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BASICS

BASICS PEDIATRIC HIV TOOLKIT

GUIDE FOR INTERVIEWS FOR PEDIATRIC HIV CASE IDENTIFICATION, REFERRAL, AND CARE AT THE COMMUNITY LEVEL

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Interview Guide

Pediatric HIV Case Identification, Referral and Care at the Community Level

Date:_____
Interviewer(s)
_____

Name of District _____

Interviewees

Name_____Title_____
_____

Name_____Title_____
_____

Name_____Title_____
_____

1. What do you think are the key health problems of children in this community?

List what is mentioned spontaneously:

a._____
b. _____
c. _____
d. _____

Probe: Pneumonia? Diarrhea? HIV?

2. Where do parents and caretakers take infants and children for treatment in this community?

First _____
Second _____

Probe -? govt. clinic, govt. hosp, private doctors, faith healers, traditional healers

3. What are the reasons that a parent might <u>not</u> go to a health facility when a child has symptoms?

Probe for transport, cost reasons.

4. Please describe what you know or what you have heard happens to babies who are born to HIV-infected mothers in this community.

(*Probe* for reasons if there is lack of identification or quick deterioration without care; for stigma; for lack of knowledge that babies can be treated, etc.)

OVERVIEW OF GROUPS (NGOs, FBOs) WORKING IN THE COMMUNITY

A

Groups (NGOs, FBOs) working on child health in the district						
Names of Groups/NGOs,FBOs						
Child health activities (check those that apply for each group)						
IMCI (malaria, ARI, CDD, malnutrition)						
Home Mgt of Malaria						
Nutrition						
Other						

Comments:

B.

Groups (NGOs, FBOs) Working on HIV/AIDS in the District						
Names of Groups/ NGOs, FBOs						
HIV/AIDS Activities						
Home based care						
Behavior change communications						
Youth education						
Condom social mktg/distribution						
OVC						
PLWHA groups						
Other						

Comments:

C.

Groups (NGOs, FBOs) working on pediatric HIV						
Names of Groups/ NGO, FBO						
Activities related to Pediatric HIV (check those that apply for each group)						
IMCI-HIV						
Nutrition						
Infant feeding						
ART						
Care (CTX, etc.)						
Referral						
PMTCT follow up						
OVC						
Family support						
Psychosocial support/counseling						
Other						

Comments:

8. Identification and referral of infants suspected of HIV or exposed to HIV:

a. Who usually identifies and refers infants suspected of being infected with HIV?

b. What does this person/these groups do when they suspect a baby might have or been exposed to HIV?

c. To where are infants referred if they are known or suspected of being exposed to HIV?

9. What are the barriers to care and treatment that community members experience when they seek care for a child who might have HIV?

List all and probe regarding stigma, transport, cost, HCW attitudes, capacity of HCWs to recognize HIV in infants and children.

10. What is the attitude of parents towards getting an infant or child tested for HIV?

11. How are community members learning about pediatric HIV/AIDS, ways to get babies tested, treated, etc.

12. How many infants or children do you know of in this community who are HIV infected?

Are being treated for HIV?

13. Are there any community services for families with infants or children with HIV?

Adherence support?

Counseling?

14. How many CORPS or VHWs or TBAs live in your community?

CORPS ____
VHWs ____
TBAs ____

15. Please check all that apply in your surrounding community.

___When a child is referred from the household to a health facility, there is a form that the provider gives to the parent to take with the child to the facility or organization to which the child is being referred.
Comment:

___There are clear messages to the community about pediatric HIV, such as where to get care, what the signs and symptoms are, etc.
Comment:

___There are village/community health workers who talk to mothers about common childhood illnesses, and HIV symptoms, care and treatment.
Comment:

___Adults in the community commonly get tested for HIV.
Comment:

15., continued

___People know about HIV disease, such as how people get sick, who needs ART and who does not.
Comment:

___People know where to go for treatment.
Comment:

___People trust health care workers to treat them well if they have HIV/AIDS.
Comment:

Interview Guide:

Program Planning/Management for Pediatric HIV Services: District Level

Date: _____

Interviewer(s)

_____

Name of District _____

Interviewees

Name_____**Title**_____

Name_____**Title**_____

Name_____**Title**_____

I. Basic Health Statistics	
Total District Population:	
No. of Children under 15 years	
No. of Children under 5 years	
No. of Children under 2 years	
Child mortality Rate:	
Infant mortality Rate:	
Immunization coverage	
BCG	
DPT 1-3	
HIV prevalence	
ANC sites	
General population	

Care and Treatment Targets and Actuals (District)

Note: if no targets are set for the item at district level, put N/A

	Target	Actual			
Number of Adults on Cotrimoxazole prophylaxis		Total			
		M	F		
Number of Children on Cotrimoxazole prophylaxis		(<15)		(<2)	
		M	**F**	**M**	**F**
Number of adults on ART		Total			
		M	F		
Total number of children < 15 yrs on ART		Total			
		M	F		
Total number of children < 2 years on ART		Total			
		M	F		
Number of Adults tested		Total			
		M	F		

Total number of Adults HIV +	M		F	
Number of Children <15 yrs tested		Total		
		M	F	
Number of Children <15 HIV +	M		F	
Number of Children < 2 years tested (PCR)		Total		
		M	F	
Number of Children < 2 years positive	M		F	

II. Health Facilities in the District and the HIV Services Provided

Name of facility	HIV testing and counsel.	PMTCT	CD4 count	PCR test (type)	CTX prophyl-axis	ART	HBC	Referrals for community services	IMCI
Name of facility	HIV testing and counsel.	PMTCT	CD4 count	PCR test (type)	CTX prophyl-axis	ART	HBC	Referrals for community services	IMCI

SEE Community Assessment Form:
The following questions can be answered through an interview with a community group or group of community health workers. If the district can provide this information, use what they provide here and add additional groups/information during the community visit.

III. Community-Level Activities in HIV/AIDS, child health, and pediatric HIV in the District

A.

Groups (NGOs, FBOs) working on child health in the district						
Names of Groups/NGO,FBO						
Child health activities (check those that apply for each group)						
IMCI (malaria, ARI, CDD, malnutrition)						
Home Mgt of Malaria						
Nutrition						
Other						

Comments:

B.

Groups (NGOs, FBOs) Working on HIV/AIDS in the District						
Names of Groups/ NGO, FBO						
HIV/AIDS Activities						
Home based care						
Behavior change communications						
Youth education						
Condom social mktg/distribution						
OVC						
PLWHA groups						
Other						

Comments:

C.

Groups (NGOs, FBOs) working on pediatric HIV						
Names of Groups/ NGOs, FBOs						
Activities related to Pediatric HIV (check those that apply for each group)						
IMCI-HIV						
Nutrition						
Infant feeding						
ART						
Care (CTX, etc.)						
Referral						
PMTCT f/u						
OVC						
Family support						
Psychosocial support/counseling						
Other						

Comments:

IV. PROGRAM PLANNING AND MANAGEMENT

A. Planning:

1. Is there a Comprehensive District Health Plan? Yes____ No ____

2. Are there child survival or MCH activities in the district health plan (annual)? Yes ____ No_____

3. In the health plan, is there a district HIV/AIDS plan? Yes ____No ____
   a. Is there a Pediatric HIV section with a plan of activities (work plan)? Yes____ No ____
   b. If yes, note major activities planned.

B. Coordination:

1. No. of RCH coordination meetings during the last 12 months. _____

2. No. of district AIDS coordination meetings during the last 12 months. _____

C. Supervision:

1. Is there a structured supervisory report/tool being used to guide supervision?
   If yes, - is there a section on Pediatric HIV? __Yes ___No
   -Is there a section on child health services? ___Yes ___ No

D. Referral

1. Is there a described (written) referral system plan? ____Yes ___No

2. Are there forms for referral between different sites? (HC to District; Dispensary to HC)

E. HUMAN RESOURCES/TRAINING

Position	Positions		No. trained in MCH	No. trained in ART	HIV C&T	No. trained in ped ART	Community service delivery	Other
	sanctioned	***filled***						
Medical Officer.	..							
Asst MO								
Clinical Ofcr								
Nursing Ofcr								
Nurse Midwife								
Registered nurse								
Public Health nurse								
Nurse attendant								

Position	Positions		No. trained in MCH	No. trained in ART	HIV C&T	No. trained in ped ART	Community service delivery	Other
	sanctioned	***filled***						
VCT counselor								
Counselors								
Lab technician								
Lab. Technologist								
Lab assistant								
Pharmacist								
Pharm tech								
Pharm asst								
X Ray Tech								

B. **Health Information System**

1. Are there compiled performance data/reports sent from HC/dispensaries to district level?
Yes _____ No_____ What is the frequency of reporting? _____

2. How is the data in the reports used?

_____

_____

2. Copy of report form secured. Yes_____ No_____

If there are such reports, what data is included?

Indicator	Yes (check)
No. of Children < 15 yrs tested?	
No. of Children < 15 yrs found HIV +?	
No. of Children < 2 yrs tested (PCR)?	
No. of Children < 2 years found HIV+?	
No. of Children <15 on ART?	
No. of Children < 2 on ART?	
No. of Children on Cotrimoxazole prophylaxis?	

Interview Guide: Facility Assessment of Pediatric HIV Services *(for use at regional and district hospital level and district health center and dispensary level)*

Name of District _____

Interviewees

Name_____Title_____

Name_____Title_____

Name_____Title_____

Type of Facility:	**Linked to:**
☐ Referral Hospital	Regional Hospital Name……..
☐ Regional Hospital	District Hospital Name…..……..
☐ District Hospital	Health Center (1)……..……..
☐ Health Center	Health Center (2)…..……..
☐ Dispensary	Health Center (3)……..……..
	Health Center (4)……..……..
	Dispensaries (Number)……..……..

Site Characteristics	
Type of site	☐ Public (government) ☐ Private, (NGO) ☐ Private, (FBO) ☐ Other (specify: _____)
Location of the site: Town:	__Urban __Rural __Semi-urban/peri-urban
Services offered at the site	☐ Out-patient MCH ☐ ANC ☐ TB clinic ☐ Labor and Delivery ☐ Nutrition ☐ Out-patient pediatric ☐ In-patient pediatric ☐ General/Family practice/OPD ☐ Other (specify:_____)

Service Statistics (for the previous year before the assessment)

Population of catchment area (adult+children)……._____

Number of hospital beds……._____

Number of pediatric beds……_____

Number of deliveries (2008)……_____

Number of immunizations (DPT 1) (2008))……_____

Number of women attending PMTCT (2008)……._____

Number of women tested in the past year (2008) ……_____

Number of women who tested positive in the past year (2008)……_____

Number of women receiving NVP (2008)……..….._____

Number of babies receiving NVP ART (2008)……._____

Number of HIV tests done (2008)……._____

Number of children tested for HIV (2008)……_____

Number of infants or children who tested positive for HIV (2008)…….._____

Number of children seen outpatient (2008)…….._____

Number of children enrolled in nutritional programs (2008)……_____

Services Available	
HIV counseling and Testing (check those that apply)	VCT ____ adults ___children **For infants and children:** Routine offer of testing ____inpatient ____outpatient Diagnostic Testing & Counseling (DTC) ____inpatient ____outpatient
CTC/ART ☐ Yes ☐ No **Since what dates? (mm/yyyy)**	Adults ☐ Yes ☐ No Start Date: ___/_____ Children ☐ Yes ☐ No Start Date: ___/_____
PMTCT ☐ Yes ☐ No	☐ Referral of HIV-positive women to CTC If yes, when? _____(postpartum or antenatal) ☐ Partner counseling and testing
Pediatric/MCH/Child Health services	☐ Growth monitoring ☐ Immunization ☐ IMCI ☐ Cotrimoxazole for HIV-exposed children ☐ Bednets/ ITN
Psychosocial support to families with HIV? (check all that apply) ____Individual counseling ____Support groups ___Outreach to community Other _____ **Psychosocial support to families with HIV? (check all that apply)** ____Individual counseling ____Support groups ___Outreach to community Other _____ If outreach workers find a child in the home of a family who is sick/suspected of being HIV infected, what do they do? _____	
For infants and children exposed to HIV, who/which service is responsible for each of the following elements of care:	_____Identification of exposed infants and children _____Provide CTMZ prophylaxis _____Refer for testing _____Do clinical assessment _____Prescribe ART _____Monitor ART after 3 months _____Provide adherence support

In the MCH clinic, when an infant or child has symptoms/is suspected of being HIV infected, what does the provider do?	___refer to CTC ___refer to OPD ___refer for testing – to where?_____ ___provide testing ___start cotrimoxazole ___start ART
Where is pediatric HIV care located?	☐ MCH ☐ OPD ☐ CTC ☐ Pediatric HIV specialty clinic ☐ Other (specify:_____)
Is site engaged in pediatric HIV research activities	☐ Yes, please describe: ☐ No

Organizations working in site	
Name:	❍ Child Health ❍ Maternal Health ❍ STI ❍ Care and Treatment /Adults ❍Care and Treatment /Peds ❍ PMTCT ❍ VCT ❍ HBC ❍ OVC
Name:	❍ Child Health ❍ Maternal Health ❍ STI ❍ Care and Treatment /Adults ❍Care and Treatment /Peds ❍ PMTCT ❍ VCT ❍ HBC ❍ OVC
Name:	❍ Child Health ❍ Maternal Health ❍ STI ❍ Care and Treatment /Adults ❍Care and Treatment /Peds ❍PMTCT ❍ VCT ❍ HBC ❍ OVC
Name:	❍ Child Health ❍ Maternal Health ❍ STI ❍ Care and Treatment /Adults ❍Care and Treatment /Peds ❍ PMTCT ❍ VCT ❍ HBC ❍ OVC
Name:	❍ Child Health ❍ Maternal Health ❍ STI ❍ Care and Treatment /Adults ❍Care and Treatment /Peds ❍ PMTCT ❍ VCT ❍ HBC ❍ OVC

Guidelines	
Guidelines present on site	**Response**
Guidelines for Clinical Management of HIV/AIDS (ART, OIs)	☐ Yes, specify:_____☐ N/A ☐ No ☐ Observed
Guidelines for PMTCT	☐ Yes, specify:_____ ☐ N/A ☐ No ☐ Observed
Guidelines for counseling and testing for adults	☐ Yes, specify:_____ ☐ N/A ☐ No ☐ Observed
Handbook on Pediatric AIDS in Africa (ANECCA)	☐ Yes ☐ No
Other relevant guidelines	…… …… ……
Are there information, education and communication (IEC) materials available for the patients	☐ General HIV education ☐ General ART issues ☐ ARV side effects and their management ☐ Opportunistic infections ☐ Medication use

HUMAN RESOURCES							
	Total Number	**# of each type provider providing pediatric HIV Care**	**Number with relevant training Specify #**				
			MCH	**IMCI**	**IMCI-HIV**	**Gen'l ART**	**Pediatric ART**
Medical Officer							
Asst MO							
Clinical officer							
Health Officer							
Nursing Officer							
Nurse Midwife							
Trained Nurse (certificate)							
Public Health Nurse							
Nurse attendant or hospital assistant							
Health Assistant							
VCT counselor							
Counselors							
Lab technician							
Lab technologist							
Lab assistant							
Pharmacist							
Pharm tech							
Pharm assistant							
Please comment on staff experience and attitudes about caring for infants and children with HIV.							

LABORATORY DIAGNOSIS AND MONITORING

Question	Response
Does your site have laboratory facility	❍ Yes ❍ No
Laboratory services performed in this lab	☐CD4 count ☐CD4 percentage ☐Rapid HIV test ☐Elisa ☐DNA-PCR ☐RNA-PCR ☐Hemoglobin ☐Total lymphocyte count ☐Liver Function Tests ☐Renal Function Tests ☐Other (specify:_____)
Are other laboratory facilities available offsite? If yes, please provide the name(s)	☐Private or commercial lab ☐Public lab Not available A._____ B. _____
For the following lab tests, specify as indicated at right:	CD4: Lab to which test is sent (A or B) _____ _____# days a week specimens are sent out _____# days to receive results _____method of dispatching results (post?, fax?) Others: _____ Lab to which test is sent (A or B) _____ _____# days a week specimens are sent out _____# days to receive results _____method of dispatching results (post?, fax?)
Distance to offsite laboratory facility(ies)	A. _____km B. _____km
Are there arrangements in place for transport of specimens?	☐ Yes ☐ No If yes, how long does it take for this site to receive the lab results? ____ (days) ___ (weeks)

PHARMACY PRACTICE

	# unexpired doses on hand	**Stock card complete**
AZT + 3TC + NVP		
AZT + 3TC + EFV		
D4T + 3TC + NVP		
D4T + 3TC + EFV		
Note if following suspensions present		
D4T		
3TC		
AZT		
NVP		
Cotrimoxazole		
D4T 30 mg tabs		

CLINICAL PRACTICE

Condition	**Mode of determining Diagnosis**	**Treat on Site or Refer**
HIV in adults	☐ Rapid Test ☐ ELISA ☐ None	
HIV in children	☐ Rapid Test ☐ ELISA ☐ None	☐ Treat on site ☐ Refer
HIV in children <18 m	☐ Rapid Test ☐ DNA-PCR ☐ None	☐ Treat on site ☐ Refer
What opportunistic infections are you seeing in infants and children?	1. _____ 2. _____ 3. _____ 4. _____	1. ☐ Treat on site ☐ Refer 2. ☐ Treat on site ☐ Refer 3. ☐ Treat on site ☐ Refer 4. ☐ Treat on site ☐ Refer
Staging of HIV infection	☐Done at baseline only ☐Done at each follow-up ☐ Not done	
Staging system in use	☐ CDC ☐ WHO	

SERVICE STATISTICS

Question	Response
Number of infants born to HIV-positive mothers who return to the facility for follow-up	
Number of HIV-exposed infants on CTX prophylaxis	
Number of HIV-infected children who are currently on ART in the facility	_____< 15 y.o _____below 2 years _____above 2 years
How many children (<15 y.o.) have been put on or referred for ART while on the in-patient ward (2005).	❍ None ❍ Number:_____
How many children have been put on or referred for ART from the MCH/OPD/Ped OP clinic in last month?	❍ None ❍ Number:_____
How many children have been put on or referred for ART because their parents are on ART?	❍ None ❍ Number:_____

PATIENT RECORDS AND MANAGEMENT

Sample of 5 patient records/unit at the facility	
MCH CARD #1 (kept by caretaker)	**Item completed**
Unique patient identifier	□ Yes □ No
Date of birth	□ Yes □ No
Sex of patient	□ Yes □ No
Weight at birth	□ Yes □ No
Weight *	□ Yes □ No
Height *	□ Yes □ No
Who is the caretaker? (Mum/dad/family member/institution)*	□ Yes □ No
Mother's HIV serostatus (PMTCT Status)	□ Yes □ No
Disclosure of HIV status of the child to caretaker	□ Yes □ No □ N/A
Immunizations	
OPV 1 AND BCG	□ Yes □ No
OPV 2-4;DPT 1-3	□ Yes □ No
Measles	□ Yes □ No

Select 5 records of children suspected of being HIV infected who are currently on the inpatient ward

Pediatric Inpatient Ward Medical Record	
Unique patient identifier	□ Yes □ No
Date of birth	□ Yes □ No
Sex of patient	□ Yes □ No
Weight at birth	□ Yes □ No
Weight *	□ Yes □ No
Height *	□ Yes □ No
Who is the caretaker? (Mum/dad/family member/institution…)*	□ Yes □ No
Mother's HIV serostatus (PMTCT Status)	□ Yes □ No
Child's HIV status	□ Yes □ No
Disclosure of HIV status of the child to caretaker	□ Yes □ No □ N/A
Clinical assessment findings and assignment of clinical stage (WHO/CDC staging) *	□ Yes □ No □ N/A
Active opportunistic infection*	□ Yes □ No □ N/A
Cotrimoxazole prophylaxis*	□ Yes □ No □ N/A
Date of **starting** cotrimoxazole prophylaxis	□ Yes □ No □ N/A
Tuberculosis treatment*	□ Yes □ No □ N/A
Antiretroviral therapy (ART)	□ Yes □ No □ N/A

Total lymphocyte count*	□ Yes □ No □ N/A
Hemoglobin *	□ Yes □ No □ N/A
CD4 cell count (cells/□L)*	□ Yes □ No □ N/A
CD4 cell percentage (%)*	□ Yes □ No □ N/A
Severe Rash*	□ Yes □ No □ N/A
Document mother's death	□ Yes □ No
Document father's death	□ Yes □ No

Select 5 random charts of children under 5 years old	
CTC PEDIATRIC PATIENT RECORD	
Unique patient identifier	□ Yes □ No
Date of birth	□ Yes □ No
Sex of patient	□ Yes □ No
Weight at birth	□ Yes □ No
Weight *	□ Yes □ No
Height *	□ Yes □ No
Who is the caretaker? (Mum/dad/family member/institution…)*	□ Yes □ No
Mother's HIV serostatus (PMTCT Status)	□ Yes □ No
Child's HIV status	□ Yes □ No
Disclosure of HIV status of the child to caretaker	□ Yes □ No □ N/A

Clinical assessment findings and assignment of clinical stage (WHO/CDC staging) *	□ Yes □ No □ N/A
Active opportunistic infection*	□ Yes □ No □ N/A
Cotrimoxazole prophylaxis*	□ Yes □ No □ N/A
Date of **starting** cotrimoxazole prophylaxis	□ Yes □ No □ N/A
Tuberculosis treatment*	□ Yes □ No □ N/A
Antiretroviral therapy (ART)	□ Yes □ No □ N/A
Total lymphocyte count*	□ Yes □ No □ N/A
Hemoglobin *	□ Yes □ No □ N/A
CD4 cell count (cells/□L)*	□ Yes □ No □ N/A
CD4 cell percentage (%)*	□ Yes □ No □ N/A
Severe Rash*	□ Yes □ No □ N/A
Document mother's death If yes, date?	□ Yes □ No
Document father's death If yes, date?	□ Yes □ No

Comments