

PMTCT/VCT Site Assessment Tool



ICAP
 International Center for AIDS
 Care and Treatment Programs
MAILMAN SCHOOL OF PUBLIC HEALTH
 Columbia University

Name of Health Center: _____ Date: _____

Assessment conducted by (named of ICAP staff member):

Name and contacts of health center personnel facilitating site visit:

Name	Title	Contact Information

General Information

1. Province: _____ District: _____

2. Type of health facility: ___ District Hospital ___ Rural Hospital ___ Health Center

a. If Health center, please list corresponding District Hospital: _____

3. Type of Sector: ___ Government ___ Mission ___ Private ___ Other (NGO)

4. Estimated district population or health center catchment area: _____

5. Are there NGOs or partners working **in the District**? ___ Yes ___ No

a. If yes, please list those working at the facility and list activities they are supporting:

Name of Organization	Focus	Activities They Support

b. List those working **in the community (outreach)**:

Name of Organization	Focus	Activities They Support

6. Estimated number of pregnant women in district/health center catchment area: _____

Specific Health Center Information (indicate services available at health facility)		
Service	Check if available	Days/Hours of Operation
1	Antenatal Consultation	
2	STI Services	
3	VCT integrated into ANC	
4	PMTCT Services	
5	Post-partum consultation	
6	Family planning	
7	Maternity	
8	HIV Care and Treatment (ART clinic)	
9	VCT (Voluntary Counseling and Testing Services)	
10	Laboratory	
11	TB Treatment	
12	Immunizations	
13	Exposed Infant Follow-up	
14	Child Survival Clinic	
15	Other (please list)	

2. Do you have problems with electricity? ___ Yes ___ No If yes, please specify: _____

3. Do you have problems with water supply? ___ Yes ___ No If yes, please specify: _____

4. Is public transportation available to health facility: ___ Yes ___ No ___ NA

5. Is there a maternity available on site? ___ Yes ___ No

If No: a) How far is the nearest maternity? _____km _____ (minutes)

b) Type of transportation available to maternity: walking ambulance bus

6. Is there an ART (HIV treatment) clinic on-site: ___ Yes ___ No

If No: a) Approximate distance to ART clinic in km _____ and time _____

7. Number of providers/healthcare personnel (count each person once; do not mark multiple roles filled by one person)

Type	Number	Type	Number
Doctors		Counselors	
Midwives		Activists/outreach workers	
MCH Nurses		Nutritionist	
General Nurses		Social worker/psychosocial	
Auxiliary Nurses		Other professionals:	
Pharmacy Technicians			
Laboratory Technicians			
Traditional Birth Attendants			

8. Please list ART Specific staff (type and number)

Medical Doctors		Counselor	
Nurses		Data entry clerk	
Auxiliary Nurses		Other:	
Pharmacists			

9. Health care personnel salaries are paid by: ___ District ___ Health facility ___ NGO ___ Partner

If by NGO or Partner, please specify: _____

10. Is there a system in place for on-site supervision of staff and/or clinical mentoring? ___ Yes ___ No

Antenatal Consultation (Please answer following questions)

ANC1	What percentage of pregnant women in the catchment area visit the ANC at least once during pregnancy?			
ANC2	What is the average number of ANC visits made per pregnant woman?	1	2-3	More than 4 visits
ANC3	How many days per week are ANC services offered?			
ANC4	How are "new" and follow-up ANC visits organized?	On the same day	On different days (specify):	
ANC5	On a normal day, how many women are seen for:	1st ANC:	Follow-up ANC:	
ANC6	How many consultation rooms in ANC?			
ANC7	Is there adequate space for ANC?	Yes	No	If no, why?
ANC8	Do mothers receive an ANC card?	Yes	No	(Obtain a copy of card if available)
ANC9	Do clients have to pay for the ANC services at the clinic?	Yes	No	If yes, which services:
ANC10	From where do you receive the majority of your ANC supplies? (commodities such as test kits, gloves, meds, etc.)	Donor	NGO	Government Private Sector
ANC11	Where is blood drawn for ANC services?	At the lab		At ANC

ANC Services Provided (Please check services provided)

ANC12	Hemoglobin Testing	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC13	Syphilis Screening	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC14	Syphilis Treatment	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC15	Is Syphilis Treatment provided on-site or elsewhere?	On-site	Elsewhere (specify)	On the same day
ANC16	Management of other STIs	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC17	Weight	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC18	Height	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC19	Blood Pressure	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC20	Malaria prophylaxis (IPT/bednets)	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC21	Multivitamin Supplementation	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC22	Vitamin A Supplementation	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC23	Iron Supplementation	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC24	Folic Acid Supplementation	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC25	Immunizations	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC26	Infant Feeding Counseling/Support	On-site	Elsewhere (specify)	On the same day
ANC27	Family Planning	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC28	Where does Family Planning take place?	Yes	No (If no, why?)	Sometimes (If sometimes, why?)
ANC29	TB screening	Yes	No	
ANC30	Other:			

ANC Equipment and Supplies

ANC Equipment		Available		Is there an adequate quantity of this equipment?	
ANC31	Adult weighing scale	Yes	No	Yes	No
ANC32	Baby weighing scale	Yes	No	Yes	No
ANC33	Stethoscope	Yes	No	Yes	No
ANC34	BP machine	Yes	No	Yes	No
ANC35	Patella Hammer	Yes	No	Yes	No
ANC36	Otoscope	Yes	No	Yes	No
ANC37	Height Measuring Device	Yes	No	Yes	No
ANC38	Examination couch	Yes	No	Yes	No
ANC39	Examination lights	Yes	No	Yes	No
ANC40	Vaginal specula	Yes	No	Yes	No
ANC41	Ultrasound	Yes	No	Yes	No
ANC42	Syringes/pipettes	Yes	No	Yes	No
ANC43	Gloves	Yes	No	Yes	No
ANC44	AZT tablets syrup	Yes	No	Yes	No
ANC45	Combivir (AZT/3TC)	Yes	No	Yes	No
ANC46	Cotrimoxazole tablet syrup	Yes	No	Yes	No
ANC47	Fansidar (malaria prophylaxis)	Yes	No	Yes	No
ANC48	Bednets	Yes	No	Yes	No

ANC/MCH Human Resources

ANC50	Total number of providers providing MCH/ANC services in: Total: _____	Service	Type (Nurses, MDs, etc.) & number of personnel
		ANC	
		Maternity	
		Post-partum consultation	
ANC51	How many of your ANC/MCH providers have been trained in PMTCT service provision?	ANC	
		Maternity	
		Post-partum consultation	

PMTCT

PMTCT1	Have PMTCT activities been implemented?	Yes Date started:			No	
PMTCT2	How are the PMTCT services funded?	Donor	NGO	Private Foundation	Faith-based Organization	Government
PMTCT3	Do you charge for your PMTCT-related services?	Yes	If yes, please indicate which services?		No	
			HIV testing			
			ARV prophylaxis for the mother			
			ARV prophylaxis for the baby			
PMTCT4	From where do you obtain the following supplies for PMTCT?	ARV prophylaxis				
		HIV rapid test kits				
		Lancets for finger pricking				
		Needles and syringes				
		Infant Formula				
		IEC materials				
		Hemoglobin screening				
		CD4 Testing				
PMTCT5	Do you offer any of the following types of counseling? (check all that apply)	Group education				
		Group pre-test counseling				
		Individual pre-test counseling				
		Individual post-test counseling				
		Couples counseling				

PMTCT6	Who conducts the counseling for PMTCT and VCT? (check all that apply)	ANC/MCH Staff	
		Dedicated PMTCT counselors	
		Lay Counselors	
		PLHA counselors	
PMTCT7	Does the counseling room offer privacy so other people cannot see inside?	Yes	No
PMTCT8	Does the counseling room offer privacy so other people cannot hear what is being said inside?	Yes	No
PMTCT9	Where is the blood drawn for HIV testing?	On Site within ANC	
		At the Lab	
		Other (specify)	
PMTCT10	Who draws blood for HIV testing?	Counselor	
		ANC Nurse	
		Lab technician	
PMTCT11	PMTCT testing protocol (indicate order in which tests are performed (e.g. 1, 2, #3))	Determine	
		Unigold	
		Other (specify)	
PMTCT12	Are HIV test results given on the same day?	Yes	No If no, what is the turnaround time?
PMTCT13	What drugs (ARV prophylaxis) are provided for PMTCT?		
PMTCT14	Who prescribes the prophylactic ARVs for PMTCT? Please specify which medications.	PMTCT Nurse	
		ARV Doctor	
		Other	
		Medications:	

PMTCT15	Who prescribes the prophylactic ARVs for PMTCT? Specify which medications.	PMTCT Nurse		
		ARV Doctor		
		Other		
		Medications:		
PMTCT16	Where do patients get their PMTCT meds from?	ANC stock		
		Central Pharmacy		
		ART Pharmacy		
		Other (please indicate)		
PMTCT17	Is CD4 testing available for women identified as HIV positive?	Yes	On-site in ANC	
		If yes, where?	Referred to lab	
		What is the turnaround time for obtaining results?	Referred to ART clinic	
		No		
PMTCT18	Is there a linkage system between a CD4 test result of less than 250 and HAART initiation?	Yes	No	
PMTCT19	What infant feeding recommendations are provided to HIV-positive women?	Exclusive Breastfeeding (with counseling)	Yes	No
		Rapid Weaning (with counseling)	Yes	No
		Formula Feeding if AFASS	Yes	No
		Other (specify)	Yes	No
PMTCT20	What drugs (ARV prophylaxis) are provided for PMTCT?	Support Groups		
		Food Basket		
		Infant Formula		
		IF counseling		
		Other (specify):		

PMTCT19	What nutritional support is provided to pregnant women?	Support Groups	Yes	No		
		Food Basket	Yes	No		
		Infant Formula	Yes	No		
		IF counseling	Yes	No		
		Other (specify)				
PMTCT20	Describe the follow-up schedule for HIV positive women.					
PMTCT21	Do you offer provider-initiated counseling & testing during labor and delivery?	Yes	No			
PMTCT22	Where does the post-partum consultation take place?	At Maternity				
		At ANC				
		At Family Planning				
		Other (specify)				
		Does not exist				
PMTCT23	Which of the following services are provided for infants born to HIV positive mothers (check all that apply)?	ARV syrup for PMTCT				
		CTX prophylaxis				
		Vitamin A				
		Growth Monitoring				
		Immunizations				
		HIV testing for infants				
PMTCT24	Where are the pediatric formulations of AZT and NVP kept? (circle all that apply)?	ANC/PMTCT				
		Maternity				
		ARV Clinic Pharmacy				
PMTCT25	Which HIV tests are used for infants?	PCR				
		Antibody				
		Both				
PMTCT26	Describe the HIV testing protocol for HIV-exposed infants					
PMTCT27	Do you provide outreach or home visits?	Yes	If Yes, who conducts outreach?			
		No				

PMTCT Specific Indicators		
PMTCT28	Number of 1st ANC	_____ Per month/per year
PMTCT29	Number of pregnant women counseled and tested	_____ Per month/per year
PMTCT30	Number of pregnant women tested positive	_____ Per month/per year
PMTCT31	Number of pregnant women tested positive who receive CD4 testing	_____ Per month/per year
PMTCT32	Number of pregnant women with CD4 count <250 who initiate HAART	_____ Per month/per year
PMTCT33	Number of Partners tested	_____ Per month/per year
PMTCT34	Number of Partners testing positive	_____ Per month/per year
PMTCT35	Number of women attending family planning	_____ Per month/per year
PMTCT36	Number of deliveries in maternity	_____ Per month/per year
PMTCT37	Number of HIV positive women delivering at maternity	_____ Per month/per year
PMTCT38	Number of infants tested	_____ Per month/per year
PMTCT39	Number of infants HIV infected	_____ Per month/per year
PMTCT40	Number of women who return 6 months after delivery for CD4 test	_____ Per month/per year

Registers

R1	Do you record ANC visits in a client register? (If yes, ask to see it.)	Yes	No
R2	Do you record PMTCT visits in a client register? (If yes, ask to see it.)	Yes	No
R3	If you responded Yes to both R1 and R2, are the ANC registers and PMTCT registers separate or a single combined register?	Separate	Combined
R4	Do you keep an exposed-infant register?	Yes	No
R5	Do you record Maternity deliveries in a register?	Yes	No
R6	Do you keep a record of HIV+ pregnant women coming to Maternity?	Yes If yes, where do you record visits? ___ General Maternity register ___ Complementary Maternity register ___ PMTCT register for Maternity ___ Other (explain):	No
R7	Do you record results of provider-initiated counseling and testing in Maternity?	Yes If yes, where are results recorded? ___ General Maternity register ___ VCT register in Maternity ___ Other (explain)	No N/A (no C&T in maternity)

Laboratory Test Management				
	Test	Tests done at the clinic	Blood samples sent to referral laboratory	Average turnaround time in days (time between taking specimen and receiving results)
Lab1	Hemoglobin			
Lab2	Full Blood Count			
Lab3	Glucose			
Lab4	Quantitative urine (dipstick)			
Lab5	Rapid malaria test			
Lab6	Pregnancy test			
Lab7	RPR (indicate type of test) _____			
Lab8	Rapid HIV test	Determine		
		Unigold		
Lab9	PCR			
Lab10	TB Sputum smear			
Lab11	Other (specify)			

Do you currently have a quality control mechanism or system in place? ___ Yes ___ No

If Yes, Please describe: _____

Referrals and Linkages to Care and Treatment

RL1. Once you've identified an HIV positive pregnant woman, how is she referred to the ART clinic? What mechanisms are in place to ensure that the woman is retained in care?

RL2. Briefly describe how mothers in labour who do not know their HIV status are managed. Where do they get their HIV prophylactic meds or HAART from while in the maternity?

RL3. Briefly describe partner testing referral. (is a letter sent home with the mother; is testing done at the ANC/PMTCT or in the VCT center, etc)

RL4. Where is the HIV exposed child referred for follow-up care? (ANC/PMTCT or ART clinic) Please describe.

RL5. If an HIV positive mother delivers at home, where is she told to return with her infant for prophylactic meds (ANC/PMTCT, Maternity or ART clinic)? Or is she given infant formulations to take home?

Obtain a copy of any documentation, patient cards or letters used for referral or for follow-up care.

If time permits, complete this CASE STUDY:

Pregnant woman scenario

Present the case of an average woman who is pregnant and who comes to the clinic for ANC (during the discussion, explore the different options: HIV pos/HIV neg, CD4>200/<200 etc). Ask and describe in detail what happens to the woman during her first visit and subsequent visits to the clinic, where will she deliver and what will happen to her and the baby after delivery. Ask specifically for tracking systems, referral systems, information systems and treatment and care for mother and child. Discuss with the staff how we could improve these systems and provide HAART and/or cotrimoxazole to pregnant mothers and children.

Recommendations

Staff

Training & Supervision

Service Implementation

Job Aids (improved linkages, etc.)

Other (funding, infrastructure, etc.)

Name of person completing assessment (print) _____

Signature _____

Date _____