

leDEA 2014 Site Survey

Record ID

Please enter the full name of this clinical site (no abbreviations)

_____ (optional)

Name of person completing this survey

Email address of the person completing the survey

Please enter the date this survey is being completed

Role of the person completing this survey

- Principal Investigator
- Regional Data Manager
- Site Manager
- Site Data Manager
- Head Clinician
- Head Clinical Officer
- Head Nurse
- Other

(Pick the response that best describes your role.)

Please specify other role

Training of the person completing this survey

- Pediatrician
- Non-Pediatrician Physician / Consultant / Physician Faculty
- Medical Officer
- Clinical Officer
- Nurse
- Pharmacist
- Counselor
- Data Manager
- Research Staff
- Epidemiologist
- Infectious Disease Specialist
- Other

(Pick the response that best describes your training.)

Please specify other training

SITE INFORMATION

What is the location of this site?

- Urban
- Mostly Urban
- Mostly Rural
- Rural
- Unknown

Is this site a public or private facility?

- Public
- Private

Is this site affiliated with an academic institution?

- Yes
- No

PATIENT POPULATION

What types of patients are seen at this site?

- Adults only (ADULT)
 Children only (PED)
 Both adults and children (BOTH)

If PED: By what age are pediatric patients expected to move to an adult clinic for care?

_____ (years (integer))

If ADULT: What is the minimum age at which patients are enrolled for care?

_____ (years (integer))

STAFFING

How often are the following categories of staff available at this site?

| | Available Every Day the Clinic is Open | Available Some Days | Never Available |
|--|--|-----------------------|-----------------------|
| a. Pediatrician (general) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Internist, family practitioner, generalist (physician) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Mid-level providers (clinical officers, nurse practitioners, physicians assistants) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PREVENTION

Where are these HIV prevention services provided to your patients?

| | Provided in this Clinic | In the same Health Facility (but not at this clinic) | Only offsite (at distance) | Not available |
|--|-------------------------|--|----------------------------|-----------------------|
| a. HIV counseling and testing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Counseling regarding disclosure to sexual partners | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Screening for Sexually Transmitted Infections (STIs) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Education on sexual behavior changes and safer sex methods | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Family planning counseling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Provision of condoms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Provision of birth control interventions (other than condoms) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Services for the prevention of mother-to-child HIV transmission (PMTCT) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Provided in this Clinic | In the same Health Facility (but not at this clinic) | Only offsite (at distance) | Not available |
|--|-------------------------|--|----------------------------|-----------------------|
| i. Education on high-risk substance-use behaviors and harm reduction practices | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Screening for drug and alcohol use/abuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Referral for substance abuse treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Pre-exposure prophylaxis (PrEP) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Post-exposure prophylaxis (PEP) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If this site provides HIV counseling and testing: What other kinds of HIV testing services does this site offer?

- Partner testing (sex partners)
 - Testing of family and other household members
 - Home testing kits
 - Testing at locations in the community
 - Other
- (Check all that apply)

Other (please specify)

If this site provides family planning services: What types?

- Barrier methods (condoms, diaphragms, cervical cap)
 - Oral contraceptive pills
 - Intrauterine device
 - Sterilization (female)
 - Sterilization (male)
 - Injectable Depo-Provera
 - Other Injectable hormones
 - Birth control sponges
 - Contraceptive patch
 - Vaginal ring
 - Other
- (Check all that apply)

Other (please specify)

PREVENTION: PMTCT

If this site provides PMTCT services:

Who prescribes ART for women receiving PMTCT services?

- Nurses
 - Mid-level providers (clinical officers, nurse practitioners, physicians assistants)
 - Physicians/medical officers
 - Other
- (Check all that apply)

Other (please specify) _____

What is the predominant WHO option for PMTCT currently offered at this site? (see picture accompanying survey)

- Option A
 Option B
 Option B+

Table 1. Three options for PMTCT programmes

| | Woman receives: | | Infant receives: |
|------------------------------|---|---|--|
| | Treatment (for CD4 count ≤350 cells/mm ³) | Prophylaxis (for CD4 count >350 cells/mm ³) | |
| Option A^a | Triple ARVs starting as soon as diagnosed, continued for life | <i>Antepartum:</i> AZT starting as early as 14 weeks gestation <i>Intrapartum:</i> at onset of labour, sdNVP and first dose of AZT/3TC <i>Postpartum:</i> daily AZT/3TC through 7 days postpartum | Daily NVP from birth through 1 week beyond complete cessation of breastfeeding; or, if not breastfeeding or if mother is on treatment, through age 4–6 weeks |
| Option B^a | <i>Same initial ARVs for both^b:</i> | | Daily NVP or AZT from birth through age 4–6 weeks regardless of infant feeding method |
| | Triple ARVs starting as soon as diagnosed, continued for life | Triple ARVs starting as early as 14 weeks gestation and continued intrapartum and through childbirth if not breastfeeding or until 1 week after cessation of all breastfeeding | |
| Option B^a+ | <i>Same for treatment and prophylaxis^b:</i> | | Daily NVP or AZT from birth through age 4–6 weeks regardless of infant feeding method |
| | Regardless of CD4 count, triple ARVs starting as soon as diagnosed, ^c continued for life | | |

Note: "Triple ARVs" refers to the use of one of the recommended 3-drug fully suppressive treatment options.

^a Recommended in WHO 2010 PMTCT guidelines

^b True only for EFV-based first-line ART; NVP-based ART not recommended for prophylaxis (CD4 >350)

^c Formal recommendations for Option B+ have not been made, but presumably ART would start at diagnosis.

CLINICAL AND LAB SERVICES

What general clinical services are provided at this site?

- Blood pressure (BP) monitoring (Hypertension screening)
 Diabetic screening (hemoglobin A1C testing, oral glucose tolerance testing, fasting glucose, etc.)
 Height measurement (for purposes of obtaining body mass index (BMI) measurements)
 Treatment of Opportunistic Infections (OIs)
 Co-trimoxazole for OI prophylaxis (Bactrim, Septra, TMP-SMX)
 Nutritional supplementation
 Cervical cancer screening (Pap smear, Visual Inspection with Acetic Acid, etc.)
 (Check all that apply)

Do all patients receive co-trimoxazole for OI prophylaxis? (universal therapy for pre-ART and ART patients)

- Yes
 No

What types of patients receive co-trimoxazole for OI prophylaxis?

- Pre-ART patients
 Patients who meet CD4 or clinical staging criteria
 Tuberculosis (TB) patients
 HIV-exposed children
 HIV-infected children
 Other
 (check all that apply)

Other (please specify) _____

If this clinic sees pediatric patients: What specialized pediatric clinical services are provided at this site?

- Post-natal ARV prophylaxis
 Infant feeding counseling
 Male circumcision for infants
 Immunizations
 Nutritional support
 Growth monitoring
 Integrated Management of Childhood Illness (IMCI)
 (Check all that apply)

Where are these HIV clinical and lab services provided to your patients?

| | Provided in this Clinic | In the same Health Facility (but not at this clinic) | Only offsite (at distance) | Not available |
|---|-------------------------|--|----------------------------|-----------------------|
| a. Sexually transmitted infections (STIs) treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Hepatitis B testing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Hepatitis C testing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Hepatitis C treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Tuberculosis (TB) screening/diagnosis (AFB smear microscopy) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. TB screening/diagnosis (Chest X-ray) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. TB diagnosis (culture) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. TB diagnosis (GeneXpert) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. TB treatment (provision of anti-tuberculous therapy) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. TB prevention (administration of Isoniazid preventative therapy-IPT) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

ART ADHERENCE

How is ART medication adherence monitored in patients on ART at this site?

- Number of missed follow-up visits, including clinical and medication pick up visits
 - Viral load (when applicable)
 - Patient self-recall (asking patient about completed/missed doses the past 3d, 7d, and 1 month)
 - Pharmacy pickup
 - Medication tracking (pill counts)
 - Other
- (Check all that apply)

Other (please specify) _____

What ART adherence support services are offered at this site?

- Cell phone/SMS reminders
 - One-on-one counseling
 - Group counseling
 - Patient education media (written, pictorial, video, etc.)
 - Pill boxes or blister packs
 - Calendars, checklists, or other reminders
 - Alarm clocks, wrist watches, beepers
 - Pharmacist included on multidisciplinary team
 - Routine review of medication pick up
 - Other
- (Check all that apply)

Other (please specify) _____

OUTREACH

Does this site have a system to track patients who miss appointments?

- Yes
- No

What is done if a patient misses an appointment?

- Phone call to individual
 - Phone call to family
 - Send letter
 - Send SMS
 - Send email
 - Home visit by clinic staff
 - Home visit by community outreach worker
 - Other
- (Check all that apply)

Other (please specify) _____

How do you track patients who are lost to followup at this site?

- Review of hospital records
 - Consult with pharmacy
 - Review national death registry
 - Check other national system (insurance, HIV drug pickup registry, etc.)
 - Wait for notification from a family member/friend
 - Determined during outreach visits
 - Other
- (Check all that apply)

Other (please specify) _____

PHARMACY

What medications are dispensed at this site?

- HIV antiretroviral medications (ARVs)
 - Isoniazid
 - TB medications other than isoniazid
 - Malaria treatment
 - Fluconazole
 - Amphotericin B
 - Pegylated interferon and ribavirin
 - Hepatitis C protease inhibitors (telaprevir, boceprevir, etc.)
- (Check all that apply)

Who dispenses most of the ARVs at this site?

- Pharmacists
- Pharmacy assistants (technicians)
- Nurses
- Other

Other (please specify) _____

In the past 12 months, has this site had medication drug supply disruptions/stockouts lasting 1 week or longer?

- Yes
- No
- Don't know

If Yes -- what medications had supply interruptions/disruptions in the past 12 months?

- HIV antiretroviral medications (ARVs)
 - Co-trimoxazole (Bactrim, Septra, TMP-SMX)
 - Isoniazid
 - TB medications other than isoniazid
 - Fluconazole
 - Other
- (Check all that apply)

Other (please specify) _____

In the past 12 months, has this site had patients on a waiting list to receive ART?

- Yes
- No
- Don't Know

NUTRITION

What nutritional services are provided at this site?

- Nutritional assessment (body measurements and dietary assessment)
 - Nutritional counseling
 - Micronutrients/vitamin supplements
 - Food supplements
 - None of the above
- (Check all that apply)

LABORATORY

Is CD4+ cell count testing used to monitor immunologic status of HIV+ patients at this site?

- Yes, routinely
- Yes, but not routinely
- No, not available

Where is the laboratory that conducts the majority of the CD4 cell count testing for this site?

- Onsite, at the same health facility as the HIV clinic
- Offsite, at a distance

Is Viral Load testing used to monitor status of HIV+ patients at this site?

- Yes, routinely
 Yes, but not routinely
 No, not available

Where is the laboratory that conducts the majority of the Viral Load testing for this site?

- Onsite, at the same health facility as the HIV clinic
 Offsite, at a distance

What other types of labs are available for routine patient care at your site?

- Hemoglobin
 Creatinine
 Serum Cholesterol
 Triglycerides (blood lipid panels)
 AST (SGOT) and/or ALT (SGPT)
 Syphilis screening/testing (RPR)
 Early infant diagnosis (DNA or RNA PCR)
 Cryptococcal meningitis screening (serum cryptococcal antigen)
 Cryptococcal meningitis screening (using the lateral flow assay (using specimens from the blood, urine, and/or cerebrospinal fluid (CSF))
 Cryptococcal meningitis diagnosis (CSF India Ink and/or CSF cryptococcal antigen)
 HIV-1 genotypic drug resistance testing
 TB drug resistance testing
 Rapid HIV tests
 (Check all that apply)

TUBERCULOSIS

If this site provides TB screening, diagnosis, and/or treatment.: Who is the best point of contact for TB information at your site?

- Me
 Someone else

Name of person (if not provided previously)

Email of person (if not provided previously)

CANCER

Does this site screen, diagnose, or treat any type of cancer?

- Yes
 No

Who is the best point of contact for cancer information at your site?

- Me
 Same person as TB contact, if applicable
 Someone else

Name of person (if not provided previously)

Email of person (if not provided previously)

FEEDBACK

You have reached the end of the leDEA 2014 Site Survey. Thank you for taking the time to complete it.

Do you have any comments on the survey or recommendations for future surveys?
