







FOR NURSES AND MIDWIVES

ARC Project Evaluation of High-Volume Sites:

Data Management for Endline Facility Assessment

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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
- 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?



FOR NURSES AND MIDWIVES









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. BARRIER	S AND FACILITATORS FOR PROVISION OF SERVICES
3.1. In this facility, what are the	Please describe initial response:
greatest barriers that nurses and midwives face in providing PMTCT	The first barriers, there are some women come later in antenatal
services to pregnant and	Response to probes (if used):
breastfeeding women?	Insufficient training about mentorship in IHV
	Oveworkload
3.2. What would help nurses and	Please describe:
midwives in this facility to provide	To train them continuously in clip torship
better care for these women?	
3.3. In this facility, what are the	Nease describe initial re

greatest barriers that nurses and midwives face in providing services to HIV-exposed infants?

Insufficient knowledge in HIV task shifting Insufficient nursing staff

Response to probes (if used):
lack of CPD in mentorship
Overworkload

3.1. In this facility, what are the Please describe initial response: greatest barriers that nurses and . No Paris ART bonders have refere to later or midwives face in providing PMTCT services to pregnant and breastfeeding women? Response to probes (if used); · bridge data before submission " I delivery arom bed, autoclassing do - it with with Coz autorious not nortes, 4 you is smel, Only one Consuling worm 3.2. What would help nurses and Please describe: . Expand or construct L/w midwives in this facility to provide · Mesto sup muttily better care for these women? · Ned more equipment 3.3. In this facility, what are the Please describe initial response: greatest barriers that nurses and * haven'to bility of Parols Brunder: ART midwives face in providing services to HIV-exposed infants? Response to probes (if used):











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









	Facility Name Interview 4
6.24.	Which of the following below scenarios indicate treatment failure?
/	a. A single viral load test of >1,000 copies/ml taken 2 weeks after ART initiation
1	b. A single viral load test of >1,000 copies/ml taken 8 months after ART initiation
	c. 2 viral load tests of >1,000 copies/ml taken 8 months after ART initiation, and then 6 weeks after that
	d. 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?
	a. Discontinue her ARVs completely
1	b. Order serological testing and provide adherence support counseling
/\	c. Order viral load testing and provide adherence support counseling
	d. 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?
	a. HIV+ status disclosure improves medication adherence
	b. HIV+ status disclosure increases emotional difficulties in the child
	c. HIV+ status disclosure increases psychological distress in caregivers
(d. HIV+ status disclosure to children does not require collaboration with caregivers
6.27.	Partial HIV+ status disclosure to a child means:
	a. Telling some family members about the child's HIV+ status but not others
	b. Telling the child that the medicines he or she is taking are for another medical condition
	c. 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?
	a. Confirm his understanding of HIV diagnosis and ART, and provide counseling to support his transition
	b. Inform him that condoms are not necessary with sexual activity as long as he is on ART
	c. 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











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			Strongly Strongly		Strongly Agree Disagree Strongly		
			Pregnant and Breastfeeding Women Agree Agree Disagree Disagree	Agree Disagree	Pregnant and breastreeding women Agree Disagree Disagree		
Progrant and Breastfeeding Women Strongly Agree Disagree Strongly		Agree Disagree	2.1. I feel confident in my shility to provide HIV counseling and	2.1. I feel confident in my ability to provide HIV counseling and	2.1. I feel confident in my ability to provide HIV counseling and		Agree Disagree
Pregnant and Breastfeeding Women Strongly Agree Disagree Disagree Disagree	2.1. I feel confident in my ability to provide HIV counseling and	2.1. I feel confident in my ability to provide HIV counseling and	testing for pregnant and breastfeeding women	testing for pregnant and breastfeeding women	testing for pregnant and breastfeeding women	2.1. I feel confident in my ability to provide HIV counseling and testing for pregnant and breastfeeding women	2.1. I feel confident in my ability to provide HIV counseling and
Pregnant and Breastfeeding Women Strongly Agree Disagree Disagree 2.1. I feel confident in my ability to provide HIV counseling and	2.1. I feel confident in my ability to provide HIV counseling and testing for pregnant and breastfeeding women 2.2. I feel confident in my understanding of when to re-test	2.1. I feel confident in my ability to provide HIV counseling and testing for pregnant and breastfeeding women	testing for pregnant and breastfeeding women 2.2. I feel confident in my understanding of when to re-test	2.2. I feel confident in my understanding of when to re-test	2.2. I feel confident in my understanding of when to re-test	testing for pregnant and breastfeeding women 2.2. I feel confident in my understanding of when to re-test	2.1. I feel confident in my ability to provide HIV counseling and testing for pregnant and breastfeeding women
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	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.	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	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	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 Strongly Agree Disagree Strongly	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	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	PART 2. SELF-CONFIDENCE IN ABILITY TO PROVIDE TO THE AND PEDIATRIC HIV SERVICES
		AKV = antiretroviral medication	Strongly Strongly	Prognant and Breastfeeding Women Strongly Agree Disagree Strongly	Strongly Strongly	AKV = antiretroviral medication	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











PART 2. SELF-CONFIDENCE IN ABILITY TO PROVIDE Instructions: This section seeks information about your own self and breastfeeding women, b) infants exposed to HIV, and s) shift	confidence in pr	roviding HI	V services to	a) pregnai
	ther. Please che	eck the box	that best inc	iat dicates hou
Abbreviations: $ART = antiretroviral therapy$ $STI = sexuall$ $ARV = antiretroviral medication$	transmitted inf		TB = tubero	culosis
Abbreviations: ART = antiretroviral therapy STI = sexuall ARV = antiretroviral medication Pregnant and Breastfeeding Women				culosis
Abbreviations: ART = antiretroviral therapy STI = sexuall ARV = antiretroviral medication Pregnant and Breastfeeding Women 2.1. I feel confident in my ability to provide HIV counseling and testing for pregnant and breastfeeding women	transmitted inf	fection	TB = tubero	culosis
Abbreviations: ART = antiretroviral therapy STI = sexuall ARV = antiretroviral medication Pregnant and Breastfeeding Women 2.1. I feel confident in my ability to provide HIV counseling and	Strongly Agree	fection	TB = tubero	culosis











Mod 2 – Completeness & Correctness

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











	1	ices for Pregnant and	Clinical C	are of HIV-Exposed	Clinical Ca	re of HIV+ Children
	Breast	feeding Women		Infants	and	Adolescents
4.3. At this facility, I have the authority (and am supported by the facility policy) to	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree
provide this care effectively	☐ Disagree	Strongly Disagree	☐ Disagree	Strongly Disagree	☐ Disagree	Strongly Disagree
4.4. At this facility, I have access to clinical supervision and support (e.g. clinical	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree
mentor) to provide this care effectively	☐ Disagree	Strongly Disagree	☐ Disagree	Strongly Disagree	Disagree	Strongly Disagree
4.5. At this facility, I receive feedback on the HIV services I provide based chart	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree
reviews or other assessments	□ Disagree	Strongly Disagree	☐ Disagree	Strongly Disagree	☐ Disagree	Strongly Disagree
4.6. At this facility, I have the time that is needed to provide this care effectively	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree
, , , , , , , , , , , , , , , , , , , ,	□ Disagree	Strongly Disagree	☐ Disagree	Strongly Disagree	☐ Disagree	Strongly Disagree
4.7. At this facility, I have the supplies and equipment needed to provide this care	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree
effectively	☐ Disagree	Strongly Disagree	Disagree	Strongly Disagree	Disagree	Strongly Disagree
4.8. At this facility, I understand how to accurately record clinical information and	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree
data related to this care	Disagree	Strongly Disagree	☐ Disagree	Strongly Disagree	☐ Disagree	Strongly Disagree
4.9. Relations between the different types of health workers at this facility are good	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree	☐ Agree	Strongly Agree
and facilitate the collaboration needed to provide this care effectively	☐ Disagree	Strongly Disagree	☐ Disagree	Strongly Disagree	☐ Disagree	☐ Strongly Disagree
4.10. In general, patients and community members trusts the health workers at this	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree	☐ Agree	☐ Strongly Agree
facility to provide this care effectively	Disagree	Strongly Disagree	☐ Disagree	Strongly Disagree	Disagree	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					
	5.2. At this facility, the nurses and midwives refuse or are reluctant to care for HIV+ women and children					
	5.3. At this facility, the nurses and midwives make an effort to be friendly and show kindness to HIV+ women and children					
ALPERIA DE LES	5.4. At this facility, the nurses and midwives are disrespectful and unkind to HIV+ women and children					
	5.5. At this facility, the nurses and midwives take the time to properly counsel HIV+ women and children					
	5.6. At this facility, the nurses and midwives neglect the counseling needs of HIV+ women and children					
	5.7. At this facility, the nurses and midwives are careful to maintain the confidentiality of HIV+ women and children		D			
	5.8. At this facility, the nurses and midwives gossip about HIV+ women and children with others					
	5.9. At this facility, the nurses and midwives provide psychosocial and emotional support to HIV+ pregnant women and children					
	5.10. At this facility, the nurses and midwives verbally abuse HIV+ pregnant women and children by shouting at them or calling them names					
	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					
African HEAL Regional Collabora	5.12. At this facility, the nurses and midwives physically abuse (slap, pinch, shove, kick, etc.) HIV+ women and children		0			





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

piease note :	

the responses provided in this format represents the sum total of the responses forwareded by the respondunts

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	Т	U	V	W	Χ
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	ВТ	BU	BV	BW
1	BFHEIFB	BFPedFB	BFPBWTime	BFHEITime	BFPedTime	BFPBWEquip
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











	А	В	С	D	E
1	SECTION	QUESTION	VARIABLE NAME	VARIABLE TYPE	CATEGORY CODES
2	PART 1.	N/A	IDNumber	Numeric	
3	BACKGROUND	1.1.	Date	Text	
	INFORMATION	1.2.	ProfTitle	Categorical	1 = Nurse
					2 = Midwife
4					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	
	PART 2. SELF-	2.1.	ConfPBWCT	Categorical	1 = Strongly Agree
	CONFIDENCE IN				2 = Agree
	ABILITY TO PROVIDE				3 = Disagree
18	PMTCT AND				4 = Strongly Disagree
19	PEDIATRIC HIV	2.2.	ConfPBWReT	Categorical	See 2.1
20	SERVICES	2.3.	ConfPBWART	Categorical	See 2.1
4 \$	Data Codebook Cacility 1 - I	NSERT NAME Facility 2 -	NSERT NAME Facility 3 - INSERT NAME	÷ ÷	

Module 3











Mod 3 - Data Collection

<u>Programs/materials audit</u> 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 PROFESS	IONAL DEVELOPMENT (CPI	D)	FREE STEEL		PART 1. CONTINUING PROFESS	IONAL DEVEL	OPMENT (CP	D)	
1.1.	Does this facility have a CPD or in-service training (IST) program to provide ongoing clinical training for nurses and midwives? 25," proceed to 1.2. If "No" or "In the planning stage	☑Yes □ No □ In the planning stage "skip to PART 2.			1.1.	Is there a <i>CPD</i> or <i>in-service training (IST) program</i> in place to provide on-going clinical training for nurses and midwives?	⊠ Yes	No	In the plan	nning stage
that	Please describe any type of continuing professional de are currently in place to provide ongoing clinical train odding per department: Cu nous professional development where every department in	ing for nurses and midwive	es at this facility		-	s," proceed to 1.2. If "No" or "In the planning stage," proceed to 1.2. If "No" or "In the planning stage," please describe any type of continuing professional deare currently in place to provide on-going clinical train	evelopment (Ci ning for nurse	PD) or in-serv		
wedely	strend among the specialties.	case presentation research (Pres	rond and o	ther times of present to	-Whe	e is a schedule for presntations for clinicians and nuren there is a complicated case nurses and clinicians di				
1.3.	Are educational content, modules, or trainings	PMTCT B+ Services	Pediatric F	HIV Care			PMTCT I	B+ Services	Pediatri	c HIV Care
	available for nurses and midwives on []	□ Not sure	□ Not sure	EZ NO	1.3.	Are educational content, modules, or trainings available for nurses and midwives on []	⊠ Yes	☐ No	⊠ Yes	No No
1.4.	Are trainers available to teach nurses and midwives on content for []	✓Yes □ No		⊠No		available for marses and milawives on []	Not sur	re	Not sur	re
If "Ye	es" for either service, proceed to 1.5 <u>for that column</u>	☐ Not sure If all "No" or "Not sure," s	□ Not sure		1.4.	Are trainers available to teach nurses and midwives on content for []	Yes	⊠ No	Yes	No No
			1	Page	If "V	s" for either service, proceed to 1.5 for that column. I	Not sur		Not sur	e
					ıj fe	s joi either service, proceed to 1.5 <u>joi that column</u> . i	juli NO OF I	NOUSUIE, SKI	J LO PART Z.	











	PART 5. QUALITY IMPROVEM	IENT 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 "Ye:	s," proceed to 5.2. If "No" or "In the planning stage,"	skip to PART 6.	
5.2. Pl currer - Re He	lease describe any type of continuous quality improved the place at this facility. Inducing time spent by clients of faccility. Sheament success rate.	ment (CQI) or quality assur	rance (QA) program that is
		TCT B+ Services	Pediatric HIV Care
5.3.	Does this facility have clinical quality netrics or indicators for []?	Yes No	Yes No
if "Ye	"for either service, proceed to 5.4 <u>for that column</u> . I	fall "No" or "Not sure", s	kip 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)	Yes No	Yes No
	s" for either service, proceed to 5.5 for that column. I		
f "Yo			
f "Ye	o for entire service, proceed to 3.5 to that column. I	PMTCT B+ Services	Pediatric HIV Care











		7				
PART 5. QUALITY IMPROVEMENT AND ASSURANCE						
5.1.	Is there a continuous quality improvement (CQI) or quality assurance (QA) program in place at this	□ Yes □ No				
	facility?	☐ In the planning stage				
If "Yes," proceed to 5.2. If "No" or "In the planning stage," skip to PART 6.						
	ease describe any type of <i>continuous quality improven</i> tly in place at this facility.	ent (CQI) or quality assuranc	e (QA) program that is			











PART 2. CLINICAL MENTORSHIP									
2.1.	Does this facility have a <i>clinical mentorship</i> or supportive supervision program to provide ongoing training for nurses and midwives?	☐ Yes ☐ In the plar	□ No						
If "Yes," proceed to 2.2. If "No" or "In the planning stage," skip to PART 3.									
2.2. Please describe any type of <i>clinical mentorship or supportive supervision programs</i> that are currently in place									
to pro	ovide ongoing clinical training for nurses and midwive	es at this facilit	y.						
		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 []?	☐ Yes☐ Not sure	□No	☐ Yes☐ Not sure	□ No				
If "Yes	s" for either service, proceed to 2.4 <u>for that column</u>	. If all "No" or	"Not sure," sk	cip 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 []?	☐ Yes☐ Not sure	□No	☐ Yes ☐ Not sure	□ No				
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?	☐ Yes ☐ Not sure	□No	☐ Yes ☐ Not sure	□ No				











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

- Becky MacKay
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QUESTIONS???









