

TOOL UTILIZATION AND DOCUMENTATION AUDIT FORM			
Name of Facility:			
Name of Auditor:			
Review Month:			
Date of Abstraction:			
TOOL UTILIZATION	IN USE (YES/NO)	AVAILABLE STOCK	COMMENTS
National PMTCT ARV register			
National PMTCT monthly summary form			
National PMTCT maternal follow-up register			
National PMTCT child follow-up register			
National PMTCT partner register			
National ANC register			
National C&T in ANC register			
DOCUMENTATION AUDIT (National child follow-up register)	Enter yes if done, no if not done	How many clients were registered?	How many had this indicator documented?
Are the demographics filled completely for all clients? Check the state, facility name, LGA, year, month, date of delivery, hospital reg no., ANC no.)			
Is the mother's information filled for all clients? Check mother's hospital reg no., contact address, time of HIV diagnosis, mothers ARV			
Is child information filled? Check child hospital reg no., date of birth, sex, birth weight, infant ARV, age at CPT initiation			
Is feeding information documented for all clients?			
Is 1st PCR documented for all clients?			

Is the 9-month rapid test filled for all clients?			
TOTAL			
DOCUMENTATION AUDIT (National PMTCT maternal follow-up register)	Enter yes if done, no if not done	How many clients were registered?	How many had this indicator documented?
Are the demographics filled completely for all clients? Check the state, facility name, LGA, year, month, date of delivery, hospital reg no., ANC no.)			
Is time of HIV diagnosis filled for all clients?			
Is family planning method documented for all clients?			
Is infant feeding counseling done and filled for all clients? Check that code for infant feeding method at present is documented			
Is the partner HIV status filled for all patients?			
TOTAL			