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 **BASICS**

# **BASICS PEDIATRIC HIV TOOLKIT**

**GUIDE FOR INTERVIEWS WITH  
PERSONS LIVING WITH HIV AND  
AIDS**



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# Interview Guide

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

**For interviews with PLHA Support Group Members,  
Village Health Committees and Community Dialogue Groups**

Date:

Interviewer(s)

Name of District

Interviewees

Group:

Contact Person:

**1. What are the key health problems of children in this community?**

*List what is mentioned spontaneously:*

**Probe:** Pneumonia? Diarrhea? HIV?

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

*First place*

*Second place*

**Probes:**

? government. clinic, government. hospital, private doctors, faith healers, traditional healers

?certain places for certain types of illnesses?

**3. What are the reasons that a parent might not go take a sick child to a health facility?**

**Probe** for transport, cost reasons.

**4. If a pregnant woman goes for an antenatal care checkup and is counseled by the nurse to get an HIV test for the health of the baby, how will she respond?**

▪ How will she feel?

▪ Can she make this decision by herself? If not, whom does she have to consult with?

F/u question:

Group responded:

- How will her (married) partner react if he is not consulted and he finds out about the test? What will he do/say?
- If a woman participates in the PMTCT program at the local health facility what happens to her baby after delivery?

For most women, how long after delivery is it before the baby is seen by a health provider or a community health worker?

**5. In this community, what happens to babies who are born to mothers who have HIV? (Probes: no one knows baby has problems, babies dies quickly, mothers don't want anyone to know)**

**6. How many infants or children do you know of in this community who are HIV infected? (just an estimate/impression)**

**7. How can a mother or anyone know that a baby has been infected with HIV? Signs? symptoms?**


**8. What are the ways in which a baby can be infected with HIV?**


**9. How would a person learn which babies in the community might have been exposed to HIV?  
(Best way to least effective way)**

**F/U Question: Is it ok to ask mothers about HIV at the immunization visit?  
Home testing?;**

**10. 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 that an infant is HIV exposed or HIV infected?
- c. Are people comfortable asking a person about baby having HIV?
- d. To where are infants referred if someone suspects they might have or been exposed to HIV?

**11. What do families do when they learn their child has HIV? How do they feel and what do they do about their feelings?**

**12. Please estimate how many infants and children in this community are being treated for HIV?**

**Responses:**

**13. What is it that helps children and adults with HIV before they need ART?**

**14. What challenges do community members experience when they try to get a child with HIV?**

**a. tested?**

**b. cared for or treated?**

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

- Which is the stronger reaction

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

**17. Are there orphans who are HIV infected?**

**18. What are the attitudes of HCWs about children with HIV?**

**19. Please tell us one story about a young child with HIV in this community. Unable to decipher the story told...**

**20. If you were the pediatric HIV advisor for this District, what would you do about children under 5 years old with HIV?**

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

? Adherence support, Counseling?

**22. 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:

\_\_\_\_ 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:

## **FACILITY TOOL**

**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:** \_\_\_\_\_  
**Key Interviewees:** Name and Title \_\_\_\_\_

<b>Type of Facility:</b>	<b>Linked to:</b>
<input type="checkbox"/> Referral Hospital	Regional Hospital Name.....
<input type="checkbox"/> Regional Hospital	District Hospital Name.....Bungoma South.....
<input type="checkbox"/> District Hospital	Health Center (1).....
<input type="checkbox"/> Health Center	Health Center (2).....
<input type="checkbox"/> 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**

\_\_\_\_\_

- 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**

**Services Statistics (for the previous year)**

- 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)**

**(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

Adults  Yes  No Start Date: \_\_\_/\_\_\_/\_\_\_

Children  Yes  No Start Date: \_\_\_/\_\_\_/\_\_\_

CCC/ART  Yes  No

**When initiated at this facility  
(mm/yyyy)**

PMTCT Yes  No

Referral of HIV positive women to CCC  
 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 (@CCC)
- 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?

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**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)**

- CCC at Provincial level hospital (CCC-P)
- CCC at District level (CCC-D)
- CCC at sub-district level (CCC-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 CCC
- 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: \_\_\_\_\_)

**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**

<b>Guidelines present on site</b>	<b>Response</b>
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 - not requested	<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 - not requested	<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

	<b>Total Number</b>	<b># of each type provider providing pediatric HIV Care</b>	<b># trained in IMCI-HIV</b>
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			

## 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
- Tottal 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

Condition	Question Mode of determining Diagnosis	Response Treat on Site or Refer
HIV in children	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"/> None DBS-PCR	<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 you _____ 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 (2006).	<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
<b>Unique patient identifier</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date of birth</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Se of patient</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Weight at birth</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Weight *</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Height *</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Who is the caretaker? (Mum/dad/family member/institution...)*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mother's HIV serostatus (PMTCT Status)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Disclosure of HIV status of the child to caretaker</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Immunizations</b>	
	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 Not required on the form <input type="checkbox"/> N/A
Clinical assessment findings and assignment of clinical stage (WHO/CDC staging) * IN NARRATIVE NOTES	<input type="checkbox"/> Yes Not required on the form <input type="checkbox"/> N/A
Active opportunistic infection* IN NOTES	<input type="checkbox"/> Yes Not required on the form <input type="checkbox"/> N/A
Cotrimoxazole prophylaxis* In notes	<input type="checkbox"/> Yes not required on the form <input type="checkbox"/> N/A

- |   |                  |   |
|---|------------------|---|
| Date of <b>starting</b> cotrimoxazole prophylaxis<br>In notes |                  | <input type="checkbox"/> Yes<br><i>not required<br/>on the form</i>                                 |
| Tuberculosis treatment*<br>In notes                           |                  | <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes<br><i>not required<br/>on the form</i> |
| Antiretroviral therapy (ART)                                  |                  | <input type="checkbox"/> N/A<br>Yes<br><input type="checkbox"/> No                                  |
| Total lymphocyte count*                                       |                  | <input type="checkbox"/> N/A<br>Yes<br><input type="checkbox"/> No                                  |
| Hemoglobin *  |                  | <input type="checkbox"/> N/A<br>Yes<br><input type="checkbox"/> No                                  |
| CD4 cell count (cells/ $\mu$ L)*                              | DONE AT THE CCC  | <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No         |
| CD4 cell percentage (%)*                                      | “                | <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No         |
| Severe Rash* IN NARRATIVE NOTES                               |                  | <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No         |
| Document mother’s death                                       | IN HISTORY NOTES | <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No         |
| Document father’s death                                       | IN HISTORY NOTES | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |

<i>Select 5 random charts of children under 5 years old</i>	
<b>CCC PEDIATRIC PATIENT RECORD</b>	
Unique patient identifier	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Se 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
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 <b>starting</b> 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/ $\mu$ 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?