

East Africa leDEA Site Assessment
Module 1
General HIV and Antiretroviral Program

Facility Name: Facility_Name	Country: Country
Province: Province	
Contact Person: Contact_Person	Contact Information: Phone Number: CP_PhoneNo e-mail: CP_email
Data Manager: Data_Manager	Contact Information: Phone Number: DM_phone e-mail: DM_email
Interviewer: Interviewer	Date: Date

1. General:

Question	Answer	Comments
a. Level of facility	<input type="checkbox"/> Rural health centre <input type="checkbox"/> District Hospital <input type="checkbox"/> Referral hospital <input type="checkbox"/> Other:	Facility_L_Comments Facility_Level: 1=Rural health centre 2=District hospital 3=Referral hospital 4=Other:
b. Operated by	<input type="checkbox"/> Government Operate_Govt <input type="checkbox"/> Non-governmental org. Operated_NGO <input type="checkbox"/> Private interests Operated_Private_interests	Specify: Operated_Comments
c. Location	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Semi-rural	Location_Comments Location
d. HIV Clinic Infrastructure supported by: (Example: Structure, staff etc)	<input type="checkbox"/> % Government Infra_Support_Govt <input type="checkbox"/> % Donation Infra_Support_Donation <input type="checkbox"/> % Patient fees Infra_Support_PatientFee <input type="checkbox"/> % Research Infra_Support_Research <input type="checkbox"/> % Other: Infra_Support_Other	If donation: <input type="checkbox"/> % Global Fund IS_Donation_GlobalFund <input type="checkbox"/> % PEPFAR IS_Donation_PEPFAR <input type="checkbox"/> % Gates IS_Donation_Gates <input type="checkbox"/> % MSF IS_Donation_MSF <input type="checkbox"/> % Other: IS_Donation_Other

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2. HIV Program Infrastructure:

Question	Answer	Comments
a. When did HIV clinic begin?	Date_StartHIVClinic	Date_StartHIVClinic_Comments
b. When did provision of ARV's begin? (<i>any ARV's</i>)	Date_ARVProvision	Date_ARVProvision_Comments
c. Within the last six months, funding for ARV's provided by	___% Government ARV_6m_fund_Govt ___% Procurement ARV_6m_fund_Procurement ___% Donation ARV_6m_fund_Donation ___% Research ARV_6m_fund_Research ___% Other: ARV_6m_fund_Other	If donation: ___% Global Fund ARV_6m_Don_GlobalFund ___% PEPFAR ARV_6m_Don_PEPFAR ___% Gates ARV_6m_Don_Gates ___% MSF ARV_6m_Don_MSF ___% Other: ARV_6m_Don_Other
d. How many independent HIV Care programs (different clinical protocols, ARV eligibility, follow-up procedures) are operating within this clinic	___1 } ___2 } ___3 } ___>3 } No_HIVCarePrograms	If more than one program, check all activities that different: ___Standards of care Prog_CareStandard ___Databases Prog_Databases ___Staff Prog_Staff ___Other Prog_Other
e. Is HIV clinic separate or integrated into general out-patient clinic?	___Separate } ___Integrated } HIV_Clinic	HIV_Clinic_Comments
d. Is the TB program:	_1_ Integrated into HIV program _2_ Parallel but linked _3_ Not integrated but both programs are on site _4_ No TB program on site	TB_Program_Comments TB_Program
e. Number of days per week clinic is open for HIV care	ClinicDaysPerWeek	ClinicDays_Comments
f. Are there evening or weekend clinic sessions?	___ Yes } ___ No } Extra_Sessions	Extra_Sessions_Comments
g. Total number of active patients attending clinic	NoActivePts	Definition of active patients at this site: NoActivePts_Dfn_Comments

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h. Within the last 6 months what is the average number of patient visits per week	AvgPtsVisit_6mts	AvgPtsVisit_6mts_Comments
i. Number of consultation rooms used by ART clinic	No_ConsoRooms	No_ConsoRooms_Comments
j. Number of staff assigned to ARV/ HIV Care program (adjust to FTE; i.e. 2 physicians working 50% would be 1 FTE) <i>lth</i>	<input type="checkbox"/> Adult Physicians NoOfAdultPhysicians <input type="checkbox"/> Pediatricians NoOfPediatricians <input type="checkbox"/> Clinical Officers NoOfCOs <input type="checkbox"/> Nurses NoOfNurses <input type="checkbox"/> Social Workers NoOfSocialWorkers <input type="checkbox"/> Outreach workers NoOfOutreachWorkers <input type="checkbox"/> Nutritionists NoOfNutritionist <input type="checkbox"/> Pharm tech NoOfPharmTech <input type="checkbox"/> Pharmacist NoOfPharmacist <input type="checkbox"/> Ancillary (cleaners, drivers, admin, clerical) NoOfAncillary <input type="checkbox"/> Other: NoOfOther	NoOf_Comments
k. Within your program who is allowed to prescribe ARVs?	<input type="checkbox"/> Physicians ARV_Pres_Physicians <input type="checkbox"/> Clinical Officers ARV_Pres_COs <input type="checkbox"/> Nurses ARV_Pres_Nurses <input type="checkbox"/> Other: ARV_Pres_Other	ARV_Pres_Comments
l. What cadre is considered the primary provider of HIV care within your system	<input type="checkbox"/> Physicians HIVCareCadre_Physicians <input type="checkbox"/> Clinical Officers HIVCareCadre_COs <input type="checkbox"/> Nurses HIVCareCadre_Nurses <input type="checkbox"/> Other: HIVCareCadre_Others	HIVCareCadre_Comments

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<p>m. Are your patients referred mostly from:</p>	<p> <input type="checkbox"/> primary care <input type="checkbox"/> in-patient hospital <input type="checkbox"/> ante-natal care <input type="checkbox"/> TB clinic <input type="checkbox"/> VCT clinic <input type="checkbox"/> self-referred <input type="checkbox"/> Other </p> <p>Pts_Referral_Other</p>	<p>Pts_Referral_Comments</p> <p>Pts_Referral_Mostly: 1=Primary care 2=In-patient hospital 3=Ante-natal clinic 4=TB clinic 5=VCT clinic 6=Self-referred 7=Other</p>
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3. Availability of Services:

HIV Clinic = HC General Facility = GF NA			Elsewhere locally = L, Referral outside the community =R Not Available =		
If the service is available at more than one site, please list the site most commonly accessed by your patients					
Question	Answer	Is the service free to patients or not?			
a. Sexually Transmitted Infections services	<input type="checkbox"/> Laboratory Diagnosis STI_LabDiagnosis <input type="checkbox"/> Symptom diagnosis STI_SympDiagnosis <input type="checkbox"/> Treatment STI_Treatment <input type="checkbox"/> None STI_None	Free	Not free	STI_LabDiagnosis_Cost	
		Free	Not free	STI_SympDiagnosis_Cost	
		Free	Not free	STI_Treatment_Cost	
b. Peri-natal services	<input type="checkbox"/> HIV testing PNatal_HIVTest <input type="checkbox"/> PMTCT treatment PNatal_PMTCTtrmt <input type="checkbox"/> Pre-natal care PNatal_PreNatalCare <input type="checkbox"/> Delivery PNatal_Delivery <input type="checkbox"/> Post-natal care PNatal_PostNatalCare <input type="checkbox"/> None PNatal_None	Free	Not free	PNatal_HIVTest_Cost	
		Free	Not free	PNatal_PMTCTtrmt_Cost	
		Free	Not free	PNatal_PreNatalCare_Cost	
		Free	Not free	PNatal_Delivery_Cost	
		Free	Not free	PNatal_PostNatalCare_Cost	
c. Paediatric services	<input type="checkbox"/> Growth monitoring Peds_GrowthMon <input type="checkbox"/> Immunization Peds_Immun <input type="checkbox"/> HIV DNA testing Peds_HIVDNATest <input type="checkbox"/> TMP/SMX prophylaxis Peds_TMPSMXPrph <input type="checkbox"/> Antiretroviral treatment Peds_ART <input type="checkbox"/> Other: Peds_Other <input type="checkbox"/> None Peds_None	Free	Not free	Peds_GrowthMon_Cost	
		Free	Not free	Peds_Immun_Cost	
		Free	Not free	Peds_HIVDNATest_Cost	
		Free	Not free	Peds_TMPSMXPrph_Cost	
		Free	Not free	Peds_ART_Cost	
d. HIV Testing services	<input type="checkbox"/> VCT HIVTest_VCT <input type="checkbox"/> DTC HIVTest_DTC <input type="checkbox"/> Home based HIVTest_Homebased	Free	Not free	HIVTest_VCT_Cost	
		Free	Not free	HIVTest_DTC_Cost	
		Free	Not free	HIVTest_Homebased_Cost	
e. Reproductive Health services	<input type="checkbox"/> Family planning RHealth_FPPlanning	Free	Not free	RHealth_FPPlanning_Cost	

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	<input type="checkbox"/> Abortion services RHealth_Abort <input type="checkbox"/> Pap smears RHealth_PapS <input type="checkbox"/> Circumcision RHealth_Circm <input type="checkbox"/> Other RHealth_Other <input type="checkbox"/> None RHealth_None	Free Not free RHealth_Abort_Cost Free Not free RHealth_PapS_Cost Free Not free RHealth_Circm_Cost
f. Nutritional support	<input type="checkbox"/> Food Nutri_Food <input type="checkbox"/> Vitamins Nutri_Vitamins <input type="checkbox"/> Counselling Nutri_Counsel <input type="checkbox"/> Other: Nutri_Other	Free Not free Nutri_Food_Cost Free Not free Nutri_Vitamins_Cost Free Not free Nutri_Counsel_Cost
g. Orphan and vulnerable children	<input type="checkbox"/> Food Assistance OVC_FoodAsst <input type="checkbox"/> School fees/uniforms OVC_Sch <input type="checkbox"/> Shelter renovation OVC_Shelter <input type="checkbox"/> Economic opportunity (ag assist.) OVC_EconOpp <input type="checkbox"/> Support of basic needs OVC_BasicNeeds <input type="checkbox"/> Supplements foster families OVC_FosterFamilies <input type="checkbox"/> Provision of medical assistance OVC_MedAsst <input type="checkbox"/> Life skills training OVC_SkillTraning <input type="checkbox"/> Other: OVC_Other	OVC_Comments
h. Economic Development	<input type="checkbox"/> Agricultural Assistance EconDev_SkillTrain_Cost <input type="checkbox"/> Skills Training EconDev_SkillTrain <input type="checkbox"/> Microfinance programs EconDev_SkillTrain <input type="checkbox"/> Other: EconDev_Other	Free Not free EconDev_AgriAsst_Cost Free Not free EconDev_SkillTrain_Cost
i. Psychosocial support	<input type="checkbox"/> Individual counselling PsychoSupp_Individual <input type="checkbox"/> Support groups PsychoSupp_Group <input type="checkbox"/> Peer support PsychoSupp_Peer <input type="checkbox"/> 'Buddy' program PsychoSupp_Buddy	

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	____ Other: PsychoSupp_Other	
j. Laboratory Testing	____ CD4 LabTest_CD4 ____ HIV viral load LabTest_ViralLoad ____ Haemoglobin LabTest_Haemoglobin ____ Total lymphocyte count LabTest_TLC ____ ALT LabTest_ALT ____ Creatinine LabTest_Creatnine ____ Resistance testing LabTest_Resistance	LabTest_Comments
k. General health supports	____ bed nets GenSupp_BedNets ____ safe water equipment and/or counselling GenSupp_SafeWater	GenSupp_Comments

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4. The ART Program Treatment Parameters:

Question	Answer	Comments
a. Which clinical or laboratory criteria are used for initiating ART? (excluding PMTCT) <i>(tic all that apply)</i>	<input type="checkbox"/> CD4 < 500 Criteria_CD4<500 <input type="checkbox"/> CD4 <350 Criteria_CD4<350 <input type="checkbox"/> CD4 <200 Criteria_CD4<200 <input type="checkbox"/> HIV viral load Criteria_ViralLoad <input type="checkbox"/> WHO/CDC Stage Criteria_WHO_CDC <input type="checkbox"/> CD4 and clinical stage Criteria_CD4_ClinicalS <input type="checkbox"/> Other: Criteria_Other	Criteria_Comments
b. Staging of HIV infection	<input type="checkbox"/> Done at baseline only <input type="checkbox"/> Done at each visit <input type="checkbox"/> Not done	HIV_Staging_Comments HIV_Staging
c. Staging system	<input type="checkbox"/> CDC <input type="checkbox"/> WHO	StagingSys_Comments StagingSys
d. Is there a waiting list to receive ARV's?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Average length over last 6 months _____ ARVWaiting_Len
e. Has your clinic experienced stock-outs?	<input type="checkbox"/> Yes, in the last 6 months <input type="checkbox"/> Yes, in the last 12 months <input type="checkbox"/> Yes but not recently <input type="checkbox"/> No, never	StockOuts_Comments
f. What percent of your HIV-infected patients are receiving ARV's?	ARVreceive	ARVreceive_Comments
g. What is your standard first-line regimen <i>(tic all that apply)</i>	<input type="checkbox"/> D4T/3TC/NVP FirstLine_D4T3TCNVP <input type="checkbox"/> Triomune FirstLine_Triomune <input type="checkbox"/> AZT/3TC/NVP FirstLine_AZT3TCNVP <input type="checkbox"/> AZT/3TC/Efavirenz FirstLine_AZT3TCEfa <input type="checkbox"/> Other _____ FirstLine_Other	FirstLine_Comments FirstLine_Other_Combi
h. Is a complete change of ARV's for a 2 nd line regimen available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	SecondLine_Avail_Comments
i. Is there a standard 2 nd line regimen used? <i>(if yes, what is it?)</i>	<input type="checkbox"/> Yes: <input type="checkbox"/> No SecondLine_InUse	SecondLine_UsedInUse_Comments SecondLine_Used

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<p>j. How often are return visits schedule for the following:</p>	<p>___ Not on ART ReturnVisit_NotonART ___ New on ART ReturnVisit_NewonART ___ Stable on ART ReturnVisit_StableART</p>	<p>ReturnVisit_Comments</p>
<p>k. How do you measure or assess adherence to treatment? <i>(all that apply)</i> (Chart = C; Electronic database =E; Both =B)</p>	<p>→ 3 day recall Adhere_3day → 7 day recall Adhere_7day ___ Other patient recall measure Adhere_OtherPtsRecall → Pill count Adhere_PillCount → Pharmacy refills Adhere_PharmRefills → Other _____ Adhere_Other ___ Don't measure Adhere_DontMeasure</p>	<p>Adhere_Comments Adhere_3day_ECB Adhere_7day_ECB Adhere_OtherPtsRecall_ECB Adhere_PillCount_ECB Adhere_PharmRefills_ECB Adhere_Other_ECB Adhere_DontMeasure_ECB Adhere_Other_Specify</p>
<p>l. Do you issue or allow patients to maintain a tail of medication which would take them beyond their next clinic appointment</p>	<p>___ Yes: } ___ No } ExtraMeds</p>	<p>Number of days → ExrtraMeds_Len</p>
<p>m. Do you record data on adverse side effects to ARV's? (Chart = C; Electronic database =E; Both =B)</p>	<p>___ Any and all symptoms Record_AnyAllSymp ___ Some symptoms (list) Record_SomeSymp ___ Only as reason for treatment change Record_TrmtChng ___ Grade III/IV events only Record_Gradell_IV</p>	<p>Record_Comments</p>

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5. Laboratory Monitoring:

a. Characteristics of HIV Assay		
Question	Answer	Comments
HIV viral load assay available to clinic	<input type="checkbox"/> PCR ViralLoad_PCR <input type="checkbox"/> bDNA ViralLoad_bDNA <input type="checkbox"/> Nasba ViralLoad_Nasba <input type="checkbox"/> Other _____ ViralLoad_Other <input type="checkbox"/> None ViralLoad_None	ViralLoad_Comments ViralLoad_Other_Specify
Lower limit of detection of HIV RNA assay	<input type="checkbox"/> <400 copies/ml <input type="checkbox"/> <50 copies/ml <input type="checkbox"/> <10 copies/ml <input type="checkbox"/> Don't know	RNA_Comments LowerLimit_RNA

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Please see variables below:

b. Frequency of Laboratory Monitoring												
Test	Entered into DB	Baseline	Symp-toms	M1	M2	M3	M4	M5	M6	Every 3 mo.	Every 6 mo.	Other
CD4												
Viral load												
CBC												
Liver function												
Creatinine												
Lipids												
Lactic acid												
Other Other_Test												
Other												
Other												

CD4_LM_DB	VL_LM_DB	CBC_LM_DB	Liver_LM_DB	Creatinine_LM_DB	Lipids_LM_DB
CD4_LM_Baseline	VL_LM_Baseline	CBC_LM_Baseline	Liver_LM_Baseline	Creatinine_LM_Baseline	Lipids_LM_Baseline
CD4_LM_Symp	VL_LM_Symp	CBC_LM_Symp	Liver_LM_Symp	Creatinine_LM_Symp	Lipids_LM_Symp
CD4_LM_OnMnt1	VL_LM_OnMnt1	CBC_LM_OnMnt1	Liver_LM_OnMnt1	Creatinine_LM_OnMnt1	Lipids_LM_OnMnt1
CD4_LM_OnMnt2	VL_LM_OnMnt2	CBC_LM_OnMnt2	Liver_LM_OnMnt2	Creatinine_LM_OnMnt2	Lipids_LM_OnMnt2
CD4_LM_OnMnt3	VL_LM_OnMnt3	CBC_LM_OnMnt3	Liver_LM_OnMnt3	Creatinine_LM_OnMnt3	Lipids_LM_OnMnt3
CD4_LM_OnMnt4	VL_LM_OnMnt4	CBC_LM_OnMnt4	Liver_LM_OnMnt4	Creatinine_LM_OnMnt4	Lipids_LM_OnMnt4
CD4_LM_OnMnt5	VL_LM_OnMnt5	CBC_LM_OnMnt5	Liver_LM_OnMnt5	Creatinine_LM_OnMnt5	Lipids_LM_OnMnt5
CD4_LM_OnMnt6	VL_LM_OnMnt6	CBC_LM_OnMnt6	Liver_LM_OnMnt6	Creatinine_LM_OnMnt6	Lipids_LM_OnMnt6
CD4_LM_Every3Mnts	VL_LM_Every3Mnts	CBC_LM_Every3Mnts	Liver_LM_Every3Mnts	Creatinine_LM_Every3Mnts	Lipids_LM_Every3Mnts
CD4_LM_Every6Mnts	VL_LM_Every6Mnts	CBC_LM_Every6Mnts	Liver_LM_Every6Mnts	Creatinine_LM_Every6Mnts	Lipids_LM_Every6Mnts
CD4_LM_Other	VL_LM_Other	CBC_LM_Other	Liver_LM_Other	Creatinine_LM_Other	Lipids_LM_Other

LacticA_LM_DB	Other_LM_DB
LacticA_LM_Baseline	Other_LM_Baseline
LacticA_LM_Symp	Other_LM_Symp
LacticA_LM_OnMnt1	Other_LM_OnMnt1
LacticA_LM_OnMnt2	Other_LM_OnMnt2
LacticA_LM_OnMnt3	Other_LM_OnMnt3
LacticA_LM_OnMnt4	Other_LM_OnMnt4
LacticA_LM_OnMnt5	Other_LM_OnMnt5
LacticA_LM_OnMnt6	Other_LM_OnMnt6
LacticA_LM_Every3Mnts	Other_LM_Every3Mnts
LacticA_LM_Every6Mnts	Other_LM_Every6Mnts
LacticA_LM_Other	Other_LM_Other

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6. Opportunistic Infections:

a. Documentation (Chart = C; Electronic database =E; Both =B)		
Question	Answer	Comments
Are OI's documented... OIDocument1_Choice	<input type="checkbox"/> 1 Upon clinical suspicion <input type="checkbox"/> 2 Upon lab confirmation <input type="checkbox"/> 3 Not documented routinely	OIDocument1_ECB: OIDocument1_Comments
Are OI's documented... OIDocument2_Choice	<input type="checkbox"/> 1 At initial diagnosis <input type="checkbox"/> 2 Each visit until resolved <input type="checkbox"/> 3 Not documented routinely	OIDocument2_ECB: OIDocument2_Comments
Is OI history at first visit documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	OIDocOn1stVisit_ECB OIDocOn1stVisit_Comments




b. What percent of the time are the following diagnoses definitive and what percent are they based on clinical suspicion?		
Pulmonary TB	<input type="checkbox"/> % Definitive PulmnrnryTB_Dfnt <input type="checkbox"/> % Clinical Suspicion PulmnrnryTB_CSuspc	PulmnrnryTB_Comments
Extrapulmonary TB	<input type="checkbox"/> % Definitive ExtraPTB_Dfnt <input type="checkbox"/> % Clinical Suspicion ExtraPTB_CSuspc	ExtraPTB_Comments
Oesophageal candidiasis	<input type="checkbox"/> % Definitive OesoCandi_Dfnt <input type="checkbox"/> % Clinical Suspicion OesoCandi_CSuspc	OesoCandi_Comments
PCP	<input type="checkbox"/> % Definitive PCP_Dfnt <input type="checkbox"/> % Clinical Suspicion PCP_CSuspc	PCP_Comments
Kaposi Sarcoma	<input type="checkbox"/> % Definitive KSarcoma_Dfnt <input type="checkbox"/> % Clinical Suspicion KSarcoma_CSuspc	KSarcoma_Comments
HIV wasting syndrome	<input type="checkbox"/> % Definitive WasteSyndrom_Dfnt <input type="checkbox"/> % Clinical Suspicion WasteSyndrom_CSuspc	WasteSyndrom_Comments
HIV encephalopathy	<input type="checkbox"/> % Definitive Encephalopathy_Dfnt <input type="checkbox"/> % Clinical Suspicion Encephalopathy_CSuspc	Encephalopathy_Comments

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Recurrent pneumonia	___% Definitive RecPneumonia_Dfnt ___% Clinical Suspicion RecPneumonia_CSuspc	RecPneumonia_Comments
Cytomegalovirus	___% Definitive CytoMGVirus_Dfnt ___% Clinical Suspicion CytoMGVirus_CSuspc	CytoMGVirus_Comments
Isosporidiosis/Cryptosporidiosis	___% Definitive IsoCrypto_Dfnt ___% Clinical Suspicion IsoCrypto_CSuspc	IsoCrypto_Comments
MAC/MAI	___% Definitive MACMAI_Dfnt ___% Clinical Suspicion MACMAI_CSuspc	MACMAI_Comments
Histoplasmosis	___% Definitive Histo_Dfnt ___% Clinical Suspicion Histo_CSuspc	Histo_Comments
Toxoplasmosis	___% Definitive Toxo_Dfnt ___% Clinical Suspicion Toxo_CSuspc	Toxo_Comments
Cryptococcus	___% Definitive Crypto_Dfnt ___% Clinical Suspicion Crypto_CSuspc	Crypto_Comments
Lymphoma (non-Hodgkin's)	___% Definitive Lymphoma_Dfnt ___% Clinical Suspicion Lymphoma_CSuspc	Lymphoma_Comments
PML	___% Definitive PML_Dfnt ___% Clinical Suspicion PML_CSuspc	PML_Comments

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7. Data:

Question	Answer	Comments
a. Forms Collected	<input type="checkbox"/> Adult Initial Forms_AdultIni <input type="checkbox"/> Adult Follow-up Forms_AdultFup <input type="checkbox"/> Pediatric Initial Forms_PedsIni <input type="checkbox"/> Pediatric Follow-up Forms_PedsFup <input type="checkbox"/> Other: Forms_Other	Forms_Comments
b. Database in use	<input type="checkbox"/> Yes } <input type="checkbox"/> No }  DB_inUse	DB_inUse_Comments
c. Database reviewed	<input type="checkbox"/> Yes } <input type="checkbox"/> No }  DB_Reviewed	DB_Reviewed_Comments
d. Special Procedures for obtaining data from this site	<input type="checkbox"/> Yes } <input type="checkbox"/> No }  SpecialProc	SpecialProc_Comments