

SITUKULWANE LESIPHEPHILE - SAFE GENERATIONS

PMTCT Health Care Worker Acceptability Assessment

COMPLETE ALL THE INFORMATION ON THIS PAGE BEFORE STARTING THE INTERVIEW.

Interviewer code	<input type="text"/> <input type="text"/> <input type="text"/>												
HCW participant identification number	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
Date of interview (Study enrollment date)	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">DAY</td> <td style="text-align: center; font-size: small;">MONTH</td> <td colspan="4" style="text-align: center; font-size: small;">YEAR</td> </tr> </table>							DAY	MONTH	YEAR			
DAY	MONTH	YEAR											
Timing of Follow-up Interview	_____ months post implementation of B+												
Study Site	<input type="checkbox"/> KSII PHU <input type="checkbox"/> RFM Hospital <input type="checkbox"/> FLAS Manzini <input type="checkbox"/> Siteki PHU <input type="checkbox"/> MSF Matsapha <input type="checkbox"/> Mbikwakhe <input type="checkbox"/> Siphofaneni <input type="checkbox"/> Lamvelase <input type="checkbox"/> Luyengo <input type="checkbox"/> Mankayane PHU												

Introduction:

Currently, HIV-positive pregnant women who come to this clinic for PMTCT services receive medication to prevent their babies from getting the HIV virus. Some women get AZT and others get lifetime treatment (ART) depending on their CD4 count (This is called Option A.) While many women do receive some PMTCT services, there are a lot of challenges and many women aren't able to come back to the clinic or can't take all of the necessary steps to keep themselves and their baby healthy during their pregnancy, and after they deliver. With these problems in mind, the Ministry of Health of the Kingdom Swaziland has decided to pilot another 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 (This is called Option B+). Starting next month all women coming for PMTCT services at this clinic will receive this Option B+.

We are planning 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. We would like to hear about your experience with Option A and later, we will ask you about your experience with Option B+ after it has been implemented at this clinic. In addition, we will ask you some questions about yourself, HIV in general and PMTCT.

Section I. DEMOGRAPHICS

Basic Information

1. How old are you?	Age: _____ (years)
2. Gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male
3. What is your area of residence?	Area of residence: _____
4. What is your current job?	<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Expert Client <input type="checkbox"/> Peer Counselor <input type="checkbox"/> Other _____
5. Where do you work? (circle all that apply)	Specify: <input type="checkbox"/> Antenatal Care services (ANC) <input type="checkbox"/> Child welfare services <input type="checkbox"/> Maternal Child Health services (MCH) <input type="checkbox"/> Pediatric ART Clinic <input type="checkbox"/> Hospital Ward (Adult) <input type="checkbox"/> Adult ART Clinic <input type="checkbox"/> Hospital Ward (Pediatric) <input type="checkbox"/> Other: _____

6. In your role as [**INSERT RESPONSE from Question 4**], what types of activities are you involved with?

(check all that apply)

- HIV testing and giving HIV results
- CD4 testing and giving CD4 results
- Counseling on PMTCT
- Counseling on infant feeding
- Counseling on antenatal care
- 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. How long have you been involved in the implementation of Option B+ at this clinic?	<i>Length of time:</i> _____months			
8. <i>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.</i>				
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
Other _____				

<p>9. In your opinion what are the things about Option B+ that are easier for you and your co-workers to implement compared to Option A?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>10. In your opinion what are the things about Option B+ that are more difficult for you and your co-workers to implement compared to Option A?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>11. In your opinion is it easier or more difficult to counsel patients in Option B+ compared to Option A?</p>	<p><input type="checkbox"/> Easier</p> <p><input type="checkbox"/> More difficult (<i>specify why</i>) _____</p> <hr/>
<p>12. What do you discuss when you counsel HIV-positive women about ART for life?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>13. Do you think you have more work or less work now (since implementation of Option B+)?</p>	<p><input type="checkbox"/> More work</p> <p><input type="checkbox"/> Less work</p> <p><input type="checkbox"/> Same amount</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Other: _____</p> <hr/>

<p>14. We know that sometimes HIV positive women don't complete all of the PMTCT steps in pregnancy and after the baby is born. What do you think are some of the barriers HIV positive women now face with the implementation of Option B+?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>15. Do you find that women commonly refuse to start ART the same day they are diagnosed with HIV?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (<i>specify why</i>)</p> <hr/> <hr/> <hr/> <hr/> <hr/>

Section III. ATTITUDES ABOUT PMTCT AND PERCEPTIONS OF CLIENT UPTAKE					
<i>I will read a few statements regarding attitudes and perceptions of PMTCT Clients. Please respond with Agree with statement, Disagree with statement or Neutral</i>					
<i>Read Statements</i>	<i>Circle one response</i>				
16. 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
17. 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
18. 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
19. 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
20. 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
21. It is easier to counsel patients under option A compared to option B+.	Agree	Disagree	Neutral	Don't Know	Refused

Section IV. BARRIERS TO UPTAKE OF PMTCT	
<p><i>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?</i></p>	
<p>22. Problems with the health services</p> <p style="text-align: center;"><i>(read responses and tick all that apply)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Clinic runs out of supplies and medications that women need <input type="checkbox"/> Too many other people at the clinic <input type="checkbox"/> Facility is too far <input type="checkbox"/> Appointment system does not work <input type="checkbox"/> Waiting time is too long <input type="checkbox"/> Attitudes of health care workers <input type="checkbox"/> No evening or weekend hours <input type="checkbox"/> No coordination between services (services not integrated so woman has to visit too many service areas/clinics to receive care) <input type="checkbox"/> Other, specify: _____
<p>23. Problems with the clinic staff</p> <p style="text-align: center;"><i>(read responses and tick all that apply)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Clinic staff don't spend enough time with patient <input type="checkbox"/> Clinic staff don't seem well trained <input type="checkbox"/> Clinic staff have too many other things to do <input type="checkbox"/> Clinic staff don't provide sufficient counseling support <input type="checkbox"/> Other, specify _____

<p>24. Personal issues for women</p> <p><i>(read responses and tick all that apply)</i></p>	<ul style="list-style-type: none"><input type="checkbox"/> Concerned about confidentiality<input type="checkbox"/> Concerned about others learning their HIV status<input type="checkbox"/> Don't want to start taking HIV medicines during pregnancy<input type="checkbox"/> Don't want to start taking HIV medicines when they are feeling healthy<input type="checkbox"/> Don't want to take HIV medicines during breastfeeding<input type="checkbox"/> Don't believe they have HIV infection<input type="checkbox"/> Afraid of side effects from taking HIV medicines<input type="checkbox"/> Pressure from family members including husband/partner (<i>specify pressure</i>) _____ _____<input type="checkbox"/> Other, specify: _____
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Section V. INFANT FEEDING					
<i>Beliefs I will read a few statements regarding infant feeding in the context of HIV. Please respond with Agree with statement, Disagree with statement or Neutral</i>					
<i>Read Responses</i>	<i>Circle one response</i>				
25. It is safe for HIV-positive women to breastfeed their infant.	Agree	Neutral	Disagree	Don't Know	Refused
26. Formula is the preferred way for an HIV-positive woman to feed her baby.	Agree	Neutral	Disagree	Don't Know	Refused
27. It is safe for HIV-positive mothers who are taking HIV medicines to breastfeed their infants.	Agree	Neutral	Disagree	Don't Know	Refused
28. It safe to give HIV medicines to babies who are born to HIV-positive mothers.	Agree	Neutral	Disagree	Don't Know	Refused
29. Babies who are younger than 6 months of age should be given nothing else to drink or eat aside from breast milk.	Agree	Neutral	Disagree	Don't Know	Refused

Infant Feeding Practices					
30. Counseling HIV-positive women about how to feed their infants is the same whether the women is receiving Option A or B+.	Agree	Neutral	Disagree	Don't Know	Refused
31. When should an HIV-positive mother stop breastfeeding?	Age of child: Months _____				
32. What do you discuss when you counsel HIV-positive women about feeding their infants? <i>(Do not read responses aloud. Check all that apply)</i>	<input type="checkbox"/> ARVs during breastfeeding <input type="checkbox"/> Exclusive breastfeeding <input type="checkbox"/> Introduction of complementary foods <input type="checkbox"/> Breast health <input type="checkbox"/> Frequency of feeds <input type="checkbox"/> Latch <input type="checkbox"/> Breastfeeding problems <input type="checkbox"/> Poor feeding <input type="checkbox"/> Growth monitoring <input type="checkbox"/> Other: _____				

