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BASICS PEDIATRIC HIV TOOLKIT

**ORPHAN AND VULNERABLE
CHILDREN SITUATION ANALYSIS:
INTERVIEW GUIDE FOR HEALTH
CARE WORKERS**



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Interview Guide

Pediatric HIV Case Identification, Referral and Care at Health Facilities for orphans and vulnerable children (OVC)

For interviews with health care providers at provincial and district hospital level and health center and dispensary level providing care, treatment support for Pediatric HIV, ART, PMTCT, HCT, MCH, IPD and OPD

Date:

Name of District

Interviewer(s)

Name of Health Facility

Interviewee(s)

Team: _____

Contact Person: _____

Phone: _____

General

Ask to speak with the person in charge for social center or NGO who is present today. Introduce yourself, briefly explain the purpose of your visit and ask if she/he would be willing to answer few questions about orphans and vulnerable children with HIV and AIDS

Hello. My name is _____. My colleagues and I are here on behalf of to conduct a joint situation analysis to learn more about your services related to HIV/AIDS and OVCs. The information you provide us is very important and valuable, which will help to inform social centers, health facilities, care givers, to support and improve OVC related policies and the delivery of services. We do appreciate your time and responses.

THANK YOU

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

<p>Type of Facility:</p> <p><input type="checkbox"/> Referral Hospital</p> <p><input type="checkbox"/> Regional Hospital</p> <p><input type="checkbox"/> District Hospital</p> <p><input type="checkbox"/> Health Center</p> <p><input type="checkbox"/> Dispensary</p>	<p>Linked to:</p> <p>Regional Hospital Name.....</p> <p>District Hospital Name.....</p> <p>Health Center (1).....</p> <p>Health Center (2).....</p> <p>Health Center (3).....</p> <p>Health Center (4).....</p> <p>Dispensaries (Number).....</p>
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Site Characteristics

Type of site

- Public (government)
- Private, (NGO)
- Private, (FBO)
- Other (specify: _____)

Location of the site

- Urban
- Rural
- Semi-urban/peri-urban

Services offered at the site

- Out-patient MCH
- ANC
- Labor and Delivery
- Out-patient pediatric
- In-patient pediatric
- General/Family practice/OPD
- Other (specify: _____)
- TB clinic
- Nutrition

ALL OF ABOVE

Selected Services Statistics

- Population of catchment area (adult +children)....._____
- Population of children under 5 years of age_____
- Number of hospital beds....._____
- Number of pediatric beds....._____
- Number of deliveries (2007)....._____
- Number of immunizations (DPT 1) (2007))....._____
- Number of women attending PMTCT (2007)....._____
- Number of women tested in the past year (2007)_____
- Number of women who tested positive in the past year (2007)....._____
- Number of women receiving NVP (2007)....._____
- Number of babies receiving NVP ART (2007)....._____
- Number of HIV tests done (2007)....._____
- Number of children tested for HIV (2007)....._____
- Number of children less than 5 years of age tested for HIV (2007)
- Number of infants or children who tested positive for HIV (2007)....._____
- Number of children seen outpatient (2007)....._____
- Number of children enrolled in nutritional programs (2007)....._____
- Number of orphans seen in the health facility (2007)_____
- Number of orphans less than 5 years of age seen in the facility....._____

Services Available at Health Facility

- HIV counseling and Testing**
 (check those that apply)
- (Check all that apply)**
- Provider Initiated Testing and Counseling (PITC)
 ___ inpatient: ___ adults ___ children
 ___ outpatient: ___ adults ___ children
- VCT ___ adults ___ children
- Routine offer of testing for infants and children:
 ___ inpatient ___ outpatient
- ART** Yes No
- When initiated at this facility**
 (mm/yyyy)
- Adults Yes No Start Date: ___/___/___
- Children Yes No Start Date: ___/___/___
- PMTCT** Yes No
- Referral of HIV positive women to ART
 If yes, when? ___ANC_____ (post partum or antenatal)
- Partner counseling and testing – rare

Pediatric/MCH/Child Health services

- Growth monitoring
- Immunization
- IMCI
- Cotrimoazole for HIV exposed children @ART
- Bednets/ITN

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?

Services and support provided for orphans and vulnerable children at the health facility

- Psychosocial support
- Screening for health problem
- Immunization
- Nutritional Support
- Cotrimoazole for HIV exposed children with HIV
- ART for eligible children
- Bednets/ITN

For infants and children exposed to HIV, who/which service is responsible for each of the following elements of care:

Complete items at right with following codes (more than one code can apply)

- ART at Provincial level hospital (ART-P)
- ART at District level (ART-D)
- ART at sub-district level (ART-SD)
- Dispensaries (Dis)
- HBC workers/CHWs/OVC workers

- Identification of HIV- exposed infants and children
- Prescribe ART
- Monitor ART after 3 months
- Provide adherence support
- Provide CTMZ prophylaxis
- Refer for HIV testing
- Conduct clinical assessment

In the MCH clinic, when an infant or child is suspected of being HIV exposed or HIV infected, what does the provider do?

- Refer to ART
- Refer to OPD
- Refer for HIV testing.

If yes, to where?

-
- Conduct HIV test
 - Start cotrimoxazole
 - Start ART

Where are pediatric HIV care services located?

- MCH
- OPD
- CCC
- Pediatric HIV specialty clinic
- Other (specify: _____)

CARE AND SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN (OVC)

- How do the health providers identify OVCs (indigent, orphan and vulnerable children) in the facility?

- What specific services are available for OVC in your facility? Please list
 - Who provides these services?
 - When are the services provided?
 - Where are they provided at the health facility?

- How do OVCs access services at the facility?

- How many OVCs are attended to at the facility each week/month?
 - How many of the OVCs are under 5 years of age?

- What are the common health problems of OVC that you encounter in this health facility? Please list

- What do you do when you encounter a sick OVC at the facility?

- What are the barriers to access to health services by OVCs? Please list

- What challenges do you encounter while providing services for OVCs in your facility?
 - Getting OVC tested for HIV?
 - Providing treatment for OVCs?

- What support do you think should be provided to OVCs who are infected with HIV that visit your facility?

- Do you refer OVCs to other services or NGOs in the community? And to where?

- Do you follow up OVCs that receive care in your health facility? And how?

- What additional information would you like to provide on this subject?

ORGANIZATIONS WORKING AT THE 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)	<input type="checkbox"/> Yes, specify: _____ <input type="checkbox"/> N/A <input type="checkbox"/> No
Guidelines for PMTCT	<input type="checkbox"/> Observed TOLD AT NEARBY OFFICE <input type="checkbox"/> Yes, specify: _____ <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Observed TOLD AT NEARBY OFFICE
Guidelines for counseling and testing for adults	<input type="checkbox"/> Yes, specify: _____ <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Observed
Guidelines for care and support for orphans and vulnerable children	<input type="checkbox"/> Yes, specify: _____ <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Observed
Handbook on Pediatric AIDS in Africa (ANECCA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other relevant guidelines	Told it is In a Medical Officer's office – did not observe
Are there information, education and communication (IEC) materials available for the patients	<input type="checkbox"/> General HIV education <input type="checkbox"/> General ART issues <input type="checkbox"/> ARV side effects and their management <input type="checkbox"/> Opportunistic infections <input type="checkbox"/> Medication use <input type="checkbox"/> Adherence support <input type="checkbox"/> Pediatric HIV and AIDS

STAFFING AND CAPACITY FOR PEDIATRIC HIV CARE AND TREATMENT

	Total Number	# of each type provider providing pediatric HIV Care	# trained in IMCI-HIV	# trained in pediatric HIV care
Medical Officers (1 ENT, 2 surgeons, 1 physician, 1 pediatrician, 1 gynecologist)				
Asst MO				
Clinical officer				
Nursing Officer				
Nurse Midwife				
Nurses (all other levels)				
Nurse attendant or hospital assistant				
Health Assistant				
Others				

LABORATORY DIAGNOSIS AND MONITORING

Question

Response

Does your site have
laboratory facility
Laboratory services
performed in this lab

- Yes No
- 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?

- Private or commercial lab
- Public lab
- Not available

If yes, please provide the name(s)

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
 On site _____ # days to receive results
 _____ method of dispatching results (post?, fa?)

Others: _____

DBS-PCR
 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?, fa?)

Pharmacy Practice	
	Expiration/supply comment
Second line ordered over 3 weeks ago (10/2565 pts need it; no peds needed yet)	
Zidovir 100mg caps	
Retrovir Suspension 110 MG/ML	
Epivir 10 mg/ml	
Viramune 50 mg/5ml (1 bottle on hand) 5	
NVP 50mg/5ml	
Cotrimoxazole SYRUP	

CLINICAL PRACTICE

	Question	Response
Condition	Mode of determining Diagnosis	Treat on Site or Refer
HIV in children	<input type="checkbox"/> Rapid Test <input type="checkbox"/> ELISA <input type="checkbox"/> DBS-PCR <input type="checkbox"/> None	<input type="checkbox"/> Treat on site <input type="checkbox"/> Refer
HIV in children <18 m	<input type="checkbox"/> Rapid Test <input type="checkbox"/> DNA-PCR <input type="checkbox"/> DBS-PCR <input type="checkbox"/> None	<input type="checkbox"/> Treat on site <input type="checkbox"/> Refer
What opportunistic infections are you seeing in infants and children? Answered in terms of symptoms; did not ask about management	1. _____ 2. _____ 3. _____	
Staging of HIV infection	<input type="checkbox"/> Done at baseline only <input type="checkbox"/> Done at each follow-up <input type="checkbox"/> Not done	Not asked
Staging system in use	<input type="checkbox"/> CDC <input type="checkbox"/> 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 CT prophylaxis	
Number of HIV-infected children who are currently on ART in the facility	_____ < 15 years _____ 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 (2007).	<input type="radio"/> None <input type="radio"/> Number: _____
How many children have been put on or referred for ART from the MCH/OPD/Ped OP clinic in last month?	<input type="radio"/> None <input type="radio"/> Number: _____
How many children have been put on or referred for ART because their parents are on ART?	<input type="radio"/> None <input type="radio"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex of patient	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight at birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is the caretaker? (Mum/dad/family member/institution...)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's HIV serostatus (PMTCT Status)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disclosure of HIV status of the child to caretaker	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Immunizations	
	OPV 1 AND BCG <input type="checkbox"/> Yes <input type="checkbox"/> No
	OPV 2-4;DPT 1-3 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Measles <input type="checkbox"/> Yes <input type="checkbox"/> No

Select 5 records of children suspected of being HIV infected who are currently on the inpatient ward
REVIEWED ONE CHART TO DETERMINE WHAT IS REQUESTED ON THE FORMS

Pediatric Inpatient Ward Medical Record

Unique patient identifier	Yes <input type="checkbox"/> No
Date of birth	<input type="checkbox"/> Yes <input type="checkbox"/> No – used Age instead
Sex of patient	Yes <input type="checkbox"/> No
Weight at birth	<input type="checkbox"/> Yes No
Weight *	Yes <input type="checkbox"/> No
Height *	<input type="checkbox"/> Yes No
Who is the caretaker? (Mum/dad/family member/institution...)*	Yes <input type="checkbox"/> No
Mother's HIV serostatus (PMTCT Status)	<input type="checkbox"/> Yes No
Child's HIV status	<input type="checkbox"/> Yes No
NOT REQUIRED BY THE STANDARD FORM but told it is put into narrative notes	
Disclosure of HIV status of the child to caretaker ONLY IN NARRATIVE NOTES	<input type="checkbox"/> Yes <i>Not required on the form</i> <input type="checkbox"/> N/A
Clinical assessment findings and assignment of clinical stage (WHO/CDC staging) * IN NARRATIVE NOTES	<input type="checkbox"/> Yes <i>Not required on the form</i> <input type="checkbox"/> N/A
Active opportunistic infection* IN NOTES	<input type="checkbox"/> Yes <i>Not required on the form</i> <input type="checkbox"/> N/A
Cotrimoxazole prophylaxis* In notes	<input type="checkbox"/> Yes <i>not required on the form</i> <input type="checkbox"/> N/A
Date of starting cotrimoxazole prophylaxis In notes	<input type="checkbox"/> Yes <i>not required on the form</i> <input type="checkbox"/> N/A
Tuberculosis treatment* In notes	<input type="checkbox"/> Yes <i>not required on the form</i> <input type="checkbox"/> N/A

Antiretroviral therapy (ART)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total lymphocyte count*		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Hemoglobin *		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
CD4 cell count (cells/ μ L)*	DONE AT THE ART SITE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
CD4 cell percentage (%)*	“	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Severe Rash* IN NARRATIVE NOTES		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Document mother’s death	IN HISTORY NOTES	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document father’s death	IN HISTORY NOTES	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Select 5 random charts of children under 5 years old</i>	
CARE AND TREATMENT ON PEDIATRIC PATIENT RECORD	
Unique patient identifier	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex of patient	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight at birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight at last visit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Height at last visit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is the caretaker? (Mum/dad/family member/institution...)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother’s HIV serostatus (PMTCT Status)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child’s HIV status	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disclosure of HIV status of the child to caretaker	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

Comments

Key Questions for Health Care Providers at the Facility

Providers at MCH Site

What do you do for children who are falling below expected weight on the growth chart?

What do you do when a mother you know is HIV infected brings her baby for an immunization?

Clinicians in Pediatric Outpatient Department

If you see a six month old with the fourth episode of pneumonia what would you do?

Probe: suggest an HIV test?

Clinician on Pediatric Inpatient Unit

How many HIV tests have you ordered for children under 5 this past month?

Pharmacist

In the past three months, how many prescriptions have you filled for Cotrimoxazole for prophylaxis in a child under 5?