



Validation of EMTCT of HIV and/or syphilis

Tools and checklists for in-country evaluation of four required components

2		Programme evaluation and assessment
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I. BACKGROUND

The goal of eliminating mother-to-child transmission (EMTCT) of HIV and syphilis is very strongly reliant on programmes for sustainability. There is regional consensus that assessment of EMTCT programmes and services is essential for assessing the sustainability of the EMTCT status. Many countries have implemented successful PMTCT programs such that they have reached virtual elimination of MTCT. This document is intended to provide operational guidance on how to assess the programmes and services needed to achieve and sustain EMTCT. It outlines the methodology for assessments, and provides tools to assist with systematic implementation, such that all countries seeking validation are assessed using a common methodology and set of standards.

The purpose of this tool is the following:

- a) To review the programmatic components relevant to the elimination strategy, such as antenatal care (ANC) services, HIV and syphilis testing and treatment programmes, as well as treatment and care for infected pregnant women, their infants and their male partners;
- b) To verify whether the services are sufficient in scope, accessibility and quality to sustain the EMTCT targets.

II. METHODOLOGICAL GUIDANCE FOR PROGRAMME ASSESSMENT

The programmes and services assessment tool applies a quali-quantitative approach, with closed as well as open-ended questions for interviews with key informants from different levels. The programmes and sites to be included in the validation assessment will be determined by the organization of services and programmes in the candidate country, but should include all required services across the cascade of care:

- Primary prevention of HIV and syphilis
- ANC
- Diagnosis of HIV and syphilis
- HIV treatment and care
- Syphilis treatment and care
- Postnatal care
- Infant and child health

The assessment includes central-level programmes and service delivery level, both primary- and secondary-level care provided by public and private providers. It is recommended to align the service delivery sites selected for programme assessment with the sites selected for data verification.

Informants to be included in the assessment should include the following:

- Central-level programme managers
- Provincial-level programme managers
- Service providers (public and private) in maternal and child health (MCH)
- Civil society representatives and women living with HIV and or syphilis.

The checklist below should be used to assess the following:

- (1) assessment of central-level programme,
- (2) assessment of service delivery

The tolls below should be used to conduct the following:

- (1) interviews with national and regional programme managers
- (2) interviews with service providers
- (3) interviews with civil society representatives, including women living with HIV and syphilis

Please review the checklist and the content of the country report provided to you. Consider emphasizing any area that you think needs to be confirmed or for which you need additional information during the interviews.

III. DATA ANALYSIS AND SUMMARIZATION

- The members of the validation team will be responsible for the programme assessment and will utilize the tools to complete the field visits and interviews.
- Data analysis will be **summative**, completing a checklist for each region visited (multiple sites), based on analysis of the team regarding each item on the checklist.
- The same process will be completed at the national level, utilizing the results of the regional analysis and checklists, to arrive at a national valuation of each item on the checklist.
- Based on the evaluation of individual items, a consensus conclusion will be reached by the validation team regarding the strengths, challenges, conclusions and recommendations for each of the components or building blocks in the tool.
- The validation team can consider the following questions in the analytical process:

Leadership & Governance (triangulate with human rights, gender equality and community engagement)

- a. Is there an adequate service delivery system to provide the services needed to achieve and maintain EMTCT of HIV and syphilis?
- b. Are the essential services included in the MTCT service delivery package?
- c. Are the services universally available and accessible for all, including socially marginalized and vulnerable populations?
- d. Is the manner of provision of these services supportive of timely and effective diagnosis, treatment and follow up of pregnant women and exposed infants?
- e. Does the funding structure guarantee sustainability of the services?
- f. Are human rights, community engagement, gender considerations mainstreamed in the services?

Based on the joint analysis, the validation team can arrive at any of the following conclusions:

1. Unqualified endorsement of the EMTCT programmes and services
2. Endorsement of the programmes and services with clear recommendations for strengthening of components that might pose a current or future threat
3. Determination of insufficiencies that preclude EMTCT validation.

The conclusions should be summarized in a report in a manner that clearly outlines the key findings from the mission, the principal conclusions, and the recommended next steps.

Checklist

	Checklist item	Level	Yes	No	Unable to verify	Comments
1	Are you aware of a national strategy or plan of action for elimination of mother-to-child transmission of HIV and congenital syphilis (EMTCT)? Specify how recent the national strategy is.	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
2	Are there guidelines and protocols guiding the delivery of EMTCT services at your level?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
3.	Are there national guidelines for care and management of paediatric HIV?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
4.	Are there mechanisms to facilitate interprogrammatic planning for sexual/reproductive health, maternal and child health, HIV and syphilis at this level?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
5.	Are there legal barriers that restrict access for specific groups (i.e. adolescents, immigrants, etc.) to the services needed to maintain EMTCT including sexual, reproductive, maternal, child, HIV and STI services? If yes, which laws and policies, and for which groups?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
6	Are there laws, regulations or policies providing for mandatory HIV or syphilis testing of pregnant women?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
7	Are there opt-out options from HIV counselling and testing?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

8	Are there laws, regulations or policies providing for mandatory, forced or coerced sterilization of, contraception for or abortions to women living with HIV?	National				
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
9	Are there laws or judicial precedents providing for the criminalization of vertical transmission?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
10	Is civil society involved in programmes and services?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
11	Is there supervision of public and private service delivery levels?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
12	What is the relationship of your programme or unit with the service delivery level? Is there supervision? If so, describe how it takes place. If service delivery level, what is relationship of your site with national programmes?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
13	What is the relationship of your programme, unit, or site with the private sector? Is there supervision? If so, describe how it takes place.	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
Financing						
	Checklist Item	Level	Yes	No	Unable to Verify	Comments
1	Are there significant financial barriers for the range of EMTCT services (SRH, MCH, HIV, syphilis)?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

2	Does funding for the programmes and services appear to be sufficient and sustainable? This would include funding for civil society organizations, partners working directly with women at grassroots and complimenting the government EMTCT program which ensures a tripartite support structure for mother & baby.	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
3	Are there funding gaps? In which areas? How are they addressed? <i>Please elaborate on funding gaps related to reproductive, maternal, neonatal and child health (RMNCH), HIV and syphilis services.</i>	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
4	Are there out-of-pocket expenses or co-pays for the services managed by your programme? If so, for which services, which groups, and what are the amounts? <i>Please elaborate on funding gaps related to RMNCH, HIV and syphilis services.</i>	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
5	What happens if a woman is unable to pay these costs?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
6	Which are the major sources of funding for your services? Are they guaranteed for the future?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

Human Resources

	Checklist item	Level	Yes	No	Unable to verify	Comments
1	Are there adequate categories and numbers of staff to provide EMTCT services at the sites visited?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

2	Are there policies for the training of health service staff on topics related to prevention of mother-to-child transmission (PMTCT)?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
3	Are service providers trained to provide services for adolescents and other vulnerable groups?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
4	Is your programme or unit adequately staffed? Are there gaps? If so, for which categories of staff? <i>Please elaborate on staffing related to RMNCH, HIV and syphilis services.</i>	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
5	Have service providers (including yourself) received training in areas related to EMTCT since 2010? If yes, in which areas or topics?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

Service Delivery

	Checklist item	Level	Yes	No	Unable to verify	Comments
1	Is there a comprehensive SHR/MCH/HIV/STI service delivery package available at the sites?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
2	Is service delivery organized in such a way to facilitate optimal accessibility, efficiency and timeliness of interventions?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
3	Are there mechanisms to facilitate comprehensive service delivery, including referral and counter-referral?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

4	Are turnaround times for HIV and syphilis tests and initiation of treatment reasonable?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
5	Are HIV-positive pregnant women receiving lifelong ART?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
6	Are there measures in place to prevent or address loss to follow up of pregnant women who tested positive for HIV or syphilis, and exposed infants?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
7	Are there policies for HIV and syphilis management for pregnant women who arrive late in pregnancy and/or at delivery?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
8	Does your programme have groups that are considered priority, vulnerable or underserved? If so, which groups and why?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
9	Has your programme developed strategies to reach these priority, vulnerable or underserved groups? If so, please summarize the strategy for each group.	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
10	Have service providers been trained to provide services for these groups?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
11	Is the comprehensive national EMTCT plan widely available and easily accessible?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

12	Does the plan include primary prevention, including promotion of safer sexual practices and condom use?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
13	Does the plan include condom distribution?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
14	Does the plan include family planning and birth-spacing services?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
15	Does the plan include family planning services for women and girls living with HIV?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
16	Does the plan include promotion of early initiation of antenatal care?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
17	Does the plan include routine HIV testing and treatment for pregnant women?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
18	Does the plan include HIV testing and treatment for sexual partners?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
19	Does the plan include counselling on infant feeding for HIV-positive women?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

20	Does the plan include follow up and diagnosis for infants exposed to HIV?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
21	Does the plan include routine syphilis testing and treatment for pregnant women?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
22	Does the plan include routine syphilis testing for women experiencing a stillbirth?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
23	Does the plan include follow up and diagnosis for infants exposed to syphilis?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
24	Does the plan include care and management guidelines for paediatric HIV?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
25	Does the plan include addressing gender-based violence.?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
26	Does the plan include syphilis testing and treatment for male sexual partners?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

Medical products and technology (triangulate with laboratory assessment)						
	Checklist item	Level	Yes	No	Unable to verify	Comments
1	Are laboratory services for HIV diagnosis of pregnant women and exposed infants widely available and easily accessible?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
2	Are laboratory services for early infant diagnosis at 4–6 weeks (EID) available and easily accessible?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
3	Have there been limited supplies or stock-outs of HIV testing supplies for pregnant women and exposed infants in the past 12 months? If so for how long did they last? For what reason did they occur?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
4	Are laboratory services for <i>syphilis</i> diagnosis for pregnant women, their sexual partners and exposed infants widely available and easily accessible?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
5	Have there been limited supplies or stock-outs of syphilis testing supplies for pregnant women and exposed infants in the past 12 months? If so for how long did they last? For what reason did they occur?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
6	Have there been limited supplies or stock-outs of antiretrovirals for pregnant women and exposed infants in the past 12 months? If so for how long did they last? For what reason did they occur?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
7	Have there been limited supplies or stock-outs of benzathine penicillin for pregnant women and exposed infants in the last 12 months? If so for how long did they last? For what reason did they last? For what reason did	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

	they occur?					
8	Are condoms and contraceptives widely available and easily accessible?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
9	Have there been stock-outs of condoms in the past 12 months at this site? If so, how many, how long did they last, and what were the reasons for these stock-outs?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
10	Would you say that contraceptives are widely available and easily accessible to your clients or in your catchment area? Please explain.	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
11	Have there been stock-outs of contraceptives in the past 12 months that affected your clients? If so, how many, how long did they last, and what were the reasons for these stock-outs?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

Strategic information (triangulate with data verification)

	Checklist item	Level	Yes	No	Unable to verify	
1	Is there a defined set of indicators for monitoring of EMTCT? Do they align with regional and global guidance?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
2	Are there clearly defined roles and responsibilities of regional and local service delivery sites for data collection and reporting on EMTCT process and impact indicators?.	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
3	There are mechanism in place for data collection and reporting on these indicators at the national, regional and local levels	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
4	Are required EMTCT data elements clearly defined?	National	Y	N	U	
		Sub-National	Y	N	U	

		Local/Service Delivery	Y	N	U	
5	Is it clear how, when, and to whom these EMTCT data are to be recorded and reported?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
6	Are data collection and reporting mechanisms and forms standardized and functional	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
7	Are reports periodically generated and disseminated at the national, regional and local levels?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	
8	Are EMTCT reports received at the service delivery level?	National				
		Sub-National				
		Local/Service Delivery	Y	N	U	
9	Are there consequences if your site does not report or if there are errors or discrepancies in the reports? What?	National	Y	N	U	
		Sub-National	Y	N	U	
		Local/Service Delivery	Y	N	U	

Tools to record persons interviewed during the visit

Tool 1

Interviews with national and regional programme managers			
Name	Position	Email	Tel. number (mobile)

Tool 2

Interviews with service providers			
Name	Position	Email	Tel. number (mobile)

Tool 3

Interviews with civil society representatives, including women living with HIV and syphilis (if any of the interviewees would like to remain anonymous, do not record the name)					
Name (optional)	Representing which civil society organization	Gender M F Trans.	WLHIV? Y N	Contact (optional)	Comments

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(2) (3) interviews with civil society representatives, including women living with HIV and syphilis