



MODULE 9:

# Monitoring and Evaluating Prevention of Mother-to-Child Transmission Programs

Monitoring HIV/AIDS Programs

A FACILITATOR'S TRAINING GUIDE

A USAID RESOURCE FOR PREVENTION, CARE AND TREATMENT



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# Monitoring HIV/AIDS Programs: A Facilitator's Training Guide

A USAID Resource for Prevention, Care and Treatment

## Module 9: Monitoring and Evaluating Prevention of Mother-to-Child Transmission Programs

September 2004

Family Health International



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## MODULE 9:

# Monitoring and Evaluating Prevention of Mother-to-Child Transmission Programs

*This Monitoring and Evaluation series is based on the assumption that Core Module 1 (Introduction to Monitoring and Evaluation) is always the first module, that it is followed directly by Core Module 2 (Collecting, Analyzing, and Using Monitoring Data), which is followed by one or more of the optional technical area modules (Modules 4 through 10), and that in all cases the final module is Core Module 3 (Developing a Monitoring and Evaluation Plan). The specified sequence is shown below:*

1. *Core Module 1: Introduction to Monitoring and Evaluation*
2. *Core Module 2: Collecting, Analyzing, and Using Monitoring Data*
3. *Optional Technical Area Modules 4 through 10*
4. *Core Module 3: Developing a Monitoring and Evaluation Plan*

### Learning Objectives

The goal of this workshop is to build participants' skills in designing monitoring plans and systems that effectively monitor program inputs, processes, and outputs and in planning evaluations of prevention of mother-to-child transmission (PMTCT) services.

*At the end of this session, participants will:*

- Understand the components of PMTCT programs that should be monitored
- Develop/adapt PMTCT-specific process indicators
- Identify appropriate monitoring and evaluation methodologies and tools
- Have a better appreciation of different data uses and how the intended data use will affect data collection and analysis
- Identify possible evaluation questions and determine when an evaluation will be necessary for their programs

### Session Overview and Schedule

TIME		TOPIC	TRAINING METHOD
8:30-9:00	30 min	A. Welcome and Review	<i>Facilitator Presentation</i>
9:00-10:00	60 min	B. Overview of PMTCT Programs	<i>Facilitator Presentation</i>
10:00-10:15	15 min	BREAK	
10:15-10:45	30 min	C. Monitoring PMTCT Programs	<i>Facilitator Presentation, Group Activity</i>
10:45-12:00	75 min	D. What to Monitor	<i>Facilitator Presentation, Group Activity</i>
12:00-1:00	60 min	LUNCH	
1:00-2:00	60 min	D. What to Monitor (cont'd)	<i>Facilitator Presentation, Group Activity</i>

## Session Overview and Schedule

TIME		TOPIC	TRAINING METHOD
2:00-2:45	45min	E. Monitoring Methods and Tools	<i>Group Discussion</i>
2:45-3:30	45min	F. Data Analysis and Use	<i>Group Discussion</i>
3:30-3:45	15 min	<b>BREAK</b>	
3:45-4:45	45 min	G. Evaluating PMTCT Programs	<i>Facilitator Presentation</i>
4:45-5:00	15 min	I. Wrap-Up	<i>Q &amp; A Session</i>

### Materials

- Flipchart paper and stand
- Markers
- Evaluation Form
- Worksheet: Group Work for M&E Questions
- Handout: Example M&E Questions
- Handout: Illustrative Indicators List for Monitoring PMTCT Programs
- Handout: Example PMTCT Register Tools
- Handout: PMTCT Monthly Report Form
- Handout: Instructions for Filling Out PMTCT Monthly Report Form
- Handout: Plotting M&E Indicators



## A. Welcome and Review

8:30-9:00	30 min	A. Welcome and Review	Facilitator Presentation
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8:30-8:45 (15 min)

### 1. Welcome and Review

Thank participants for arriving on time and remind them in a humorous way that anyone who arrives late will be subject to shame and humiliation from the entire group.

Because this module is being delivered after Core Module 1 (Introduction to Monitoring and Evaluation) and Core Module 2 (Collecting, Analyzing, and Using Monitoring Data), participants will have become familiar with each other. Therefore, each morning during this time the facilitator can take about 15 minutes to review the material participants learned in the preceding modules. This provides an excellent opportunity to generate energy among the group by asking the participants to quiz each other. This review activity can be light, energetic, and even humorous. Encourage participants to stand up or do something else physical as they ask or answer their questions.

8:45-9:00 (15 min)

### 2. Overview of Workshop Objectives and Agenda

The goal of this workshop is to build your skills in monitoring Prevention of Mother-to-Child Transmission programs.

*At the end of this session, participants will:*

- Understand the components of PMTCT programs that should be monitored
- Develop/adapt PMTCT-specific process indicators
- Identify appropriate monitoring and evaluation methodologies and tools
- Have a better appreciation of different data uses and how the intended data use will affect data collection and analysis
- Identify possible evaluation questions and determine when an evaluation will be necessary for their programs

There will be a 15-minute mid-morning break, lunch will be from 12:00 to 1:00, and there will be a 15-minute mid-afternoon break. We will finish the workshop by 5:00 p.m.

## B. Overview of PMTCT Programs

9:00-10:00	60 min	B. Overview of PMTCT Programs	Facilitator Presentation
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### Materials

- Flipchart paper
- Markers

### Group Exercise 1

Draw three diagrams of a woman on three pieces of flipchart paper:

1. A woman of reproductive age who is not pregnant

2. A pregnant woman (antenatal phase)
3. A woman who has just delivered a baby (postpartum)

Ask participants to list all of the possible needs of a woman in each of these three phases. Have participants write these lists on different pieces of paper and post them on the appropriate flipchart page.

### **Group Exercise 2**

Using the lists of needs identified by the participants, ask participants for definitions of PMTCT services. Use the following to fill any gaps and/or add to the discussion:

Definition of prevention of mother-to-child transmission services:

**PMTCT refers to *prevention of mother-to-child transmission of HIV.***

PMTCT efforts include **four prongs**:

1. Primary prevention of HIV among parents-to-be (e.g., through BCC)
2. Prevention of unintended pregnancies among HIV-positive women (e.g., through family planning)
3. Prevention of transmission from HIV-positive women to their infants (e.g., through provision of ART)
4. Follow-up for and linkages to long-term prevention, care, and support services for mothers, their children, and their families (PMTCT-Plus)

To reap the benefit of PMTCT interventions, women need access to adequate antenatal, delivery, and postnatal care, which includes:

- Early access to antenatal care (before 34-36 weeks)
- Voluntary counseling and testing
- A minimum package of antenatal care that includes vitamin supplementation and screening for and treatment of anemia and sexually transmitted diseases (to reduce both sexual and mother-to-child transmission of HIV)
- Delivery care by a skilled attendant, including optimal obstetric practices that may reduce the risk of transmission
- Counseling on infant feeding and care practices, and support of mother's infant feeding choice

In addition, if VCT is promoted, women who are diagnosed HIV-positive must have access to long-term care and support. Follow-up for the mother and child include the following:

- Psychosocial support for the mother and child
- Medical care for the mother and child

### **Monitoring and Evaluation in Context of PMTCT**

Monitoring and evaluation of PMTCT programs will:

- Help to determine whether existing health services are adequately prepared for the introduction of PMTCT interventions

- Identify areas for improvement in antenatal care and maternal and child health (MCH) services and ways to integrate PMTCT services to ensure that PMTCT interventions are safe and effective when introduced
- Identify weaknesses in the PMTCT management information system (MIS) and tracking system (e.g., poor client follow-up)
- Offer guidance on ways to provide and maintain high-quality services
- Support program implementation by providing ways to use lessons learned to improve health activities and promote better planning

Facilitator Note: Take questions at the end of the session to wrap up.

10:00-10:15	15 min	BREAK
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## C. Monitoring PMTCT Programs

10:15-10:45	30 min	C. Monitoring PMTCT Programs	<i>Facilitator Presentation, Group Activity</i>
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### Materials

- Flipchart paper
- Markers

### 1. Setting Program Goals and Objectives

Without clear objectives, monitoring and evaluation is difficult, and in some cases impossible.

Facilitator Note: Use the following to clarify the definition of a goal:

**Goal: A general statement describing the hoped-for result of a program.**

Goals are achieved over the long term and through the combined efforts of multiple programs (e.g., a UNGASS goal is a reduction in the percentage of HIV-infected infants born to HIV-infected mothers).

Ask participants to share the goals of their own PMTCT programs. Write these goals on flipchart paper so that all participants can see them. (Take up to 10 examples.)

Ask participants to describe the objectives that are specific to their PMTCT programs. Write these objectives on flipchart paper so that all participants can see them. (Take up to 10 examples.)

Then ask participants the following questions:

Based on what you've learned in this workshop series:

- Are these objectives specific? If not, why?
- Are these objectives measurable? If not, can you make them so?
- Are these objectives achievable?

- Are these objectives reasonable? What might be the challenges to meeting these objectives?
- Are these objectives time-bound?
- Do these objectives contribute to attaining the overall goals of the program?

Facilitator Note: Use the following to clarify the definition of objectives:

**Objective:** Specific, operationalized statement detailing the desired accomplishment of the program.

A properly stated objective is action-oriented, starts with the word “to,” and is followed by an action verb. Objectives address questions of what and when, not why or how. They should be stated in terms of results to be achieved, not the processes or activities to be performed.

Examples of objectives include the following:

- Presidential Initiative Program objective: By 2008, to reduce mother-to-child transmission by 40 percent and to reach up to one million people
- UNGASS objective: By 2010, to achieve a 50 percent reduction in the percentage of HIV-infected infants born to HIV-infected mothers
- USAID Expanded Response objective: To ensure that 25 percent of HIV-infected pregnant women in high-prevalence countries receive antiretroviral prophylaxis to prevent mother-to-child transmission

Facilitator Note: The object of this exercise is not to put individuals who offered these objectives on the spot or to criticize them—keep an atmosphere of support. For example, affirm that some of the objective is good, but that it could be even more specific and is an example of how we can all reflect on our programs’ objectives.

## D. What to Monitor

10:45-12:00	75 min	D. What to Monitor	Facilitator Presentation, Group Activity
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### Materials

- Flipchart paper and stand
- Markers
- Handout: Example M&E Questions
- Worksheet: Group Work for M&E Questions
- Handout: Illustrative Indicators List for Monitoring PMTCT Programs

10:45-11:00 (15 min)

### 1. Definition of Monitoring

Ask participants to define monitoring, and then use the following comment to clarify and fill in any gaps:

“Tracking the key elements of an ongoing program over time (inputs, process, outputs, and quality). Monitoring answers the questions: “To what extent are planned activities actually

realized? How well are these services provided?” Monitoring also assesses the extent to which a program is undertaken consistent with its design or implementation plan.

Follow up with a discussion by asking participants:

“Based on your own experience, what are some of the key issues that must be taken into consideration when monitoring a PMTCT program?”

List the participant’s suggestions and make comments and clarifications as you go along.

Facilitator Note: Use the following points as a guide to clarify and/or fill in the gaps:

- Stigma
- Reporting requirements of host district, state, region, or government
- Confidentiality
- Explanation of HIV test and test results
- Psychological/emotional support
- Appropriate referral
- Documentation of care
- Partner disclosure
- Discordant couples
- Collection of monitoring data for postnatal services

Note: These points are also relevant and useful for the session on “What to Monitor.”

## 2. Developing Monitoring Questions

The facilitator can begin this session by saying: “After setting the program objectives, and bearing in mind the issues to consider when monitoring (as we did in the previous session), it is time to develop monitoring and evaluation questions. If these questions are well defined, they will facilitate the development of your M&E system. M&E questions should focus on each component of the program.

Ask participants to list the major components of PMTCT programs that need to be monitored. Write the responses on flipchart paper. Refer to the following list to ensure that all of the components are mentioned:

1. Infrastructure
2. Confidentiality practices
3. Provision of services, including antenatal practices, coverage among women in the catchment area, HIV testing and counseling, infant feeding counseling, family planning counseling, outreach activities, and referrals
4. Human resources and capacity
5. Management and supervision, including an MIS and a patient tracking system

The questions you develop should also consider the *inputs*, *outputs*, and *outcomes* for each component.

11:00-11:55 (55 min)

### Group Exercise

Divide the participants into five groups, and assign each group one of the PMTCT program components listed previously. The facilitator should ask participants to develop M&E questions pertaining to their assigned component using Worksheet: Group Work for M&E Questions. Tell participants they have 20 minutes for this exercise.

**Group 1: Infrastructure**

Example questions:

- Is there adequate space to ensure auditory and visual privacy for maintaining confidentiality?
- Is the quality and quantity of the necessary supplies (i.e., HIV test kits, ARV drugs) appropriate to meet the needs of the PMTCT program?

Facilitator Note: Ask participants to generate more M&E questions about infrastructure and to do the same for the next components as well.

**Group 2: Confidentiality Practices**

Example Questions:

- Are there protective mechanisms built into the MIS (i.e., use of unique identifiers or codes) to ensure client confidentiality?
- How is confidentiality maintained at HIV test sites?

**Group 3: Provision of services, including antenatal practices, coverage among women in the catchment area, HIV testing and counseling, infant-feeding counseling, family planning counseling, outreach activities, and referrals**

Example Questions

- What services are provided at the antenatal care/PMTCT site?
- What are the latest antenatal care service statistics? Who is using the services? Are those at highest risk for HIV using the services? How many women are served at the antenatal site (within a specific timeframe)?
- What does the infant-feeding counseling consist of? Is there an accepted protocol for educating and counseling mothers about infant-feeding choices?

**Group 4: Human Resources and Capacity**

Example Questions

- How many and what types of providers are there at the antenatal care/PMTCT site?
- What is the technical capacity of the providers, including their knowledge of MTCT and HIV?

**Group 5: Management and Supervision**

Example Questions

- What is the frequency and quality of staff supervision and support (e.g., number of weekly meetings, availability for problem-solving)?
- Is the management information system working? Are the necessary reports being produced?

11:55-12:00 (5 min)

Call time. Ask each group to tell the entire group its program component and then a few questions they came up with for monitoring that component.

Facilitator Note: Pass out Handout: Example M&E Questions, which participants will refer to throughout the day.

12:00-1:00	60 min	LUNCH
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## D. What to Monitor (cont'd)

1:00-2:00	60 min	D. What to Monitor (cont'd)	<i>Facilitator Presentation, Group Activity</i>
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### 3. Monitoring Indicators

Monitoring indicators are developed based on the objectives and monitoring questions developed during program planning.

In this session, we will use the objectives and monitoring questions to review mandatory and other illustrative indicators for PMTCT programs.

The facilitator should start by saying:

“Indicators are a necessary component of monitoring PMTCT programs. Without indicators, it becomes impossible to monitor program benchmarks. [Facilitator should explain what benchmarks are at this time.] We learned how to select good indicators earlier in this workshop series. We will first look at some core indicators that are required by USAID in the area of PMTCT (see text box). Following that, we will look at some other recommended indicators that are useful for monitoring PMTCT programs.”

Facilitator Note: Inform participants that they can also refer to Handout: Illustrative Indicators List for Monitoring PMTCT Programs.

The facilitator should now discuss the issue of *duplicate counts*, or *multiple counting*. For example, it could be that the same woman comes in for different pregnancies within a 12-month period, or that a woman is being seen at more than one PMTCT site. These are cases of *duplicated counts*, or *multiple counting*.

#### Minimum USAID-Required Indicators for PMTCT Programs

- # PMTCT trainings (includes VCT, ARV administration, infant feeding counseling, and family planning counseling or referral)
- # healthcare providers trained in provision of PMTCT services
- # women who attend antenatal clinics (ANC) with PMTCT services for a new pregnancy
- # women with known HIV infection among those seen at antenatal clinics that offer PMTCT services
- # pregnant women attending at least one ANC visit at a PMTCT site who accept HIV testing
- % pregnant women attending at least one ANC visit at a PMTCT site who accept HIV testing
- # pregnant women testing positive for HIV
- % pregnant women testing positive for HIV
- # women testing positive who receive HIV test results and post-test counseling
- % women testing positive who receive HIV test results and post-test counseling (stratified by serostatus)
- Total number of HIV-positive women seen in the last quarter (previously known status and tested)
- # all pregnant women counseled about PMTCT
- % all women counseled about PMTCT
- # HIV-positive women counseled about breastfeeding
- % HIV-positive women counseled about breastfeeding
- # HIV-infected pregnant women who receive a complete course of ARV prophylaxis to reduce the risk of MTCT
- % HIV-infected pregnant women who receive a complete course of ARV prophylaxis to prevent MTCT
- # HIV-positive women counseled on or referred to family planning
- % HIV-positive women counseled on or referred to family planning
- # women enrolled or referred to a comprehensive care program
- % all HIV-positive women enrolled or referred to a comprehensive care program
- # children born to HIV-positive women who test HIV-positive at 15 months or 18 months
- # USAID-supported health facilities providing at least the minimum package of PMTCT services, which includes care and treatment, ARV prophylaxis, infant feeding, family planning counseling, and referral for infants receiving ARV prophylaxis for PMTCT

Tell participants that multiple counting will most likely be an issue for everyone who collects data and that they must make sure they are consistent in how they define multiple counting.

(15 min)

#### Activity

Tell participants to refer to Handout: Example M&E Questions that they received earlier. Divide participants into their previous groups and have them write on a separate piece of paper a list of matching indicators based on the monitoring questions they wrote down on their Worksheet: Group Work for M&E Questions for the previous exercise. Tell them they have 10 minutes.



Call time and convene the full group.

## E. Monitoring Methods and Tools

2:00-2:45	45 min	E. Monitoring Methods and Tools	Group Discussion
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### Materials

- Handout: Example PMTCT Register Tools
- Handout: PMTCT Monthly Report Form
- Handout: Instructions for Filling Out PMTCT Monthly Report Form

### Methods: Quantitative and Qualitative

Facilitator Note: The facilitator should refer to the main PMTCT monitoring areas identified in the previous session. The facilitator should make references to the areas and questions that require quantitative and qualitative methodologies during the presentation.

#### Quantitative Monitoring

**Quantitative** monitoring (measuring how much, how many, quantity) tends to document numbers associated with the program, such as how many posters were distributed, how many counseling sessions were held, or how many times a promotional radio spot was aired. It focuses on which program elements are being carried out and how often. Quantitative monitoring tends to involve record-keeping and numerical counts. The activities in the project/program timeline of activities should be closely examined to see what kinds of monitoring activities might be used to assess progress. The method for monitoring and its associated activities should be integrated into the project timeline.

Facilitator Note: Refer to the flipchart, to Worksheet: List of M&E Questions developed by the group exercise earlier, and to Handout: Example M&E Questions. Indicate quantitative monitoring questions and indicators.

#### Qualitative Monitoring

**Qualitative** monitoring (quality) will ask questions about how well the elements are being carried out. Questions may include: how are people's attitudes changing toward stigma, family planning, care and support; what is the influence of program activities on real or incipient behavior change; how information permeates communities "at-risk;" and so on. To obtain this type of information—which can also work as part of the feedback system—such qualitative methods as in-depth interviews and focus group discussions are often used.

### Specific Monitoring and Evaluation Methods for PMTCT Programs

The following are some M&E methods commonly used to monitor and evaluate PMTCT programs:

- Reviewing records and reporting forms from clinics
- Physical site visits and walk-throughs to assess ANC area, VCT service and space, maternity services, laboratory, and supplies/pharmacy services
- Direct observation of interactions between clients and providers

- Qualitative methods such as focus group discussion and in-depth interviews with PMTCT site manager/coordinators, persons in charge of laboratory services, clients, and staff working in MCH clinics and maternity services

Ask participants to share their previous or ongoing experience in monitoring methods they have used for PMTCT programs.

Discussion (10 min)

### Monitoring and Evaluation Tools

The scope, content, and context of PMTCT interventions vary considerably between sites. Some sites provide “one-stop shopping” for all of the PMTCT-related services at the mother and child health (MCH)/antenatal care clinic; others provide counseling at the antenatal care clinic and testing at the laboratory, or at an existing VCT unit. Others may provide antenatal care, but not maternity services, and vice versa. Although there will be many common elements, tools need to be developed and adapted according to the situation and to respond to the needs of each program site.

Review with participants some of the issues they must consider when developing or adapting tools (e.g., the size of the program, specific program components, language and literacy level of program staff, budget, national health MIS, etc.).

Have participants review the following handouts and encourage them to share their experience using these tools:

- Handout: Example PMTCT Register Tools
- Handout: PMTCT Monthly Report Form

Take comments from the group and make clarifications as necessary. While wrapping up the session, note that quarterly and annual PMTCT reports can be useful in analyzing trends over time.

Other items to include in the wrapping-up discussion include: Have any of the participants used similar data collection tools? Have they had difficulties using these tools? Do they find these tools useful? Are they user-friendly?

## F. Data Analysis and Use

2:45-3:30	45min	F. Data Analysis and Use	Group Discussion
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### Materials

- Handout: Plotting M&E Indicators

### 1. Data Analysis

The facilitator can start this session by saying:

“Systematic analysis of the program data (i.e., outputs and outcomes) helps to identify major gaps in effectiveness and efficiency. For example, regularly assessing what proportion of women accept testing, initiate antiretroviral therapy, receive nutritional counseling, comply with antiretroviral therapy, and so on, can help you identify the major obstacles to effectiveness and act on them. Also, for future expansion of the program, it is important to identify the successes and to analyze the reasons for successes.”

Data analysis can take place at different levels. Ask participants the following questions, and use the information in the text boxes to clarify.

- At what levels can analysis occur?

Facilitator reference:

- Analysis at the community level
- Analysis at the MCH level
- Analysis at the district level
- Analysis at the national level

- What could be analyzed at the community level?

Facilitator reference:

- Demand factors, such as reasons for non-use of antenatal care services
- Community awareness of the program
- Stigma

- What could be analyzed at the MCH clinic level?

Facilitator reference:

- Analysis of local progress
- Coverage
- Analysis of management issues
- Identification of obstacles

- What could be analyzed at the district level?

Facilitator reference:

- Analysis of cross-cutting issues
- Analysis of system support requirements (e.g., supervision and supply)
- Comparison of outputs and outcomes of different facilities
- Identification of best practices

- What could be analyzed at the national level?

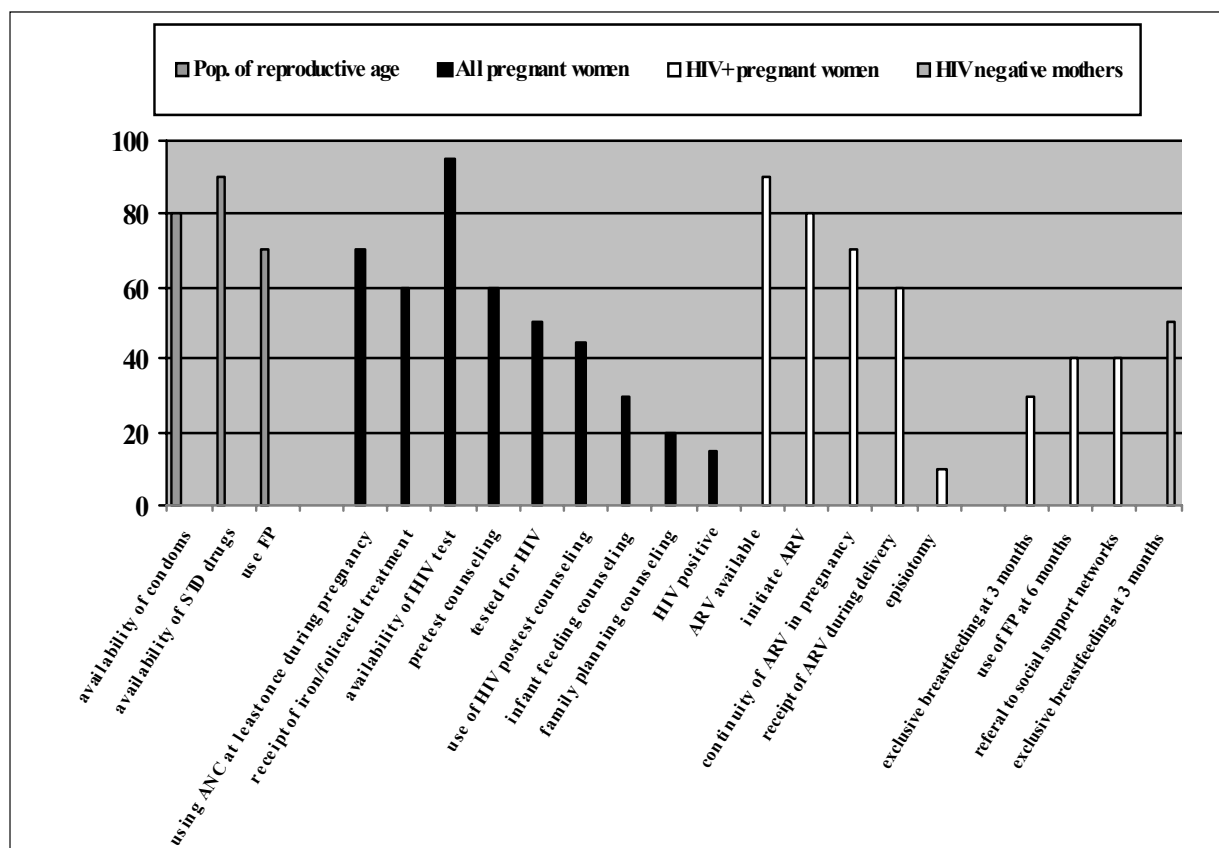
Facilitator reference:

- Comparison of alternative strategies and policy decision-making

Continue the discussion by saying:

“Measuring the indicators and plotting them on a graph makes it possible to visualize the degree to which the key conditions for effectiveness have been met and to identify the level at which the operational problems hampering implementation occur.”

Facilitator Note: Have participants look at Handout: Plotting M&E Indicators as an example of analyzing data graphically and visually.



Using the information provided in the graph in Handout: Plotting M&E Indicators, which shows the results of a fictional PMTCT program, ask participants to develop an action plan that includes the following four items:

1. A description of the identified problem
2. Possible solutions (or)
3. New or additional information that is needed
4. Action steps

Encourage the entire group to talk about this at the same time, and lead them through these four items.

### Data Use

#### Group Discussion

In summary, what can all of these data be used for? Ask the group for their thoughts, and include the following items if they are not brought up:

- Improving performance (e.g., hire more staff, train staff, buy more supplies)
- Feedback to program staff (e.g., hold regular staff meetings, include field staff)

- Decision-making about future direction of the program (e.g., scaling-up)
- Services/expanding coverage (e.g., identify new geographical areas and/or other services to be added to program)
- Reporting to donors and policymakers
- Communicating program’s success and challenges to community (e.g., newspaper articles, press conference, town hall meeting)
- Fund-raising (proposal writing)

Ask participants to share their own experiences reporting on their programs’ performance and on communicating with donors, government officials, and the community. Identify obstacles and possible solutions to the feedback process.

3:30-3:45	15 min	<b>BREAK</b>
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## G. Evaluating PMTCT Programs

3:45-4:45	45 min	<b>G. Evaluating PMTCT Programs</b>	<i>Facilitator Presentation</i>
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3:45-4:00 (15 min)

Ask participants to provide feedback on monitoring challenges and next steps.

4:00-4:45 (45 min)

Continue by saying:

Evaluation answers the questions:

“What outcomes are observed? What do the outcomes mean? Does the program make a difference?”

The following are some take-home points about evaluation.

Demonstrating benefits through core evaluation helps to verify whether:

- The intervention is successful in preventing MTCT
- The intervention reaches the intended beneficiaries
- The intervention benefits the targeted population
- The intervention harms the participants and/or nonparticipants living in the area

The minimum core evaluation process for PMTCT programs will involve the following:

1. Synthesizing local monitoring data from each clinic
2. Collecting and analyzing additional data that cannot be collected validly through the clinical and administrative management process (i.e., quality of counseling, client satisfaction, and assessment of client/provider interaction)
3. Assessment of impact on final outcomes of interest, mainly: HIV infection status of children, child mortality, social consequences of HIV testing (positive and negative), and social consequences of replacement feeding (risk of stigma)

Encourage participants to discuss whether an evaluation of their program is recommended. If their answer is yes, have them discuss the kinds of evaluation questions that should be asked and how, when, where, and by whom the evaluation should be conducted.

Facilitator Note: Use the questions below for reference.

#### Effectiveness of Intervention (Evaluation Questions)

- How much transmission is prevented by the use of ARV drugs in infants age 15 to 18 months?
- What effect did the infant feeding method have on HIV rates of infants age 15 to 18 months who were given ARV therapy?
- How much overall transmission is prevented through interventions offered by the program?
- What was the overall quality of VCT services?
- Is knowledge of HIV status associated with stigma, abandonment, and/or discrimination?
- Is knowledge of HIV status associated with positive changes in sexual behaviors, better access to medical, and social support?
- Is replacement feeding associated with stigma, abandonment, and/or discrimination?
- Is the program cost-effective?

## I. Wrap-Up

4:45-5:00	15 min	I. Wrap-Up	<i>Q &amp; A Session</i>
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#### Materials

- Evaluation Form

Ask participants for two major lessons they have learned during the workshop.

Write each of the lessons mentioned on a flipchart (or ask a participant to do so).

Distribute the Evaluation Form on the workshop and ask participants to fill it out and submit it before leaving the classroom.

# Appendix

## Module 9: Monitoring and Evaluating Prevention of Mother-to-Child Transmission Programs

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## Group Work for M&E Questions

### *Group 1: Infrastructure*

#### *Example questions:*

- Is there adequate space to ensure auditory and visual privacy for maintaining confidentiality?
- Is the quality and quantity of the necessary supplies (i.e., HIV test kits, ARV drugs) appropriate to meet the needs of the PMTCT program?

Generate a list of additional M&E questions pertaining to infrastructure:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.



## Group Work for M&E Questions

### *Group 2: Confidentiality practices*

#### *Example Questions*

- Are there protective mechanisms built into the MIS (i.e., use of unique identifiers or codes) to ensure the confidentiality of the clients?
- How is confidentiality maintained at HIV test sites?

Generate a list of additional M&E questions pertaining to confidentiality practices:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

## Group Work for M&E Questions

***Group 3: Provision of services, including antenatal services, coverage, prenatal services, HIV counseling, HIV testing, infant feeding counseling, family planning counseling, and referrals***

### *Example Questions*

- Which services are provided at the ANC/PMTCT site?
- What are the latest ANC service statistics? Who is using the services? Are those at highest risk for HIV utilizing the services? How many women are served at the antenatal clinic (within a specific timeframe)?
- What does the infant feeding counseling consist of? Is there an accepted protocol for educating and counseling mothers about infant feeding choices?

Generate a list of additional M&E questions pertaining to provision of services:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

## Group Work for M&E Questions

### *Group 4: Human resources and capacity*

#### *Example Questions*

- How many, and what types of providers are there at the ANC/PMTCT site?
- What is the technical capacity of the providers (HIV, VCT, Infant feeding counseling, etc.), including their knowledge of MTCT and HIV?

Generate a list of additional M&E questions pertaining to human resources and capacity:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

## Group Work for M&E Questions

### *Group 5: Management and supervision*

#### *Example Questions*

- What is the frequency and quality staff supervision and support (i.e., number of weekly meetings, availability for problem-solving)?
- Is the management information system (MIS) working? Are the necessary reports being produced?

Generate a list of additional M&E questions pertaining to management and supervision:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

## Example M&E Questions

### General Monitoring Questions

- Is there an M&E system? If so, how is it organized?
- Have the PMTCT activities been carried out as planned? If not, why? (USAID/FHI-required information)
- What population is being reached? Is this our targeted population? (USAID/FHI-required information)
- Have the targets been met?
- If the targets are not being met, what are the problems (e.g., lack of inputs, staff performance or attitude, lack of accessibility, affordability)?
- How many people have been reached by the services?
- Are the costs of the project within the budget? (USAID/FHI-required information)
- Are activities that were not planned (in sub-agreement or work plan) being implemented?
- How is the project being supervised?
- What problems has the supervisor identified?

### Adequacy of Inputs

- Are the resources (infrastructure, trained staff, equipment, test kits required by protocol, storage, supplies, waste disposal, and commodities) consistently available and in place to meet minimal standards of PMTCT care?
- Are there protocols for PMTCT, HIV counseling, HIV testing, administration of ARVs for PMTCT, maternal and neonatal care, infant feeding counseling, and nutrition counseling in place?
- Do the MCH services meet basic standards of antenatal, postpartum, and infant care (syphilis testing, tetanus and other immunizations, malaria prophylaxis and treatment, nutritional support and counseling, family planning counseling and supplies, infant care)?
- Is the facility accessing free or inexpensive drug supplies? Through what source?
- Is the MIS working (or set up) so clients can be tracked throughout the PMTCT process and follow-up?
- Is the staff maintaining adequate records for PMTCT-related services?
- What approach is the site using to collect additional PMTCT-related data? Have these records been integrated into the existing MCH/ANC registers or record-keeping system, and how is this working?
- Can mother-infant pairs be tracked throughout the PMTCT-process and followed-up on? How? Through standardized system across services? Forms? Other methods?
- Are there protective mechanisms built into the MIS to protect client confidentiality (e.g., use of unique identifiers or codes)?
- Is the PMTCT service user-friendly (registration process, privacy, cleanliness, efficient procedures, waiting time, hours of operation)?
- Does the registration process collect the usual demographic data needed, such as name, sex, marriage status, occupation, and number of dependents?
- Is the service affordable? How much does it cost for clients to receive VCT services (fees, travel costs, hours of work lost)? Is this affordable to the clients?
- Are stakeholders (including MCH/ANC staff, district health management team or similar group, PLHA, and others that have been identified) involved in planning or monitoring the PMTCT services?

### Provider Development and Support

- What type of health workers provides services?
- Has staff received the necessary training?
- How many and what type of providers have been trained, including lay counselors?
- What PMTCT-related services have they been trained in?
  - Obstetric services (safe delivery practices to minimize the risk of MTCT)
  - Family planning counseling or referral to FP center
  - HIV counseling and testing
  - ARV prophylaxis to prevent MTCT
  - Infant feeding counseling for HIV-positive mothers (e.g., WHO/UNICEF/UNAIDS guidelines introduced)
  - Supply issues (e.g., management of supplies)
  - Nutrition counseling
  - Other areas of HIV care and support
- How were providers trained (separate courses in topics listed above or as part of PMTCT course)?
- What refresher courses or in-service trainings are provided to staff?
- Are continuing education and training available to PMTCT staff at least annually?

- How are PMTCT counselors/staff selected?
- Has all staff been trained in prevention of blood-borne diseases/universal precautions?
- Do you provide post-exposure prophylaxis to health workers?
- How frequently are staff meetings held?
- What are the major issues discussed?
- Is the staff encouraged to report problems?
- Is the staff aware of the program goals and objectives?
- How is staff (clinic/MCH/ANC, PMTCT, and maternity) involved in the design and implementation of program?
- How is staff involved with monitoring of the program?
- How are health workers motivated?
  - Additional payments
  - Training
  - Status
  - Increased staff
  - Improved working conditions
- Is provider burnout an issue?
- What mechanisms are in place to deal with stress and burnout (e.g., regular counselor-supervisor meetings)?
- Has there been a noticeable turnover of staff?
- What are provider attitudes toward PMTCT and toward caring for HIV-positive persons?

#### **MCH/ANC Service Utilization**

- Do the MCH services meet basic standards of antenatal, postpartum, and infant care, including syphilis testing and treatment, tetanus toxoid immunization, iron and folic acid provision, vitamin A and/or multivitamin supplements, malaria prophylaxis, childhood immunizations, fetal growth monitoring, and other well-baby care?
- What are the latest ANC service statistics? Who is using the services? Are those at highest risk for HIV using the services?
- How many women were served at the antenatal clinic within the past 12 months?
- Does each new pregnant client visiting the ANC receive the necessary PMTCT information and education?
- How are women receiving information on HIV/AIDS, VCT, and PMTCT?
- What proportion of pregnant women in the catchment area attended the ANC at least once for a new pregnancy in the last 12 months?
- What are the clients' perceptions of PMTCT?

#### **VCT Utilization for PMTCT**

- Who is using the services? (demographic and personal information)
- Are those at highest risk using the services? Are significant populations or groups being missed?
- How many of the women were given pre-test counseling for HIV testing?
- How many of the women received their test results?
- How many women tested HIV-positive?
- Is there an increasing demand for VCT?

#### **Counseling and Testing Protocol Adequacy**

- Is there a nationally or locally accepted standard counseling protocol? Testing protocol? Are the guidelines written and easily accessible (i.e., available onsite)?
- Are the counselors knowledgeable about the counseling protocol?
- How well do the counselors follow the counseling protocol?

#### **Pre-Test Counseling Quality**

- Is clear information about the HIV test given to each client?
- Has a risk assessment/client history been conducted?
- Is the consent form explained and signed/witnessed?

### Post-Test Counseling Quality

- Is the HIV test result explained clearly?
- Is emotional support provided?
- Are counselors promoting the use of condoms?
- Are condom-use instructions, condoms, or referrals to condom distribution sites provided?
- Are referrals for medical and social support provided?
- What support is provided to clients to help them with partner or family notification?
- Is ongoing counseling provided?
- How often is couple counseling provided?
- Does the counselor go through a risk reduction plan with the client (positive or negative)?

### Testing Protocol Adequacy

- Where does testing take place (at the ANC/MCH, a separate VCT site, or a main laboratory)?
- Who conducts the test? (PMTCT counselors? VCT counselors? Laboratory technicians at the VCT site or main laboratory?)
- What tests are used for HIV testing?
- What is the testing protocol/algorithm used by the facility?
- Does the protocol meet UNAIDS/WHO standards?
- How consistently is the protocol used?
- How long must clients wait to receive their test result?
- How much does the testing protocol cost? Is it cost-effective?
- Is the testing protocol the most appropriate given local conditions? If not, how can it be improved? (Note: This can be determined by assessing the cost and cost-effectiveness of the tests used and the testing protocol [serial or parallel], the supply of trained laboratory technicians in HIV testing, the type of HIV testing conducted at the facility, the prevalence rate probable for that district/area, and the demand for tests, if that can be measured.)
- How is client confidentiality managed throughout the blood collection, testing, and reporting procedures?
- Are the standard operating procedures for the laboratory being observed?
- What quality assurance mechanisms have been set up to ensure testing procedures are being followed (i.e., biosafety, UP, protocol) and to check for accuracy of tests?

### ARV Therapy Utilization

- How many HIV-positive women received ARVs for PMTCT (specify drug)?
- How many babies were born to HIV-positive women?
- How many babies received ARVs (specify drug) for PMTCT?
- What mechanism is in place for maternity staff to know a woman is HIV-positive?
- How does the program ensure intake of ARVs?

### Infant Feeding Counseling and Services

- What does the infant feeding counseling consist of? Is there an accepted protocol for educating and counseling mothers about infant feeding choices? Is the protocol being followed?
- Are the following elements included in the infant feeding counseling sessions: infant feeding options (EBF, replacement feeding, other) including advantages and disadvantages of each; risk assessment (e.g., environmental conditions, access to clean water or methods for disinfecting water, ability to pay for formula); infant feeding techniques; and problems associated with infant feeding methods?
- What is the most frequently chosen infant feeding method?
- Are the mothers returning for their follow-up visits?
- How well are mothers following their initial feeding plan?
- Is formula provided? If yes, how is it provided?
- Are other options being used? If yes, what other options (besides breastfeeding and formula feeding) are discussed?
- Is safety being assessed?
- If a client decides to breastfeed, is the optimal method for breastfeeding explained?
- How are a client's infant feeding decisions supported?
- What are the community norms surrounding infant feeding practices (focus groups)?

### Follow-Up Care, Support, and Prevention for Mother-Infant Pair

- What care and support services are available for mother-infant pairs at the MCH (medical services and psychosocial services)?

- Does the service site have a list or directory of care and support referral services for HIV-infected clients?
- Is there a system for tracking and monitoring referrals (both internal and external referrals)?
- Do clinic/MCH staff provide ongoing follow-up to infants and mothers?
- How are HIV-positive women and children followed up?
- If follow-up is poor, why?
- How is staff made aware of mother's status or the need to follow-up with the infant for HIV status?
- How are the infants born to HIV-positive mothers doing in terms of weight and height (both those who received NVP and those who have not)?
- Are referrals made for either the mother or infant at follow-up? If yes, for what?
- What basic care services are provided for newborns/infants < 1 year (immunizations; ORS; growth monitoring; nutritional supplements, particularly for HIV-positive infants or malnourished infants; and nutritional management)?
- Does the PMTCT program refer infants for pediatric HIV/AIDS care?
- Is there referral to OVC support programs?
- Are mothers having problems accessing care for themselves or their infants?
- What is the protocol for testing infants?
- How many infants are tested for HIV according to protocol?
- How many infants who were given ARV prophylaxis test positive?
- How many infants who were not given ARV prophylaxis test positive?
- How many infants who were given ARV prophylaxis and whose mothers exclusively breastfed for the first six months test positive?
- How many infants who were given ARV prophylaxis and whose mothers used replacement feeding test positive?
- How many infants who were given ARV prophylaxis and whose mothers practiced mixed feeding test positive?

### Home Birthing; Newborn Visiting Service

- Approximately how many (%) infants are delivered at home?
- Of women delivering at home, what percent are assisted by a midwife or traditional birth attendant?
- Are midwives, traditional birth attendants, and others trained in PMTCT?
- Have midwives, traditional birth attendants, and others been trained in safe delivery practices for reducing the risk of MTCT (e.g., reducing use of episiotomies, ARMs)?
- What types of universal precautions are practiced by traditional birth attendants?
- Is there a system for supplying traditional birth attendants with ARVs to administer to known HIV-positive mothers and their infants?
- Are birth attendants providing other PMTCT services (e.g., encouraging VCT, facilitating prevention measures such as family planning and condom use, referring for care, and supporting the infant feeding plan)?

### Supplies

- Have there been supply stockouts in the last six months?
- Have there been problems obtaining supplies?
- How are drugs selected, procured, stored, and used?
- What are the policies and regulatory environment regarding drugs?
- How are supplies monitored?

### Communications and Awareness Raising

- Is there a communications strategy?
- How is the PMTCT service being promoted or publicized (e.g., print, radio, TV, Internet)?
- Does the service disseminate information on behaviors that create demand for PMTCT?
- Which communication activities have been implemented to date?
  - Program communication
  - Social mobilization
  - Advocacy
- What type of information and education is provided to the community?
- How is the community being used to encourage PMTCT and VCT (e.g., outreach workers such as CHWs or peer educators, traditional birth attendants, community discussion groups, and village leaders or elders)?
- Is information targeted to specific populations?
- Is the media's use of the information tracked?



- Does the medical facility sponsor community meetings or group educational sessions? If so, has PMTCT been included as a topic of interest?
- What activities exist to encourage male involvement and support?
- Are PLHA involved in the community mobilization?

#### **Effectiveness of Intervention (Evaluation Questions)**

- Did ARV therapy for mother and infant reduce the rates of HIV infections in infants age 15 to 18 months?
- What effect did the infant feeding method have on HIV rates of infants age 15 to 18 months who were given ARV therapy?
- How much overall transmission is prevented through interventions offered by the program?
- What was the overall quality of PMTCT services (including VCT, infant feeding counseling, family planning counseling, and referral)?
- Is knowledge of HIV status associated with stigma, abandonment, and/or discrimination?
- Is knowledge of HIV status associated with positive changes in sexual behaviors or better access to medical and social support?
- Is replacement feeding associated with stigma, abandonment, and/or discrimination?
- Is the program cost-effective?

## Illustrative Indicators List for Monitoring PMTCT Programs

1. # health facilities providing the minimum package of PMTCT services, which includes counseling and testing, ARV prophylaxis, infant feeding counseling, and family planning counseling or referral
2. # healthcare workers trained in provision of PMTCT services (minimum training includes PMTCT-related counseling and testing, ARV prophylaxis, infant feeding counseling, and family planning counseling or referral) **(Presidential Initiative Core Indicator)**
3. # women making at least one ANC visit at a PMTCT site in the past quarter
4. Number and percent of pregnant women making at least one ANC visit at a PMTCT site who accept HIV testing **(PMTCT Cascade)**
5. Number and percent of women making at least one ANC visit at a PMTCT site who receive HIV test results and post-test counseling (stratified by serostatus)
6. # HIV-positive pregnant women
7. Number and percent of pregnant women testing HIV-positive who receive a complete course of ARVs to prevent MTCT in accordance with nationally approved guidelines **(UNGASS Indicator)**
8. # infants born to HIV-positive mothers who receive recommended dose of ARVs for PMTCT
9. # HIV-infected infants born to HIV-infected mothers who received ARV prophylaxis **(UNGASS Indicator)**
10. # people reached with BCC/IEC
11. # IEC events conducted
12. # IEC campaigns
13. # IEC materials developed
14. # IEC materials/products disseminated
15. # formative studies/assessments conducted
16. # training sessions conducted (by focus of training)
17. # people trained
18. # workshops conducted
19. # workshop participants (by focus of workshop)
20. # condoms distributed in ANC
21. # infants tested at 15 or 18 months
22. Availability of condoms: % of time condoms are available in clinic
23. Availability of HIV test: % of time in period considered with no shortages of HIV test kits
24. Availability of ARV drugs in MCH clinic: % of time in the period considered with no shortages of ARV drugs in the MCH clinic
25. # HIV-negative women provided with education and risk-reduction counseling about the increased risk of MTCT
26. Episiotomy rate: % of HIV-infected women having delivered, over the considered period, who had an episiotomy
27. # mothers referred for family planning, prevention, and care by midwives or outreach workers
28. # women provided with ongoing counseling
29. # fathers or partners who came in for VCT
30. # fathers or partners tested for HIV
31. # staff involved in each unit
32. # ANC clients per clinic per day
33. # midwives trained in PMTCT
34. # midwives with supplies to administer ARVs
35. # mothers provided with ARVs by midwives
36. # mothers referred for family planning, prevention counseling, and care by midwives
37. # infants referred for care by midwives

## Example PMTCT Register Tools

### III. PMTCT Register Directions:

- **This book includes the date, facility #, client name, age, address, estimated date of delivery, tribe, religion, HIV testing and results, and other information concerning the client.** This information is placed in columns.
- **Date of collection or counseling:** This is the date that the specimen was collected for HIV testing during pregnancy. If women refuse the HIV test, enter the date of counseling. If the patient was known to be HIV-positive and was not retested, it is the date when first seen for prenatal care during this pregnancy. For women who are HIV-positive, this date must be the same as the date of collection on the HIV-positive mother/infant database.
- **Facility where tested:** Write the name of the facility where the mother was counseled (or the two-digit facility code). For HIV-positive mothers, make sure this facility code is the same as the facility code in the HIV-positive mother and infant database.
- **Maternal ID:** This number is the prenatal number for each patient, or if the patient was tested as an inpatient, it can be the inpatient number (up to 6 digits). For women who are HIV-positive, this number must be the same number as the maternal ID on the HIV-positive mother/infant database so the two files can be linked easily.
- **Age:** Record the mother's age when she is first seen for prenatal care.
- **Estimated date of delivery (EDD):** The attending midwife or counselor records the estimated date of delivery on the prenatal card by using the reported date of the last menstrual period to estimate the delivery date.
- **Maternal address:** List the address of the larger community first, then list the quarter or district. Only larger communities need to be entered into the computer. Record more specific directions to the house on the hardcopy in case a home visit is needed. List the address where the mother resides at the time of the first prenatal visit.
- **Previous HIV testing:** Now that HIV testing is done more often, it is important to determine whether patients have been tested previously. If patients do not know whether they have been tested, record "No," unless you can verify in a medical record that an HIV test was done. Ask all patients who have had an HIV test when it was done, and what the result was (see below). If the patient never had an HIV test, skip the next three questions.
- **If yes, date of last HIV test:** If possible, record the precise date from the medical record. If this is not possible, estimate the date (year) from the patient's history.
- **Last HIV test ID number:** For all patients who have had a previous test, determine whether the test was done as part of a PMTCT program. If it was, record the maternal ID number that was used during that previous visit. This allows the patient's current record to be linked with her previous record.
- **Previous HIV result:** 1 = Pos, 2 = Neg, 3 = Unknown
  - We are especially interested in women who had a negative test result during a previous pregnancy and now have a positive test result. We will assess what factors are associated with acquiring HIV infection in these women.
  - Women who have a documented positive test in the past do not need a repeat HIV test unless there is a question about the accuracy of the previous test. Verify previous test results in patient's medical records as often as possible.
- **If positive, did you ever take nevirapine:** 1 = Yes, 2 = No, 3 = Unknown
  - HIV-positive women who took nevirapine in a previous pregnancy may have developed resistance to nevirapine. If possible, obtain consent to draw a blood specimen for the HIV Variant Study from HIV-positive patients who previously took nevirapine, and note on the record the date when nevirapine was given with the previous pregnancy.
- **Marital status:** 1 = Married, 2 = Single, 3 = Widowed/Separated/Divorced
  - Record the woman's marital status as noted above. Categories 2 and 3 have been found to be at increased risk of HIV.

## Example PMTCT Register Tools

- **Religion:** 1 = Baptist, 2 = Presbyterian, 3 = Lutheran, 4 = Pentecostal, 5 = Catholic, 6 = Muslim, 7 = Pagan, 8 = Other
  - Information on the patient's religion will be helpful for counseling.
- **Tribe:** Write the name of the woman's tribe in her register. Some tribes may have higher rates of HIV infection than others. It is important to identify factors associated with different infection rates among tribal groups so that AIDS education can be targeted to each group.
- **Pretest counseling/consent to testing:** 1 = Yes, 2 = No, 3 = Testing not done as patient had a previous positive test
  - Obtain verbal informed consent for HIV testing on prenatal patients. If patients agree to HIV testing, code # 1. If they refuse, code #2. If patients have a confirmed HIV-positive test, it is not necessary to repeat the test, and code #3 should be used.
- **If no, reason for refusal:** If patients refuse testing, ask them why they refused and record their response.
- **Post-test counseling done:** Yes or No
  - Whenever possible, provide post-test counseling on the day testing is done. Record "Yes" if post-test counseling is done on the same day or prior to delivery. If previously HIV-positive patients are not tested again but are counseled, record "Yes." If patients are not counseled about their test result prior to delivery, record "No."
- **When tested:** 1 = First antenatal visit, 2 = Follow-up antenatal visit, 3 = Antepartum during illness (in hospital or as outpatient), 4 = Antepartum in labor, 5 = Postpartum
  - It is very helpful for programmatic evaluation to know when patients were tested. Record the best choice of the five listed. Do not confuse this column with the date when the test is done.
- **DETERMINE test result:** 1 = Positive, 2 = Negative, 3 = Not Done
  - In our pilot test, DETERMINE had a sensitivity of 98.5 percent and specificity of 97.5 percent. It is easy to use, readily available in Cameroon, and inexpensive. For that reason, it is our primary rapid HIV antibody test. Women who have a negative DETERMINE test are advised about the window period and encouraged to return for follow-up testing, but a second or confirmatory test is not performed during the current visit.
- **Second test:** Record the name of the second test that is done.
  - The laboratory performs a second rapid antibody test on all women who have a positive DETERMINE test. If a second test is not done, leave this blank or record "Not done."
- **Second test result:** 1 = Positive, 2 = Negative
  - If a second test is done, record the result. If not done, leave this blank.
- **Tiebreaker test:** Record the name of the tiebreaker test that is done.
  - If the results of the DETERMINE test and the second test are discrepant (i.e., DETERMINE test is positive and second test is negative), perform a third (tiebreaker) test. Counsel the patient on the result of this test. If a third test is not available, test the patient again later during pregnancy, but before delivery. If a tiebreaker test is not done, record "Not done" or leave this blank.
- **Tiebreaker test result:** 1 = Positive, 2 = Negative
  - Record the result of the third (tiebreaker) test, and counsel the patient according to the result of that test.
- The register will be checked and updated.
- **Because it contains people's personal information, remember to keep the register out of reach in a locked drawer or cabinet. Keep it clean and record information accurately. Carefully check the register for accuracy and update it every time a woman is counseled and tested.**

### Example PMTCT Register Tools

#### *PMTCT REGISTER*

Date	Age (years)	Name of client	EDD	Address	Previous HIV testing	Date	Previous maternal ID#	Result	Previous use of NVP	Marital status	Religion	Tribe	Consent to HIV (Y or N)	Post-test counseling (Y or N)	When tested	DETERMINE Test	Second test	Second test result	Tiebreaker test	Tiebreaker test result

### Example Laboratory Register

#### III. Laboratory Register

The laboratory in each participating facility will complete a register book that contains the information listed below. This register will be kept in a locked drawer or cabinet when not in use.

Date	Name	Address	Age	ID number	Routine Tests		Accept	HIV Testing				Remarks
					HB	VDRL		DETER-MINE	HEMA-STRIP	CAPIL-LUS	ORA-QUICK	

### Example Delivery and Birth Register

**Delivery and Birth Register** (vs100701)

Hospital name \_\_\_\_\_ Year 200 \_\_\_\_\_

**Enter only for the women who received antiretroviral drugs**


date of delivery /	mother's hospital reg. no.	if applicable MTCT no.	ARV drug taken			ARV taken by mother/child	caesarian section elec-mer- no tive ency	episo -tomy		ARM		feeding choice				maternal outcome alive/dead	child status on discharge alive/ SB dead	if twin 1st 2nd	date (dd/mm) of next appointment /
			NVP	AZT	other			yes	no	yes	no	BF	for- cow	milk	other				
/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	
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In case of any serious event, please report below

1. severe jaundice in neonate (1st week of life)	6. tender hepatomegaly
2. any jaundice in an infant, child, or adult	7. clinical hepatitis
3. severe, extensive skin rash	8. severe anemia
4. Stevens-Johnson syndrome	9. severe neutropenia
5. increased liver function lab test(s), specify	10-12 other, specify

code description  
code description

### Example PMTCT Follow-Up Register


 Hospital name \_\_\_\_\_ Year 200\_\_

Follow-up Register (VS100701)

Enter only for the women who received antiretroviral drugs

day / month	mother's hospital reg. no.	if applicable MCTC no.	Family Planning					Infant Feeding			HIV status partner		child birthdate	in case of twin 1st 2nd	child weight (in kg)	HIV status of the child		test used ELISA RNA	date (dd/mm) of next appointment				
			1=none	2=hormonal	3=condoms	4=abstinence	5=UD	counseled for IF yes	no	1=excl BF	2=mix BF	3=excl formula				neg	pos			unkn	neg	pos	unkn
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In case of any serious event, please report below  
 code \_\_\_ description \_\_\_\_\_  
 code \_\_\_ description \_\_\_\_\_

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 4. Stevens-Johnson syndrome 9. severe neutropenia  
 5. increased liver function lab test(s) specify 10-12 other, specify



### PMTCT Monthly Report Form

Facility \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

I. Statistics														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Date	Location	# Pre-Test Counseled	# Refused	# Tested for HIV	# Post-Test Counseled	# HIV-Positive	# HIV-Positive Counseled on PMTCT	# Mothers Receiving ARV Prophylaxis	# Babies Receiving ARV Prophylaxis	# Babies Followed Up	# Babies HIV- Positive at 15 months	# Spouses Screened	# Deliveries	Comments
<b>Total</b>														
<b>%</b>														

**II. Comments on Statistics:**

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**III. Highlights for Month:**

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**IV. Expenses:**

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**Report Presented by:**

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**Name:**

**Signature:**

**Date:**

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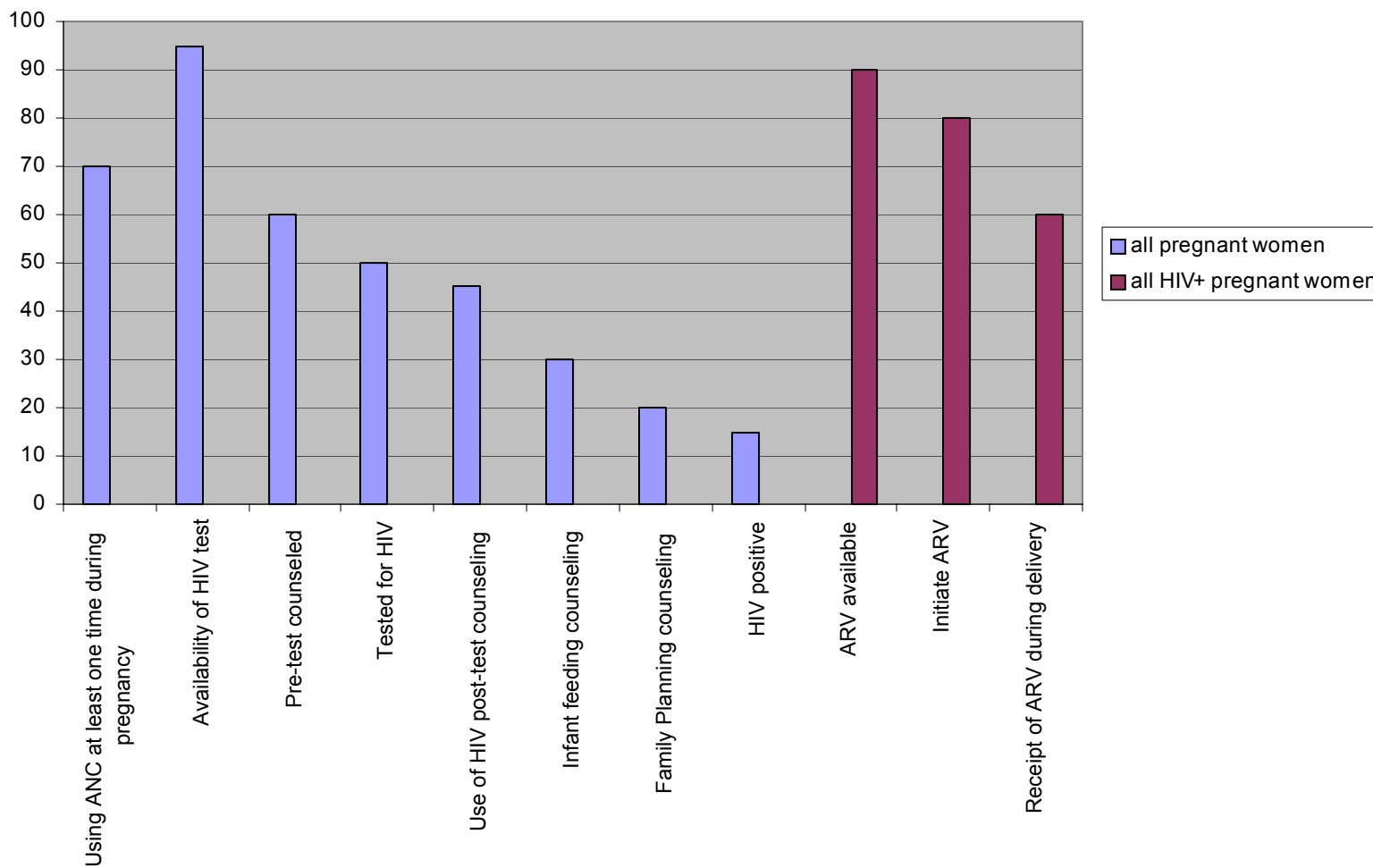
## Instructions for Filling Out PMTCT Monthly Report Form

### III B. How to Fill Out Statistics Form:

1. **Date:** Each facility records the date of the ANC or delivery of HIV-positive clients when they are counseled. The date of a follow-up visit with a spouse can also be noted.
2. **Location:** Name of the site (The names of our sites are coded for brevity and data processing purposes.)
3. **# Pre-Test Counseled:** The number of women who are pre-counseled as a group and on a one-to-one basis.
4. **# Refused:** Those who refuse to consent to VCT for any reason during individual counseling. This helps us to measure the rate of acceptance. If patients who initially refuse later consent to testing at a clinic, this should be noted in the “Comments” section, and the previously submitted reports should be amended appropriately by changing the refusal to an acceptance.
5. **# Tested for HIV:** Women who consent to and have the HIV test after counseling
6. **# Post-Test Counseled:** Women who are counseled after test results have been received (This information identifies patients who go home without post-test counseling for follow up.)
7. **# HIV-Positive:** Women who test HIV-positive (This information helps us to measure sero-positivity among pregnant women.
8. **# HIV-Positive Counseled on PMTCT:** Positive women who are counseled on PMTCT and whether to receive ARV prophylaxis for themselves and their babies
9. **# Mothers Receiving ARV Prophylaxis:** HIV-positive clients who are given antenatal ARV prophylaxis
10. **# Babies Receiving ARV Prophylaxis:** Babies of HIV-positive women treated with ARV prophylaxis
11. **# Babies Followed Up:** Babies of HIV-positive women visited during the month, those brought in for PCR at six weeks of age, or those receiving an HIV antibody test at 15 months
12. **# Babies HIV-Positive at 15 months:** Infants of HIV-positive clients whose PCR results are positive or who have a positive HIV-antibody test at 15 months of age (This enables us to assess the program’s effectiveness in reducing the rate of MTCT.)
13. **# Spouses Screened:** Spouses screened in the program (The rate of spouse participation indicates their cooperation in preventing MTCT.)
14. **# Deliveries:** Total number of deliveries during the month at each facility
15. **Comments:** Any useful observation worth noting

Note: Numbers 9-15 are not necessarily linked to numbers 1-8. For example, a mother treated this month probably registered for ANC many months ago.

### Plotting M&E Indicators





**COVER PHOTO:** Mother and child at Taj Mahal, Agra, India. Eva Canoutas/FHI.

**NOTE:** Use of a person's image in an FHI publication is not meant to indicate or imply the person's HIV status.

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