



PMTCT Facility /District Monthly Report Form FROM SRH UNIT

Report for the month of (Including year)	Today's date (dd/mm/yyyy)	Facility Name	District Name

	VARIABLES	NUMBER
A	ANTENATAL	
A1	New ANC attendees	
A1.1	• Women registering with known HIV negative status	
A1.2	• Women registering with known HIV positive status	
A1.2.1	⇒ Women already on HAART	
A2	Women HIV tested	
A2.1	• Women tested HIV negative	
A2.1.1	⇒ Post-test counselled	
A2.2	• Women tested HIV positive	
A2.2.1	⇒ Post-test counselled	
A2.2.2	⇒ Women evaluated for ARV regimen by CD4 cell count/WHO staging	
A3	Women initiated on HAART CD4 count ≤ 350 / WHO staging 3 or 4 (include tested before this month)	
A4	Women initiated on Triple ARV prophylaxis with CD4 count ≥ 350 / WHO staging 1 or 2 (include tested before this month)	
A4.1	• Women initiated at 14 weeks gestation	
A4.2	• Women initiated at >14 weeks but ≤28 weeks gestation	
A4.3	• Women initiated at > 28 weeks gestation	
A5	Women HIV negative re-tested from 36 weeks (prior to labour & delivery)	
A5.1	• Women tested negative	
A5.1.1	⇒ Post test counselled	
A5.2	• Women tested positive	
A5.2.1	⇒ Post test counselled	
A5.2.2	⇒ Women evaluated for ARV regimen by CD4 cell count / WHO staging	
B	MALE - PARTNER TESTING	
B1	Partners tested	
B1.1	• Partners tested HIV positive	
B1.1.1	⇒ Partners referred to ARV clinic	
B1.2	Partners tested HIV negative	
C	POST-NATAL	
C1	PNC attendees	
C1.1	Women already known to be HIV positive at PNC visit	
C1.1.1	• Women already on HAART at PNC visit	
C2	Women HIV tested at PNC visit (initial test)	
C2.1	• HIV positive	
C2.1.1	⇒ Women referred for CD4 cell count monitoring	
C2.2	• HIV negative	
C3	Women HIV re- tested at PNC visit (6-8 weeks)	
C3.1	• HIV positive	
C3.1.1	⇒ Women referred for CD4 cell count monitoring	
C3.2	• HIV negative	
D	CHILD WELFARE	
D1	Babies born to HIV-Infected mothers (including those whose mothers tested HIV positive at PNC)	
D2	HIV exposed babies breastfed	
D3	HIV exposed babies formula fed	
D4	HIV exposed babies started on Cotrimoxazole within 2 months after birth	



E	Baby Testing	
E1	Babies tested for HIV	
E1.1	Babies tested for HIV within 2 months after birth	
E1.1.1	• Babies with HIV positive results received	
E1.1.1.1	⇒ Babies started on HAART	
E1.1.2	• Babies with HIV negative results received	
E1.2	Babies tested for HIV after 2 months	
E1.2.1	• Babies with HIV positive results received	
E1.2.1.1	⇒ Babies started on HAART	
E1.2.2	• Babies with HIV negative results received	
E2	Babies Re-tested for HIV (18 months)	
E2.1	• Babies with HIV positive results received	
E2.1.1	⇒ Babies started on HAART	
E2.2	• Babies with HIV negative results received	

COMMENTS

COMPILED BY (fullname): _____	DATE: _____	CHECKED BY (fullname): _____	DATE: _____
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PMTCT Facility/District Monthly Report Form FROM MATERNITY UNIT

Report for the month of (Including year)	Today's date (dd/mm/yyyy)	Facility Name	District Name

	VARIABLES	NUMBER
F	MATERNITY	
F1	Women who delivered	
F1.1	• Women with positive HIV test from ANC	
F1.2	• Women with negative HIV test from ANC	
F2	Women tested during labour / delivery (Initial)	
F2.1	• Women with positive HIV test	
F2.1.1	⇒ Post test counselled	
F2.2	• Women with negative HIV test	
F2.2.1	⇒ Post test counselled	
F3	HIV negative women re-tested during labour / delivery	
F3.1	• Women with positive HIV test	
F3.2	• Women with negative HIV test	
G	DRUG INTERVENTIONS	
G1	MOTHER	
G1.1	Women who took HAART during ANC	
G1.1.1	• Started HAART before pregnancy	
G1.1.2	• Started HAART during pregnancy	
G1.2	Women who took Triple ARV Prophylaxis during ANC	
G1.2.1	• Started Triple ARV prophylaxis at 14 weeks gestation	
G1.2.2	• Started Triple ARV prophylaxis at > 14 weeks gestation	
G1.3	Women who took AZT during ANC	
G1.3.1	• Took AZT 4 weeks or more before delivery	
G1.3.2	• Took AZT less than 4 weeks before delivery	
G1.4	Women who received both AZT and NVP during labour	
G2	BABY	
G2.1	Babies who received sd-NVP and started on AZT at birth	
	BABY FEEDING METHOD	
H1	HIV exposed babies started breastfeeding	
H2	HIV exposed babies started on infant formula	

COMMENTS

COMPILED BY (fullname):	DATE:	CHECKED BY (fullname):	DATE:
_____	_____	_____	_____