

East Africa leDEA Site Assessment
Module 2
Services Linked to HIV/ART Program

Facility Name: Facility_Name	Country: Country
Contact Person: Contact_Person	Contact Information: Phone Number: CP_PhoneNo e-mail: CP_email
Interviewer: Interviewer	Date: Date

1. Tuberculosis Services: *Site:* _____




Question	Answer	Comment
a. Is INH prophylaxis used at your site? INH_Prophyl	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to c)	INH_Prophyl_Comment
b. If INH prophylaxis is used, prior to initiation do you screen with any of the following:	<input type="checkbox"/> Chest X-ray Screen_CXR <input type="checkbox"/> Skin testing Screen_SkinTest <input type="checkbox"/> Symptoms Screen Screen_SympScreen <input type="checkbox"/> Other: Screen_Other	Screen_Comment
c. In your ART program Is Chest X-ray used as: CXR_UsedAs	<input type="checkbox"/> 1 Part of routine screening <input type="checkbox"/> 2 As result of symptom trigger <input type="checkbox"/> 3 Other <input type="checkbox"/> 4 Not available	CXR_UsedAs_Comment
d. On what basis is TB diagnosed in adults? (please provide the approximate % of the time that each method is used)	<input type="checkbox"/> Smears TB_Adults_Smears <input type="checkbox"/> Culture TB_Adults_Culture <input type="checkbox"/> Symptoms TB_Adults_Symptoms <input type="checkbox"/> CXR TB_Adults_CXR <input type="checkbox"/> Other: TB_Adults_Other	TB_Adults_Comment
e. On what basis is TB diagnosed in children? (tic all that apply) (please provide the approximate % of the time that each method is used)	<input type="checkbox"/> Symptom Scoring Algorithm TB_Child_ScoAlgo <input type="checkbox"/> Smears TB_Child_Smears <input type="checkbox"/> Culture TB_Child_Culture <input type="checkbox"/> CXR TB_Child_CXR <input type="checkbox"/> Other: TB_Child_Other	Name of Scoring Algorithm: ScoAlgo TB_Child_Comment
d. What are the components of your standard induction regimen?	<input type="checkbox"/> INH Ind_Regimen_INH <input type="checkbox"/> Rifampin	Ind_Reg_Comment

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	Ind_Regimen_Rifampin ___PZA Ind_Regimen_PZA ___Ethambutol Ind_Regimen_Ethambutol ___ Other: Ind_Regimen_Other	
e. What is the duration of your induction regimen?	Duration_IndReg	Duration_IndReg_Comment
f. What are the components of your standard maintenance regimen?	___INH Mnt_Regimen_INH ___Rifampin Mnt_Regimen_Rifampin ___PZA Mnt_Regimen_PZA ___Ethambutol Mnt_Regimen_Ethambutol ___ Other: Mnt_Regimen_Other	Mnt_Reg_Comment
g. What is the duration of your maintenance regimen?	Duration_MntReg	Duration_MntReg_Comment
h. Is Directly Observed Therapy used?	_1_ For every patient } _2_ For some patients } → _3_ Never }	DOT_Used_Comment DOT_Used
i. What drugs are available for patients that fail initial therapy for TB?	→ TB_InitialFail	TB_InitialFail_Comment
j. Where is the following information recorded? (E= Electronic; C= Chart ; B= both)	___CXR InfoRec_CXR ___TB diagnosis InfoRec_TB_Diagnosis ___TB treatment InfoRec_TB_Trtn ___Symptoms InfoRec_Symtoms	InfoRec_Symtoms_Comment

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2. pMTCT Program: *Site:* _____

Question	Answer	Comment
a. What is the relationship between the pMTCT program and the ART program? 	<input type="checkbox"/> 1__ pMTCT embedded in ART program <input type="checkbox"/> 2__ Programs are in the same facility and linked <input type="checkbox"/> 3__ Programs are in the same facility but not linked <input type="checkbox"/> 4__ Programs are different facilities but linked <input type="checkbox"/> 5__ Programs are different facilities not linked but patients are referred between the programs <input type="checkbox"/> 6__ None (<i>go to table 3</i>)	Rship_pMTCT_ART_Comment
b. Is pMTCT integrated into the ANC? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intg_pMTCT_ANC_Comment
c. pMTCT dedicated staff (<i>adjust to FTE; i.e. 2 physicians working 50% would be 1 FTE</i>) (<i>if pMTCT is integrated into ANC provide ANC numbers</i>)	<input type="checkbox"/> Physicians Dedi_Staff_Physicians <input type="checkbox"/> Clinical officers Dedi_Staff_COs <input type="checkbox"/> Nurses Dedi_Staff_Nurses <input type="checkbox"/> Counselors Dedi_Staff_Counselors <input type="checkbox"/> Other: Dedi_Staff_Other	Dedi_Staff_Comment
d. Where are women seen pre-natally? (<i>tic all that apply</i>)	<input type="checkbox"/> ANC Pre_Natal_ANC <input type="checkbox"/> pMTCT Pre_Natal_pMTCT <input type="checkbox"/> ANC/pMTCT combined clinic Pre_Natal_ANC_pMTCT <input type="checkbox"/> ART clinic Pre_Natal_ART	Pre_Natal_Comment
e. Where is HIV testing done? 	<input type="checkbox"/> 1__ ANC/pMTCT <input type="checkbox"/> 2__ Referred out <input type="checkbox"/> 3__ Not done	HIV_testing_Comment
f. % women tested in ANC/pMTCT for HIV	<input type="checkbox"/> % HIVTest_ANC_pMTCT	HIVTest_ANC_pMTCT_Comment
g. What is the standard pMTCT regimen for women who do not meet the programs criteria for treatment?	pMTCT_Reg_NotMeet	pMTCT_Reg_NotMeet_Comment

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h. What is the standard pMTCT regimen for women who do meet the programs criteria for treatment?	pMTCT_Reg_Meet	pMTCT_Reg_Meet_Comment
i. Where do women deliver their babies?	<input type="checkbox"/> % Home Del_Site_Home <input type="checkbox"/> % Hospital Del_Site_Hosp <input type="checkbox"/> % Elsewhere: Del_Site_Else	Del_Site_Comment
j. What post delivery regimen do babies receive in your program?	PostDel_Reg	PostDel_Reg_Comment
k. What does your program recommend as their preferred infant-feeding practice? Infant_Feed	<input type="checkbox"/> 1 Counsel mothers and then let them decide <input type="checkbox"/> 2 Exclusive breast-feeding; with abrupt weaning at _____ months. <input type="checkbox"/> 3 Exclusive breast-feeding; without abrupt weaning <input type="checkbox"/> 4 Exclusive formula-feeding for _____ months <input type="checkbox"/> 5 Other:	Infant_Feed_Comment Infant_Feed_mts
l. Is formula provided free of charge by your program?	<input type="checkbox"/> Yes } <input type="checkbox"/> No } Free_Formula	Free_Formula_Comment
m. Does your pMTCT program have a safe water program?	<input type="checkbox"/> Yes } <input type="checkbox"/> No } pMTCT_SafeWater	pMTCT_SafeWater_Comment
n. Where are exposed children followed?	<input type="checkbox"/> Maternal Child Health (general pediatrics) <input type="checkbox"/> General ART Clinic <input type="checkbox"/> Pediatric ART Clinic <input type="checkbox"/> Other: <input type="checkbox"/> Children are not followed	Site_ExpoChild_MatChild Site_ExpoChild_GenART Site_ExpoChild_PedsART Site_ExpoChild_Other Site_ExpoChild_NotFollowed Site_ExpoChild_Comment
o. Are exposed infants tested for HIV? (Facility = GF; Locally =L; Referred outside the community =R) HIVTest_DNAPCR HIVTest_Elisa	DNA PCR at _____ (Wks) Elisa at _____ (Wks) HIVTest_Site_1 (GF, L, R) HIVTest_Site_2 (GF, L, R)	HIVTest_DNAPCR_at HIVTest_Elisa_at HIVTest_Comments

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<p>p. Where is the following information recorded? (E= Electronic; C= Chart ; B= both)</p>	<p>___ Prenatal ART prophylaxis ___ Prenatal ART Treatment ___ Neonatal ART prophylaxis ___ Infant feeding choice</p>	<p>InfoRec_PNatalARTProphy InfoRec_PNatalARTTrmt InfoRec_NNatalARTProphy InfoRec_InfantFeed InfoRec_Comment</p>
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3. **Oncology Program:** *Site:* _____

Question	Answer	Comment
a. Are there oncology services at your facility? Oncology_Serv	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where do you refer patients: Oncology_Serv_Ref
b. Is there chemotherapy available for lymphoma in your facility? Chemo_Lymphoma	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where do you refer patients: Chemo_Lymphoma_Ref
c. Is there chemotherapy available for KS in your facility? → Chemo_KS	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where do you refer patients: → Chemo_KS_Ref
d. Is there radiation therapy available in your facility? Radiation_Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where do you refer patients: → Radiation_Therapy_Ref
e. What capacity do you have for tissue diagnosis in your facility? (<i>tic all that apply</i>)	<input type="checkbox"/> skin punch biopsy Tissue_Dia_SPBiopsy <input type="checkbox"/> Fine needle aspirate Tissue_Dia_FNAspirate <input type="checkbox"/> Excisional biopsy Tissue_Dia_ExBiopsy	If you have no capacity for one or more of these, where do you refer patients: Tissue_Dia_Ref
f. Is there capability to perform pathologic diagnosis off KS at your facility (i.e. a pathologist, facilities for processing specimens, and stains for diagnoses)? Pathology_Dia_KS	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where do you refer patients: Pathology_Dia_KS_Ref
h. Is there capability to perform pathologic diagnosis off Lymphoma at your facility (i.e. a pathologist, facilities for processing specimens, and stains for diagnoses)? Pathology_Dia_Lymph	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where do you refer patients: Pathology_Dia_Lymph_Ref
i. Does your facility have access to a CT scan? CTScan	<input type="checkbox"/> Yes: _____ Cost Abd CT? CTScan_AdbCT _____ Cost Chest CT? CTScan_ChestCT <input type="checkbox"/> No	If no, where do you refer patients: CTScan_Ref
j. Does your facility have access to Ultrasound? Ultrasound	<input type="checkbox"/> Yes: _____ Cost Abd US? Ultrasound_CostAbd <input type="checkbox"/> No	If no, where do you refer patients: Ultrasound_Ref

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k. Is a tumor registry maintained? TumorReg_Mnt	_1_ at facility level _2_ at provincial level _3_ at national level _4_ Not maintained	TumorReg_Mnt_Comment
l. If a registry is maintained is...: it electronic? TReg_mnt_Elec clinical staging included? TReg_mnt_ClinicStaging treatment included? TReg_mnt_Trmnt vital status included? TReg_mnt_VitalStatus active vital status surveillance? TReg_mnt_ActiveVStatus TReg_mnt_Surveillance	___Yes ___No ___Yes ___No ___Yes ___No ___Yes ___No ___Yes ___No	TReg_mnt_Comment
m. What cervical cancer screening program is in place? Cerv_Cancer	_1_ Visual inspection _2_ Pap smears _3_ Other _4_ None	If screening is available, who is screened? Cerv_Cancer_Who


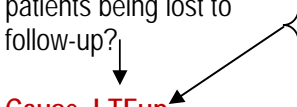
4. Follow-up and Death Ascertainment: *Site:* _____

Question	Answer	Comment
a. How do you define 'lost to follow-up'?	<input type="checkbox"/> 1__ One missed appointment <input type="checkbox"/> 2__ Absence of >3 months <input type="checkbox"/> 3__ Absence of >6 months <input type="checkbox"/> 4__ Absence of >12 months <input type="checkbox"/> 5__ Other:	Defn_LTFup_OtherComment
b. What date do you use when recording lost to follow-up? (E= Electronic; C= Chart; B=both)	<input type="checkbox"/> 1__ Date last known to be alive (reported to program) <input type="checkbox"/> 2__ Date of last clinic visit <input type="checkbox"/> 3__ Date of last scheduled appointment <input type="checkbox"/> 4__ Other:	Date_LTFup_OtherComment
c. Is there an active system to trace patients lost to follow-up in your program?	<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Skip to question I</i>)	Active system is defined as either someone in the field attempting to contact a patient either through phone or home visit. ActiveSys_LTFup_Comment
d. Do you have staff dedicated to following-up 'lost' patients?	<input type="checkbox"/> Yes } <input type="checkbox"/> No }	DediStaff_LTFup
e. Which patients trigger active follow-up when they miss appointments?	<input type="checkbox"/> 1__ All patients <input type="checkbox"/> 2__ Only those with locator information <input type="checkbox"/> 3__ Only those living within a defined geographic radius <input type="checkbox"/> 4__ Only those who consent to follow up <input type="checkbox"/> 5__ Only a random sample <input type="checkbox"/> 6__ Only those on ARV's <input type="checkbox"/> 7__ Only those in a specific funding program (specify): <input type="checkbox"/> 8__ Only those of a defined WHO stage or CD4 count (specify): <input type="checkbox"/> 9__ Other:	Active_MissApp_OtherComment Active_MissApp_Specify
f. What is the main trigger for following up a patient?	<input type="checkbox"/> 1__ One missed appointment <input type="checkbox"/> 2__ More than one missed appointment <input type="checkbox"/> 3__ After patient meets program definition of LTFU	After how many days : <input type="checkbox"/> new on ARV's LTFup_NewARVs <input type="checkbox"/> stable on ARV's LTFup_StableARVs

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<p>LTFup_Trigger</p>	<p><u>_4_</u> Other:</p>	<p>_____not on ARV's LTFup_NotARVs _____kids on ARV's LTFup_KidsARVs _____kids no ARV's LTFup_KidsNotARVs</p>
<p>g. What methods do you use for following up patients?</p>	<p>___Telephone first Methods_Phone1st ___Telephone only Methods_PhoneOnly ___Home visit/household contact Methods_Home ___Contact at place of business Methods_CTBusiness ___Contact relatives/friends Methods_CTRelatives ___Other: Methods_Other</p>	<p>Methods_Comment</p>
<p>h. If home visits are conducted, with what method?</p>	<p>___Motorbike HomeVisitMethod_Motorbike ___Car/SUV HomeVisitMethod_Car ___Bicycle HomeVisitMethod_Bike ___Foot HomeVisitMethod_Foot ___Public Transport HomeVisitMethod_PublicTrans ___Other HomeVisitMethod_Other ___Not applicable HomeVisitMethod_NA</p>	
<p>i. Are children followed up differently from adults? Diff_LTFupKids</p>	<p>{ ___Yes ___No</p>	
<p>j. What is the role of the outreach worker?</p>	<p>___Vital status ascertainment Role_Outreach_VStatus ___ARV adherence counselling Role_Outreach_Adhere ___Psychosocial support Role_Outreach_Psycho ___Bring patients back to clinic Role_Outreach_BackClinic</p>	<p>Role_Outreach_Comment</p>

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	<input type="checkbox"/> Other Role_Outreach_Other	
k. Who are the "lost to follow-up" staff?  LTFup_Staff	<input type="checkbox"/> 1 HIV-infected peers working for clinic <input type="checkbox"/> 2 HIV-infected peers working for external NGO <input type="checkbox"/> 3 Community Health Workers <input type="checkbox"/> 4 Healthcare professionals <input type="checkbox"/> 5 Other:	
l. What, in your opinion, is the major cause of patients being lost to follow-up?  Cause_LTFup	<input type="checkbox"/> 1 Death <input type="checkbox"/> 2 Lack of financial resources <input type="checkbox"/> 3 Family obligations <input type="checkbox"/> 4 Employment <input type="checkbox"/> 5 Transfer to other clinic <input type="checkbox"/> 6 Other (specify):	Cause_Comment
m. How is death ascertained within your program? <i>(Check all that apply)</i>	<input type="checkbox"/> Verbal report to Clinic (from friends/relatives) Death_VerbalRep <input type="checkbox"/> Telephone follow-up Death_PhoneFup <input type="checkbox"/> Home follow-up Death_HomeFup <input type="checkbox"/> Other: Death_Other <input type="checkbox"/> None Death_None	Death_Comment
n. What data do your outreach workers collect when they conduct a home visit or telephone outreach?	<input type="checkbox"/> number of contact attempts Info_LTFup_NoAttempt <input type="checkbox"/> method of contact attempt Info_LTFup_MethodAttempt <input type="checkbox"/> finding of contact attempt Info_LTFup_FindAttempt <input type="checkbox"/> reason for missed visits Info_LTFup_Reason <input type="checkbox"/> date of death Info_LTFup_DoD <input type="checkbox"/> cause of death Info_LTFup_causeDeath <input type="checkbox"/> Other: Info_LTFup_Other	Info_LTFup_Comment
o. Is there a specific process whereby deaths that are learned about by staff get entered into a) chart and/or b) electronic database.	Describe: Death_DataEntryProcess	

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<p>p. What date do you use when recording deaths? (E= Electronic; C= Chart; B= both)</p> <p>Date_RecDeaths</p>	<p>1__ Date of death reported to program (by outreach, family, friends, local authorities etc)</p> <p>2__ Date program received notification of the death (from outreach, family, friends, local authorities etc)</p> <p>3__ Date of last clinic visit</p> <p>4__ Other:</p>	<p>Date_RecDeaths_Comment</p>

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5. **Nutrition Program Site:** _____

(only complete question a and b, if there is no food program affiliated with the site)

Question	Answer	Comments
a. What percent of patients in your ART program are estimated to be food insecure?	___%	Food_Insecure Food_Insecure_Comment
b. Is your food program..... Food_Program	<ul style="list-style-type: none"> 1__ Part of the ART Program 2__ Available as referral from ART Program 3__ Community based 4__ No food program 	Food_Program_Comment
c. What percent of ART clinic patients receive support through the food program? →	___% ↓ Support_FoodProg	Support_FoodProg_Comment
d. Does the food program target FoodProg_Target	<ul style="list-style-type: none"> 1__ Individuals 2__ Families 3__ Other 	FoodProg_Target_Comment
e. What criteria does your program use to identify individuals eligible for the food program? →	Eligibility_FoodProg	Eligibility_FoodProg_Comment
f. Is receipt of food recorded... → Receipt_Food_Rec	<ul style="list-style-type: none"> 1__ Paper 2__ Electronic 3__ Both 	Receipt_Food_Rec_Comment