SITUKULWANE LESIPHEPHILE - SAFE GENERATIONS

PMTCT Health Care Worker Acceptability Assessment COMPLETE ALL THE INFORMATION ON THIS PAGE BEFORE STARTING THE INTERVIEW.

Interviewer code	
HCW participant identification number	
Date of interview (Study enrollment date)	DAY MONTH YEAR
Timing of Follow-up Interview	months post implementation of B+
Study Site	 KSII PHU RFM Hospital FLAS Manzini Siteki PHU MSF Matsapha Mbikwakhe Siphofaneni Lamvelase Luyengo Mankayane PHU



Introduction:

Recently, the Ministry of Health of the Kingdom Swaziland has implemented a PMTCT approach where all HIV-positive pregnant women start ART and stay on treatment for life whether they have a low or high CD4 count (Option B+). Several months ago, as part of a research study, all women coming for PMTCT services at this clinic started receiving Option B+ instead of Option A.

We want to evaluate how this new PMTCT approach, Option B+, is working. As part of the evaluation, we are going to be asking health care workers, like you, about their experience providing PMTCT services at this clinic.

Section I. DEMOGRAPHICS			
Basic Information			
1. How old are you?	Age:(years)		
2. Gender?			
3. What is your area of residence?	Area of residence:		
4. What is your current job?	□ Nurse		
	Nurse Midwife		
	Expert Client		
	Peer Counselor		
	□ Other		
5. Where do you work?	Specify:		
(check all that apply)	□ Antenatal Care services (ANC)	\Box Child welfare services	
	□ Maternal Child Health services (MCH)	Pediatric ART Clinic	
	□ Hospital Ward (Adult)	□ Adult ART Clinic	
	□ Hospital Ward (Pediatric)		
	□ Other:		



6.	In your role as [INSERT RESPONSE from Question	HIV testing and giving HIV results
	4], what types of activities are you involved with?	CD4 testing and giving CD4 results
		Counseling on PMTCT
		Counseling on infant feeding
1		Counseling on antenatal care
1	(check all that apply)	Counseling on adherence
		Prescribing HIV medications
		Monitoring side effects from medications
		PCR testing
		Counseling on family planning
		Scheduling appointments
		Following-up missed appointments
		Other, specify:



Section II. UNDERSTANDING OF OPTION B+					
7. When was Option B+ implemented at this clinic?					
8. Were you a part of the transition from Option A to Option B+?					
9. How long have you been involved in the implementation of Option B+ at this clinic?	Length of time: months				
10. I am going to read a list and would like you to tell me which items on the list are part of Option B+ for PMTCT. Please say TRUE if part of Option B+ and FALSE if not part of Option B+ for PMTCT.					
Sending a CD4 count test	True	False	Refuse	Don't Know	
Making an appointment for women in the ART clinic	True	False	Refuse	Don't Know	
Giving ART to women with CD4<350	True	False	Refuse	Don't Know	
Giving AZT to women with CD4>350	True	False	Refuse	Don't Know	
Starting AZT/ART 14 weeks gestation	True	False	Refuse	Don't Know	
Giving ART to all women	True	False	Refuse	Don't Know	
Starting ART as soon as diagnosed as HIV infected	True	False	Refuse	Don't Know	
Starting ART for life for all HIV positive pregnant women	True	False	Refuse	Don't Know	
Giving NVP to women to take at delivery	True	False	Refuse	Don't Know	
Giving NVP to babies after birth	True	False	Refuse	Don't Know	
Testing infants with DNA PCR DBS	True	False	Refuse	Don't Know	
Counseling mothers on breast feeding	True	False	Refuse	Don't Know	
Testing partners	True	False	Refuse	Don't Know	
Testing other family members	True	False	Refuse	Don't Know	
Checking CD4 counts after delivery	True	False	Refuse	Don't Know	



11. In your opinion what are the things about Option B+ that are easy for you and your co-workers?	
 12. In your opinion what are the things about Option B+ that are difficult for you and your co-workers? 12. Description of the difference of the state of the transmission of the state of the stat	
13. Do you think <u>following up with patients</u> who initiated ART under Option B+ is easy or hard for <u>healthcare workers</u>?Please explain.	 Easy (explain) Hard (explain)
14. Do you think <u>documentation of patient care</u> under Option B+ is easy or hard for <u>healthcare workers</u> ? Please explain.	Easy (explain)



	□ Hard (<i>explain</i>)
15. <u>Overall</u> , do you think Option B+ is easy or hard for <u>healthcare</u>	\Box Easy (<i>explain</i>)
workers?	
Please explain.	
	\Box Hard (<i>explain</i>)
16. Do you think you have more work or less work now (since	□ More work
implementation of Option B+)?	□ Less work
	□ Same amount
17. Please explain	



COUNSELING	
18. What do you discuss when you counsel HIV-positive women	
about ART for life?	
19. In your opinion is it easy or difficult to counsel patients about Option B+?	\Box Easy (<i>explain</i>)
Please explain.	
	Difficult (comfain)
	□ Difficult (<i>explain</i>)
PATIENTS	



20. Do you find that women commonly refuse to start ART the same day they are diagnosed with HIV?Please explain.	□ No (explain) □ Yes (specify why) □ Yes (specify why)
 21. In your opinion what are the things about Option B+ that are easy for patients? Please explain. 22. In your opinion what are the things about Option B+ that are difficult for patients? Please explain. 	
 23. We know that sometimes HIV-positive women do not complete all of the PMTCT steps during pregnancy and after the baby is born. What do you think are some of the common barriers HIV-positive women face in completing these steps under Option B+? 24. How frequently do women drop out of care before giving 	



birth at your facility?	 Less than half the time About half the time More than half the time
	□ Always
25. Why do you think this happens?	
26. How frequently do women drop out of care <u>after</u> giving birth?27. Why do you think this happens?	 Never Less than half the time About half the time More than half the time Always
28. How frequently do women attend HIV care visits without their infants (i.e., maternal-infant visits not synchronized)?	 Never Less than half the time About half the time More than half the time Always
29. Why do you think this happens?	
28. How frequently do women attend HIV care visits without their infants (i.e., maternal-infant visits not synchronized)?	 Always Always Always Always Always Always About half the time About half the time More than half the time



30. How frequently are babies brought back for care by someone other than their mother?	 Never Less than half the time About half the time More than half the time Always
31. Why do you think this happens?	
32. Overall, do you think Option B+ makes things easy or hard for <u>patients</u> ? Please explain.	□ Easy (explain)



Section IV. BAI	RRIERS TO UPTAKE OF PMTCT		
Sometimes women stop coming back to the clinic for PMTCT services. We want to learn more about why this happens. Could any of these be a reason why a woman would not come back for PMTCT services?			
33. Problems with the health services	□ Clinic runs out of supplies and medications that women need		
(read responses and check all that apply)	 Too many other people at the clinic Facility is too far 		
$(1 \dots 1 P_{F} \dots 2 \dots 2 \dots 2 P_{F} P_{F} $	 Appointment system does not work 		
	□ Waiting time is too long		
	\Box Attitudes of health care workers		
	□ No evening or weekend hours		
	□ No coordination between services (services not integrated so		
	woman has to visit too many service areas/clinics to receive care)		
	□ Other, specify:		
34. Problems with the clinic staff	\Box Clinic staff don't spend enough time with patient		
	□ Clinic staff don't seem well trained		
(read responses and check all that apply)	□ Clinic staff have too many other things to do		
	□ Clinic staff don't provide sufficient counseling support		
35. Personal issues for women	□ Other, specify		
55. Personal issues for women	□ Concerned about confidentiality □ Concerned about others learning their HIV status		
(read responses and check all that apply)	 Concerned about others learning their HIV status Want to consult with partner or family 		
	 Don't want to take HIV medicines for life 		
	 Don't want to start taking HIV medicines during pregnancy 		
	□ Don't want to start taking HIV medicines when they are feeling		
	healthy		
	□ Don't want to take HIV medicines during breastfeeding		
	□ Don't believe they have HIV infection		
	□ Afraid of side effects from taking HIV medicines		
	□ Pressure from family members including husband/partner (<i>specify</i>		
	pressure)		
	□ Other, specify:		



Section III. ATTITUDES ABOUT PMTCT AND PERCEPTIONS OF CLIENT UPTAKE

I will read a few statements regarding attitudes and perceptions of PMTCT Clients. Please respond with Agree with statement, Disagree with statement or Neutral

Read Statements	Circle one response				
36. It is very difficult for an HIV-positive woman to decide to start taking HIV medicines for life while she is pregnant.	Agree	Disagree	Neutral	Don't Know	Refused
37. It is very difficult for an HIV-positive pregnant woman to decide to start taking HIV medicines for life if she is feeling healthy.	Agree	Disagree	Neutral	Don't Know	Refused
38. It is very difficult for an HIV-positive pregnant woman with a high CD4 count to decide to start taking HIV medicines for life.	Agree	Disagree	Neutral	Don't Know	Refused
39. HIV-positive pregnant women should start HIV medicine (ART) and remain on it for life rather than giving ART to only those who have a low CD4 count and giving ARV prophylaxis to those with high CD4.	Agree	Disagree	Neutral	Don't Know	Refused
40. It will be difficult to explain why a healthy HIV- positive pregnant woman should start HIV medicines when other adults don't start until their CD4 count is low.	Agree	Disagree	Neutral	Don't Know	Refused
41. It is easier to counsel patients under option A compared to option B+.	Agree	Disagree	Neutral	Don't Know	Refused

Section VI. ADDITIONAL INFORMATION

42. Is there anything else that you would like to share about your experience with PMTCT services? Are there ways that Option B+ services could be improved?

