## Challenges identified during sites mentoring

### A- Immunologic assessment

- **Limited number of CD4 machines at district level,** resulting in limited access to CD4 screening by PMTCT sites located at health center level.  
  - **Facility-based:** 1- First ANC clinic days re-scheduled to match CD4 testing days to allow for the same-day point-of-care routine blood sample collection for CD4 assessment in pregnant women  
  - **District or national levels:** 1- Four district laboratories equipped with CD4 machines and staff trained to perform CD4 screening to all patients including pregnant women en ANC.  
  - **District or national levels:** 1- A coordinated district-wide system for CD4 testing involving a network of health centers established around the district hospital laboratory (scheduled weekly CD4 sample processing), with ongoing quality assurance by the National Reference Laboratory  
  - **District or national levels:** 1- PMTCT codes used to label CD4 blood samples collected directly by nurses in ANC on the same day as HIV diagnosis  

- **Efficiency issues for the CD4 testing system at site and district levels** (Delay between day of HIV testing and day of CD4 blood draw, reliance on laboratory technician for CD4 blood draw, dependence on ART unit for the CD4 code and blood draw for pregnant women, turnaround time for CD4 cell count results averaging 2-4 weeks)  
  - **Facility-based:** 1- Home visits conducted to track women who missed appointments  
  - **District or national levels:** 1- A coordinated district-wide system for CD4 testing involving a network of health centers established around the district hospital laboratory (scheduled weekly CD4 sample processing), with ongoing quality assurance by the National Reference Laboratory  

- **Reaching and tracing back to care all HIV+ pregnant women who had missed a visit**  
  - **Facility-based:** 1- Refresher training conducted for all PMTCT health care staff  
  - **District or national levels:** 1- The Ministry of Health/TRACPlus authorized stand-alone sites to start requesting HAART for pregnant women, but treatment initiation remained the responsibility of the visiting doctor  

### B- Initiation of md-ARV regimens

- **Non availability of HAART for eligible women in stand-alone PMTCT sites**  
  - **District or national levels:** 1- Job aids provided to all sites to guide decision making regarding HAART-eligibility, and the management of HIV-infected pregnant women and their infants  

- **Insufficient capacity to prescribe HAART among nurses, and reliance on the physician from the district hospital for the initiation of HAART even in health centers with ART programs**  
  - **District or national levels:** 2- Regular clinical mentorship visits conducted by the site support team with standardized assessment of quality of care  

- **Lack of organized support groups for psychological support of pregnant women**  
  - **District or national levels:** 3- Revised and implemented monitoring and evaluation tools for longitudinal follow-up of patients (integrated PMTCT care components into ANC, maternity and exposed infant follow-up registers)  
  - **District or national levels:** 1- Support groups organized for psychosocial support and adherence counseling during pregnancy