

Section C: **PMTCT**

Coding purposes

C1.	Are PMTCT services available at this facility? [1] Yes [2] No -> if no, skip to SECTION D.	
C2.	If yes , start date of PMTCT services at this facility?	MM YYYY <input type="checkbox"/> Don't know
C3.	What is the schedule of PMTCT services at this facility? <i>List the hours for each day of the week that PMTCT services are available</i>	Mon: Tues: Wed: Thurs: Fri:
C4.	How many new clients were enrolled in PMTCT at this facility in the months listed below?	
	# new PMTCT clients enrolled SEPTEMBER 2011	<input type="checkbox"/> None
	# new PMTCT clients enrolled AUGUST 2011	<input type="checkbox"/> None
	# new PMTCT clients enrolled JULY 2011	<input type="checkbox"/> None
C5.	List the number of staff that provide PMTCT as a part of their regular duties at this facility, by provider type:	
	# Physician(s)	<input type="checkbox"/> None
	# Clinical officer(s)	<input type="checkbox"/> None
	# Medical assistant(s)	<input type="checkbox"/> None
	# Midwife(s)	<input type="checkbox"/> None
	# Nurse(s)	<input type="checkbox"/> None
	# Nurse counsellor(s)	<input type="checkbox"/> None
	# Dedicated counsellor(s)	<input type="checkbox"/> None
	# Community health worker/HSA(s)	<input type="checkbox"/> None
	# Other (specify)	
	# Other (specify)	
C6.	List the number of staff that have been trained to provide PMTCT at this facility, by provider type:	
	# Physician(s)	<input type="checkbox"/> None
	# Clinical officer(s)	<input type="checkbox"/> None
	s	<input type="checkbox"/> None
	# Midwife(s)	<input type="checkbox"/> None
	# Nurse(s)	<input type="checkbox"/> None
	# Nurse counsellor(s)	<input type="checkbox"/> None
	# Dedicated counsellor(s)	<input type="checkbox"/> None
	# Community health worker/HSA(s)	<input type="checkbox"/> None
	# Other (specify)	
	# Other (specify)	
C7.	What is the standard PMTCT regimen available at this facility? <i>Specify the ARVs and dosing schedule.</i>	Mother: Infant:
C8.	Is this the same PMTCT regimen as the national guideline?	[1] Yes [2] No [3] Don't know
C9.	# Days stock-out of ARVs for PMTCT in past 3 mths	<input type="checkbox"/> None

Section E: **Laboratory Services**

Coding purposes

1e.	Country site	
2e.	Name of health facility	
3e.	District	
4e.	Informed consent obtained from interviewee(s) [1] Yes [2] No If no, please obtain informed consent before proceeding, and start again.	
5e.	Date of interview	
6e.	Start time of interview	
7e.	Name of interviewee 1	
8e.	Professional qualification of interviewee 1	[1] Specialist physician [2] Generalist physician [3] Clinical officer [4] Medical assistant [5] Trained midwife [6] Professional nurse [7] Enrolled nursing assistant [8] Enrolled nurse [9] Counsellor [10] Nurse counsellor [11] Community health worker/health surveillance asst. [12] Other (<i>specify</i>)
9e.	Name of interviewee 2	<input type="checkbox"/> None
10e.	Professional qualification of interviewee 2	[1] Specialist physician [2] Generalist physician [3] Clinical officer [4] Medical assistant [5] Trained midwife [6] Professional nurse [7] Enrolled nursing assistant [8] Enrolled nurse [9] Counsellor [10] Nurse counsellor [11] Community health worker/health surveillance asst. [12] Other (<i>specify</i>)
11e.	Name(s) of interviewer(s)	

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