





## TOOL SET 4: SITE IMPLEMENTATION ROLL-OUT PLANNING TOOLS

The purpose of the tools in Tool Set 4 are designed to support program implementation planners in thinking through various aspects of site-level implementation of the revised WHO guidelines in all four technical areas.

### SECTION CONTENTS

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- 4.1 Site Service Delivery Analysis for PMTCT 
- 4.2 Tool to Assess Inventory of National Guidelines Currently Available at Sites 
- 4.3 Tool to Assess Staffing and Training Needs to Implement the Revised WHO Recommendations 
- 4.4 Site Action Plans Template 

## 4.1 SITE SERVICE DELIVERY ANALYSIS FOR PMTCT

### PURPOSE

The purpose of this tool is to provide a framework to assist country teams to:

- Think about what services are delivered at a site and where services are delivered at a site;
- Analyze the current status of service delivery and the processes that pregnant women and mother-infant pairs go through in relation to accessing the cascade of services for PMTCT and HIV care and treatment at a site;
- Define the ideal standard or goal (in light of the revised WHO guidelines) for service delivery and the processes that pregnant women and mother-infant pairs go through in relation to accessing the cascade of services for PMTCT and HIV care and treatment at *a particular site*;
- Articulate necessary changes to transition sites from the current status of service delivery to the goal, as well as anticipated partnerships and technical assistance needs associated with these changes;
- Assist in planning for effective implementation of the revised WHO guidelines at sites, and inform ongoing monitoring efforts.

The site client flow analysis tool should be used by program officers, site-level staff, and technical staff.

### POTENTIAL USES FOR THIS TOOL

The site client flow analysis tool may be used to help sites analyze the processes, referral systems, and timing of service delivery. It can be used to map existing client flow and articulate the ideal flow. The tool can also be adapted to serve as a job aid to service providers to guide referrals.

### INSTRUCTIONS

1. Convene health team-site staff meeting to analyze the current services offered on site, the staff associated with providing each service, referral systems, and timing to objectively map existing processes.
  - a. Use the site client flow analysis tool as a template to map current processes.
2. Discuss ideal processes and goals for service delivery, and compare these to current processes to identify the changes needing to bridge the gap between the current systems and the end goal.
3. Use the site client flow analysis tool as a template to develop an improved service delivery system for implementation of the revised WHO guidelines.

## 4.1 SITE SERVICE DELIVERY ANALYSIS FOR PMTCT

### PART A: CHECKLIST OF PMTCT CASCADE COMPONENTS

- Modify the table below to reflect the PMTCT cascade components relevant to the site (for example if #3 partner involvement/ couples counseling and testing is not offered, delete it and modify Part C accordingly) and use this checklist to keep track of progress as **Part B: Site PMTCT Service Delivery Analysis** is completed.

#### Service Components

#### Reviewed

Step 1: Early Identification of pregnant women living with HIV	
1. ANC services	
2. Pre-test counseling	
3. Partner involvement/couples counseling and testing	
4. HIV testing	
5. Post-test counseling and provision of results	
Step 2: ARV Prophylaxis and Treatment for pregnant women living with HIV	
6. CD4 testing / clinical staging	
7. Infant feeding counseling	
8. Provision of ARV prophylaxis	
9. Provision of ARV treatment for eligible pregnant women living with HIV	
10. Adherence support	
11. Support to overcome barriers in access to services	
Step 3: Access to Safe Delivery	
12. Provide safe and hygienic delivery services at facility	
13. Promote facility-based deliveries	
14. HIV testing of mothers who present at delivery with an unknown HIV status	
15. Provision of maternal prophylaxis at labor and delivery (L&D)	
Step 4: Post-Partum Mother-Infant Pair Follow-up/ Referral to HIV Care and Treatment	
16. Provision of ARV prophylaxis for HIV-exposed infants	
17. Post-natal infant feeding counseling	
18. Infant growth monitoring	
19. Early Infant Diagnosis	
20. Enrollment of mother-infant pairs in HIV care and treatment services	

## PART B: SITE SERVICE DELIVERY ANALYSIS FOR PMTCT

- In the following tables, provide a description with the following information for each component of the PMTCT cascade:
  - A description of the current status of the PMTCT component
  - A description of the goal for each PMTCT component
  - Proposed changes to go from the current status to the goal
  - Potential technical assistance and partnerships to help achieve these changes

### Step 1: Early Identification of pregnant women living with HIV

1. ANC services	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<i>Proposed changes to go from current status to goal</i>	
<i>Technical assistance required to go from current status to goal</i>	
<i>Partnerships (where applicable)</i>	
<i>Comments</i>	

<b>2. Pre-test counseling</b>	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

<b>3. Partner involvement/couples counseling and testing</b>	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

4. HIV testing of pregnant women	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b><i>Proposed changes to go from current status to goal</i></b>	
<b><i>Technical assistance required to go from current status to goal (if applicable)</i></b>	
<b><i>Partnerships (where applicable)</i></b>	
<b><i>Comments</i></b>	

5. Post-test counseling and provision of results	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b><i>Proposed changes to go from current status to goal</i></b>	
<b><i>Technical assistance required to go from current status to goal</i></b>	
<b><i>Partnerships (where applicable)</i></b>	
<b><i>Comments</i></b>	

## Step 2: ARV Prophylaxis and Treatment for pregnant women living with HIV

6. CD4 testing / clinical staging	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

7. Infant feeding counseling	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

8. Provision of ARV prophylaxis	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b><i>Proposed changes to go from current status to goal</i></b>	
<b><i>Technical assistance required to go from current status to goal</i></b>	
<b><i>Partnerships (where applicable)</i></b>	
<b><i>Comments</i></b>	

9. Provision of ARV treatment for eligible pregnant women living with HIV	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b><i>Proposed changes to go from current status to goal</i></b>	
<b><i>Technical assistance required to go from current status to goal</i></b>	
<b><i>Partnerships (where applicable)</i></b>	
<b><i>Comments</i></b>	



10. Adherence support	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

11. Support to overcome barriers in access to services	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

### Step 3: Access to Safe Delivery

#### 12. Provide safe and hygienic delivery services at facility

<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<i>Proposed changes to go from current status to goal</i>	
<i>Technical assistance required to go from current status to goal</i>	
<i>Partnerships (where applicable)</i>	
<i>Comments</i>	

#### 13. Promote facility-based deliveries

<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<i>Proposed changes to go from current status to goal</i>	
<i>Technical assistance required to go from current status to goal</i>	
<i>Partnerships (where applicable)</i>	
<i>Comments</i>	

14. HIV testing of mothers who present at delivery with an unknown HIV status	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

15. Provision of maternal prophylaxis at labor and delivery (L&D)	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

## Step 4: Post-Partum Mother-Infant Pair Follow-up/ Referral to HIV Care and Treatment

### 16. Provision of ARV prophylaxis for HIV-exposed infants

<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

### 17. Post-natal infant feeding counseling

<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

18. Infant growth monitoring	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

19. Early infant diagnosis	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<b>Proposed changes to go from current status to goal</b>	
<b>Technical assistance required to go from current status to goal</b>	
<b>Partnerships (where applicable)</b>	
<b>Comments</b>	

20. Enrollment of mother-infant pairs in HIV care and treatment services	
<i>Description of current status (location, cadre of service provider, timing (where applicable))</i>	<i>Description of goal (location, cadre of service provider, timing (where applicable))</i>
<i>Proposed changes to go from current status to goal</i>	
<i>Technical assistance required to go from current status to goal</i>	
<i>Partnerships (where applicable)</i>	
<i>Comments</i>	

## 4.2 TOOL TO ASSESS INVENTORY OF NATIONAL GUIDELINES AVAILABLE AT SITES

### PURPOSE

The purpose of this tool is to track the site-level availability of updated national guidelines in each technical area (i.e., PMTCT, infant feeding, etc.); whether provider training on the revised guidelines has occurred; and availability of job aids and algorithms on the revised guidelines.

### POTENTIAL USES FOR THIS TOOL

This tool can be used by program, district and site implementation planners to track the accessibility of information and training related to the revised national guidelines. Where gaps are noted, sites should be assisted to procure copies of these guidelines and/or job aids as well as in organizing trainings or refresher courses for providers on the revised guidelines.

### INSTRUCTIONS

1. Modify the tool in accordance to how national guidelines are packaged at sites (For example, in some contexts Infant and Young Child Feeding Guidelines might be integrated into PMTCT guidelines so a separate line item for Infant and Young Child Feeding Guidelines would not be necessary).
2. During regular site supervision visits, implementation planners use the tool to check for the availability of updated national guidelines at the site, marking 'yes,' 'no,' or non-applicable under each category. Where there is a 'no,' note if there is a plan to correct.
3. Site-level results should be shared at the district level, and copies if missing national guidelines ordered.
4. On subsequent supervisory visits, repeat this exercise to note any improvements in the availability of guidelines, job aids, or persisting gaps in availability of these materials and/or provider training.

## TOOL 4.2 TOOL TO ASSESS INVENTORY OF NATIONAL GUIDELINES AVAILABLE AT SITES

	Are revised national guidelines available at site?		Are site staff trained in the revised guidelines and can apply changes (i.e. guidelines are understood and used)?		Are job aids on revised guidelines available?		Are algorithms on revised guidelines available?	
Technical Area	Yes	No	Yes	No	Yes	No	Yes	No
National Guidelines on VCT, DCT, PITC								
National Guidelines on Adult and Adolescent HIV Care and Treatment								
National Guidelines on PMTCT								
National Guidelines on Pediatric Care and Treatment, including Infant Testing								
National Guidelines on Infant Feeding								



## 4.3 TOOL TO ASSESS STAFFING AND TRAINING NEEDS FOR IMPLEMENTATION OF THE REVISED GUIDELINES

### PURPOSE

The purpose of this tool is to help country teams think through staff training needs and to identify staffing gaps associated with implementation of the revised WHO guidelines. This tool can be used by program, district and site implementation planners during strategic planning, mentoring, and supervisory visits with district health teams and sites.

### INSTRUCTIONS

1. Using Table 1 to assess current staffing at sites, including:
  - a. the number of staff assigned to each unit;
  - b. the number of these staff trained in PMTCT;
  - c. the number trained in HIV counseling,
  - d. the number trained in infant and young child feeding;
  - e. the number trained in laboratory testing (including CD4 and EID);
  - f. the number trained in logistics/ Supply chain management;
  - g. and the number of staff trained in provision of family planning methods for people living with HIV.
2. Use Table 2 to identify the status of current staffing at various levels and positions within MCH/PMTCT sites; additional staffing needs; recommendations on hiring or reassigning additional staff; next steps; persons responsible for follow-through; and a realistic timeline to meet these staffing needs.
3. Use Table 3 to identify current staffing of various levels and positions at HIV care and treatment sites; staffing gaps; and training gaps on adult ART/HIV care, pediatric ART/HIV care, and IMAI/Rx across each staffing position.

## TOOL 4.3: STAFFING AND TRAINING NEEDS ASSESSMENT

TABLE 1: TOOL TO ASSESS STAFFING AND TRAINING NEEDS

Heath Unit	Total # staff assigned MCH	# staff trained in PMTCT	Counseling Skills		# staff trained in IYCF for HIV	Lab. Testing		# staff trained in logistics/ supply chain management	# staff trained in Family planning Methods for PLHIV
			# staff trained in HIV counseling	# staff trained in PMTCT counseling		# staff trained in CD4	# staff trained in EID		


*\*IYCF stands for Infant and Young Child Feeding.*

TABLE 2: STAFFING NEEDS AT SITES

No .	Post	Current staffing status	Identified additional staffing needs	Recommendations	Next Steps	Person responsible	Timeline
1	Senior Medical Officer						
2	Medical Officer						
3	Senior Nursing Officer						
4	Public Health Nurse						
5	Nursing Officer (Nursing)						
6	Nursing Officer (Midwifery)						
7	Dispenser						
8	Stores Assistant						
9	Health						

	Information Assistant						
10	Laboratory Technician/Office r						
11	Lay Counselor/Auxiliary Staff						
	<b>Total</b>						

TABLE 3: STAFFING NEEDS

Position	Recommended #	# Staff in position	# Staff involved in ART at site	Please comment on training in adult ART/HIV care	Please comment on training in Pediatric ART/HIV Care	Please comment on training in IMAI/Rx
Senior Medical Officer						
Medical Officer						
Clinical Officer						
Nurses						
Nurse Midwives						
Nursing Assistants						

<b>Medical Attendants (cleaners)</b>						
<b>Health Information Assistant</b>						

## 4.4 SITE ACTION PLANS TEMPLATE

### PURPOSE

The purpose of this tool is to help site implementation planners define concrete actions to support implementation of the revised WHO guidelines at a site and to think through related specific objectives, activities, indicators, timing, individual(s) responsible, technical assistance needed, and budget implications.

### POTENTIAL USES FOR THIS TOOL

The prospect of transitioning can be overwhelming and it is often helpful to break down needed changes into concrete steps. This tool can be used to assist implementation planners to articulate key steps that must be made to implement changes.

### INSTRUCTIONS

Use this template to think through the objectives and associated activities, indicators, timeline, individual(s) responsible, involvement of implementing partners, technical assistance, and budget implications associated with proposed changes identified when using the tools in **Tool Set 4**.



## 4.4 SITE ACTION PLANS TEMPLATE

Example:

Objective 1: Ensure that all pregnant women diagnosed with HIV receive a CD4 test in ANC the same day as receipt of positive HIV test results							
	Activities	Indicator/Outcome	Timeline/Delivery Date	Person Responsible	Other Implementing Partner(s) Responsible	Technical Assistance Needed	Budget Implications
1	Train staff in ANC as appropriate on change in timing of CD4 test (nurses, midwives, counselors)	Staff trained to include CD4 testing on same day as provision of HIV positive test results	ASAP	Clinical Manager	N/A	supportive supervision	\$1,000
2	Map out patient flow of client's ANC visit where HIV testing takes place to include CD4 testing	Revised patient flow to include CD4 testing	ASAP	ANC Manager	N/A	Evaluate revised plan during supportive supervision visit	N/A

Objective 1:							
	Activities	Indicator/Outcome	Timeline/Delivery Date	Person Responsible	Other Implementing Partner(s) Responsible	Technical Assistance Needed	Budget Implications
1							
2							
3							
4							
5							

Objective 2:							
	Activities	Indicator/Outcome	Timeline/Delivery Date	Person Responsible	Other Implementing Partner(s) Responsible	Technical Assistance Needed	Budget Implications
1							
2							
3							
4							
5							

Objective 3:							
	Activities	Indicator/Outcome	Timeline/Delivery Date	Person Responsible	Other Implementing Partner(s) Responsible	Technical Assistance Needed	Budget Implications
1							
2							
3							
4							
5							

Objective 4:							
	Activities:	Indicator/Outcome	Timeline/Delivery Date	Person Responsible	Other Implementing Partner(s) Responsible	Technical Assistance Needed	Budget Implications
1							
2							
3							
4							
5							

Objective 5:							
	Activities:	Indicator/Outcome	Timeline/Delivery Date	Person Responsible	Other Implementing Partner(s) Responsible	Technical Assistance Needed	Budget Implications
1							
2							
3							
4							
5							

***PLEASE ADD ADDITIONAL OBJECTIVES AS NECESSARY***