MIP MOTHER INITIAL FORM

* ON CLIENT TYPE- When one chooses KP next is
* Date of ART initiation (if more than six months from date of enrolment TO MIP) give the text box for Date Viral load sample collected, If its less than six months hide the text box for date of viral load sample collected
  + DO WE NEED TWO DATES – date of filling the form and date of enrolment to MIP we will be doing back data entry
* ART regimen (if the initial regimen and current regimen are different provide the text for regimen switch and reason for regimen switch if the regimes are the same hide the date & ADD reason for regimen switch – REMOVE THIS BELOW SYPHILIS TEST RESULT TO BELOW CLIENT TYPE
* DELETE BELOW CLIENT TYPE: IF KNOWN POSITIVE HAS THE PATIENT BEEN ON ART FOR MORE THAN SIX MONTHS
* DELETE DATE OF THE FIRST VL DONE IN THIS PREGNANCY BELOW DATE OF REGIMEN SWITCH/CHANGE
* 3vmc$@!#

MIP MOTHER FOLLOW UP FORM

* When one chooses pregnant in patient type hide mother started on FP excluding condoms and family planning methods
* Change the statement below did partner accompany the woman to the clinic to:REASON FOR PARTNER not accompanying her to the clinic (not decline to accompany)
* In number of months post ART initiation include None of the above and when this is chosen hide was the viral load collected today
* ADD Date VL result received
* MOVE HIGH VL INTERVENTIONS (home visit, MDT, Repeat & EAC) TO BELOW VL RESULTS IF THE vl IS ABOVE 400 ITS WHEN PROVE THE TEXTS BUT IF BELOW 400 HIDE THE TEXT BOX
  + Dont make them compulsory because not all are done on the same day
  + The reference date should be the date VL result received thus we should include date VL result received
  + Date switch should be in refference to the last date of intervention
  + Date of EAC is not picking any date chosen
* Assigned Case manager if no hide name of case manager but include reason why they dont have a case manager
* Please include all sites in the encouter location all the 61 sites
* How will the mentor mother, Peer educators & IRA’s enrol themselves as provider names

MIP HEI INITIAL

* HEI NUMBER – MFL CODE-XXXXX
* Date of enrolment into MIP(pick by system)
* BIRTH WEIGHT IN KGS
* Gendre; Male or female
* Date of delivery
* Place of delivery
* Mode of delivery
* Infant outcome
  + Alive
  + Dead – Reported date of death and reported cause of death
* Prophylaxis given (can choose more than one)
  + AZT for 6 Weeks
  + NVP FOR 12 weeks
  + NVP throught out breastfeeding period
  + None
* Septrin prophylaxis given
* AGE OF infant
* Feeding options
  + Exclusive Breastfeeding
  + Exclusive replacement feeding
  + Mixed feeding
  + Breast feeding
  + Not breastfeeding
* Does the infant qualify for PCR collection
  + Yes (If yes open the text for Type of PCR)
  + No (If no hide the Type of PCR)
* Type of PCR collected
  + Initial
  + 2nd PCR (6months)
  + 3rd PCR (12 Months)
  + Confirmatory for PCR positive
  + Repeat for a rejected sample
* PCR results
  + Negative
  + Invalid{date recllected}
  + Pending
  + Rejected{date recollected}
  + Positive (If possitive)
    - Date ART initiation
    - Regimen initiated
    - CCC number
    - Date of confirmatory PCR
    - Date of baseline VL

MIP HEI FOLLOW UP

* HEI NUMBER – MFL CODE-XXXXX
* Date of enrolment into MIP
* AGE OF infant
* Gendre; Male or female(no need ,already captured)
* Which of the following meds has the child received today? (can choose more than one)
  + AZT
  + NVP
  + Septrin
* Does the child have any side effects to the drugs
  + Yes (if yes specify the drugs and describe the side effects)
  + No
* Feeding options
  + Exclusive Breastfeeding
  + Exclusive replacement feeding
  + Mixed feeding
  + Breast feeding
  + Not breastfeeding
* Does the infant qualify for PCR collection
  + Yes (If yes open the text for Type of PCR)
  + No
    - (If no was a PCR collected last visit )
    - Yes (Open the text for Type of PCR & results )
    - No
* Type of PCR collected
  + Initial
  + 2nd PCR (6months)
  + 3rd PCR (12 Months)
  + Confirmatory for PCR positive
  + Repeat for a rejected sample
* PCR results
  + Negative
  + Invalid
  + Pending
  + Positive (If possitive)
    - Date ART initiation
    - Regimen initiated
    - CCC number
    - Date of confirmatory PCR
    - Date of baseline VL
* Which immunization has the child received so far (Choose many)
  + BCG
  + IPV/OPV Birth
  + IPV/OPV 1
  + IPV/OPV 2
  + IPV/
  + Penta 1
  + Penta 2
  + Penta 3
  + PCV 1
  + PCV 2
  + PCV 3
  + Rota 1
  + Rota 2
  + Malaria 1
  + Malaria 2
  + Malaria 3
  + Measles 6 Months
  + Measles 9 Months
  + Measles 18 Months

Add concepts

**Mother initial form**

Regime Switched

**Mother follow up**