
Weighing scales					
<b>Others (specify) 1</b>					
<b>Others (specify) 2</b>					
<b>Others (specify) 3</b>					
<b>Others (specify) 4</b>					
<b>Others (specify) 5</b>					

Stationery and Consumables	Quantity	Unit Cost	Quantity in pack (packaging)	Notes
<b>Stationery</b>				
Biros				
IEC materials				
Marker Pens				
Notebook				
Printing paper				
Registers				
Staples				
<b>Other (specify) 1</b>				

<b>Others (specify) 2</b>				
<b>Others (specify) 3</b>				
<b>Others (specify) 4</b>				
<b>Consumables</b>				

## Laboratory

I. How much time does each of the following staff members spend with the client during first visit/initiation and revisit in the following service delivery stages

<b>Staff category</b>	<b>Initial Visit (Minutes)</b>	<b>Revisit (Minutes)</b>	<b>What percentage of your time can be allocated to PrEP?</b>
Lab Technologist			
Lab Technician			
Other specify			

## 2. Equipment's / Stationery/Consumables

- C.** What equipment's, stationery and supplies are used during **PrEP provision?** Are there any other drugs/supplies they receive? (Write in)

<b>Type of equipment</b>	<b>Quantity</b>	<b>Type/Model</b>	<b>Estimated replacement cost</b>	<b>% of equipment allocated to PrEP</b>	<b>Notes</b>
<b>Fixed</b>					
Benches for working area					
Black Dustbin					
Computer (Hardware and Software)					
Chairs					
Cabinet					
Coolbox					
Desktop tables					
Dustbin					
UPS backup					
waiting couches					

<b>Other (specify) 1</b>					
<b>Others (specify) 2</b>					
<b>Others (specify) 3</b>					
<b>Others (specify) 4</b>					
<b>Equipment</b>					
Abbott Real Time m2000rt (Abbott Molecular)					
Artus HI Virus-I QS-RGQ Kit (QIAGEN)					
Artus HI Virus-I RG RT-PCR (QIAGEN)					
CD4 Counter Equipment					
Centrifuge					
COBAS TaqMan (Roche Molecular System)					
ESR machine					
FACS calibur CD4 Counter					
FACS Count CD4 Counter					
FACS Presto CD4 Counter					
FBC Analyzer					
Freezers					
Fridges					
Generic HIV viral Load (Biocentric)					
GeneXpert					
Guava CD4 Counter					
Haemoglobin meter					
HIV PCR Equipment					
Incubator					
LFT/UEC/ lipids (Liver and kidney fn test machine)					
LFT/UEC/Lipids (Liver and kidney function test machine)					
Microscope					
NUCLISENS EasyQ (bioMerieux)					
Orbital Shaker					
PARTEC Cyflow CD4 Counter					
PIMA CD4 Counter					
Urine Analyser					
Water bath					
<b>Others (Specify) 1</b>					
<b>Others (Specify) 2</b>					
<b>Others (Specify) 3</b>					
<b>Others (Specify) 4</b>					



<b>Stationery and Consumables</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Quantity in pack (packaging)</b>	<b>Notes</b>
<b>Stationery</b>				
Biros				
IEC materials				
Marker Pens				
Notebook				
Printing paper				
Registers				
Staples				
<b>Other (specify) 1</b>				
<b>Others (specify) 2</b>				
<b>Others (specify) 3</b>				
<b>Others (specify) 4</b>				
<b>Consumables</b>				

## Dispensing

1. How much time does each of the following staff members spend with the client during first visit/initiation and revisit in the following service delivery stages

Staff category	Initial Visit/ 1st visit (Minutes)	Revisit (Minutes)	What percentage of your time can be allocated to PrEP?
Pharmacist			
Pharmaceutical Technologist			
Nurse			
Clinical Officer			
Medical Officer			
Other specify			

2. Equipment's / Stationery/Consumables

- d. What equipment's, stationery and supplies are used during **PrEP provision?** Are there any other drugs/supplies they receive? (Write in)

Type of equipment	Number	Type/Model	Estimated replacement cost	% of equipment allocated to PrEP	Notes
Analogue card					
Computer tables					
Chairs					
Drawer					
Desk top computer					
Drawer filing cabinet					
Drug cabinet					
Desks					
Filing cabinet					
Files					
Filing shelves					
Laptop					
Metallic cabinets					
Office table					
Printer					
paper punch					
Paper trays					
Registers/diary					
Rechargeable Lamp					
Refrigerator					
Shelves and drawers					
Scissors					

Stapler					
Tablet counters					
UPS					
<b>Other (specify) 1</b>					
<b>Others (specify) 2</b>					
<b>Others (specify) 3</b>					

of Equipment/asset/consumables	Quantity	Unit Cost	Quantity in pack (packaging)	Notes
<b>Stationery</b>				
Biros				
IEC materials				
Marker Pens				
Notebook				
Printing paper				
Registers				
Staples				
<b>Other (specify) 1</b>				
<b>Others (specify) 2</b>				
<b>Others (specify) 3</b>				
<b>Others (specify) 4</b>				
<b>ARV drugs</b>				
TDF 300 mg/FTC 200 mg once daily as FDC				
TDF 300 mg once daily				
TDF 300/FTC 300 mg once daily as FDC				
<b>Other (specify) 1</b>				
<b>Others (specify) 2</b>				
<b>Others (specify) 3</b>				

#### III.4: Utilities and construction costs

31. Size of entire facility: \_\_\_\_\_

(sq metres)

32. Size of space used for PrEP: \_\_\_\_\_  
(sq metres)

33. Percentage of time Space is used for PrEP: \_\_\_\_\_ (%)

*(Note: if the PrEP space is used exclusively for PrEP services, indicate 100%. However, if the PrEP space is also used for other services, indicate the percentage of time for which the space is used for PrEP services).*

34. Utility Costs for entire facility (Obtain expenditure for the whole facility)

	Annual cost	Notes
tBuilding maintenance		
Electricity		
Telephone		
Other Utilities Cost		
Vehicle Maintenance		
Water		
Other (specify)		

35. Rental or construction value of entire facility

Note: Provide either 1) the rental value of this facility or a similarly sized facility OR 2) the construction value of a similarly sized facility.

	Annual cost	Notes (If rental value of the facility is not available, indicate the construction cost and annualize)
Rental value of entire facility		
Construction value of entire facility		

### 36. Travel/transport cost of entire facility

Indicate the replacement value of the items below.

#### Vehicles

Type		Type/ model	Year manufacture	of	Purchase price per unit (KShs)	% Allocation to PrEP	Annual operating costs
Ambulance	1						
	2						
	3						
	4						
	5						
Vans	1						
	2						
	3						
	4						
	5						
Bus	1						
	2						
	3						
	4						
	5						
Trucks	1						
	2						
	3						
	4						
	5						
Cars	1						
	2						
	3						
	4						
	5						
Other vehicles	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						

#### IV.2: Lab tests done during each visit

Note that if lab tests are performed elsewhere in the facility, these costs should be included as a direct cost of PrEP.

37. Indicate number of tests per patient done during each of the following visits?

	Initial visit/first contact	30 day review	3-month review	Total tests all visits
Rapid Plasma Reagin				
Complete Blood Count (CBC)				
HIV test				
HBV antigen				
Hepatitis C antibody				
Serum creatinine				
Drug level				
Pregnancy				
Kidney/ Liver				
STI screening tests (Chlamydia, VDRL, Gonorrhoea)				
Pregnancy test				
Other (specify)				

#### SECTION V: REVIEW VISITS

38. What percentage of clients due for their 30 day visit actually show up?

	%/number of clients coming for review
FSW	
MSM/MSW	
AGYW	
Discordant couple	
IDUs	
Other	

#### VIII. EXPENDITURE

39. Total recurrent expenditure for April to September 2017

(Obtain expenditure record) \_\_\_\_\_