PAEDIATRIC PROVIDER INITIATED TESTING AND COUNSELLING

This checklist is offered as an aid to support supervision and quality assurance for paediatric PITC services. Through observation, interviews and reviews of PITC data, the quality of PITC services and the accuracy of data can be routinely monitored. Ultimately, the goals are to:

- Obtain valuable information on programme functioning and quality.
- Facilitate participatory problem solving.
- Assure the programme successfully meets the needs of children and their families.
- Improve worker performance and the quality of PITC services by providing technical support and acknowledging healthcare workers' contribution to the success of the program.

When paediatric PITC services are initially implemented, routine quality assurance checks should be made bi-weekly and supervisory visits should occur monthly for at least six months. When PITC services are firmly in place and running smoothly, monthly quality assurance checks and quarterly supervision should be adequate.

Instructions

Through direct observation, interviews and/or review of data:

- Answer each question with a "yes" or "no". (Note: It may not be possible or necessary to complete every section of this tool every time an evaluation occurs.)
- Assign one point for each "yes" response, and zero points for each "no" response.
- Tally the number of points by section and compare with the total number of points possible for that section.
- Acknowledge the team's strengths.
- Discuss areas for improvement (if any) and formulate a plan to correct problems.
- If no problems were identified, continue routine QA activities.
- If problems were identified, re-evaluate after taking corrective action.
 - Acknowledge improvements (if any).
 - Re-evaluate corrective action plan if no improvements are seen.

Name of Health Facility:	Date of Supervision	Name of Supervisor

1. General Information			
Questions	Yes-1	No-0	Comments
Are reference materials on site and			
accessible, including:			
PITC Paediatric Guidelines			
 Rapid Test Instructions 			
 Counselling Cue cards 			
 DBS instructions 			
Are staff members who are not directly			
involved in delivery of paediatric PITC			
services aware of the rationale for these			
services? Note any circumstances that could inform			
plans for future training. Briefly interview			
representative staff and stakeholders, such as:			
 Nurse and/or midwife 			
 Community health worker 			
Clinical officer			
Pharmacist			
Laboratory technician			
The number of staff represented will vary depending			
on the size and type of facility.			
Total number of points this section:			
Total number of points possible: <u>2</u>			

2. Questions on Staffing and Training			
Questions	Yes-1	No-0	Comments
Was an orientation to introduce and discuss			
paediatric PITC held?			
Has a specific paediatric PITC coordinator or			
director been identified?			
Have the staff who will implement paediatric			
PITC been trained in specific skills, e.g., DBS			
testing, heel stick, pre- and post-test			
counselling, etc?			
Have counsellors who will conduct pre- and			
post-testing been identified?			
If lay counsellors are being used at the			
facility, is there clarity regarding their			
specific duties and their supervision?			
Are there sufficient healthcare workers for			
paediatric PITC services?			
Is there a designated person for data			
reporting and collection, or if not, are staff			
who collect data trained to fill out forms?			
Total number of points this section:			
Total number of points possible: <u>7</u>			

3. Physical Facility			
Questions	Yes-1	No-0	Comments
Are supplies kept in a secure location?			
Is there adequate space for testing and counselling?			

3. Physical Facility			
Questions	Yes-1	No-0	Comments
Does the space allow for privacy for			
individual counselling?			
Is there a table available to conduct tests?			
Is there sufficient equipment to conduct			
activities, e.g., beds, chairs for waiting room,			
etc.			
Are the rooms, equipment and physical space			
kept clean?			
Is there a system at the testing location for			
disposing of hazardous materials (e.g.,			
sharps containers) and rubbish?			
Total number of points this section:			
Total number of points possible: <u>7</u>			

4. Supplies			
Questions	Yes-1	No-0	Comments/Observations
Were sufficient supplies available to ensure			
universal precautions are followed, e.g.			
gloves, etc?			
Were there sufficient supplies of other			
needed materials, e.g., sterile gauze pads,			
timers, etc?			
Were there sufficient numbers of antibody			
test kits (not out of date) available?			
Were there sufficient numbers of DBS test kits			
(not out of date) available?			

4. Supplies			
Questions	Yes-1	No-0	Comments/Observations
Were expired supplies kept separate from			
those that are to be used?			
Is a system in place to ensure that stock-outs			
do not occur?			
Are there working systems to manage			
receiving supplies and transport of DBS			
samples to central labs for testing?			
Total number of points this section:			
Total number of points possible: <u>7</u>			

5. Observation of Testing and Counselling			
5a. Pre-Test Information Session			
Questions	Yes-1	No-0	Comments/Observations
Did the counsellor introduce herself and			
establish rapport?			
Did the counsellor attempt to assess the			
baseline level of knowledge of the group?			
Did the counsellor explain that paediatric			
PITC is routine in Zambia?			
Were the benefits of testing (especially for			
children) and the availability of care and			
treatment reviewed?			
Was confidentiality discussed?			
Was the testing procedure explained?			

5. Observation of Testing and Counselling			
5a. Pre-Test Information Session			
Questions	Yes-1	No-0	Comments/Observations
Was an overview of the meaning of test			
results provided, including noting the			
potential need for further testing of children			
who are			
less than four weeks of age			
breastfed within the last three months			
less than 18 months of age			
Did the counsellor explain the relationship			
between a child's HIV status and the status of			
the mother?			
Was the right to refuse testing explained in an			
unbiased way?			
Did the counsellor close the session by			
asking if there were any more questions and			
offer to answer privately if preferred?			
Did the counsellor use facilitation and			
listening and learning skills appropriately,			
e.g., asking open-ended questions,			
maintaining a non-judgmental attitude,			
showing empathy?			
For older children and adolescents: If the			
caregiver deems the child to be of			
appropriate age and maturity to discuss HIV			
testing, was an individual session provided			
for the child?			
Total number of points this section:			
Total number of points possible: 12			

5b. Rapid HIV–Antibody Testing Procedures			
Questions	Yes-1	No-0	Comments/Observations
Did the counsellor use the correct HIV test (in			
accordance with the testing algorithms)?			
Was the blood sample collected			
appropriately? (Heel stick for children 9kg or			
under; toe if over 9kg; finger prick for those			
over two years)			
Was the puncture site warmed and sterilised?			
Was the pipette used appropriately to draw			
the blood?			
Was the blood applied appropriately to the test strip?			
Were the caregiver and child given			
instructions and support?			
Were universal precautions used			
consistently?			
Was rapid HIV-antibody testing conducted			
according to instructions?			
Were the caregiver and child told when to			
expect test results, where to wait and to			
expect further counselling?			
Were the results correctly interpreted by the			
counsellor?			
Total number of points this section:			
Total number of points possible: <u>10</u>			

5c. DBS Collection for DNA PCR Testing Proce	dures		
Questions	Yes-1	No-0	Comments/Observations
Was DBS collection the correct test at the			
correct time (in accordance with algorithm)?			
Was the blood sample collected			
appropriately? (Heel stick for children 9kg or			
under; toe if over 9kg)			
Was the puncture site warmed and sterilised?			
Was the blood applied appropriately to the			
filter paper?			
Were the caregiver and child given			
instructions and support?			
Were universal precautions used			
consistently?			
Was the specimen labelled correctly before			
starting the DBS collection?			
Was the specimen air dried for at least three			
hours?			
Was glassine paper inserted between dried			
filter paper cards and desiccant packets			
inserted appropriately?			
Was the DNA PCR laboratory request			
properly completed and placed with the			
specimen?			
Were the caregiver and child told when to			
expect test results, when to return and what to expect upon return?			
Have all DBS specimens in the past month			
been accepted by the laboratory?			
been accepted by the laboratory?			

5c. DBS Collection for DNA PCR Testing Procedures				
Total number of points this section:				
Total number of points possible: <u>12</u>				

5d. Post-test counselling			
Questions	Yes-1	No -0	Comments
Did the counsellor introduce herself and			
establish rapport?			
Were the test results delivered clearly,			
privately and without any attached			
judgment?			
Was follow-up care for child and family			
discussed, e.g., need for further testing, what			
to do if child is sick?			
Was the caregiver's understanding of the			
results of the test as well as understanding of			
follow-up plan assessed?			
Were questions about the need or presence of			
emotional support for the caregiver and			
family asked?			
Did the counsellor use facilitation and			
listening and learning skills appropriately,			
e.g., asking open-ended questions,			· ·
maintaining a non-judgemental attitude,			
showing empathy?			
Were appropriate referrals made?			
Total number of points this section:			
Total number of points possible: <u>7</u>			

5d. Post-test counselling			
For infants less than 18 months — positive			
Questions	Yes-1	No -0	Comments
If the rapid antibody test is positive, were			
caregivers given information on DNA PCR			
testing?			
Were caregivers instructed on how to access			
cotrimoxazole and how it should be given			
until the results of the DNA PCR testing come			
back?			
Was safe infant/child feeding discussed?			
\Box If less than 6 months, was exclusive			
breastfeeding discussed?			
\Box If approaching six months (or older than six			
months), was complementary feeding			
discussed?			
□ If older than six months was "adequate diet"			
discussed?			
Was the mother's HIV status discussed? Was			
the mother given accurate information on her			
HIV status and the need for and availability of			
follow-up care and treatment? Was an evaluation done to determine other			
family members who need HIV testing and			
counselling? Were caregivers guided through the next			
steps of service, including acquiring			
cotrimoxazole, returning for DNA PCR			
results, care for mother and other family			
members, etc?			
members, etc:			

5d. Post-test counselling					
For infants less than 18 months — positive					
Questions	Yes-1	No -0	Comments		
Did the counsellor explore the caregiver's					
understanding of the results and follow-up					
care?					
Did the counsellor use facilitation and					
listening and learning skills appropriately,					
e.g., asking open-ended questions,					
maintaining a non-judgmental attitude,					
showing empathy?					
Total number of points this section:					
Total number of points possible: <u>8</u>					

5d. Post-test counselling				
For children 18 months or older and under 16 years of age — positive				
Questions	Yes-1	No-0	Comments	
Are children allowed in the post-test				
counselling session if parents deem them of				
appropriate age and maturity level?				
Were caregivers instructed on how to access				
cotrimoxazole and how it should be given?				
Was safe child feeding discussed?				
□ Was "adequate diet" discussed?				
\Box If approaching 24 months, was weaning and				
continuing need for animal-source milk				
discussed?				
Are parents guided through the next steps of				
service, including acquiring medicines?				

5d. Post-test counselling					
For children 18 months or older and under 16 years of age — positive					
Questions	Yes-1	No-0	Comments		
Are children referred to paediatric and					
psychiatric services, as needed?					
Was the mother's HIV status discussed? Was					
the mother given accurate information on her					
HIV status and the need for and availability of					
follow-up care and treatment?					
Was an evaluation done to determine other					
family members who need HIV testing and					
counselling?					
Are families encouraged to return to the					
clinic for follow-up and further referrals?					
Did the counsellor use facilitation and					
listening and learning skills appropriately,					
e.g., asking open-ended questions,					
maintaining a non-judgmental attitude,					
showing empathy?					
Total number of points this section:					
Total number of points possible: <u>9</u>					

5d. Post-test counselling				
For infants less than 18 months — negative				
Questions	Yes-1	No-0	Comments	
If the DNA PCR test comes back negative, are				
recommendations made regarding				
infant/young child feeding practices?				

5d. Post-test counselling				
For infants less than 18 months — negative				
Questions	Yes-1	No-0	Comments	
Are caregivers encouraged to come back for				
further testing if the child is				
less than four weeks of age				
breastfed within the last three months				
less than 18 months of age				

5d. Post-test counselling					
For children 18 months or older and under 16 -	For children 18 months or older and under 16 — negative				
Questions	Yes-1	No-0	Comments		
Are parents encouraged to teach their					
children basic health practises that can					
decrease the risk of getting HIV?					
Are parents encouraged to come back for					
further testing if the child is still					
breastfeeding?					
Total number of points this section:					
Total number of points possible: <u>4</u>					

6. Referral Linkages and Systems			
Questions	Yes-1	No-0	Comments
Are linkages established that include referral			
mechanisms, appointment tracking and			
follow-up with:			
Paediatric HIV-related treatment?			
Adult HIV-related treatment?			
 Reproductive health and family planning 			
services?			
Under-Five clinic/immunisation services?			
Community based services?			
Are healthcare workers knowledgeable about			
how to make referrals and know of the			
potential places where caregivers and			
children can be referred?			
Is there a tracking and communication			
system in place for attendance at			
appointments for:			
DNA PCR results?			
 For repeat testing and counselling (e.g. three 			
months post cessation of breastfeeding)?			
For testing of partner(s) and sibling(s)?			
Does the facility have a working linkage with			
the laboratory for DNA PCR testing?			
Are DNA PCR results received within 2-4			
weeks?			
Total number of points this section:			
Total number of points possible: <u>5</u>			

7. Data Collection and Use					
Questions	Yes-1	No-0	Comments		
Was the testing register, laboratory specimen					
log, Under-Five card, Mother's card, and					
medical record correctly completed?					
Is the weekly/monthly report for PITC					
correctly completed?					
Does the site conduct and document QA					
activities?					
Have all monthly monitoring forms been					
submitted in the past year?					
Total number of points this section:					
Total number of points possible: <u>4</u>					

Client-Exit Interview (the caregivers are the clients)				
Questions	Yes-1	No-0	Comments	
Did you feel that you were respected by the counsellor, regardless of your age or HIV				
status?				
Was the facility clean and comfortable?				
Did the counsellor explain testing your child for HIV in a way that you understood?				
Did the counsellor explain that you have a right to refuse HIV testing for your child?				
Were you provided with a private, confidential space for your post-test counselling?				
Did you understand what the test results mean?				
Did you understand what the next steps are for you and your child?				
Did you feel comfortable enough with the counsellor to discuss any concerns about your or your child's health status?				
Did you get referrals from the healthcare worker?				
Do you plan to follow up on the referrals, e.g., going to get care and treatment for your child and/or yourself?				

Client-Exit Interview (the caregivers are the clients)			
Questions	Yes-1	No-0	Comments
Did you feel that you were given just the right amount of information?			
Do you have any suggestions for improvement?			
Total number of points this section: Total number of points possible: <u>12</u>			