

Elizabeth Glaser Pediatric AIDS Foundation

Request for Proposals # 03100 CSPro Database Developer

Deadline:
April 5th 2013

A. Introduction

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a worldwide leader in the prevention of mother-to-child transmission and one of the leading providers of care and treatment to people affected by HIV/AIDS. EGPAF has recently been awarded a USAID-funded research Cooperative Agreement No. AID-OAA-A-12-00024 to implement a three-year prospective cohort study called The Kabeho Study: Kigali Antiretroviral and Breastfeeding Assessment for the Elimination of HIV. The study consists of a prospective cohort design to systematically measure breastfeeding practices, antiretroviral drug (ARV) adherence, growth, nutrition, and ultimately 18-month HIV-free survival of born to HIV positive pregnant/postpartum women and their infants in 11 health facilities in Kigali, Rwanda. EGPAF shall lead implementation of the study in collaboration with study partners and collaborating institutions, including Rwanda Ministry of Health/Rwanda Biomedical Center and the National University of Rwanda's School of Public Health. Results of this study shall benefit efforts to eliminate pediatric HIV infection on a national and international level.

The purpose of this Request for Proposals (RFP) is to solicit proposals from qualified database developers to assist with the design, development, deployment and support of a database application which will be used to enter study data, generates reports, allow users to design queries and conduct analysis for the study.

This RFP process will be conducted in two stages. In Stage 1, respondents will submit a full proposal as described in Section K and Instructions for Proposal Submission which document the respondent's ability to provide the services and deliverables for the project. Based on an evaluation of these materials, EGPAF will establish a short list of successful respondents to be further considered in Stage 2 of the selection process. In Stage 2, the short listed respondents may be asked to do a presentation of their proposal and asked to clarify proposals and questions. Oral presentations are at the discretion of the evaluation committee and may not be conducted, therefore, written proposals should be complete.

If finalists are selected, proposers not selected as finalists will be notified in writing.

B. Schedule of events

The following is the estimated schedule of events resulting from this RFP. This schedule is illustrative of optimal timing goals, is provided to assist respondents in planning, but may be changed:

- | | |
|--|------------------------|
| a. RFP issue date | 20 th March |
| b. Deadline for submitting questions | 25 th March |
| c. All clarifying questions due | 29 th March |
| d. Close date (proposals due) | 5 th April |
| e. Identifying short listed candidates | 12 th April |
| f. Interviews with short listed candidates | 26 th April |
| g. Project start date | 6 th May |

C. Scope of work

The consultant shall develop a user friendly CSPro database application that will be used for entering research data for the Kabeho Study in Rwanda. The Kabeho Study is a prospective observational cohort design with individual and facility data. A list of the data collection instruments and a sample questionnaire can be found in annex 1 and 2 of the RFP.

The consultant will be engaged to:

1. Develop a project plan for development and deployment of the project which accommodates software coding time but also meets EGPAF timelines.
2. Write an inception report based on input from EGPAF staff which provides detailed technical specifications, requirements definition, scope of work, proposed methodology, and proposed timeline. The detailed technical specifications of the database will define the user interface, data dictionary, workflow etc (considering the input and output requirements) and will be established based on the input provided by the client. The inception report will be validated by the client before proceeding with the design of the system.
3. Design of the data dictionary with variables, definitions and labels. This design has to be validated by the client.
4. Review the format of the study forms and ensure that it matches the design of the database (a text box listing the forms can be found in attachment).
5. Using CSpro, Design and develop the user interface, database, relevant standard reports, ad hoc queries. This has to be validated by the client.
6. Ensure proper testing and debugging prior to launch
7. Launch the system.
8. Provide 90 days of post-launch support and debugging to ensure successful deployment.
9. Possibility extend the support period should new enhancements be identified
10. Develop end-user and administrator manual
11. Provide an orientation/training of the database to the data personnel and other study investigators

Based on requirements and gathering sessions, the developer will ultimately ensure the database includes the following:

- Necessary tables, data fields and forms for data entry and reporting
- Intuitive and user friendly interface
- Automated reminders and notifications for appropriate follow up
- Links in data forms for the repeat study visits
- Built in error checks and data validation commands
- Built in standard reports with ad hoc reporting capability
- Dashboard screen that summarizes all study visits, useful metrics and major statistics

D. Deliverables

1. An inception report described above
2. System documentation and a data dictionary with appropriate level of system and data details

3. The database application itself
4. User manual
5. Training of at least 2 to 5 database users.

Each deliverable will be validated by the client before proceeding with the next.

E. Profile and requirements of the database developer

He/she should have an extensive experience (3-5 years) developing database applications specifically CSPro (Census and Survey Processing System) application. He/She should have extensive knowledge of software life cycles. Providing experience in developing at least 4 running database applications and skills in content management systems is required. He/she should have experience working with international NGOs and developing databases for public health related research studies.

F. Timelines for Progress Reports / Deliverables

The anticipated start date is the 6th of May 2013. Our goal is to have the system developed and launched as soon as possible using this tentative timeline as an example. We expect the selected vendor/developer to work with us to establish the final timeline.

May 6th: Project kick off

May 6th – May 17th: Requirements analysis (2 weeks)

May 17th – June 7th: System development (3 weeks)

June 10 -12: Training and deployment preparation (1 week)

June 13 -18: Launch to beta testers / first users (1 week)

June 21: Full deployment

June 23- September 22 : Support period (3 months)

G. Proposed Pricing

The respondent should provide a budget with a breakdown of daily rates and additional costs as necessary and a summary of the cost per deliverable.

All costs must be inclusive of support, supplies, office supplies, pagers, cell phones, parking fees, meals, lodging, rents, mileage, travel expenses, insurance, overhead, profit, and costs for all other items consumed/utilized/required by successful respondent's staff.

Total costs proposed will be used in the evaluation of the respondent's response. Items or costs not identified in the successful respondent's pricing bid will be the sole responsibility of the successful respondent.

H. Respondent's proposal must address the following items:

- A CV which includes a listing of education, training and/or certifications and a description of past professional experience for the past 5 years
- Three professional references

- A summary of respondent's experience in the development of database applications using CSPro software including the size, scope and duration of the CSPro projects he/she has worked on and what role he/she played on each project team
- A summary of respondent's experience with software development lifecycle including projects he/she has worked on that illustrates expertise in system analysis, design and development and deployment
- A summary of respondent's experience with end-user training including sample documentation or training manuals he/she has developed for other projects

I. Evaluation Criteria

Proposals will be evaluated for completeness and compliance with the RFP. Proposals will be review by a committee of qualified personnel. The committee will recommend up to three proposals that most satisfactorily meet the requirements of the RFP.

At the discretion of EGPAF, finalists may be asked to do an oral presentation to clarify their proposals or may be interviewed to assess proposers' qualifications, presentations and compatibility before a final selection and award of contract is made.

Presentations and/or interviews will be done either remotely via skype for proposers who do not reside in Rwanda or in person at EGPAF offices in Rwanda.

Criteria for selection:

Proposals will be evaluated based on the following criteria.

1	Experience, qualifications, expertise and background. Experience specifically relating to the following will be considered favorably and should be included in all proposals: qualifications, education and/or training, related and similar work experiences	20 points
2	Quality of experience: this includes the ability of the proposer to create a database in accord with the timing requirements stated in the RFP that is of high quality and easy to use as demonstrated by success on similar projects	25 points
3	Capability and references: references of at least three previous successful projects of work using CSPro software in a health research related field	10 points
4	2-4 page summary of proposal implementation plan: the summary should contain detailed information on how the proposer will implement the work	20 points
5	Pricing and total cost: transparency of pricing and total cost	25 points

J. Location of Work

The assignment can be performed anywhere. However one or two travel trips to Rwanda may be required for database design or/and training purposes.

K. Key Contract Terms

EGPAF and the contractor will enter into a contract to begin work on or about 6th May 2013 for a fixed duration.

All deliverables provided to the Foundation must be furnished for the use of the Foundation without royalty or any additional fees.

All Materials will be owned exclusively by the Foundation. Contractor will not use or allow the use of the Materials for any purpose other than Contractor's performance of the Contract without the prior written consent of the Foundation.

The anticipated contract type is Firm Fixed-price.

L. Instructions for Submission of Proposal

Submission requirements:

Each proposal must contain:

1. CVs/resumes of proposed staff which includes a listing of education, training and/or certifications and a description of past professional experience for the past 5 years .
2. A summary of previous experience per Section H.
3. Three professional references for this type of work with phone and email contact information. Please provide at least one nonprofit reference.
3. A full overview (two to four pages) of how the scope of work will be accomplished. A summary proposal implementation plan that includes all phases of development and deployment
4. Detailed cost proposal.

Request for clarifications:

Proposers may submit questions regarding the specification for the RFP. Questions must be received in writing prior to the date and time indicated in the Schedule of events per the email address listed below.

EPGAF will respond to any questions per email on the date and time as specified in the Schedule of Events. It is therefore important to send a written email request for clarification to ensure the proposer's contact information are captured correctly.

All correspondence pertaining to this RFP should be appropriately addressed to the Data Manager per the contact information below:

Dieudonné Ndatimana, Data Manager
Office telephone number: +250 252 570583
Email: dndatimana@pedaids.org

Delivery of proposals:

Complete proposals (including all attachments) must be emailed to the following address:
dndatimana@pedaids.org

The proposals must be electronically received by the closing data and time indicated in the schedule of events.

Email subject line must be "Response RFP CSPro Database development".

Proposer must telephone and confirm electronic receipt of the complete emailed documents before the time and date deadline. Proposals delayed or lost by email system filtering or failures may be considered at EGPAF's sole discretion.

M. Additional Information

- Any proposal not addressing each of the foregoing items could be considered non-responsive.
- Late proposals will be rejected without being considered.
- This RFP is not an offer to enter into agreement with any party, but rather a request to receive proposals from firms interested in providing the described services. Such proposals shall be considered and treated by the Foundation as offers to enter into an agreement. The Foundation reserves the right to reject all proposals, in whole or in part, and/or enter into negotiations with any party.
- The Foundation shall not be obligated for the payment of any sums whatsoever to any recipient of this RFP until and unless a written contract between the parties is executed. Consultant's time spent on preparing a proposal to respond to this solicitation will not be compensated by the Foundation.
- Equal Opportunity Notice. "The Elizabeth Glaser Pediatric AIDS Foundation is an Equal Employment Opportunity employer. As such, 41 CFR 60-1.4(a), 41 CFR 60-250.5 and/or 41 CFR 60-300.5, 41 CFR 60-741.5 as well as 29 CFR Part 471, Appendix A to Subpart A are herein incorporated by reference."
- These numbers refer to clauses in Executive Order 11246 (41 CFR 60-1), VEVRAA (41 CFR 60-250 & 41 CFR 60-300), Section 503 of the Rehabilitation Act of 1973 (41 CFR 60-741) and Executive Order 13496 (29 CFR Part 471).
- **ETHICAL BEHAVIOR:**
- As a core value to help achieve our mission, the Foundation embraces a culture of honesty, integrity, and ethical business practices and expects its business partners to do the same. Specifically, our procurement processes are fair and open and allow all vendors/consultants equal opportunity to win our business. We will not tolerate fraud or corruption, including kickbacks, bribes, undisclosed familial or close personal relationships between vendors and Foundation employees, or other unethical practices. If you experience or suspect unethical behavior by a Foundation employee, please contact Doug Horner, Vice President, Awards, Compliance & International Operations, at dhorner@pedaids.org or the Foundation's Ethics Hotline at www.reportlineweb.com/PedAids/ Any vendor/consultant who attempts to engage, or engages, in corrupt practices with the Foundation will have their proposal disqualified and will not be solicited for future work.

Attachment 1: Summary of study data collection tools

Study instruments	Number of pages	Frequency of collection for each participant
Birth visit	6 pages	1
Child mortality form	2 pages	1
Eligibility screening form	1 page	1
Enrollment form	11 pages	1
Enrolment visit contact information	Not to be entered	
Facility assessment	8 pages	Once a year
In depth interview women	4 pages	Mostly text data
Implementer in depth interview	7 pages	Mostly text data
Laboratory result form	1 page	At least nine times per baby/mother pair
Maternal mortality form	2 pages	1
Missed visit	1 page	Every missed visit
Monthly visit	6 pages	12 times
Quarterly visit	15 pages	5 times
Termination form	1 page	

Attachment 2: A sample data collection tool

Quarterly Visit

Participant number ____ - ____ - ____ - ____

Visit Type: ☐ 4 month ☐ 9 month ☐ 15 month
☐ 6 month ☐ 12 month ☐ 18 month

Visit date: / / (dd-mm-yy)

Visit Service Location: ☐ (1) HIV exposed infant follow-up clinic
☐ (2) MCH clinic
☐ (3) ART clinic
☐ (88) Other, specify: _____

Child brought to clinic by: ☐ (1) Mother
☐ (2) Primary caregiver
☐ (88) Other, specify: _____

Mother status: ☐ (1) Alive and well
☐ (2) Alive but ill, specify: _____
☐ (3) Dead *Verify that a Maternal Mortality Form has been completed*
☐ (99) Unknown

Child general status: ☐ (1) Healthy (only mild routine childhood illnesses)
☐ (2) Ill health, specify: _____

Has the family moved since the last visit?
☐ (1) Yes *Update the information on the location form*
☐ (2) No

Section A: Changes in the Household:

1. Have there been any major changes to your household?

- ☐ (1) Yes
☐ (2) No

2. What are the major changes in your household?

- ☐ (1) No changes
☐ (2) Death of a family member, specify: _____
☐ (3) Someone lost their job, specify: _____
☐ (4) Divorce/Separation
☐ (5) Major illness, specify: _____
☐ (6) Household member moved out, specify: _____
☐ (7) New household member, specify: _____
☐ (8) Moved (*If moved, update the information on the location form*)
☐ (9) Delivered new infant, date / / dd-mm-yy
☐ (88) Other, specify: _____

Section B: Infant and Young Child Feeding

3. Have there been any changes to how you have fed the baby since the last study visit?
(Mark all that apply)
- ☐ (1) No changes
 - ☐ (2) Stopped breastfeeding permanently
 - ☐ (3) Stopped breastfeeding temporarily
 - ☐ (4) Restarted breastfeeding
 - ☐ (5) Introduced liquids other than breast milk to diet
 - ☐ (6) Introduced solid food to the diet
 - ☐ (7) Initiated exclusive formula feeding
 - ☐ (8) Initiated exclusive replacement milk feeding
 - ☐ (99) Unknown
 - ☐ (88) Other, specify: _____
4. Is the baby currently receiving any breast milk?
- ☐ (1) Yes
 - ☐ (2) No
 - ☐ (99) Unknown
5. What liquids/solids has the baby received since the last study visit? (Mark all that apply)
- ☐ (1) Breast milk
 - ☐ (2) Commercial infant formula (e.g. Guigoz)
 - ☐ (3) Water
 - ☐ (4) Thin porridge to drink
 - ☐ (5) Other beverages like tea, coffee, and carbonated drinks or soup
 - ☐ (6) Animal milk
 - ☐ (7) Traditional medicine
 - ☐ (8) Soya milk
 - ☐ (9) Fruit juice
 - ☐ (10) Thick porridge to eat
 - ☐ (11) Staple starches (bread, sorghum, cassava, millet, maize, rice, or wheat)
 - ☐ (12) Vegetables
 - ☐ (13) Fruits
 - ☐ (14) Meat, poultry, fish, termites or eggs
 - ☐ (15) Dairy products (yoghurt, cheese)
 - ☐ (16) Oral rehydration salts (ORS)
 - ☐ (17) Medicine (other than traditional)
 - ☐ (99) Unknown
 - ☐ (88) Other, specify: _____

COMPLETE 24 HOUR RECALL (end of Form)

6. Who primarily feeds the baby when you are away?
- ☐ (1) Father of the baby
 - ☐ (2) Older siblings of the baby
 - ☐ (3) Grandmother
 - ☐ (4) Other relative

- ☐ (5) Nanny/babysitter/housegirl
- ☐ (6) Neighbor
- ☐ (88) Other, specify: _____

7. Is the baby ever put on the breast to comfort him/her (e.g. when going asleep, when crying?)

- ☐ (1) Yes
- ☐ (2) No
- ☐ (99) Unknown

8. Since the last visit, has the baby been given any drink using a bottle?

- ☐ (1) Yes
- ☐ (2) No
- ☐ (99) Unknown

9. Have there been any difficulties with feeding the infant/child? *(Mark all that apply)*

- ☐ (1) No feeding difficulties
- ☐ (2) Oral lesions/thrush in baby mouth
- ☐ (3) Baby has difficulty latching on when breastfeeding
- ☐ (4) Baby does not want to nurse/drink
- ☐ (5) Baby nurses/drinks too often
- ☐ (6) Baby not able to suckle
- ☐ (7) Baby vomits after feeding
- ☐ (8) Frequent diarrhea
- ☐ (9) Frequent constipation
- ☐ (10) Not enough breast milk
- ☐ (11) Baby refuses to drink from a bottle
- ☐ (12) Baby has difficulty feeding with a cup and spoon
- ☐ (13) Not enough formula/milk/food to feed the baby (i.e., ran out, couldn't afford)
- ☐ (14) Breasts engorged
- ☐ (15) Maternal mastitis or breast inflammation
- ☐ (16) Maternal nipple cracks/exudates/rash/itching
- ☐ (17) Objection by partner or other family member to feeding method
- ☐ (18) Infant too sick to feed well, specify: _____
- ☐ (19) Mother too sick to feed well, specify: _____
- ☐ (20) Baby not accepting breast
- ☐ (21) Baby not accepting other foods
- ☐ (22) Disruption of feeding pattern due to mother returning to work
- ☐ (23) Housegirl or other caretaker inappropriately feeding the baby
- ☐ (88) Other, specify: _____
- ☐ (99) Unknown
- ☐ (77) N/A

10. Has anyone else other than you (the mother) ever breastfed the baby?

- ☐ (1) Yes
- ☐ (2) No
- ☐ (99) Unknown
- ☐ (77) N/A

11. Has the baby completely stopped breastfeeding in the last 3 months?

- ☐ (1) Yes
- ☐ (2) No, baby still breastfeeding
- ☐ (3) No, baby was not breastfeeding at all in the last 3 months
- ☐ (99) Unknown

12. What was the reason for stopping breastfeeding? (*Mark all that apply*)

- ☐ (1) Baby is old enough
- ☐ (2) Baby no longer wanted to be breastfed
- ☐ (3) Baby wanted to eat solid foods
- ☐ (4) Mother wants to become pregnant
- ☐ (5) Mother is pregnant
- ☐ (6) Concern about passing HIV to the baby
- ☐ (7) Concern about medications the mother is taking hurting the baby
- ☐ (8) Mother advised by health provider
- ☐ (9) Mother advised by husband/partner
- ☐ (10) Mother advised by other person, specify: _____
- ☐ (11) Mother separated from baby due to work
- ☐ (12) Mother separated from baby for other reasons, specify: _____
- ☐ (13) Mother too sick to breastfeed, specify: _____
- ☐ (14) Baby too sick to breastfeed, specify: _____
- ☐ (15) Baby not growing well
- ☐ (16) Lack of breast milk
- ☐ (17) Baby having trouble breastfeeding
- ☐ (18) Mother was tired of breastfeeding
- ☐ (88) Other reasons, specify: _____
- ☐ (99) Unknown
- ☐ (77) N/A

13. What did you do to stop breastfeeding the baby? (*Mark all that apply*)

- ☐ (1) Mother stopped offering the baby her breast
- ☐ (2) Taught baby to feed with a cup and spoon
- ☐ (3) Put something on the breast, specify: _____
- ☐ (4) Sent baby to relative/friend/neighbor
- ☐ (5) Took medicine to stop milk production, specify: _____
- ☐ (6) Gave baby other foods
- ☐ (7) Gave baby other milk
- ☐ (8) Gave baby a feeding bottle
- ☐ (9) Gave baby a pacifier
- ☐ (88) Other method, specify: _____
- ☐ (99) Unknown
- ☐ (77) N/A

14. What problems were encountered when you stopped breastfeeding? (*Mark all that apply*)

- ☐ (1) No problem stopping breastfeeding
- ☐ (2) Objection by husband/partner
- ☐ (3) Objection by other family member
- ☐ (4) Objection by other people outside
- ☐ (5) Baby not accepting other liquids to drink
- ☐ (6) Baby not accepting other solid foods

- ☐ (7) Baby cried too much
- ☐ (8) Breast pain/engorgement
- ☐ (9) Breast abscess
- ☐ (10) Baby lost weight
- ☐ (11) Mother became ill, specify: _____
- ☐ (12) Baby became ill, specify: _____
- ☐ (13) Not enough food or milk to feed the baby
- ☐ (88) Other, specify: _____
- ☐ (99) Unknown
- ☐ (77) N/A

15. How long did it take to stop breastfeeding the baby completely- from the time you decided to stop breastfeeding to the time the baby was given breast milk for the final time?

days ☐ (99) Don't know ☐ (99) Unknown ☐ (77) N/A

16. Do you currently receive monthly food (such as corn soy blend or oil and sugar) through a nutrition program?

- ☐ (1) Yes, What type of food? _____
- ☐ (2) No

17. Through what type of program do you receive the food supplementation?

- ☐ (1) PMTCT program
- ☐ (2) ART program
- ☐ (3) Nutrition clinic for malnourished children
- ☐ (4) Community based food program
- ☐ (5) No food supplementation program
- ☐ (88) Other, specify: _____

18. Have you received infant feeding counseling from a community health worker in your community since last study visit?

- ☐ (1) Yes
- ☐ (2) No

19. Did you receive group infant feeding counseling today?

- ☐ (1) Yes How long did the counseling take? minutes
- ☐ (2) No

20. Do you think the group infant counseling was helpful?

- ☐ (1) Yes
- ☐ (2) No
- ☐ (77) N/A

21. Did you receive individual infant feeding counseling today?

- ☐ (1) Yes How long did the counseling take? minutes
- ☐ (2) No

22. Who provided the individual infant feeding counseling?

- ☐ (1) PMTCT/ANC nurse

- ☐ (2) HIV/ART nurse or doctor
- ☐ (3) Nutritionist
- ☐ (3) HIV counselor/Social worker
- ☐ (4) Peer Educator
- ☐ (5) Community Health Worker
- ☐ (99) Unknown
- ☐ (77) N/A

23. What advice and counseling did you receive on how to feed your baby/child? *(Mark all that apply)*

- ☐ (1) To breastfeed her baby
- ☐ (2) To replacement feed her baby if she is able to afford to do so
- ☐ (3) To exclusively breastfeed for six months
- ☐ (4) To continue breastfeeding her baby for up to 18 months
- ☐ (5) To stop breastfeeding at six months
- ☐ (6) That breastfeeding may give her baby HIV
- ☐ (7) To stop breastfeeding when she is able to provide adequate alternative nutrition to her baby either through foods or through milk replacement
- ☐ (8) To supplement her breast milk with other liquids if her baby appears hungry
- ☐ (9) That all babies need to drink water in addition to milk
- ☐ (10) To flash heat her breast milk
- ☐ (11) To supplement her breast milk with other foods whenever the baby seems to want more to eat
- ☐ (12) To add additional liquids/solids to the baby's diet only after the baby reaches 6 months of age
- ☐ (13) What are good foods to add to the baby's diet after 6 months of age
- ☐ (14) That a baby doesn't need milk after 1 year of age
- ☐ (15) That once a child reaches 1 year of age, the child can be fed just like everyone else in the family
- ☐ (16) That she can breastfeeding for as long as she wants as long as she is taking her ARVs
- ☐ (17) How to prepare the baby/child's foods
- ☐ (18) That the baby cannot get HIV if the mother is taking ARVs

☐ (99) Don't remember

☐ (88) Other, specify: _____

24. Do you think the infant feeding counselor is knowledgeable about how to feed infants/young children?

☐ (1) Yes

☐ (2) No

☐ (77) N/A

25. Did you receive any infant feeding informational materials at this visit?

☐ (1) Yes

☐ (2) No

☐ (77) N/A

26. Do you think that the infant feeding counseling sessions will help you feed the baby well?

☐ (1) Yes, she understands and is confident that she can follow the guidance

☐ (2) No, she did not really understand the information given

☐ (3) No, she understands but doesn't think that she will be able to follow the guidance

☐ (4) No, she does not want to follow the guidance because she does not believe it is the right way to feed babies

☐ (88) Other, specify: _____

☐ (77) N/A

27. Has the individual counseling influenced how you feed the baby?

☐ (1) Yes

☐ (2) No

☐ (77) N/A

28. In what areas has the individual counseling influenced how you will feed the baby? (*Mark all that apply.*)

☐ (1) No influence on infant feeding

☐ (2) When to stop breastfeeding

☐ (3) Feeding the child during/after illness

☐ (4) How many times to feed the child

☐ (5) What foods to feed the child

☐ (6) How to safely prepare/store food

☐ (7) How to express and heat treat milk

☐ (8) How to decrease the chance of passing on HIV infection

☐ (88) Other, specify: _____

☐ (77) N/A

29. Who/what are the **main** sources of knowledge about how to feed your child? (*Mark all that apply*)

☐ (1) Health Care Worker/Counselor

☐ (2) Mother/Mother-in-law

☐ (3) Spouse/partner

- ☐ (4) Other relatives
- ☐ (5) Community Health Worker
- ☐ (6) Friend(s)
- ☐ (7) Radio
- ☐ (8) No one/No prior knowledge
- ☐ (88) Other, specify: _____

30. For infants under six months, in general, what do you consider to be the best food?

- ☐ (1) Breast milk only
- ☐ (2) Cow's milk only
- ☐ (3) Infant formula only
- ☐ (4) Milk or formula with breast milk
- ☐ (5) Porridge
- ☐ (88) Other, specify: _____
- ☐ (99) Don't know

31. Do you think that a baby can get HIV through breast milk?

- ☐ (1) Yes, ALL exposed infants do
- ☐ (2) Yes, most do
- ☐ (3) Yes, some do
- ☐ (4) No
- ☐ (99) Don't know/not sure

32. Do you think a woman decrease the chance that her baby gets HIV through breast milk?

- ☐ (1) Yes
- ☐ (2) No

33. How do you think a woman can decrease the chance that her baby gets HIV through breast milk?

(Mark all that apply. Do not read the responses)

- ☐ (1) By exclusively breast feeding for the first six months
- ☐ (2) Breastfeeding for a shorter period
- ☐ (3) Abrupt weaning at six months

- ☐ (4) Expressing and heat treating breast milk
- ☐ (5) Avoiding breast milk entirely (replacement feeding)
- ☐ (6) By decreasing the amount of breast milk that she gives by also giving other milk or liquids
- ☐ (7) By taking ARVs during breastfeeding
- ☐ (8) By giving the baby ARVs during breastfeeding
- ☐ (9) With traditional medicine
- ☐ (88) Other, specify: _____
- ☐ (99) Don't know
- ☐ (77) N/A

34. If a woman is breastfeeding her baby **exclusively**, what do you think she can give to her infant in addition to breast milk? *(Mark all that apply. Do not read the responses.)*

- ☐ (1) Water
- ☐ (2) Formula milk
- ☐ (3) Expressed breast milk (heat treated or not)
- ☐ (4) Other milks (not breast milk)
- ☐ (5) Other liquids (tea, juice, etc)
- ☐ (6) Traditional medicines
- ☐ (7) Medicines/vitamins from the health center/doctor
- ☐ (8) Some semi-solid foods (porridge, etc)
- ☐ (9) Nothing
- ☐ (88) Other, specify: _____
- ☐ (99) Don't know

35. Do you think an exclusively breast fed child needs water?

- ☐ (1) Yes
- ☐ (2) No
- ☐ (99) Don't know

36. At what age do you think a mother needs to introduce foods in addition to breast milk?

- ☐ (1) At birth
- ☐ (2) In 1st month
- ☐ (3) 2-3 months
- ☐ (4) 4-5 months
- ☐ (5) 6 months
- ☐ (6) 7-9 months
- ☐ (7) When breast milk is not enough
- ☐ (88) Other, specify: _____
- ☐ (99) Don't know

37. When do you think a mother with HIV should stop breastfeeding her child completely? (*Mark all that apply*)

- ☐ (1) Infant age given, specify age: months
- ☐ (2) When she is able to provide a complete diet for her child without breast milk
- ☐ (3) When the mother stops taking ARV drugs
- ☐ (4) When the mother becomes pregnant
- ☐ (5) When the father of the baby decides that she should stop
- ☐ (6) When the mother, mother-in-law or other relative decides that she should stop
- ☐ (7) When the mother goes back to work after delivery
- ☐ (8) When the baby stops on his/her own
- ☐ (88) Other, specify: _____
- ☐ (99) Don't know

38. What liquids do you think are good for infants to drink from six months to 2 years old? (*Mark all that apply*)

- ☐ (1) Water
- ☐ (2) Breast Milk
- ☐ (3) Milk (other than breastmilk)
- ☐ (4) Porridge
- ☐ (5) Juice

- ☐ (6) Fanta/Coca
- ☐ (7) Tea
- ☐ (88) Other, specify: _____
- ☐ (99) Don't know

39. How do you think a baby/child should be fed when he or she is ill?

- ☐ (1) Same amount of food and liquid as when the child is well
- ☐ (2) Less food and liquid than when the child is well
- ☐ (3) More food and liquid than when the child is well (more frequent small amounts)
- ☐ (99) Don't know

40. What hygiene measures do you think should be taken to reduce the risk of infection before breastfeeding or when preparing child's food? *(Mark all that apply)*

- ☐ (1) Wash hands with soap and clean water before preparing food
- ☐ (2) Wash hands with soap and clean water before feeding the child
- ☐ (3) Wash hands with soap and clean water after using the toilet
- ☐ (4) Wash hands with soap and clean water after the child uses the toilet/changing diapers
- ☐ (5) Wash baby/child's hands with soap and clean water before eating
- ☐ (6) Wash fruits and vegetables
- ☐ (7) Only give the child boiled or treated water
- ☐ (8) Clean the child's dishes with clean water and soap
- ☐ (88) Other, specify: _____
- ☐ (99) Don't know

Section C: Family Planning

Only ask the questions in this section to the mother, not to the caregiver

41. Is the mother currently pregnant?

- ☐ (1) Yes
- ☐ (2) No
- ☐ (99) Don't know
- ☐ (77) N/A

42. Is she currently using any method to prevent pregnancy?

- ☐ (1) Yes

- ☐ (2) No
☐ (77) N/A

43. What method of family planning does the mother currently use? (*Mark all that apply*)

- ☐ (1) None
☐ (2) Female sterilization
☐ (3) Male sterilization
☐ (4) Pill
☐ (5) IUD
☐ (6) Injectables
☐ (7) Implants
☐ (8) Condom
☐ (9) Female Condom
☐ (10) Rhythm or periodic abstinence (such as bead/standard days methods)
☐ (11) Withdrawal
☐ (88) Other, specify: _____
☐ (77) N/A

44. Why doesn't the mother use family planning?

- ☐ (1) She is trying to get pregnant
☐ (2) She is trying to get pregnant
☐ (3) She didn't get any information about birth control
☐ (4) She is worried about side effects
☐ (5) It is against her religion
☐ (5) Her husband/partner doesn't want her to use birth control
☐ (6) She cannot afford to buy it
☐ (7) She does not know where to get it
☐ (8) She is not currently sexually active
☐ (9) She doesn't even think about it
☐ (10) Preferred method not available
☐ (88) Other, specify: _____
☐ (77) N/A

Section D: Maternal Hospitalization

Only ask the questions in this section to the mother, not to the caregiver

45. Has mother been admitted to the hospital with any illness since the last study visit?

- ☐ (1) Yes
☐ (2) No
☐ (77) N/A

46. What was the cause of the hospitalization?

- ☐ (1) Tuberculosis
☐ (2) Anemia
☐ (3) Malaria
☐ (4) Respiratory tract infection/pneumonia
☐ (5) Diarrhea/dehydration
☐ (6) Gynecological problems
☐ (7) Other infection, specify: _____
☐ (8) Adverse drug reaction
☐ (88) Other, specify: _____

☐ (77) N/A

Section E: HIV Status and Disclosure

47. Does the mother know the status of her infant?

- ☐ (1) Yes, HIV infected
☐ (2) Yes, HIV negative
☐ (3) No

48. Has the mother discussed the child's HIV status with anyone?

- ☐ (1) Yes
☐ (2) No

49. Who has she discussed the child's HIV status with? *(Mark all that apply)*

- ☐ (1) No one
☐ (2) Spouse/Partner
☐ (3) Other relative/friend
☐ (4) Community health worker
☐ (88) Other, specify: _____

50. Has she told anyone new about her HIV status?

- ☐ (1) Yes
☐ (2) No

51. Who has she told about her HIV status? *(Mark all that apply)*

- ☐ (1) No one
☐ (2) Spouse/Partner
☐ (3) Other relative/friend
☐ (4) Community health worker
☐ (88) Other, specify: _____

Section F: Maternal Antiretroviral Drug History and Adherence

☐ (77) N/A

The next few questions are about the antiretroviral medicines that you take to treat HIV. You may be taking medication for other reasons, but these questions are only about the antiretroviral medicines. Many people find it hard to always remember to take their medicines. Please tell me about your experience taking these antiretroviral medicines. Do not worry about telling me that you do not always take all of the medicines.

Current antiretroviral therapy regimen: Consult the woman's pharmacy card, carte de liaison, the laminated drug card and the pills the patient brought to complete this table. The woman will most likely be taking one of the combination regimens below:

List the drug name, drug code (using the codes below) for each drug.

Drug code: ARV drug name

10: TDF + 3TC + EFV

16: Coviro, D4T+3TC

23: Indinavir, IDV

11: Triviro, Triomune,
D4T+3TC+NVP

17: Kaletra, LPV/r or LPV+RTV

24: Stavudine, D4T

12: Duovir-N, AZT+3TC+NVP

18: Lamivudine, 3TC

25: Ritonavir, RTV

13: Avocomb, Zidolam, Duovir,
AZT+3TC

19: Tenofovir, TDF

26: Other (specify)

14: Nevirapine, NVP

21: Zidovudine, AZT

15: Efavirenz, EFV

22: Didanosine, Ddl

Date Started these ARVs

/ / ☐ (77) No change

Date of most recent ART pick-up visit

/ / ☐ (99) Unknown

Reasons for missed pills codes:

1. Forgot
2. Traveling/not home
3. Side effects
4. Was ill
5. Too busy
- 88 Other

DAY MONTH YEAR

	ARV Drug name [NAME]	Drug code [CODE]	Doses/day [DOSES]	Pills/dose per day [PILLS]	Number pills missed in the last 3 days	Main reason for missed pills
1						
2						
3						

52. Have you had any side effects from taking your antiretroviral medications in the last month?

☐ (1) Yes

☐ (2) No

☐ (77) N/A

53. What ARV side effects have you experienced? (Mark all that apply. Do not read the responses.)

☐ (1) Fever, Chills, Sweats

- ☐ (2) Pain, numbness or tingling in hands and feet
- ☐ (3) Trouble remembering things
- ☐ (4) Nausea or vomiting
- ☐ (5) Diarrhea
- ☐ (6) Trouble sleeping
- ☐ (7) Skin problems
- ☐ (8) Cough or breathing problems
- ☐ (9) Headache
- ☐ (10) Loss of appetite or change in taste of food
- ☐ (11) Bloating, stomach pain or gas
- ☐ (12) Muscle aches or joint pains
- ☐ (13) Swelling of extremities
- ☐ (14) Problems having sex
- ☐ (15) Weight loss
- ☐ (16) Hair loss or changes in hair
- ☐ (17) Dizziness
- ☐ (18) Nightmares
- ☐ (19) Yellowing of eyes or skin
- ☐ (88) Other, specify: _____
- ☐ (77) N/A

Section G: ARV Adherence Counseling

Now I am going to ask you a series of questions about the care you received at the clinic today.

54. Did you receive any counseling today?

- ☐ (1) Yes
- ☐ (2) No

55. Did you receive ART adherence counseling today?

- ☐ (1) Yes Duration of counseling minutes
- ☐ (2) No
- ☐ (77) N/A

56. Who provided the ART adherence counseling?

- ☐ (1) PMTCT/MCH nurse
- ☐ (2) HIV/ART nurse or doctor
- ☐ (3) HIV counselor/Social Worker
- ☐ (4) Peer Educator
- ☐ (5) Pharmacy staff

- ☐ (99) Unknown
☐ (77) N/A

57. What do you understand about taking your ARV medications? *(Mark all that apply. Do not read the responses.)*

- ☐ (1) She needs to take her ARV as prescribed every day
☐ (2) She must take her ARV at exactly the same time every day
☐ (3) It is okay if she misses a few doses as long as she takes most of them
☐ (4) If she misses a dose she should take twice as much the next time
☐ (5) Missing her ARV doses could make the drugs not work against her HIV

☐ (6) She should not share her ARV with anyone
☐ (7) She can only take her ARV with food
☐ (8) If she doesn't have anything to eat, she should not take her ARV
☐ (9) Even though she has only one pill, it contains several drugs to fight HIV
☐ (10) Taking the ARVs is important for her health
☐ (11) Taking the ARVs is important to protect her baby from getting HIV
☐ (12) Taking the ARVs is important to protect her partner from getting HIV
☐ (13) The ARV may cause her to feel dizzy, confused, or have difficulty sleeping but this should go away after she gets used to taking them for awhile
☐ (14) The ARV may cause problems with her kidneys
☐ (15) The ARV are strong to fight her HIV infection but will not cause her any problems
☐ (16) She should tell the health care worker if she notices any changes in her health when she takes the ARV
☐ (17) It is okay to stop taking her ARV as long as she tells the health care worker at her next visit
☐ (18) She needs to take ARV for the rest of her life
☐ (19) She can stop taking the ARV after she delivers her baby
☐ (20) She can stop taking the ARV after her baby stops breastfeeding
☐ (88) Other, specify: _____
☐ (77) N/A

58. Do you think that the counseling sessions help you to take yours medicines as you are told to do?

- ☐ (1) Yes, she understands and is confident that she can follow the guidance
☐ (2) No, she did not really understand the information given
☐ (3) No, she understands but doesn't think that she will be able to follow the guidance

- ☐ (4) No, she does not want to follow the guidance because she does not believe that she needs ART
- ☐ (5) No, she does not want to follow the guidance because the drugs make her sick
- ☐ (88) Other, specify: _____
- ☐ (77) N/A

Section H: Infant Antiretroviral Drugs and Adherence

59. Was the infant initiated on ARV?

- ☐ (1) Yes, NVP
- ☐ (1) Yes, AZT
- ☐ (2) No, specify reason: _____
- ☐ (77) N/A

60. Has there been a change in regimen? How did the mother give the ARV to the infant?

- ☐ (1) Yes *If yes, record new information in table below. Refer to codes in previous table.*
- ☐ (2) No

	Drug name [NAME]	Drug code [CODE]	Doses/day [DOSES]	Amount per dose	Number of doses missed in last 3 days	Main reason for missed pills
					<input type="checkbox"/> _____	
1					<input type="checkbox"/> (77) N/A	
					<input type="checkbox"/> _____	
2					<input type="checkbox"/> (77) N/A	

Section I: Infant Health

61. Has this child been admitted to the hospital for any illness since the last study visit?

- ☐ (1) Yes
- ☐ (2) No
- ☐ (99) Unknown

62. What was the cause of the hospitalization? *(Mark all that apply)*

- ☐ (1) Tuberculosis
- ☐ (2) Malaria
- ☐ (3) Vomiting
- ☐ (4) Respiratory Tract Infections
- ☐ (5) Fever
- ☐ (6) Meningitis
- ☐ (7) Malnutrition
- ☐ (8) Dehydration
- ☐ (9) Diarrhea
- ☐ (10) Seizures
- ☐ (11) Other infection, specify: _____
- ☐ (88) Other, specify: _____
- ☐ (77) N/A
- ☐ (99) Unknown

63. Child's weight and length

Weight: ____ . ____ kg

Length Measurement: ____ . ____ cm

64. Were any blood samples taken for HIV diagnosis?

- ☐ (1) Yes
- ☐ (2) No
- ☐ (99) Unknown

Section J: Mother's Anthropometry and Tests

65. Mother's weight *(To be taken at visit V6, 12, 18 only)*

Measurement: . kg ☐ (77) N/A

66. Was a blood sample taken for viral load?

- ☐ (1) Yes
- ☐ (2) No

67. Was this a routine viral load or additional viral load for the study?

- ☐ (1) Routine viral load
- ☐ (2) Additional viral load for the study

☐ (77) N/A

68. Date of next scheduled clinic visit: // (dd-mm-yy)

24 Hour Food Recall

69. I would like you to tell me about what you fed your infant yesterday. But before we start, please tell me, did you feed your infant yesterday as you usually do, that is, was yesterday a typical day for feeding?

☐ (1) Yes

☐ (2) No

If no, what was different?

☐ (1) Infant was ill yesterday

☐ (2) Different feeding schedule than usual

☐ (3) Fed different foods than usual

List different foods _____

☐ (4) Fed usual foods, but amount was different

☐ More than usual

☐ Less than usual

70. Of all of the times you fed your infant yesterday, which of the following were included? (Mark all that apply)

☐ (1) Breast milk

☐ (2) Other milk

☐ (3) Other liquids

☐ (4) Semi-solid food

☐ (5) Solid food

☐ (6) Water

71. If breast-fed, how many times did you breastfeed the infant?

Record number of feedings ☐ (77) N/A

If no foods other than breast milk were given, END HERE. Otherwise, quantify intakes of all other foods and liquids in the 24 hour intake table below.

Food/Liquid Intake recall for infants

(1) Time of day	(2) Name of food or dish	(3) Description	(4) Amount of dish fed to infant (record clearly in usual household measure)	(5) Cooking or preparation method	(6) Ingredients if mixed dish	(7) Amount of item in dish

