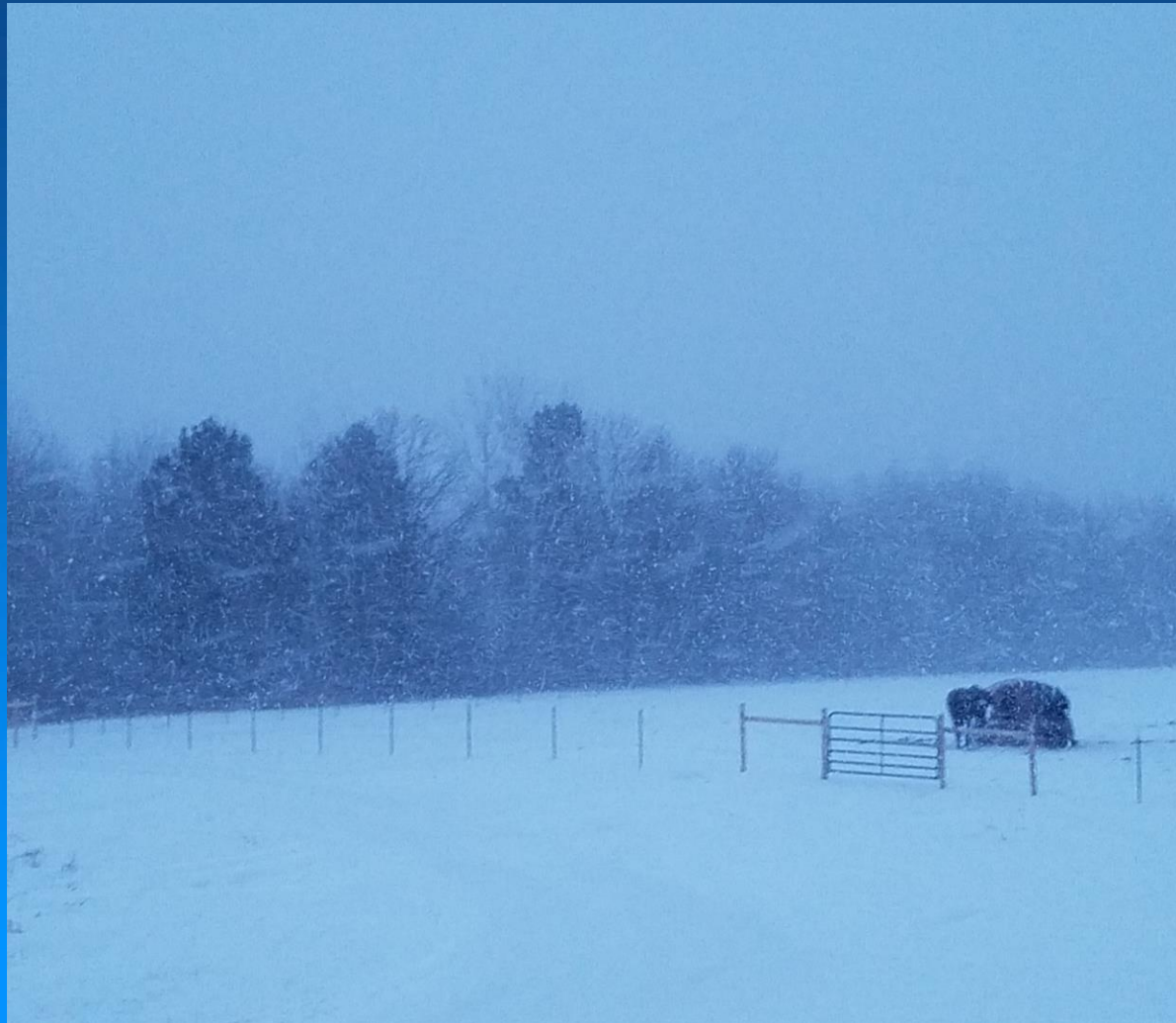


# ARC Project Evaluation of High-Volume Sites:

## Data Management for Endline Facility Assessment

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Emory University  
July 8, 2017*



# Purpose of the Facility Assessment

- **Identify key barriers** to the delivery of quality HIV services led by nurses and midwives
  - PMTCT services
  - Early infant diagnosis (EID), care for HEI
  - Pediatric and adolescent HIV care
- **Assess for before-after changes** in key nursing practice domains as related to QI projects

# Session Objectives

1. Review the timeline for the endline assessment
2. Review what forms are needed for the endline assessment
3. Examples of data submissions
4. Trouble shooting
  - Who to contact with questions

# Deadlines for Endline Assessment

- **July 17 - August 4:** Conduct data collection
- **August 7 - August 18:** Complete data management
- **August 30:** Submit financial report to Emory
- **September 1:** Submit data to Emory

# What should be submitted to Emory

- **Mod 1**

- 1 data form per facility if group interview was conducted, OR
- 1 data form per participant if individual in-depth interviews were conducted

- **Mod 2**

- 1 data form (excel sheet) OR separate scanned questionnaires









- **Mod 3**














- 1 data form per facility

# Data Submission from Baseline

What can be improved?

# Labels

-  Uganda Mod 1 Facility MGH Data form 1
-  Uganda Mod 1 Facility MGH Data form 2
-  Uganda Mod 1 Facility MRRH Data form 1
-  Uganda Mod 1 Facility MRRH Data form 2
-  Uganda Mod 1 Facility MRRH Data form 3
-  Uganda Mod 1 Facility NHCIV Data form 1
-  Uganda Mod 1 Facility NHCIV Data form 2
-  Uganda Mod 1 Facility NHCIV Data form 3

-  Lesotho Mod 2 Facility BDH Questionnaire 5
-  Lesotho Mod 2 Facility BDH Questionnaire 6
-  Lesotho Mod 2 Facility BDH Questionnaire 7
-  Lesotho Mod 2 Facility BDH Questionnaire 8
-  Lesotho Mod 2 Facility BDH Questionnaire 9
-  Lesotho Mod 2 Facility BDH Questionnaire 10
-  Lesotho Mod 2 Facility BDH Questionnaire 11
-  Lesotho Mod 2 Facility BDH Questionnaire 12
-  Lesotho Mod 2 Facility BDH Questionnaire 13
-  Lesotho Mod 2 Facility KHC Questionnaire 14
-  Lesotho Mod 2 Facility KHC Questionnaire 15
-  Lesotho Mod 2 Facility KHC Questionnaire 16
-  Lesotho Mod 2 Facility MFC Questionnaire 1



# Module 1

# Mod 1 - Data Collection

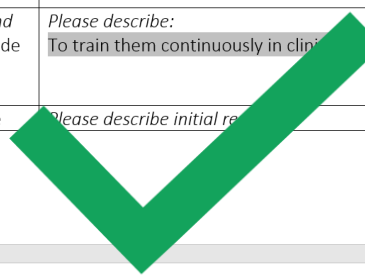
In-depth interviews with supervisors of nurses and midwives who provide PMTCT and pediatric HIV services

- Administered in person to 2-3 supervisors
- Lasts no longer than **1 HOUR**
- Contains mostly open-ended questions
- May be conducted in conjunction with Mod 3 tool

# Mod 1 – Data Form

PART 3. BARRIERS AND FACILITATORS FOR PROVISION OF SERVICES	
3.1. In this facility, what are the <b>greatest barriers</b> that <i>nurses and midwives</i> face in providing PMTCT services to pregnant and breastfeeding women?	<p><i>Please describe initial response:</i> The first barriers, there are some women come later in antenatal</p> <p><i>Response to probes (if used):</i> Insufficient training about mentorship in IHV Overworkload</p>
3.2. What would help <i>nurses and midwives</i> in this facility to provide better care for these women?	<p><i>Please describe:</i> To train them continuously in clinical mentorship</p>
3.3. In this facility, what are the <b>greatest barriers</b> that <i>nurses and midwives</i> face in providing services to HIV-exposed infants?	<p><i>Please describe initial response:</i> Insufficient knowledge in HIV task shifting Insufficient nursing staff</p> <p><i>Response to probes (if used):</i> lack of CPD in mentorship Overworkload</p>

3.1. In this facility, what are the <b>greatest barriers</b> that <i>nurses and midwives</i> face in providing PMTCT services to pregnant and breastfeeding women?	<p><i>Please describe initial response:</i></p> <ul style="list-style-type: none"> <li>No PMCT ART facilities have refer to centre of excellence</li> <li>Lack of Mentorship - updates are slow, overworkload</li> <li>Mentorship is not consistently done</li> <li>Inconsistent midwives</li> </ul> <p><i>Response to probes (if used):</i></p> <ul style="list-style-type: none"> <li>Analyze data before submission</li> <li>Delivery room bed, auto-claving done in water facility</li> <li>Big antenatal room missing</li> <li>Room is small, only one consulting room</li> </ul>
3.2. What would help <i>nurses and midwives</i> in this facility to provide better care for these women?	<p><i>Please describe:</i></p> <ul style="list-style-type: none"> <li>Support or construct LHW</li> <li>Mentorship mostly</li> <li>Need more equipment</li> </ul>
3.3. In this facility, what are the <b>greatest barriers</b> that <i>nurses and midwives</i> face in providing services to HIV-exposed infants?	<p><i>Please describe initial response:</i></p> <ul style="list-style-type: none"> <li>Availability of PMCT facilities ART</li> </ul> <p><i>Response to probes (if used):</i></p>



# Module 2

# Mod 2 - Data Collection

Questionnaires completed by nurses/midwives who provide PMTCT and pediatric HIV services

- All available nurses and midwives providing these services are eligible
- Self-administered (but check for completeness)
- Lasts no longer than 2 hours
- Contains mostly closed-ended questions

- 6.24. Which of the following below scenarios indicate treatment failure?
- A single viral load test of >1,000 copies/ml taken 2 weeks after ART initiation
  - A single viral load test of >1,000 copies/ml taken 8 months after ART initiation
  - 2 viral load tests of >1,000 copies/ml taken 8 months after ART initiation, and then 6 weeks after that
  - 2 viral load tests of >1,000 copies/ml taken at 2 weeks after ART initiation, and then 6 weeks after that
- 6.25. You are working with a 12 year-old HIV+ female who reports that she has been missing ARV doses on a regular basis. What is the most appropriate management strategy?
- Discontinue her ARVs completely
  - Order serological testing and provide adherence support counseling
  - Order viral load testing and provide adherence support counseling
  - Shift to second-line treatment as soon as possible
- 6.26. Which of the following statements best describes the effects of HIV+ status disclosure to a child?
- HIV+ status disclosure improves medication adherence
  - HIV+ status disclosure increases emotional difficulties in the child
  - HIV+ status disclosure increases psychological distress in caregivers
  - HIV+ status disclosure to children does not require collaboration with caregivers
- 6.27. Partial HIV+ status disclosure to a child means:
- Telling some family members about the child's HIV+ status but not others
  - Telling the child that the medicines he or she is taking are for another medical condition
  - Letting the child overhear others talking about his or her HIV+ status
  - Telling the truth to the child about his or her HIV infection in an age-appropriate manner
- 6.28. Which of the below actions should be included in the plan of care for an HIV+ 14-year-old male who will be transitioning from a pediatric HIV clinic to an adult HIV clinic?
- Confirm his understanding of HIV diagnosis and ART, and provide counseling to support his transition
  - Inform him that condoms are not necessary with sexual activity as long as he is on ART
  - Wait until he transitions to the adult HIV clinic before disclosing his HIV+ status to him
  - Wait until he transitions to the adult HIV clinic before encouraging him to take his ARVs independently

Facility Name \_\_\_\_\_ Interview # \_\_\_\_\_

**PART 1. BACKGROUND INFORMATION**

**Instructions:** This section seeks information regarding the facility in which you work. Some of these questions rely on your best judgment – there are no right or wrong answers. The responses that you provide will contribute valuable information in helping to identify possible areas for improvement. Please answer the following questions, recording your answers in the “Responses” column.

**Definitions:** children = less than 10 years old adolescents = 10-19 years old pediatric = birth-19 years old

Questions	Responses
1.1. What is today's date?	2-10-2025 (dd/mm/yyyy)
1.2. What is your professional title?	<input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input checked="" type="checkbox"/> Nurse-Midwife
1.3. What is the name of the health facility in which you work?	St. Rose Hospital

Facility Name \_\_\_\_\_ Interview # \_\_\_\_\_

**PART 2. SELF-CONFIDENCE IN ABILITY TO PROVIDE ADULT AND PEDIATRIC HIV SERVICES**

**Instructions:** This section seeks information about your own self-confidence in providing HIV services to a) pregnant and breastfeeding women, b) infants exposed to HIV, and c) children living with HIV. It is organized so that questions about these different patient groups are clustered together. Please check the box that best indicates how much you agree or disagree with each of the below statements.

**Abbreviations:** ART = antiretroviral therapy STI = sexually transmitted infection TB = tuberculosis  
ARV = antiretroviral medication

Pregnant and Breastfeeding Women	Strongly Agree	Agree	Disagree	Strongly Disagree
2.1. I feel confident in my ability to provide HIV counseling and testing for pregnant and breastfeeding women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2. I feel confident in my understanding of when to re-test pregnant or breastfeeding women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3. I feel confident in my ability to determine when to start ART in pregnant and breastfeeding women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility Name BAH (MCH) Interview # 6

### PART 2. SELF-CONFIDENCE IN ABILITY TO PROVIDE PMTCT AND PEDIATRIC HIV SERVICES

**Instructions:** This section seeks information about your own self-confidence in providing HIV services to a) pregnant and breastfeeding women, b) infants exposed to HIV, and c) children living with HIV. It is organized so that questions about these different patient groups are clustered together. Please check the box that best indicates how much you agree or disagree with each of the below statements.

**Abbreviations:** ART = antiretroviral therapy    STI = sexually transmitted infection    TB = tuberculosis  
ARV = antiretroviral medication

Pregnant and Breastfeeding Women	Strongly Agree	Agree	Disagree	Strongly Disagree
2.1. I feel confident in my ability to provide HIV counseling and testing for pregnant and breastfeeding women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2. I feel confident in my understanding of when to re-test pregnant or breastfeeding women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3. I feel confident in my ability to determine when to start ART in pregnant and breastfeeding women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Mod 2 – Completeness & Correctness

1.5. At this facility, do you currently provide HIV services to pregnant women, infants, children, or adolescents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      IF NO → PLEASE END SURVEY NOW
1.6. Did your pre-service education include training on the following services? Check either yes or no for each type of service	PMTCT services: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Care of HIV-exposed infants: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No HIV services for children: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No HIV services for adolescents: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.7. About how many people do you test for HIV per week?	<u>  0  </u> people
1.8. About how many pregnant or breastfeeding women do you take care of per week, regardless of HIV status?	<u>  0  </u> pregnant and breastfeeding women
1.9. About how many HIV+ pregnant or breastfeeding women do you take care of per week?	<u>  0  </u> HIV+ pregnant and breastfeeding women
1.10. About how many HIV-exposed or HIV+ infants do you take care of per week?	<u>  0  </u> HIV-exposed or HIV+ infants
1.11. About how many HIV+ children or adolescents do you take care of per week?	<u>  0  </u> HIV+ children or adolescents

	PMTCT Services for Pregnant and Breastfeeding Women	Clinical Care of HIV-Exposed Infants	Clinical Care of HIV+ Children and Adolescents
4.3. At this facility, I have the authority (and am supported by the facility policy) to provide this care effectively	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree
4.4. At this facility, I have access to clinical supervision and support (e.g. clinical mentor) to provide this care effectively	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree
4.5. At this facility, I receive feedback on the HIV services I provide based chart reviews or other assessments	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree
4.6. At this facility, I have the time that is needed to provide this care effectively	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree
4.7. At this facility, I have the supplies and equipment needed to provide this care effectively	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree
4.8. At this facility, I understand how to accurately record clinical information and data related to this care	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree
4.9. Relations between the different types of health workers at this facility are good and facilitate the collaboration needed to provide this care effectively	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree
4.10. In general, patients and community members trusts the health workers at this facility to provide this care effectively	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input checked="" type="checkbox"/> Strongly Disagree

Respectful Care	Always	Mostly	Sometimes	Rarely	Never
5.1. At this facility, the nurses and midwives give HIV+ women and children the same quality of care as those who are not known to have HIV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2. At this facility, the nurses and midwives refuse or are reluctant to care for HIV+ women and children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3. At this facility, the nurses and midwives make an effort to be friendly and show kindness to HIV+ women and children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4. At this facility, the nurses and midwives are disrespectful and unkind to HIV+ women and children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5. At this facility, the nurses and midwives take the time to properly counsel HIV+ women and children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6. At this facility, the nurses and midwives neglect the counseling needs of HIV+ women and children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.7. At this facility, the nurses and midwives are careful to maintain the confidentiality of HIV+ women and children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.8. At this facility, the nurses and midwives gossip about HIV+ women and children with others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.9. At this facility, the nurses and midwives provide psychosocial and emotional support to HIV+ pregnant women and children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.10. At this facility, the nurses and midwives verbally abuse HIV+ pregnant women and children by shouting at them or calling them names	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.11. At this facility, the nurses and midwives take extra time to care for adolescent girls who have been the victims of gender-based violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.12. At this facility, the nurses and midwives physically abuse (slap, pinch, shove, kick, etc.) HIV+ women and children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Mod 2 – Questionnaire Final Points

- Consultants should flip through questionnaire when it is turned in and note any obvious errors
  - Ask interviewee to correct and/or complete
- Knowledge assessment is multiple choice, only 1 correct answer
  - Key is provided and is helpful if the consultants score it

# Mod 2 – Data Form

please note :

the responses provided in this format represents the sum total of the responses forwarded by the respondents

the responses are arranged in an array so that it may simplify the coding the data on this form

the parts that are not filled on this form are the once not filled on the questinnaires by the respondents

	R	S	T	U	V	W	X
3	1	1	1	1	1	1	1
4	1	1	1	1	1	1	1
5	1	1	2	1	2	2	1
6	1	1	2	2	2	2	2
7	1	1	2	2	2	2	2
8	2	1	2	2	2	3	3
9	.	2	2	2	2	.	.

# Mod 2 – Data Form

	BR	BS	BT	BU	BV	BW
1	<b>BFHEIFB</b>	<b>BFPedFB</b>	<b>BFPBWTime</b>	<b>BFHEITime</b>	<b>BFPedTime</b>	<b>BFPBWEquip</b>
2	4	4	4	4	4	4
3	3	3	3	3	3	3
4	1	1	2	2	2	2
5	4	4	4	4	4	4
6	3	3	1	1	3	2
7	1	1	3	3	1	1
8	3	3				2
9	1	1	2	2	2	2

	A	B	C	D	E
1	<b>SECTION</b>	<b>QUESTION</b>	<b>VARIABLE NAME</b>	<b>VARIABLE TYPE</b>	<b>CATEGORY CODES</b>
2	<b>PART 1. BACKGROUND INFORMATION</b>	N/A	IDNumber	Numeric	
3		1.1.	Date	Text	
4		1.2.	ProfTitle	Categorical	1 = Nurse 2 = Midwife 3 = Nurse-Midwife
5		1.3.a.	Facility	Text	
6		1.3.b.	Location	Text	
7		1.4.	PrevPart	Categorical	1 = Yes 2 = No
8		1.5.	HIVCare	Categorical	1 = Yes 2 = No
9		1.6.	EduPMTCT	Categorical	1 = Yes 2 = No
10			EduHEI	Categorical	1 = Yes 2 = No
11			EduChild	Categorical	1 = Yes 2 = No
12			EduAdol	Categorical	1 = Yes 2 = No
13		1.7.	PWTest	Numeric	
14		1.8.	PWPBW	Numeric	
15		1.9.	PWPBWHIV	Numeric	
16	1.10.	PWHEI	Numeric		
17	1.11.	PWPedHIV	Numeric		
18	<b>PART 2. SELF- CONFIDENCE IN ABILITY TO PROVIDE PMTCT AND PEDIATRIC HIV SERVICES</b>	2.1.	ConfPBWCT	Categorical	1 = Strongly Agree 2 = Agree 3 = Disagree 4 = Strongly Disagree
19		2.2.	ConfPBWReT	Categorical	See 2.1
20		2.3.	ConfPBWART	Categorical	See 2.1

# Module 3



# Mod 3 - Data Collection

Programs/materials audit with clinical supervisors (or other key informants) who are knowledgeable about PMTCT and pediatric HIV services

- Administered in person with 2-3 supervisors
- Lasts no longer than 2 hours
- Contains open and closed-ended questions
- May be conducted in conjunction with Mod 1 tool

# Mod 3 – Data Form

## PART 1. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

1.1.	Does this facility have a CPD or in-service training (IST) program to provide ongoing clinical training for nurses and midwives?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In the planning stage
------	--	---	-----------------------------	--

If "Yes," proceed to 1.2. If "No" or "In the planning stage," skip to PART 2.

1.2. Please describe any type of continuing professional development (CPD) or in-service training (IST) programs that are currently in place to provide ongoing clinical training for nurses and midwives at this facility.

- upgrading nursing CPD per department, every Tuesday
- Continuous professional development is active. There are departmental rotas where every department indicates the topic and the dates and have. Usually these sessions are held biweekly Tuesday morning. Topics covered widely spread among the specialties.
- Ward CPD: Sometimes there are case presentations and other times nurses are given specific topics to research/present on and present to the nurses. Usually done on weekdays.
- Hospital CPD organized by Dept. Internal medicine. Monthly in conjunction with PSC. CPD co-ordinator - meetings take place in board room.

		PMTCT B+ Services		Pediatric HIV Care	
1.3.	Are educational content, modules, or trainings available for nurses and midwives on [...]	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Not sure		<input type="checkbox"/> Not sure	
1.4.	Are trainers available to teach nurses and midwives on content for [...]	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Not sure		<input type="checkbox"/> Not sure	

If "Yes" for either service, proceed to 1.5 for that column. If all "No" or "Not sure," skip to PART 2.

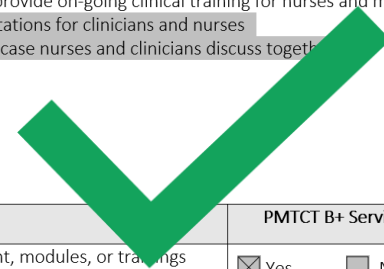
## PART 1. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

1.1.	Is there a CPD or in-service training (IST) program in place to provide on-going clinical training for nurses and midwives?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In the planning stage
------	---	---	-----------------------------	--

If "Yes," proceed to 1.2. If "No" or "In the planning stage," skip to PART 2.

1.2. Please describe any type of continuing professional development (CPD) or in-service training (IST) programs that are currently in place to provide on-going clinical training for nurses and midwives at this facility.

- There is a schedule for presentations for clinicians and nurses
- When there is a complicated case nurses and clinicians discuss together



		PMTCT B+ Services		Pediatric HIV Care	
1.3.	Are educational content, modules, or trainings available for nurses and midwives on [...]	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Not sure		<input type="checkbox"/> Not sure	
1.4.	Are trainers available to teach nurses and midwives on content for [...]	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Not sure		<input type="checkbox"/> Not sure	

If "Yes" for either service, proceed to 1.5 for that column. If all "No" or "Not sure," skip to PART 2.

**PART 5. QUALITY IMPROVEMENT AND ASSURANCE**

5.1. Is there a *continuous quality improvement (CQI)* or *quality assurance (QA)* program in place at this facility?  Yes  No  In the planning stage

If "Yes," proceed to 5.2. If "No" or "In the planning stage," skip to PART 6.

5.2. Please describe any type of *continuous quality improvement (CQI)* or *quality assurance (QA)* program that is currently in place at this facility.

- Reducing time spent by clients awaiting for clinical service in the facility.  
 - TB treatment success rate.

		PMTCT B+ Services	Pediatric HIV Care
5.3.	Does this facility have clinical quality metrics or indicators for [...]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not sure

If "Yes" for either service, proceed to 5.4 for that column. If all "No" or "Not sure", skip to PART 6.

		PMTCT B+ Services	Pediatric HIV Care
5.4.	Are nurses and midwives' clinical performance on metrics or indicators for [...] routinely evaluated? (e.g., chart reviews)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

If "Yes" for either service, proceed to 5.5 for that column. If all "No" or "Not sure", skip to PART 6.

		PMTCT B+ Services	Pediatric HIV Care
5.5.	Do nurses and midwives receive routine feedback on their performance or facility performance on key metrics or indicators for [...]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

If "Yes" for either service, proceed to 5.6 for that column. If all "No" or "Not sure", skip to PART 6.

## PART 5. QUALITY IMPROVEMENT AND ASSURANCE

- 5.1. Is there a *continuous quality improvement (CQI)* or *quality assurance (QA)* program in place at this facility?
- Yes       No
- In the planning stage

**If “Yes,” proceed to 5.2. If “No” or “In the planning stage,” skip to PART 6.**

5.2. Please describe any type of *continuous quality improvement (CQI)* or *quality assurance (QA)* program that is currently in place at this facility.

**PART 2. CLINICAL MENTORSHIP**

2.1.	Does this facility have a <i>clinical mentorship</i> or <i>supportive supervision program</i> to provide ongoing training for nurses and midwives?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In the planning stage
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**If “Yes,” proceed to 2.2. If “No” or “In the planning stage,” skip to PART 3.**

2.2. Please describe any type of *clinical mentorship* or *supportive supervision programs* that are currently in place to provide ongoing clinical training for nurses and midwives at this facility.

		PMTCT B+ Services	Pediatric HIV Care
2.3.	Do nurses and midwives receive routine feedback from their clinical mentors or supportive supervisors regarding their performance of [...]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

**If “Yes” for either service, proceed to 2.4 for that column. If all “No” or “Not sure,” skip to PART 3.**

		PMTCT B+ Services	Pediatric HIV Care
2.4.	Do nurses and midwives review cases with their clinical mentors or supportive supervisors for [...]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

**If “Yes” for either service, proceed to 2.5 for that column. If all “No” or “Not sure,” skip to PART 3.**

		PMTCT B+ Services	Pediatric HIV Care
2.5.	Do nurses and midwives with demonstrated competencies in [...] become clinical mentors or supportive supervisors for other providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

# Review Main Points for Data Submission

- **Mod 1** – 1 Word Doc per data form
  - 1 data form per group interview, OR
  - 1 data form per individual in-depth interview
- **Mod 2** – 1 PDF per Questionnaire (14 pages)
  - 1 Excel data form, 1 sheet per facility
- **Mod 3** – 1 Word Doc per facility

❖ NO INDIVIDUAL JPEGS

# Data Analysis

- Not necessary to submit data analysis forms
  - i.e. Interview summaries, descriptive statistics and facility summaries
- May complete voluntarily

# Trouble-Shooting

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# QUESTIONS???