



JANUARY 2016 TECHNICAL ASSISTANCE REPORT: COMPILING AND SYSTEMATIZING USAID-SUPPORTED PMTCT PROGRAM EXPERIENCES AND MATERIALS IN ANGOLA

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AIDSFree

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JSI Research & Training Institute, Inc.

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: info@aid-free.org

Web: <https://aidsfree.usaid.gov>

CONTENTS

Acknowledgments	vii
Acronyms	ix
Introduction	1
Health Care Administration and PMTCT in Angola.....	2
USAID and PMTCT in Angola.....	3
Overview: The Strengthening Angolan Systems for Health Program in Angola.....	3
SASH Technical Assistance	6
Description and Scope of AIDSFree Technical Assistance	7
Technical Assistance Approach.....	7
Methodology	8
Findings	11
National Level/INLS.....	11
Provincial Level.....	13
PMTCT Training Materials and Tools—SASH Project.....	15
Highlights from the Review of PMTCT Materials Developed through the SASH Project	17
Conclusion	21
Annex 1. PMTCT Tools Inventory Questionnaire for National-Level Officers (MOH & SASH).	25
Annex 2. Questionnaire for Personnel Using Tools for Management of PMTCT Program	31
Annex 3. List of Key Stakeholders Interviewed	39

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ACRONYMS

AIDSFree	Strengthening High Impact Interventions for an AIDS-free Generation Project
ANC	antenatal care
ARV	antiretroviral [drugs]
ART	antiretroviral therapy
DPS	Provincial Health Department
EID	early infant diagnosis
eMTCT	elimination of mother-to-child transmission
HC	health center
HCW	health care worker
HTC	HIV testing and counseling
INLS	Instituto Nacional de Luta Contra a Sida
M&E	monitoring and evaluation
MOH	Ministry of Health
MNCH	maternal, newborn, and child health
MSH	Management Sciences for Health
MTCT	mother-to-child transmission
PAF	patient assistant facilitator
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PITC	provider-initiated testing and counseling
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
SASH	Strengthening Angolan Systems for Health Project
SOW	scope of work
TA	technical assistance
TOT	training of trainers
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development
VCT	voluntary counseling and testing
WHO	World Health Organization

INTRODUCTION

Angola has a generalized, heterosexually-driven HIV epidemic with an adult prevalence of 2.42 percent, according to 2014 estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS 2014a). Overall coverage with antiretroviral therapy (ART) was estimated at 26.3 percent among adults (72,066 on treatment) and 14.7 percent for children (4,600 children on treatment). In 2014, approximately two-thirds of Angola's estimated 1,146,985 pregnant women attended public clinics, though fewer than half of these women were tested for HIV (PEPFAR 2015).

HIV prevalence in pregnant women has changed little since 2002—between 2 and 3 percent (PEPFAR 2015)—and the proportion of women receiving ART to prevent mother-to-child transmission (MTCT) of HIV has increased from 23 percent in 2009 to 39 percent in 2013. Despite this increase, the proportion of women tested remains low. Moreover, a recent study found that among pregnant women who test positive, fewer than half receive antiretroviral (ARV) prophylaxis; and the low rates of testing and ARV prophylaxis mean that only 17 percent of HIV-positive pregnant women in Angola receive ARV prophylaxis (August 2015). In addition, new infections among adolescents aged 15–19 years have increased by 29 percent since 2009. This means that it is critical to identify these women and start them on treatment for their own health and to prevent MTCT. Addressing MTCT is especially important in Angola, where treatment of children lags behind that of adults. In 2013, only 14 percent of children living with HIV received ART (UNAIDS 2014b).

Since 2013, to address MTCT and HIV in children, HIV interventions in Angola have centered on expanding integrated services for antenatal care (ANC) and prevention of mother-to-child transmission (PMTCT), and on improving the quality of HIV health services. The government seeks to align with international norms for PMTCT, including the Millennium Development Goals, and in 2013 began expansion of Option B+ as recommended by the World Health Organization (WHO).

Angola has worked with international and donor organizations such as WHO; the United Nations Children's Fund (UNICEF); UNAIDS; the European Union; the Global Fund to Fight AIDS, Tuberculosis and Malaria; World Bank; and the U.S. Agency for International Development (USAID), to build its HIV and PMTCT program. The United States, through the U.S. President's Emergency Fund for AIDS Relief (PEPFAR), is a key donor that has been significantly active in HIV programming in Angola. While not supporting direct service delivery, PEPFAR has provided training, mentoring, and technical assistance to improve the continuum of care in select sites (*PEPFAR Country Operational Plan FY14*). The USAID Angola Mission asked the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project to support this shift by 1) documenting USAID's experiences and compiling the PMTCT materials produced during four years in Angola (specifically those produced by the Strengthening Angolan Systems for Health

[SASH] Project); and 2) completing the transfer of USAID-produced PMTCT materials to the Government of Angola.

This report details AIDSFree's progress in the first objective. It describes Angola's health care and PMTCT management; outlines the Project and its PMTCT interventions; and details the process, progress, and findings of AIDSFree's work in compiling PMTCT materials produced by USAID and gathering information on the systematization of PMTCT tools and materials.

Health Care Administration and PMTCT in Angola

The health care administrative structure in Angola comprises the Ministry of Health (MOH), with representation in 18 provinces, and 164 administrative units that are called either municipalities (as with metropolitan Luanda) or districts (in other provinces). Policy implementation is partially decentralized to these lower levels. The health care delivery structure is composed of provincial hospitals, general hospitals, district/municipal hospitals, referral health centers or hospitals, health centers (HCs), and health posts.

HIV policies and guidelines in Angola are designed and supervised by an autonomous body established in 1990, the *Instituto Nacional de Luta Contra a Sida* (National Institute against AIDS, or INLS). This organization is located within the MOH, and its director is appointed by the President of the country. As with AIDS Commissions in other countries, the INLS reports directly to the Office of the President, rather than through the public health structure. Its role is to develop HIV and AIDS policies and norms, and it is responsible for the implementation of these policies and norms.

Angola started implementing PMTCT as a part of voluntary counseling and testing (VCT) services in 1997. Initially, PMTCT was offered in higher-level facilities such as municipal hospitals and referral HCs, and only physicians could prescribe PMTCT medications.

Box 1. Partners in HIV Care and Treatment in Angola

- PEPFAR, implemented by USAID, U.S. Centers for Disease Control (CDC) and the Department of Defense
- International Center for AIDS Care and Treatment Programs, supporting care and treatment with funding from the CDC
- Jhpiego, through SASH, supporting HTC, PMTCT, ART adherence, and monitoring and evaluation (M&E) with USAID funding
- Management Sciences for Health (MSH), supporting logistics and supplies with USAID funding
- FHI 360, through the LINKAGES Project, supporting key populations with USAID funding
- VERTROU, supporting electronic data management systems with CDC funding
- UNAIDS
- United Nations Children's Fund (UNICEF).

USAID and PMTCT in Angola

Angola has worked with many international organizations on various aspects of HIV (see Box 1), including USAID. Between 2008 and 2011, USAID supported the Essential Health Services Project (Serviços Essenciais de Saúde, or SES), which increased access to care and treatment for HIV-positive persons and started PMTCT services in eight provinces. In 2011, the USAID-funded SASH (*ForçaSaúde* in Portuguese) Project began implementation, focusing on scaling up integrated PMTCT at ANC and maternal, newborn, and child health (MNCH) clinics in Huambo and Luanda Provinces.

In 2013, in response to the global call to eliminate MTCT (eMTCT), Angola adopted the Option B+ strategy. USAID Angola supported the government in adopting, introducing, and rolling out the Option B+ strategy for eMTCT, along with other strategies and interventions for reducing new HIV infections among children and serodiscordant couples.

Overview: The Strengthening Angolan Systems for Health Program in Angola

The five-year SASH Project was awarded to Jhpiego and MSH to work in two of Angola's most populous provinces, Huambo and Luanda. The project supports the vision of an HIV-free Angola through five objectives:

- *Expanding and improving the availability of PMTCT (2011–2015):* The aim of this objective was to expand PMTCT services and enable health care workers (HCWs) to offer quality services, so that all Angolans are born free of HIV, in line with Angola's National HIV Strategy and the 2013 Acceleration Plan; and to link HIV-positive mothers to care and treatment, with adequate follow-up for them and their babies. The project worked with the INLS and the Provincial Health Department (DPS in Portuguese) to support training of all health facilities that offered ANC services in municipalities supported by the project to provide PMTCT services. With the INLS and provincial supervisors, the project coordinated trainings; started up new ANC services with integrated PMTCT care, involving intensive implementation assistance (3–5 days in each health facility to start up services) and continued mentoring activities; and provided formative supervision using quality improvement tools to assess staff performance and improve the quality of services.

From October 2011 to September 2014, the SASH Project implemented HIV activities in Huambo and Luanda Provinces in response to the INLS request to make PMTCT expansion the number one priority. Between the end of 2011 and December 2014, the number of facilities offering integrated PMTCT services increased from 56 to 173 (308.9%) in the two provinces. Similarly, the project supported training for ANC nurses on Option B+, resulting in a 10-fold increase in the number of skilled nurses in both provinces from 98 in 2012 to 967 in 2015. The number of pregnant women tested for HIV increased by 99 percent, from

106,983 in 2012 to 212,614 in 2015; while the number of HIV-positive pregnant women diagnosed increased by 79 percent, from 2,304 in 2012 to 4,128 in 2015. Meanwhile, the proportion of HIV-positive pregnant women receiving ARVs increased from 1,152 (50%) in 2012 to 2,687 (65%) in 2015.

In 2015 PEPFAR requested a change in focus, and SASH received the mandate to refocus its HIV activities in nine health facilities in Luanda Province providing HIV services, expanding services to include not only pregnant and breastfeeding women, but all people living with HIV (PLHIV). These services include HIV testing, prevention, care, and treatment and support, to ensure the HIV continuum of care.

- *Expanding access to HIV testing and counseling (HTC):* SASH supports provision of HTC through expanded use of client-initiated VCT sites; provider-initiated testing and counseling (PITC); and, from October 2011 to March 2015, continued use of mobile outreach for expanded HTC access. SASH, collaborating closely with the government, launched and supported a total of 177 new PITC sites (128 in Huambo and 49 in Luanda). From 2011–2014, SASH conducted mobile outreach services to increase access to HIV testing services in the communities. In 2016, SASH continued to support mobile clinics to reach catchment areas (communities) around the nine health facilities.

Box 2. Patient Assistant Facilitators (PAFs)

PAFs are patients who are clinically stable on care or ART. PAF activities include health education, post-test counseling, monitoring of clients (follow-up for those undergoing treatment and tracking for those who missed appointments and lost to follow-up, home visits, and leadership of support groups. In line with the task shifting policy, PAFs provide client education and adherence counseling before and/or after the appointment with the clinician at the facility, dedicating the time necessary to address clients' needs and at also helping clinicians with heavy workloads. PAFs provide health education sessions to address specific client needs, motivate them in self-care, and improve adherence to therapy and retention in care. They help to develop the monthly HIV statistical report participate in the quarterly discussions at the facility, which has improved their knowledge and confidence. PAFs also record their work, including follow-up and tracking, on the reporting form. This information helps the facility follow the status of each client.

The PAF program started with a training of trainers and cascade-style training. It is only implemented in provinces that receive partner support: Cabinda (Chevron), Luanda (SASH/USAID), and Huila (UNICEF). In Luanda, SASH supports PAFs with transport and lunch subsidies, airtime for mobile telephones, t-shirts, logistical materials (pens, pencils, paper, etc.), training, and capacity building. Previously, SASH supported PAFs in Huambo Province, but PAF activities were discontinued after SASH's PMTCT support in Huambo ended. Based on the successes of the PAF program, the MOH has a plan to replicate the program in the additional provinces either using government or partner funding.

PAFs also share many success stories and best practices, and some of them have been documented here: <http://www.jhpiego.org/content/hiv-activists-angola-helping-others-hiv-lead-healthy-lives>.

Overall, from October 2011 to March 2015, SASH-supported health facilities tested 445,251 individuals, and of these, 282,808 were pregnant women. Year-to-year service monitoring reveals annual increases in the number of services provided:

- October 2011–September 2012: SASH-supported PMTCT services in Huambo and Luanda tested 59,698 individuals who received their results; of those, 36,768 were pregnant women.
 - October 2012–September 2013: 134,094 individuals were tested; of these, 82,948 were pregnant women.
 - October 2013–September 2014: 179,931 individuals were tested; of these, 122,169 were pregnant women.
 - October 2014–March 2015 (when the project refocused its mandate) 71,529 individuals were tested, of these 40,923 were pregnant women.
 - Overall, from October 2011–March 2015, SASH-supported health facilities tested 445,251 individuals; of these, 282,808 were pregnant women.
- *Disseminating information on breastfeeding and nutrition:* The project helps disseminate information, education, and communication materials elaborated by INLS to service providers, families, and mothers on safe breastfeeding practices according to the global guidance and Angola national guidelines and policies.
 - *Supporting HIV-positive pregnant women and breastfeeding mothers to increase adherence and retention in the continuum of HIV care and treatment:* The project supports health facilities through patient assistant facilitators (PAFs) to strengthen linkages among ANC; labor and delivery; and HIV services (see additional information in the next section and in Box 2 on the previous page). PAFs accompany clients; cross-check register books (labor and delivery services versus HIV services); track HIV-exposed babies and newly diagnosed HIV-positive mothers who miss appointments; help pregnant women and breastfeeding mothers to improve adherence to ART; track those lost to follow-up, promote self-help groups to increase retention along the continuum of care and treatment; and promote institutional delivery.
 - *Strengthening PMTCT cascade from ANC to early infant diagnosis (EID) of HIV infection:* During the life of the project, project PAFs have worked with HIV-positive mothers to monitor exposed children for periodic testing to confirm diagnosis, according to the national protocol. In 2016, SASH strengthened the EID rollout to improve services and ensure early treatment for HIV-positive children by supporting transportation of samples to the national laboratory and ensuring the timely return of results to the health facilities.

SASH Technical Assistance

SASH's PMTCT activities have strengthened PMTCT services by emphasizing service integration, scaling up task shifting, and supporting the introduction and rollout of HIV treatment, including the transition to Option B+. SASH provided technical assistance (TA) in the following areas:

- Revising PMTCT training manuals and monitoring tools
- Conducting mapping and site assessment to identify PMTCT service needs, pinpoint gaps, and develop quality improvement plans
- Helping to integrate PMTCT with MNCH services
- Training provincial and municipal supervisors in clinical skills in HTC, PMTCT, and ART
- Providing on-site training and mentoring of service providers in PITC, PMTCT, and ART
- Providing supportive supervision and quality improvement interventions
- Improving patient adherence and retention for PMTCT.

In 2012, SASH introduced a follow-up system in which PAFs support HIV-positive clients on treatment and help to locate ART clients who have been lost to follow-up. PAF volunteers were initially used as facilitators during various trainings for HCWs, but their role was later expanded to include post-test counseling, promoting adherence to ART, and client tracing. Each PAF is based at a health facility, and helps to manage clients who do not or have not accepted their diagnosis, want help with disclosure, and/or have poor adherence to ART (Box 2).

SASH's TA interventions expanded access to HTC for pregnant women, but access to ARVs did not increase at the same rate because of policy barriers that require ARVs to be prescribed by doctors (of whom there was a shortage). In 2012, INLS requested support for task shifting as a way of expanding access to PMTCT and ART. With support from SASH, INLS began training nurses in Huambo and Luanda, with the goal of integrating PMTCT services in all health facilities that provided ANC, and launched task shifting in 2012 in Huambo and Luanda. In 2013, after WHO released the Option B+ guidelines, SASH started implementation of this new policy for PMTCT in Huambo and Luanda. Currently, all health facilities in Huambo are implementing Option B+.

Beginning in 2015, to optimize the use of limited resources, PEPFAR changed its TA focus in Angola from supporting PMTCT in all facilities in Huambo and Luanda Provinces to enhancing care and treatment services in selected facilities to develop their HIV service models. As a result, SASH no longer provides PMTCT assistance in Huambo and Luanda, but continues supporting care and treatment in nine health facilities in Luanda.

DESCRIPTION AND SCOPE OF AIDSFree TECHNICAL ASSISTANCE

The USAID Angola Mission requested TA from AIDSFree to ensure the effective transfer of the PMTCT tools, products, and methodologies produced with USAID support to institutions of the Government of Angola and other stakeholders at the national and subnational levels.

For this scope of work (SOW) in Angola, the AIDSFree TA consists of two main objectives:

1. Compiling and systematizing PMTCT experiences and materials implemented or promoted by USAID during the last four years in Angola, with emphasis on the TA provided by USAID through SASH
2. Completing the transfer of USAID-designed/promoted PMTCT tools, methodologies, and other products—through the development of a toolkit—in coordination with Angolan national and subnational institutions and stakeholders, for the purpose of effectively institutionalizing their use.

This report addresses the first objective; work on the second objective is underway and will be addressed separately.

During the debrief for the first in-country visit, a request was made by USAID Angola to also produce a brief “highlights summary” as part of the first objective. That highlights summary is based on this report—and the work focused on the PMTCT tools and materials produced—and is presented separately within this report.

Technical Assistance Approach

AIDSFree's approach for compiling and systematizing PMTCT materials entailed active engagement of partners and actors, including USAID Angola, MOH, SASH, other implementing partners (including UNICEF Angola and UNAIDS Angola), and provincial, district/municipal, and facility health staff. Staff from all levels participated, including national-level trainers and technical staff and provincial-level staff in Huambo and Luanda. The AIDSFree Team conducted a series of meetings and interviews to engage different cadres, gain a thorough understanding of the program, and gather input on existing materials. The focus of the TA is on compiling PMTCT materials, including training materials and tools used for data recording and reporting, and information related to their use, rather than on evaluating the PMTCT program itself or SASH's contributions to it. The AIDSFree TA team coordinated with USAID and SASH throughout the activity.

Methodology

Documents Review

AIDSFree obtained and reviewed a number of documents to enable the team to understand the PMTCT system in Angola. These documents included the National Guidelines for Implementation of PMTCT in Angola (*Novo Protocolo_ARV INLS Adultos, Gestantes, Adolescentes e Crianças*), the Protocol for Evaluation & Nursing Follow-Up of HIV Patients (*Protocolo Para Avaliação E Seguimento De Enfermagem Aos Pacientes VIH+*), and national reports, guidelines, and other materials (see Annex 1).

The AIDSFree Team visited provinces, municipalities, and health facilities from among those that USAID Angola supported through SASH to learn about their experiences and lessons learned.

Data Collection: Tools and Process

The team interviewed key informants at both the policy (national) and implementation (province, district/municipality, and facility) levels using structured data collection tools—one for national-level interviewees, and one for those at implementation level.

The questionnaire for national-level stakeholders (see Annex 1), administered to MOH, SASH, and other relevant partners, focused on the Option B+ policy itself and the adequacy of the training tools development for its implementation. The questionnaire for implementers (see Annex 2) focused on policy implications and implementation at the health unit level—specifically on the tools used to track policy implementation, who uses the tools, and the purpose of the tools.

Key Informant Interviews

National Policy Development Level: National policy implementers are the institutions/structures, groups, or individuals engaged in carrying out activities and strategies outlined in the Option B+ policy.

The AIDSFree TA Team held four in-depth discussions with the INLS as the primary agency responsible for the Option B+ policy in Angola, and specifically interviewed the PMTCT, monitoring and evaluation (M&E), and laboratory focal points. The team also interviewed focal persons at UNICEF and UNAIDS who work on national policy.

Provincial and District/Municipal Levels: The provincial governments and districts or municipalities, decentralized units of governance in Angola, are the levels where the majority of policy implementation occurs. The AIDSFree TA Team conducted nine interview sessions with managers and service providers at provincial and district/municipal health system levels to explore the policy-to-action continuum and learn about different stakeholders' perspectives on the tools used to roll out Option B+ in Angola.

In Luanda Province, the AIDSFree TA team interviewed the following provincial, municipal, and facility representatives:

1. Provincial Health Director of Luanda
2. HIV Focal Point for Viana Municipality
3. PMTCT Focal Point, as well as a pediatrics doctor, at the Referral Hospital Cajueiros, Cazenga
4. HIV Focal Point and other HCWs in Zango Municipal Hospital
5. HIV Focal Point of the nine municipalities of Luanda and Esperança Hospitals.

In addition, the AIDSFree TA team also interviewed 12 PAFs from Luanda. Since PAFs serve as a link between the health facility and HIV-positive patients, they offer a unique perspective as people who understand both patients' needs and the workings of the health system.

In Huambo Province, the AIDSFree TA team interviewed the following provincial, district, and facility representatives:

1. Provincial office: Provincial Health Director, Provincial HIV Focal Point, Chief of Provincial Public Health Department
2. Hospital Municipal de Cambiote: Nurse Director, HIV Focal Point, Nurse in Charge of PMTCT Program, Nurse in Charge of Family Planning
3. Hospital Materno Infantil de Mineiras: Health Center Director, Nurse Director, Nurse in Charge of PMTCT Program
4. SASH: Senior Adviser of Municipal Health Systems.

Information Synthesis for Toolkit Development

To prepare for the handover of USAID's PMTCT materials to the MOH, the AIDSFree Team tabulated and analyzed the information collected during stakeholder interviews. The team profiled and systematized all tools and methodologies developed with support from USAID. Tools developed by SASH and INLS with SASH TA will be the core elements of the PMTCT Toolkit. The AIDSFree Team also saw tools used by other partners but were not provided with copies; these tools will not be included in the PMTCT Toolkit.

Limitations of the AIDSFree TA Process

- *Aggregated data:* The reports and information gathered by the AIDSFree TA team during the meetings and interviews were not disaggregated by supporting partner. Since all partners work in conjunction with the INLS, and many reports and information are presented as INLS products, it was not always possible for the team to determine the contribution of each partner to the HIV response in Angola.
- *Data constraints:* The most recent *National Progress Report* on the HIV response in Angola available to the AIDSFree Team covers the period 2009–2011; the 2012–2015 report was not available. SASH provided quantitative data from their own M&E records that partially covered the 2012–2015 data gap; these data were used to create the graphs in the results section of this report.

- *Limited participation of the service recipients/clients:* Time did not permit an exploration of the satisfaction of beneficiaries (such as women receiving Option B+ services), though this could have provided information beneficial to shaping the PMTCT Toolkit.
- *Unexpected conflicts:* The AIDSFree Team was only able to conduct limited activities in Luanda due to a conflicting MOH event, as well as a yellow fever outbreak.

FINDINGS

The findings that follow were developed both from document review and structured interviews of stakeholders.

National Level/INLS

In 2012, the MOH enacted a task-shifting policy, allowing the initiation of ART by nurses. Working with WHO, UNICEF, SASH, and other partners, the INLS developed tools, including training materials based on WHO guidelines, to expand ARV treatment in health facilities.

The expansion process and health provider training started in 2012. By 2014, the number of health facilities that had integrated PMTCT with ANC services increased from nearly 200 to more than 500, representing approximately 64 percent of all health facilities in Angola. From 2012 to 2014, the number of HIV-positive pregnant women receiving ARV for PMTCT increased from 2,584 to 8,709, representing an increase in coverage from 14 percent to 45 percent (UNAIDS 2014a). Incidence of new HIV infections among children in Angola has declined by 10 percent since 2009 (UNAIDS 2014b).

Partners Supporting INLS in the National PMTCT Response

USAID SASH Project: SASH is the main partner supporting the PMTCT program in Huambo and Luanda, and has trained over 1,000 clinicians in PMTCT through courses and workshops focused on care and treatment, logistics, and laboratory management. SASH has offered training for medical doctors, provincial-level training of trainers (TOT) in Luanda, and workshops for nurses in Huambo and Luanda.

UNICEF Angola (Chief, Child Survival and Development Program): The interviewee reported that UNICEF has been closely collaborating with SASH in the implementation of PMTCT service expansion especially in supporting PAFs. He also discussed the various sources of data for national and international reporting, and the completeness and reliability of the data.

UNAIDS Angola (National Programme Officer Community Mobilization Adviser): UNAIDS Angola has been instrumental in supporting care and treatment, including PMTCT. UNAIDS has supported the government in the following initiatives:

- Development of the new *Strategic Plan Number 5* for Angola and the *PMTCT National Acceleration Plan 2010–2015*
- Establishment of the PAF strategy in Cabinda Province, with funding support from UNICEF, and later Chevron; 30 PAFs trained, but only 7 currently functioning due to cuts in funding
- Creation of the PLHIV network in Luanda Province
- Engagement of civil society organizations in the HIV national response, including representation in the Country Coordinating Mechanism.

UNAIDS Angola made an attempt to generate and cascade targets for HIV program data management to provincial and district/municipal levels as goals, but the initiative was incomplete. However, there is a system in place for data flow to the national level, in which each administrative level has a focal point in charge of receiving data from the level below and sending it to the next level.

The UNAIDS interviewee also said that information submitted for global reporting is mainly generated from a combination of sources, including the INLS and the Public Health National Directorate of MOH.

INLS Monitoring and Evaluation Coordinators

At the time of the visit, the INLS reported having an electronic information system that was active at the municipal, provincial and municipal levels. Currently, the INLS electronic system includes selected health facilities. There is also a *Sistema Nacional de Vigilancia Epidemiológica* (National Epidemiological Surveillance System), in which information on all diseases requiring mandatory notification, including HIV, is compiled. There are plans to expand both of these electronic information systems to cover all HCs by September 2016.

Important M&E challenges encountered in the process of expanding PMTCT services include:

- Registers with multiple formats that require users to fill in the same information, resulting in duplication of work, while failing to collect other data that could benefit the program.
- Late reporting from health facilities to higher levels in the system—some HCs take up to six months to send reports.
- Gaps in feedback mechanisms:
 - Infrequent feedback to the provincial level. Information is analyzed on a national level, but the feedback to the provincial level is given during the semiannual national meeting. Participants in these meetings include provincial directors, provincial HIV focal points, and provincial reproductive health focal points.
 - Infrequent feedback from the provincial level to municipal level or health facilities.
- Required reporting on the other programs offered at the facility (i.e., vaccinations and family planning), which takes time away from providers' HIV work. In addition, reporting systems are not integrated, so each program has its own forms and vertical reporting system.
- Limited supervision visits at municipalities and HCs.

INLS Laboratory Coordinators

It was reported that implementation of the EID program started in nine health facilities in Luanda Province in 2015. SASH has been supporting this implementation by training staff, transporting supplies from INLS to the health facilities, and transporting samples and results between the health facility and the INLS molecular biology lab.

Provincial Level

Luanda Province: Zango Municipal Hospital

AIDSFreet met with staff from Zango Municipal Hospital to discuss PMTCT services provided in the hospital and procedures for reporting data.

HTC: HTC is integrated into ANC services. Pregnant women first receive health education through a group session, and opt-out counseling before the testing is conducted in the ANC room. The testing information and data are then recorded for each patient in the daily testing register (*Registo Diario De Teste Rápido*).

Management of HIV-positive pregnant women: Option B+ is the current regimen implemented at the hospital. HTC is conducted at ANC consultation. ARVs used to be distributed during consultation, but it was reported anecdotally that this practice has changed. Pregnant women now receive the ARVs at the pharmacy. The women are registered in *Livros 1, 2, 3 and 4*¹ at the ANC consultation, and each book has a specific monthly report form.

Follow-up of the mother and exposed infants: After delivery, mothers are followed up at a medical consultation for care and treatment, while the exposed infant is followed up in another room and sometimes at other hospitals. All exposed infants must have a patient file (*Processo Clinico*) in which clinical updates are registered. After clinical consultations are finished for the day, the files registering births and infant exposure are sent to the ANC clinic, where the ANC nurse updates the information in Livro 3.

Reports and Information Flow

Health center level: The reporting period for these monthly reports differs by about five days from the INLS reporting period. The HC HIV Focal Point compiles the monthly report manually every month. All HC HIV focal points meet monthly with a municipal HIV focal point to discuss HIV rates; and all monthly reports are sent to the municipal HIV focal point. The health center does not keep a copy of the monthly report.

Municipal level: The municipal level has an electronic information system in which the municipal HIV Focal Point compiles the data from all HC reports; this online system then communicates data from the municipal to the provincial level. The provincial level provides performance feedback to municipalities and HCs once a year during the annual meeting with the municipal focal persons.

Provincial level: At the provincial level, municipal data are compiled and sent to INLS. The provincial level receives PMTCT targets for at least 4–5 years from the INLS. The provincial level

¹The four *livros*, or registers, are Livro 1 (all HIV-positive patients, including pregnant women and HIV-positive infants); Livro 2 (all HIV-positive patients on ART); Livro 3 (all HIV-positive women who are pregnant, in labor, or lactating, and exposed infants); and Livro 4 (co-infected HIV/TB patients).

organizes the training of clinicians and a practice follow-up to install the PMTCT program at health facilities. Feedback to the provincial level is given during the national meeting that takes place twice a year.

Huambo Province and Health Facilities

The Provincial Health Director and SASH have sought to develop four facilities in Huambo Province into models of HIV program implementation. The AIDSFree Team visited two model facilities: Hospital Materno Infantil de Mineiras and Hospital Municipal de Cambiote. These facilities have an integrated HIV program implementation approach in which patients can be registered, enrolled in treatment, and provided with continued care regardless of the service that initially brought the patient to the hospital. All HCWs (medical doctor, technician, nurse) who work in these sectors (ANC, maternity, labor, family planning, pediatrics, emergency, hematology, and others) are trained in HIV program implementation. The integration of these health sectors into the HIV program through PITC facilitates the coordination and treatment of HIV-positive patients. The provincial director plans to gradually expand this integrated approach to other health facilities in the province.

Integrating HTC at all entry points: In the four model health facilities, HTC is integrated at all patient entry points and is captured in the facilities' reporting tools. The training approach entails identifying and training two key health facility staff members, who will subsequently provide in-service training for all other facility staff. The training includes theory, practice, mentoring, and monitoring to ensure that the patient flow between the different entry points is operating correctly. Training also includes reporting and registration of logistical issues and all the tasks specified in the INLS tools.

Two major challenges with the HTC tools were reported:

- Patients are only registered in the HTC tool if they receive both counseling and testing. Patients not tested for any reason, such as of stockout of rapid tests, are not registered or captured by the tools, even if they have received counseling. There is a need to review these tools to capture those patients who are counseled but not tested for HIV.
- The tools do not capture exposed infants who are tested two or more times. According to the INLS guidelines, the exposed infant should be tested at 9, 15, and 18 months depending on the infant's breastfeeding status. All tests must be registered. There is a need to review this tool to capture the missing tests.

HIV-positive patient identification at all points of entry: All patients testing HIV-positive receive a patient card and a code. These codes are known only by the staff, and serve to identify HIV-positive patients as they move between the various sectors in the health facilities. One major challenge is that this code is not the same at all facilities. For example, in Hospital Materno Infantil de Mineiras the code is «B20» and in Hospital Municipal de Cambiote the code is «SP/date of HIV+ testing».

Follow-up of HIV-exposed infants: According to the INLS recommendation, all information is registered in the exposed infant's patient file and in Livro 3. Infants are followed until age 18

months, and all updates are recorded in both tools, including the final diagnosis. Although the health facilities have this information on hand, they cannot currently report it to the INLS due to lack of a specific tool for reporting the final diagnosis. As a result, the INLS only has the result reported at the time of birth, but does not receive the results from any follow-up test, or the final diagnosis.

SASH support: All staff interviewed in Huambo Province considered SASH an important implementing partner in the province, providing support including:

- Strengthening service integration as in the model implemented in the four health facilities with integrated HIV and MNCH and other services previously described in the report
- Conducting staff training, including printing and reprinting training and monitoring materials
- Reproducing the registers and other tools
- Expanding counseling and testing activities
- Expanding the electronic system
- Supporting the PAF program.

PMTCT Training Materials and Tools—SASH Project

From the review of the curriculum, the AIDSFree TA Team found that the training materials were comprehensive and presented the technical content in a simple and user-friendly format as per adult learning methodology principles (see Box 3). The information flow and responsibilities presented in the curricula are clear. However, the team found that the training package has not been fully implemented. Some nurses have not been trained on some components of this package.

The PMTCT Toolkit will contain the tools that INLS developed with support from SASH. The AIDSFree Team will ensure that the toolkit is user-friendly, attractive, and concise. AIDSFree's TA does not include content revisions, so although there may be gaps in the existing tools (e.g., in PMTCT logistics management), these gaps will not be addressed in the toolkit that AIDSFree develops, and might need to be addressed at a later time.

Box 3. Key Principles of Adult Learning Methodology

Adults learn best through:

1. Direct experience enriched by discussions, explanations, and/or demonstrations
2. An environment that is non-threatening, conducive to experiential and participative learning, and discussion
3. Collaborative action with other adults on issues close to the emotional center of the learner, i.e., meaningful issues
4. Workshops that respond to learners' needs and competencies, and teach skills that can be used immediately
5. Workshops developed in accordance with clear goals and objectives
6. Increased motivation through participation in training design, implementation, evaluation and decision-making
7. Workshops developed in response to needs that are genuinely felt to be training needs
8. Educators who respect trainees; treat them like adults; allow them to be self-directed; expect to learn as well as teach; and are competent to guide activities and discussions, as well as lecture or instruct
9. Workshops that create conditions or environments that facilitate learning.

The tools include:

- Livro 1: Registers all HIV-positive patients, including pregnant woman and children with confirmed positive test results. (*Livro de registo nº 1—Registo de pacientes na US (Crianças, jovens, adultos incluindo gestantes)*)
- Livro 2: Tracks all HIV-positive patients on ART (*Livro de registo nº 2—Registo de pacientes em terapia Anti-retroviral, TARV*)
- Livro 3: Tracks HIV-positive pregnant, in-labor, or lactating women along with exposed infants. (*Livro nº 3—Registo de mulheres no programa de Prevenção da Transmissão vertical (Mulheres grávidas VIH Positivo ou Indeterminado, mulheres VIH Positivo no pós-parto e crianças de mães VIH Positivas até 18 meses)*)
- Livro 4: Tracks co-infected tuberculosis (TB)/HIV patients. (*Livro nº 4—Registo de pacientes co-infectados VIH/SIDA e Tuberculose [Crianças, jovens, adultos incluindo gestantes]*)
- Form for requesting antiretroviral medications (*Formulário de Solicitação de medicamentos anti-retrovirais*)
- Postpartum form (*Formulário da parturiente*).

Monthly reporting forms include:

- HTC registration form (*Relatório de Aconselhamento e Testagem Voluntária [ATV] e Relatório de Acompanhamento*, both of which follow Livro 1)
- Treatment report (*Relatório de Tratamento Anti-retroviral*, which follows Livro 2)
- Report on pregnant women, women in labor, and HIV-exposed infants (*Relatório de PTV from Mulheres grávidas VIH Positivo ou Indeterminado, mulheres VIH Positivo no pós-parto e crianças de mães VIH Positivas*, which follows Livro 3)
- Rapid Testing Register (*Diário de Teste Rápido*)
- Tools for evaluating the performance of health workers who offer counseling and testing (*Instrumento para Avaliação do Desempenho dos Profissionais que Fazem o Aconselhamento e Testagem para o VIH*).

Other forms and tools include:

- Counseling and testing tools
- Counseling and testing training manual
- HIV test result form (*Ficha de resultado*)
- HIV individual notification form (*Ficha de Notificação individual de HIV*)
- Statistical Information on the HIV/AIDS Program in Angola (*Relatório INLS—para GEPE: Informações Estatísticas do Programa VIH/SIDA de Angola*)
- HIV annual data (*INLS 22915*)
- Various register books and forms: individual patient files, register books, daily and monthly reports, pharmacy forms, laboratory forms, and others
- HIV+ identification form (*Ficha de identificação do paciente HIV+*) to attach to ANC individual card
- Tools and materials developed by SASH with INLS approval
 - PMTCT counseling and testing standards
 - PMTCT training manuals produced and used by SASH in Angola.

HIGHLIGHTS FROM THE REVIEW OF PMTCT MATERIALS DEVELOPED THROUGH THE SASH PROJECT

During the debrief for the initial visit, the USAID Angola Mission asked AIDSFree to provide a technical brief, *Highlights from the Review of Reports and PMTCT Materials Developed through the USAID SASH Project*, as one of the deliverables. The AIDSFree Team reviewed all reports received to identify the achievements of USAID Angola through SASH within the context of this TA. Broader questions about USAID Angola and SASH's contributions are beyond the scope of this work, since the TA did not include a project evaluation. This section briefly describes the material that will inform the technical brief.

Specifically, the team explored the following:

- What has USAID Angola, through SASH, done over the last four years related to PMTCT tools and training materials?
- What are the major accomplishments over this period (tools developed, people trained, etc.)?

Overall, PEPFAR and USAID Angola have provided significant support to the Government of Angola through SASH by strengthening and expanding the provision of PMTCT services in the USAID-supported provinces, as outlined below.

Developing Training Manuals and Service Standards

The following materials were developed and promoted for national use:

- PMTCT training package, developed by INLS with support from SASH
- Counseling and testing training package, developed by INLS with support from SASH
- PMTCT and counseling and testing standards, developed by SASH with INLS approval.

Through SASH, USAID Angola also supported staff training on these materials, printing and reprinting of the training materials and monitoring tools, and expansion of the electronic system.

Establishing PAFs

SASH supported the establishment of PAFs to provide patient health education, counseling, patient tracking, home visits, and support groups. Between 2011 and 2014, SASH trained PAFs in 18 HCs—14 in Luanda and 4 in Huambo. The main purposes of the PAF intervention are to reduce loss to follow-up among HIV-positive pregnant and breastfeeding women and their HIV-exposed children, and hence increase adherence to and retention in care and treatment. PAF activities include health education, post-test counseling, client monitoring (follow-up for those

undergoing treatment and tracking for those who missed appointments or have dropped out of care), home visits, and leadership of support groups. In line with the task-shifting policy, PAFs provide client education and adherence counseling before and/or after the appointment with the clinician at the facility, dedicating the time necessary for client needs while also helping clinicians with heavy workloads. PAFs provide health education sessions to address specific client needs, motivate them in self-care, and improve adherence to therapy and retention in care.

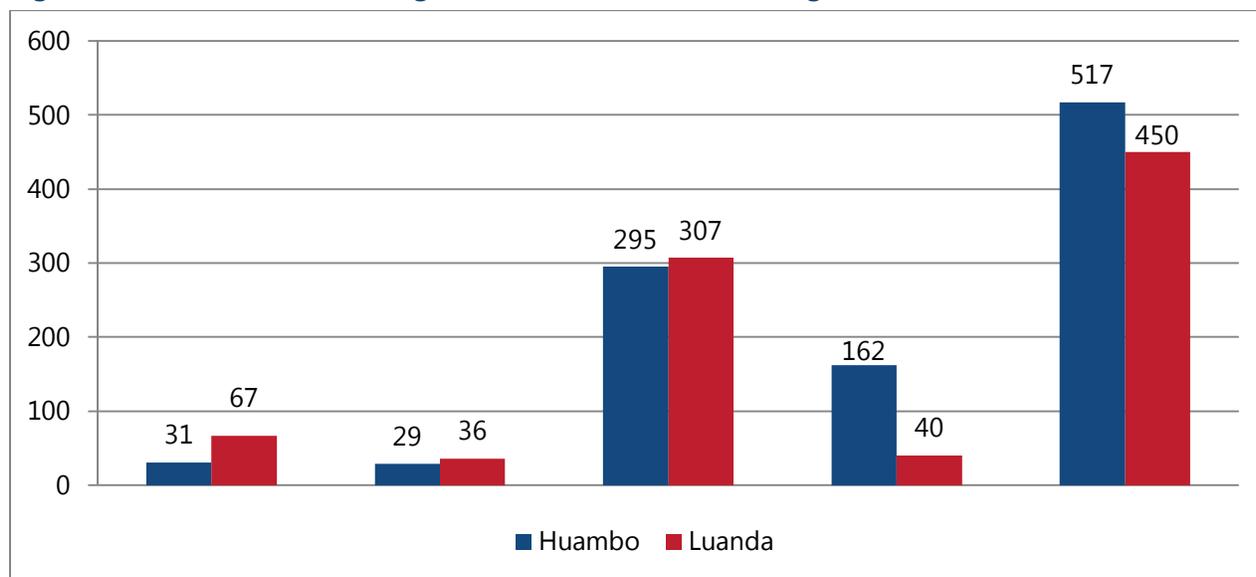
Strengthening Service Integration

In Huambo, integrated HIV and MNCH and other services are provided in the model health facilities. The Provincial Health Director, in partnership with SASH, converted four health facilities into models of “integrated HIV program implementation,” in which patients can register, begin treatment, and receive continued care, regardless of which department they enter in the hospital.

Supporting Government Rollout Task Shifting for Expanded ART Services

In 2011, the Government of Angola collaborated with PEPFAR and USAID to introduce task shifting to expand ART services. Since then, nearly 1,000 nurses have been trained. Figure 1 shows the number of nurses trained in PMTCT management each year through SASH from 2012 to 2015.

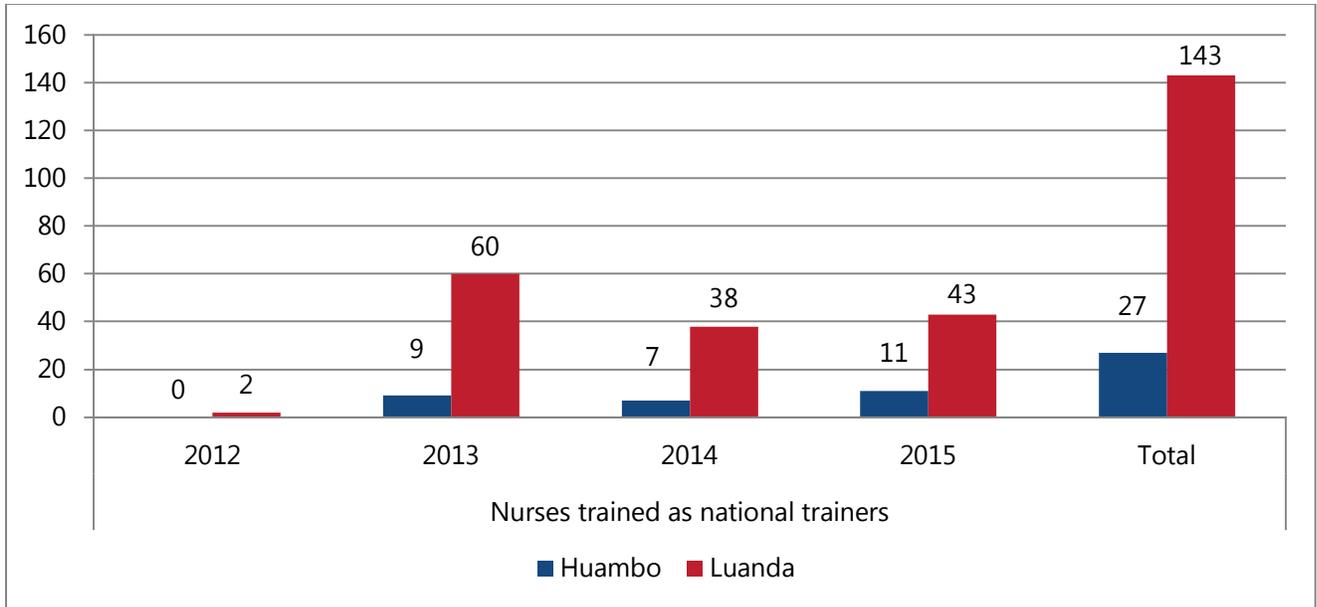
Figure 1. Nurses Trained through SASH to Initiate and Manage ART



Data source: SASH Project records

In addition, PEPFAR and USAID Angola worked through SASH to train nurses as trainers for cascade training on PMTCT. Altogether, USAID Angola supported TOTs for 170 national trainers in PMTCT in Angola. Figure 2 shows the progress of the SASH-supported TOTs.

Figure 2. Nurses Trained as National Trainers

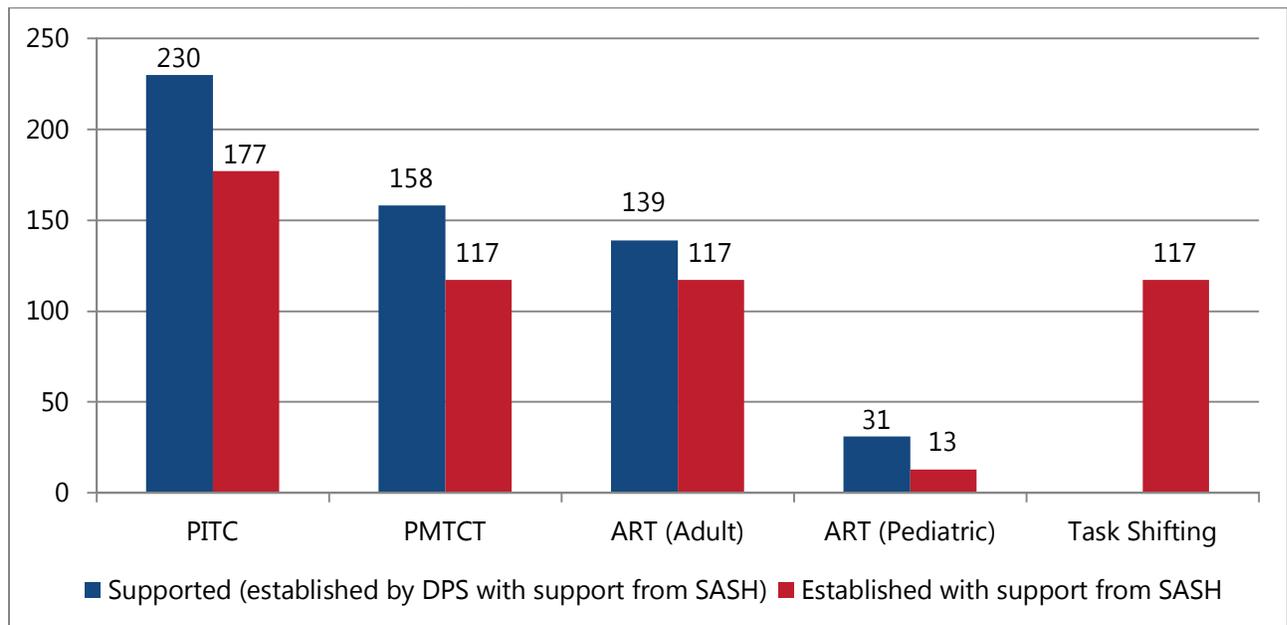


Data source: SASH Project records

Establishing ART Sites Providing Various Packages of HIV-Related Services

Figure 3 shows the progressive establishment of SASH-supported sites providing a range of ART services, which in turn supported the Government's initiative to decentralize ART services. In addition to supporting existing ART sites established by the DPS, SASH helped to establish new ART sites.

Figure 3. Sites Established with Support from SASH



Data source: SASH Project records

CONCLUSION

Through SASH, PEPFAR and USAID Angola have supported the INLS in several key areas to improve PMTCT services and roll out Option B+, with the ultimate aim of decreasing new infections among children and increasing the number of HIV-positive women tested and enrolled in care. Though this TA focused on the PMTCT tools and materials developed by USAID Angola, the team also implemented other effective approaches, including task shifting to nurses and the establishment and support of the PAF program. The training materials were found to be largely ready for the next phase of compilation, though a content review and revision by the INLS will be necessary in the coming years as new information and updates emerge. The recording and reporting tools reviewed were also found to cover most of the data needs related to Option B+ and PMTCT services, though challenges with their implementation were noted at all levels. To achieve the second objective of the TA, AIDSFree will work closely with the INLS and other government stakeholders, as well as SASH and USAID Angola, to compile a PMTCT Toolkit, including the reviewed tools and materials, and transfer it to the INLS.

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ANNEX 1. PMTCT TOOLS INVENTORY QUESTIONNAIRE FOR NATIONAL-LEVEL OFFICERS (MOH & SASH)

INTERVIEW GUIDE FOR NATIONAL-LEVEL STAKEHOLDERS

Introduce all team members and ask facility representatives to introduce themselves.

Good day. My name is _____. My colleagues and I are representing _____ (e.g., the MOH in the country under study). We are specifically looking at the tools that are available and how they are used for the management of the PMTCT program. We are visiting national-level stakeholders to gather information on the program and tools. This is not a supervisory visit and the performance of individual staff members is not being evaluated.

Do you have any questions?

Name of Key Informant: _____

Position of Responsibility: _____

Date of Interview: ____ / ____ / ____

Interview Guide Components:

1. What areas of the HIV response have been supported by USAID?

2. USAID model of work: How has USAID been providing support to implement PMTCT in Angola (check all that apply)?

- Through TA
- Direct funding
- HCW recruitment
- USAID staff participating in providing the PMTCT services in the clinics
- Other _____

3. Which USAID partners have provided PMTCT technical support or services, e.g., civil society organizations?

4. Other than USAID, are there other partners supporting PMTCT in Angola?

5. How were the PMTCT policy and tools disseminated to the various implementing structures and partners during the last three year?

1	2	3	4
Not disseminated	Limited dissemination	Disseminated widely but no forums for discussion	Disseminated widely with forums for discussion

Please explain:

6. **Note:** Complete the following table by asking the next four questions.
- What are the tools available in Angola that are related to the PMTCT program?
 - When was the tool developed?
 - Who developed the tool?
 - Who uses the tool?

Name of Tool	Time of Development	Developed By	Who Uses the Tool

Notes:

7. In your opinion, which tools have been very useful in the rollout of the PMTCT program; which, if any, have been least useful; and if you feel there are any missing tools that would be useful in the implementation of the PMTCT program in Angola?

Please explain the most useful tools:

Please explain the least useful tools:

Please explain the missing tools:

8. Which sites have been trained with support from USAID? When? How many people were trained?

Name of Site	Year	People Trained

9. How many people have been trained in the use of the PMTCT program tools?

10. What materials were provided during the training of the PMTCT program tools?

11. What recommendations to the GRA would you make for the effective transfer of PMTCT tools and their implementation in Angola?

ANNEX 2. QUESTIONNAIRE FOR PERSONNEL USING TOOLS FOR MANAGEMENT OF PMTCT PROGRAM

FACILITY IDENTIFICATION

Facility Name: _____

Facility Type: (check the appropriate box)

Program Office

General Hospital

District Hospital

Rural Hospital

Health Center

Dispensary

Other: _____

Facility Location: _____

City/Town: _____

Date (dd/mm/yyyy): ___ / ___ / ___

Interviewer(s):

BACKGROUND QUESTIONS

OBJECTIVES OF THIS SURVEY

Introduce all team members and ask facility representatives to introduce themselves.

Good day. My name is _____. My colleagues and I are representing _____ (e.g., the MOH in the country under study). We are specifically looking at the tools that are available and how they are used for the management of the PMTCT program. We are visiting selected health facilities; this facility was selected to be in the survey. This is not a supervisory visit and the performance of individual staff members is not being evaluated

The results of this survey will provide information to make decisions and to promote improvements on the tools.

We would like to ask the PMTCT manager a series of questions about the tools available at this facility

Do you have any questions?

Ask the in-charge to introduce the team to the person managing the PMTCT program. Extend the invitation to the in-charge to stay with the team but explain that we are aware that they have other responsibilities. Offer to check back with him/her before leaving the facility.

Explain to interviewee that we will now like to ask them specific questions about each of the tools they just mentioned. Ask interviewee if they are willing to continue.

Note: The following table should be completed for each tool that the interviewee mentioned above. Extra copies of the table should be available.

TOOL QUESTIONS

No.	Questions	Replies
1.	Tell participant that the information collected will be reported anonymously; the name of the person who provided the information will not be reported. Can we continue?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If the person replies No, stop the interview immediately . Thank the person for their time and move on to the next interview)
2.	Title of person interviewed for this survey	Title: _____
3.	Number of years and months you have worked at this facility?	Years: _____ Months: _____
4.	Who is the principal person responsible for managing PMTCT program at this facility?	Nurse <input type="checkbox"/> Clinical Officer <input type="checkbox"/> Doctor <input type="checkbox"/> Pharmacist <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____
5.	Is managing the PMTCT program the primary role of this person at this facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	What tools do you have available to manage the PMTCT program? Note: List all tools mentioned by interviewee. (Possible list of tools located at end of questionnaire.)	
	A.	
	B.	
	C.	
	D.	
E.		

Facility Name: _____

Interviewee Name: _____

Tool Name: _____

Ask participant to show you a copy of the tool. Is the tool available? Yes No

1.	How often do you use this tool?	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/>
2.	Did you receive training on the use of this tool?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	When did you receive the training? (If answer above is No skip this question)	1 month ago <input type="checkbox"/> 6 months ago <input type="checkbox"/> 12 months ago <input type="checkbox"/> 24 months ago <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____
3.	Do you have any documents that guide you on the use of the tool?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Which documents? (If answer above is No, skip this question)	Standard Operating Procedures <input type="checkbox"/> Tool Manual <input type="checkbox"/> Participant Handbook <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____
	Ask to see copies of the documents. Are the documents available?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____ _____ _____

No.	Questions	Replies
3.	Do you have any documents that guide you on the use of the tool?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Which documents? <i>(If answer above is No, skip this question)</i>	Standard Operating Procedures <input type="checkbox"/> Tool Manual <input type="checkbox"/> Participant Handbook <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____
	Ask to see copies of the documents. Are the documents available?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____ _____ _____ _____
4.	What is the data that is captured in this tool?	Comments: _____ _____ _____ _____
5.	What is the information that is produced, obtained when using this tool?	Comments: _____ _____ _____ _____
6.	What happens with the information that is obtained from the tool?	Comments: _____ _____ _____ _____

7.	Is the information obtained from the tool useful to you for the management of the PMTCT program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	How/why?	Comments: _____ _____ _____
8.	Do you find the tool easy to use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Why?	Comments: _____ _____ _____
9.	What recommendation do you have for the improvement of the tool?	Comments: _____ _____ _____

Note: If the team does not already have a copy of the tool, ask the interviewee if it is possible to have a copy of the tool.

Ask the interviewee if they have any questions for the team.

After addressing their questions, thank them for their time and information. It has been most helpful!

Below are some examples of potentially available tools.

No.	Data Collection Tool	Available as Needed?	Comments
1.	Integrated ANC Registers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.	PNC Registers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	Maternity Registers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	Pre-ART Registers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.	ART Registers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.	EID Registers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.	EID Cards	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.	Family Planning Register	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.	Pre-ART/ART Client Cards	Yes <input type="checkbox"/> No <input type="checkbox"/>	

No.	Data Collection Tool	Available as Needed?	Comments
10.	Integrated ART/PMTCT Order Forms	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.	Family Support Group Registers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12.	Dispensing Log	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13.	Appointment Books	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14.	Referral Forms	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15.	VHT Registers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16.	Job Aids/SOPs	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17.	Monthly Reporting Forms	Yes <input type="checkbox"/> No <input type="checkbox"/>	
18.	Quarterly Reporting Forms	Yes <input type="checkbox"/> No <input type="checkbox"/>	

ANNEX 3. LIST OF KEY STAKEHOLDERS INTERVIEWED

The AIDSFree TA team interviewed:

Luanda Province

- Provincial Health Director of Luanda
- HIV focal point for Viana Municipality
- PMTCT focal point, with a pediatrics doctor, at the Referral Hospital Cajueiros, Cazenga
- HIV focal point with key health care workers in Zango Municipal Hospital
- HIV focal point of the nine municipalities of Luanda and Esperança Hospital
- PAFs meeting at SASH office.

Huambo Province

Hospital Materno Infantil de Mineiras

- Health Center Director
- Nurses Director
- Nurse in charge of PMTCT program.

Hospital Municipal de Cambiote

- Nurses Director
- HIV focal point
- HCW in charge of PMTCT program
- HCW in charge of planning family program.

Direcção Provincial de Saúde de Huambo

- Provincial HIV focal point
- Chief of Provincial Public Health Department
- Provincial Health Director.

USAID SASH Project Staff

- Senior Adviser of the Health Systems Municipalities



AIDSFree

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209

Phone: 703-528-7474

Fax: 703-528-7480

Email: info@aids-free.org

Web: aidsfree.usaid.gov