

BASELINE ASSESSMENT TOOLS FOR **PREVENTING MOTHER-TO-CHILD TRANSMISSION (PMTCT)**



Family Health International
Institute for HIV/AIDS
August 2003



ELIZABETH GLASER
PEDIATRIC AIDS FOUNDATION

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ARVs	Antiretroviral
AZT	Azidothymidine (zidovudine)
CBOs	Community-based organizations
CHWs	Community health workers
CTA	Call to action
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
ELISA	Enzyme-linked immunosorbent assay
LAM	Lactational amenorrhea method
FHI	Family Health International
FP	Family planning
GFTAM	Global Fund for TB, AIDS and Malaria
HARRT	Highly active antiretroviral treatment
HIV	Human immunodeficiency virus
HMIS	Health management information system
IEC	Information, education and communication
MCH	Maternal and child health
MOH	Ministry of Health
MTCT	Mother-to-child transmission
NACP	National AIDS Control Program
NP	Nurse practitioner
NVP	Nevirapine
OI	Opportunistic infections
PCR	Polimerase chain reaction
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
RH	Reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
TBA	Traditional birth attendants
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

PREFACE

Mother-to-child transmission (MTCT) of HIV remains a major public health problem worldwide, especially in developing countries, home to more than 95 percent of people living with HIV/AIDS (PLHA) globally.

Recent scientific developments have led to feasible and effective interventions to reduce the risk of MTCT in resource-poor settings. Because many PMTCT programs are only as good as the existing services into which they are integrated, these interventions rely heavily on functioning maternal and child health (MCH) clinics. Likewise, HIV voluntary counselling and testing (VCT) services and support systems, where they predate prevention of mother-to-child transmission (PMTCT) services, influence greatly the acceptance and use of PMTCT services. Over the last three years, many resource-poor countries have articulated PMTCT programs as priorities in their national strategic frameworks. A few have moved from pilots to national programs and are moving even closer to positioning PMTCT as a basic component of care for pregnant women. Many PMTCT program planners now recognize that PMTCT should be part of comprehensive HIV/AIDS prevention, care and support programs, both at the national level and within decentralized systems. With the increase in available resources for HIV care and treatment through the Global Fund to Fight AIDS, TB and Malaria (GFATM) and other sources, greater efforts should be made to link HIV-infected mothers, their infants and families to resources for HIV care, treatment and ongoing support.

These MTCT baseline assessment tools were conceived with the vision of PMTCT programs as integral to MCH clinics, and with MCH service providers and counselors as the backbone of these services. They recognize the very wide variability in MCH services organization, infrastructure and capacity in resource-constrained settings. Many first level MCH clinics do not have maternity services and, similarly, many provincial level facilities have maternity services, but do not themselves provide antenatal care (ANC) services. They recognize that though many PMTCT programs may have small makeshift laboratories for HIV rapid testing, quality assurance mechanisms may rely on the more central facility laboratory, or an off-site laboratory. Therefore, in using these tools, flexibility is emphasized and strongly encouraged.

In all, there are six tools. Each of them can be used alone, where a primary level facility has no maternity services or a provincial level facility has no ANC clinics.

We expect the primary users of these tools to be PMTCT managers and planners at the national, district and facility levels, as part of PMTCT start-up and/or expansion activities. The tools can be liberally adapted to suit a given country's specific context.

This document is a living one; it will be updated from time to time, especially given that PMTCT is a rapidly changing area. The tools have benefited from insights FHI has gained providing technical assistance, monitoring and evaluation in many countries and in numerous sites supported by the U.S. Agency for International Development and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

ACKNOWLEDGEMENTS

FHI would like to gratefully acknowledge the Elizabeth Glaser Pediatric AIDS Foundation (PAF), grantees of the Glaser Foundation Call to Action (CTA) grant, PMTCT programs, service providers and clients in Africa and Latin America from whom we have learned so much.

FHI has also garnered experience and insights from USAID-supported PMTCT programs in Kenya, Rwanda and Mozambique, and more recently from introducing antiretroviral therapy (ART) programs in Ghana, Kenya and Rwanda. Building on existing HIV care and support structures, including PMTCT in these countries, has given FHI practical insight into PMTCT as part of a comprehensive HIV prevention, care, treatment and support continuum, as well as a true springboard to care for HIV-infected mothers, their infants and families.

FHI would like particularly to thank Claudes Kamenga, who initiated the effort and contributed to developing this product. We would also like to thank Rachel Baggaley, who helped prepare the first draft that has culminated in these tools. The following individuals also contributed greatly to their evolution: Inoussa Kabore, Janet Kayita, Gloria Sangiwa, Jennifer Rubin and Sara Bowsky. We would also like to express gratitude to Megan Valentine, Elizabeth Preble and Dirk Buyse for their helpful comments and input, and to Wesen Kifetew and Merywen Wigley for their additional support in putting these tools together.

1. INTRODUCTION

Now that there are cheap and effective interventions to prevent mother-to-child transmission of HIV (PMTCT), programs are rapidly being planned and introduced to make these activities more widely available in developing countries. Implementing these programs requires understanding the quality and scope of existing MCH and maternity care services, as well as effective, continual monitoring and evaluation. The present assessment tools are designed to respond to this need.

THESE ASSESSMENT TOOLS AIM TO:

- Help determine whether existing health services are adequately prepared for the introduction of PMTCT interventions.
- Identify gaps for improving ANC/MCH services and for integrating PMTCT services to ensure that PMTCT interventions are safe and effective.
- Provide guidance for maintaining high quality services through effective monitoring and evaluation of PMTCT programs.

PMTCT SERVICES: OBJECTIVES

These assessment tools focus on MTCT interventions for pregnant women, the third prong. The present assessment tools have been developed assuming that PMTCT interventions are integrated into existing MCH and maternity care services. These services should provide pregnant women with basic service, including health education, routine observations (Wt, Ht, BP, Fundal Ht.), laboratory tests (Hb, urinalysis, syphilis), medications (IPT for malaria, hematinics, anti-helminthics and vitamins), and good obstetric and infection prevention practices. FHI and other collaborating partners are developing complementary tools to help monitor and evaluate HIV care and support for mothers, their children and families in the context of a comprehensive prevention and care package.

2. HOW TO USE THE ASSESSMENT TOOLS

The assessment is a participatory exercise: Before administering the tools, participating institutions should have an opportunity to discuss the assessment and offer additional comments and suggestions.

Key methodologies include key informant in-depth interviews (with the PMTCT site manager/coordinator who is in charge of laboratory services, staff working in MCH clinics, and maternity services); client exit interviews; physical site visits and walk-throughs (ANC area, VCT service and space, maternity services, laboratory, under fives clinic and FP services, etc). Because site managers and staff participate in the assessment, feedback is mostly simultaneous. But formalized debriefing with the site managers and staff is critical for reviewing and discussing findings, providing constructive feedback, and agreeing on approaches to improve or modify the service.

Although the PMTCT services are largely facility-based, a good understanding of the context in which they will be provided is necessary to put them in place. Elements of this include but are not limited to the presence of a national program, the role of traditional birth attendants (TBA) and community preparedness. The Ministry of Health (MCH/RH and NACP offices) can readily provide much of this information.

The assessment report is expected to reflect the findings, recommendations of the assessment team and next steps, including a technical assistance plan and schedule where relevant.

ADAPTING TOOLS TO LOCAL CONTEXT

It is hoped that as programs expand rapidly, sites would adapt the tools appropriately, conduct ongoing assessments and implement needed improvements.

The scope, content and context of PMTCT interventions vary considerably from site to site. Some sites will provide all PMTCT-related services at the MCH/ANC—a “one-stop shop;” others may provide counseling at the ANC and testing at the laboratory, or even at an already existing VCT unit; and yet others provide ANC but not maternity services and vice versa. Although there will be many common elements, the tools may have to be adapted to the site being assessed, the size of the program, the existing infrastructure and capacity, the country program and the intervention proposed (e.g., ARVs, replacement feeding, obstetrical practice modifications, etc.).

CONSENT AND CONFIDENTIALITY

To administer these tools, participating institutions and individuals within these institutions must provide their consent. Participating individuals must be assured confidentiality; this will allow them to participate in the process without fear of reprisal because of the information they may provide.

PRESENTING THE TOOLS

For ease of use, this document presents five different tools. The first two tools focus on prenatal care, labor and delivery, and postnatal care, and each covers the following aspects, as appropriate:

- Infrastructure, equipment and supplies
- Provision of services
- Cost issues
- Health management information system (HMIS)
- Human resources
- Management

THREE ADDITIONAL TOOLS INCLUDE:

- 1) **Laboratory assessment tool:** assesses equipment and supplies, tests conducted, testing protocols and policies, confidentiality, human resources and HMIS
- 2) **Health provider interview:** explores health care provider qualifications, capacity, attitudes, knowledge, and motivation
- 3) **Client exit interview:** assesses clients' experiences with the service and attitudes

3. AREAS OF ASSESSMENT

For each service (ANC, labor and delivery, and postnatal) infrastructure, supplies and training will be assessed.

3.1. INFRASTRUCTURE

a. Space

Adequate space for auditory and visual privacy is critical for effective PMTCT interventions, in particular for maintaining confidentiality during counseling and testing of ANC clients for PMTCT. Introducing PMTCT interventions into existing MCH and maternity services may require structural modifications to ensure that the health worker can talk with women (or couples/families) alone in a private room, allowing for confidential discussions of sensitive questions and topics.

b. Equipment

Equipment for HIV testing

This will depend on the method of testing employed. For sites where ELISA or other non-rapid tests are being performed, this equipment should be available and functioning at the time of visit. Assessment of HIV testing equipment should be conducted in the laboratory, where applicable.

Equipment/materials for safe prenatal screening/care and safe delivery

Standard equipment for urinalysis, serum analysis for syphilis, hemoglobin, weight, fundal height measurement, diagnosis of STIs and other key equipments are assessed for availability and functionality.

c. Supplies

The site monitor must report and observe all supplies to be available at the time of the visit. Qualitative questions on the commodity management system (i.e., frequency of stock outs, functioning of the system, etc.) will help to elicit important information on the capacity of the site to provide safe and effective PMTCT services. In addition, availability and quantity of supplies are observed and recorded with the inventory checklist.

Laboratory supplies for routine ANC profile

The availability on site, or access to an outside source, for tests such as hemoglobin, grouping, syphilis serology and urinalysis must be assessed.

Treatment of STIs

Appropriate drugs for treating STIs diagnosed in pregnancy should be available; at a minimum, staff should be trained to appropriately manage STIs.

Condom supplies

Condoms must be available so that those women (HIV-positive or HIV-negative) who choose to use them for preventing HIV or pregnancy can access them.

Supplies for infection prevention (universal precautions)

Availability of supplies for preventing HIV infection among hospital staff and patients is essential, particularly for nursing or laboratory staff conducting HIV testing and maternity staff delivering pregnant women. Essential supplies include clean gloves, sharps box, soap or other disinfectant, disposable needles and household bleach.

IEC materials

PMTCT interventions may be new and poorly understood by women attending prenatal services, their partners and families. Educational materials on the risks of MTCT and the benefits of PMTCT services should be made available at MCH/ANC clinics implementing PMTCT programs. Site monitors should assess availability and appropriateness of such materials.

Supplies specific to the PMTCT intervention

Depending on the PMTCT intervention selected, the necessary supplies (i.e., HIV test kits, ARVs) must be available. The quality and quantity of supplies must be appropriate to meet the needs of the program. The site monitor should observe the supplies to be available and should obtain specific information about the regularity of their availability and what obstacles there may be to ensuring consistent and regular supply.

Supply systems

For the service to run smoothly, supply systems must be in place for all components of the PMTCT intervention. For example: drugs (ARVs), HIV testing reagents/kits, infant formula, condoms and IEC material. In addition to looking at availability of supplies in stock (see above), the site monitor should assess the commodity management system of the PMTCT program.

3.2. CONFIDENTIALITY OF PRACTICES

For PMTCT services to be acceptable, confidentiality must be guaranteed. Because HIV remains a stigmatizing condition in most countries, services will be poorly used if a population does not know confidentiality is respected. A system must be in place to avoid breaches of confidentiality at all stages in the PMTCT process. For example, it is important that women attending MCH services cannot be identified as seropositive by being sent to a specific, easily identifiable room for counseling or for collecting supplies. It is also important to identify the confidentiality practices of health care workers, and to determine whether any protocols or guidelines on confidentiality of HIV-infected women are available.

3.3. PROVIDING SERVICES

a. Workload

The workload is assessed with proxies such as the number of staff involved in each component and unit. In addition, the monitor must capture the volume of ANC clients per clinic day as well as the number of admissions and deliveries at the labor and delivery ward and the postnatal ward. Determining periods with low patient load and times when plenty of health care staff are around will identify possibilities for more intensive work, such as counseling, etc. In addition to the quantitative data on patient-staff ratios, qualitative information will be necessary for understanding the situation at the site. To introduce PMTCT intervention successfully, careful analysis of the workload at the MCH clinic will help in making realistic decisions about the need to maintain or add more staff.

b. Current antenatal practices and service delivery

The site monitor for this section should obtain information on general ANC practices among the population in the catchment area (coverage), ANC profile and other health services at the site, and general child health services at the MCH.

Coverage: It is important to obtain baseline information on the ANC attendance of the targeted population. This will enable the project staff to monitor attendance trends since the program began, as well as numbers and percent of women being reached. Coverage indicators for monitoring include:

- Percent of pregnant women in catchment area attending ANC (if feasible to obtain)
- Number and percentage of women booking before a given gestation period (e.g., before 36 weeks for AZT-based programs)
- Average number of ANC visits
- Number and percentage of women having at least one prenatal visit
- Number and percentage of women delivering in a health facility

Prenatal services: Monitor should obtain information on the following prenatal services to identify gaps in basic prenatal service delivery:

- Health talks/group information: assess timing, content and frequency of health talks
- Routine ANC services organization and delivery
- Malaria prophylaxis
- Micronutrients supplementation
- Management of STIs

c. HIV counseling

HIV counseling is a key component of most PMTCT interventions that encourage pregnant women to know and understand their HIV status. Assessing the content and quality of pre-test, post-test and ongoing counseling is important.

d. HIV testing

Although HIV testing methods have become more sensitive and specific, evaluations have shown that without rigorous quality control, false positive and negative results can be common. This can be extremely damaging for individuals, and it can also undermine the credibility of the service. If the WHO/UNAIDS testing strategies¹ are carried out for all tests, regardless of method used, laboratory errors can be reduced to a minimum. When setting up HIV testing services, or when changing an HIV testing method, it is important to cross-check test results at a reference center. Even when these tests are used, high numbers of clerical errors are often reported.

e. Infant feeding counseling and support

Counseling on infant feeding is an important and complicated component of PMTCT interventions in resource-limited countries. The content and quality of infant feeding counseling and the ongoing support for an infant feeding choice should be assessed. HIV-positive pregnant women should receive quality infant feeding counseling. This enables them to make the best infant feeding choice based on the local economic and social context, such as access to clean water and surroundings; income to ensure continuous supply for formula, if this is the chosen method; and stigma associated with certain infant feeding practices. In addition, women should receive continuing support for their infant feeding choice to ensure that infant feeding practices are consistently safe.

f. Nutritional counseling for pregnant women and infants

Information and advice about nutrition during pregnancy and after delivery (lactation) are important components of any prenatal service and are assessed through the use of these tools.

g. Family planning counseling

Discussion of family planning options starts with ANC, particularly with PMTCT programs. Women who choose replacement feeding and who do not have the benefit of the lactational

¹UNAIDS/CDC/USAID/WHO. Guidelines for using HIV testing technologies in surveillance: selection, evaluation, and implementation, 2001 pp. 22-24

amenorrhea method (LAM) for FP need to consider using family planning soon after delivery. The site monitor should assess the family planning services available, the counseling skills of family planning providers involved in counseling HIV-positive women, and linkages with the PMTCT program.

Regardless of HIV status, women must receive counseling about condom use, especially during pregnancy and lactation. In addition to preventing HIV infection (or transmission), condoms are a barrier contraception method that can provide “dual protection” for positive women. HIV-positive women may choose to use another contraception method, but they should be encouraged to use condoms as well.

h. Outreach activities

In many developing countries some women have no contact with formal health services and give birth at home with help from traditional birth attendants (TBAs). For some PMTCT programs it may be important to ensure that health workers like TBAs know about the PMTCT program and are encouraged to support PMTCT interventions.

Community involvement and mobilization are important to the success of PMTCT interventions. Some components of PMTCT interventions, such as replacement feeding instead of breastfeeding, may go against the usual practice in the community. It will therefore be important to liaise with community workers to inform communities about the benefits of MTCT interventions and to create understanding and acceptance of them. Informing the community about the existence and the benefits of PMTCT interventions will create a supportive environment and improve acceptance of the program.

i. Referrals

PMTCT interventions are likely to be more effective if developed in conjunction with support services (medical, social and emotional; STI services; home-based care services; and palliative care services), spiritual services and traditional healers, PLHA support groups, community groups and NGOs.

In high prevalence areas, a wide range of care and support activities may already be in place in the community. Counselors must be aware of these resources and be able to make appropriate referrals. Counselors must also be aware of the special medical needs of PLHA. The package of TB care (including TB screening and TB preventive therapy) may be available. In some countries ARV therapy is available for those who meet ART criteria, though often only for a minority. The spiritual needs of PLHA have been shown to be important in many countries and counselors should be aware of these for referral.

It has been shown that lack of involvement of partners/families in VCT/PMTCT interventions may be a barrier for uptake of these services. Antenatal settings may not always be an easy venue for male partners. Linkages with other counseling and VCT services may facilitate couple counseling or counseling of partners.

3.4. HUMAN RESOURCES AND CAPACITY

This section assesses the following elements:

- Number of providers
- Type of providers
- Qualification of providers
- Technical capacity (VCT, nutritional and infant feeding counseling, supervision, etc.), including knowledge of MTCT and HIV
- Attitudes toward program and HIV-positive pregnant women, perceptions, motivation of providers and involvement of providers from the MCH and maternity setting in the PMTCT program and its design

Assessing training capacity for the components of the PMTCT intervention is necessary for:

- HIV pre-test, post-test and ongoing counseling
- HIV testing
- Administration of ARVs for PMTCT intervention
- Infant feeding counseling
- Nutrition counseling for HIV-positive women
- Family planning counseling

3.5. MANAGEMENT AND SUPERVISION

a. Supervision and support for providers

To ensure that PMTCT interventions are introduced smoothly and that the quality of services remains high, supervision must be built in. Stress and burnout are common among health professionals working with people with HIV. This problem can be particularly acute when introducing a new service into an already overstretched health system. Providing ongoing support for health workers in PMTCT projects can prevent or alleviate these difficulties.

Support and supervision should be assessed for their frequency and quality using such means as observation, weekly meetings and availability for problem solving.

Support for the PMTCT intervention from the highest level ensures that needed resources are mobilized and committed.

b. Health management information system (HMIS)

Identifying existing routine reporting systems, checklists, tallies, etc. (e.g., number of new antenatal women seen by age groups, by day/month or by place of residence) may reveal patterns and trends among attendees. An effective PMTCT program should have a strong HMIS system to monitor and track clients and avoid loss requiring follow-up. The HMIS system for PMTCT should be assessed at points of contact, including the ANC, maternity and MCH. The monitor

must also review the existing systems to determine how monitoring and evaluation information for PMTCT will be effectively collected without overwhelming the health center.

c. Running costs and sustainability

It is also important to have a reasonable plan for funding the proposed PMTCT intervention. If a service must be reduced or closed after a short period of time, confidence in it will be lost and the community will feel let down after expectations have been raised. The capacity of a given health center to sustain the PMTCT intervention beyond the life of external funding must be assessed and ways to help them achieve sustainability must be explored and put in place.

d. Updating knowledge

Prevention of MTCT is a rapidly evolving field and health workers need to be kept updated on such areas as changes in protocols and advances in therapy.

FAMILY HEALTH INTERNATIONAL (FHI)
 INSTITUTE FOR HIV/AIDS
 PMTCT ASSESSMENT TOOL

PRENATAL CARE ASSESSMENT TOOL

001 Code of facility	<input type="text"/>	
002 Country	<input type="text"/>	
003 District	<input type="text"/>	
004 Name of facility	<input type="text"/>	
005 Location	<input type="text"/>	(01=urban; 02=rural; 03=semi-urban)
006 Type of facility	<input type="text"/>	(01=central referral hospital; 02=referral hospital; 03=district hospital; 04=private/mission hospital; 05=private/mission clinic; 06=health center/clinic)
007 Type of sector	<input type="text"/>	(01=Government; 02=Mission; 03=Private; 04=Other NGO)
008 Department/unit	<input type="text"/>	(01=ANC/MCH; 02=maternity ward; 03=postpartum; 04=VCT; 05=Other _____)

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

Result codes: Completed 1; Respondent not available 2; Refused 3; Partially completed 4; Other 5.

Introduction

Hello. My name is _____.

I am here to conduct an initial assessment of the Prevention of Mother-to-Child Transmission Call to Action Sites. We would like to ask you a few questions about your training, your involvement in the PMTCT intervention, and your knowledge about MTCT. We would also like to ask your opinion of the PMTCT service in general. This is not a test; there are no right or wrong answers.

I realize how limited your time is and I greatly appreciate your taking the time to speak with me. Do you have any questions for me?

continued on next page

Instructions for the Interviewer

- You should administer this tool to the PMTCT site manager and/or project coordinator. You should also involve ANC/MCH staff as much as possible to ensure that this is a participatory and learning process.
- PMTCT sites are not established according to one identified “model”. Each PMTCT intervention is designed according to the context of the country and the existing MCH/ANC services. Some sites will be providing all PMTCT-related services at the MCH/ANC—a “one-stop shop.” Others may provide counseling at the ANC and testing at the laboratory, or even at an already existing VCT unit. You will therefore need to be flexible; you may need to visit different departments and interview several respondents to obtain all the information in this tool. When necessary, you will find instructions to facilitate this process.

SECTION 1. OVERVIEW OF ANTENATAL CARE SERVICES

The site manager of the ANC or the person most knowledgeable about the ANC service should complete this section.

No.	Questions	Responses - Codes	Skip patterns
First, I would like to ask you some general questions about ANC operating hours, coverage and services.			
ANC operating hours and organization			
ANC1	Approximately what proportion of women in the catchment area visit the ANC at least once during a new pregnancy?		
ANC2	What is the average number of ANC visits made per pregnant woman?		
ANC3	What are the ANC's hours of operation?	a) Opening time _____ am/pm b) Closing time _____ am/pm	
ANC4	How many days per week are ANC services offered?		
ANC5	How are "new" and follow-up ANC visits organized?	All visits are together 1 Provided on same days but at different hours 2 Offered on separate days of the week 3	
ANC6	How many midwives/nurses are usually assigned to the ANC on any given day?		
ANC7	On a normal ANC clinic day, how many women are seen?	Number of first visits _____ Number of follow-up visits _____	
ANC8	Describe any variations in the volume of visits. For example, do the number of visits vary by day? Are there any seasonal variations in numbers of ANC visits?		
ANC9	How many examination rooms are there for ANC checks?		
ANC10	On average, how much time does a woman spend at the ANC?	For the first ANC visit? _____ For follow-up ANC visit? _____	
ANC11	Are there labor and delivery services at this facility?		ANC16
ANC12	Approximately what proportion of women attending ANC return to deliver at this facility?		

No.	Questions	Responses - Codes	Skip patterns
ANC13	For women not returning to facility, approximately what proportion deliver:	At the hospital _____ At home by a TBA/TTM _____ At home (unassisted or by untrained individual)_____	
ANC14	Where do women attending this ANC deliver?	At the hospital/health center.....1 At home by a TBA/TTM2 At home (unassisted or by untrained individual).....3	
ANC15	Are the following ANC services provided for pregnant women?	Yes No If no, why not? Sometimes Reasons if 3	
ANC15A	Hemoglobin testing	1 2 3	
ANC15B	Urinalysis	1 2 3	
ANC15C	Blood grouping	1 2 3	
ANC15D	Syphilis screening	1 2 3	
ANC15E	Syphilis treatment	1 2 3	
ANC15F	Management of other STIs	1 2 3	
ANC15G	Tetanus toxoid immunizations	1 2 3	
ANC15H	Weight	1 2 3	
ANC15I	Height	1 2 3	
ANC15J	Blood pressure	1 2 3	
ANC15K	Iron	1 2 3	
ANC15L	Folic Acid	1 2 3	
ANC15M	Anti-malarial prophylaxis (IPT)-- If yes, please specify.	1 2 3	
ANC15N	Treatment for malaria symptoms If yes, please specify.	1 2 3	
ANC15O	Anthelmintics (i.e., Mebendazole) If yes, please specify.	1 2 3	
ANC15P	Multivitamins	1 2 3	
ANC15Q	Vitamin A	1 2 3	
ANC15R	Health education	1 2 3	
ANC15S	Do women receive an ANC card (or any other hand-held records)?	1 2 3	
ANC16	What other services are offered at this MCH/ANC site? CIRCLE ALL THAT APPLY.	Under-five clinic.....1 Family planning.....2 STI management.....3 Clinical care for mothers.....4 Other (specify).....5	
ANC17	Do mothers need to bring additional supplies for labor and delivery? (<i>Mama kits</i>)	Yes.....1 No.....2	ANC19
ANC18	If yes, are these women systematically asked to do so?	Yes.....1 No.....2	
ANC19	Does your MCH/ANC site provide outreach ANC/MCH services?	Yes.....1 No.....2	ANC22
ANC20	How many days a week do you offer outreach ANC/MCH services?		

No.	Questions	Responses - Codes			Skip patterns
ANC21	Are all of the ANC/MCH services offered at this site also offered during outreach activities?	Yes.....1	No.....2	Only some (please specify).....3	
ANC supplies and equipment					
ANC22	Is there equipment to carry out the following procedures: ASK TO SEE EQUIPMENT.	Yes, observed (functional)	Yes observed (not functional)	Yes, not observed	No, not available
ANC22A	Weight	1	0	2	3
ANC22B	Height	1	0	2	3
ANC22C	Blood pressure	1	0	2	3
ANC22D	Fundal height measurement	1	0	2	3
ANC23	Are the following ANC supplies available at this site? NOTE: OBSERVATION OF SUPPLIES WILL TAKE PLACE AFTER COMPLETION OF TOOL.	Yes		No	Not provided
ANC23A	Iron	1		2	3
ANC23B	Folic acid	1		2	3
ANC23C	Multivitamins	1		2	3
ANC23D	Vitamin A	1	NA	2	3
ANC23E	Mebendazole	1		2	3
ANC23F	Malaria Prophylaxis	1		2	3
ANC23G	Tetanus Toxoid	1		2	3
ANC23H	Immunizations	1		2	3
ANC23I	Drugs to treat syphilis	1		2	3
ANC24	From where do you receive the majority of your ANC supplies?	Government/MoH.....1	NGO.....2	Private sector.....3	Donor.....4
ANC25	How often do you run out of ANC supplies each month?	Never/ Rarely (i.e. 1 day a month)	Sometimes (< 2 weeks)	Often (> 2 weeks)	
ANC25A	Iron	1	2	3	
ANC25B	Folic acid	1	2	3	
ANC25C	Multivitamins	1	2	3	
ANC25D	Vitamin A	1	2	3	
ANC25E	Mebendazole	1	2	3	
ANC25F	Malaria Prophylaxis	1	2	3	
ANC25G	Tetanus Toxoid	1	2	3	
ANC25H	Immunizations	1	2	3	
ANC25I	Drugs to treat syphilis	1	2	3	
ANC26	Please comment on your commodity management system and any difficulties you face.				
ANC27	Where is blood drawn for ANC services?	At the ANC/MCH.....1	At the laboratory.....2		ANC29

No.	Questions	Responses - Codes			Skip patterns
ANC28	Are the following available for blood draw? OBSERVE WHERE BLOOD DRAW TAKES PLACE.	Yes, observed	Reported available, not observed	No, not available	
ANC28A	Disposable needles & syringes	1	2	3	
ANC28B	Gloves	1	2	3	
ANC28C	Sharps box	1	2	3	
ANC28D	Running water	1	2	3	
ANC28E	Hand washing items	1	2	3	
ANC28F	(i.e. hand soap)				
Costs					
First I would like to ask you some questions about costs of ANC and PMTCT services.					
ANC29	Are women charged the following ANC-related costs:	Yes	How much? (in local currency)	No	
ANC29A	A basic registration fee for ANC clients?	1		2	
ANC29B	ANC per visit fee?	1		2	
ANC29C	Laboratory per test fee? Specify.	1		2	
ANC30	Do women have to pay a separate fee for any of the following, either at the facility or outside the facility?	Yes	How much? (in local currency)	No	
	Vitamin A supplements	1		2	
	Iron	1		2	
	Folic Acid	1		2	
	STI treatments	1		2	
	Multi vitamins	1		2	
	Other services Specify _____	1		2	
ANC31	Is there a waiver/exemption policy for women who cannot pay?	Yes.....		1	
		No.....		2	ANC33
ANC32	Who is exempted from paying any of these fees, if any?				
HMIS					
ANC33	Do you record ANC visits in a client register?	Yes.....		1	
		No.....		2	ANC36
ANC34	How are patient records kept?	Recorded by name.....		1	
		Recorded by code/number.....		2	
		Recorded by name and code.....		3	
ANC35	INTERVIEWER: ASK TO SEE REGISTER AND DESCRIBE INFORMATION INSIDE AND ANY STRENGTHS AND/OR WEAKNESSES NOTED.				

SECTION 2. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES

This interview should be conducted by the PMTCT site or project manager, and should also include other staff involved in PMTCT service delivery.

No.	Questions	Responses – Codes			Skip patterns
ANC36	Which of the following PMTCT-related services are offered at your site?	Yes	No	If No, are women referred for these services?	
ANC36A	VCT	1	2	Yes.....1 No.....2	
ANC36B	Ongoing counseling	1	2	Yes.....1 No.....2	
ANC36C	Infant feeding counseling	1	2	Yes.....1 No.....2	
ANC36D	ARV prophylaxis	1	2	Yes.....1 No.....2	
ANC36E	Infant formula	1	2	Yes.....1 No.....2	
ANC36F	PCR for infants	1	2	Yes.....1 No.....2	
ANC36G	Safer Obstetric practices	1	2	Yes.....1 No.....2	
ANC36H	Caesarean section offered as an option for PMTCT	1	2	Yes.....1 No.....2	
ANC37	INTERVIEWER: IF ARV PROPHYLAXIS IS NOT OFFERED AT SITE GO TO ANC40. If ARV prophylaxis is offered, please state which one.	NVP.....1 AZT.....2 Other _____.....3			
ANC38	When is the ARV prophylaxis provided to the mother?	At the maternity during labor.....1 At week 362 At week 28.....3 Before week 28.....4			
ANC39	How do you ensure intake of ARV of women and children if delivery is at home or in another facility?				
ANC40	Are any efforts being made to encourage HIV-positive women to deliver at the maternity on site?	Yes.....1 No.....2 No maternity.....3			ANC42
ANC41	Please describe these efforts.				

No.	Questions	Responses – Codes	Skip patterns
Protocols and guidelines			
ANC42	As far as you know, do national guidelines on PMTCT exist?	Yes.....1 No.....2 Don't know.....3	
ANC43	Do you have policies or guidelines in the following PMTCT/HIV-related areas? ASK TO SEE A COPY.THIS CAN BE DONE AT THE END OF THE INTERVIEW.	Yes, seen Yes, not seen No	
ANC43A	PMTCT (with ARVs)	1 2 3	
ANC43B	Voluntary counseling and testing (VCT)	1 2 3	
ANC43C	HIV infant feeding counseling	1 2 3	
ANC43D	IMCI (adapted to HIV)	1 2 3	
ANC43E	"Baby-friendly hospital initiative" hospital (BFHI)	1 2 3	
ANC43F	Guidelines on the management of sexually transmitted infections (STIs)	1 2 3	
ANC43G	Guidelines on post-exposure prophylaxis	1 2 3	
ANC43H	Guidelines for FP for HIV-positive women	1 2 3	
ANC43I	Other Specify _____	1 2 3	
Voluntary counseling and testing for PMTCT			
	THE FOLLOWING QUESTIONS SHOULD BE ASKED OF THE PMTCT PROJECT OR SITE MANAGER AND ANYONE ELSE INVOLVED IN VCT FOR PMTCT. YOU MAY BE REQUIRED TO GO TO A SEPARATE VCT UNIT IF ANY OF THE SERVICES ARE PROVIDED THERE. IF TESTING IS DONE AT THE LABORATORY, THE QUESTIONS WILL BE ASKED IN THE LABORATORY TOOL.		
ANC44	Is there a designated VCT unit at this facility?	Yes.....1 No.....2	
	IF A VCT UNIT EXISTS PLEASE ASSESS EXISTING VCT SERVICES.		
Integration of VCT services			
ANC45	For whom is counseling and testing (VCT) being offered?	All ANC clients.....1 First ANC visits only.....2 Have not yet started offering VCT.....3	ANC48
ANC46	Is VCT offered to these women routinely? (<i>By routinely we mean offered to each client as part of service.</i>)	Yes.....1 No (explain).....2	

No.	Questions	Responses – Codes	Skip patterns
ANC47	Please describe how HIV counseling and testing have been integrated into general ANC services (i.e., at what point do clients receive pre- and post-test counseling, HIV testing, etc. during their ANC visit?)		
HIV counseling services			
ANC48	Where is pre- or post-test counseling for HIV testing provided?	At the ANC/MCH.....1 At a designated VCT unit, pre-dating MTCT.....2 In a different building in this facility, primarily for MTCT.....3 Other (specify) _____4	ANC53
ANC48A	Do you offer any of the following types of HIV counseling for pregnant women at this site?	IF YES ONLY Average length of time	
ANC48B	Group education	Yes No 1 2	
ANC48C	Group pre-test counseling	1 2	
ANC48D	Group post-test counseling	1 2	
ANC48E	Individual pre-test counseling	1 2	
ANC48F	Individual post-test counseling	1 2	
ANC48G	Couple pre-test counseling	1 2	
ANC48H	Couple post-test counseling	1 2	
ANC48I	HIV diagnostic counseling (without testing)	1 2	
ANC48J	Ongoing HIV counseling	1 2	
ANC49	How long does it take on average to do post-test counseling for	HIV-negative result _____ HIV-positive result _____	
ANC50	If pre- and/or post-test counseling are undertaken, do carefully defined procedures or checklists exist, i.e., are there written policies or protocols, counseling checklists, etc?	Yes.....1 No2	ANC53
ANC51	If yes, please describe these procedures or checklists?		

No.	Questions	Responses – Codes	Skip patterns
ANC52	INTERVIEWER: ask to see copies of these defined procedures or checklists	Copy seen.....1 Copy not seen.....2	
HIV testing			
ANC53	Where does HIV testing of pregnant women for PMTCT take place?	All testing and confirmations done on site at the ANC/MCH.....1 Preliminary tests done on site; confirmations sent to other lab.....2 Blood drawn at ANC/MCH; testing carried out in other lab.....3 All blood drawn and testing carried out in other lab.....4 At a designated VCT unit.....5	
ANC54	Who performs the HIV test?		
ANC55	What HIV tests are performed for pregnant women for PMTCT? CIRCLE ALL THAT APPLY.	HIV Rapid tests.....1 ELISA.....2 WB.....3	
ANC56	Please describe your testing protocol or procedures (i.e., first test, confirmatory test, tiebreaker). Please include brand names of HIV tests used.		
ANC57	Is the protocol used consistently?	Yes.....1 No.....2	ANC59
ANC58	If NO, why not?		
ANC59	Is your site using national guidelines or written protocols for the implementation of VCT?	Yes.....1 No.....2	ANC61
ANC60	May I please see a copy?	Copy seen.....1 Copy not seen.....2	
ANC61	When do women receive their results?	Same day.....1 Within a few days.....2 At their next scheduled ANC visit.....3 Other.....4 Specify _____.....5	
ANC62	What is the time interval between receiving the sample and the results being available? CIRCLE IF THE TIME IS IN MINUTES, HOURS, DAYS, WEEKS.	__ __ _____ minutes / hours / days / weeks	

No.	Questions	Responses – Codes	Skip patterns
Counseling for partners and couples			
ANC63	IF COUPLE COUNSELING IS NOT PROVIDED, GO TO ANC72.		
ANC64	Are there any special activities or arrangements to encourage men to come for counseling and testing with their partner?	Yes.....1 No.....2	ANC65 ANC71
ANC65	Please describe these arrangements or how you encourage men to come for HIV counseling and testing.		
ANC66	Approximately what percent of MCH clients attend for HIV counseling and testing with their husbands/partners?		
ANC67	Approximately what percent of couples are tested for HIV together?		
ANC68	Are referrals made away from the MCH service for couple counseling?	Yes.....1 No.....2	
ANC69	To where are referrals made for couple counseling?		
ANC70	Please describe any special challenges to bringing men in for HIV counseling and testing.		
Group counseling			
IF GROUP COUNSELING IS NOT OFFERED, GO TO ANC74			
ANC71	To whom is group counseling offered?	All ANC clients.....1 Only those women who indicated interest.....2 Others _____.....3	
ANC72	How many people on average per group?		
ANC73	On average, how many group counseling sessions are conducted per day?	One per day.....1 1-3 per day.....2 More than 3 per day.....3	
Infant feeding counseling			
ANC74	INTERVIEWER: REFER TO ANC78 IF INFANT FEEDING COUNSELING IS PROVIDED		
ANC75	Is your facility certified as part of the BFHI?	Yes.....1 No.....2	
ANC76	If infant feeding counseling is <u>not</u> provided, do you have plans to provide such counseling in the near future?	Yes.....1 No.....2	ANC78
ANC77	Please describe these plans in more detail.		

No.	Questions	Responses – Codes	Skip patterns
ANC78	Do you have a written policy on infant feeding counseling and HIV?	Yes.....1 No.....2	ANC80
ANC79	May I please see a copy?	Copy seen.....1 Copy not seen.....2	
ANC80	Who provides infant feeding counseling?	Dedicated PMTCT project counselor.....1 MCH staff trained in MTCT.....2 MCH staff trained in infant feeding counseling.....3 Other _____.....4	
ANC81	If counseling is offered, what is the average length of time for a session in minutes?	Average length of time per session in minutes _____	
ANC82	Do all pregnant women or a portion receive infant feeding counseling?	All women.....1 All seropositive women only.....2 Some seropositive women.....3 Specify _____.....4	
ANC83	What infant feeding options are available for seropositive women?	Exclusive breastfeeding and early cessation.....1 Wet nursing.....2 Formula.....3 Milk banks.....4 Expressed and heat treated milk.....5 Home prepared formula made from modified animal milk.....6 Other method _____.....7	
ANC84	When is infant feeding counseling first offered?	Before delivery.....1 After delivery.....2 Both.....3	
ANC85	On average, how many times is infant feeding counseling offered before delivery per woman?		
ANC86	On average, how many times is infant feeding counseling offered after delivery per woman?		
ANC87	Is a checklist used for infant feeding counseling?	Yes.....1 No.....2	
ANC88	May I please see a copy?	Copy seen.....1 Copy not seen.....2	
ANC89	What is the most common method of choice?	Exclusive breastfeeding for six months with abrupt cessation.....1 Formula feeding.....2 Other.....3 Specify _____	
ANC90	Do women receive follow-up infant feeding counseling and support, i.e. for breast infections, support for infant feeding choice, etc.?	Yes.....1 No.....2	ANC91

No.	Questions	Responses – Codes		Skip patterns
ANC90A	What type of support is provided?	Yes	No	
ANC90B	Outreach/home visits	1	2	
ANC90C	Partner/family counseling	1	2	
ANC90D	Ongoing counseling	1	2	
ANC90E	Management of problems associated with breastfeeding (i.e. mastitis)	1	2	
ANC90F	Other	1	2	
Nutrition counseling				
ANC91	Do women receive nutrition counseling?	Yes.....1 No.....2		ANC93
ANC92	If no, do you refer women to a nutrition counselor?	Yes.....1 No.....2		ANC94
ANC93	Specify if all women or a portion receive nutrition counseling.	For all women.....1 For all seropositive women.....2 For some seropositive women (%)3		
Family planning counseling				
ANC94	Is family planning counseling offered during ANC?	Yes.....1 No.....2		ANC96
ANC95	If yes, when does FP counseling take place?	During general health education1 During post-test counseling.....2 Other, specify3		
ANC96	Do all HIV-positive women receive family planning counseling?	Yes.....1 No.....2		ANC98
ANC97	If not, why not?			
ANC98	Please describe the referral system between the family planning unit and the PMTCT program.			
INTERVIEWER: THE FOLLOWING QUESTIONS SHOULD BE COMPLETED EITHER BY THE PERSON IN CHARGE OF OR MOST KNOWLEDGEABLE ABOUT THE FAMILY PLANNING UNIT, <i>IF FAMILY PLANNING COUNSELING IS PROVIDED TO HIV-POSITIVE WOMEN AT THE FP UNIT ONLY OR BY THE CURRENT RES-PONDENT</i> (PMTCT SITE MANAGER, MCH/ANC MANAGER, ETC.).				
ANC99	Have family planning staffs received orientation or training on the PMTCT program?	Yes.....1 No.....2		ANC101
ANC100	What specific methods are offered to HIV-positive women? CIRCLE ALL THAT APPLY.	Yes	No	
ANC100A	Natural methods	1	2	
ANC100B	Breastfeeding counseling (Lactational Amenorrhea Method)	1	2	
ANC100C	Condoms	1	2	
ANC100D	The pill (combined or progestin only)	1	2	

No.	Questions	Responses – Codes			Skip patterns
ANC100F	IUD	1	2		
ANC100G	Injectable	1	2		
ANC100H	Norplant	1	2		
ANC100I	Diaphragm	1	2		
ANC100J	Spermicide	1	2		
ANC100K	Female sterilization	1	2		
ANC100L	What is the most common method offered to HIV positive women?				
ANC101	Can clients/patients be identified as being seropositive?	Yes1 No2			ANC104
ANC102	If yes, describe how.				
ANC103	If no, what has been done to prevent this?				
ANC104	Does the site have a written policy on confidentiality?	Yes1 No2			
ANC105	Describe the system in place to protect confidentiality. (For example, are files kept in a locked filing cabinet, is a system in place to protect confidential computerised information?)				
ANC106	Has any of the following staff received specific guidance about the importance of confidentiality?	Yes	No		
ANC106A	Health services providers	1	2		
ANC106B	Laboratory staff	1	2		
ANC106C	Counselors	1	2		
ANC106D	Receptionists	1	2		
ANC106E	Ancillary staff (e.g., cleaners, drivers, etc.)	1	2		
ANC106F	Others (specify)	1	2		
Referrals					
ANC107	Do you provide or refer for any of the following HIV care and support services? Please say whether you provide the service at the MCH/ANC or refer for the service, or if you don't know whether the service exists or not.	Yes, provide service	No service, refer	No service, no referral	
ANC107A	Treatment of OIs	1	2	3	
ANC107B	Preventive therapy for TB/OIs	1	2	3	
ANC107C	Highly Active Antiretroviral Therapy (HAART)	1	2	3	

No.	Questions	Responses – Codes			Skip patterns
ANC107D	Pediatric AIDS care	1	2	3	
ANC107E	Management of sexually transmitted infections (STIs)	1	2	3	
ANC107F	TB/Chest clinic	1	2	3	
ANC107G	Emotional/psychological support	1	2	3	
ANC107H	Post-test clubs/PLHA support groups	1	2	3	
ANC107I	Spiritual/religious groups	1	2	3	
ANC107J	Family planning services	1	2	3	
ANC107K	Home-based care	1	2	3	
ANC107L	Material/food support	1	2	3	
ANC107M	Income-generating activities (i.e. micro credit)	1	2	3	
ANC107N	Legal services	1	2	3	
ANC107O	OVC support	1	2	3	
ANC107P	Traditional healers	1	2	3	
ANC107Q	TBAs/TTMs	1	2	3	
ANC108	Do you provide the following services or referrals to women testing negative at the ANC?	Provide Service	No service, but refer	No service, no referral	
ANC108A	Family planning	1	2	3	
ANC108B	Ongoing counseling	1	2	3	
ANC108C	Couple counseling	1	2	3	
ANC108D	Promotion of condoms, especially during lactation and pregnancy	1	2	3	
ANC108E	STI services	1	2	3	
ANC108F	Other services	1	2	3	
ANC109	Do you have a directory or list of referral services?	Yes.....1 No.....2			ANC111
ANC110	May I please see a copy.	Copy seen.....1 Copy not seen.....2			
ANC111	Please describe how your referral system works and any problems or successes.				
ANC112	Do you feel there are adequate referral services available, particularly for the needs of HIV-positive women?	Yes.....1 No.....2			ANC114
ANC113	Why?				
ANC114	Do you feel there are adequate referral services available, particularly for the needs of HIV-positive children?	Yes.....1 No.....2			
ANC115	Why or why not?				

No.	Questions	Responses – Codes	Skip patterns
Outreach activities and partnerships			
Outreach activities			
ANC116	Do you carry out any outreach services for PMTCT?	Yes.....1 No.....2	ANC124
ANC117	What outreach activities do you carry out? CIRCLE ALL THAT APPLY.	VCT.....1 Ongoing counseling.....2 Support for infant feeding choice.....3 HBC.....4 Mother-infant follow-up.....5 Other _____.....6	
ANC118	Approximately how many outreach activities did you carry out in the past 3 months?		
ANC119	Please describe where the outreach activities are carried out.		
ANC120	Are your outreach activities integrated into the existing ANC/MCH outreach services?	Yes.....1 No.....2	
ANC121	Are there any outreach activities with Traditional Birth Attendants (TBAs)?	Yes.....1 No.....2	ANC123
ANC122	Please describe your outreach activities with TBAs.		
Partnerships			
ANC123	Do you have any formal partnerships with the following?	Yes	No
ANC123A	TBAs	1	2
ANC123B	Community health workers	1	2
ANC123C	AIDS service organizations/CBOs	1	2
ANC123D	PLHA support groups	1	2
ANC123E	Income generation activities	1	2
ANC123F	Other _____	1	2
ANC124	Do you have any partnerships with other PMTCT programs in the catchment area?	Yes.....1 No.....2	ANC126
ANC125	Please describe these partnerships with other PMTCT programs.		
ANC126	Do you have any partnerships or linkages with other facilities where HIV-positive women may seek ANC services or go for delivery?	Yes.....1 No.....2	ANC128
ANC127	Please describe how these partnerships or linkages work.		

No.	Questions	Responses – Codes	Skip patterns
Communication and promotion of PMTCT service			
Now I would like to ask you a few questions about how you are promoting the service to your clients and the community.			
Health talks and IEC			
ANC128	Are general health talks provided?	Yes.....1 No.....2	ANC133
ANC129	Who receives general health talks?	All women.....1 Some women.....2	
ANC130	How often are they provided?	Once per clinic day.....1 More than once per clinic day.....2 On some clinic days but not all.....3 Other4	
ANC131	What is the normal duration of health talks?		
ANC132	Are health talks provided for husbands/partners who come to the ANC?	Yes.....1 No.....2	
ANC133	Do you provide health talks on MTCT and HIV?	Yes.....1 No.....2	ANC140
ANC134	How often are these talks provided?	Every clinic day.....1 On some clinic days but not all.....2 One clinic day every two weeks.....3 One clinic day a month.....4	
ANC135	Do all women or some women receive the MTCT talks?	All pregnant women at the ANC.....1 For some women.....2 Specify	
ANC136	How often do you promote the PMTCT intervention in your health talks?	In all general health talks.....1 In some of the general health talks.....2 Only when discussing PMTCT or other HIV-related issues.....3	
ANC137	Are HIV-related topics covered at the same time as general ANC/MCH topics?	Yes.....1 No.....2	
ANC138	Who conducts the PMTCT/HIV-related health talks?	ANC/MCH staff.....1 HIV-positive women/PLHA2 Other3	
ANC139	Do you have IEC materials for the PMTCT intervention?	Yes.....1 No.....2	
Community sensitization and promotion of service			
ANC140	Do you advertise or promote the PMTCT intervention in any way to the community?	Yes.....1 No.....2	ANC142
ANC141	If yes, please describe some of the activities you are carrying out to sensitize the community to the intervention.		
ANC142	What other avenues are used or exist for the promotion of PMTCT (i.e., TBAs, CHWs, church leaders, etc.).		

No.	Questions	Responses – Codes	Skip patterns
ANC158	Do you feel it is feasible through the existing data recording system to monitor HIV-positive pregnant women throughout the system – from the ANC, L&D and postnatal? Please explain.		
Infrastructure, equipment and supplies			
Infrastructure and equipment			
ANC159	How many rooms are used for HIV/PMTCT counseling and related issues?		
ANC160	Please describe where the counselling room is in relation to the ANC/MCH.		
INTERVIEWER: GO TO WHERE COUNSELING AND TESTING TAKE PLACE. NOTE OBSERVATIONS OF COUNSELING AND TESTING ROOMS IN RIGHT COLUMN.			
Counseling room(s)			
ANC161	Is there auditory privacy?	Yes, observed.....1 Yes, but not observed.....2 No.....3	
ANC162	Is there visual privacy?	Yes, observed.....1 Yes, but not observed.....2 No.....3	
IF BLOOD DRAW AND TESTING TAKES PLACE AT LABORATORY GO TO ANC164.			
Testing rooms			
ANC163	Are the following conditions and supplies available where blood draw/testing takes place?	Yes, observed Yes, not observed Not available	
ANC163A	Gloves	1 2 3	
ANC163B	Sharp's box	1 2 3	
ANC163C	Disposable needles and syringes	1 2 3	
ANC163D	Running water	1 2 3	
ANC163E	Hand washing items (<i>hand soap or disinfectant</i>)	1 2 3	
Supplies			
ANC164	Are the following PMTCT-related supplies available at this site? OBSERVATION OF SUPPLIES WILL TAKE PLACE AFTER COMPLETION OF TOOL	Yes No Not applicable, not offered at site	
ANC164A	ARV tablets	1 2 9	
ANC164B	ARV syrup	1 2 9	
ANC164C	HIV rapid test kits	1 2 9	
ANC164D	Test kit 1	1 2 9	
ANC164E	Test kit 2	1 2 9	
ANC164F	Test kit 3 (tie breaker)	1 2 9	
ANC164G	Lancets for rapid testing	1 2 9	
ANC164H	Infant formula	1 2 9	

No.	Questions	Responses – Codes			Skip patterns
ANC164I	IEC materials	1	2	9	
ANC164J	Condoms	1	2	9	
ANC165	How often do you run out of the following PMTCT supplies each month?	Never/ rarely <i>(i.e., 1 day a month)</i>	A few times per month	Often	
ANC165A	ARV prophylaxis	1	2	3	
ANC165B	HIV rapid test kits	1	2	3	
ANC165C	Lancets for finger pricking	1	2	3	
ANC165D	Infant formula	1	2	3	
ANC165E	IEC materials	1	2	3	
ANC165F	Condoms	1	2	3	
Human resources and training					
Providers/type of providers					
PROVIDERS INCLUDE THOSE WORKING IN ALL OF THE AREAS OF MCH					
ANC166	Total number of providers providing ANC/MCH services by provider type	Health workers/clinical officer	# _____		
		Midwives	# _____		
		Nurses	# _____		
		Doctors	# _____		
		Laboratory staff	# _____		
		Counselors	# _____		
		Other _____	# _____		
		_____	# _____		
ANC167	Who conducts the counseling for PMTCT and VCT? CIRCLE ALL THAT APPLY.	ANC/MCH staff.....	1		
		Dedicated PMTCT counselors.....	2		
		Lay counselors.....	3		
		PLHA counselors.....	4		
		Other _____.....	5		
ANC168	CHECK ANC...if PLHA COUNSELORS ARE USED. IF NOT, GO TO ANC.... If PLHA counselors are used for counseling, please describe the impact, if any , on the numbers of women accepting counseling and testing.				
ANC169	How many of your ANC/MCH providers have been trained for PMTCT service provision?	Health workers/clinical officer	# _____		
		Midwives	# _____		
		Nurses	# _____		
		Doctors	# _____		
		Laboratory staff	# _____		
		Counselors	# _____		
		Other _____	# _____		
		_____	# _____		
ANC170	How has the workload for your staff changed since the beginning of the PMTCT service?				
ANC171	Is there a formal system in place to provide supervision for providers in the VCT/MTCT program?	Yes.....	1		ANC173
		No	2		
ANC172	If yes, describe please describe this system.				

No.	Questions	Responses – Codes				Skip patterns
ANC182E	Ongoing counseling	1		2	9	
ANC182F	Infant formula	1		2	9	
ANC182G	Condoms	1		2	9	
ANC182H	Other	1		2	9	
ANC183	If there is other mechanism for charging fees to clients, describe.					
ANC184	Are any inducements given to people attending the site? (e.g. transport costs, refreshments etc.)	Yes.....1 No.....2				
ANC185	Is there a waiver/exemption policy for women who cannot pay?	Yes.....1 No.....2				
ANC186	Approximately what percent of women cannot/do not pay?	_____ %				
Ownership						
ANC187	How is the PMTCT service funded? DO NOT READ RESPONSE OPTIONS. PROBE. CIRCLE ALL THAT APPLY.	NGO.....1 Donor.....2 Private foundation.....3 Church group.....4 Government.....5 Other.....6				
ANC188	For how long is the funding of the services ensured?					
ANC189	From where do you obtain the following supplies for the PMTCT intervention?	MoH/ Govern- ment	NGO	Donor/private foundation	If NGO or Donor/ Foundation, provide NAME	
ANC189A	ARV prophylaxis	1	2	3		
ANC189B	HIV rapid test kits	1	2	3		
ANC189C	Other HIV tests	1	2	3		
ANC189D	Lancets for finger pricking	1	2	3		
ANC189E	Needles and syringes	1	2	3		
ANC189F	Infant formula	1	2	3		
ANC189G	IEC materials	1	2	3		
ANC189H	Condoms	1	2	3		
ANC190	Was PMTCT staff involved in the planning, implementation and monitoring of the project?	All PMTCT staff.....1 Some2 Specify _____3				
ANC191	For ANC/MCH staff not directly involved in the PMTCT intervention, how involved were they in the planning, implementation, and monitoring of the project?	Not involved at all.....1 A little involved.....2 Very involved.....3				ANC193
ANC192	If a little or very involved, please describe how the staff participated.					

No.	Questions	Responses– Codes	Skip patterns
ANC209	Do you provide HIV testing of infants?	Yes.....1 No.....2	ANC211
ANC210	Which tests, PCR, antibody test, or both?	PCR.....1 Antibody.....2 Both.....3	ANC212
ANC211	If PCR is not performed, do you have any plans to do so?	Yes.....1 No.....2	ANC213
ANC212	At what age are children tested using either the PCR and/or antibody?	PCR _____ Antibody _____ PCR and Antibody _____	
ANC213	Is infant formula provided at the well-baby clinic?	Yes.....1 No.....2	ANC214
ANC214	Please describe what your staff do to avoid spillover of sub-optimal infant feeding practices into the community.		
Linkages and referrals from well-baby clinic			
ANC215	Do you provide infant feeding counseling at the well-baby clinic?	Yes.....1 No.....2	
ANC216	Do you refer women to infant feeding counseling?	Yes.....1 No.....2	
ANC217	Do you have any formal linkages with infant feeding counseling services for HIV-positive women?	Yes.....1 No.....2	
ANC218	Do you refer women for family planning services?	Yes.....1 No.....2	
ANC219	Do you refer women to any of the following HIV care and support services?	Yes.....1 No.....2	
ANC219A	Clinical management of OIs for mothers	1 2	
ANC219B	Clinical management of pediatric HIV	1 2	
ANC219C	Voluntary counseling and testing	1 2	
ANC219D	Other counseling services	1 2	
ANC219E	PLHA support groups	1 2	
ANC219F	OVC support	1 2	
ANC219G	Home-based care	1 2	
ANC219H	STI services	1 2	
ANC219I	TB/Chest clinic	1 2	
ANC219J	Traditional healers	1 2	
ANC219K	Material support (<i>clothing, food</i>)	1 2	
ANC219L	Economic support (<i>microfinance, etc.</i>)	1 2	

FAMILY HEALTH INTERNATIONAL (FHI)
 INSTITUTE FOR HIV/AIDS
 PMTCT ASSESSMENT TOOL

MATERNITY TOOL (LABOR, DELIVERY AND POSTNATAL)

001 Code of facility	<input type="text"/> <input type="text"/>	
002 Country	<input type="text"/>	
003 District	<input type="text"/>	
004 Name of facility	<input type="text"/>	
005 Location	<input type="text"/> <input type="text"/>	(01=urban;02=rural;03=semi-urban)
006 Type of facility	<input type="text"/> <input type="text"/>	(01=central referral hospital;02=referral hospital; 03=district hospital;04=private/mission hospital; 05=private/mission clinic;06=health center/clinic)
007 Type of sector	<input type="text"/> <input type="text"/>	(01=Government;02=Mission;03=Private;04=Other NGO)
008 Department/unit	<input type="text"/> <input type="text"/>	(01=ANC/MCH;02=maternity ward;03=postpartum; 04=VCT;05=Other _____)

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

Result codes: Completed 1; Respondent not available 2; Refused 3; Partially completed 4; Other 5.

Introduction

Hello. My name is _____.

I am here to conduct an initial assessment of the Prevention of Mother-to-Child Transmission Call to Action Sites. We would like to ask you questions about maternity and postnatal services, and PMTCT services at the maternity and postnatal wards. In addition to the questions, we will be asking to observe equipment and written documents in order to help us get accurate data. We would also like to ask your opinion of the PMTCT service in general. This is not a test; there are no right or wrong answers. We would very much like this to be a participatory experience with you and your staff, as appropriate.

continued on next page

I realize how limited your time is and greatly appreciate your taking the time to speak with me. Do you have any questions for me?

Instructions for interviewer

- Administer this tool to the PMTCT site manager and/or project coordinator. You should also involve ANC/MCH staff as much as possible to ensure that this is a participatory and learning process.
- PMTCT sites are not established according to one identified “model”. Each PMTCT intervention is designed according to the context of the country and the existing MCH/ANC services. Some sites will be providing all PMTCT-related services at the MCH/ANC--a “one-stop shop”; others may provide counseling at the ANC and testing at the laboratory, or even at an already existing VCT unit. You will therefore need to be flexible. You may need to visit different departments and interview several respondents to obtain all the information presented in this tool. You will find instructions when necessary to facilitate this process.
- This tool is designed to assess both maternity and postnatal wards and service delivery. Many of the questions are therefore repeated to ensure assessment of both areas of the facility. Please inform the respondent of this so he/she is aware of the potential duplication and the rationale.
- In some situations, the postnatal ward will already have been assessed when assessing labor and delivery. If this is the case, make a note at those questions and skip to the next relevant section (you will also find instructions in the instrument).

SECTION I. OVERVIEW OF MATERNITY AND POSTNATAL SERVICES

No.	Questions	Responses – Codes	Skip patterns
General services			
M1	What are the hours of operation?		
M2	What is the volume of deliveries? NUMBER PER YEAR MAY BE RECORDED IN AN ANNUAL REPORT.	Number per day _____ Number per month _____ Number per year _____	
M3	How many beds do you have?		
M4	Do you have enough beds for all women admitted to the maternity?	Yes 1 No 2	
M5	What proportion of women delivering here attended ANC here?	_____ Don't know 8	
M6	What proportion of women delivering here attended ANC at other facilities?	_____ Don't know 8	
M7	Do you make explicit appointment for FP for mothers?	Yes 1 No 2	M9
M8	If yes to M7, when is appointment for follow-up normally scheduled?	Six weeks after delivery 1 Others (specify in weeks) _____ 2	
M9	How many nurses/midwives are assigned to the labor ward?	Nurses # _____ Midwives # _____	
M10	How many nurses/midwives are assigned to the postnatal ward?	Nurses # _____ Midwives # _____	
M11	Approximately what is the proportion of women who come within 2 hours of delivery?	_____%	
M12	Do you perform C-sections at this maternity?	Yes 1 No 2	M17
M13	What is the rate of C-sections performed at this maternity?	_____% Don't know 8	
M14	Do you provide routine antibiotics post C-section?	Yes 1 No 2	
M15	What is the post-operative rate of infection?	_____% Don't know 8	
M16	What is the normal (recommended) duration of stay after a C-section? (PUT DURATION IN DAYS)	_____ N/A (not provided) 9	M20
M17	In practice, how long do women stay?		
M18	What is the normal (recommended) duration of stay after normal vaginal delivery?		
M19	In practice, how long do women stay?		
M20	How often are episiotomies performed among primipara?	Always 1 Usually 2 Sometimes 3 Rarely/Never 4	
M21	How often are episiotomies performed among multipara?	Always 1 Usually 2 Sometimes 3 Rarely/Never 4	
M22	Has this changed since the introduction of the PMTCT at the site?	Yes 1 No 2	M24
M23	Please explain why and how this has changed.		

No.	Questions	Responses – Codes		Skip patterns
M24	How often do you perform ARMs among primipara?	Always	1	
		Usually	2	
		Sometimes	3	
		Rarely/Never	4	
M25	How often do you perform ARMs among multipara?	Always	1	
		Usually	2	
		Sometimes	3	
		Rarely/Never	4	
M26	Under what circumstances are ARMs performed?			
M27	Has this changed since the introduction of the PMTCT services at the site?	Yes	1	M28
		No	2	
M28	Please explain why and how this has changed.			
M29	How often are vaginal exams performed to monitor labor for primipara?	Every hour	1	
		Every 2 hours	2	
		Every 3-4 hours	3	
		Greater than every 5 hours	4	
M30	How often are vaginal exams performed to monitor labor for multipara?	Every hour	1	
		Every 2 hours	2	
		Every 3-4 hours	3	
		Greater than every 5 hours	4	
M31	Has this changed since the introduction of PMTCT services at the site?	Yes	1	M33
		No	2	
M32	How has this changed?			
M33	Do you provide Vitamin A for mothers after delivery?	Yes	1	
		No	2	
M34	Are babies immunized at postnatal ward?	Yes	1	
		No	2	
M35	If yes to M35, specify.	Yes	No	
		BCG	1 2	
		Polio 0	1 2	
		Others	1 2	
		Specify _____		
Infrastructure, supplies and equipment				
INTERVIEWER: DESCRIBE WHERE L&D WARD AND POSTNATAL WARD ARE IN RELATION TO EACH OTHER.				
M36	Do the L&D ward and PN ward share the same space for supplies and equipment?	Yes	1	
		No	2	
Labor and delivery ward				
M37	Is there equipment in the L&D to carry out the following procedures? ASK TO SEE EQUIPMENT.	Yes, seen	No, not seen	
M37A	Protective clothing	1	2	
M37B	Sterilizing equipment	1	2	
M37C	Delivery packs/kits	1	2	
M37D	Cord ligatures	1	2	
M38	Are the following elements available at labor and delivery place? ASK TO SEE ELEMENTS.	Yes, observed	No, not observed	
M38A	Protective clothing	1	2	

No.	Questions	Responses – Codes				Skip patterns
M38B	Gloves	1		2		
M38C	Running water	1		2		
M38D	Hand washing items (i.e., soap)	1		2		
M38E	Disinfectant (i.e., bleach for cleaning)	1		2		
M38F	Antiseptic	1		2		
M39	Is blood drawn at the labor and delivery ward?	Yes		1		
		No		2		
M40	Are the following supplies available where blood draw takes place? GO TO WHERE BLOOD DRAW TAKES PLACE.		Yes		No	
M40A	Disposable needles/syringes	1		2		
M40B	Sharp's box	1		2		
M40C	Sterile gauze	1		2		
M41	Do you have delivery kits?	Yes		1		
		No		2		M44
M42	If yes to M41, how many?					
M43	How often do you lack delivery kits that are sterilized and ready to use when needed?	Always		1		
		Often		2		
		Sometimes		3		
		Rarely/Never		4		
M44	How often do you run out of supplies each month?	Always		1		
		Often		2		
		Sometimes		3		
		Rarely/Never		4		
M45	How often do you run out of each of the following supplies each month?	Never/ Rarely (1 day a month)	Often (>2 weeks)	Sometimes (<2 weeks)	Always	
M45A	Sharp's box	1	2	3	4	
M45B	Sterile gauze	1	2	3	4	
M45C	Protective clothing	1	2	3	4	
M45D	Gloves	1	2	3	4	
M45E	Disinfectant (i.e., bleach for cleaning)	1	2	3	4	
M45F	Antiseptic	1	2	3	4	
M45G	Disposable needles/syringes	1	2	3	4	
M46	What is the most common method used to sterilize your equipment?	Autoclave		1		
		Steam sterilization		2		
		Boiling and chemicals		3		
		Chemicals only		4		
		Boiling only		5		
		Use disposables only		6		
		Other_____		7		
Postnatal ward						
	INTERVIEWER: REFER TO M37 IF L&D AND PN WARDS SHARE SAME SPACE FOR SUPPLIES AND EQUIPMENT. IF NOT, ASK MANAGER TO TAKE YOU TO THE POSTNATAL WARD TO OBSERVE EQUIPMENT AND SUPPLIES.					
M47	Is there equipment in the postnatal ward to carry out the following procedures: ASK TO SEE EQUIPMENT.					

No.	Questions	Responses – Codes	Skip patterns
M48	INTERVIEWER: OBSERVE IF THE FOLLOWING SUPPLIES ARE AVAILABLE ON SITE AT THE PN:		
		Yes No	
M48A	Gloves		
M48B	Running water	1 2	
M48C	Hand washing items (<i>i.e., soap</i>)	1 2	
M48D	Disinfectant (<i>i.e., household bleach</i>)	1 2	
M48E	Antiseptic	1 2	
M48F	Scissors	1 2	
Costs			
First I would like to ask you some questions about costs of labor, delivery and postnatal care services.			
M49	How much does it cost to deliver for a normal delivery at this maternity?	_____ (in local currency)	
M50	How much does it cost to have a C-section delivery?	_____ (in local currency)	
M51	How much does the “mama kits” cost (if applicable)?	_____ (in local currency)	
M52	Are women charged for any of the following in addition to the above costs?	Yes How much No (in local currency)	
M52A	Use of delivery kits	1 2	
M52B	Laboratory tests	1 2	
M52C	Doctor/midwifery services	1 2	
M52D	Postnatal care	1 2	
M52E	Other fees (specify)	1 2	
M53	Is there a waiver/exemption policy for women who cannot pay?	Yes 1 No 2	M56
M54	Who is exempted from paying any of these fees, if any?	Yes 1 No 2	
M55	What percent of women coming here to deliver cannot pay these fees?	_____ %	
M56	Do you believe the maternity costs are a barrier to women returning to deliver at this site?	Yes 1 No 2	
HMIS			
General labor and delivery			
M57	Do you record admissions into a register?	Yes 1 No 2	
M58	How are patient records kept?	Recorded by name 1 Recorded by code/number 2 Recorded by both names and code 3	
M59	INTERVIEWER: ASK TO SEE REGISTER(S) INCLUDING A PMTCT ONE, IF SEPARATE. INDICATE ANY STRENGTHS/WEAKNESSES NOTED.		
M60	CHECK IF THE FOLLOWING ARE RECORDED. THIS CAN ALSO BE DONE AFTER THE INTERVIEW.	Yes No	
M60A	Time of arrival to maternity	1 2	

No.	Questions	Responses – Codes		Skip patterns
M60B	Labor progress at arrival to labor ward (cm dilatation)	1	2	
M60C	Time ARV provided to mother	1	2	
M60D	Time of delivery	1	2	
M60E	Normal vaginal deliveries	1	2	
M60F	C-sections performed	1	2	
M60G	Provision of post-operative antibiotics	1	2	
M60H	Post-operative infections	1	2	
M60I	Time admitted to postnatal ward	1	2	
M60J	Time discharged after delivery	1	2	
M60K	Vitamin A provided, if applicable	1	2	
M60L	Time ARV provided to infant	1	2	
Postnatal ward				
M61	Do you maintain a separate register at the postnatal ward or record patient data in shared L&D register?	Separate register Shared register No register maintained	1 2 3	
M62	How are patient records kept?	Recorded by name Recorded by code/number	1 2	
M63	INTERVIEWER: ASK TO SEE REGISTER. INDICATE ANY STRENGTHS/WEAKNESSES NOTED.			
M63A	Time of arrival to postnatal ward	Yes	No	
M63B	Time spent on postnatal ward after delivery	1	2	
M63C	Provision of Vitamin A to mothers	1	2	
M63D	Time discharged from postnatal ward	1	2	
M63E	Time ARV provided to mother			
M63F	Time ARV provided to infant			
M63G	Other records (specify)	1	2	

SECTION II. PMTCT SERVICES

No.	Questions	Responses – Codes			Skip patterns
M64	Are maternity staffs directly involved in the PMTCT intervention?	Yes	1		M65 M66
		No	2		
M65	Please describe the role of maternity staff in the PMTCT intervention.				
M66	Do you have any linkages/relationship with the PMTCT intervention?	Yes	1		M67 M69
		No	2		
M67	Please describe your relationship with the PMTCT intervention staff.				
M68	Is there any written policy for the routine care of pregnant women during labor?	Yes	1		M69 M70
		No	2		
M69	Please describe this policy.				
M70	Is there any written policy for the routine care of HIV-positive women during labor?	Yes	1		M71 M73
		No	2		
M71	Does this policy for HIV-positive women differ from the above policy?	Yes	1		M73
		No	2		
M72	Please describe the differences.				
M73	Can women be identified as HIV-positive when coming to deliver at this maternity?	Yes	1		M74 M76
		No	2		
M74	Please describe how?				
M75	Are any of the following interventions available for HIV-positive women?	Yes	No		
M75A	Vaginal cleansing with chlohexidane/hit	1	2		
	Elective C-section	1	2		
M75B	Oral ARVs	1	2		
M75C	IV ARVs	1	2		
M75D		1	2		
M75E					
Protocols and guidelines in labor ward					
I would like to ask you a few questions about guidelines and policies on PMTCT practices.					
M76	As far as you know, do national guidelines on PMTCT exist?	Yes	1		
		No	2		
		Don't know	3		
M77	Do you have policies or guidelines in the following PMTCT/HIV-related areas in the labor ward? ASK TO SEE A COPY.	Yes, seen	Yes, not seen	No	
77A	PMTCT (with ARVs)	1	2	3	
77B	Voluntary counseling and testing (VCT)	1	2	3	
77C					
77D	Safe obstetric practices	1	2	3	

No.	Questions	Responses – Codes			Skip patterns
77E	Infant feeding counseling	1	2	3	
77F	Baby Friendly Hospital Initiative	1	2	3	
77G	Guidelines on the management of sexually transmitted infections (STIs)	1	2	3	
77H	Guidelines on post-exposure prophylaxis	1	2	3	
77I	Other (specify) _____	1	2	3	
77J					
Protocols and guidelines in the postnatal ward					
IF THIS HAS BEEN ASSESSED PREVIOUSLY ABOVE, SKIP AND GO TO M80.					
M78	As far as you know, do national guidelines on PMTCT exist?	Yes		1	
		No		2	
		Don't know		3	
M79	Do you have policies or guidelines in the following PMTCT/HIV-related areas in the labor ward? ASK TO SEE A COPY. THIS CAN BE DONE AT THE END OF THE INTERVIEW.	Yes, seen	Yes, not seen	No	
M79A	PMTCT (with ARVs)	1	2	3	
M79B	Voluntary counseling and testing (VCT)	1	2	3	
M79C	Safe obstetric practices	1	2	3	
M79D	Infant feeding counseling	1	2	3	
M79E	Baby Friendly Hospital Initiative	1	2	3	
M79F	IMCI	1	2	3	
M79G	Management of pediatric HIV	1	2	3	
M79H	Guidelines on the management of sexually transmitted infections (STIs)	1	2	3	
M79I	Guidelines on post-exposure prophylaxis	1	2	3	
M79J	Other (specify) _____	1	2	3	
HIV counseling in labor ward					
Now I would like to ask you questions specifically about PMTCT-related services offered at the site.					
M80	Is voluntary HIV counseling and testing offered in labor ward?	Yes		1	
		No		2	M82
M81	Which are offered on the labor ward?	Yes	If yes, duration in minutes	No	
M81A	Pre-test counseling	1		2	
M81B	Post-test counseling	1		2	
M82	Is HIV testing without counseling offered?	Yes		1	
		No		2	
M83	Is anonymous testing performed?	Yes		1	
		No		2	
M84	Approximately what proportion of women coming to deliver were counseled and tested for HIV at L&D?				
HIV counseling in PN ward					
M85	Is voluntary HIV counseling and testing offered in PN ward?	Yes		1	
		No		2	M87

No.	Questions	Responses – Codes	Skip patterns
M86	Which of the following are offered on the postnatal ward?	Yes If yes, average duration in minutes No	M88
86A	Pre-test counseling	1	2
86B	Post-test counseling	1	2
86C	Ongoing counseling	1	2
86D	Counseling and testing for partners	1	2
M87	Is HIV testing without counseling offered?	Yes No	1 2
M88	Where do you carry out HIV testing?	All testing done on site Preliminary tests done on site, confirmations sent to other lab All testing carried out in other lab Not applicable	1 2 3 9
M89	What HIV tests are performed for pregnant women for PMTCT? CIRCLE ALL THAT APPLY.	HIV Rapid tests ELISA WB	1 2 3
M90	Who performs the HIV test?	Nurse/midwife Dedicated trained PMTCT/VCT counselor Laboratory technician Other _____	1 2 3 4
M91	Please describe your testing protocol or procedures (<i>i.e., first test, confirmatory test, tiebreaker</i>). Please include brand names of HIV tests used.		
M92	Is the protocol used consistently?	Yes No	1 2
M93	If no, why not?		
M94	Is your site using national guidelines or written protocols for the implementation of VCT?	Yes No VCT not yet set up	1 2 3
M95	May I please see a copy?	Copy seen Copy not seen	1 2
M96	When do women receive their results?	Same day pre-delivery (if time) Same day post-delivery	1 2
M97	Describe the testing schedule employed (<i>schedule of confirmation of results; policy about testing in the window period, etc</i>)		
Infrastructure, equipment and supplies			
Infrastructure: labor ward			
M98	How many rooms are used for HIV/PMTCT counseling and related issues?		
M99	INTERVIEWER: GO TO WHERE COUNSELING AND TESTING TAKE PLACE. NOTE OBSERVATIONS OF COUNSELING AND TESTING ROOMS IN RIGHT COLUMN		
Counseling room(s)			
M100	Is there auditory privacy?	Yes, observed Yes, but not observed No	1 2 3

No.	Questions	Responses – Codes			Skip patterns
M101	Is there visual privacy?	Yes, observed	1		
		Yes, but not observed	2		
		No	3		
M102	DESCRIBE THE SPACE: where it is in the LD, is there enough space, is it clean, comfortable, etc.				
Infrastructure: postnatal ward					
IF INFRASTRUCTURE HAS ALREADY BEEN ASSESSED IN QUESTIONS ABOVE MAKE A NOTE AND GO TO M108.					
M103	How many rooms are used for HIV/PMTCT counseling and related issues?				
M104	INTERVIEWER: GO TO WHERE COUNSELING AND TESTING TAKE PLACE.				
Counseling room(s)					
M105	Is there auditory privacy?	Yes, observed	1		
		Yes, but not observed	2		
		No	3		
M106	Is there visual privacy?	Yes, observed	1		
		Yes, but not observed	2		
		No	3		
M107	DESCRIBE THE SPACE: <i>where it is in the PN ward, is there enough space, is it clean, comfortable, etc.</i>				
Supplies: labor ward					
M108	Are the following PMTCT-related supplies available the labor ward? OBSERVATION OF SUPPLIES WILL TAKE PLACE AFTER COMPLETION OF TOOL.	Yes	No	Not applicable, not offered at site	
M108A	ARV prophylaxis for mothers	1	2	9	
M108B	HIV rapid test kits	1	2	9	
M108C	Lancets for rapid testing	1	2	9	
M109	How often do you run out of the following PMTCT supplies each month?	Never/ rarely (i.e.1 day a month)	A few times per month	Often	
M109A	ARV prophylaxis	1	2	3	
M109B	HIV rapid test kits	1	2	3	
M109C	Lancets for finger pricking	1	2	3	
Supplies: postnatal					
M110	Are the following PMTCT-related supplies available in the postnatal ward? OBSERVATION OF SUPPLIES WILL TAKE PLACE AFTER COMPLETION OF TOOL USING THE INVENTORY CHECKLIST.	Yes	No	Not applicable, not offered at site	
110A	ARV prophylaxis for mothers	1	2	9	
110B	ARV syrup for infants	1	2	9	
110C	HIV rapid test kits	1	2	9	
110D	Lancets for rapid testing	1	2	9	
110E	Condoms	1	2	9	
110F	IEC materials	1	2	9	

No.	Questions	Responses – Codes				Skip patterns
M110G	Family planning commodities	1	2	9		
M110H	Infant formula	1	2	9		
M110I	Cotrimoxazole prophylaxis	1	2	9		
M111	How often do you run out of the following PMTCT supplies each month?	Never/ rarely (i.e.1 day a month)	A few times per month	Often	Always	
M111A	ARV tablets for mothers	1	2	3	4	
M111B	ARV syrup for infants	1	2	3	4	
M111C	HIV rapid test kits	1	2	3	4	
M111D	Rapid test kit 1	1	2			
M111E	Rapid test kit 2	1	2			
M111F	Rapid test kit 3	1	2			
M111G	Lancets for finger pricking	1	2	3	4	
M111H	Needles and syringes	1	2	3	4	
M111I	Condoms	1	2	3	4	
M111J	IEC materials	1	2	3	4	
M111K	Family planning commodities	1	2	3	4	
M111L	Infant formula	1	2	3	4	
M111M	Cotrimoxazole prophylaxis	1	2	3	4	
Confidentiality						
Labor ward						
M112	Can clients/patients be identified as being seropositive in the labor ward?	Yes			1	M114
		No			2	
M113	If yes, describe how.					
M114	If no, what has been done to prevent this?					
M115	Does the site have a written policy on confidentiality?	Yes			1	
		No			2	
M116	Describe the system in place to protect confidentiality. (<i>For example, are files kept in a locked filing cabinet, is a system in place to protect confidential computerized information?</i>)					
M117	Has any of the following staff received specific guidance about the importance of confidentiality?	Yes		No		
M117A	Health services providers	1		2		
M117B	Laboratory staff	1		2		
M117C	Counselors	1		2		
M117D	Receptionists	1		2		
M117E	Ancillary staff (<i>e.g., cleaners, drivers, etc.</i>)	1		2		
M117F	Others (specify).....	1		2		
Postnatal ward						
INTERVIEWER: IF THIS HAS ALREADY BEEN ASSESSED IN THE LABOR WARD GO TO M124 .						
M118	Can clients/patients be identified as being seropositive in the prenatal ward?	Yes			1	M120
		No			2	
M119	If yes, describe how.					
M120	If no, what has been done to prevent this?					

No.	Questions	Responses – Codes	Skip patterns
M121	Does the site have a written policy on confidentiality?	Yes 1 No 2	
M122	Describe the system in place to protect confidentiality. (For example, are files kept in a locked filing cabinet, is a system in place to protect confidential computerized information?)		
M123	Has any of the following staff received specific guidance about the importance of confidentiality?	Yes No	
M123A	Health services providers	1 2	
M123B	Laboratory staff	1 2	
M123C	Counselors	1 2	
M123D	Receptionists	1 2	
M123E	Ancillary staff (e.g., cleaners, drivers)	1 2	
M123F	Others (specify).....	1 2	
Administration of ARVs			
M124	Do you offer NVP for PMTCT at the L&D?	Yes 1 No 2	M133
M125	Is NVP universally provided or only offered to women who are counseled and/or tested (targeted provision)?	Universal provision 1 Targeted provision 2	
M126	What is your policy on offering ARV prophylaxis in the following situations?		
M126A	Women at the L&D disclose their HIV-positive status but don't have their PMTCT card or ARV, or were not tested through the PMTCT service.	Provide NVP without test for confirmation 1 Perform rapid test to confirm serostatus 2 Only women with PMTCT card can get the NVP 3 Other (specify) 4	
M126B	Women at the L&D have not been tested for HIV or do not know their serostatus but wish to have the NVP.	Provide NVP without test for confirmation 1 Perform rapid test to obtain serostatus 2 Only women with PMTCT card can get the NVP 3 Provide NVP only to infant 4	
M127	How do you identify if a woman is HIV-positive and requires NVP administration, if she does not disclose? (i.e., does she have a card identifying serostatus, etc?)		
HMIS			
Labor ward			
M128	Do you record the number of pregnant women who receive PMTCT Services?	Yes 1 No 2 Service not provided 3	M133 M133
M129	Where do you record this information?	In the general L&D register 1 In a separate register for PMTCT 2	
M130	May I please see the register?	Register seen 1 Register not seen 2	M133
M131	INTERVIEWER: DESCRIBE REGISTER. ARE NAMES RECORDED OR ARE WOMEN PROVIDED A CODE? STRENGTHS & WEAKNESSES		

No.	Questions	Responses – Codes		Skip patterns
M132	Are the following data recorded? INTERVIEWER: THIS CAN ALSO BE DONE LOOKING AT THE REGISTER.			
		Yes	No	
M132A	The number of pregnant women who received pre-test counseling for HIV	1	2	
M132B	The number of pregnant women tested for HIV	1	2	
M132C	The number of pregnant women who returned for their HIV results	1	2	
M132D	The number of pregnant women who were given post-test counseling	1	2	
M132E	The number of pregnant women who tested positive for HIV	1	2	
M132F	The number of pregnant women receiving ARV therapy for PMTCT	1	2	
Postnatal ward				
M133	Do you record the number of pregnant women who receive PMTCT-related services?	Yes No Service not provided	1 2 3	M137 M137
M134	Where do you record this information?	In the general L&D register In a separate register for PMTCT	1 2	
M135	May I please see the register?	Register seen Register not seen	1 2	
M135A	INTERVIEWER: DESCRIBE REGISTER. ARE NAMES RECORDED OR ARE WOMEN PROVIDED A CODE? STRENGTHS & WEAKNESSES			
M136	Do you record the following:	Yes	No	
M136A	Number of babies receiving ARV dose for PMTCT	1	2	
M136B	Number of babies followed up	1	2	
M136C	Do you record the number of PMTCT clients who receive infant formula?	1	2	
M136D	Do you record the number of PMTCT clients who are provided or referred for family planning services	1	2	

SECTION III. POSTNATAL SERVICES AND FOLLOW-UP

No.	Questions	Responses – Codes	Skip patterns
Postnatal PMTCT services			
M137	Do you have a written policy on neonatal care and HIV?	Yes 1 No 2	M140
M138	May I please see a copy?	Copy seen 1 Copy not seen 2	
M139	Which of the following are available for infants born to seropositive mothers?	Yes No	
M139A	ARV syrup for PMTCT	1 2	
M139B	Cotrimoxazole prophylaxis	1 2	
M139C	Immunization (BCG and polio 0)	1 2	
M139D	Other services or intervention _____	1 2	
Mother-infant follow-up			
M140	Do the majority of women who deliver here return for well-baby visits?	Yes 1 No 2	M142
M141	Approximately what proportion of women delivering at this site return here for well-baby care?		
M142	Do you have a written policy or protocol for the follow-up of HIV-positive mothers and exposed infants?	Yes 1 No 2	
M143	Please describe how you monitor and track your PMTCT clients and infants to avoid loss-to-follow-up.		
M144	Are ongoing counseling services available specifically for seropositive women and their families?	Yes 1 No 2	M146
M145	Please describe.		
M146	Is growth monitoring performed at this site?	Yes 1 No 2	M148
M147	IF YES, INTERVIEWER ASK TO LOOK AT A SAMPLE OF WELL-BABY CARDS.	Well-baby card seen 1 Well-baby card not seen 2	
M148	Do you provide any clinical management of pediatric HIV?	Yes 1 No 2	
M149	Do you perform HIV testing of infants born to seropositive mothers?	Yes 1 No 2	M153
M150	Which tests? PCR, antibody tests, or both?	PCR 1 Antibody 2 Both 3	
M151	At what age are children tested using either the PCR and/or antibody test?	PCR _____ Antibody _____	
M152	Please describe any challenges and successes at following up mother-infant pairs		
Infant feeding counseling			
M153	Do you have a written policy on infant feeding counseling and HIV?	Yes 1 No 2	M156
M154	May I please see a copy?	Copy seen 1 Copy not seen 2	
M155	Please describe this policy.		

No.	Questions	Responses – Codes		Skip patterns
M156	Do women receive counseling about infant feeding options?	Yes	1	M159 M157
		No	2	
M157	Do you have plans to provide such counseling in the near future?	Yes	1	M158
		No	2	
M158	Please describe these plans in more detail.			
M159	Who provides infant feeding counseling?	Dedicated PMTCT project counselors	1	
		MCH/maternity staff	2	
		Other _____	3	
M160	What is the average length of time for a session in minutes?	Average length of time per session in minutes _____		
M161	Is a checklist used for infant feeding counseling?	Yes	1	
		No	2	
M162	May I please see a copy?	Copy seen	1	
		Copy not seen	2	
M163	Specify if all women or a portion of women receive infant feeding counseling.	For all women regardless of serostatus	1	
		For all seropositive women only	2	
		For some HIV-positive (specify %) _____	3	
M164	What infant feeding options are available for seropositive women?	Exclusive breastfeeding and early cessation	1	
		Wet nursing	2	
		Formula	3	
		Milk banks	4	
		Expressed and heat treated milk	5	
		Home-prepared formula made from modified animal mil	6	
		Other method _____	7	
M165	Do you provide infant formula for seropositive women at the site?	Yes	1	M167
		No	2	
M166	Specify if formula is free or subsidized for women.	Yes	No	
M166A	Free for all women	1	2	
M166B	Free for some women	1	2	
M166C	Subsidized for all women	1	2	
M166D	Subsidized for some women	1	2	
M167	What is the most common method of choice?	Exclusive breastfeeding for six months with abrupt cessation	1	
		Formula feeding	2	
		Other (Specify) _____	3	
M168	Do women receive follow-up infant feeding counseling and support (<i>i.e., for breast infections, support for infant feeding choice etc.</i>)?	Yes	1	M170
		No	2	
M169	What type of support is provided?	Yes	No	
M169A	Outreach/home visits	1	2	
M169B	Partner/family sensitization activities	1	2	
M169C	Ongoing counseling	1	2	
M169D	Management of problems associated with breastfeeding (<i>i.e., mastitis</i>)	1	2	
M169E	Other _____	1	2	

No.	Questions	Responses – Codes		Skip patterns
M170	What is done to avoid spillover of infant feeding practices into the community? (For example, infant formula)			
Nutritional counseling for postnatal ward				
M171	Do women receive counseling about nutrition?	Yes No	1 2	M173
M172	Specify if all women or portion receive nutrition counseling.	For all women For all seropositive women For some (specify %) _____	1 2 3	
Family planning counseling				
M173	Do women receive counseling about family planning options?	Yes No	1 2	M178
M174	Specify if all women or portion receive family planning counseling	For all women regardless of serostatus For all seropositive women only For some HIV-positive (specify %) _____	1 2 3	
M175	Where is family planning counseling provided?	Yes No In the postnatal ward In the family planning unit Other (Specify) _____	1 2 1 2 1 2	
M176	Who provides family planning counseling for HIV-positive women?	PMTCT Project counselors MCH staff trained in PMTCT Other MCH/ANC staff	1 2 3	
M177	Please describe the referral system between the family planning unit and the PMTCT program.			
<p>INTERVIEWER: THE FOLLOWING QUESTIONS SHOULD BE COMPLETED EITHER BY THE PERSON IN CHARGE (OR MOST KNOWLEDGEABLE) OF THE FAMILY PLANNING UNIT, <i>IF FAMILY PLANNING COUNSELING IS PROVIDED TO HIV-POSITIVE WOMEN AT THE FP UNIT</i> OR BY THE CURRENT RESPONDENT(S) (POSTNATAL SITE MANAGER, PMTCT PROJECT COORDINATOR). NOTE: IF ALREADY ANSWERED IN ANC TOOL, GO TO M184.</p>				
M178	Have family planning counselors received orientation or training on the PMTCT program?	Yes No	1 2	
M179	What specific methods are offered to HIV-positive and HIV-negative women? CIRCLE ALL THAT APPLY.			
M179A	Natural methods	HIV-positive Yes 1 No 2	HIV-negative Yes 1 No 2	
M179B	Exclusive breastfeeding counseling (LAM)	Yes 1 No 2	Yes 1 No 2	
M179C	Condoms	Yes 1 No 2	Yes 1 No 2	
M179D	The pill (combined or progestin only)	Yes 1 No 2	Yes 1 No 2	
M179E	IUD	Yes 1 No 2	Yes 1 No 2	
M179F	Injectable	Yes 1 No 2	Yes 1 No 2	
M179G	Norplant	Yes 1 No 2	Yes 1 No 2	
M179H	Diaphragm	Yes 1 No 2	Yes 1 No 2	

No.	Questions	Responses – Codes			Skip patterns
M179I	Spermicide	Yes 1	Yes 1		
		No 2	No 2		
M179J	Female sterilization	Yes 1	Yes 1		
		No 2	No 2		
M180	What is the most commonly method used by HIV-positive women?	Condoms		1	
		Pills		2	
		IDU		3	
		Injectables		4	
		Norplant		5	
		LAM		6	
		Naturel method		7	
		Female sterilization		8	
		Diaphragm		9	
		Others (specify) _____		10	
M181	What method is most commonly used by HIV-negative women?	Condoms		1	
		Pills		2	
		IDU		3	
		Injectables		4	
		Norplant		5	
		LAM		6	
		Naturel method		7	
		Female sterilization		8	
		Diaphragm		9	
		Others (specify) _____		10	
M182	Do you refer family planning clients to the PMTCT service?	Yes		1	
		No		2	
Referrals					
M183	Do you provide or refer for any of the following HIV care and support services? Please say whether you provide the service at the postnatal ward/well-baby clinic or refer for the service, or if you don't know if the service exists or not.	Yes, provide service	No service, refer	No service, no referral	
M183A	Treatment of OIs	1	2	3	
M183B	Preventive therapy for TB/OIs	1	2	3	
M183C	Highly Active Antiretroviral Therapy (HAART)	1	2	3	
M183D	Pediatric AIDS Care	1	2	3	
M183E	Management of sexually transmitted infections (STIs)	1	2	3	
M183F	TB/Chest clinic	1	2	3	
M183G	Emotional/psychological support	1	2	3	
M183H	Post-test clubs/PLHA support groups	1	2	3	
M183I	Spiritual/religious groups	1	2	3	
M183J	Home-based care	1	2	3	
M183K	Material/food support	1	2	3	
M183L	Income generating activities (i.e., microcredit)	1	2	3	
M183M	Legal services	1	2	3	
M183N	OVC support	1	2	3	
M183O	Traditional healers	1	2	3	
M183P	TBAs/TTMs	1	2	3	

No.	Questions	Responses – Codes			Skip patterns
M184	Do you provide the following services or referrals to women testing negative at the ANC?	Provide Service	No service, but refer	No service, no referral	
184A	Family planning	1	2	3	
184B	Ongoing counseling	1	2	3	
184C	Couple counseling	1	2	3	
184D	Promotion of condoms	1	2	3	
184E	STI services	1	2	3	
184F	Other services _____	1	2	3	
M185	Do you have a directory or list of referral services ?	Yes No		1 2	M188
M186	May I please see a copy.	Copy seen Copy not seen		1 2	
M187	Please describe how your referral system works and any problems or successes (<i>i.e., do you provide a slip and contact information or are referrals done informally? Do clients seek out the referral service and come back; can you follow-up with your referrals, etc.</i>).				
M188	Do you feel there are adequate referral services available, particularly for the needs of HIV-positive women?	Yes No		1 2	M191
M189	Why?				
Outreach activities and partnerships					
Outreach activities					
M190	Are there any outreach activities with Traditional Birth Attendants (TBAs)?	Yes No		1 2	M193
M191	Please describe your outreach activities with TBAs				
Partnerships					
M192	Do you have any formal partnerships with the following?	Yes		No	
M193	TBAs Community health workers AIDS service organizations/CBOs PLHA support groups Income generation activities Other _____	1 1 1 1 1 1		2 2 2 2 2 2	
M194	Do you have any partnerships with other PMTCT programs in the catchment area?	Yes No		1 2	M197
M195	Please describe these partnerships with other PMTCT programs.				
M196	Do you have any partnerships or linkages with other facilities where HIV-positive women may seek ANC services or go for delivery?	Yes No		1 2	M199
M197	Please describe how these partnerships or linkages work.				

No.	Questions	Responses – Codes	Skip patterns
Communication and promotion of PMTCT service			
Now I would like to ask you a few questions about how you are promoting the service to your clients and the community.			
Health talks			
M198	Are general health talks provided at the postnatal ward/well-baby clinic?	Yes 1 No 2	M211
M199	Who receives general health talks?	All women 1 Some women 2	
M200	How often are they provided?	Every day 1 Every 3-5 days 2 Every 2 days 3 Once a week 4 Other _____ 5	
M201	What is the normal duration of health talks in minutes?	Duration of minutes	
M202	Are health talks provided for husbands/partners?	Yes 1 No 2	M206
M203	If yes, for all husbands/partners or some?	All 1 Some (specify) _____ 2	
M204	How often are health talks for husbands/partners conducted?	Every day 1 Every 3-5 days 2 Every 2 days 3 Once a week 4 Other _____ 5	
M205	Do you provide health talks on MTCT and HIV?	Yes 1 No 2	M210
M206	How often are these talks provided?	Every day 1 Every 3-5 days 2 Every 2 days 3 Once a week 4 Other _____ 5	
M207	Do all women or some women receive the MTCT talks?	All women at the postnatal ward/well-baby clinic 1 For some women (Specify) _____ 2	
M208	How often do you promote the PMTCT intervention?	In all general health talks 1 In some of the general health talks 2 Only when discussing PMTCT or other HIV-related issues 3	
M209	Are HIV-related topics covered at the same time as general ANC/MCH topics?	Yes 1 No 2	M212
M210	Who conducts the PMTCT/HIV-related health talks?	ANC/MCH staff 1 HIV-positive women/PLHA 2 Other _____ 3	
IEC materials			
M211	Do you have any IEC materials in the postnatal ward?	Yes 1 No 2	
M212	Do you have IEC materials for the PMTCT intervention?	Yes 1 No 2	
M213	Do you have IEC materials on other HIV-related issues?	Yes 1 No 2	M216

No.	Questions	Responses – Codes	Skip patterns
M214	ASK TO SEE IEC MATERIALS AND NOTE IN NEXT COLUMN TOPICS COVERED AND STRENGTHS & WEAKNESSES OBSERVED.		
Community sensitization and promotion of service			
M215	Do you advertise or promote the PMTCT intervention in any way to the community?	Yes 1 No 2	M220
M216	If yes, please describe some of the activities you are carrying out to sensitize the community to the intervention.		
M217	What other avenues are used or exist for the promotion of PMTCT (<i>i.e., TBAs, CHWs, church leaders, etc.</i>)?		
M218	In your opinion, what are some of the challenges to increasing community awareness?		

SECTION IV. HUMAN RESOURCES TRAINING

No.	Questions	Responses – Codes	Skip patterns
Providers/type of providers PROVIDERS INCLUDE THOSE WORKING IN L&D, POSTNATAL CARE, FP, WELL-BABY.			
Providers in labor/delivery ward			
M219	Total number of providers providing L&D services by provider type	Health workers/clinical officer # ____ Midwives # ____ Nurses # ____ Doctors # ____ Laboratory staff # ____ Counselors # ____ Other _____ # ____	
M220	How many of your L&D providers have been trained for PMTCT service provision?	Health workers/clinical officer # ____ Midwives # ____ Nurses # ____ Doctors # ____ Laboratory staff # ____ Counselors # ____ Other _____ # ____	
M221	Number of staff trained in:	Staff trained in VCT/MTCT # ____ Staff trained in nutrition/MTCT # ____ Staff trained in infant feeding/MTCT # ____	
M222	How has the workload for your staff in the L&D changed since the beginning of the PMTCT service?		
M223	Is there a written policy concerning needle stick injuries?		
M224	Are the following available for health staff following accidental exposure?	Yes No _____	
M224A	Confidential counseling	1 2	
M224B	Confidential testing	1 2	
M224C	ARVs (PEP)	1 2	
Providers in postnatal ward/well-baby clinic IF PROVIDERS ARE THE SAME AND THIS HAS BEEN ASSESSED ABOVE, GO TO M229.			
M225	Total number of providers providing postnatal/child-welfare services by provider type	Health workers/clinical officer # ____ Midwives # ____ Nurses # ____ Doctors # ____ Laboratory staff # ____ Counselors # ____ Other _____ # ____	
M226	How many of your postnatal/child welfare providers have been trained for PMTCT service provision?	Health workers/clinical officer # ____ Midwives # ____ Nurses # ____ Doctors # ____ Laboratory staff # ____ Counselors # ____ Other _____ # ____	
M227	Number of staff trained in:	Staff trained in VCT/MTCT # ____ Staff trained in nutrition/MTCT # ____ Staff trained in infant feeding/MTCT # ____	
M228	How has workload for staff in postnatal ward/well-baby clinic changed since start of the PMTCT service?		

No.	Questions	Responses – Codes		Skip patterns
	PMTCT service?			
M229	Is there a written policy concerning needle stick injuries?			
M230	Are the following available for health staff following accidental exposure?	Yes	No	
M230A	Confidential counseling	1	2	
M230B	Confidential testing	1	2	
M230C	ARVs (PEP)	1	2	
Training staff				
M231	Has this site specifically sought out training for staff in an accredited institution in the following areas?	Yes	If yes, average length of training and number of providers trained	No
M231A	HIV counseling	1	Length _____ # trained _____	2
M231B	HIV testing	1	Length _____ # trained _____	2
M231C	Administering the MTCT intervention	1	Length _____ # trained _____	2
M231D	Infant feeding counseling	1	Length _____ # trained _____	2
M231E	Management of STIs	1	Length _____ # trained _____	2
M231G	Other HIV-related issues Specify _____	1	Length _____ # trained _____	2

SECTION V. MANAGEMENT

No.	Questions	Responses – Codes	Skip patterns
M232	Is there a formal system in place to provide supervision for providers in the VCT/MTCT program?	Yes 1 No 2	M235
M233	If yes, describe please describe this system.		
M234	Is there a designated VCT/MTCT supervisor to provide support and technical back up?	Yes 1 No 2	M237
M235	If yes, who provides?	Support _____ Supervision _____	
M236	Is there a counselor support group?	Yes 1 No 2	
M237	Are meetings between supervisors and counselors held?	Yes 1 No 2	M240
M238	If yes, how often?	Weekly 1 Every other week 2 Once a month 3 Once every few months 4	
Updating knowledge			
M239	Is there a formal mechanism in place to provide updates of information on VCT/MTCT for staff?	Yes 1 No 2	APPENDIX
M240	If yes, please describe.		

FAMILY HEALTH INTERNATIONAL (FHI)
 INSTITUTE FOR HIV/AIDS
 PMTCT ASSESSMENT TOOL

LABORATORY ASSESSMENT TOOL

001 Code of facility

002 Country _____

003 District _____

004 Name of facility _____

005 Location (01=urban; 02=rural; 03=semi-urban)

006 Type of facility (01=central referral hospital; 02=referral hospital; 03=district hospital; 04=private/mission hospital; 05=private/mission clinic; 06=health center/clinic)

007 Type of sector (01=Government; 02=Mission; 03=Private; 04=Other NGO)

008 Department/unit (01=ANC/MCH; 02=maternity ward; 03=postpartum; 04=VCT; 05=Other _____)

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

Result codes: Completed 1; Respondent not available 2; Refused 3; Partially completed 4; Other 5.

Introduction

Hello. My name is _____.

I am here to conduct an initial assessment of the Prevention of Mother-to-Child Transmission Call to Action Sites. We would like to ask you a few questions about your training, your involvement in the PMTCT intervention and your knowledge about MTCT.

We would also like to ask your opinion of the PMTCT service in general.

This is not a test; there are no right or wrong answers.

I realize how limited your time is and I greatly appreciate your taking the time to speak with me. Do you have any questions for me?

continued on next page

Instructions for interviewer

This tool should be administered to the person in charge of laboratory services or those most closely involved with HIV testing. You should also involve other lab staff as much as possible to ensure that this is a participatory and learning process.

- PMTCT sites are not established according to one identified “model”. Each PMTCT intervention is designed according to the context of the country and the existing MCH/ANC services. Some sites will be providing all PMTCT-related services at the MCH/ANC – a “one-stop shop”; others may provide counseling at the ANC and testing at the laboratory, or even at an already existing VCT unit. You will therefore need to be flexible. You may need to visit different departments and interview several respondents to obtain all the information presented in this tool. When necessary, you will find instructions to facilitate this process.

This interview is to be conducted with the person in charge of the laboratory where HIV testing is provided.

No.	Questions	Responses – Codes	Skip patterns
HIV testing services and protocols			
First, I would like to ask a few questions about the HIV testing services here at the laboratory.			
LAB1	Do you provide HIV testing in general?	Yes No	1 2 LAB13
LAB2	What type of HIV tests does your laboratory perform?	Yes No ELISA Rapid tests Western blot Other _____	1 2 1 2 1 2 1 2
LAB3	Do you provide HIV testing of pregnant women for PMTCT?	Yes No	1 2
LAB4	What type of HIV testing does your laboratory perform for pregnant women?	Yes No ELISA Rapid tests Western blot Other _____	1 2 1 2 1 2 1 2
LAB5	Do you have an HIV testing protocol?	Yes No	1 2 LAB7
LAB6	If no protocol, please describe your HIV testing procedures.		
LAB7	If yes, please describe your HIV testing protocol (<i>Probe: first test, second test, tie breaker</i>). Ask first.		
LAB8	Interviewers: ask to see a copy of the HIV testing protocol or guideline (<i>Probe: this could also be included in a guideline on voluntary counseling and testing–VCT</i>)	Copy seen Copy not seen	1 2
LAB9	Does your HIV testing protocol or procedures follow the national guidelines on HIV testing?	Yes No Don't know There are no national guidelines	1 2 3 4
LAB10	What is the time interval between receiving the sample and the results being available? CIRCLE IF THE TIME IS IN MINUTES, HOURS, DAYS OR WEEKS.	__ __ _____ minutes / hours / days / weeks	
LAB11	Do you have quality control/assurance mechanisms for HIV testing?	Yes No	1 2 LAB14
LAB12	Please describe your mechanisms for quality control/assurance of HIV testing.		
LAB13	Interviewers: ask to see a copy of the HIV testing QA protocol or guideline.	Copy seen Copy not seen	1 2
LAB14	Do you perform syphilis testing at your laboratory? If yes, what type syphilis tests are you doing? (Please specify)	Yes No	1 2 LAB17

No.	Questions	Responses – Codes			Skip patterns
LAB15	Do you have quality control/assurance mechanisms for syphilis testing?	Yes		1	
		No		2	
LAB16	Please describe your mechanisms for quality control of syphilis testing.				
LAB17	Do you perform polymerase chain reaction (PCR)?	Yes		1	LAB21
		No		2	
LAB18	Do you have quality control/assurance mechanisms for PCR	Yes		1	LAB21
		No		2	
LAB19	Please describe your mechanisms for quality control/assurance of PCR.				
LAB20	Where is quality control of PCR performed?				
Equipment, supplies and conditions					
LAB21	Are the following supplies and conditions available? OBSERVE IF SUPPLIES ARE AVAILABLE ON SITE. IF AVAILABLE AND ARE SEEN, MARK "YES"; IF REPORTED AVAILABLE BUT COULD NOT BE OBSERVED, MARK YES, NOT SEEN. OTHERWISE MARK "NO"	Yes	No	Yes but not seen	
	Disposable needles & syringes	1	2	3	
	Clean or sterile gloves	1	2	3	
	Sharps Box	1	2	3	
	Running water	1	2	3	
	Hand washing items (<i>soap or disinfectant</i>)	1	2	3	
LAB22	Do you have the following supplies for the testing procedures mentioned above? CIRCLE 9 ("N/A") IF TEST NOT PERFORMED.	Yes	No	Yes but not seen	N/A
	HIV rapid test kits	1	2	3	9
	ELISA tests	1	2	3	9
	Lancets for finger pricks	1	2	3	9
	Needles/Syringes	1	2	3	9
	Reagents and supplies for syphilis testing	1	2	3	9
	Supplies for PCR	1	2	3	9
Staffing and training					
	Now I would like to ask you a few questions about your human resources.				
LAB23	How many staff work in your laboratory?	__ __			
LAB24	How many of these staff have been trained in HIV rapid testing? In ELISA?	__ __ DK8 __ __ DK8			

No.	Questions	Responses – Codes	Skip patterns
LAB25	Have any of these staff been provided orientation on the PMTCT program in the facility?	Yes 1 No 2	LAB27
LAB26	If yes, how many	_ _	
LAB27	Do you feel you have adequate number of trained personnel to perform their HIV testing duties	Yes 1 No 2	
HMIS			
LAB28	Are all HIV test results recorded in a register at the laboratory?	Yes 1 No 2	LAB31
LAB30	Interviewer, look at the register and describe the information in the register.		
LAB31	Is there any data analysis system at the lab?	Yes 1 No 2	LAB33
LAB32	If yes, describe.		
Confidentiality practices			
LAB33	Does your laboratory have protocols or guidelines on maintaining confidentiality of HIV test results?	Yes 1 No 2	LAB36
LAB34	May I see a copy?	Copy seen 1 Copy not seen 2	
LAB35	Please describe how confidentiality of HIV testing is maintained at your laboratory.		
LAB36	Has your laboratory staff been provided training in confidentiality protocols for HIV testing?	Yes, all 1 Yes, some 2 None 3	
LAB37	Are you able to link sexual partners results with women results?	Yes 1 No 2	
LAB38	If registers of HIV test results are maintained, where are these registers kept? (<i>Probe: Are they kept in a locked cabinet, can others have access to them?</i>)		
LAB39	How are patients registered?	Names are recorded 1 Coding system used 2 Other (specify) 3	
Bio safety practices			
LAB 40	Do you have guidelines related to universal precautions in place?	Yes 1 No 2	
LAB 41	Do you have supplies for Universal Precautions	Yes 1 No 2	
LAB 42	Do you have guidelines on disposal of biohazardous material?	Yes 1 No 2	
LAB 43	Do procedures and guidelines PEP exist for lab personnel?	Yes 1 No 2	
LAB 44	Are ARV for PEP available for lab personnel?	Yes 1 No 2	

APPENDIX: INVENTORY CHECKLIST

This is to be conducted with the site manager and/or PMTCT project coordinator manager.

SECTION I. SUPPLIES

PLEASE OBSERVE IF THE FOLLOWING ITEMS EXIST ON THE DAY OF YOUR VISIT. CHECK THE APPROPRIATE BOX.					
	ITEM	Yes, observed	Write in quantity	Not available	Not provided at site
1. ANC supplies					
1A	Iron				
1B	Folic acid				
1C	Multivitamins				
1D	Vitamin A				
1E	Mebendazole (or other antihelminthics)				
1F	Malaria prophylaxis				
1G	Tetanus Toxoid immunizations				
1H	RPR tests VDRL tests Rapid syphilis tests				
1I	Drugs to treat syphilis				
2. Supplies for the PMTCT intervention					
		Yes, observed	Write in quantity	Not available	Not provided at site
2A	ARV prophylaxis				
2B	HIV rapid test kits Rapid test kit 1 Rapid test kit 2 Rapid test kit 3 (Tie Breaker)				
2C	Lancets for rapid testing				
2D	Infant formula				
2E	Condoms				
2F	IEC materials				
2G	Supplies and equipment for PCR				
3. Other supplies					
3A	Cotrimoxazole prophylaxis				
3B	ORS				
3C	Disposable needles				
3D	Clean gloves				
3E	Disinfectant for cleaning surfaces				

SECTION II. DATA COLLECTION RECORDS

Data Collection Records			
	ANC data	Number and percent	Comments (i.e. not recorded in register, differences in primipara or multi para, etc.)
4. Coverage ANC			
4A	Number and percentage (if feasible) of women in the catchment area or district attending ANC	# _____ %	
4B	Number and percentage of pregnant women booking before 12 weeks	# _____ %	
4C	Number and percentage of pregnant women booking before 28 weeks	# _____ %	
4D	Number and percentage of women booking before 36 weeks	# _____ %	
5. Number of visits ANC			
5A	Number and percentage of women having at least 1 ANC visit	# _____ %	
5B	Number and percentage of women having at least 2 ANC visits	# _____ %	
5C	Number and percentage of HIV-positive women who had at least 2 visits	# _____ %	
5D	Number and percentage of women having at least 4 ANC visits	# _____ %	
5E	Number and percentage of HIV-positive women who had at least 4 visits	# _____ %	
Labor and delivery			
6. Coverage labor and delivery			
6A	Number and percentage of women delivering in health facilities	# _____ %	
6B	Number and percentage of women attending this ANC who return to deliver at this facility	# _____ %	
6C	Number and percentage of women coming to this facility to deliver, who attended the ANC at this site	# _____ %	
6D	Number and percentage of HIV-positive women receiving PMTCT services at this ANC returning to deliver at this facility	# _____ %	
6E	Number and percentage of HIV-positive women receiving PMTCT services at this ANC delivering at other facilities	# _____ %	
Delivery			
6F	Number and percentage of women who deliver two hours or less after admission	# _____ %	
6G	Number of women who deliver 3-12 hours after admission	# _____ %	
6H	Number and percentage of women who deliver more than 24 hours after admission	# _____ %	
7. Obstetric practices			
PLEASE NOTE ANY DIFFERENCES IN OBSTETRIC PRACTICES FOR PRIMIPARA AND MUL-TIPARA WOMEN.			
7A	Number and percentage of women who have artificial rupture of membranes (ARMs)	# _____ %	
7B	Number and percentage of women who have monitoring with fetal scalp electrodes	# _____ %	

7C	Number and percentage of women who have episiotomies	# _____ %	
7D	Number and percentage of women who have emergency C-section	# _____ %	
7E	Number and percentage of women who had elective C-section.	# _____ %	
8. Postnatal			
Postnatal ward			
8A	Number and percentage of women who spend 1-3 hours after delivery on the postnatal ward	# _____ %	
8B	Number and percentage of women who spend 3-12 hours after delivery on postnatal ward	# _____ %	
8C	Number and percentage of women who spend 12-24 hours after delivery on the postnatal ward	# _____ %	
8D	Number and percentage of women who spend >24 hours after delivery on the postnatal ward	# _____ %	
Immunization coverage			
8E	Number and percentage of women attending ANC at this site who return here for first immunization schedule	# _____ %	
8F	Number and percentage of women attending ANC at this site who complete their immunization schedule	# _____ %	
8G	Number and percentage of women delivering here who bring their infants for well-baby visits here	# _____ %	
9. PMTCT			
VCT at ANC			
9A	Number of new ANC clients	# _____ %	
9B	Number and percentage of clients who had pre-test counseling	# _____ %	
9C	Number and percentage of clients who were tested for HIV	# _____ %	
9D	Number and percentage of clients who refused testing	# _____ %	
9E	Number and percentage of clients who returned for their results	# _____ %	
9F	Number and percentage of clients who received post-test counseling	# _____ %	
9G	Number and percentage of clients who test positive	# _____ %	
9H	Number and percentage of clients who have received ongoing counseling	# _____ %	
9I	VCT at labor ward		
9J	Number and percentage of women delivering at this facility who were tested for HIV during labor	# _____ %	
9K	Number and percentage of women delivering at this facility who did not receive PMTCT services and who were provided pre-test counseling at labor ward	# _____ %	
9L	Number and percentage of women delivering at this facility who were provided post-test counseling after delivery	# _____ %	
9M	Number and percentage of clients who are referred to other services	# _____ %	

ARVs			
9N	Number and percentage of HIV-positive clients who were provided ARV prophylaxis	Wk 28 # _____ % Wk 26 # _____ %	
9O	Number and percentage of clients who received ARV prophylaxis at delivery	# _____ %	
9P	Number of babies given ARV within recommended time (<i>i.e.</i> , 72 hours for NVP)	# _____ %	
Infant feeding counseling			
9Q	Number and percentage of seropositive women using infant formula	# _____ %	
9R	Number and percentage of seronegative women using infant formula	# _____ %	
9S	Number and percentage of seropositive women choosing to exclusively breastfeed with abrupt cessation	# _____ %	
10. Family planning			
10A	Number and percentage of seropositive women who are provided or referred for family planning services	# _____ %	
10B	Number and percentage of seropositive women who receive condoms	# _____ %	
10C	Number and percentage of seropositive women who receive IUD	# _____ %	
10D	Number and percentage of seropositive women who receive oral hormonal contraceptive pill	# _____ %	
10E	Number and percentage of seropositive women who receive injectable hormone	# _____ %	
10F	Number and percentage of seropositive women who receive sterilization	# _____ %	
11. Follow-up of mother-infant pair			
11A	Number and percentage of babies born to HIV-positive mothers followed up	# _____ %	
11B	Number and percentage of babies tested for HIV using PCR	# _____ %	
11C	Number and percentage of HIV-positive babies	# _____ %	
11D	Number and percentage of infants tested for HIV at 18 months	# _____ %	
11E	Number and percentage of babies born to HIV-positive mothers provided cotrimoxazole prophylaxis	# _____ %	
11F	Number and percentage of babies born to HIV-positive mothers who receive Vitamin A supplement	# _____ %	
11G	Number and percentage of seropositive women who receive the following methods:	Condoms # _____ % IUD # _____ % Oral hormonal contraceptive pill # _____ % Injectable hormones # _____ % Sterilization # _____ % Others (specify) _____	
11H	Number and percentage of seronegative women who receive the following methods:	Condoms # _____ % IUD # _____ % Oral hormonal contraceptive pill # _____ % Injectable hormone # _____ % Sterilization # _____ % Others (specify) _____ # _____ %	

Instructions for interviewer

This tool should be administered to staff involved in the PMTCT intervention, as well as staff working in the MCH/ANC, maternity and postnatal ward. It should be administered face-to-face, to the extent feasible, to ensure quality of responses and understanding of questions.

If more than one answer is acceptable, make sure to probe by asking “anything else?”. You will find instructions in the instrument when this is required.

SECTION I. PROVIDER BACKGROUND AND EXPERIENCE

No.	Questions	Responses - Codes	Skip patterns
HW1	What is your current job(s) in the facility? DO NOT READ RESPONSES. PROBE. CHECK ALL THAT APPLY.	Physician/Clinical officer1 Nurse.....2 Midwife.....3 Trained counselor/Psychologist4 Lay counselor5 Nutritionist6 Technical officer.....7 Other (please specify)8	
HW2	What type of basic training have you had? DO NOT READ RESPONSES. PROBE. CIRCLE ALL THAT APPLY.	Registered Nurse.....1 Registered midwife.....2 Enrolled nurse3 Enrolled midwife.....4 Clinical officer.....5 Medical doctor6 Counselor7 Nutritionist8 Social worker9 Other (please specify)10	
HW3	In which departments do you work? CIRCLE ALL THAT APPLY.	ANC1 Well-baby clinic.....2 Labor room.....3 Post-partum ward.....4 Family planning5 Other6 (Specify)_____	
HW4	If more than one department, in which department do you spend most of your time?	ANC1 Well-baby clinic.....2 Labor room.....3 Post-partum ward.....4 Family planning5 Other6 (Specify)_____	

SECTION II. PROVIDER KNOWLEDGE OF IMPACT

I would like to ask you a few questions about mother-to-child transmission of HIV.

No.	Questions	Responses - Codes	Skip patterns
HW5	When can HIV be passed from a mother to her child? DON'T READ RESPONSES, BUT PROBE. CIRCLE ALL THAT APPLY.	During pregnancy 1 During delivery 2 Through breastfeeding 3 Other (specify) _____ 4 Don't know 8	
HW6	What are the chances of an HIV-positive pregnant woman transmitting HIV to her baby?		
HW7	What are the chances of an HIV-positive breastfeeding woman transmitting HIV to her baby through breastfeeding?		
HW8	What are the factors that increase the risk of a woman transmitting HIV to her baby through breastfeeding? DO NOT READ RESPONSE. PROBE WITH "ANYTHING ELSE?" CIRCLE ALL THAT APPLY.	Recent infection with HIV 1 Severity of HIV infection 2 Obstetric procedures 3 Duration of breastfeeding 4 Exclusive breastfeeding 5 Mixed feeding 6 Condition of the breast 7 Other _____ 8	
HW9	What can women do to reduce the risk of HIV transmission during pregnancy? DO NOT READ RESPONSE. PROBE WITH "ANYTHING ELSE?" CIRCLE ALL THAT APPLY.	Take medicine 1 Use condom 2 Abstain from sex 3 Eat better 4 Seek antenatal care 5 Nothing 6 Other (specify) _____ 7	
HW10	What would you do if you got a dirty needle stick injury? DO NOT READ RESPONSES. PROBE WITH "ANYTHING ELSE?"	Squeeze finger and put it in JIK/spirit 1 Report to manager 2 Get an HIV test immediately 3 Get antiretrovirals or referral 4 Nothing 5 Don't know 6 Others _____ 8 Others _____ 9	

SECTION III. PROVIDER TRAINING

The following questions are related to any pre- or in-service (ongoing/on-the-job) training you may have had in ANC/MCH and PMTCT.

HW11	Have you received any training in the following areas?		RESPOND ONLY IF RECEIVED TRAINING IN AREA.		
			Please describe training. When was the last time you were trained? What was the length of training for each area?		How would you rate your training in each of these areas:
HW11A	Antenatal care	Yes 1 No 2	Year trained:	Length of training:	Very good 1 Pretty good 2 Not so good 3 Inadequate 4
HW11B	Child survival/IMCI	Yes 1 No 2	Year trained:	Length of training:	Very good 1 Pretty good 2 Not so good 3 Inadequate 4
HW11C	Basic counseling	Yes 1 No 2	Year trained:	Length of training:	Very good 1 Pretty good 2 Not so good 3 Inadequate 4
HW11D	VCT for the prevention of mother-to-child transmission (VCT for PMTCT)	Yes 1 No 2	Year trained:	Length of training:	Very good 1 Pretty good 2 Not so good 3 Inadequate 4
HW11E	HIV testing	Yes 1 No 2	Year trained:	Length of training:	Very good 1 Pretty good 2 Not so good 3 Inadequate 4
HW11F	Provision of antiretrovirals for PMTCT (i.e., provision of NVP or AZT)?	Yes 1 No 2	Year last trained:	Length of training:	Very good 1 Pretty good 2 Not so good 3 Inadequate 4
HW11G	Nutrition counseling	Yes 1 No 2	Year last trained:	Length of training:	Very good 1 Pretty good 2 Not so good 3 Inadequate 4
HW11H	Infant feeding counseling and support for HIV-positive women	Yes 1 No 2	Year last trained:	Length of training:	Very good 1 Pretty good 2 Not so good 3 Inadequate 4
HW11I	Optimal obstetric practices for HIV-positive women (i.e., avoidance of ARMs, episiotomies?)	Yes 1 No 2	Year trained:	Length of training:	Very good 1 Pretty good 2 Not so good 3 Inadequate 4
HW11J	Training in family planning service provision	Yes 1 No 2	Year trained:	Length of training:	Very good 1 Pretty good 2 Not so good 3 Inadequate 4

HW11K	Training in provision of PT for OIs in infants	Yes 1 No 2	Year trained: Length of training:	Very good.....1 Pretty good.....2 Not so good3 Inadequate.....4
HW11L	Training in universal precautions	Yes 1 No 2	Year trained: Length of training:	Very good.....1 Pretty good.....2 Not so good3 Inadequate.....4
HW11M	Training in record keeping practices for PMTCT services	Yes 1 No 2	Year trained: Length of training:	Very good.....1 Pretty good.....2 Not so good3 Inadequate.....4
HW11N	Training in counselor supervision	Yes 1 No 2	Year trained: Length of training:	Very good.....1 Pretty good..... 2 Not so good 3 Inadequate..... 4
HW12	Has the training made you feel prepared to provide patients information about MTCT and the PMTCT intervention?	Yes 1 No 2		
HW13	Are there any areas in which you have been trained where you feel you need more training?		Yes 1 No 2	

SECTION IV. SERVICE DELIVERY

No.	Questions	Responses – Codes	Skip patterns																																							
HW14	Are you directly involved in the PMTCT intervention?	Yes 1 No 2	HW19																																							
HW15	Please describe how you were selected to work in the PMTCT service.																																									
HW16	Were you involved at all in the planning, design, implementation, and monitoring of the PMTCT intervention?	Yes 1 No 2																																								
HW17	If yes, explain your involvement.																																									
HW18	Do you feel you have been pressured into providing PMTCT services? If so, why and how?																																									
HW19	Which of the following PMTCT-related services do you provide personally?	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Pre-test/post-test counseling</td> <td>1</td> <td>2</td> </tr> <tr> <td>HIV testing</td> <td>1</td> <td>2</td> </tr> <tr> <td>Ongoing counseling</td> <td>1</td> <td>2</td> </tr> <tr> <td>Nutrition counseling.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Family planning</td> <td>1</td> <td>2</td> </tr> <tr> <td>Obstetrics.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ARV for mother.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ARV for infant</td> <td>1</td> <td>2</td> </tr> <tr> <td>Infant feeding counseling</td> <td>1</td> <td>2</td> </tr> <tr> <td>Infant feeding support</td> <td>1</td> <td>2</td> </tr> <tr> <td>Infant follow-up</td> <td>1</td> <td>2</td> </tr> <tr> <td>Care for HIV-positive children.....</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	Pre-test/post-test counseling	1	2	HIV testing	1	2	Ongoing counseling	1	2	Nutrition counseling.....	1	2	Family planning	1	2	Obstetrics.....	1	2	ARV for mother.....	1	2	ARV for infant	1	2	Infant feeding counseling	1	2	Infant feeding support	1	2	Infant follow-up	1	2	Care for HIV-positive children.....	1	2	
	Yes	No																																								
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Infant follow-up	1	2																																								
Care for HIV-positive children.....	1	2																																								
HW20	For how long have you been providing PMTCT services?	Less than 6 months 1 6 months to one year 2 More than 1 year 3																																								
	REFER ABOVE IF RESPONDENT PROVIDES HIV COUNSELING (including infant feeding, pre- & post-test counseling, nutrition counseling, ongoing counseling). IF NOT GO TO HW32.																																									
HW21	For how long have you been doing HIV counseling for MTCT? <i>(NOTE: HIV counseling for MTCT includes infant feeding counseling, nutrition counseling, pre and post test counseling, and ongoing/follow-up counseling, for pregnant women)</i>	Less than 6 months 1 6 months to one year 2 More than one year 3																																								
HW22	How many hours per day do you do HIV counseling for MTCT?	_ _																																								
HW23	How many days per week do you do HIV counseling for MTCT?	_ _																																								
HW24	On average, how many clients do you see per day?	_ _																																								
HW25	Do you provide any ongoing counseling to HIV-negative women?	Yes 1 No 2																																								
	Infant feeding counseling FILTER: INTERVIEWER: IF INFANT FEEDING COUNSELING IS NOT PROVIDED, GO TO HW36.																																									
HW26	Do you feel adequately prepared to counsel HIV-positive women in infant feeding?	Yes 1 No 2	HW28																																							
HW27	If no, why not?																																									

No.	Questions	Responses – Codes	Skip patterns
HW28	What are some of the challenges you face when providing infant feeding counseling		
HW29	How do you maintain confidentiality of the HIV-status of your clients?		
HW30	Do you refer HIV-positive women to services outside your clinic?	Yes 1 No 2	HW31
HW31	Please describe how the referral system works and any strengths or weaknesses in the system.		
HW32	How many clients do you see in a day?	__ __	
	OBSTETRICS FILTER: REFER TO HW19 IF RESPONDENT PROVIDES OBSTETRIC CARE. IF NOT, GO TO SECTION 5 (PROVIDER SUPPORT AND SUPERVISION) AND READ INSTRUCTION.		
HW33	Do you deliver HIV-positive women?	Yes 1 No 2	HW34
HW34	Why not?		
HW35	Do you perform ARMs, episiotomies, and vaginal examination?	Yes 1 No 2	
HW36	Have you been instructed on safe obstetric practices for HIV-positive women?	Yes 1 No 2	HW37
HW37	If yes, for all women, some women?	For all women For multigravidas % _____ For primigravidas only % _____	
HW38	Do you know when a woman is HIV-positive without her disclosing her status?	Yes 1 No 2	
HW39	Please describe how you are able to know this.		

SECTION V. PROVIDER SUPPORT AND SUPERVISION

Providers involved in PMTCT service delivery only should answer the following questions. Otherwise, go to HW54.

No.	Questions	Responses – Codes	Skip patterns
HW39	Where do you get help if you need technical support? Please explain how often you require this and how this support helps you? <i>By technical support, we mean support with difficult counseling cases or information about recent advances in the area of MTCT.</i>		
HW40	Where do you get help if you need emotional support? Please explain how often you require this and how this support helps you? <i>By emotional support, we mean support for yourself when you have emotionally draining counseling cases.</i>		
HW41	Where do you get administrative support and supervision?		
HW42	Do you have access to a designated supervisor to provide you with support and who supervises your work?	Yes 1 No 2	HW44
HW43	How regularly do you meet with your designated counseling supervisor?	Every day 1 A few times a week 2 Once a week 3 Every 2 weeks or less 4	
HW44	Do you perform supervisory activities for the PMTCT related service?	Yes 1 No 2	HW46
HW45	Please describe your role as a supervisor (discuss specific supervisory activities you carry out, challenges, etc.).		

SECTION VI. PROVIDER ATTITUDE AND SATISFACTION

Provider Satisfaction

No.	Questions	Responses - Codes				Skip patterns	
HW46	ONLY STAFF INVOLVED IN PMTCT SERVICE DELIVERY SHOULD FILL OUT THIS SECTION.					HW48	
	Do you feel you are able to meet the needs of your clients?	Yes		1			
		No		2			
HW47	If not, explain						
HW48	Has your workload increased since the introduction of the PMTCT service?	Yes		1			
		No		2			
HW49	Describe any help or support you receive?						
HW50	Do you feel that you receive support from the hospital administration?	Yes, always/usually		1			
		Sometimes		2			
		Not usually/never		3			
HW51	What type of incentive(s) do you get for providing PMTCT services? DO NOT READ RESPONSES. PROBE WITH "ANYTHING ELSE?" CIRCLE ALL THAT APPLY.	Increased salary		1			
		Training		2			
		Status		3			
		Nothing		4			
		Other (specify) _____		5			
HW52	What are the most difficult problems you encounter in performing your job in providing PMTCT-related services? CIRCLE ALL MENTIONED. PROBE: ANYTHING ELSE?			Yes	No		
		Lack of supervision		1	2		
		Lack of feedback on job performance		1	2		
		Lack of training		1	2		
		Lack of supplies and/or stock		1	2		
		Inadequate facilities		1	2		
		Staff shortages		1	2		
		Too many patients		1	2		
		Poor working environment		1	2		
		Demoralized staff		1	2		
		Lack of time to do job		1	2		
		People don't use facility		1	2		
		Inadequate transport for patients		1	2		
		Inadequate salary		1	2		
		Security		1	2		
Other		1	2				
Specify _____							
HW53	Please indicate how you feel about each of the following statements:	Always	Often	Occasionally	Never		
		I feel emotionally drained by my work as a counselor in ANC/MCH services.	1	2	3	4	
		My work is very stressful.	1	2	3	4	
		My work is very rewarding.	1	2	3	4	
		My work environment is very stressful.	1	2	3	4	
		I learn something new in my work every day.	1	2	3	4	
		I feel isolated in my work.	1	2	3	4	
		I have problems communicating with my colleagues.	1	2	3	4	
		I can help my clients.	1	2	3	4	
I have no confidence in my clinical skills.	1	2	3	4			

Provider Attitudes

HW54. Please indicate how you feel about the following statements. Please respond using the following statements: Agree, Somewhat agree, Somewhat disagree or Disagree. Remember, there is no right or wrong answer.

Statement	Agree	Somewhat agree	Somewhat disagree	Disagree
The MTCT program is a very important service for women in this clinic.	1	2	3	4
There is not enough time to give to the MTCT program.	1	2	3	4
Providing MTCT services stops us from providing good antenatal services.	1	2	3	4
I do not like working with women with HIV because I worry about getting infected from them.	1	2	3	4

This is the end of the survey. Thank you very much. We really appreciate your taking the time to respond to these very important questions.

I realize how limited your time is and greatly appreciate you taking the time to speak with me.
Do you have any questions for me?

Instructions for interviewer

- Administer this tool to PMTCT clients after the exit, after she/he gets the service.
- If more than one answer is acceptable, make sure to probe by asking “anything else?”
You will find instructions in the instrument when this is required.

CLIENT EXIT INTERVIEW

No.	Questions	Responses – Codes	Skip patterns
CL1	How much time did you spend for your prenatal visit at this clinic today? RECORD TIME IN MINUTES	Time_____	
CL2	Would you say that the amount of time you spent was:	Too much 1 Just right (reasonable) 2 Too short 3	
CL3	Upon your arrival at the clinic did the staff offer you HIV counseling?	Yes 1 No 2	
CL4	How long did the nurse (or other staff) talk to you during the HIV counseling? RECORD TIME IN MINUTES	Time_____	
CL5	Is there anything you did not like during the discussion about HIV/AIDS?	Yes 1 No 2	CL7
CL6	If yes, please what is it?		
CL7	Would you have preferred that HIV/AIDS not be discussed during your antenatal visit?	Yes 1 No 2	
CL8	Why?		
CL9	Were you aware of the HIV counseling and testing service before coming to the clinic today?	Yes 1 No 2	
CL10	If yes , how did you know about it?		
CL11	Given that HIV testing is offered at this clinic, if you have a friend or a sister who is pregnant, would you refer her to this clinic?	Yes 1 No 2	CL13
CL12	If yes to CL11, why?		
CL13	If no to CL11, why not?		
CL14	Would you come back to this clinic for your care?	Yes 1 No 2	CL16
CL15	If yes to CL14, why?		
CL16	If no to CL14, why not?		
CL17	Was the provider friendly to you?	Yes 1 No 2	
CL18	Could you suggest three major things to be improved?		



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