POC EID Implementation Site Monitoring Checklist: Spoke Site

Facility name: _____

Name(s) of trained sample collectors: _____

_____

Date of monitoring visit: _____

Name(s) of monitors or supervisors: _____

Observe and ask about the activities in the table below. For each activity, check the appropriate box to indicate if the activity is being done (Yes), partially done (Partial) or not being done (No). If an activity is partially or not done, write a brief explanation and describe the assistance or mentoring provided. Provide assistance and mentoring as needed or requested. Enter additional information as required, such as the number of POC EID Testing Forms collected.

Part 1. Clinical Integration	**Yes**	**Partial**	**No**	**Comments/Notes**
Adherence to testing algorithms: *(NOTE: Review patient registers)*				
1.1 All infants who qualify for EID testing have a sample drawn the same day.				
1.2 All caregivers are given a date or instructions to return for the EID result.				
a. When are caregivers instructed to return for results (e.g. the next day, in one week, other)? *Write the response in the box*.				
1.3 All results are conveyed to caregiver on the date the caregiver is told to return.				
1.4 If a caregiver does not return on the assigned date, the follow up and tracking SOP is followed.				
1.5 All infants with a positive initial result have a second POC sample sent for confirmation the same day that the patient returns for their result.				
1.6 All infants who have an initial positive result are initiated on ART the same day that they receive the initial result.				
1.7 For all infants who have a positive initial POC test result, but a negative second POC test result (i.e. discordant result), a DBS sample is sent to a reference lab, and contact information is collected from the patient for follow up.				
Patient flow: *(NOTE: Discuss with facility staff and review POC EID testing forms and patient registers)*				
1.8 According to health facility staff, over the past two weeks, approximately how many days did caregivers typically wait between sample draw and return of results to the caregiver?	_____ days			
1.9 The health facility has more than one clinic, ward, or service from which HIV-exposed infants can be referred for POC EID testing (e.g. PMTCT clinic, nutrition ward, pediatric in-patient ward, immunization clinic).				
a. If yes, is the health facility taking actions to increase testing of infants from different entry points (e.g. clinics, wards, services)?				
1.10 The health facility is testing infants on POC EID who are referred from more than one entry point within the same health facility.				
a. If yes, are infants being tested from PMTCT clinics or services?				
b. From nutrition wards or services?				
c. From in-patient wards?				
d. From immunization clinics or services?				
e. Others (please describe): _____				
Part 2. SOPs, Job Aids and Documentation	**Yes**	**Partial**	**No**	**Comments/Notes**
SOPs, job aids, registers, tracking logs, and testing forms: *(NOTE: Observe the facility, discuss with staff, and review error logs and testing forms)*				
2.1 SOPs and job aids are available in the appropriate language.				
2.2 SOPs and job aids are available and visible to staff (e.g. job aids are hung on the wall, training manuals are near the testing platform).				
2.3 SOPs and job aids are used and adhered to by all staff.				
2.4 ANC, PMTCT and ART Initiation registers from the previous three months are properly and completely filled out.				

2.5 *POC EID Testing Forms* from the previous three months are properly and completely filled out.				
2.6 *POC EID Testing Forms* were collected during the monitoring visit for data entry.				
a. If yes, indicate the number of forms collected:	_____ forms			
Part 3. Health Worker Performance	**Yes**	**Partial**	**No**	**Comments/Notes**
Health worker training and sample collection: *(NOTE: Discuss with facility staff)*				
3.1 All staff drawing samples for POC testing received appropriate training, or refresher training, within the past 12 months.				
3.2 Before sample collection, all caregivers are informed about the purpose of the test, the method of collecting the sample, and the waiting time for return of results.				
3.3 Before taking the sample, all infants' names are verified.				
3.4 All staff drawing samples adhere to universal safety precautions for the handling of human blood (e.g. wear gloves and protective clothing, wash hands, disposes of lancets in puncture resistant containers, change gloves after each specimen).				
Part 4. Inventory Management	**Yes**	**Partial**	**No**	**Comments/Notes**
Reagents and Supplies: *(NOTE: Observe and discuss with facility staff)*				
4.1 All supplies needed to draw samples for POC testing are available at the facility (e.g. gloves, lancets, capillary tubes, alcohol wipes, gauze, and thermal paper).				
4.2 Stock cards for supplies needed for POC testing are used and kept up to date. (*NOTE: For each individual product, stock cards should indicate the quantity of stock received, on hand, and lost/expired as well as adjustments, such as transfers of stock to another facility*).				
4.3 A physical count of supplies needed to perform POC testing was completed within the last four (4) weeks.				
4.4 In the last 90 days, there have been stock outs of supplies needed to perform POC testing. (*NOTE: If yes, the reason for stock outs in the comments box.)*				
a. If yes, which products were not available?				
b. Approximately how long did the stock out last (in days)?	_____ days			
4.5 If there is any concern about inventory management, and time permits, conduct a physical inventory of POC supplies and cross check the quantities available against those written in the stock cards. Do the quantities match those indicated in the stock cards?				
Part 5. Linkage to Care	**Yes**	**Partial**	**No**	**Comments/Notes**
5.1 Infants diagnosed as HIV-positive on POC instruments are referred the same day to child services *within the health facility* for linkage to care.				
5.2 Infants diagnosed as HIV-positive on POC instruments are referred the same day to child services *at another health facility* for linkage to care.				
5.3 In the previous three (3) months, all infants diagnosed as HIV-positive were successfully linked to ART services *(NOTE: If possible, cross check positive cases in POC EID Testing Forms or logbooks against the facility's ART register)*				
Part 6. Sample Transport from Spoke to Hub	**Yes**	**Partial**	**No**	**Comments/Notes**
6.1 All samples for transport to hub are appropriately collected in capillary tubes and labeled.				
6.2 All samples for transport to hub are appropriately packaged for transport (e.g. in cool box for storage and transport at 4 degrees C)				
6.3 All samples for POC EID are sent to a hub site so the sample is received by the hub site within 24 hours (if kept at room temperature) or within 72 hours (if kept at 4 degrees Celsius).				
6.4 There is a transport log book for samples sent to hub sites.				
a. If yes, the transport log is properly filled out and signed.				
6.5 Sample transport drivers have appropriate equipment to transport samples.				
6.6 Sample transport drivers have been appropriately trained.				

Part 7. Mentoring, Training, and Information Sharing

- *List the topics covered and the recipients of mentoring, training and information sharing.*
- *List recommendations or plans for future training, mentoring or information sharing.*

Part 8. Suggestions for Improving POC EID Implementation

- *Additional notes, recommendations, or follow-up needed to improve the quality of POC EID services.*

POC EID Implementation Site Monitoring Checklist: Stand-Alone Testing Site

Facility name:

Name(s) of trained instrument operators/end users:

Date of monitoring visit:

Name(s) of monitors or supervisors:

Observe and ask about the activities in the table below. For each activity, check the appropriate box to indicate if the activity is being done (Yes), partially done (Partial) or not being done (No). If an activity is partially or not done, write a brief explanation and describe the assistance or mentoring provided. If possible, observe at least one instrument operator performing a test. Provide assistance and mentoring as needed or requested. Enter additional information as required, such as the number of POC EID Testing Forms collected.

Part 1. Clinical Integration	**Yes**	**Partial**	**No**	**Comments/Notes**
Adherence to testing algorithms: *(NOTE: Review patient registers, POC EID testing forms, and discuss with facility staff)*				
1.1 All infants who qualify for EID testing have a sample drawn and analyzed on the same day.				
1.2 All EID test results are conveyed to caregivers on the same day as the sample is drawn.				
1.3 All infants who have a positive initial result have a second POC sample run for confirmation on the same day.				
1.4 All infants who have a positive initial POC result are initiated on ART the same day.				
1.5 For all infants who have a positive initial POC test result, but a negative second POC test result (i.e. discordant result), a DBS sample is sent to a reference lab, and contact information is collected from the patient for follow up.				
Patient flow: *(NOTE: Observe the facility and discuss with staff)*				
1.6 There is sufficient waiting room space for caregivers to wait for the results of POC tests.				
1.7 According to health facility staff, over the past two weeks, approximately how much time (in minutes) did caregivers typically wait between sample draw and return of results to the caregiver?	_____minutes			
1.8 The health facility has more than one clinic, ward, or service from which HIV-exposed infants can be referred for POC EID testing (e.g. PMTCT clinic, nutrition ward, pediatric in-patient ward, immunization clinic).				
a. If yes, is the health facility taking actions to increase testing of infants from different entry points (e.g. clinics, wards, services)?				
1.9 The health facility is testing infants on POC EID who are referred from more than one entry point within the same health facility.				
a. If yes, are infants being tested from PMTCT clinics or services?				
b. From nutrition wards or services?				
c. From in-patient wards?				
d. From immunization clinics or services?				
e. Others (please describe): _____				
Part 2. SOPs, Job Aids and Documentation	**Yes**	**Partial**	**No**	**Comments/Notes**
SOPs, job aids, registers, tracking logs, and testing forms: *(NOTE: Observe the facility, discuss with staff, and review error logs and testing forms)*				
2.1 SOPs and job aids are available in the appropriate language.				
2.2 SOPs and job aids are available and visible to staff (e.g. job aids are hung on the wall, training manuals are near the testing platform).				
2.3 SOPs and job aids are used and adhered to by all staff.				
2.4 ANC, PMTCT and ART Initiation registers from the previous three months are properly and completely filled out.				
2.5 An *Error and Specimen Rejection Log* and sections from the training manual describing the meaning of error codes are placed next to the instrument.				

2.6 The *Error and Specimen Rejection Log* is up to date and properly filled in.				
2.7 A photo of the *Error and Specimen Rejection* log was taken for analysis by project staff (i.e. to track machine performance).				
2.8 *POC EID Testing Forms* from the previous three months are properly and completely filled out.				
2.9 *POC EID Testing Forms* were collected during the monitoring visit for data entry.				
a. If yes, indicate the number of forms collected:	_____ forms			
Part 3. Operator Training and Performance	**Yes**	**Partial**	**No**	**Comments/Notes**
Training and competency of instrument operators/end-users: *(NOTE: Discuss with facility staff and platform end users)*				
3.1 All staff performing POC testing received initial instrument training from a certified trainer.				
3.2 All staff performing POC testing have passed a competency assessment.				
3.3 All staff performing POC testing have received initial training, or refresher training, from a certified trainer within the last 12 months.				
Observation of operator(s)/end user(s): *(NOTE: If possible observe at least one instrument operator/end user)*				
3.4 The instrument operator is able to explain the correct procedure for device start-up and shut-down (*NOTE: If needed, observe the operator as they start-up and shut down the instrument).*				
3.5 Before the sample is drawn, the POC instrument is switched on and ready.				
3.6 Before the sample is drawn, materials, such as lancets, alcohol wipes, and gauze are available and within reach.				
3.7 Before sample collection and testing, the caregiver is informed about the purpose of the test, the method of collecting the sample, and the waiting time for return of results.				
3.8 The operator correctly: (a) handles and fills the cartridge; (b) checks the sample; and (c) closes the cartridge.				
3.9 Before running the test in the POC instrument, the infant's name is verified.				
3.10 The operator correctly inserts the cartridge into the instrument.				
3.11 The operator correctly enters the User ID and Sample ID into the device.				
3.12 The operator adheres to universal safety precautions for the handling of human blood (e.g. wears gloves and protective clothing, washes hands, disposes of lancets in puncture resistant containers, changes gloves after each specimen).				
Part 4. Instrument Placement and Performance	**Yes**	**Partial**	**No**	**Comments/Notes**
Instrument placement: *(NOTE: Observe the area where the instrument is placed)*				
4.1 The instrument is located in a secure area or room where it cannot be easily damaged or stolen. If needed, the room can be locked, or the instrument is fastened to a table with a lock.				
4.2 There is a thermometer in the room where the POC instrument is located.				
4.3 The room where the instrument is placed is maintained at an appropriate temperature and humidity at all times (e.g. 10 to 40^{o}C for Alere q, 15 to 30^{o}C for Cepheid).				
4.4 The work area around the instrument is clean, well-organized, and set up for efficient operation of POC testing.				
4.5 There is a bio-hazard waste box in the room where the instrument is located. It is being used and not over-filled.				
Instrument performance: *(NOTE: Observe and discuss with facility staff and platform end users)*				
4.6 The instrument is in good physical condition. *(NOTE: Check the instrument, the instrument screen, power cable, power drum, and printer)*				
4.7 Over the past month, how many hours was the instrument not operational (i.e. broken, not able to run POC tests)? *(NOTE: If not operational for any amount of time, explain why in the comments box.)*	_____ hours			

Part 5. Inventory and Waste Management	Yes	Partial	No	Comments/Notes
Reagents and Supplies: *(NOTE: Observe and discuss with facility staff)*				
5.1 All supplies needed to perform POC testing are available at the facility (e.g. cartridges, gloves, lancets, alcohol wipes, gauze, and thermal paper).				
5.2 The area where POC testing supplies are stored is clean and well organized.				
5.3 There is a thermometer in the area where testing cartridges (i.e. reagents) are stored.				
5.4 Testing cartridges (i.e. reagents) are stored at the required temperature of 2 to 30° degrees Celsius.				
5.5 Stock cards for POC supplies are used and kept up to date. (*NOTE: For each individual product, stock cards should indicate the quantity of stock received, on hand, and lost/expired as well as adjustments, such as transfers of stock to another facility*).				
5.6 In the last 90 days, there have been stock outs of supplies needed to perform POC testing. (*NOTE: If yes, the reason for stock outs in the comments box.)*				
a. If yes, which products were not available?				
b. Approximately how long did the stock out last (in days)?	_____ days			
5.7 A physical count of POC EID cartridges was completed within the last four (4) weeks.				
a. If yes: what was the date of last physical count:	DD MM YY			
b. How many cartridges were reported on that date:	_____ cartridges			
5.8 If there is any concern about inventory management, and time permits, conduct a physical inventory of POC supplies and cross check the quantities available against those written in the stock cards. Do the quantities match those indicated in the stock cards?				
Waste management: *(NOTE: Observe and discuss with facility staff)*				
5.9 Cepheid cartridges are used at this location.				
a. If yes, Cepheid EID and Viral Load cartridges are disposed of using a high-temperature incinerator (>1000 °C).				

Part 6. Linkage to Care	Yes	Partial	No	Comments/Notes
6.1 Infants diagnosed as HIV-positive on POC instruments are referred the same day to child services *within the health facility* for linkage to care.				
6.2 Infants diagnosed as HIV-positive on POC instruments are referred the same day to child services *at another health facility* for linkage to care.				
6.3 In the previous three (3) months, all infants diagnosed as HIV-positive were successfully linked to ART services *(NOTE: If possible, cross check positive cases in POC EID Testing Forms or logbooks against the facility's ART register)*				

Part 7. Mentoring, Training, and Information Sharing

- *List the topics covered and the recipients of mentoring, training and information sharing.*
- *List recommendations or plans for future training, mentoring or information sharing.*

Part 8. Suggestions for Improving POC EID Implementation

- *Additional notes, recommendations, or follow-up needed to improve the quality of POC EID services.*

POC EID Implementation Site Monitoring Checklist: Hub Testing Site

Facility name:

Name(s) of trained instrument operators/end users:

Date of monitoring visit:

Name(s) of monitors or supervisors:

Observe and ask about the activities in the table below. For each activity, check the appropriate box to indicate if the activity is being done (Yes), partially done (Partial) or not being done (No). If an activity is partially or not done, write a brief explanation and describe the assistance or mentoring provided. If possible, observe at least one instrument operator performing a test. Provide assistance and mentoring as needed or requested. Enter additional information as required, such as the number of POC EID Testing Forms collected.

Part 1. Clinical Integration	**Yes**	**Partial**	**No**	**Comments/Notes**
Adherence to testing algorithms: *(NOTE: Review patient registers, POC EID testing forms, and discuss with facility staff)*				
1.1 All infants who qualify for EID testing have a sample drawn and analyzed on the same day.				
1.2 All EID test results are conveyed to caregivers on the same day as the sample is drawn.				
1.3 All infants who have a positive initial result have a second POC sample run for confirmation on the same day.				
1.4 All infants who have a positive initial POC result are initiated on ART the same day.				
1.5 For all infants who have a positive initial POC test result, but a negative second POC test result (i.e. discordant result), a DBS sample is sent to a reference lab, and contact information is collected from the patient for follow up.				
Patient flow: *(NOTE: Observe the facility and discuss with staff)*				
1.6 There is sufficient waiting room space for caregivers to wait for the results of POC tests.				
1.7 According to health facility staff, over the past two weeks, approximately how much time (in minutes) did caregivers typically wait between sample draw and return of results to the caregiver?	_____minutes			
1.8 The health facility has more than one clinic, ward, or service from which HIV-exposed infants can be referred for POC EID testing (e.g. PMTCT clinic, nutrition ward, pediatric in-patient ward, immunization clinic).				
a. If yes, is the health facility taking actions to increase testing of infants from different entry points (e.g. clinics, wards, services)?				
1.9 The health facility is testing infants on POC EID who are referred from more than one entry point within the same health facility.				
a. If yes, are infants being tested from PMTCT clinics or services?				
b. From nutrition wards or services?				
c. From in-patient wards?				
d. From immunization clinics or services?				
e. Others (please describe): _____				
Part 2. SOPs, Job Aids and Documentation	**Yes**	**Partial**	**No**	**Comments/Notes**
SOPs, job aids, registers, tracking logs, and testing forms: *(NOTE: Observe the facility, discuss with staff, and review error logs and testing forms)*				
2.1 SOPs and job aids are available in the appropriate language.				
2.2 SOPs and job aids are available and visible to staff (e.g. job aids are hung on the wall, training manuals are near the testing platform).				
2.3 SOPs and job aids are used and adhered to by all staff.				
2.4 ANC, PMTCT and ART Initiation registers from the previous three months are properly and completely filled out.				
2.5 An *Error and Specimen Rejection Log* and sections from the				

training manual describing the meaning of error codes are placed next to the instrument.				
2.6 The *Error and Specimen Rejection Log* is up to date and properly filled in.				
2.7 A photo of the *Error and Specimen Rejection* log was taken for analysis by project staff (i.e. to track machine performance).				
2.8 *POC EID Testing Forms* from the previous three months are properly and completely filled out.				
2.9 *POC EID Testing Forms* were collected during the monitoring visit for data entry.				
a. If yes, indicate the number of forms collected:	_____ forms			
Part 3. Operator Training and Performance	**Yes**	**Partial**	**No**	**Comments/Notes**
Training and competency of instrument operators/end-users: *(NOTE: Discuss with facility staff and platform end users)*				
3.1 All staff performing POC testing received initial instrument training from a certified trainer.				
3.2 All staff performing POC testing have passed a competency assessment.				
3.3 All staff performing POC testing have received initial training, or refresher training, from a certified trainer within the last 12 months.				
Observation of operator(s)/end user(s): *(NOTE: If possible observe at least one instrument operator/end user)*				
3.4 The instrument operator is able to explain the correct procedure for device start-up and shut-down (*NOTE: If needed, observe the operator as they start-up and shut down the instrument).*				
3.5 Before the sample is drawn, the POC instrument is switched on and ready.				
3.6 Before the sample is drawn, materials, such as lancets, alcohol wipes, and gauze are available and within reach.				
3.7 Before sample collection and testing, the caregiver is informed about the purpose of the test, the method of collecting the sample, and the waiting time for return of results.				
3.8 The operator correctly: (a) handles and fills the cartridge; (b) checks the sample; and (c) closes the cartridge.				
3.9 Before running the test in the POC instrument, the infant's name is verified.				
3.10 The operator correctly inserts the cartridge into the instrument.				
3.11 The operator correctly enters the User ID and Sample ID into the device.				
3.12 The operator adheres to universal safety precautions for the handling of human blood (e.g. wears gloves and protective clothing, washes hands, disposes of lancets in puncture resistant containers, changes gloves after each specimen).				
Part 4. Instrument Placement and Performance	**Yes**	**Partial**	**No**	**Comments/Notes**
Instrument placement: *(NOTE: Observe the area where the instrument is placed)*				
4.1 The instrument is located in a secure area or room where it cannot be easily damaged or stolen. If needed, the room can be locked, or the instrument is fastened to a table with a lock.				
4.2 There is a thermometer in the room where the POC instrument is located.				
4.3 The room where the instrument is placed is maintained at an appropriate temperature and humidity at all times (e.g. 10 to 40^{o}C for Alere q, 15 to 30^{o}C for Cepheid).				
4.4 The work area around the instrument is clean, well-organized, and set up for efficient operation of POC testing.				
4.5 There is a bio-hazard waste box in the room where the instrument is located. It is being used and not over-filled.				
Instrument performance: *(NOTE: Observe and discuss with facility staff and platform end users)*				
4.6 The instrument is in good physical condition. *(NOTE: Check the instrument, the instrument screen, power cable, power drum, and printer)*				

4.7 Over the past month, how many hours was the instrument not operational (i.e. broken, not able to run POC tests)? *(NOTE: If not operational for any amount of time, explain why in the comments box.)*	_____ hours			
Part 5. Inventory and Waste Management	**Yes**	**Partial**	**No**	**Comments/Notes**
Reagents and Supplies: *(NOTE: Observe and discuss with facility staff)*				
5.1 All supplies needed to perform POC testing are available at the facility (e.g. cartridges, gloves, lancets, alcohol wipes, gauze, and thermal paper).				
5.2 The area where POC testing supplies are stored is clean and well organized.				
5.3 There is a thermometer in the area where testing cartridges (i.e. reagents) are stored.				
5.4 Testing cartridges (i.e. reagents) are stored at the required temperature of 2 to 30° degrees Celsius.				
5.5 Stock cards for POC supplies are used and kept up to date. (*NOTE: For each individual product, stock cards should indicate the quantity of stock received, on hand, and lost/expired as well as adjustments, such as transfers of stock to another facility*).				
5.6 In the last 90 days, there have been stock outs of supplies needed to perform POC testing. (*NOTE: If yes, the reason for stock outs in the comments box.)*				
a. If yes, which products were not available?				
b. Approximately how long did the stock out last (in days)?	_____ days			
5.7 A physical count of POC EID cartridges was completed within the last four (4) weeks.				
a. If yes: what was the date of last physical count:	DD MM YY			
b. How many cartridges were reported on that date:	_____ cartridges			
5.8 If there is any concern about inventory management, and time permits, conduct a physical inventory of POC supplies and cross check the quantities available against those written in the stock cards. Do the quantities match those indicated in the stock cards?				
Waste management: *(NOTE: Observe and discuss with facility staff)*				
5.9 Cepheid cartridges are used at this location.				
a. If yes, Cepheid EID and Viral Load cartridges are disposed of using a high-temperature incinerator (>1000 °C).				
Part 6. Linkage to Care	**Yes**	**Partial**	**No**	**Comments/Notes**
6.1 Infants diagnosed as HIV-positive on POC instruments are referred the same day to child services *within the health facility* for linkage to care.				
6.2 Infants diagnosed as HIV-positive on POC instruments are referred the same day to child services *at another health facility* for linkage to care.				
6.3 In the previous three (3) months, all infants diagnosed as HIV-positive were successfully linked to ART services *(NOTE: If possible, cross check positive cases in POC EID Testing Forms or logbooks against the facility's ART register)*				
Part 7. Receiving samples from spoke sites (for hub sites only)	**Yes**	**Partial**	**No**	**Comments/Notes**
7.1 There is a log book for sample reception from spoke sites.				
a. If yes, the log book is properly filled out.				
7.2 Samples are received from spokes sites within 24 hours of sample collection (if kept at room temperature) or within 72 hours of collection (if kept at 4 degrees C).				
7.3 Samples are transported in appropriate conditions (e.g. in cool box if kept at 4 degrees C)				
7.4 All samples arrive with EID request forms appropriately filled out and with linked sample.				
7.5 Samples from spokes sites are tested as soon as they arrive.				
a. If samples are not tested immediately, how many hours typically elapse between the time when samples are delivered to the hub site and when they are tested?	_____hours			

Part 8. Mentoring, Training, and Information Sharing

- *List the topics covered and the recipients of mentoring, training and information sharing.*
- *List recommendations or plans for future training, mentoring or information sharing.*

Part 9. Suggestions for Improving POC EID Implementation

- *Additional notes, recommendations, or follow-up needed to improve the quality of POC EID services.*

UNITAID/EGPAF Point-of-Care EID Project

Guidance Note on POC EID Site Monitoring

Version: 19 May 2017

1. The Purpose of POC EID Site Monitoring Visits

Regular monitoring of POC EID implementation sites is crucial for ensuring the quality and efficacy of site-level operations throughout the project. Site monitoring visits will provide essential insights into site-level issues related to human resources, patient flow, platform functioning, end user performance, specimen transport, data, data quality, and capacity building needs of site level staff. Site monitoring visits present an ***opportunity for EGPAF to identify small issues or problems*** and address them BEFORE they have a chance to grow into large problems. Site monitoring visits for this project can serve to ***build capacity*** of health care providers and diagnostic platform operators, and focus on ***strengthening systems and processes underlying POC EID service delivery***, as well as ***optimize client satisfaction***. When issues at a particular site are identified, it is important to communicate these issues across the team so that appropriate action can be taken to improve or correct the issues identified, such as additional training/mentoring, process-related adjustments, etc.).

Scope of this document:

- Using the POC EID Site Monitoring Checklists
- Recommended Schedule for Conducting Site Monitoring Visits
- Factoring Human Resource Capacity into Scheduling Site Monitoring Visits
- Associated documents:
    1) Schedule Template for POC EID Monitoring Visits-by Country (Excel doc)
    2) POC EID Site Monitoring Checklist-Testing Sites
    3) POC EID Site Monitoring Checklist-Hub Sites
    4) POC EID Site Monitoring Checklist-Spoke Sites

2. Using the POC EID Site Monitoring Checklists

The *POC EID Site Monitoring Checklists* provide a detailed list of specific elements to look for and analyze during site monitoring visits. These checklists will serve as the principal tool for conducting site monitoring visits.

Three separate checklists have been developed and tailored to each type of POC EID site: (a) stand-alone testing sites; (b) hub testing sites; and (c) spoke sites. For each visit, be sure to

use the appropriate checklist based on the type of site you are visiting. A description of each type of site is below for your reference:

1) **Stand-Alone Testing Site:** Stand-alone sites have a POC EID platform, but do not have spoke sites providing samples to them. Therefore, no sample transport is needed.
2) **EID Hub Site**: Hub sites have a POC EID platform, and are linked to spoke sites that send samples via a sample transportation system to the hub site for testing.
3) **Spoke Site**: Spoke sites do NOT have a POC EID platform. They send samples to their associated hub site for testing via a sample transportation system, and subsequently receive the test results from the hub.

The appropriate POC EID Site Monitoring Checklist should be filled out during the site visit to ensure that all information from the checklist is captured. Additional notes can be added to the form after the visit, as needed. Whenever possible, try to directly observe POC EID operations at the clinic. For example, attempt to observe at least one machine operator performing a test for a stand-alone or hub site. If this is not possible (e.g. because no infants require an EID test at the time of the visit), please ask the health workers for their honest descriptions and explanations of POC EID operations according to the POC EID Site Monitoring Checklist. If any significant issues or problems are identified during a visit, they should be communicated to others on the country project team, and a plan should be made for addressing the issues so that they do not continue to occur. Copies of completed Site Monitoring Checklists should be regularly shared with other members of the project team, including the Country implementation Manager, Logistics Officer, M&E Officer, and QI Officers to ensure that they are up-to-date on site level activities, and can contribute to making site level improvements as needed.

It is anticipated that a site monitoring visit will take at least half a day. However, as you implement site monitoring visits, please keep track of how long these visits are taking on average in order to make appropriate adjustments to site monitoring schedules. Please use your country knowledge and judgment on what time of day is best to schedule site monitoring visits. In general, we recommend performing site monitoring visits when the clinic has more patients, in order to improve your chances of observing POC EID activities. In addition, you may plan to stay through lunch or tea time in order to have time to interview health staff. If your budget allows, a small snack or tea may help motivate health workers to take time in discussing issues with you.

Below is a short summary of some of ***the main issues to look for*** during POC EID site monitoring visits:

- Are test results being communicated to caregivers in an organized, timely fashion?
- Are POC EID Testing Forms being filled in completely? Are there consistent errors?
- Are the staff, who are drawing blood samples and processing POC EID tests, properly trained?
- Are there stock management issues with POC EID testing cartridges or with consumables needed to conduct the tests (e.g. gloves, lancets, etc.)?
- If using a hub and spoke model:
    - Are sample transport mechanisms and schedules working according to plan?

- Are samples properly labeled, well packaged, and recorded in a transport logbook?

3. Recommended Schedule for Conducting Site Monitoring Visits

The following is the recommended minimum frequency for site monitoring visits immediately following the enrollment of a health facility as a POC EID testing site and, thereafter, for routine site monitoring for the remainder of the project. It is important to note that this is the minimum recommended frequency. If human resource capacity allows, a more frequent site monitoring schedule would be preferred.

Initial Site Monitoring Schedule: Immediately after the Enrollment of each Site (Stand-Alone Testing Sites and Hub Sites):

If the site is a stand-alone testing site with no associated spoke sites, use the *"POC EID Site Monitoring Checklist: Stand-Alone Testing Site*" to conduct the visits. If the site is a hub site with associated spoke sites, use the *"POC EID Site Monitoring Checklist: Hub Site*". The results and information recorded from these visits should be applied to help improve the enrollment, training and operations of the site itself, and to inform these processes in future testing sites.

Recommended frequency of site monitoring visits:

- At least one visit within 2 weeks after enrollment
- At least one visit 4 weeks later (6 weeks after enrollment)
- At least one visit 6 weeks later (12 weeks after enrollment)
- If all is going well, and no important issues or problems are observed at the site, move to the **Routine Site Monitoring** schedule (see below).

Initial Site Monitoring Schedule: Immediately after the Enrollment of each Sites (Spoke Sites):

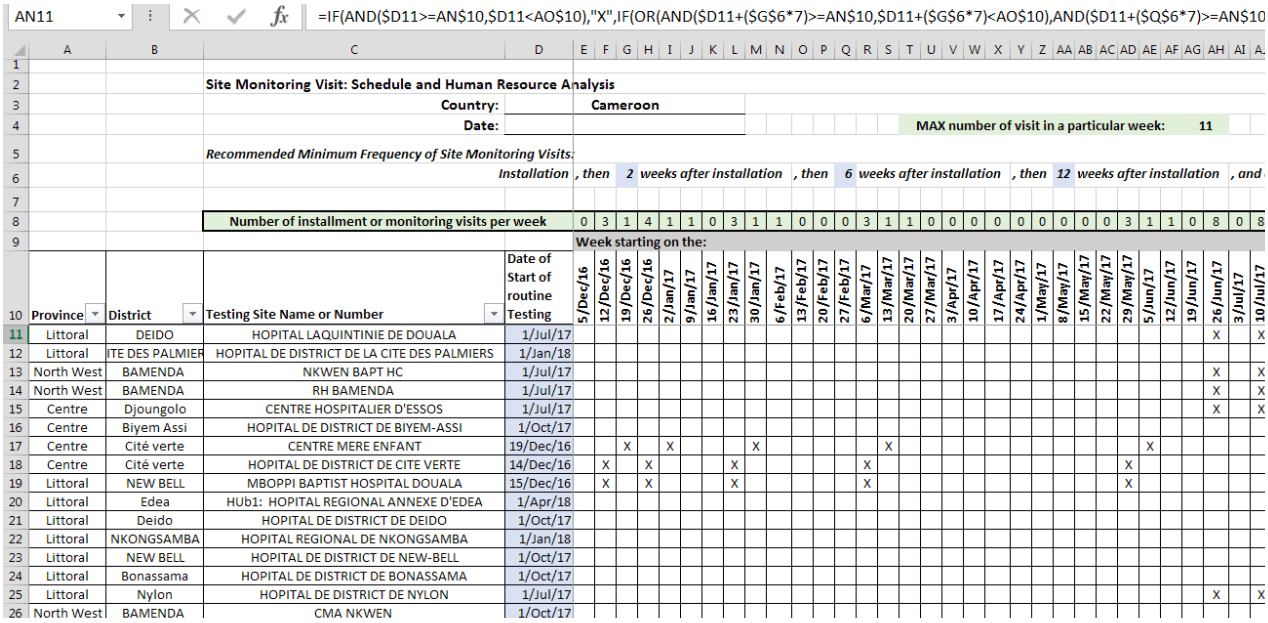
Use the *"POC EID Site Monitoring Checklist: Spoke Site"* to conduct the visits. The results and information recorded from the visits should be applied to help improve enrollment, training and operations for the site itself, and to inform these processes in future spoke sites.

- Choose a total of 5 to 7 enrolled spoke sites (e.g. 1 to 2 spoke sites per hub) during the initial monitoring phase.
- Conduct site monitoring visits to the selected spoke sites 2 weeks after enrollment.
- If all is going well, conduct site monitoring visits for the selected spoke sites 4 weeks later (6 weeks after enrollment) and again 6 weeks after that (12 weeks after enrollment).
- Additionally, initiate site monitoring visits to other spoke sites if major challenges are encountered in the performance of these sites. Examples of major challenges include: incorrectly filled out EID testing forms; poorly packaged samples; and no samples sent during a period where several samples were expected to be sent.
- If all is going well, and no major challenges are observed at a spoke site, then move the site into the **Routine Site Monitoring** schedule (see below).

Routine Site Monitoring Schedule (for use after the initial site monitoring schedule):

- Quarterly monitoring visits for all stand-alone and hub testing sites.
- Try to visit one spoke site each time you do site monitoring for the associated hub site.
- If major challenges are noted at a site, make a plan to address the issues and go back the **Initial Site Monitoring Schedule** (listed above).

Figure 1: Example Initial Site Monitoring Schedule



AN11 =IF(AND($D11>=AN$10,$D11<AO$10),"X",IF(OR(AND($D11+($G$6*7)>=AN$10,$D11+($G$6*7)<AO$10),AND($D11+($Q$6*7)>=AN$10

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Once you have developed a Country-Specific Site Monitoring Schedule, and analyzed the HR needed to implement it, please send a copy to Rebecca Bailey (rbailey@pedaids.org) and cc Rebecca Alban (ralban@pedaids.org) for a review, and so that the EGPAF/HQ team is aware of your plans.

For more information, please contact Rebecca Bailey (rbailey@pedaids.org)