



Elizabeth Glaser
Pediatric AIDS
Foundation

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																																						
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ					
Site Monitoring Visit: Schedule and Human Resource Analysis																																								
Country:																Cameroon																								
Date:																MAX number of visit in a particular week: 11																								
Recommended Minimum Frequency of Site Monitoring Visits:																																								
Installation, then 2 weeks after installation, then 6 weeks after installation, then 12 weeks after installation, and																																								
Number of installment or monitoring visits per week																																								
Week starting on the:																																								
Province	District	Testing Site Name or Number	Date of Start of routine Testing	5/Dec/16	12/Dec/16	19/Dec/16	26/Dec/16	2/Jan/17	9/Jan/17	16/Jan/17	23/Jan/17	30/Jan/17	6/Feb/17	13/Feb/17	20/Feb/17	27/Feb/17	6/Mar/17	13/Mar/17	20/Mar/17	27/Mar/17	3/Apr/17	10/Apr/17	17/Apr/17	24/Apr/17	1/May/17	8/May/17	15/May/17	22/May/17	29/May/17	5/June/17	12/June/17	19/June/17	26/June/17	3/July/17	10/July/17					
Littoral	DEIDO	HOPITAL LAQUINTINIE DE DOUALA	1/Jul/17																																					
Littoral	CITE DES PALMIERS	HOPITAL DE DISTRICT DE LA CITE DES PALMIERS	1/Jan/18																																					
North West	BAMENDA	NKWEN BAPT HC	1/Jul/17																																					
North West	BAMENDA	RH BAMENDA	1/Jul/17																																					
Centre	Djoungolo	CENTRE HOSPITALIER D'ESSOS	1/Jul/17																																					
Centre	Biyem Assi	HOPITAL DE DISTRICT DE BIYEM-ASSI	1/Oct/17																																					
Centre	Cité verte	CENTRE MERE ENFANT	19/Dec/16		X		X				X								X																					
Centre	Cité verte	HOPITAL DE DISTRICT DE CITE VERTE	14/Dec/16	X		X				X								X																						
Littoral	NEW BELL	MBOPPI BAPTIST HOSPITAL DOUALA	15/Dec/16	X		X				X																														
Littoral	Edea	Hub1: HOPITAL REGIONAL ANNEXE D'EDEA	1/Apr/18																																					
Littoral	Deido	HOPITAL DE DISTRICT DE DEIDO	1/Oct/17																																					
Littoral	NKONGSAMBAMBA	HOPITAL REGIONAL DE NKONGSAMBAMBA	1/Jan/18																																					
Littoral	NEW BELL	HOPITAL DE DISTRICT DE NEW-BELL	1/Oct/17																																					
Littoral	Bonassama	HOPITAL DE DISTRICT DE BONASSAMA	1/Oct/17																																					
Littoral	Nylon	HOPITAL DE DISTRICT DE NYLON	1/Jul/17																																					
North West	BAMENDA	CMA NKWEN	1/Oct/17																																					

4. Factoring Human Resource Capacity into the Site Monitoring Visit Schedule:

Human resource (HR) capacity is a very important factor to consider when scheduling site monitoring visits. It should be noted that the HR capacity for each UNITAID country team will be slightly different. Therefore, we suggest that each country perform an analysis of what HR is available to conduct these visits, and develop a **Country-Specific Site Monitoring Schedule**. If your HR capacity allows, it is recommended to develop a schedule that is more intensive (i.e. more frequent visits) than the schedule provided above.

In order to assist you with your analysis, use the Excel document called **Template: Site Monitoring Visit Schedule for POC EID**. This document provides a visual of the scheduled visits that would take place in each country, if you were to follow the minimum site monitoring schedule. This tool can help you gauge the frequency of site monitoring visits that will be required, and thus determine the HR/staffing needed to carry out these visits. Please use the Excel document as a template to help build your country-specific site monitoring schedule.

If your analysis reveals that you do not have sufficient human resources to meet the minimum suggested site monitoring schedule (as per above), then further discussion with the EGPAF/HQ team is recommended in order to develop a mitigation strategy.

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)