

EngenderHealth's Quality Improvement Series



**COPE<sup>®</sup>**  
**Services to**  
**Prevent**  
**Mother-to-Child**  
**Transmission**  
**of HIV**  
*A Toolbook*  
*to Accompany*  
*the COPE<sup>®</sup>*  
*Handbook*

ENGENDERHEALTH

**COPE<sup>®</sup>**  
**for Services to Prevent**  
**Mother-to-Child**  
**Transmission of HIV:**  
*A Toolbook*  
*to Accompany*  
*the COPE<sup>®</sup>*  
*Handbook*



**USAID**  
FROM THE AMERICAN PEOPLE



 **ENGENDERHEALTH**  
*Improving Women's Health Worldwide*

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## Preface

In 1994, the International Conference on Population and Development (ICPD) in Cairo adopted the following definitions of reproductive and sexual health (UN, 1995):

“REPRODUCTIVE HEALTH is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition are the right of men and women to be informed of and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”

SEXUAL HEALTH aims at “the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.”

As readers of this volume are likely all too aware, on a global scale there are many challenges to attaining the state of reproductive health described above. One of the greatest threats to reproductive health today is the growing HIV/AIDS pandemic. In particular, the fact that HIV-infected mothers can pass the virus on to their children before, during, and even after birth presents a serious risk to the health of many of the world’s children. The sad realities of mother-to-child transmission of HIV (known as MTCT) are highlighted by these data:

- By the end of 2003, some 36 million adults and 2 million children were living with HIV or AIDS (UNAIDS, 2004).
- In 2003, 630,000 children under the age of 15 contracted HIV, the vast majority of them through MTCT (UNAIDS, 2004).
- More than 2.5 million newborns were at risk for HIV infection through MTCT in 2001, and some 2.2 million of those children lived in Sub-Saharan Africa (UNAIDS, 2002).
- In the absence of any intervention, an estimated 20% to 25% of mothers infected with HIV will transmit the virus during pregnancy and delivery, and an additional 5% to 15% will do so through breast milk (WHO, 2004).
- It has been estimated that only 1% to 3% of pregnant women in heavily affected countries have access to services aimed at preventing MTCT (UNAIDS, 2004).

These figures reveal major challenges for providers of health care services. They indicate the very real difficulties that women and men face in gaining access to quality services to meet their needs related to HIV/AIDS and the prevention of mother-to-child transmission of HIV (referred to as PMTCT).

Since the 1994 ICPD in Cairo and the 1995 United Nations (UN) Fourth World Conference on Women in Beijing, the field of population has turned its focus toward a more comprehensive and more integrated approach to meeting reproductive and sexual health needs. The

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shift to integrated reproductive health services has included an increased focus on the rights of clients, the quality of care, informed choice, and gender sensitivity. What is equally important is that this shift incorporates a greater recognition of clients' broad, interrelated sexual and reproductive health needs and of the changes required throughout the health care system to meet those needs. This newer perspective involves the following elements:

- Service provision is *redefined* to include following a holistic, high-quality, client-oriented approach; assuring that services are youth-friendly, male-friendly, and gender-sensitive; and ensuring a rights perspective (human rights, women's rights, and reproductive rights). A sexual and reproductive health approach involves assessing the interrelationship between clients' needs, as well as promoting clients' awareness of their bodies, reproductive cycles, and sexuality.
- It is important to note that linking clients to comprehensive care encompasses the need for comprehensive services, but does not imply that every site must offer all services. It may simply involve adapting or revitalizing those services already in place or establishing a referral system. Above all, it involves an awareness of the interconnectedness of clients' health care needs.
- In *addressing underlying issues*, providers should be sensitive to clients' needs that may lie beyond what they initially express during a visit. Providers must attempt to understand and address as much as possible the interpersonal and social issues that may underlie a client's health care decisions and that may be determinants of poor health. With a reproductive health approach, providers tend to be more aware of and sensitive to the context of decision making, including poverty and economic dependence, cultural influences, beliefs and practices, and gender-based power imbalances (e.g., the threat of violence or coercion).

Since 1988, in collaboration with partners in developing countries, EngenderHealth has been developing and refining COPE<sup>®</sup>, a staff-driven process to improve access to and quality of services. COPE, which stands for "client-oriented, provider-efficient" services, was originally developed for family planning services. It has been adopted in an ever-increasing number of countries, organizations, and health care facilities and has, over time, been adapted for use with other health care services. This version of the COPE toolbook has been adapted to help providers consider the needs of clients for PMTCT services.

## Acknowledgments

COPE, which originated as a quality improvement process for family planning services, was developed by EngenderHealth<sup>1</sup> with the aid of a grant from Mrs. Jefferson Patterson and with support from the U.S. Agency for International Development (USAID). As noted in the acknowledgments to the handbook *COPE: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* (1995), “AVSC International has been developing and refining the COPE technique since 1988.... This evolution continues as we and our colleagues find better ways to work in our joint efforts to improve the quality of services for clients.” The COPE tools presented in this book for improving services for the prevention of mother-to-child transmission of HIV are part of that evolutionary process and were made possible by support from the Elizabeth Glaser Pediatric AIDS Foundation.

Many individuals and organizations around the world where COPE is now used contributed to EngenderHealth’s development of this new COPE toolbox, which focuses on services for preventing mother-to-child transmission of HIV. In particular, we thank the staff of all institutions and sites that have provided feedback on this toolbox:

Webuye Regional Hospital, Kenya

Lugulu Friends Mission Hospital, Kenya

Cameroon Baptist Convention Mutengene Hospital, Cameroon

Within EngenderHealth, the current and former staff in New York and in field offices who have contributed their expertise are many more than we can name individually, but you know who you are and we express our deepest thanks. A few EngenderHealth staff in New York were charged with the final writing of these guides, with comments and suggestions from their colleagues in the field. Michael Klitsch, Karen Landovitz, Anna Kurica, and Virginia Taddoni were responsible for the editing, design, and production of this toolbox.

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<sup>1</sup> Before 2001, EngenderHealth was known as AVSC International.



## About COPE

COPE is an ongoing quality improvement (QI) process and set of tools used by health care staff to assess and improve the quality of care that they provide. Two assumptions inform the COPE process:

- Recipients of health care services are not passive patients waiting to be seen by experts, but rather are autonomous health care consumers, or clients, who are responsible for making decisions about their own health care and who deserve—indeed, have a right to—high-quality health care.
- Health care staff desire to perform their duties well, but without administrative support and critical resources, they cannot deliver the high-quality services to which clients are entitled.

COPE was developed around a framework of seven clients' rights and three staff needs that are implicit in these two assumptions (see Figure 1, page 2). The rationale is that the more these rights are honored and these needs are met, the higher the quality of care will be.

COPE empowers staff to proactively and continuously assess and improve the quality of their services. COPE's emphasis on the role of staff in continuous QI makes this possible. It recognizes staff members as the resident experts on quality, and fosters teamwork by encouraging all levels of staff to collaborate in identifying obstacles to high-quality care and efficiently using existing resources to overcome those obstacles. At the same time, rather than finding fault with individual staff members, COPE focuses on identifying problems in service-delivery systems and processes. When staff work on COPE, they develop a sense of ownership of the assessment findings, become invested in implementing the recommendations they derive from the process, and feel good about the quality of services they deliver and about their contributions to the facility and to the health of their community.

## About This Toolkit

The COPE process has four tools—Self-Assessment Guides (including Client Record-Review Checklists), a Client Interview Guide, Client-Flow Analysis, and the Action Plan. These tools enable supervisors and their staff to discuss the quality of their services, identify problems that interfere with the delivery of quality services, identify the root causes of those problems, recommend ways to solve the problems, implement the recommendations, and follow up to ensure resolution of the problems.

## Figure 1. The Rights of Clients and the Needs of Staff

### The Rights of Clients

**Information:** Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality, and to health overall. Information and materials for clients need to be available in all parts of the health care facility.

**Access to services:** Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

**Informed choice:** Clients have a right to make a voluntary, well-considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice or to help the client reach an informed choice.

**Safe services:** Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.

**Privacy and confidentiality:** Clients have a right to privacy and confidentiality during the delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

**Dignity, comfort, and expression of opinion:** All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

**Continuity of care:** All clients have a right to continuity of services, supplies, referrals, and follow-up necessary to maintaining their health.

### The Needs of Health Care Staff

**Facilitative supervision and management:** Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients.

**Information, training, and development:** Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

**Supplies, equipment, and infrastructure:** Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

*Adapted from:* Huezco & Diaz, 1993; IPPF, 1993.

COPE is staff-driven and combines both a process and a set of tools. EngenderHealth's first COPE handbook, published in 1995 (*COPE: Client-Oriented, Provider-Efficient Services*), was focused on family planning. But clients around the world expect quality in all health services, and services for the prevention of mother-to-child transmission of HIV (known as PMTCT) are not isolated from other types of health care. Over time, providers have expressed the need for such tools for other health services, so the COPE process and set of tools have since been adapted for use in other health services (see Figure 2).

### Figure 2. COPE Toolbooks: Addressing a Range of Health Services

The following COPE toolbooks are currently available:

- *COPE<sup>®</sup> for Services to Prevent Mother-to-Child Transmission of HIV: A Toolkit to Accompany the COPE<sup>®</sup> Handbook* (2005)
- *COPE<sup>®</sup> for Cervical Cancer Prevention Services: A Toolkit to Accompany the COPE<sup>®</sup> Handbook* (2004)
- *COPE<sup>®</sup> for Reproductive Health Services: A Toolkit to Accompany the COPE<sup>®</sup> Handbook* (2003)
- *COPE<sup>®</sup>: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* (1995) (This is for continued use in family planning services.)
- *COPE<sup>®</sup> for Maternal Health Services: A Process and Tools for Improving the Quality of Maternal Health Services* (2001)
- *COPE<sup>®</sup> for Child Health: A Process and Tools for Improving the Quality of Child Health Services* (draft, 1999)
- *Community COPE<sup>®</sup>: Building Partnerships with the Community to Improve Health Services* (2002) (This is a variation on the COPE process.)

In addition, COPE tools have been adapted for use in *Quality Improvement for Emergency Obstetric Care: Leadership Manual and Toolkit* (2003).

Some of the above toolbooks are currently being revised for use in conjunction with the new edition of the COPE Handbook (*COPE<sup>®</sup> Handbook: A Process for Improving Quality in Health Services, Revised Edition*, 2004). In addition, new toolbooks on such topics as adolescent reproductive health care and services related to voluntary counseling and testing for HIV and to sexually transmitted infections (STIs) are being developed.

## Addressing Prevention of Mother-to-Child Transmission

In this volume, versions of the COPE tools have been adapted to address the relevant range of topics for providing quality PMTCT services. This toolbook addresses topics related to all components of PMTCT services, including:

- Information, education, and counseling on HIV prevention and care, including approaches to PMTCT
- Condom promotion
- Voluntary counseling and testing (VCT)
- Family planning services
- Treatment of STIs
- Antenatal care
- Prevention of transmission using prophylactic antiretroviral (ARV) regimens
- Safe labor and delivery practices
- Counseling and support for safer infant-feeding practices
- Community action to reduce stigma and discrimination and increase support for HIV prevention and care interventions

Providing and improving care and support services for HIV-infected individuals and their families is crucial for their overall well-being, especially:

- Care of the HIV-infected mother
- Psychological support for the mother and her family
- Planning for the long-term care of and support for HIV-infected and HIV-affected children in the family

Integration of basic PMTCT interventions into maternal and child health services, with links to a broader array of interventions, may not be achieved immediately. However, this should be sought over the longer term, to enhance program impact and sustainability.

This toolbook is based on the following assumptions:

- That PMTCT services are in place, with VCT as part of the PMTCT program
- That the involvement of men is being encouraged through individual or couples counseling
- That in the ARV therapy component, the focus is on short-course prophylaxis through the use of recommended drugs

The 10 self-assessment guides are organized around the seven clients' rights and three staff needs. For the most part, the questions in each self-assessment guide are organized into four groups:

- General
- Antenatal care
- Labor and delivery care
- Postpartum care (immediate and follow-up, including newborn care and family planning)

This volume also contains two Client Interview Guides, one for interviewing antenatal clients and the other for interviewing maternal health clients (those receiving labor, delivery, or postpartum services), two Client Record-Review Checklists (one for records related to antenatal care and the other for maternal care records), forms needed to conduct a Client-Flow Analysis, and a form for the Action Plan. A brief overview of the COPE process, including a description of each of these tools, is presented below. For a detailed explanation of the COPE process and of the use of each tool, please refer to the *COPE Handbook*, the reference and “how-to” manual for COPE.

## Principles Underlying COPE

### Quality Improvement Principles

Quality in health care is often defined as providing client-centered services and meeting clients’ needs. The QI process is an effort to continuously do things better until they are done right the first time, every time. There are several reasons to improve the quality of the health care services provided at a facility. Improving quality safeguards the health of both clients and staff, adds features to attract clients, maintains the organization’s strengths, and fosters efficiency and cost savings.

The COPE process and tools draw on management theories and principles widely used in a range of fields, including health care. The most important QI principles on which COPE is based are:

- Meeting the needs and expectations of customers, both external (such as clients) and internal (other providers, other departments, etc.)
- Having all levels of staff become involved in and feel ownership of quality and of the process for improving quality
- Focusing on processes and systems, and recognizing that poor quality is often a function of weak systems, weak processes, or implementation problems, rather than the fault of individuals
- Eliminating the costs of poor quality (e.g., repeat work and waste), which leads to greater efficiency and cost-consciousness
- Enabling continuous staff learning, development, and capacity-building
- Making QI work an ongoing and continuous process

COPE enables staff to apply these principles at service facilities.

## What Are the Benefits of COPE?

- **COPE promotes teamwork and cooperation among all levels of staff.** By using the tools together, supervisors and staff become accustomed to working as a team.
- **Self-assessment promotes a sense of ownership among staff.** When all levels of staff assess their own services, rather than having the services evaluated by outsiders, they feel that the problems they identify are theirs and they feel responsible for implementing the solutions they develop. This creates a sense of *ownership* and *commitment* to the solutions developed.
- **COPE relies on the wisdom of the experts.** The experts on the services at a facility

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are the *staff* who provide them and the *clients* who use them. COPE gives both staff and clients a chance to apply their expertise and insights toward improving services.

- **The COPE tools are practical and relatively simple to use.**
- **COPE boosts morale and provides a forum for staff and supervisors to exchange ideas.** Staff members who have used COPE have said, “I knew that we could improve services by doing that, but I never had the opportunity to talk to [the doctor-in-charge] before.” By providing an opportunity to become involved in problem solving and decision making, COPE leads to increased staff morale.
- **COPE helps communicate service standards to staff and thereby improves performance.** The COPE Self-Assessment Guides are based on international service standards. Using the guides raises staff awareness of the importance of quality, what quality services are, and what is important to clients.
- **COPE is cost-effective.** COPE is inexpensive to do. All that is needed are a few hours of a facilitator’s time, time for staff to participate during regular work hours, flipchart paper, and photocopies of the forms needed for the exercises.
- **COPE is transferable and adaptable from one setting to another.**

COPE has been used in a range of health care facilities, from national referral hospitals to small clinics, in both private- and public-sector institutions, and in both very low resource and very high resource settings. COPE has also been applied to many different health services, from family planning to maternal and child health services to infection prevention practices and to cervical cancer prevention services for all staff at a health care facility. Although facility managers may initially find introducing COPE and QI to be time-consuming, once staff become involved in solving day-to-day problems on their own, managers generally find that they have more time to focus on major problems.

## Implementing COPE

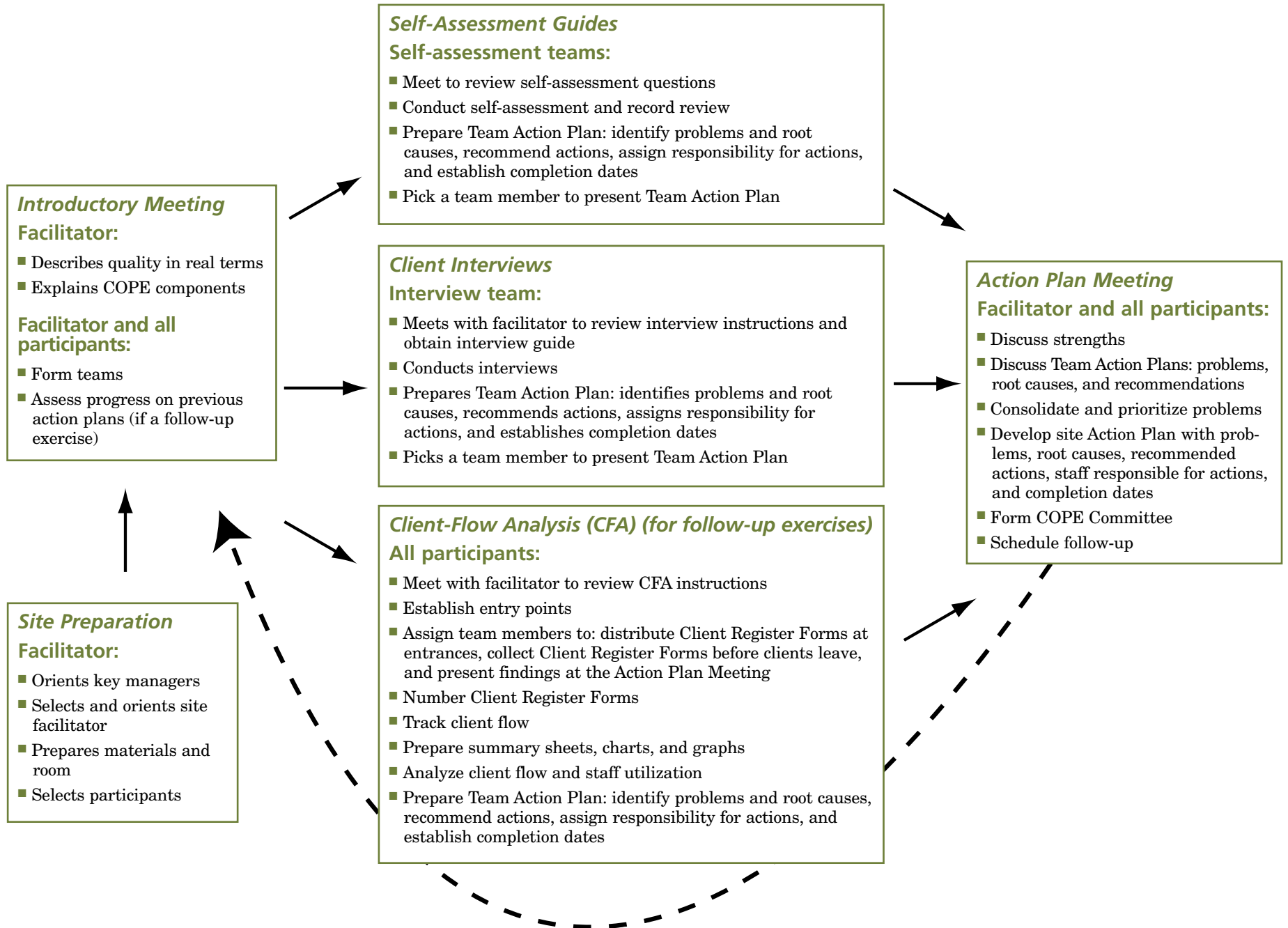
### Getting Started

Before conducting COPE, facilitators should read through the *COPE Handbook* in its entirety and become familiar with the process and the tools. The COPE exercise takes place over a period of two to three days. Follow-up exercises should be conducted every three to six months thereafter. Depending on whether the facility opts to perform a Client-Flow Analysis, the length of follow-up exercises may vary. (For an overview of the COPE process, see Figure 3.)

### The Facilitator

When the decision is made to implement COPE at a facility for the first time, the facility administrator should obtain the services of an experienced COPE facilitator. This is usually an external facilitator (from the Ministry of Health, a nongovernmental organization, or a technical assistance agency) who has been trained in COPE and has experience with implementing it. During the initial exercise and the first follow-up exercise, a staff member from the site receives training to become a site facilitator. With the assistance of the external facilitator (if needed), the site facilitator will be responsible for all subsequent COPE exercises at the site, together with the QI committee.

**Figure 3. COPE at a Glance**



### Preparing for a COPE Exercise

Through site visits or correspondence, the external facilitator should use the time leading up to the initial COPE exercise to:

- Build consensus with key managers and other key staff about the importance of QI
- Orient site managers to COPE
- Gather information about the site
- Instruct management on selecting staff participants and a site facilitator for follow-up COPE exercises
- Schedule the COPE exercise
- Prepare materials for the exercise

For follow-up COPE exercises, the external or site facilitator should schedule the exercise, prepare the materials, and help the administration select staff participants.

### The Introductory Meeting

Each COPE exercise begins at an Introductory Meeting, during which the COPE facilitator explains the QI process, defines quality of services, and explains the COPE process and tools to all of the participants. The facilitator then forms teams to work with each of the tools (detailed below).

### The Four COPE Tools

The COPE tools—practical and easy-to-use data collection and analysis forms—are designed to be *flexible*, so that each site can adapt them to meet its particular needs. When conducting COPE for PMTCT activities, it is important to remember that, like other areas related to HIV/AIDS, PMTCT services need to be highly sensitive to the potential stigmatization of HIV-infected clients.

The COPE tools are as follows:

- *Self-Assessment Guides*. After the COPE facilitator forms teams, each team is responsible for reviewing one or more of the 10 Self-Assessment Guides. Each guide consists of a series of questions related to the quality of PMTCT services (based on international standards and guidelines) in the context of one of the clients' rights or staff needs identified as critical to high-quality care (see Figure 1). The team members review the questions during their normal workday and decide which questions reveal a problem that they have observed or experienced at their site.

As part of a set of questions for clients' right to safe services, client records are reviewed. Depending on the size of the facility and the number of staff reviewers, one or two team members use the Client Record-Review Checklists to review between 10 and 20 client records, to identify whether the information in records is complete. Staff reviewing client records must keep confidential all information obtained from these records.

After going through the self-assessment questions individually or as a team, the team members meet to discuss the problems they identified, determine their root causes, and recommend solutions, including who will organize implementation of the recommendations and when. They record their findings in a Team Action Plan, for discussion at the Action Plan Meeting. A more detailed description of how to conduct the self-assessments and record reviews can be found in the *COPE Handbook* (page 38). (See Figure 2 for a list of the COPE toolbooks that are currently available, covering a range of health services.)

- *Client Interview Guides.* Although the number of interviews may vary, generally three to five COPE participants volunteer to conduct a total of approximately 15 interviews (i.e., three to five interviews per volunteer). Staff conduct informal individual interviews with clients who have completed their clinic visit, using the client interview form as a guide. Using open-ended questions, the interviewers encourage clients to discuss their opinions about services received, what was good and bad about the visit, and how the quality of the services could be improved. (Verbal informed consent is to be obtained from the clients prior to the interviews. Clients are to be informed that all information obtained from client interviews will be kept confidential.) The interviewers record the clients' responses, meet to discuss their findings, and develop a draft Team Action Plan, which they present at the Action Plan Meeting. A more detailed description of how to conduct the client interview can be found in the *COPE Handbook* (page 39).
- *Client-Flow Analysis (CFA).* The purpose of the CFA is to identify the amount of time that clients spend waiting and the ways in which staff are utilized, so as to remove bottlenecks and improve the use of staff time. CFA team members track the flow of each client who enters the facility during a specified time period—for example, from 8 a.m. to noon or from 8 a.m. to 4 p.m. The Client Register Form is used to track clients from the time they enter the clinic until the time they leave, by recording each contact they have with a provider and its duration. One or two team members then complete the Client-Flow Chart and the Client-Flow Chart Summary. They then chart, graph, and analyze the data, discuss the findings, and record them as a Team Action Plan (or in some other format) for presentation at the Action Plan Meeting. EngenderHealth recommends that sites not perform CFA at the initial COPE exercise. A more detailed description of how to conduct the CFA can be found in the *COPE Handbook* (page 74).
- *Action Plan.* When COPE participants have completed the self-assessment, the client interviews, and the CFA (if performed), they convene at the Action Plan Meeting to discuss, consolidate, and prioritize the problems and recommendations in the Team Action Plans. Through this process, the group develops a site Action Plan that lists:
  - ▲ Each problem identified
  - ▲ The root causes of the problem
  - ▲ The actions recommended to solve the problem
  - ▲ The staff members responsible for implementing the recommended actions
  - ▲ The completion date for each action

A more detailed description of how to develop an Action Plan can be found in the *COPE Handbook* (page 40).

### COPE Committee

If no QI committee exists at the site, the staff should establish a COPE Committee. This committee follows up on progress in implementing the COPE Action Plan, provides support to staff members responsible for implementation and to COPE facilitators (as needed or requested), and informs staff about COPE activities (as needed or requested). The committee members shall be selected before the conclusion of the Action Plan Meeting.

### COPE Follow-Up

Once the COPE exercise is completed, the facilitator and the staff agree on a date for a follow-up exercise. At the follow-up exercise, the participants meet again and use the Action Plan Follow-Up Form to assess their progress in solving the problems in the Action Plan from

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the previous exercise. CFA may be conducted at the first follow-up exercise, particularly if client waiting time or staff utilization were identified as a problem at the initial exercise. In addition, staff may wish to repeat one or more of the sets of self-assessment guides during the follow-up exercise, but they should always conduct client interviews as part of COPE.

COPE exercises should be conducted every three to six months to follow up on the previous Site Action Plan and to identify new issues that need to be addressed. A more detailed description of COPE follow-up can be found in the *COPE Handbook* (page 55).

### **About COPE for PMTCT Services**

Like other areas related to HIV/AIDS, the issue of PMTCT is characterized by a high level of sensitivity and stigmatization. Nevertheless, the urgency of the epidemic necessitates research and evaluation to determine how best the public health community can help those most affected and can protect individuals who are at risk for HIV infection. Through the informed consent process, we will aim to ensure that confidentiality is maintained for all individuals involved in the COPE process.

Thus, site staff and external facilitators participating in COPE exercises (including service providers who will conduct client record reviews) must be advised of the sensitivity of the topic to be discussed at different stages of the process. They all should sign a pledge of confidentiality at the beginning of the exercise (see page 93).

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**Self-Assessment Guides  
for Services to Prevent  
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## Clients' Right to Information

Clients have a right to accurate, appropriate, understandable, unambiguous, unbiased, and nonjudgmental information related to reproductive health, to sexuality, and to health overall. In prevention of mother-to-child transmission of HIV (PMTCT) services, clients have a right to accurate information about HIV transmission and prevention, about mother-to-child transmission of HIV (MTCT) and how to prevent it, and about HIV testing. Educational activities, information, and materials for clients need to be available in all parts of the health facility.

The group working on this guide should include support staff and staff providing health education, counseling, and clinical care.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed here, please list it in "Other Issues That You Think Are Important," at the end of this guide.*

### General

1. Can all staff—including guards, cleaners, and other support staff—inform clients about the following topics?
  - Where and when PMTCT services, including voluntary counseling and testing for HIV (VCT), are available at your facility
  - Which services not available at your facility are available by referral to another facility, where this other facility is located, and how clients can get there
  - At what times services are available
  - How much services cost
2. Are signs in the local languages showing the following information about PMTCT services prominently displayed throughout your facility (without making clients feel stigmatized)?
  - Place
  - Days
  - Times
  - Costs
3. Does your facility conduct HIV/AIDS and PMTCT educational activities for clients attending maternal health services?

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4. Do health talks cover the following topics?
  - HIV transmission
  - HIV prevention
  - MTCT and how to prevent it
  - The availability of confidential HIV testing for antenatal clients
  - Signs and symptoms of sexually transmitted infections (STIs) in both men and women and STIs' role in promoting the spread of HIV
  - Information about referrals for HIV/AIDS care and support services
  - Where applicable, how to prevent transmission and reduce the risk of HIV transmission among injecting drug users (IDUs)
  - How to use condoms (male and female) correctly, through demonstrations that use a penis or vagina model and that ask the client to repeat the condom demonstration to confirm his or her understanding
  - Information about how to reduce condom error and avoid condom failure or breakage
5. Are HIV-, VCT-, and PMTCT-related educational aids, such as pamphlets, posters, anatomical models, and condom samples, available?
6. Are information messages tailored for the special needs of such clients as young people, IDUs, men, women (including pregnant women), home-based caregivers, and sex workers and their clients? If staff are working with confined populations (e.g., displaced persons, prisoners, or military personnel), are topics tailored to their special needs?
7. Does the facility educate the surrounding community, including men, about MTCT and about the availability of VCT and PMTCT services?
8. Does the facility provide information to partners and family members about pregnancy, labor, safe delivery, postpartum care, infant-feeding options, the value of HIV counseling and testing, and the importance of preventing MTCT?
9. Do staff explain information clearly using appropriate, nontechnical, local language that clients can understand (e.g., terms for sexual practices and for antiretroviral [ARV] drug side effects and adverse reactions)?

### For Antenatal Services

10. Are routine health talks conducted in the waiting room for antenatal clients to educate pregnant women about HIV, MTCT and how to prevent it, HIV testing, and women's right to make a free, informed choice about whether to have an HIV test?
11. Do antenatal clients receive information on the following topics?
  - Expected delivery date
  - Concurrent diagnoses and treatments
  - The importance of having a birth plan that includes arrangements for a skilled birth attendant and emergency transportation

- What to expect and who and what to bring to the facility when they are in labor (for a planned facility birth)
  - Safe labor and delivery (e.g., cleanliness, constant attendance, and oral hydration)
  - The warning signs of complications (fever, heavy bleeding, convulsions, swelling, and prolonged labor)
  - The importance of seeking medical attention if warning signs occur and where to go for medical attention
  - Unsafe traditional practices (e.g., restricting nutrition, allowing unchecked bleeding, and avoiding colostrum)
  - The importance of attending follow-up visits
  - HIV, what it is, how it is spread, how it can affect a pregnancy, how it can affect the fetus and infant, and how it can be prevented (as well as how the risk of infection can be reduced)
  - Factors that increase the risk for contracting or transmitting HIV (e.g., engaging in unsafe sexual practices, using injection drugs, receiving untested blood, or having untreated or inadequately treated STIs)
  - HIV antibody testing and what it means (e.g., benefits and potential consequences of testing, and a client's right to make an informed choice about whether to have an HIV test)
  - Benefits and potential consequences of sharing HIV test results with partners, family members, and others in the client's community
  - Signs and symptoms of STIs
  - Availability of ARV therapy to reduce the risk of MTCT during labor and delivery and the benefits and potential consequences of these drugs
  - Safer infant-feeding options to reduce the risk of postpartum HIV transmission
  - Contraception, including dual protection
12. Does the facility have a functioning referral system for antenatal clients—whether HIV-positive or HIV-negative—for ongoing HIV prevention, treatment, care, and support services in the community?
13. As part of conducting antenatal counseling, do staff assess pregnant clients' risk for HIV infection and tailor the counseling accordingly?

### For HIV Pretest Counseling

14. During antenatal HIV pretest counseling (individual or couple), do staff cover the importance of taking the following actions?
- Assessing pregnant clients' risk for HIV infection and tailoring counseling accordingly
  - Explaining the process for HIV counseling and testing
  - Assuring clients that both information shared during counseling and test results will remain confidential
  - Reassuring the client that the decision whether to have a test is the client's alone and will be respected
  - Reassuring the pregnant woman that if she decides not to have a test at this time, this decision will not impede her access to care
  - Explaining modes of HIV transmission

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- Explaining progression of HIV infection
  - Explaining benefits and potential consequences of testing
  - Explaining the meaning of the “window period” (the period of time [anywhere up to six months in length] between when someone is infected with HIV and when antibodies to HIV appear in the blood)
  - Explaining the meaning of HIV test results
  - Explaining the impact of HIV on the pregnancy, the fetus, the infant, and the mother
  - Discussing whether or how to share the results with partners or family members
  - Explaining the importance of obtaining HIV test results, if a test is performed
  - Encouraging male partners’ involvement in HIV counseling and testing
  - Discussing strategies for preventing infection and reducing risk
15. Do staff offer HIV prevention or risk-reduction counseling to the male partners of pregnant clients or is couples counseling provided?
16. Is referral information on HIV testing provided to clients to give to their male partners so these partners can get tested on their own?
17. Do staff provide information to clients on postpartum contraception, including dual protection (use of condoms alone, use of condoms plus another contraceptive method, or avoidance of risky sexual behavior)?
18. Are clients informed that having an STI can make it easier for someone to become infected with HIV?

### For HIV Posttest Counseling: Negative Result

19. Do staff explain to clients the meaning of a negative test result and discuss the need for retesting?
20. Do staff emphasize to clients the high risk of transmission to the infant if a woman becomes infected with HIV during pregnancy or during the breastfeeding period?
21. Do staff provide counseling to help clients who test negative to remain uninfected, by helping them develop a plan for reducing HIV risk (e.g., by reducing the number of sexual partners, using male or female condoms, avoiding risky sexual practices, practicing mutual monogamy, or abstaining) or by making referrals for ongoing support (e.g., through posttest clubs)?

### For HIV Posttest Counseling: Positive Result

22. Do staff explain to clients the meaning of a positive test result?
23. Do staff address clients’ immediate emotional responses to learning that they are HIV-infected, by providing counseling and support?

24. Do staff explain the risk of transmitting HIV to the infant?
25. Do staff explain the ways in which clients can reduce the risk of transmitting HIV to the infant?
26. Do staff provide clients with information about the availability and use of ARV drugs and medications for treating opportunistic infections, including information about side effects and their management, as a way of reducing the risk of MTCT?
27. Are clients who test positive informed of their right to refuse ARV treatment if they so choose?
28. Do staff explain the importance of maintaining health during pregnancy (antenatal nutrition and treatment of opportunistic infections) to decrease the risk of transmission of HIV to the infant?
29. Do staff clearly explain ARV therapy protocols for reducing the risk of MTCT during the perinatal period?
30. Are pregnant women who are offered ARV therapy informed about the following issues?
  - Treatment schedule
  - Side effects
  - Risk of teratogenicity (birth defects)
  - Adverse signs
31. To prevent the development of drug resistance, are pregnant women who are offered long-term ARV therapy counseled about how to manage health or social issues that could cause interruption of treatment?
32. Do staff clearly explain safer infant-feeding options to prevent or reduce the risk of MTCT postpartum?
33. Do staff give information on HIV treatment, care, and support and on other health services available in the facility and community?
34. Do staff explain the importance of ongoing antenatal care to maintain health and ensure a safe delivery?
35. Do staff help clients explore the benefits and potential risks of talking to their partners, family members, and friends about their test results?
  - Do staff counsel clients about strategies for doing so?
  - Are clients encouraged and supported to talk to their partners about their test results?
36. For HIV-infected women planning to give birth at the facility:
  - Do staff provide counseling about the importance of creating a plan for getting to the facility at the onset of labor?

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- Where relevant, do staff provide information about the protocol for administering short-course antiretroviral prophylaxis with nevirapine (also known as NVP) to reduce the risk of transmission (e.g., when and how the dose is given to the mother and infant)?
37. For HIV-infected women not planning to give birth at the facility, do staff provide counseling and encourage clients to return to the facility within 72 hours of giving birth for the infant to receive a dose of nevirapine (NVP)?

### For Labor and Delivery Care

38. When the client has not received antenatal care or does not know her HIV status, do staff provide VCT and information about ARV therapy in a timely manner so that ARV therapy can be offered to reduce the risk of MTCT?
39. Do staff inform women who present in labor and who received no antenatal care about HIV, MTCT, and the benefits of knowing one's HIV status?
40. Do staff inform all clients of their right to make an informed choice about whether to accept short-term ARV prophylactic drug(s) at any time during labor, without sacrificing their right to care?
41. Do labor and delivery staff give clients information about what to expect?
42. Are clients given information about infection prevention practices before, during, and after delivery, so they do not feel singled out?
43. Are clients given information about the ARV protocol during labor and delivery, such as how the drugs will be given and how long they will be given?

### For Postpartum Care (Immediate and Follow-Up)

44. For clients who have not received antenatal care or do not know their HIV status (e.g., because they presented late in labor or delivered out of the facility):
- Do staff provide VCT and information about ARV therapy in a timely manner so that ARV drugs can be provided to the mother and her infant if she tests HIV-positive?
  - Do staff refer the client for further care before discharge?
45. Do staff provide information about various infant-feeding options available (replacement feeding versus breastfeeding)?
46. Do staff reinforce exclusive breastfeeding practices and explain the benefits of breastfeeding to clients who choose to breastfeed their infants?
47. Do staff provide immediate postpartum instruction and support to clients regarding correct positioning of the infant and gentle initiation for safe and successful breastfeeding?

48. Do staff counsel and instruct clients on correct breastfeeding techniques that reduce the risk of HIV transmission to the infant (e.g., preventing cracked nipples, mastitis, abscess, and candida, and avoiding the use of abrasive creams and soaps)?
49. Do staff counsel postpartum clients on family planning options that are appropriate for use when breastfeeding (barriers, intrauterine devices [IUDs], and progestin-only methods)?
50. Do staff give mothers information about infant care and follow-up, including the following topics?
- Importance and benefits of routine immunization
  - Potential adverse reactions to immunization
  - How to manage adverse reactions
  - What was actually done (e.g., kind of immunization, measurement of growth progress)
  - When to return for follow-up visits
  - How to protect the infant from exposure to infections as a result of being handled by relatives or friends with common infections (e.g., cold sores)
  - Protocols for infant HIV testing
  - Pediatric AIDS care (on-site or through referral)
51. Do staff provide information to postpartum clients on the following topics?
- Postpartum nutrition and advice on locally available food
  - Why, when, and where they and their infants need to return for follow-up care, including warning signs (*Note:* Mother’s warning signs to return include a painful sore or lesion on the lips or genitalia, persistent fever, night sweats, cough or difficulty breathing, foul-smelling vaginal discharge, heavy bleeding, and severe abdominal pain. Infant’s warning signs to be brought back to the facility include poor feeding, fever, oral thrush, and chronic diarrhea.)
  - The importance of seeking medical attention if problems arise
  - Infant care, including cord care, immunization schedules, and child nutrition
  - Sex during the postpartum period, including information on the importance of preventing infection when sexual intercourse is resumed and ways to do so, including using condoms consistently and correctly
  - Where clients can go to receive family planning services and their preferred method (if not provided before discharge)
52. Do staff provide condoms and (where possible) the client’s preferred family planning method before discharge, or at the first scheduled postpartum visit?

**Other Issues That You Think Are Important:**

53. \_\_\_\_\_
54. \_\_\_\_\_
55. \_\_\_\_\_



## Clients' Right to Access to Services

Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements that discriminate based on HIV status, sex, age, marital status, fertility, nationality or ethnicity, social class, religion, sexual orientation, occupation, or use of recreational drugs. Clients have a right to access services without fear of stigmatization and discrimination.

The group working on this guide should include at least one staff member who provides information, counseling, or services, as well as a receptionist or guard. It may also be useful to include a member of management in this group.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed here, please list it in "Other Issues That You Think Are Important," at the end of this guide.*

### General

1. Are voluntary counseling and testing for HIV (VCT) services provided in a way that minimizes clients' fears of stigma (e.g., through the physical design of the facility or through its location, clientele, or signage)?
  
2. Do all staff know if and where the following health services are available within the facility? Do they direct clients to these services?
  - Antenatal services
  - Labor and delivery
  - Postpartum and newborn care
  - Gynecologic services
  - Family planning
  - VCT
  - HIV clinical care and support
  - Laboratory
  - Pharmacy
  - General health (for men and women)
  - Other preventive health services
  
3. To encourage use, are services available during hours convenient for most clients? For working clients?

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4. Are emergency services available 24 hours per day, seven days per week, at the facility or by referral, including emergency obstetric evaluation and care for clients experiencing adverse reactions to antiretroviral (ARV) drugs?
5. Does your facility have adequate staff coverage for all services (including VCT services) at its busiest times?
6. Do staff assist clients who have difficulty traveling to your facility (e.g., by providing transportation or by linking clients to a local support group)?
7. Do staff reduce other barriers to accessing services (e.g., by removing requirements regarding age, parity, marital status, or parental or spousal consent)?
8. Does your facility provide services to clients regardless of their ability to pay?
9. Is the community involved in the design and implementation of the program to prevent mother-to-child transmission of HIV (MTCT)?
10. Is the option of anonymous HIV testing (i.e., where the staff provide the service without asking the client for any identifying information) available at the facility or through referrals?
11. Does your facility have a mechanism for identifying and contacting clients who do not return for HIV test results, without violating the client's right to confidentiality?
12. Is the facility engaged in efforts to reduce HIV-related stigma and discrimination, both internally and in the surrounding community, to help reduce potential barriers to VCT and prevention of mother-to-child transmission (PMTCT) services?
13. Are condoms (both male and female) available at your facility for free or at an affordable price, and where clients can take them without embarrassment?
14. Before ending any client visit, do staff ask clients if there is another service they need?

### For Antenatal Services

15. Do staff try to minimize the number of antenatal visits that a client has to make?
16. Do clients have access to the following antenatal services, if needed, whenever the antenatal clinic is open?
  - Detection of pregnancy and calculation of due date
  - Screening (physical exam or fetal assessment and history)
  - Tetanus immunization
  - Iron and folic acid supplies
  - Malaria and hookworm treatment
  - Laboratory services

- Sonogram
- Development of a birth plan
- Counseling
- Referrals

17. Are VCT services accessible to pregnant women and their partners?
18. Is VCT offered to the partners of antenatal clients or is couples counseling available?
19. Are all HIV-infected pregnant women offered the option of ARV prophylaxis to reduce the risk of MTCT during labor and delivery, regardless of their ability to pay and of where they plan to deliver their infant?
20. If highly active antiretroviral therapy (known as HAART) or other ARV therapy regimens are available at the facility, are they offered to pregnant women according to protocol and in a fair and equitable way?
21. Where ARV drugs are available, is a system in place for accessing minimum essential laboratory services, as required by national or World Health Organization (WHO) guidelines for ARV therapy, to support monitoring the client for adverse drug effects?
22. Do antenatal services have functioning referral links to ongoing psychosocial, legal, and spiritual community care and support networks? Are referral agencies easily accessible and affordable for clients who need them? Do community health workers help clients access referral services?
23. Do antenatal services have a partner notification mechanism to ensure that the client consents to informing her partner of her HIV status before any information is shared?

### **For Labor and Delivery Care**

24. Does the facility offer the following services and have the staff necessary to provide them, 24 hours per day, seven days per week?
  - Management of normal labor and delivery
  - Immediate obstetric evaluation
  - Administration of intravenous (IV) fluids, antibiotics, and oxytocin or ergometrine
  - Management of dysfunctional or prolonged labor
  - Management of shoulder dystocia (entrapped shoulder after delivery of the head)
  - Repair of cervical, vaginal, or perineal lacerations
  - Manual removal of the placenta
  - Bimanual uterine compression
  - Uterine evacuation
  - Laboratory services (e.g., blood type and cross-match, coagulation parameters, hematocrit, etc.)
  - Cardiopulmonary resuscitation (CPR)

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25. Does the facility provide early recognition and initial management of the following conditions, 24 hours per day, seven days per week?
- Shock
  - Hypertensive emergency and preeclampsia or eclampsia
  - Antenatal and postpartum hemorrhage
  - Sepsis or infection (of the uterus, perineum, IV sites, and incisions)
  - Obstructed labor
  - Complications of abortion
26. Does the facility provide the following nationally or internationally recommended ARV drug regimens for use in pregnancy?
- Zidovudine (known as ZDV or AZT) alone, or in combination with lamivudine (3TC)
  - Nevirapine (NVP)
  - HAART
  - Any others
27. Does the facility provide services and the necessary staff to administer ARV prophylaxis during labor, 24 hours per day, seven days per week?
28. Does the facility train home birth attendants to encourage mothers to take ARV drugs at the onset of labor and to bring their infants to the facility to receive ARV drugs within 72 hours of birth?

### For Postpartum Care (Immediate and Follow-Up)

29. If the client received ARV drugs during labor, do staff administer ARV drugs to the infant within 48 to 72 hours, according to the most recent national or WHO ARV protocols?
30. *For clients who have not received antenatal care or do not know their HIV status (e.g., because they presented late in labor or delivered out of the facility), do staff offer VCT with the woman's informed consent?*
31. Do postpartum clients have access to follow-up care (through follow-up visits at home, in the community, or at the facility) at 24 hours, 48 hours, one week, and four to eight weeks following delivery, or according to national guidelines?
32. Do staff coordinate referrals for treatment, care, and support before clients are discharged and during follow-up visits?
33. *Where ongoing ARV therapy is offered, do staff provide support to the client to ensure successful adherence to treatment?*
34. Do staff offer postpartum family planning services before discharge and during follow-up visits? Does the postpartum family planning service include general family planning counseling and provision of condoms?

- 35. Are contraceptive methods that can be used immediately after delivery available to all clients who want them?
- 36. Do postpartum clients have access, either on-site or by referral, to surgical treatment for obstetric fistula?
- 37. For mothers of newborns, are efforts made to serve both the mother and the child at the same time? (For example, at the postpartum visit, does the mother receive information on family planning, breastfeeding, and immunizations for the infant, while the infant is examined at the same visit?)
- 38. Does the facility provide infant immunizations? If so, do staff take the opportunity during immunization services to offer HIV testing of infants born to women who are HIV-infected, where appropriate and feasible?
- 39. Does the facility provide infant HIV testing (either polymerase chain reaction [PCR] or antibody testing) and ongoing pediatric HIV/AIDS care, or effective referrals for these services?

**Other Issues That You Think Are Important:**

- 40. \_\_\_\_\_
- 41. \_\_\_\_\_
- 42. \_\_\_\_\_



## Clients' Right to Informed Choice

Clients have a right to make a voluntary, well considered decision that is based on options, accurate, unbiased information, and understanding. The process of informed decision making is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice or to help a client reach an informed choice. It is also the provider's responsibility to explain about HIV testing and strategies to prevent mother-to-child transmission of HIV (MTCT), including implications of testing for the client, her infant, and her family, and to explore the implications of partner notification with the client.

The group working on this guide should include medical staff and other staff who provide information, counseling, or services.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed here, please list it in "Other Issues That You Think Are Important," at the end of this guide.*

### General

1. Does the facility offer the client population free, informed choice in prevention of mother-to-child transmission of HIV (PMTCT) services, voluntary counseling and testing for HIV (VCT) services, and HIV testing services? For example:
  - *Antenatal care:* Are clients encouraged to make a free, informed decision about using antiretroviral (ARV) drugs?
  - *Maternal health care:* Are clients allowed to keep their infants with them in the post-partum ward? Do clients have a choice in what position they deliver in and in whether to involve family members and others who have accompanied them? Are clients encouraged to make a free, informed decision about breastfeeding exclusively and about administering ARVs to their infants?
  - *Family planning:* Are a range of methods available? Are temporary, permanent, and emergency methods available? Are provider-dependent methods (those that can be provided only by those with special skills or only by medical staff) and other choices available?
  - *HIV/sexually transmitted infections (STIs):* Do clients have the opportunity to learn about the following topics?
    - ▲ Dual protection
    - ▲ Condom use
    - ▲ Safer sexual practices
    - ▲ Abstinence

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Are clients counseled about how to prevent transmission or reduce risk? Are clients assisted in determining their risk for HIV and STIs? Do clients have access to VCT services, either through your facility or by referral?

2. Do clients receive information about available options (e.g., testing, treatments, procedures, and contraceptive methods), including full, accurate, and unbiased information on both the benefits and the potential consequences of each alternative?
3. Do health care staff do each of the following?
  - Actively encourage clients to talk and ask questions
  - Listen attentively and respectfully to clients and respond to their questions
  - Discuss clients' reproductive and health goals, needs, and service options
  - Assist clients to make an informed decision
  - Ask clients whether the information was explained clearly and what further questions or suggestions they might have
4. Do providers discuss the possibility of involving partners and family members in clients' decision making, when appropriate?
5. Are mechanisms in place to ensure written informed consent for all procedures and treatments, if needed?
6. Are all consent forms signed by clients kept as part of their medical records, in cases where informed consent was needed?
7. Before any procedure or treatment, do staff reconfirm that clients want to proceed?

### For Antenatal Services

8. Do staff provide complete and unbiased information about dual protection so clients are prepared to make informed decisions about contraception and about STI and HIV prevention in advance of need?
9. Do staff provide complete and unbiased information for pregnant clients to make informed decisions about the following issues?
  - Whether to be tested for HIV
  - Whether to initiate ARV therapy
10. Do staff provide information to pregnant clients about the benefits and potential consequences to themselves, and to their infants, of knowing their HIV status?
11. Are pregnant clients informed of all options for preventing transmission of HIV to their infants, including the benefits and risks of using ARV drugs? Is there a mechanism in place to ensure informed consent for ARV therapy?

12. Where VCT is integrated into antenatal services:
  - Does the facility have informed consent procedures for HIV testing?
  - Are pretest and posttest counseling key components of VCT services at the facility?
  - Do staff help clients explore in an unbiased way the benefits and potential consequences of HIV testing?
  - Are clients who accept pretest counseling reassured that the decision of whether to have a test is their own and will not affect their access to maternal health care services?
  - Do staff explore with clients the benefits of and concerns about disclosing their test results to their partners (including the potential for violence, abandonment, or marital problems) and the potential benefits and negative consequences of telling family members, friends, or other members of the community?
  - Where clients appear uncertain, do providers encourage them to think more about the issues and to return at a later date when they have made up their mind?
13. Do staff recognize and protect clients' right make a free, informed choice whether to have an HIV test?
14. Is there a mechanism in place to prevent uninformed or coerced testing of clients by health care providers (e.g., for testing prior to delivery or for invasive procedures)?
15. Where the country's laws mandate partner notification, are clients informed before they consent to being tested that their partners will be notified of positive test results?
16. Where the law does not require partner notification, do providers respect clients' decisions not to inform their partners?
17. Does the facility have a mechanism in place to ensure that youth are giving free, informed consent before having an HIV test (e.g., understanding sufficiently the implications of a positive result and making the decision to test, free from parental, community, or peer pressure)?

## **For Labor and Delivery Care**

18. Do staff ask clients what delivery practices they would like to follow and, when possible, support their decisions about such issues as pain management, delivery position, and participation of partners, family members, or traditional birth attendants?
19. Before administering ARV prophylaxis during labor, do staff inform clients of the protocols, the benefits to women and their infants, and the possible adverse effects, and do they help clients make an informed decision about whether to accept? Are clients assured that they will not be penalized if they choose not to accept the treatment?
20. Do staff inform clients about the ARV drugs to be given to their infants (as well as the benefits and side effects of these drugs) before they are administered, and do staff allow clients to accept or refuse without being penalized?

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21. Do staff inform clients of the benefits of holding their infants immediately after birth and offer them the choice of holding them immediately or later within the first 30 minutes, when clients may be more comfortable?
22. *Where clients have not received antenatal care or do not know their HIV status (e.g., after presenting in early labor), do staff provide VCT and information about PMTCT using ARV therapy, so clients can make an informed and voluntary decision before they are discharged?*

### For Postpartum Care (Immediate and Follow-Up)

23. Do staff provide HIV-infected clients with an opportunity to select an appropriate infant-feeding choice from among the available options, according to national or World Health Organization guidelines?
24. Do staff offer immediate postpartum counseling and contraception, where available and feasible?
25. Do clients have access to a range of contraceptive methods that meet their needs, including emergency contraception?
26. Do staff respect clients' right to choose to not use contraception?
27. Do clients usually receive the family planning method of their choice?
28. For services not available in the department or at the facility, do staff refer clients to another department or facility where services are available?
29. Do staff discuss with clients their options for infant HIV testing and ongoing pediatric HIV/AIDS care, if the infant tests positive?

#### **Other Issues That You Think Are Important:**

30. \_\_\_\_\_
31. \_\_\_\_\_
32. \_\_\_\_\_

## Clients' Right to Safe Services

Clients have a right to safe services, which require skilled and knowledgeable providers, attention to infection prevention (i.e., universal precautions, including safe injection practices), and appropriate and effective medical practices (including antiretroviral [ARV] therapy and treatment of opportunistic infections). Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical procedures.

*Note:* While some of these issues are covered in other self-assessment guides, this guide emphasizes the behavior of staff in ensuring client safety.

Depending on the services available at the facility, the group working on this guide should include clinical staff from the following departments: maternity, family planning, HIV and sexually transmitted infections (STIs), infectious diseases, gynecology, pharmacy, laboratory, men's services, and operating theater. This group should also include representatives from the following categories of staff: clinician, nurse, technical or medical assistant, housekeeper or cleaner, and administrator or manager.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed here, please list it in "Other Issues That You Think Are Important," at the end of this guide.*

### General

1. Do staff follow current, written service-delivery guidelines for each of the services provided at the facility?
2. Do staff provide services to all clients free of stigma and discrimination (e.g., not discharging clients early or refusing to provide services)?
3. Is a qualified service provider always available either at the facility or by referral (24 hours per day, seven days per week) for consultation in case of complications and emergencies?
4. Is the facility prepared at all times to stabilize and transport, or to treat, clients who present with emergencies (such as shock, severe bleeding, severe infection, obstructed labor, and eclampsia)?
5. Can clinical staff insert an intravenous (IV) for fluid administration?
6. Can clinical staff perform cardiopulmonary resuscitation (CPR) and artificially ventilate?

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7. Are clinical staff aware of complications that have arisen from care given at the facility?  
Do staff work to prevent these complications from occurring?
8. Do clinical staff know how to manage the following?
  - Complications that arise at the facility
  - Palliative care
  - Drug reactions and side effects
  - Co-infection with HIV and tuberculosis
9. For clients who have laboratory tests performed, including HIV tests:
  - Is a system in place for them to receive their results?
  - Is it clear who is responsible for informing clients about test results?
  - Based on test results, are counseling and treatment provided, or do staff refer clients to an appropriate service for counseling and treatment?
10. Do staff explore with clients the potential for violence, including as a result of disclosing HIV test results to their partners or of negotiating condom use and safer sexual practices?
11. Are all clients screened before treatments, medical procedures, medications, and contraceptive methods are provided? (Screening includes a medical, sexual, and reproductive health history; a physical examination; and appropriate laboratory tests.)
12. Do clients receive oral and written information about the following (both before and after a procedure or treatment, including antiretroviral [ARV] therapy)?
  - The benefits and risks associated with the treatment, procedure, medication, or contraceptive method they are receiving
  - Warning signs
  - Where to go for emergency and follow-up care
13. Do staff consistently and accurately record the content of counseling sessions? Is information about counseling, test results, and referrals recorded completely, accurately, and legibly in the client's record form?
14. Are staff aware of requirements for reporting complications, including how and when to report them?
15. Does the facility systematically track complications, poor outcomes, and deaths, and routinely analyze and discuss reports of complications, reports of deaths, and facility service statistics?
16. Are there regular meetings in which appropriate personnel can analyze and discuss reported complications and service statistics? (Weekly or monthly meetings are the norm in many parts of the world.) Are records kept of such meetings?
17. Do meetings about and reviews of complications result in changes and improvements in practice?

18. Does the facility have a quality assurance and control system for HIV antibody testing, especially for test results and for provision and storage of test kits, reagents, and other supplies?

## **For Infection Prevention**

19. Are all areas of the facility always clean?
20. Do staff have access to current, written guidelines on infection prevention practices? Do they follow the guidelines to protect clients and themselves from infection?
21. Do staff wash their hands with soap and running water, following guidelines and standard precautions?
22. Are disposable needles and syringes used whenever possible and discarded after a single use?
23. Are disposable needles and other sharp objects always discarded in puncture-resistant containers immediately after a single use?
24. Are reusable needles and syringes correctly cleaned, sterilized, and stored prior to reuse?
25. Are reusable instruments and other items used in clinical procedures decontaminated in a 0.5% chlorine solution for 10 minutes before processing?
26. After decontamination, are instruments and other items cleaned with detergent and water using a brush?
27. Are instruments cleaned in a designated receptacle (e.g., a sink or bucket separate from where handwashing is done)?
28. Are instruments and other items sterilized or high-level disinfected before use?
29. Are all items stored dry?
30. Do staff always wear heavy-duty utility gloves when required, according to guidelines and standard precautions?
31. Are surfaces (such as examination and operating tables) wiped with a 0.5% chlorine solution after each procedure?
32. Is medical waste handled safely and disposed of by burning or burying in a safe location?
33. Is aseptic technique used during clinical procedures?
34. Is shaving of the surgical site avoided?

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35. During a pelvic examination:

- For each examination, does the service provider wear clean gloves or a new pair of gloves?
- For each client, does the service provider use a clean speculum that has been sterilized or high-level disinfected?

36. Do staff use appropriate protective clothing when handling blood and other body fluids?

### For Antenatal Services

37. Are clients monitored to identify early signs of the following four most serious pregnancy-related complications?

- Preeclampsia or eclampsia
- Infection
- Premature labor
- Obstructed labor

38. Are all pregnant clients screened by medical and sexual history, physical examination, and laboratory tests for reproductive tract infections (RTIs)—particularly syphilis and HIV? When such infections are found, are they treated?

39. Do pregnant clients receive the following preventive care, in accordance with national or World Health Organization (WHO) guidelines?

- Presumptive treatment for malaria and hookworm (in endemic areas)
- Supplementation (e.g., ferrous sulfate, vitamin A, iodine, folic acid, and calcium)
- Tetanus immunization

40. Are clients counseled about antenatal nutrition?

41. Do staff follow current national or WHO protocols on ARV therapy, including guidelines on managing side effects and adverse reactions?

42. Are clients counseled on and supported in adhering to the use instructions for ARV drugs?

43. Do staff follow national or WHO guidelines for safe injection practices?

### For Other Safe Services and Practices

44. Are condoms stored in a cool and dry place to minimize deterioration? Are condoms stored according to the “first expired/first out” system (known as FEFO)?

45. Do staff explore with clients the potential for violence, including as a result of disclosing HIV test results to their partners or of negotiating condom use and safer sexual practices?

46. Do antenatal services have a mechanism for procuring and managing a reliable supply of ARV drugs?

47. Do antenatal services have equipment for monitoring counts of CD4 T-lymphocytes?
48. Do staff diagnose and treat concomitant illnesses (incidental illnesses occurring simultaneously with HIV/AIDS), including managing side effects of and adverse reactions to ARV drugs?

### **For Labor and Delivery Care**

49. Do staff follow national or WHO guidelines for reducing the risk of HIV transmission during labor and delivery?
50. Is there a mechanism for offering nevirapine (NVP), with instructions for it to be taken at the beginning of labor?
51. Does your facility provide any of the following nationally or internationally recommended ARV drug regimens for use in pregnancy (e.g., zidovudine [also known as ZDV or AZT] alone or in conjunction with lamivudine [3TC]; nevirapine [NVP]; highly active antiretroviral therapy [HAART]; or some other ARV therapy regimen)?
52. Do staff provide care appropriate to stage of labor, without discrimination?
53. Do staff adhere to infection prevention practices, including standard precautions during the management of labor and birth?
54. Are obstetric clients assessed within minutes of arrival, and are emergency cases managed in a timely and appropriate manner?
55. Do staff take appropriate preventive measures with the “six cleans”?
  - Clean hands and nails
  - Clean perineum
  - Clean delivery surface
  - Clean umbilical cord cut or blade
  - Clean cord care (including clean tie and cord stump)
  - Nothing unclean introduced into the vaginaAdditionally, do staff provide a clean wrap for the infant? A clean cloth for the mother?
56. Can staff performing deliveries do the following?
  - Repair a cervical, vaginal, or perineal laceration
  - Manually remove a placenta
  - Start an IV and provide fluids
  - Perform bimanual uterine compression
57. Do staff managing labor and delivery reduce the risk of HIV transmission to the infant by taking the following steps?
  - Consistently and correctly carrying out standard precautionary practices

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- Keeping labor as normal as possible
- Minimizing the number of vaginal examinations during the course of labor
- Preventing prolonged rupture of membranes and avoiding routine artificial rupture of membranes
- Appropriately managing prolonged labor, based on labor monitoring using a partograph (a labor progress chart or graph)
- Avoiding the insertion of an internal scalp electrode for fetal monitoring
- Avoiding routine episiotomy
- Avoiding routine amnioscopy
- Avoiding instrument-assisted deliveries (e.g., forceps delivery or vacuum extraction)
- Wiping maternal secretions from the infant as soon as possible after birth
- Avoiding contamination with maternal blood when the umbilical cord is cut
- Avoiding vigorous suctioning of the newborn's mouth and nasal passages
- Administering ARV therapy according to national or WHO protocols, with the client's informed consent
- Using safe transfusion practices
- Considering cesarean delivery vs. vaginal birth

58. Do staff use partographs consistently?

59. Do staff know how to identify and manage dysfunctional labor (including using oxytocin, when appropriate)?

60. Do staff know how to prevent, identify, and manage postpartum hemorrhage, particularly how to use oxytocin and Methergine (methylergonovine maleate) (e.g., are they familiar with the indications, route, and dose)?

61. Do staff know how to manage preeclampsia or eclampsia, particularly how to use magnesium sulfate or diazepam (e.g., are they familiar with the indications, route, dose, and timing)?

### For Postpartum Care (Immediate and Follow-Up)

62. Do staff assess all clients for fever, unstable vital signs, excessive bleeding, and excessive uterine firmness immediately postdelivery, and reassess them every 15 minutes during the first two hours and periodically for at least 24 hours (if normal) or for 48 hours (if complicated)?

63. Is the facility equipped and staffed to provide essential immediate care for newborns (e.g., cord care, warmth, and eye care), according to national or WHO guidelines?

64. Do staff perform neonatal assessment and resuscitation, as needed?

65. Do all newborns receive preventive care for neonatal gonococcal or chlamydial eye infection (e.g., tetracycline ointment, erythromycin ointment, or silver nitrate eyedrops)?

66. Do staff instruct mothers how to correctly help the newborn to take the breast to prevent trauma to the breasts or nipples and prevent subsequent breaks in the skin?
67. Is the mother given support to breastfeed as soon as possible?
68. Is the newborn put to the mother's breast immediately after birth, or within the first 30 minutes after birth?
69. Is rooming together encouraged?
70. Is a system in place to ensure that postpartum clients receive assessments, including observation of breastfeeding practices, either at the hospital, at the clinic, or at home at 24 hours, 48 hours, and one week after normal delivery or after a cesarean section?
71. Do staff provide immediate postpartum care without discrimination, regardless of the mother's infant-feeding choice?
72. In areas with high HIV prevalence, do staff instruct mothers who do not know their HIV status or who are HIV-infected to take the following measures?
  - Give infants colostrum
  - Exclusively breastfeed their babies for their first six months of life
  - Avoid mixed feeding (breast and other liquids or foods) in the first six months
  - Avoid breastfeeding if they have cracked nipples, mastitis, or an abscess
  - Express breast milk and boil or pasteurize it if both breasts are affected by the above problems
  - If the client is HIV-infected, avoid all breastfeeding when replacement feeding is acceptable, feasible, affordable, sustainable, and safe
73. Do staff dry the infant, cover his or her head, and position him or her for skin-to-skin contact with the mother immediately postpartum, if she consents, is alert, and is comfortable?
74. Do staff counsel HIV-infected clients postpartum about the importance of considering HAART, where this is available?
75. Do staff conduct postpartum family planning counseling that includes dual protection, and do they provide the client's preferred method(s) before discharge? Do staff refer clients to facilities that can provide their preferred family planning method, if this is not available on-site?
76. Before discharging clients, do staff take the following measures?
  - Check their stability (e.g., bleeding, infection, uterine firmness, and vital signs)
  - Check their ability to walk, eat, urinate, and repeat discharge instructions
  - Ensure that they will be accompanied by someone when they leave
  - Give them verbal and written instructions about routine care of themselves and their infants

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- Give them verbal and written instructions about the warning signs of complications and when and where to go for medical attention, if these occur

77. Do staff refer clients to community resources that will provide the following services?

- Ongoing breastfeeding support
- Support for psychosocial, financial, legal, and spiritual needs (for the client herself and for her infant)?
- Support for ongoing management of HIV infection and prevention and management of opportunistic infections?

78. Do staff provide immunizations and follow-up infant care or referral, including timely HIV testing and pediatric HIV/AIDS care?

**Other Issues That You Think Are Important:**

79. \_\_\_\_\_

80. \_\_\_\_\_

81. \_\_\_\_\_

## Clients' Right to Privacy and Confidentiality

Clients have a right to privacy and confidentiality. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

The group working on this guide should include staff who provide information or services and those who are responsible for or handle records (including receptionists, gatekeepers, and guards).

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed here, please list it in "Other Issues That You Think Are Important," at the end of this guide*

1. Are all services offered in a manner that is respectful, confidential, and private, according to national guidelines?
2. Is there a process for maintaining confidentiality regarding the client's reason for the visit?
3. Do staff respect clients' wishes about whether to provide information to partners or family members, including all who accompany them?
4. Do providers discuss client care with other staff members only when necessary?
5. When discussing clients' care (including their HIV status) with other staff members, do service providers respect confidentiality by speaking in a private space, so the conversation cannot be overheard?
6. Does the facility have private space so that counseling sessions, physical examinations, and procedures cannot be observed or overheard by others?
7. Do staff take measures to ensure that counseling sessions and examinations are not interrupted?
8. When a third party is present during a counseling session, an examination, or a procedure, do staff explain the person's presence and ask the client's permission?
9. Are client records kept in a secure place, with access strictly limited to authorized staff?
10. Do staff make sure that clients do not have access to others' records?

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- 11. Are all laboratory test results kept in a secure place, with access strictly limited to authorized staff?
- 12. Are identical procedures used for providing clients the results of their HIV tests, whether they tested negative or positive, so that positive results are not indirectly revealed to other staff and clients?
- 13. Is there a mechanism for contacting clients who test HIV-positive and do not return for follow-up care, without violating their privacy?
- 14. Is there a process for clients to receive antiretroviral (ARV) treatment with privacy?
- 15. Is the option of anonymous HIV testing available?
- 16. Do staff explore with clients the implications of disclosing or not disclosing their HIV status to partners or family members? Do staff respect the decision of clients to not tell partners or family members about their HIV status?
- 17. Do staff provide care for or make referrals for ongoing treatment of infants who are HIV-infected?

**Other Issues That You Think Are Important:**

- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_

## Clients' Right to Dignity, Comfort, and Expression of Opinion

All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during counseling, tests, treatment, and procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

The group working on this guide should include a range of staff involved in providing care, including service providers, counselors, receptionists, gatekeepers, and guards.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed here, please list it in "Other Issues That You Think Are Important," at the end of this guide*

### General

1. Are clients and all who accompany them to the facility welcomed and addressed with respect?
2. Do all staff (including guards, receptionists, medical staff, administrative support staff, and laboratory and pharmacy staff) treat all clients with kindness, courtesy, attentiveness, and respect for their dignity, regardless of clients' ethnicity, race, gender, sexual orientation, injection drug use, occupation, religion, socioeconomic level, or level of education?
3. Do staff treat all clients respectfully, regardless of their HIV status?
4. Do clients have an opportunity to suggest what the facility can do to provide higher-quality services (e.g., through client suggestion boxes, client satisfaction surveys, client interviews, etc.)?
5. Do staff respect clients' opinions, even when they are not the same as their own?
6. If case discussions are held in the presence of clients, are clients encouraged to participate in these discussions?
7. If clients want partners or family members to participate in discussions about their care, do staff make efforts to facilitate this? Similarly, if clients do not want partners or family members involved, do staff comply with their wishes?

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8. Do staff perform physical examinations, counseling, testing, and other procedures with clients' dignity, modesty, and comfort in mind (e.g., providing clients adequate drapes or covering, as appropriate, and explaining the procedure)?
9. Does the facility have a private space where physical examinations, procedures, and counseling sessions cannot be observed or overheard by others?
10. The list below describes some areas of the facility that clients may use. Do you think these areas are pleasant and comfortable? For example, is there enough space? Is the space well organized, clean, well lit, comfortable, and well ventilated?
  - Toilets
  - Registration, reception, and waiting areas
  - Counseling areas
  - Examination and procedure rooms
  - Pharmacy
  - Labor and delivery rooms
  - Maternity wards
  - Neonatal wards
  - Gynecology wards
  - Emergency rooms
  - Operating theaters (preoperative holding areas and operating areas)
  - Recovery areas (in both the ward and the toilets)
11. Are client waiting times for services reasonable?
12. Do staff work to reduce unnecessary waiting times for clients (e.g., by having nurses or other health professionals serve clients when it is not necessary for them to wait for a doctor, by conducting health education or group pretest information-giving in the antenatal care waiting room, or by having voluntary counseling and testing [VCT] staff draw blood for the rapid HIV test instead of laboratory staff)?
13. Is there an established system in place for receiving clients (e.g., first-come, first-served, or by appointment) that staff follow (except in emergencies)?
14. Are records organized so that retrieval is quick and easy?
15. Do staff feel that clients have adequate time with health care providers?
16. Do staff always explain to clients what sorts of examinations or procedures will be done, what to expect, and why the examinations or procedures are needed?
17. Do staff ensure that clients are comfortable and experience the least possible pain during procedures (for instance, during labor)?
18. Do staff engage clients, as appropriate, to make them feel comfortable (e.g., by coaching

them during delivery, engaging them in conversation to distract them from an uncomfortable or painful procedure, or offering comfort when they are in distress)?

19. Do staff avoid unnecessary gloving when caring for HIV-infected clients, so as not to stigmatize them?
20. Are reproductive health services (including antenatal care and VCT) offered in an atmosphere that is inviting for men?
21. Are reproductive health services (including antenatal care and VCT) offered in an atmosphere that is inviting for adolescents?
22. Does the facility have a policy prohibiting discrimination against all clients, including people living with HIV and AIDS, young people, sex workers, and members of other marginalized groups or populations? If so, do staff follow this policy?
23. Does the facility include people living with HIV and AIDS or representatives from associations for such people in the planning, design, and monitoring and evaluation of components of antenatal services and VCT, prevention of mother-to-child transmission, and other HIV- and AIDS-related services?

### **For Antenatal Care**

24. Where VCT is integrated into antenatal services:
  - Are client waiting times for pretest counseling reasonable?
  - Is the time between taking the test and receiving the results reasonable?
  - Are clients given adequate time to consider the implications of the results of their HIV tests, to receive emotional support, and to discuss follow-up care and support, including antiretroviral (ARV) therapy to prevent the transmission of HIV to the infant?
  - Are client waiting times for counseling on and provision of ARV drugs reasonable?

### **For Labor and Delivery Care**

25. Do staff treat laboring and delivering women with dignity and respect, regardless of their HIV status?
26. Do staff minimize clients' discomfort and pain during labor and delivery, regardless of their HIV status?

### **For Postpartum Care (Immediate and Follow-Up)**

27. Are mothers allowed to keep their infants with them in the postpartum ward?
28. Do staff offer counseling and support to clients who have had a miscarriage or stillbirth or whose infant is born with abnormalities or is otherwise sick?

**Other Issues That You Think Are Important:**

29. \_\_\_\_\_

30. \_\_\_\_\_

31. \_\_\_\_\_

## Clients' Right to Continuity of Care

All clients have a right to continuity of services, supplies, referrals, and follow-up necessary to maintain their health and to prevent HIV transmission. Where possible, clients should have the right to see the same provider across multiple visits, if they prefer.

The group working on this guide should include service providers, administrators, counselors, staff who are responsible for supplies, and field and community workers.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed here, please list it in "Other Issues That You Think Are Important," at the end of this guide.*

### General

1. For all services provided, are all clients told the following?
  - If and when to return for routine follow-up care
  - That they can return any time if they have questions or concerns
2. For all services provided, are all clients told what to do if they experience problems, including warning signs?
3. Are follow-up visits scheduled with clients' convenience in mind?
4. Do staff work to ensure that clients receive the service for which they are referred (e.g., do staff explain to clients where to go, escort them whenever they can, and help arrange transport for them)?
5. When clients travel a long distance to the facility for services (e.g., antiretroviral [ARV] treatment or labor and delivery), are they informed about where they may obtain follow-up services in their local community, if these are available?
6. Does the facility have sufficient and reliable supplies so that clients can receive laboratory tests, medications (including ARV drugs), and contraceptives, among others, without delay?
7. Do clinical staff know which medications can be replaced with others in case of stock-outs (e.g., anesthetics, antibiotics for treatment of sexually transmitted infections [STIs], and contraceptive methods—including emergency contraceptive methods)?

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8. For clients who have laboratory tests performed:
  - Is a system in place for them to receive their results?
  - Is it clear who is responsible for informing clients about test results?
  - Based on test results, are counseling and treatment provided, or do staff refer clients to an appropriate service for counseling and treatment?
  - Do staff provide monitoring of drug resistance for clients on highly active antiretroviral therapy (HAART)?
9. Are clients' medical and health records completed properly, with information essential for continuity of care?
10. Can clients get refills of supplies, including ARV drugs, without a long wait or other barriers to access?
11. If clients want to discontinue using a medication or contraceptive method, do staff do the following?
  - Treat clients' wishes with respect
  - Discuss with clients their reasons for wanting to discontinue
  - Offer appropriate alternatives
12. If clients scheduled for a procedure or treatment do not return for it, do staff try to find out why?
13. If clients do not return for follow-up care, do staff try to find out why?

### For Antenatal Services

14. Do all clients who are tested for HIV also receive both pretest and posttest counseling, regardless of whether the results are negative or positive?
15. Do staff provide antenatal clients who test HIV-positive with follow-up care, including ARV therapy and counseling on treatment of opportunistic infections, safer sex, family planning (including dual protection), safer infant-feeding options, and nutrition?
16. Is documentation of clients' test results, including results of their HIV tests, available to staff providing treatment?
17. Does your facility provide or refer for ongoing posttest counseling as part of antenatal care?
  - Does your facility have links with other facility- and community-based care and support services (e.g., posttest clubs, future planning support for HIV-infected pregnant women, associations of people living with HIV and AIDS, and support services to help HIV-negative pregnant women remain uninfected)?
  - Do your facility's antenatal care services link with other facility- and community-based care and support services for pregnant clients who have special needs (e.g., individuals who experience gender-based violence or who are drug-dependent)?

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- Do your facility's antenatal care services have links to STI, family planning, labor and delivery, and postpartum services?
18. Is a mechanism in place to offer continuity of personnel in pretest and posttest counseling or in antenatal visits?
  19. Does the program for prevention of mother-to-child transmission of HIV (PMTCT) have protocols for providing ARV prophylaxis to the following groups?
    - HIV-infected women who plan to deliver at another facility
    - HIV-infected women who plan to deliver at home
  20. Does the PMTCT program have links to traditional birth attendants or community health workers in the surrounding community who may be able to support HIV-infected women who deliver at home to follow the protocols for ARV prophylaxis and infant feeding?
  21. Are family planning counseling and condoms available, either on-site or by referral, for those who choose to use them? Are family planning counseling and referral related to the provision of long-term and permanent methods of contraception available to all clients?

### For Postpartum Care (Immediate and Follow-Up)

22. Do staff encourage postpartum clients to return for postpartum checkups?
23. Do staff explore with HIV-infected postpartum clients any circumstances that might prevent them from adhering fully to ARV regimens?
24. Do staff provide postpartum follow-up care in accordance with national or World Health Organization (WHO) guidelines?
25. Do staff provide referrals for clients who need ongoing family planning services?
26. Do staff provide referrals for clients who need ongoing ARV treatment, care, and support for them and their families following delivery?
27. Do staff provide clients with oral and written instructions on when and where to go for routine follow-up or in case of emergency?
28. Does your facility have a working relationship with community health workers, especially traditional birth attendants, for collaborative care and for referral of normal and complicated cases?

### For Infant Health Services

29. Does your facility offer HIV testing to infants of HIV-infected mothers, according to national or WHO guidelines?

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- 30. Do staff refer infants born to HIV-infected women for infant health monitoring?
  - Does such monitoring include blood testing for CD4 T-lymphocyte counts?
  - Where CD4 counts or viral load measurement are not available, do staff monitor the infant by weight and growth and assess their development, document the results in the infant’s record form, and analyze the records?
  - Do staff communicate the findings of infant monitoring to the parents and counsel them appropriately, including making referrals?
  
- 31. Do staff provide services or make referrals for ongoing treatment and care for HIV-infected infants?

**Other Issues That You Think Are Important:**

- 32. \_\_\_\_\_
- 33. \_\_\_\_\_
- 34. \_\_\_\_\_

## Staff Need for Facilitative Supervision and Management

Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients.

The group working on this guide should include administrators or managers, as well as service providers and support staff.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed here, please list it in “Other Issues That You Think Are Important,” at the end of this guide.*

1. Does your facility’s management ensure that a mechanism involving staff is in place for planning and conducting a variety of quality improvement activities and for assessing the use of services, as a demonstration of its commitment to quality services?
2. Is management supportive, encouraging, and respectful of staff?
3. Does your facility have a mechanism for collecting staff suggestions about improving the quality of services? Are staff encouraged to make suggestions about improving the quality of services?
4. Do external supervisors (at the area, regional, and headquarters levels) provide staff with constructive feedback during supervisory visits?
5. Does management motivate staff to perform well by doing the following?
  - Recognizing work well done
  - Providing timely and constructive feedback
6. Are staff fully occupied and is their time well used? Are work shifts clearly explained and well organized?
7. Are staff roles and responsibilities clearly defined?
8. Are department and clinic reports submitted regularly and on time?
9. Do supervisors and staff routinely discuss, interpret, and learn from service statistics, reports, and other data to help them improve services? Are indicators identified and used

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to monitor and evaluate antenatal care and services for the prevention of mother-to-child transmission of HIV (PMTCT)?

10. Is an audit system in place to address major and minor complications that arise from care given at the facility, including complications due to antiretroviral (ARV) therapy?
11. Are the following records properly filled out and periodically reviewed by supervisors?
  - Antenatal and PMTCT registers
  - Clients' cards, files, and notes
  - Birth records, including partographs (labor progress charts or graphs)
  - Medical record forms, including informed consent forms
  - Inpatient and outpatient registers
  - Operating theater register
  - Laboratory records
  - Adverse event reports and records
  - Death reports
  - Reportable-disease forms
  - Inventory supply forms
12. Do supervisors ensure that all staff understand the reasons and procedures for completing records, storing them correctly, and maintaining confidentiality?
13. Does the facility have sufficient trained staff to provide all services available at the facility on a regular basis?
14. Do supervisors organize activities to assess the learning needs of the facility's staff? Do they ensure that training activities take place there regularly?
15. Do supervisors ensure that staff have, know, and follow written, up-to-date service-delivery guidelines for each health service provided at your facility?
16. Do supervisors ensure that staff from different departments or wards within your facility share information, make referrals within your facility, and visit other parts of your facility to give health talks, among other things?
17. Do supervisors ensure that all aspects of service delivery (including counseling, clinical procedures, and infection prevention practices) are observed?
18. Do supervisors provide regular, timely constructive feedback to maintain the high quality of services?
19. Do supervisors ensure that the facility has a system to control the quality of HIV testing?
20. Do supervisors ensure that a mechanism is in place to facilitate effective communication and collaboration between community health workers and staff at the facility?

21. Do staff show respect for and attend to the needs of the following colleagues?
  - Support staff
  - Staff from other departments
  - Community workers, traditional birth attendants, and ancillary staff
22. Are support staff included in discussions pertinent to their work?
23. Are functioning referral mechanisms that include feedback for both internal and external referrals in place?
24. For all health services provided at your facility, has the supervisor created a system for ensuring that the following functions are carried out?
  - Counseling (e.g., explaining the procedure, providing support and assistance, and providing information about the availability of health services)
  - Giving health talks to clients in the outpatient units or wards
  - Coordinating services and referrals with other departments, wards, or facilities
  - Filing and maintaining records
  - Organizing continuous quality improvement activities
  - Monitoring and supervising on a regular, scheduled basis
  - Maintaining cooperative community relations
25. Do supervisors work with staff to ensure that the facility has the following?
  - Reliable supplies
  - Adequate, functioning equipment
  - Adequate infrastructure
26. Do supervisors ensure that there is a system in place for assessing clients' satisfaction?
27. Do supervisors provide timely updates to service providers on service-delivery guidelines?
28. Do staff feel that they are part of a team?
29. Are service-delivery guidelines available for HIV-infected staff and supervisors, including identification of "exposure risk procedures" (procedures that pose a high risk of HIV exposure for the provider)?
30. Are guidelines on how to manage accidental exposure to blood, including postexposure wound care and postexposure prophylaxis (PEP), available for staff and supervisors to follow?
  - Are HIV pretest and posttest counseling available for injured staff? If not, is there a functioning referral mechanism for HIV pretest and posttest counseling?
  - Are PEP drugs available for treatment of injured staff? If not, is there a functioning referral mechanism for PEP treatment?
  - Are PEP guidelines periodically reviewed and updated according to national or World Health Organization guidelines, including protocols for pregnant health workers?

**COPE Toolbook for Services to Prevent Mother-to-Child Transmission of HIV**

- 31. Is a mechanism in place to protect counselors from overload and work-related exhaustion?
  - Do counselors meet regularly to discuss issues arising during counseling sessions and to provide one another with emotional and professional support?
  - Do supervisors meet regularly with counselors to debrief and provide support pertaining to challenging cases and other stress-related issues?
  
- 32. Do supervisors involve staff in establishing a system and identifying indicators for monitoring and evaluating PMTCT services?

**Other Issues That You Think Are Important:**

- 33. \_\_\_\_\_
- 34. \_\_\_\_\_
- 35. \_\_\_\_\_

## Staff Need for Information, Training, and Development

Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in the rapidly evolving area of HIV/AIDS health care. Staff also need professional development opportunities that will help them maintain a supportive and positive attitude toward people living with HIV and AIDS, to ensure that services are provided in a humane, nonjudgmental, and welcoming environment. Access to updated information, training, and staff development are crucial for the continuous improvement of service quality.

The group working on this guide should include a cross-section of staff representing all departments within the facility.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed here, please list it in "Other Issues That You Think Are Important," at the end of this guide.*

### General

1. Does your facility have a training plan and are trainings conducted to facilitate positive attitudes among staff and to eliminate stigma and discrimination against HIV-infected individuals?
2. Have all staff been oriented to the following topics?
  - The need for providing quality services
  - The health services provided at the facility
  - Infection prevention (universal precautions)
3. Have appropriate staff been trained on all of the following required standards and procedures?
  - Voluntary counseling and testing for HIV (VCT)
  - Prevention of mother-to-child transmission of HIV (PMTCT)
  - Warning signs during pregnancy, delivery, and the postpartum period
  - Routine and emergency obstetric care
  - Safer breastfeeding
  - HIV/AIDS treatment, care, and support
  - Management of pediatric HIV/AIDS
  - Contraceptive methods and their use, including emergency contraception and dual protection
  - Prevention of the transmission of HIV

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4. Do all staff feel they have the knowledge and skills they need to follow standards and procedures related to the services they provide?
5. Do staff understand that fumigation (disinfectant fogging) with formalin, formaldehyde, or paraformaldehyde is an ineffective method of reducing the risk of infection?
6. Do staff have access to current reference books, guidelines, charts, posters, and other materials on all areas of services offered?
7. Do staff know and have ready access to current, written service-delivery guidelines for each type of service provided at the facility?
8. Do staff participate in activities to assess their site's learning needs?
9. Do staff have the knowledge and skills needed to provide accurate, nonjudgmental education and counseling about reproductive health to the following types of clients?
  - Pregnant women
  - Breastfeeding women
  - Postpartum women
  - Perimenopausal women
  - Women who come for treatment of abortion complications
  - Clients who come for services related to HIV, reproductive tract infections (RTIs), and sexually transmitted infections (STIs)
  - Adolescents and young adults (both male and female)
  - Men of all ages, regardless of their marital or reproductive status
  - Disabled clients
  - Members of different social and ethnic groups
  - Clients who have experienced sexual or domestic violence
10. Have all staff who counsel clients about clinical procedures observed the procedures being performed?
11. Do all service providers know how to refer clients for health information and services outside their area of expertise or for services that are not available on-site?
12. Are the technical skills of clinical staff and other staff assessed and upgraded on a regular basis?
13. Are staff trained in record keeping and reporting (including reporting complications and deaths)?
14. Are clinical staff able to provide all contraceptive methods that involve a clinical procedure?
15. Are clinical staff able to provide comprehensive management of HIV, other STIs, and RTIs, as follows?
  - Risk assessment, including general health and sexual history

- Diagnosis
  - Treatment, care and support, and referral
  - Partner notification
  - Client follow-up
16. Have clinical staff been trained in how to screen for cervical cancer? Are they able to do so?
17. Are laboratory staff trained in HIV testing and the other diagnostic tests they are expected to perform? Do they feel that they have knowledge and skills to perform them?
18. In places where female genital cutting (FGC) is prevalent, are staff familiar with its health consequences? Do staff feel they have the knowledge and skills they need to manage and minimize potential complications related to FGC during labor and delivery?
19. Do staff feel they have the knowledge and skills they need to provide quality services?
20. Do staff transfer knowledge and skills to their colleagues after attending a training?

### **For Antenatal, Labor and Delivery, and Postpartum Services**

21. Are periodic orientations, updates, and skills training provided to keep staff skilled in and well informed about changing technologies in HIV risk assessment and counseling, in testing, prevention, and treatment (including PMTCT), and in care and support?
22. Do staff know how to conduct HIV risk assessment through medical history, physical examination, and laboratory screening?
23. Do staff know how and when to monitor the vital signs of the mother and infant during labor and delivery?
24. Do staff know how to recognize and manage dysfunctional or prolonged labor?
25. Are clinical maternity staff able to use a partograph (a labor progress chart or graph)?
26. Does the facility train counselors and other staff on PMTCT, including national treatment protocols and safer infant-feeding options? Can counselors offer informed choice counseling about the following?
- Benefits, potential consequences, side effects, and adverse reactions associated with antiretroviral (ARV) drugs
  - The option to participate in PMTCT services
  - The right to opt out of such services without losing access to pregnancy-related care
27. Do staff have access to ongoing training in counseling skills to provide pretest and posttest counseling sessions to PMTCT clients?
28. Are service providers knowledgeable about ARV drugs, treatment protocols, management of side effects, and management of adverse reactions?

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- Can service providers diagnose and treat concomitant illnesses (incidental illnesses occurring simultaneously with HIV/AIDS)?
- Are service providers knowledgeable about the interactions between ARV drugs and drugs used for the treatment of opportunistic infections?

29. Are staff trained to handle specimens and HIV test kits safely and appropriately?
30. Do staff know how to reduce the risk of transmitting HIV to the infant during labor and delivery?
31. Are in-service sessions conducted to train staff to prevent needlestick and sharps injuries?
32. Do staff providing family planning services know the recommendations for dual protection and techniques for incorporating dual-protection information into family planning counseling?

**Other Issues That You Think Are Important:**

33. \_\_\_\_\_
34. \_\_\_\_\_
35. \_\_\_\_\_

## Staff Need for Supplies, Equipment, and Infrastructure

Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of safe, high-quality services. The health care system must have in place a mechanism to ensure high-quality HIV testing and the consistent, high-quality provision of antiretroviral (ARV) drugs and medications to reduce the risk of mother-to-child transmission of HIV (MTCT) and to prevent or manage opportunistic infections in pregnant and lactating women.

The group working on this guide should include a service provider (e.g., a staff member who provides voluntary counseling and testing for HIV [VCT] or antenatal care), staff who are involved in purchasing and storing supplies (including ARV drugs and medications used for preventing and managing opportunistic infections), and one staff member who has budgeting authority to change the items and quantities ordered.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

Problem	Cause(s)	Recommendation	By Whom	By When

*If you are aware of a problem at your facility that is not addressed here, please list it in “Other Issues That You Think Are Important,” at the end of this guide.*

### General

1. Does your facility have adequate working space, rooms, seats, tables, and couches?
2. Does your facility have an adequate waiting area for antenatal care and postpartum care clients?
3. Does your facility have a client registration area that ensures the privacy and confidentiality of clients (e.g., in a place where other clients or staff cannot overhear conversations between the client and registration staff)?
4. Is the client flow such that clients’ privacy and confidentiality are protected?
5. Does your facility have a reliable supply of clean water?
6. Does your facility have a reliable source of electricity?
7. Does your facility have adequate temperature control (heating or cooling, as needed)?
8. Does your facility have adequate ventilation in the service-provision areas?

## COPE Toolbook for Services to Prevent Mother-to-Child Transmission of HIV

9. Does your facility have adequate lighting in examination rooms, procedure rooms, and operating theaters?
10. Does your facility have emergency transport available and functioning during all hours of service?
11. During the last six months, has your facility had all of the drugs and expendable supplies that were needed?
12. During the last six months, has your facility had all of the equipment that was needed, and was it in working order?
13. Do staff who work with stocks that expire always observe the first-expired, first-out (FEFO) rule?
14. Are all drugs and contraceptives that are in stock within their expiration date?
15. Does your facility keep an inventory to help track supplies and alert staff when to reorder them?
16. Does your facility have a system for obtaining new supplies quickly?
17. Are drugs (including ARV drugs) and other supplies protected from moisture, light, and extremes in temperature? Is the storage area secure against theft and accessible only to select personnel who can be held accountable?
18. Does your facility have a protocol for safely disposing of expired VCT commodities and ARV drugs?
19. Does your facility have a system for procuring, maintaining, and repairing equipment?
20. Are handwashing facilities available in examination and procedure rooms?
21. Does your facility have separate places and supplies for handwashing and for cleaning instruments (e.g., sinks, buckets, soap, etc.)?
22. Do staff have enough buckets, containers, bleach, and clean water to ensure that a 0.5% chlorine solution is always available in each examination room, procedure room, and operating theater?
23. Do staff have the supplies and facilities needed to properly dispose of sharps and other medical waste (e.g., containers for sharps, a functioning incinerator, a covered pit, or a municipal or commercial means of waste disposal)?
24. Does your facility have equipment and supplies adequate for sterilization or high-level disinfection available and working properly?

25. Does your facility have supplies such as gloves, needles and syringes, and antiseptic solutions available in the necessary quantities?
26. Does your facility have a system to ensure emergency preparedness by routinely doing the following?
  - Checking emergency drugs for availability and expiration date
  - Ensuring that emergency equipment is working
  - Preparing a portable emergency tray or trolley with equipment, drugs, and supplies and making it available in client-care areas
  - Displaying emergency protocols on wall charts
  - Reviewing emergency protocols with staff through discussion and periodic rehearsals
27. Are emergency preparedness guidelines and protocols available for the staff to read or refer to during service delivery?
28. Does your facility have an overall strategic plan that includes the financing of commodities (e.g., rapid test kits, ARV drugs, and infection prevention supplies)?

### **For Antenatal Services**

29. Does your facility's laboratory have the capacity to perform routine blood tests to detect adverse effects of ARV drugs (e.g., a complete blood count, a T-lymphocyte CD4 count, blood chemistry, liver function tests, viral load tests, and a total lymphocyte count), or is it able to send specimens to a referral laboratory?
30. Does your facility have a mechanism in place for tracking clients and for maintaining clients' records (including laboratory results) in a way that does not compromise their privacy and confidentiality?
31. Is there an overall strategic plan for HIV prevention?
32. Does your facility have all of the essential supplies for providing antenatal, VCT, and ARV treatment (e.g., ARV drugs; supplies such as gloves, tourniquets, needles, lancets, bandages, cotton wool, and gauze; job aids for counseling clients and for instructing them on ARV use; and such medicines and supplies as supplements, antimalarials, anti-helminthic drugs, tetanus toxoid, an adjustable light source, blood pressure apparatus, a stethoscope, a fetoscope, a weighing scale, specula, laboratory supplies, etc.)?
33. Are relevant client-education materials (e.g., posters, brochures, models, and leaflets)—including those on HIV, AIDS, VCT, and prevention of mother-to-child transmission of HIV (PMTCT)—available for each type of service provided, and are these materials displayed in waiting areas throughout the facility?
34. Where electricity is available and reliable, are a TV and video cassette recorder/player and relevant videos available, including those about VCT and PMTCT?

## COPE Toolbook for Services to Prevent Mother-to-Child Transmission of HIV

35. Where enzyme-linked immunoabsorbent assay (ELISA) tests are performed, is the essential equipment available and in working order, consistent with national or World Health Organization (WHO) guidelines?
36. Where rapid testing is used, are HIV test kits available? Are there enough test kits, including confirmatory test kits, in accordance with national or WHO guidelines?
37. Where postexposure prophylaxis (PEP) is available, are there sufficient drug supplies, in accordance with national or WHO guidelines?

### For Labor and Delivery Care

38. Does your facility have protective wear available for providers (e.g., eyewear, footwear, aprons, gloves, caps, and face masks) in sufficient quantities for service needs?
39. Does your facility have the following drugs available in the labor and delivery and operating areas?
  - Intravenous solutions
  - Oxytocics (oxytocin, ergotamine, and misoprostol)
  - Antihypertensives (labetalol and hydralazine)
  - Anticonvulsants (magnesium sulfate and diazepam)
  - Pain medication (anesthetics and analgesics such as paracetamol and pethidine)
  - Antibiotics
  - Antiemetics (promethazine)
  - ARV drugs
40. Do labor and delivery services have an inventory management system that allows staff to calculate supplies, to report on routine stock status and dispensing, and to order emergency supplies?
41. Does your facility have equipment and supplies for cardiopulmonary resuscitation (CPR)?

### Other Issues That You Think Are Important:

42. \_\_\_\_\_
43. \_\_\_\_\_
44. \_\_\_\_\_

.....

**Client Record-Review  
Checklists for Services to  
Prevent Mother-to-Child  
Transmission of HIV**

.....



## CLIENT RECORD-REVIEW CHECKLIST FOR ANTENATAL CARE

Site: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Select 10 records at random, check if each item in the checklist is recorded on the corresponding client record, and calculate the number with missing information.

Checklist Item	1	2	3	4	5	6	7	8	9	10	No. missing	Remarks
1. Client information (e.g., name, age, address, and registration number)											/ 10	
2. Date of visit											/ 10	
3. Diagnosis and exam results											/ 10	
4. Pregnancy management plan											/ 10	
5. Date on which client received pretest counseling (if applicable)											/ 10	
6. Date on which client gave informed consent for HIV test (if applicable)											/ 10	
7. Date on which client was given HIV test (if applicable)											/ 10	
8. Date on which client's HIV status was recorded (if applicable)											/ 10	
9. Date on which client received results and received posttest counseling (if applicable)											/ 10	
10. Client gave informed consent to start antiretroviral drugs (if applicable)											/ 10	
11. Date and type of antiretroviral given (if applicable)											/ 10	
12. Date on which client was counseled on infant-feeding options (if applicable)											/ 10	
13. Client received other medications or supplements and dosages											/ 10	
14. Date(s) for follow-up visits were scheduled											/ 10	
15. Referrals for treatment, care, and support were made											/ 10	
16. Records are clearly written											/ 10	

*Note:* This checklist can be used to review the records for antenatal care clients of any PMTCT services. Any additional comments on the records reviewed should be written on the reverse side of this form.



## CLIENT RECORD-REVIEW CHECKLIST FOR MATERNITY AND POSTPARTUM CARE

Site: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Select 10 records at random, check if each item in the checklist is recorded on the corresponding client record, and calculate the number with missing information

Checklist Item	1	2	3	4	5	6	7	8	9	10	No. missing	Remarks
1. Client information (e.g., name, age, address, registration number)											/ 10	
2. Date and time of admission											/ 10	
3. Diagnosis (normal labor, eclampsia, infection, etc.)											/ 10	
4. Vaginal exam details*											/ 10	
5. Vital signs (blood pressure, temperature, heart rate)**											/ 10	
6. Fetal heart rate											/ 10	
7. HIV status known from testing at antenatal care											/ 10	
8. HIV status known from testing in maternity ward											/ 10	
9. Antiretroviral drug (ARV) taken before arrival in maternity ward											/ 10	
10. Informed consent obtained to start ARVs (if not taken before arrival)											/ 10	
11. Type of ARV received											/ 10	
12. Partograph used											/ 10	
13. Date and time of delivery and infant's weight											/ 10	
14. Date woman was counseled on infant HIV testing											/ 10	
15. Informed consent obtained to start giving infant ARVs											/ 10	
16. Type of ARVs infant received											/ 10	
17. Date woman was counseled on infant feeding options											/ 10	
18. Client's condition at discharge											/ 10	
19. Infant's condition at discharge											/ 10	
20. Date and time of discharge											/ 10	
21. Scheduled date(s) for follow-up visits											/ 10	
22. Referrals for treatment, care, and support											/ 10	
23. Records are clearly written											/ 10	

\* Upon admission. Minimize the number of vaginal exams during the course of labor. \*\*Noted every 30 minutes in active first-stage labor and delivery and every five minutes in second-stage delivery. *Note:* This checklist can be used to review the records for maternity and postpartum care clients of any PMTCT services. Any additional comments on the records reviewed should be written on the reverse side of this form.



.....  
**Client Interview Guides  
for Services to Prevent  
Mother-to-Child  
Transmission of HIV**  
.....



## Client Interview Guide for Services to Prevent Mother-to-Child Transmission of HIV: Antenatal Care

Greet the client and introduce yourself.

**My name is \_\_\_\_\_, and I work here. We are trying to improve the services we provide to clients, and we would like to hear your opinion of how we are doing and what we need to improve. We would like to know both the good things and the bad things.**

**Your participation in this interview is voluntary. You do not have to take part in the interview at all if you do not want to. If you decide not to participate, you will not be denied any services in the future. Also, you can change your mind during the interview and choose not to participate.**

**This interview is private and confidential. Your name will not be used. Your responses to our questions will not affect any services you will receive at this facility in the future. (You do not have to give the results of your HIV test, unless you feel comfortable doing so.) You can also skip any questions that you do not want to answer. This interview will take about 15 minutes. Your ideas are important to us—may I ask you a few questions?**

### Client Consent Check-Off

IF CLIENT RESPONDS “YES,” THE **INTERVIEWER** SHOULD SIGN AND DATE THE STATEMENT BELOW AND CONTINUE WITH THE INTERVIEW.

I certify that I read the above statement and that the client agreed to the interview. ***I also certify that any information the client discloses will remain confidential.***

Signed \_\_\_\_\_ Date \_\_\_\_\_

IF CLIENT RESPONDS “NO,” THE **INTERVIEWER** SHOULD SIGN AND DATE THE STATEMENT BELOW AND WAIT FOR ANOTHER CLIENT.

I certify that I read the above statement and that the client did not agree to be interviewed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Client Interview Guide for Services to Prevent Mother-to-Child Transmission of HIV: Antenatal Care Services

Site: \_\_\_\_\_ Date: \_\_\_\_\_

Name of interviewer: \_\_\_\_\_

*Note to interviewer: Ask the questions printed in boldface type. Check (✓) responses that the client gives. Write additional notes in the spaces provided.*

**1. Is this your first visit to the facility, or is it a follow-up visit?**

First visit .....  Follow-up visit .....

**2. What type of services did you come for today?**

*Check responses given. (Do not read the responses to the client.)*

(a) Antenatal care.....

(b) Voluntary counseling and testing (VCT).....

(c) Prevention of mother-to-child transmission of HIV (PMTCT).....

(d) Postpartum and newborn care.....

(e) Family planning.....

(f) Reproductive tract infections (RTIs), including sexually transmitted infections (STIs).....

(g) Gynecological services .....

(h) Other: \_\_\_\_\_  
\_\_\_\_\_

**3. Did you get the services that you came for?**

Yes .....  No .....

***If no: Why not? What happened?***

\_\_\_\_\_  
\_\_\_\_\_

**4. How long did you have to wait before you saw a doctor, counselor, or nurse today?**

\_\_\_\_\_ minutes

**5. What did you do while you were waiting?**

\_\_\_\_\_  
\_\_\_\_\_

**6. Were you given verbal or written information today?**

Yes.....  No.....

Verbal.....  Written.....

(continued)

**Antenatal Client Interview Guide, continued**

**If yes: What type of information were you given?**

*(Check all responses given. Do not read the responses to the client.)*

- (a) Antenatal care .....
- (b) Labor and delivery .....
- (c) Postpartum and newborn care.....
- (d) Family planning.....
- (e) RTIs, including STIs.....
- (f) Gynecological disorders.....
- (g) What HIV is and how it is transmitted.....
- (h) Behaviors that raise the risk for becoming infected with HIV or for giving it to another person.....
- (i) How to prevent or reduce the risk of infection.....
- (j) The meaning of the results of the HIV test.....
- (k) The meaning of the term “the window period” (the period of time between when someone is infected with HIV and when antibodies to HIV appear in the blood) (If the client is unfamiliar with the term, please explain what it means.).....
- (l) What effect HIV infection could have on pregnancy and the infant.....
- (m) How the risk of HIV transmission from mother to child can be reduced.....
- (n) When to return for follow-up.....
- (o) Where to get additional information and support services.....
- (p) Where the PMTCT program is available within antenatal or postpartum services.....
- (q) Other: \_\_\_\_\_

**7. Do you feel that the staff explained information clearly?**

Yes .....  No .....

**8. Did the provider assure you that the services (including everything you discussed) are confidential?**

Yes .....  No .....

**9. Were you able to spend enough time with the service provider to discuss your needs?**

Yes .....  No .....

**If no: What else would you like to have asked a provider about?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(continued)

**Antenatal Client Interview Guide, continued**

**10. Were the staff respectful?**

Yes .....  No .....

**11. Did the staff offer you condoms?**

Yes .....  No .....

**12. Were you asked to pay for services that you received today?**

Yes .....  No .....

**13. Are the services in this facility affordable to most people in this community?**

Yes .....  No .....

**14. What have you heard from your family or friends or others in your community about the quality of services at this facility?**

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**15. Are there any areas of the facility that you think need improvement, to make them cleaner, more comfortable, or more private?**

Yes .....  No .....

***If yes: Please tell me which ones and why.***

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*Note to interviewer: If this is the client's first visit to the facility, skip to Question 19. If she has been here before, continue with Question 16.*

**16. When did you first visit this facility?** \_\_\_\_\_

(continued)

**Antenatal Client Interview Guide, continued**

**17. Since you started coming here, has the quality of services improved, stayed the same, or gotten worse?**

- a. Improved .....
- b. Stayed the same .....
- c. Gotten worse .....

*Note to interviewer: If the client responded "stayed the same," skip to Question 19. For other responses, continue below.*

**18. What has changed to make things:**

- a. Better? \_\_\_\_\_
- b. Worse? \_\_\_\_\_

**19. What do you like *most* about this facility or about the service you received?**

\_\_\_\_\_  
\_\_\_\_\_

**20. Was there anything you did not like about this facility or about the service you received?**

\_\_\_\_\_  
\_\_\_\_\_

**21. Is there anything you think could be done to improve services here?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I would like to answer any questions that you have before you leave. Is there anything that concerns you, or anything that I can help you with?**

**Thank you for your help, your ideas, and your time!**



## Client Interview Guide for Services to Prevent Mother-to-Child Transmission of HIV: Maternity and Postpartum Care

Greet the client and introduce yourself.

**My name is \_\_\_\_\_, and I work here. We are trying to improve the services we provide to clients, and we would like to hear your opinion of how we are doing and what we need to improve. We would like to know both the good things and the bad things.**

**Your participation in this interview is voluntary. You do not have to take part in the interview at all if you do not want to. If you decide not to participate, you will not be denied any services in the future. Also, you can change your mind during the interview and choose not to participate.**

**This interview is private and confidential. Your name will not be used. Your responses to our questions will not affect any services that you will receive at this facility in the future. You can skip any questions that you do not want to answer. This interview will take about 15 minutes. Your ideas are important to us—may I ask you a few questions?**

### Client Consent Check-Off

IF CLIENT RESPONDS “YES,” THE **INTERVIEWER** SHOULD SIGN AND DATE THE STATEMENT BELOW AND CONTINUE WITH THE INTERVIEW.

I certify that I read the above statement and that the client agreed to the interview. ***I also certify that any information the client discloses will remain confidential.***

Signed \_\_\_\_\_ Date \_\_\_\_\_

IF CLIENT RESPONDS “NO,” THE **INTERVIEWER** SHOULD SIGN AND DATE THE STATEMENT BELOW AND WAIT FOR ANOTHER CLIENT.

I certify that I read the above statement and that the client did not agree to be interviewed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Client Interview Guide for Services to Prevent Mother-to-Child Transmission of HIV: Maternity and Postpartum Care

Site: \_\_\_\_\_ Date: \_\_\_\_\_

Name of interviewer: \_\_\_\_\_

**1. Is this your first time receiving services at this facility?**

First time .....  Not the first time .....

**2. Did you feel that the staff attended to you promptly upon your arrival?**

Yes .....  No .....

**3. Were you offered comfort and support by the staff or allowed to receive support from person(s) whom you wanted to be with you?**

Yes .....  No .....

**4. Did the provider assure you that everything you discussed is confidential?**

Yes .....  No .....

**5. Were you made to feel deliberately avoided or different from other laboring women in any way?**

Yes .....  No .....

**If yes: Please tell me how.** \_\_\_\_\_

\_\_\_\_\_

**6. Did the staff counsel you about family planning, including *emergency contraceptive pills and dual protection*? (Explain to the client that dual protection is the use of condoms along with another family planning method to protect against infection transmission.)**

Yes .....  No .....

**7. Did the staff give you a referral for ongoing monitoring of your infant's growth and development?**

Yes .....  No .....

(continued)

**Postpartum Client Interview Guide, continued**

**8. Did the staff encourage you to return for your postpartum follow-up appointment?**

Yes .....  No .....

**If yes: Were appointments made to coincide with those for infant or child health monitoring?**

Yes .....  No .....

**9. Were the staff respectful?**

Yes .....  No .....

**If no: Please explain.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Were you asked to pay for services that you received today?**

Yes .....  No .....

**11. Are the services in this facility affordable to most people in this community?**

Yes .....  No .....

**12. What have you heard from your family or friends or others in your community about the quality of services at this facility?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note to interviewer: If this is the client's first visit to the facility, skip to Question 16. If she has been here before, continue below.*

**13. When did you first visit this facility?** \_\_\_\_\_

**14. Since you started coming here, has the quality of services improved, stayed the same, or gotten worse?**

- a. Improved .....
- b. Stayed the same .....
- c. Gotten worse .....

*Note to interviewer: If the client responded "stayed the same," skip to Question 16. For other responses, continue below.*

(continued)

**Postpartum Client Interview Guide, continued**

**15. What has changed to make things:**

a. Better? \_\_\_\_\_

b. Worse? \_\_\_\_\_

**16. What do you like *most* about this facility or about the service you received?**

\_\_\_\_\_  
\_\_\_\_\_

**17. Was there anything you did not like about this facility or about the service you received?**

\_\_\_\_\_  
\_\_\_\_\_

**18. Is there anything you think could be done to improve services here?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I would like to answer any questions that you have before you leave. Is there anything that concerns you, or anything that I can help you with?**

**Thank you for your help, your ideas, and your time!**

.....

**Client-Flow Analysis  
Forms for Services to  
Prevent Mother-to-Child  
Transmission of HIV**

.....



## CLIENT REGISTER FORM

Client number: \_\_\_\_\_ Date: \_\_\_\_\_ Time client arrived at facility: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_

Primary reason for visit (see Service Type codes): \_\_\_\_\_

Secondary reason for visit (see Service Type codes): \_\_\_\_\_

Visit timing: First visit for primary service \_\_\_ Follow-up visit for primary service \_\_\_

	Staff member's initials	Time service started	Time service completed	Contact time (in minutes)
First contact	_____	_____	_____	_____
Second contact	_____	_____	_____	_____
Third contact	_____	_____	_____	_____
Fourth contact	_____	_____	_____	_____
Fifth contact	_____	_____	_____	_____
Sixth contact	_____	_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Codes: Service Type**

- A—Antenatal care
- B—Postpartum and newborn care
- C—Family planning
- D—Reproductive tract infections (RTIs), including sexually transmitted infections (STIs)
- E—Voluntary counseling and testing for HIV (VCT)
- F—Gynecological services
- G—Men’s reproductive health services
- H—Infertility
- I—Other (if chosen, please describe)







### CLIENT-FLOW CHART SUMMARY

Site: \_\_\_\_\_ Date: \_\_\_\_\_ Session: \_\_\_\_\_

Page	Total number of clients	Total time (in minutes)	Total contact time (in minutes)	Percentage of client time spent in contact with staff
1				
2				
3				
<b>Totals</b>				

**Average number of minutes per client** (rounded to a whole number): \_\_\_\_\_  
 (divide "Total time" by "Total number of clients")

**Average contact minutes** (rounded to a whole number): \_\_\_\_\_  
 (divide "Total contact time" by "Total number of clients")



.....

**Action Plan and Follow-Up  
Forms for Services to  
Prevent Mother-to-Child  
Transmission of HIV**

.....



## Action Plan

Problem	Cause(s)	Recommendation	By Whom	By When

## Action Plan Follow-Up

Problem	Cause(s)	Recommendation	Status	Comments

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## Pledge of Confidentiality

I certify that any information that I obtain from client records, site registries, log books, client interviews, or any other aspect of the COPE exercise will remain confidential.

Signed \_\_\_\_\_

Date \_\_\_\_\_