HIV care /ART Patient Monitoring Training

Participant Manual

FMOH, ETHIOPIA

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TARGET AUDIENCE

Clinical Team at facility level (ART Physician, ART Nurses, Data clerk), ART focal Person and Data manager at Regional Health Bureau, and professionals responsible to provide supportive supervision and mentorship on ART patient Monitoring, ART Data aggregation as well as backing up and validating the monthly report and cohort analysis forms.

Chapter 1 Basics of Monitoring and Evaluation

Introduction

Ethiopia is currently engaged in provision of HIV care/ART services to save and improve lives of those who are infected and affected by the disease and to reduce transmission. As HIV care/ART is a chronic lifelong care, it requires systematic capturing of patients' information, proper record keeping and producing timely reporting of key indicators. Thus, effectively established patient monitoring system integrated with care and treatment at health facility level is critical requirement.

To this effect, the patient monitoring tools have been developed, endorsed by the Surveillance and M&E technical working group of FMOH and are now available at facilities providing HIV/care ART. The patient monitoring tool is used to track important information for individual patient and group of patients' management; it is also summarized and aggregated to produce a report that will inform program managers to make informed decision to improve the program. In order to serve these purpose the patient monitoring tool have 6 components including two information capturing forms (intake and follow up), two chronic care registers (Pre ART and ART registers), and two reporting forms (monthly report and cohort). All forms and registers are quite linked and are back bone of providing quality service and producing important information that can guide decisions for improved care and management.

Therefore, the purpose of this manual is to give an overview on monitoring and evaluation and to guide users on how to use patient monitoring tool at a facility level and on how to aggregate the information captured to manage individual patient to make decision for program improvement, mobilize resource and to fulfill international report commitment.

Monitoring

- Is the routine process of data collection and measurement of progress toward program objectives
- Typically tracks input, activities, and output of a program
- Done by implementers

Evaluation:

- Is the episodic assessment of the change in targeted results that can be attributed to the program or project intervention
- Attempts to link a particular outcome, or impact directly to an intervention after a period of time has passed.

Monitoring & Evaluation Information Use

- Inform policies and plans
- Raise additional resources
- Strengthen programs and improve results
- Ensure accountability and reporting
- Improve quality of services provided
- Contribute to global lessons learned

Why monitoring patients in HIV programs?

1. HIV care and treatment requires life-long follow-up
2. Data collection is complex.
3. Importance of drug adherence over time.
4. Motivating patients seeing the development of their health through follow-up
5. Complexity of antiretroviral treatment with side effects.
6. Emergence of different opportunistic infections

Challenges to HIV Care/ART M&E in Ethiopia

1. Lifelong treatment requires huge amount of longitudinal data
2. Little experience handling data on chronic diseases (acute care model)
3. The need for rapid scale up of ART
4. Slow, manual M&E systems
5. Relatively weak health systems
6. Competing priorities
7. Weak (information) infrastructure
8. Weak information culture
9. Limited capacity for analysis and use of data (esp. at facility level where it is most important)

Strategies to address these concerns

1. One agreed monitoring and evaluation system
2. Standardized data collection and reporting tools with instructions
3. Implementing data quality assurance systems
4. Dedicating M&E personnel & resources for the program
5. Proper training of health workers and data clerks

The paper based patient monitoring system presented in this course includes six types of items:

1. Clinical intake forms A & B;
2. The HIV Care / ART follow – up form
3. Pre-ART Register;
4. ART register;
5. Monthly report form; and
6. Cohort analysis report.
7. HIV Care referral form

The monitoring and evaluation tools will be discussed in detail in chapter 2

Chapter 2 : HIV/AIDS Care and Treatment Monitoring Tools

2.1. Data Capturing forms

2.1.1. How to Fill out Patient intake form:

In general, when patient with chronic illness comes to a facility to have an ongoing care the clinician will take a detail history, perform detail physical examination and lab tests to have clear understanding of where the patient stands in terms of disease progression in order to truck changes over time using hospital card. The way when HIV+ person comes to a facility to have HIV care/ART, we will use the abridged patient intake forms A-B to take detail history, physical examination, lab evaluation, WHO staging, counseling session and plan regarding management of patient. This information will be summarized on follow up card and then to appropriate registers to facilitate trucking progress over time. This process is called enrolling in chronic care/ART.

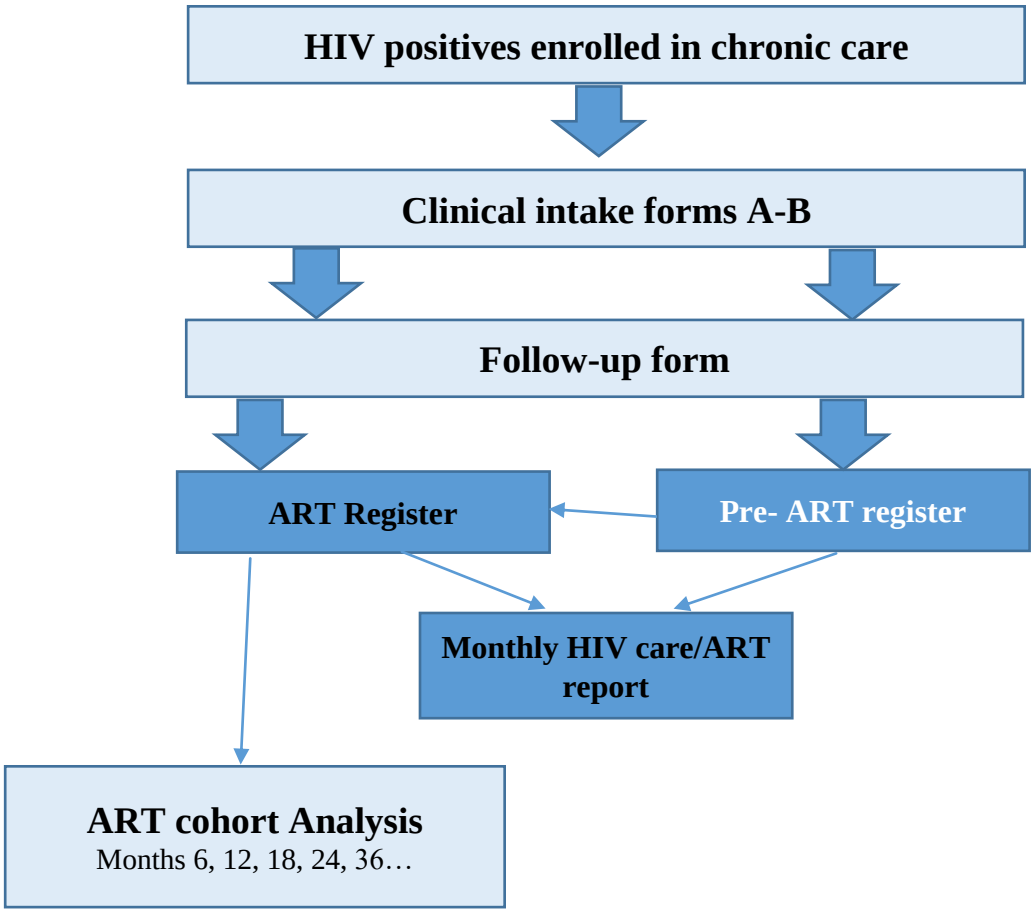


Fig 1. Registering and reporting cascade in HIV care & treatment

HIV Care/ ART clinic Intake form- A Socio demographics & family care FEDERAL MINISTRY OF ALTH OF ETHIOPIA
Facility Name_____ **MRN** _____ **Enrollment date:** ___/___/____**(DD/MM/YY) Unique ART No.** _____ **Unit TB No.** _____

Client Name_____**Fathers'Name**_____**Garand Fathers'** _____
For child only: Mother's Name: _____ **Place of delivery:** O Health facility O Home O Other specify _____
Mode of delivery O Spontaneous vaginal O Cesarean section O Other specify _____
Date of birth _____/_____/____ **age:** _____**years (**enter months for a child<5 years of age**)** **Sex:** O **M** O **F**
Client/ child's care giver**) Marital Status:** O Never Married O Married O Divorced O Widowed
Religion: O Orthodox O Muslim O Protestant O Catholic O Other_____
Level of education: O No education O Primary O Secondary O Tertiary O Other/specify_____ **Occupation:**_____
Address: Region_____ Zone/Sub city_____ Woreda_____ Kebele _____ House No._____ Telephone _____
Client reside within the catchments area O Yes O No , if no; Is challenge anticipated to regularly follow in this facility O Yes O No
Date confirmed HIV+: / / (DD/MM/YY) **Type of HIV Test:** O **Rapid HIV tests** O **DBS/PCR (for children)**

CLIENT REFERRAL INFORMATION

From with-in the Facility
O Medical OPD O Pediatric OPD O TB Clinic O MCH (PMTCT) O VCT O Adult IPD
O Pediatric IPD O Other Outpatient specify_____
Outside the Facility
O Health Centers O Public Hospital O Private Hospital O NGO/FBO Hospital O Private Clinic O Self-referred O Others _____

CARE GIVER/EMERGENCY CONTACT INFORMATION
Full Name: _____ Age: _____Gender: O Male O Female Relation: _____

Address: Region_____ Zone/Sub city_____ Woreda_____ Kebele _____ House No._____ Telephone _____

DISCLOSURE AT ENROLLMENT:
Does anyone else know about your/your child's HIV Status? O Yes O No
If yes who knows your/your child's HIV positive status? O Spouse (Wife/Husband) O Own Child (ren) O Parent(s)
O Sibling(s) (Brother(s)/Sister(s) O Relatives O Friends O Others _____

FAMILY MEMBERS(Spouse/Parent and Child/ren/Sibling) HIV STATUS AT ENROLLMENT AND FOLLOW UP Visit
(Enter date for appropriate HIV status in DD/MM/YY format*)

At enrollment				**At enrollment or follow up visit**: update all black fields as status changed					
Family member	Age	Sex	Health status (healthy, chronically ill, dead	Counseled for HIV*	Tested for HIV*	HIV test Result; P, N, INCV	Enrolled in care*	Started ART *	Unique ART #
Spouse/ Parent									
Child1/ Sibling 1									
Child2/ Sibling 2									
Child3/ Sibling 3									
Child 4/ Sibling 4									
Child 5/ Sibling 5									

INTAKE-ART 2017

INSTRUCTIONS: Intake form- A Socio demographics & family care

Note: <u>All</u> but family HIV status fields must be completed at enrollment & all date fields must use Ethiopian calendar in DD/MM/YY format

Health Facility Name – Health Facility name as registered at the Ministry of Health

Medical Record Number (MRN): Unique individual identifier on medical information provided by facility on folder

Enrollment date: Enter the date client was registered in HIV care using Ethiopian calendar in DD/MM/YY format

Unique ART number: Unique identifier assigned to a client when stating ART. It is composed of region number/ facility type code/ specific facility code /client assigned 5 digit serial numbers starting as 00001

Region Code: **1.**Tigray (TG)) **2.**Afar (AF) **3.**Amhara (AM) **4.** Oromia (OR) **5.** Somali (SO)
6. Benshangul Gumuz (BG) **7.** SNNPR (SN) **12.** Gambella (GA) **13**. Harar (HA) **14**. Addis Ababa (AA) **15.** Dire Dawa (DD)

Facility Type code: **Use 08** for Hospital and **09 for** Health center

Client Name: Enter client's given name, **Father's Name**: - Enter client's father's name. If not known enter NA **Grandfather's Name**: - Enter client's grandfather's name. If not known enter NA

For a Child ask and fill Mother name, place and mode of delivery as:

Child's; mother Name: Enter client's mother if the client is a child <15 years. If clients mother name is not known enter NA

Place and mode of delivery: Mark in appropriate circle that indicate the place and mode of child's delivery

Date of Birth: - Use Ethiopian calendar in DD/MM/YYYY format. If only month & year are known, enter 00 for day, if only year is known, enter 00 for day & 00 for month

Age: - Enter Client's current age in years. If Client is less than 5 years old, enter age in months.

Sex: -Mark in the appropriate circle that indicate sex of the client

Marital Status: - Mark in appropriate circle that indicate clients (child's care giver) current marital status

Religion: - Mark in appropriate circle that indicate religion of the client

Level of Education: - Mark in appropriate circle that indicate client's completed year of schooling

Occupation: Enter what the client's current works for living

Client Address: - Enter the current permanent address of the client including; Region, Zone/Sub-city, Wereda , Kebele , House number as well as telephone number

For clients out of the catchment area of this facility: confirm absence of barriers for regular follow up at this facility including, time, transport access, transport money

Date confirmed HIV+: Enter test date using Ethiopian calendar in DD/MM/YYYY format; if tested more than once, enter the most recent one

Type of HIV Test Mark in appropriate circle that indicate the type of test the client took

Client referral information; Mark in appropriate testing point if client linked from with the facility or indicate facility type if from outside facility

Care giver information: Enter the name, the address & relationship of care giver; to avoid unintended disclosure it is advisable if care giver is confided client sero-status

Disclosure at enrollment: Does anyone know client HIV Status? Mark appropriate response that indicate clients disclosure status To who knows clients HIV status: Mark appropriate response that indicate for whom the clients has disclosed

Family members (spouse/parent /child/ren/sibling's)

HIV status: at enrolment Mark the relationship, enter the age, sex & health status of client's each family members and for those whose HIV Status is determined indicate the date

At follow up visits: if the status of the clients family member changed enter the date in DD/MM/YY format in the cell corresponding to the updated status

Facility Name_____ **MRN** _____

PAST OPPORTUNISTIC ILLNESS (OI), PRPHYLAIS AND TREATMENT (MARK ALL THAT APPLY)

Past OI

O Pulmonary TB O TB-Extrapulmonary O Fever (>1 month; unexplained) O Diarrhea (>1 month) O Oral Candidiasis
O pharyngeal candidiasis O Wasting Syndrome O Pneumocystis Carinii Pneumonia O Pneumonia (recurrent) O Cryptococal Meningitis O Minor Mucocutaneous manifestations O Herpes-simplex(>1month) O Toxoplasmosis (brain) O Kaposi sarcoma O Other specify_____

Past Prophylaxis/Treatment

Cotrimoxazole: Date started_____/_____/_____ If stopped; date stopped ____/_____/_____
INH: Date started_____/_____/_____ If completed; date completed ____/_____/_____
ARV For PMTCT:- O Yes O No If Yes Health facility:-_____Regimen for mother:_____ Regimen for baby: _____
Lifelong ART/TI:- O Yes O No if yes Regimen: _____ Start date : ____/___ /____ Months on ART _____ Still on Treatment: O Yes O No

Client STATUS AT ENROLLMENT

VITAL SIGNS:- :- Temp (°C)_____ PULSE/HR (/m)_____ BP (mmHg)_____RR (R/m)_____
ANRTOPOMETRY:- Height (cm) _____Weight (kg)_____ BMI (kg/m^2)_____ **for child only**; Head circumference (cm): _____
For child; anthropometry interpretation: O Normal weight for age O underweight
FUNCTIONAL Status:- O Working O Ambulatory O Bed ridden
Developmental status (for a child<5) O Appropriate for age O Delay O Regression

PRESENTING SYMPTOM

O Cough O weight Loss __% body wt O Dyspnea O Fever > 1 month O Nightsweat
O Diarrhea O Mental Confusion O STI Symptoms O Dysphagia/ Odynophagia
O Nausea and/or vomiting O Persistent Headaches O Others specify:_____

CLIENT'S PREGNANCY STATUS at Enrollment:

O Pregnant LMP _____/__/_____ EDD__/_____/_____ O Not Pregnant O Not Applicable

CLIENT GENERAL APPEARANCE OF AT Enrollment:_____

Physical Examination by system

System	Normal	Abnormal	Specify Abnormal Finding
HEENT			
Lymph nodes			
Chest			
Heart			
Abdomen			
Genitourinary System			
Musculo-skeletal system			
Skin			
Nervous System			

WHO HIV Clinical Stage at enrollment: _____ why: _____

POSITIVE HEALTH DIGNITY AND PREVENTION (PHDP) ISSUE ADDRESSED

Date	Basic HIV & TB transmission education,	Prevention: abstinence, safer sex, condoms	Positive living	Progression of disease	Available treatment/ prophylaxis CPT, IPT,FPT	Education on essentials of ART	Why complete adherence needed	Explain dose, when to take	What side effects & how to manage	What to do if one forgets dose	Conclusion

INSTRUCTIONS: Intake form- B Past and presenting illness & PHDP

Note: <u>All</u> fields must be completely filled in at enrollment then after should be update accordingly & all date fields must use Ethiopian calendar in DD/MM/YY format
Health Facility Name – Health Facility name as registered at the Ministry of Health
Medical Record Number (MRN): Unique individual identifier on medical information provided by facility on folder
Past Opportunistic Illness (OIs):– Mark all IOs that the patient has experienced before enrollment. **Note:** that this information can be obtained from the client, medical/lab records or referral form
Past Prophylaxis / Treatment:-
Cotrimoxazole (CTX): If client is on CTX at enrollment enter the start date; using Ethiopian calendar in DD/MM/YYYY
Isoniazid (INH): If client on INH at enrollment enter the start date and if client has completed the INH enter stop date using Ethiopian calendar in DD/MM/YYYY format
Fluconazole Preventive Therapy (FPT): If client is on FPT enter the start date and if client has completed the FPT enter stop date using Ethiopian calendar in DD/MM/YYYY format
ARV for PMTCT: Mark appropriate circle to indicate client exposure to ARV for PMTCTE, if yes enter facility name and the regimen given to the mother and the baby
Lifelong ART/TI: For all transfer in, mark ART status at enrolment, enter the regimen, how long the client was on ART, start date in DD/MM/YY format, & if the client is still on ART
VITAL SIGNS:- Check and enter the measurement: **temperature** in ^{O}C, Pulse(**PR**) in rate per minute Blood pressure (**BP**) in mmHg Respiratory rate (**RR**) in rate per minute
Anthropometric Measurement:- measure and enter: **Height** in cm, **Weight** in kg, body mass index (**BMI**) in KG/ M^2
Functional Status:- Assess & mark appropriate circle: **Working if** able to perform usual work in & out of house, **Ambulatory if** Able to perform activities of daily living but not able to work **Bedridden (B)=**not able to perform activities of daily living
Developmental status for children <5 years:- A= Appropriate if a child has attained milestones for age: **Delay**: if the child failure to attain milestones for age **Regression**: loss of what has been attained for age
Presenting Symptom: Ask and mark all the symptoms that the e client complain to have at enrolment
Client's pregnancy status at enrolment: If pregnant enter Date of last Menstrual Period **(LMP)** & Expected Date of Delivery **(EDD) otherwise** mark appropriate circle
Client general appearance at enrollment: Assess and describe the general prance of the clients in the space provided
Physical Examination: Assess and mark appropriate physical finding category for each system; and describe all abnormal findings
WHO HIV Clinical Stage: Assess and stage the clients; enter the criteria (from past /presenting finding) used to put the client on a particular WHO clinical stage; **listed below**
WHO HIV Clinical Stage 1:
-Clinically Asymptomatic Client -Persistent Generalized Lymphadenopathy (PGL)
WHO HIV Clinical Stage 2:
-Minor Mucocutaneous Manifestations - Herpes Zoster - 5-10% body weight loss - Recurrent upper respiratory tract infection
WHO HIV Clinical Stage 3:
- Oral Candidiasis -Unexplained Chronic Diarrhea (>1 month) - >10% of Body Weight loss - Oral Hairy Leukoplakia
- Unexplained Prolonged Fever (>1 month) - Pulmonary Tuberculosis - Bacterial Pneumoni Unexplained anemia (<8g/dl),
neutropaenia (<0.5x10^9/l) and/or chronic thrombocytopaenia (<50 x 10^9/L) -Other Severe Bacterial Infections (eg. pyomyositis)
WHO HIV Clinical Stage4:
- Extrapulmonary Tuberculosis -HIV Wasting Syndrome - Atypical Mycobacteriosis -Candidiasis (Esophagus, Trachea, Bronchi or Lungs)
- Crytococcosis Extrapulmonary - Cryptosporidiosis with Diarrhea (>1 month duration) -Herpes Simplex (mucocutaneous >1 month, or visceral - CMV Disease (other than liver, spleen, lymph nodes) -HIV Encephalopathy - Karposi's Sarcoma
- Lymphoma - PML - Mycosis, Disseminated (i.e. Histoplasma, Coccidioides) - Pneumocystis Carinii Pneumonia (PCP) - Salmonella Septicemia, Non-typhoid - Toxoplasmosis of the CNS - Symptomatic HIV-associated - Invasive cervical carcinoma
- nephropathy or cardiomyopathy - Atypical disseminated leishmaniasis
POSITIVE HEALTH DIGNITY AND PREVENTION PHDP) ISSUE ADDRESSED
Enter the date of adherence counseling in DD/MM/YY format and mark all issues raised and dressed during PHDP counseling

2.1.2. How to Fill HIV Care/ ART Follow-Up Form

For effective chronic care including ART, keeping track of what happened on the previous visits matters a lot in order to decide what to do on the current visit. Follow up form is thus, designed to follow patients in a systematic manner starting from the time of enrollment (irrespective of the stage of the patient at enrollment) for chronic care through ART to capture key information in each visit as replacement of hospital card.

The information to be filled on the top (patient card No., TB No, unique ART No., patient name, age ,sex, date confirmed HIV+, and patient address) and on the first row of the follow up form comes directly from the intake form filled up on enrollment. The subsequent rows are then filled during the follow up visits; only one row is used for one visit.

Follow up card have two faces

- **Dummy table** where the clinician fill patient information using one row for one visit.
- **Code table** that guide clinician to fill out follow up card using the code for important indicators.

  While filling information of each column of follow up form, follow the description below:

Follow up date/S or US: S= Scheduled visit, US= Unscheduled visit

- Write the date of encounter with patient and indicate whether the visit was scheduled or not**.** Writing the date is very critical as all the recorded findings are the progress at that point in time.

Months on ART:

- Indicate for how long the client has been on ART, the duration since first starting ART/since starting current regimen. Put the number of weeks up until 1 month, and number (of months) thereafter. When ART is first started, write "0" in this column. If patient is getting Pre-ART service, leave the column blank. .

Weight/ height:

- Measure and record the patient's weight in kilograms (kg). As most patients should gain weight gradually over the first 6 – 12 months they are on ART and it is an important and simple treatment progress indicators. Regular recording is mandatory.
- Measure and record the patient's height in meters (m) at entry for adults.

Nutritional status: to assess nutritional status**;**

- Calculate BMI (Body Mass Index) using recorded wt and ht ;BMI= $wt/(ht)^2$

- Use BMI for adults and older children (5-18yrs)
- Use MUAC for Pregnant/ Postpartum / bedridden clients
- Use Wt/Ht for children.

Pregnant /EDD/ PMTCT or FP:

- **For women of childbearing age, at** each visit ask for pregnancy. If pregnant, write EDD and her ANC registration number after connecting to the PMTCT Service. She should also be send with her Unique ART number once she is started on ART and have Unique ART number. Both men and women in their reproductive age should be asked about current methods of FP at each visit; if patient is taking FP methods then enter the code of the method according to the code table on the back of the follow up card.
- **For children, use this column to record Height.**

Functional status:

- Determine which functional status best applies to the patient: **W**orking **(W)**=Working, able to perform usual work in or out of the house, harvest, go to school or playing for children, **A**mbulatory **(A)**=Ambulatory, able to perform activities of daily living (feeding oneself or going to bathe room), or **B**edridden (**B)**=Bedridden, not able to perform activities of daily living. Enter the abbreviation of the best fit functional status at each visit as it is important but simple treatment progress indicator.
- For **children under 5** years of age use developmental milestone (**A=** Appropriate, **D=** Delayed and **R=** Regressed)

WHO staging; 1-4

- **Write the clinical stage** (1, 2, 3, or 4) on each visit patients either remain at same clinical stage or move up to the next stage. Patients cannot move down to a lower stage.
- For clients who are on ART for more than 6 months, use T staging. T-staging uses the same clinical parameters and is used for monitoring of ARV treatment success or failure after six months of therapy.

TB Screen:

- All clients should be screened for TB at each visit and the screening result should be recorded as P/N and TB for those on anti TB Rx
    i. Positive screen needs further work up to rule out TB
    ii. Negative screen needs further assessment for IPT eligibility

Xpert MTB/RIF

Specimen sent: Mark a tick mark ( ) when specimen is collected and sent for Xpert test with suspicion of MDR TB &/ or sensitivity for Rifampicin,

Result (P/N): document the result of Xpert test as Positive or Negative**.**

TB Treatment /Prophylaxis

- **TB Rx 1-6** (Currently on anti TB treatment – the numbers refers to months on Rx such as TB R_x 2; indicates the client was on Rx for the past 2 months.
    i. TB R_x 1-6; currently on anti TB R_x
    ii. TB R_x DC;discontinued Rx for any reason
    iii. TB R_x C; completed anti TB R_x
- INH_{1-6}; currently on **INH** prophylaxis, numbers indicate to months on INH
- INHC; completed treatment
- INH DC; discontinued INH for any reason

Cervical Cancer Screening with VIA (0, 1, 2, 3, 4): using the codes stated, 0- 4, write the code of the cervical screening result as 0= VIA not done, 1=VIA Negative, 2=VIA Positive and eligible for Cryotherapy, 3= VIA Positive and Non-Eligible for Cryo, 4= Suspicious for cervical Cancer.

OIs and HIV related Cancers: This can be related to HIV infection, ART or be problems of unknown cause, use the abbreviations to write newly developed OI/cancer at each visit as indicated at the back of the follow-up form. NOI= No OI or Ca, Z=Zoster, BP= Bacterial pneumonia, PTB= pulmonary TB, EPTB= extrapulmonary TB, TO= oral thrush, EC= esophageal candidiasis, UM=mouth ulcer, DA or DC= acute or chronic diarrhea, PCP= pneumocystis pneumonia, CT= CNS toxoplasmosis, CM= Cryptococcal meningitis, NHL= non-Hodgkins lymphoma, KS= Kaposi's sarcoma, CCa= cervical Ca, O= others.

Pain assessment &management: Assess for pain and manage as:NP = no pain, S1= WHO step 1, S2= WHO step 2, S3= WHO step 3

CD4 count result: CD4/ mm^3 or CD4% for children < 5: If the patient has a CD4 test requested, check * on CD4 column, and when result is available, register the value of the result in the CD4 column.

VIRAL LOAD: Write "VL" when investigation is ordered, and enter the amount of viral copies/ml when the result is available in the VL column.

Hgb, ALT, AST, Cr, CrAg: If the patients has had a test to check anemia, liver or renal function or any other tests like Cryptococcal antigen, note what kind of test and when sent, then fill in results when available.

Cotrimoxazole Preventive Therapy (CPT): If patient is on Cotrimoxazole prophylaxis, record the dispensed dose and adherence on each visit. Estimate adherence by asking the patient how many doses she/he has missed in the past month, or count the remaining pills the patient has returned to the clinic by using the table below.

Adherence	%	Missed of 30 doses	Missed of 60 doses
G(good)	> 95%	$\leq$ 2 doses	$\leq$3 doses
F(Fair)	85 – 94%	3-5 doses	4-8 doses
P(poor)	< 85%	$\geq$ 6 doses	$\geq$ 9 doses

Record adherence as (**G**ood= 95% or greater), (**F**air= 85 – 94%), or (**P**oor= less than 85%) one month after initiation of prophylaxis in the ***A****dherence* column. Record number of doses dispensed at that visit in the dispense column.

Fluconazole Preventive therapy (FPT): Record the dosage of Fluconazole for patients started on Fluconazole preventive therapy,

Other medications/ or nutritional supplements dispensed: If the patient is having prescribed medicine other than ART, Cotrimoxazole, INH, or Fluconazole; or nutritional supplements, list the names, doses, and frequency of these medications/ nutritional supplements dispensed in this column.

ARV Adherence:

- Estimate adherence by asking the patient how many doses she/he has missed in the past month, or count the remaining pills the patient has returned to the clinic using adherence grading/ level.

- Record adherence level to ARV drugs as (**G**ood= 95% or greater), (**F**air= 85 – 94%), or (**P**oor= less than 85%) at every visit. Also record reason for why Fair and Poor adherence results using codes 1 to 13 listed on the back of follow up card.
- E.g., **P-1** (for those who adhered poorly because of toxicity or side effect patient etc.)
- NB. Leave this column blank until the person starts ART.

ARV drugs:

- Record code of ARV drugs combinations/ regimens and doses dispensed at each visit in the dispense column.
- Under Side effect column, record any side effects observed primarily for ARV drugs. If there is change of any ARVs, record reason for change using codes 1- 8 listed at the back of the follow up form: 1= Toxicity/ Side effect, 2= Due to ne TB, 3= New drug available, 4= Drug stock out, 5= Clinical failure, 6=Immunologic failure, 7=Virologic failure, 8= Other , etc

CODE FOR ART REGIMEN

Adult First Line		Child First Line
1c = AZT + 3TC + NVP		4c = AZT + 3TC + NVP
1d = AZT + 3TC + EFV		4d = AZT + 3TC + EFV
1e = TDF + 3TC + EFV		4e = TDF + 3TC + EFV
1f = TDF + 3TC + NVP		4f = AZT + 3TC + LPV/r
1g = ABC + 3TC + EFV		4g = ABC + 3TC + LPV/r
1h = ABC + 3TC + NVP		4i = TDF + 3TC + DTG
1j = TDF + 3TC + DTG		4j =ABC + 3TC + DTG
1k = AZT + 3TC + DTG		4k =AZT + 3TC + DTG
1i = Other specify		4L =ABC + 3TC + EFV
		4h = Other specify
Adult Second Line		Child Second Line
2e = AZT + 3TC + LPV/r		5e = ABC + 3TC + LPV/r
2f = AZT + 3TC + ATV/r		5f = AZT + 3TC + LPV/r
2g = TDF + 3TC + LPV/r		5g = TDF + 3TC + EFV
2h = TDF + 3TC + ATV/r		5h = ABC + 3TC + EFV
2i = ABC + 3TC + LPV/r		5i = TDF + 3TC + LPV/r

2j = Other specify		5k = RAL + 3TC + AZT 5L = RAL + 3TC + ABC 5m = ABC + 3TC + DTG 5n = AZT + 3TC + DTG 5j = Other specify
Adult Third Line		Child Third Line
3a=DRV/r + DTG + AZT + 3TC 3b=DRV/r + DTG + TDF + 3TC 3D = DRV/r + ABC + EFV + 3TC 3c= Other specify		6a=DRV/r + RAL + AZT + 3TC 6b=DRV/r + RAL + TDF + 3TC 6c=DRV/r + DTG + AZT + 3TC 6d=DRV/r + DTG + TDF + 3TC 6F = DRV/r + DTG + ABC + 3TC 6e= other specify

Client Set HIV Prevention Plan:

- Enter which ever fits the client using the list below:

D= Agreed to disclose to partner/family/friend

PT=Planned to bring partner for testing

ChT=Agreed to bring children for testing

SSex=Discussed & agreed to practice safer sex

ASS=Assessed for STI

SRX= Client managed for STI

Disclosure for Children:

- For children, use this column to document stages of HIV disclosure using the codes DS0=No disclosure, DS1= stage 1 disclosure, DS2= stage 2 disclosure, DS3= stage 3 disclosure.

Next visit date:

- At the end of each session, appoint the patient and enter the date of the next appointment on the next visit date column. This column will guide clinician to easily identify whether the patient has come on schedule or not and also if the patient is on ART, one can also estimate the adherence pattern by checking the date of visit against the dispensed dose.

HIV CARE/ART FOLLOW-UP FORM

FEDERAL MINISTRY OF HEALTH

Facility Name_____
Name:_____ **Age** _____**years (Months for Children <5 years) Sex** ☐ **M F** ☐
Address: Region _____ **Woreda/Sub city** _____ **Kebele** _____ **House No.** _____**Telephone** _____
Patient Card No _____ **Unique ART No.** _____
Date confirmed HIV+ (Retesting): _____/_____/_____**(DD/MM/YY) Type of HIV Test** ☐ **Rapid HIV tests** ☐ **DNA/PCR (for children)**
Client readiness: (date client is ready) / /_____**(DD/MM/YY) Height (Adult) in cm:** _____ _____

S/U S	Follow up date (dd/mm/yy)	Months on ART	Weight (Kg) Edema+/-	BMI (MUAC for pregnant woman or bedridden)	Pregnancy status / FP method	Functional Status (W,A,B)	WHO Stage (1-4 / T1- T4)	TB Screen - P/N	Xpert MTB/RIF		TB Treatment / TB Prophylaxis	Cervical Cancer Screened (VIA)(0,1,2,3,4)	OIs/ HIV related cancers	Assessed & Managed for pain	CD4/mm^3 or % if < 5 yrs	VL result (copies/ml)	Hgb, ALT/ AST/ Cr/ CrAg	Co-trimoxazole Preventive therapy		Fluconazole preventive therapy (FPT) (Dispensed Dose)	Other medications / or nutritional supplements dispensed	Assess & counsel for ARV Adherence		ARV drugs			Client sets HIV prevention plan	Next Visit Date (dd/ mm/ yy)
					If child Length/ Height/ Head circumference for < 3years	Develop mental Milestone			Sent (Y/N)	Result (P/N)								Adherence G,F,P)	Dispense dose			Adherence (G,F,P)	Why Fair or Poor?	Dispense (dose /code)	Side effect	Reason for change	Disclosure for children	

S/US

S=Scheduled US=Unscheduled

TB SCREEN

SCREEN FOR TB AT EVERY VISIT

Adult & Adolescent

1. Current Cough?
2. Fever?
3. Night sweats?
4. Weight loss?

P= (Positive screen)-Yes to any of the above---Evaluate for TB.
N= (Negative screen)- No to all the questions above---assess for IPT eligibility

Children 0-14 years old

1. Current Cough?
2. Fever?
3. Weight loss or poor weight gain?
4. Contact history with TB patient?

P=(Positive screen)-Yes to any one of the four---evaluate for TB
N=(Negative screen)-No to all four---assess for eligibility to IPT

Xpert MTB/ RIF (GeneXpert)
P= Positive
N= Negative

Months on ART

Duration in months since initiation of ART:
0 = ART Initiation date
1 week = 1 week
2 weeks = 2 weeks
3 weeks = 3 weeks
1 = 1 month
2= 2 months
If not started on ART (Pre-ART) leave this column blank

Pain Assessment & Management

Assess for Pain & Manage as
NP= No pain
S1= WHO Step 1
S2= WHO step 2
S3= WHO step 3

Nutritional Status (adults)

BMI (wt/(ht^2)) (for non-pregnant / non postpartum)
1= Normal (18.5-24.99kg/m^2)
2= Mild (17-18.49kg/m^2)
3=Moderate malnutrition (16 -16.99kg/m^2)
4=Severe malnutrition (< 16kg/m^2)
5=Over weight (25-29.99 kg/m^2)
NB: write the codes (1,2,3,4 or 5)

MUAC
(for pregnant/ postpartum /bedridden)
1= Normal **(>23cm)**
2=Moderate malnutrition**(19-23cm)**
3=Severe malnutrition **(<19 cm** for pregnant and postpartum /**<18cm** for bedridden)

Pregnancy Status /Family Planning Method

P = Pregnant (If pregnant, give estimated due date (EDD))
PMTCT = Referred to PMTCT & indicate linkage
WP = want to become pregnant
No FP = not pregnant & is not using any FP methods
FP= On Family Planning (enter code):
1= Condoms
2= Oral contraceptive pills
3= Injectable
4= Implant
5=Intrauterine device
6=Vasectomy/ tubal legation
7= Abstinence (no sex)

Length / height/ HC

Measure length / height in cm for children younger than 14 years at EVERY visit.
Measure head circumference in cm for children younger than 3 years of age at EVERY visit

Nutritional Status (Children)

W/H
1=Normal/ Appropriate (> -1 Z- score)
2=Mild (< -1 and > -2 Z- score)
3=MAM - Moderate Acute Malnutrition (< -2 and > -3 Z-score)
4=SAM-Severe Acute Malnutrition (< -3Z-**score)**

Functional status

W=Working (able to perform usual work in or out of the house, harvest, go to school or, for children, normal activities or playing)
A=Ambulatory (able to perform activities of daily living)
B=Bedridden (not able to perform activities of daily living)

DEVELOPMENTAL MILESTONES FOR CHILD

A= Appropriate:
Sitting without support …….3 to 9 months
Standing with assistance……5 to 11 months
Hands and knees crawling ….6 to13 months
Walking with assistance ….7 to 14 months
Standing alone…….8 to 17 months
Walking alone……. 9 to 18 months

Delay: Failure to attain milestones for age
Regression: Loss of what has been attained for age

Nutritional Status (Older children & adolescents)

BMI for age(5-18yrs)
1=Normal/appropriate (> -1 Z score)
2=Mild (< -1 and > -2 Z score)
3=Moderate malnutrition (< -2 and > -3 Z score)
4=Severe malnutrition (< -3 Z score)
*BMI for age for older children and adolescents.

Client readiness

Enter the date (dd/mm/yy) client is ready for ART initiation when client is counseled, adherence barriers addressed and client is willing to start ART

Client Set HIV Prevention Plan

D = Agreed to **Disclose** to partner/ family / friend,
PT= Agreed to **bring partner** for testing
ChT= agreed to bring children for testing,
SSex= discussed & agreed to practice safer sex
SubU=Decides to avoid or decrease Substance use
ASS= Assessed for STI
SRX=client managed for STI

For children Fill in stage of HIV disclosure
DS0 = No disclosure
DS1=Satge1, about the illness, taking medicine, keeping healthy,
DS2=Stage2, about germs, body soldiers,
DS3=Stage3, use of terms like CD4, Viral Load, HIV,

TB PROPHYLAXIS/ TREATMENT

INH1-6=Currently on INH prophylaxis (Number refers to months on INH)
INH-C=Completed treatment
INH- DC=discontinued for any reason
TB RX 1-6 =Currently on AntiTB (numbers refer to months on Rx)
TB RX dc=discontinued TB Rx for any reason
TB Rx C=Completed anti TB Rx

OI/ Opportunistic cancers

NOI= No OI or Opportunistic cancer
Z=Zoster **BP**=Bacterial Pneumonia
PTB= Pulmonary Tuberculosis
EPTB= Extra pulmonary tuberculosis
TO= Thrush oral
EC= esophageal candidiasis
UM=ulcers-mouth
DC or DA=Diarrhea Chronic/Acute
PCP=Pneumocystis pneumonia
CT= CNS Toxoplasmosis
CM=Cryptococcal Meningitis
NHL=NonHodgkins Lymphoma
KS=Kaposi's Sarcoma
CCa=Cervical cancer
O=Other

ADHERENCE

Estimate adherence using the table below:
:

Adherence	%	# missed doses	
G (Good)	% ≥95%	(of 30 doses <2 doses	(of 60 doses88 ≤3 doses
F (Faire)	85-94%	2-4 doses	4-9 doses
P (Poor)	<85%	≥ 5 doses	≥10 doses

If Fair or Poor adherence, in why column note reason:
1. Toxicity/ Side effects
2. Share with others
3. Forgot
4. Felt better
5. Too ill
6. Stigma, discloser
7. Drug stock out
8. Lost/ ran out of pills
9. Delivery/ travel problems
10. Inability to pay
11. Alcohol
12. Depression
13. Other

SIDE EFFECTS

1. No side effects
2. Nausea
3. Diarrhea
4. Fatigue
5. Headache
6. Numbness/ tingling/pain
7. Rash
8. Anemia
9. Abdominal pain
10. Jaundice
11. Fat changes
12. Dizzy, anxiety, nightmare, depression
13. Other

REASONS FOR REGIMEN CHANGE

1. Toxicity/ Side effects
2. Due to new TB
3. New drug available
4. Drug stock out
5. Clinical failure
6. Immunologic failure
7. Virologic failure
8. Other

REASONS FOR STOPPING REGIMEN

STOP = Stopped ART
If STOP, In **why** column, note reason:
1. Toxicity/side effects
2. Treatment failure
3. Poor adherence
4. Illness, hospitalization
5. Drugs out of stock
6. Patient lack finances
7. Other patient decision
8. Other

VIRAL LOAD

Mark '*' under VL column when requested/ specimen collected,
Write the amount and interpret as undetectable and detectable for clinical intervention

Cervical Cancer Screening

Screened with VIA (1- 4): **0**= VIA Not Done; **1**=VIA Negative; **2**= VIA Positive: eligible for Cryo; **3**=VIA Positive: Non-Eligible for Cryo; **4**= Suspicious for Cervical Cancer,

DISPENSE DOSE/ REGIMEN CODE

ADULT FIRST LINE	CHILD FIRST LINE
1c = AZT-3TC-NVP **1d = AZT - 3TC - EFV** **1e = TDF - 3TC - EFV** **1f = TDF + 3TC + NVP** **1g = ABC + 3TC + EFV** **1h = ABC + 3TC +NVP** **1j = TDF + 3TC + DTG** **1K = AZT + 3TC + DTG** **1i = Other specify**	**4c = AZT+ 3TC+NVP** **4d = AZT+3TC+EFV** **4e = TDF+3TC+EFV** **4f = AZT +3TC + LPV/r** **4g = ABC + 3TC + LPV/r** **4i = TDF + 3TC + DTG** **4j = ABC + 3TC + DTG** **4K = AZT + 3TC + DTG** **4L = ABC + 3TC + EFV** **4h = Other specify**
ADULT SECOND LINE	**CHILD SECOND LINE**
2e= AZT +3TC +LPV/r **2f =AZT+3TC +ATV/r** **2g=TDF + 3TC+-LPV/r** **2h= TDF + 3TC + ATV/r** **2i= ABC + 3TC+ LPV/r** **2j= Other specify**	**5e=ABC+3TC+LPV/r** **5f=AZT + 3TC + LPV/r** **5g=TDF + 3TC + EFV** **5h=ABC + 3TC + EFV** **5i= TDF + 3TC+LPV/r** **5k= RAL+AZT+3TC** **5L= RAL+ABC+3TC** **5m= ABC+3TC+DTG** **5n= AZT+3TC+DTG** **5j= Other specify**
ADULT THIRD LINE	**CHILD THIRD LINE**
3a = DRV/r+DTG+AZT+3TC **3b = DRV/r+DTG+TDF+3TC** **3d = DRV/r+ABC+EFV+3TC** **3c = Other specify**	**6a = DRV/r + RAL + AZT +3TC** **6b = DRV/r + RAL + TDF +3TC** **6c = DRV/r + DTG + AZT +3TC** **6d = DRV/r + DTG +TDF+3TC** **6F = DRV/r+DTG+ABC+3TC** **6e = Other specify**

In the follow-up date, in 2nd column if one of the options below applies, use raw next to the last visit to enter the appropriate information:
TO=Transfer out **LOST**=not seen since ≥1 month,3 months **DROP**= lost to follow-up for >3 months **STOP**= When the clinician stop ART for different reason and patient is on follow up **DEAD**

2.1.3. How to Fill out Facility level summary registers

Two of the six tools you will learn how to complete in this manual are registers: the **pre-ART register** and the **ART register**. Each register consists of a number of vertical columns to capture important indicators from a group of patients and horizontal rows to capture important information on individual patients. The purpose of these registers is thus to monitor what is happening with the whole group of patients and the program as a whole at a facility level.

a) How to complete a Pre-ART register

The chronic HIV Care pre-ART register lists all patients enrolled in HIV care at your facility before starting ART. The name is not perfect because though patients were not on ART at enrollment they will eventually start ART thus this register contains all patients who started ART at your facility and those who did not yet started ART but enrolled in HIV care. I .e. Pre- ART registers consists all patients except those who started ART in a recognized other facility (TIs).

In Pre- ART register patients get registered chronologically as they come to the facility to be enrolled in HIV care and their information upon subsequent visit will be updated on the same row until they start ARV treatment. The information required to complete the pre-ART register comes from individual patient's HIV Care/ ART follow-up form. Use the following instructions to transfer information from follow up card to Pre-ART register.

The first three items on the top of register page will be filled in according to the location of the health facility and should be the same for all pages of the register.

Facility Identifier:

Region, Woreda/Kifle Ketema, Health facility name

- Put the Region and Woreda (Kifle Ketema in case of Addis Ababa) name where the facility is located at the top page of the register.
- Put Health Facility name as it is registered at the Ministry of Health at the top page of the register.

Summarizing Patient information from Follow Up card

Date enrolled in chronic HIV care

- This date when the patient was enrolled to HIV care should be transferred from the first date in the first row of the patient's first follow-up form to column-1 of Pre ART register.

Medical record number (MRN) / Patient Card Number:

- Transfer facility allocated patient card number from the top of follow-up card to column-2 of Pre ART register

Name in full:

- Transfer this information from Top of follow-up card to column-3 of Pre ART register. In doing so write the patient's name in the upper space and father's and grandfather's names in the lower space.

Age and Sex:

- Transfer the information from the top of follow up form to clumen-4 and 5 of Pre ART register.

Patient Address:

- Enter the region Woreda/Kifle Ketema, in the upper space and kebele, HNo#.in the lower space. Transfer this information from the top of the follow up card to clumen-6 of Pre ART register.

Date Confirmed HIV+:

- Transfer date confirmed **HIV + from the top section of follow up card to** column-7 of Pre ART registers**.** Write the date in Ethiopian Calendar in a format of DD/MM/YY.
- Weight:
- Height/Length:
- MUAC:
- BMI/BMI for age:
- Nutritional Screening result/Food treatment provided:
- Clinical staging performed: Tick when the patient was graded as having the WHO stage.
- CD4+ count:

TB/HIV confection

- **Screened for TB:** Tick if patient is screened for TB
- **Screening result:** write **P** for positive or **N** for negative
- **Active TB diagnosis :** Tick if patient is diagnosed with active TB
- **TB treatment start / Complete date:** If the patient starts on anti TB, transfer the start date in the upper space and when the medication stopped on later follow up visit enter the stop date in the lower space.
- **INH Prophylaxis:** If the patient is on INH prophylaxis enters date of each dose taken on the given spaces.

Fill When Applicable

1. Cotrimoxazole

- If the patient starts on CPT in one of his/her follow up visit transfer the start date of the prophylactic treatment in the upper space and when the medications stopped on later follow up visit enter the stop date in the lower

2. Death, Lost or Transfer Out before starting ART

- If the patient died before starting ART, transfer this information to column 20 of Pre ART register and the date.
- If the patient lost from follow up or transferred to another facility before starting ART, transfer this information to column 21 "**Indicate of LOST or** to column 22 for **TO (Transfer Out) before starting ART**" and the date in Ethiopian calendar in a format of (DD/MM/YY).
- Tick

Date ART started and Unique ART number:

- Enter the date that the patient gets ARV drug prescription on Pre ART register. On the date the patient gets prescription he/she will be given Unique ART number (a combination of region code/ Facility type code/ specific facility code/patient assigned serial number). So transfer the Unique ART number on the last column of Pre ART register. From this day on a particular patient start ART, his/her follow up progress will be recorded on ART register.

YEAR 20_____

Registration							Follow up							TB / HIV Coinfection				Fill when applicable				Entry to ART	
Date Enrolled in Chronic HIV Care (DD/MM/YY)	MRN	Name in full Individual / Father, Grandfather	Age (mo / yr)	Sex (M/F)	Address:- Woreda / Kebele HNo.	Confirmed HIV+ (DD/MM/YY)	Weight	Height / Length	MUAC	BMI /BMI for Age	Nutritional Screening result / Food Rx provided (√)	Clinical Staging performed (√)	CD4 count performed (√)	Screened for TB (√) / screening result (P/N)	Active TB Dx (√)	TB Treatment Start date (DD/MM/YY) / Complete Date (DD/MM/YY)	INH prophylaxis Start Date (DD/MM/YY)	CTX Start date (DD/MM/YY) / Stop date (DD/MM/YY)	Dead (DD/MM/YY)	Lost (DD/MM/YY)	Transfer Out (DD/MM/YY)	Date ART started	Unique ART Number
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)

Nutritional Screening Result:
1= Normal

b) How to complete ART Register

The ART register is a tool used to monitor progress of a group of patients who have started ART. Clients on ART should be registered based on their cohort. **Cohort in the context of ART register is defined as group of patients started ART in same reporting month of the same year** (ART start-up group)**. Since a page on the register is used for the same cohort; no two or more cohort groups are entertained on the same page of ART register.**

This facilitate the monitoring of program success over time (i.e. to measure program success at 6 months, 12 months, and then yearly for a group of patient in the same cohort).

ART register has two A3 pages that open up together. It has multiple columns where important patient and program monitoring indicators get entered. Each patient has a row that goes all the way across the two face of register enough to follow progress of a patient for 36 subsequent months after staring ART. The ART register is also used as a source of monthly and cohort analyses reports of important variables for key decision making. The information required to complete ART register comes from individual patient's HIV Care/ART follow-up form from the time the patient started ART.

How to transfer the information from Follow up card to ART register

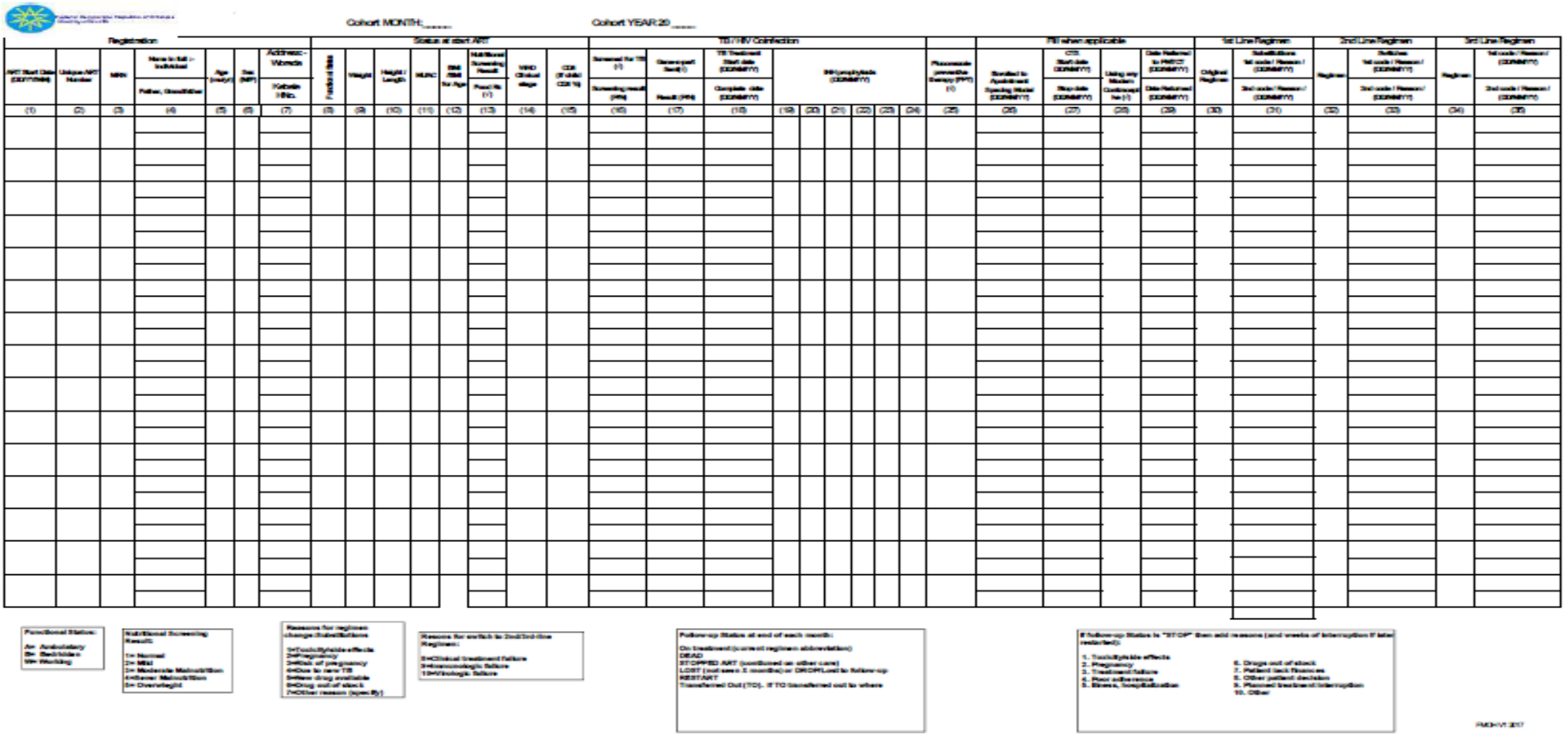
Complete the top part of the register as it was done with the pre-ART register: Based on location and of the facility and enter the month and the year in Ethiopian calendar in a format of DD/MM/YY to indicate the cohort month. The HMIS cohort month is always beginning with 21st day of the previous month and ends on the 20th day of reporting month. E.g., Hamle cohort/ report is from Sene 21 to Hamle 20.

SN	Datum	Comments
	Identification: Demographic info	
1.	ART Start Date	Enter date patient started ART, written as (EC) Day /Month/Year (DD/ MM/YY)
2.	Unique ART Number	Patients should be assigned a unique ART number when they leave pre-ART and begin ART. This will be: region number / facility type code / specific facility code / patient assigned number. Region number: the following code numbers are used: Tigray:- 01 SNNPR:- 07 Afar:- 02 Gambella :- 12 Amhara:- 03 Harar :- 13 Oromia:- 04 Addis Ababa :- 14 Somali:- 05 Dire Dawa :- 15 Benishangul Gumuz :-06 Facility type code: 08 = Hospital 09 = Health Center Specific facility code: Each HC / hospital in each region is coded with three digits starting from 001. These specific facility codes are assumed to be given by regions together with federal, which means it is pre-coded and given to each facility centrally. Patient assigned number: A 5-digit number unique within the facility; the first patient to start ART in the clinic will be given 00001 **Example UAN 01/08/001/00001**
3.	Medical Record Number (MRN)	Unique individual identifier used on medical information folder, for HC and hospital.
4.	Name in full (individual, father, grandfather)	Write the patient's first name in the upper space and father's and grandfather name in the lower space
5.	Age	If the patient is less than 5 years of age, enter the patient's age in months - mo. For example, a 4-month-old child is entered as 4 mos. If the patient is 5 years of age or older, enter the patient's age in years -yr. For example, a 6-year-old child is entered as 6 yr
6.	Sex	M= Male; F= Female
7.	Address:	Write Patient Woreda on the upper row and the patient, Kebele, Got/Ketena, House Number in the lower row
8.	Functional Status	Enter the patient's functional status at start of ART. A=Ambulatory; B=Bedridden; W=Working
9.	Weight	Enter patient's weight in kilograms at the start of ART.
10.	Height/Length	For children enter the length/height in cm and for adults enter height at the start of ART.
11.	MUAC	Enter mid upper arm circumference in (cms)
12.	BMI /BMI for Age	Enter the code for body mass index
13.	Nutrition Screening result/ Food Rx provided	On the upper row: Write **1- Normal, 2- Mild, 3- Moderate Malnutrition, 4- Sever Malnutrition 5. Overweight.** On the lower row, Tick if therapeutic or supplementary feeding provided
14.	WHO Clinical stage	Enter patients` WHO Clinical Stage at the start of ART (different for adults and children)
15.	CD4 (if child %)	Enter patient's CD4 count (or CD4% for children) at the start of ART
	The following data are found on the follow up form, if the patient is taking INH, or other treatment for tuberculosis, Cotrimoxazole, or is pregnant, it will be noted here	

	TB / HIV Confection	
16.	Screened for TB (√)/screening result (P/N)	On the upper row: Tick (√) if the patient is screened for TB On the lower row, write P if the screening result positive, N if the screening result negative
17.	Xpert MTB/RIF sent (√)/Result (P/N)	On the upper row: Tick (√) if Gene-x-pert sent to diagnose activeTB On the lower row, write P if the Gene-x-pert result positive, N if the Gene-x-pert result negative
18.	TB treatment Start date/ Complete date (DD/MM/YY)	If the patient is on TB treatment, enter the start date on the upper line, and the end date on the lower line, written as (EC) Day / Month / Year (DD/ MM/YY)
19-24	INH Prophylaxis (DD /MM/YY)	If the patient is taking INH, enter date patient took the monthly dose, written as (EC) Day / Month /Year (DD/MM/YY)
	Fill when applicable	
25	Fluconazole Preventive Therapy (√)	Tick if client is taking fluconazole preventive therapy
26	Enrolled to Appointment Spacing Model (DD/MM/YY)	Enter date patient enrolled into Appointment Spacing Model, written as (EC) Day/ Month/ Year (DD/ MM/YY)
27	CTX Start date /Stop date (DD/ MM/YY)	If the patient is on Cotrimoxazole, enter the start date on the upper line, and the end date on the lower line, written as (EC) Day/ Month/ Year (DD/MM/YY)
28	Using any Modern Contraceptive	Tick if client is using any modern contraceptives
29	Date Referred to PMTCT (DD/MM/YY) /Date Returned (DD/MM/YY)	If the patient is pregnant, enter the Date Referred to PMTCT Clinic for Option B+ on the upper row and date returned from PMTCT on the lower row
	First line regimen	
30	Original Regimen	Write the code for the I" line regimen that patient has started. This is found at the bottom of the ART register. Adult 1st line regimens: 1c=AZT-3TC-NVP 1d= AZT-3TC-EFV 1e = TDF-3TC-EFV 1f= TDF + 3TC+ NVP 1g= ABC + 3TC + EFV 1h= ABC + 3TC +NVP 1i= Other Specify 1j= TDF+3TC+DTG Child 1st line regimen 4c=AZT+ 3TC+NVP 4d=AZT+3TC+EFV 4e=TDF+3TC+EFV 4f=AZT +3TC+LPV/r 4g=ABC+3TC+LPV/r 4h= Other Specify

		4i=TDF+3TC+DTG
31	Substitutions: 1st code/ Reason/ (DD/MM/YY) 2nd code / Reason/ (DD/ MM/YY	If there is a 1st substitution within the 1st line regimen, write in the code for the 1st substitute regimen, the reason code, and the date, written as (EC) Day /Month/ Year (DD/MM/YY) If there is a 2nd substitution, transfer this information to the bottom line and write in the code for the 2nd substitute regimen, the reason code, and the date, written as (EC) Day / Month / Year (DD/MM/YY) If Reasons for regimen change: 1. Toxicity/ side effects 2. Pregnancy 3· Risk of pregnancy 4· Due to new TB 5. New drug available 6. Drug out of stock 7· Other reason (specify)
	Second line regimen	
32	Regimen	If the patient has been switched to a 2nd line regimen, write in the code for this regimen. Adult 2nd line regimens: 2e= AZT +3TC +LPV/r 2f =AZT+3TC +ATV/r 2g=TDF + 3TC+-LPV/r 2h= TDF + 3TC + ATV/r 2i= ABC + 3TC+ LPV/r 2j= Other Specify Child 2nd line regimen 5e=ABC+3TC+LPV/r 5f=AZT + 3TC + LPV/r 5g=TDF + 3TC + EFV 5h=ABC + 3TC + EFV 5i=TDF+3TC+LPV/r 5j= Other Specify
33	Switches: 1st code/ Reason/ (DD/MM/YY) 2nd code / Reason/ (DD/ MM/YY	If there is a switch within the 2nd line regimen, write in the code for the substitute regimen, the reason code, and the date, written as (EC) Day / Month/ Year (DD/MM/YY) If there is a 2nd switch, write in the code for the substitute regimen, the reason code, and the date, written as (EC) Day/ Month/ Year (DD/MM/YY) Reasons switch to 2nd line regimen: 8. Clinical treatment failure 9. Immunologic failure 10. Virologic failure
	Third Line	
34	Regimen	If the patient has been switched to a 3rd line regimen, write in the code for this regimen. Adult 3rd line regimens: 3a= DRV/r +DTG + AZT + 3TC 3b= DRV/r + DTG+TDF + 3TC 3c= Other Specify Child 3rd line

		6a=DRV/r + RAL + AZT +3TC 6b=DRV/r + RAL + TDF +3TC 6c=DRV/r + DTG + AZT +3TC 6d=DRV/r + DTG + TDF +3TC 6e=Other Specify
35	Switches: 1st code/ Reason/ (DD/MM/YY) 2nd code / Reason/ (DD/ MM/YY	If there is a switch within the 3rd line regimen, write in the code for the substitute regimen, the reason code, and the date, written as (EC) Day / Month/ Year (DD/MM/YY) If there is a 3rd switch, write in the code for the substitute regimen, the reason code, and the date, written as (EC) Day/ Month/ Year (DD/MM/YY) Reasons switch to 3rd line regimen: 8. Clinical treatment failure 9. Immunologic failure 10. Virologic failure
The second page of the register is used to document ARV regimens or ART treatment interruptions during the first 36 months after starting ART. Under "Month o" enter the name of the month and the year (EC) in which the patients in this cohort started ART. This applies for all the patients on this page of the register since they are all in the same cohort that started in this month. Under "Month 1" write the name of the next month and year (EC) and continue in this manner for all 36 columns. When you reach the end of a calendar year, be sure to change the year. For example, for the cohort of patients starting ART in Meskerem 2008: Month o: Meskerem 2008 Month I: Tikmt Month 8: Ginbot Month 2: Hidar Month 9: Sene Month 3: Tahsas Month 10: Hamle Month 4: Tir Month 11: Nehassie Month 5: Yekatit Month I2: Meskerem 2001 Month 6: Megabit Month I3: Tikmt Month 7: Meazia Month I4: Hidar etc **N.B: Whenever a patient is transferred from one ART register in to another after completion of Current Register, it has to start at "Month 1" not "Month 0".** At the end of each month, In the column for that month, enter the code of the regimen the individual collected in the month. If the individual did not collect drugs, write one of the following options to indicate the patients follow up status: TO =Transferred Out. If TO transferred STOP = If the patient and the clinician discussed and decided to stop treatment for different reasons. LOST= If the patient has missed an appointment (not picked up drugs) for at least one month. DEAD =Write date and status if the facility has been notified that the patient has died Drop = lost to follow-up for >3 months		
36-88		In the 6th, 12th, 24th, and 36th months enter the regimen, functional status, weight/height, CD4 as described above. For viral load at 6th,12th , 24th , and 36th --- months, write the date VL sample collected as (EC) Day/ Month/ Year (DD/MM/YY) on the upper row if viral load is performed at 6th, I2th, 24th, and 36th months; on the lower row. write undetectable if the viral load is < 1,000 copies per ml, detectable if viral load is > 1,000 copies per ml


Cohort MONTH:
Cohort YEAR 20
Registration
Status at start ART
TB/HIV Coinfection
PEP when applicable
1st Line Regimen
2nd Line Regimen
3rd Line Regimen
Functional Status:
An Ambulatory
Bd Bedridden
Wk Working
Kaposi's Sarc.
Reasons for regimen change/Substitution
1=Toxicity/side effects
2=Pregnancy
3=Risk of pregnancy
4=Due to new TB
5=New drug available
6=Drug out of stock
7=Other reason (specify)
Reasons for switch to 2nd/3rd-line Regimen:
1=Clinical treatment failure
2=Immunologic failure
3=Virologic failure
Follow-up Status at end of each month:
On treatment (current regimen abbreviation)
DEAD
STOPPED ART (contributed an other care)
LOST (not seen ≥ months) or DROPPLoad to follow-up
RESTART
Transferred Out (TO). If TO transferred out to where
If follow-up Status is "STOP" then add reasons (and weeks of interruption if later restarted):
1. Toxicity/side effects
2. Pregnancy
3. Treatment failure
4. Poor adherence
5. Illness, Injury&Addiction
6. Drugs out of stock
7. Patient lack finances
8. Other patient decision
9. Planned treatment interruption
10. Other

Federal Democratic Republic of Ethiopia
Ministry of Health

Cohort MONTH:____ **Cohort YEAR 20 ____**

Months 0-6												Months 7-12												Months 13-24																								Months 25-36											
Month 0	1	2	3	4	5	6						7	8	9	10	11	12							13	14	15	16	17	18	19	20	21	22	23	24													25	26	27	28	29	30	31	32	33	34	35	36					
						Regimen	Func status	Wt / Ht	CD 4	Date VL sample collected / Detectable or Undetectable							Regimen	Func status	Wt / Ht	CD 4	Date VL sample collected / Detectable or undetectable													Regimen	Func status	Wt / Ht	CD 4	Date VL sample collected / Detectable or undetectable													Regimen	Func status	Wt / Ht	CD 4	Date VL sample collected / Detectable or undetectable
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)	(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)	(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)

Adult 1st Line Regimens:

1c=AZT-3TC-NVP
1d= AZT-3TC-EFV
1e = TDF-3TC-EFV
1f= TDF + 3TC+ NVP
1g= ABC + 3TC + EFV
1h= ABC + 3TC + NVP
1i= Others Specify
1j= TDF+3TC+DTG

Adult 2nd Line Regimens:

2e= AZT +3TC +LPV/r
2f =AZT+3TC +ATV/r
2g=TDF + 3TC+-LPV/r
2h= TDF + 3TC + ATV/r
2i= ABC + 3TC+ LPV/r

Adult 3rd Line Regimens:

3a= DRV/r+DTG+AZT/3TC
3b= DRV/r+DTG + TDF/3TC
3c= Others specify

Child 1st line Regimens

4c=AZT+ 3TC+NVP
4d=AZT+3TC+EFV
4e= TDF+3TC+EFV
4f= AZT +3TC+LPV/r
4g= ABC+3TC+LPV/r
4h=Others Specify
4i= TDF+3TC+DTG

Child 2nd Line Regimens

5e=ABC+3TC+LPV/r
5f=AZT+ 3TC + LPV/r
5g=TDF + 3TC + EFV
5h=ABC + 3TC + EFV
5i=TDF+3TC+LPV/r

Child 3rd Line Regimens

6a=DRV/r+RAL + AZT +3TC
6b=DRV/r+RAL + TDF +3TC
6c=DRV/r+DTG + AZT +3TC
6d=DRV/r+DTG + TDF +3TC
6e=Others specify

Reason Left Treatment
(put in month removed):

TO = Transferred Out. If TO transferred out to where
STOP = If the patient and the clinician discussed and decided to stop treatment for different reasons.
LOST = If the patient has missed an appointment (not picked up drugs) for at least one month.
DEAD = If the facility has been notified that the patient has died
Drop = lost to follow-up for >3 months

Chapter 3 Reporting forms

3.1.How to compile Monthly report

All national programs should be able to demonstrate progress in their contribution to working toward universal ART access, and achieving targets. The achievements of these targets are monitored by tracking and reporting the national level access indicators. These have been agreed upon by many governments, WHO, UNAIDS, US government agencies (USAID, CDC, etc) and other bilateral agencies. As the Patient monitoring tools are designed to capture information that can serve for both the clinical and program management; data collected for clinical patient management by the clinical teams serve for regional team to manage the program at a regional level. Likewise the regional data are compiled at the national level to manage the program at national level, mobilize resource and fulfill the international reporting commitment.

How to compile monthly report data at facility level:

There are three tables in the reporting form. The three tables serve for different purpose in monitoring access to and success of chronic HIV care in your exercise booklet.

3.2.How to compile Cohort analysis Report

Is an important program progress trucking tool. It is designed to provide indicators for the clinical and program management team at different level to see how well the program is doing such as proportion of patient still on a first-line regimen or able to survive and able to have better status at 6 and 12 months, and how far has met the target in terms of people who need the service (number of persons accessed ART in every cohort). It also allows the program managers at different level to meaningfully compare success at 6 and 12 months of ART with earlier or later cohorts, or with other regions and make key decision to manage the program at all level, mobilize resource and fulfill the international reporting commitment . Cohort analysis reports are compiled at baseline or month 0, month 6, 12, 24 and 36

Access indicator analysis:-

Original cohort:

- Number of persons started ART in the same month of the same year in your facility. Count the number of person started on ART in the cohort and put the number in the original cohort row. As the number of person ever started ART during a particular month will not change; the original cohort at baseline and month 6, 12, 24, 36 will be the same.

Transfer In (TI):

- Number of persons started ART in the same cohort in another facility and transferred to your facility up to the time of analysis. For example, if in one cohort, two persons transferred out at month 5 to another facility, two TI in month 5; then another TI at 6th month, the TI at month 6 will be three. If no one else was TI up to month 12, TI at month-12 will be again three. We will continue doing the same for the subsequent cohort analysis.

Transfer Out (TO):

- Number of persons started ART in the same cohort in your facility and transferred out to another facility up to the time of analysis. For example if in one cohort, two persons transferred out at month 2, another one TO in month 5, the TO at month 6 will be three. If another two TO at month 8, TO at month-12 will be five. We will continue doing the same for the subsequent analysis of the cohort.

Net Cohort: simply the original cohort plus TI minus TO & should not be confused with currently on treatment.

The status of net cohort i.e. whether they are on treatment, lost, died or stopped will be compiled as follows and entered in the list of outcome status below the double line on the cohort chart.

On original 1st line regimen:

- Count and enter the total number of persons among the net cohort on the first line regimen at the time of analysis (at month 0, 6, 12, 24, 36…)

On alternate 1st line regimen

- Count and enter the total number of persons among the net on alternate first line regimen at the time of analysis (at month 0, 6, 12, 24, 36…)

On original 2nd line regimen:

- Count and enter the total number of persons among the net on 2nd line regimen at the time of analysis (at month 0, 6, 12, 24, 36…)

On original 3rd line regimen:

- Count and enter the total number of persons among the net on 3rd line regimen at the time of analysis (at month 0, 6, 12, 24,36 …)

Stopped:

- Count and enter the total number of persons among the net cohort for whom treatment has been stopped at the time of analysis (at month 0, 6, 12, 24, 36…)

Died

- Count and enter the total number of persons among the net cohort died at the time of analysis (at month 0, 6, 12, 24, 36…)

Lost to follow up (Drop):

- Count and enter the total number of persons of the net cohort for whom treatment has been stopped at the time of analysis (at month 0, 6, 12, 24, 36…)

Success indicator analysis:-

Analysis will be made at 6, 12, 24, 36 months against the base line

Percent of cohort alive and on ART:

- Add the total number of person on the original 1st line, alternate 1st line and 2nd line regime divide it for net cohort and multiply it by 100% at the time of analysis (at month 0, 6, 12, 24, 36…)

Proportion of cohort with better CD4 count:

- Count the number of person whose CD4 count has been evaluated at the time of analysis and calculate the proportion with CD4 count above 200/mm3 at the time of analysis (at month 0, 6, 12, 24, 36…)

Proportion of cohort with suppressed viral load:

- Count the number of person whose VL test has been evaluated at the time of analysis and calculate the proportion with VL test below 1000copies/ml at the time of analysis (at month 6, 12, 24, 36…)

Proportion of cohort with better functional status:

- Count the total number person with each functional status(working, ambulatory and bed redden) divide each for net cohort and multiply it by 100% at the time of analysis (month 0, 6, 12, 24, 36…). This will help us to assess the progress over time.

Adherence indicator analysis:

Adherence is assessed by calculating the proportion of persons in the cohort who picked up their drugs regularly.

Number of person who picked up ARV each month for 6 months:

- Check and count all persons in the cohort who picked their drug every month up to month 6 (no lost from month 0-6 or no blank cell)

Number of person who picked up ARV each month for 12 months:

- Check and count all persons in the cohort who picked their drug every month up to month 12 (no lost from month 0-12 or no blank cell)

Cohort analysis form

Region _____
Woreda/Kifle Ketema_____
Facility Name_____

	For cohort starting ART by month/year: at baseline then results at 6 months on ART, 12 months on ART, 24 months on ART	Cohort Month __ Year ___	Month 6 Month ___ Year___	Month12 Month ___ Year_____	Month 24 Month ___ Year_____	Month 36 Month_ Year__	Cohort Month __ Year ___	Month 6 Month ___ Year____	Month12 Month ___ Year___	Month 24 Month ___ Year_____	Month 36 Month__ Year___	Cohort Month __ Year ___	Month 6 Month ___ Year_____	Month12 Month ___ Year_____	Month 24 Month __ Year___	Month 36 Month__ Year___
A	Started on ART in this clinic: original cohort															
B	Transfer in Add+															
C	Transfers Out Subtract -															
D	Net current cohort															
E	On Original 1st Line Regimen															
F	On Alternate 1st Line Regimen (Substituted)															
G	On 2nd Line Regimen (Switched)															
H	On 3rd Line Regimen (Switched)															
I	Stopped															
J	Died															
K	Lost to Follow-up (DROP)															
	Percent of cohort alive and on ART															
	[(E + F+ G) / D * 100]															
	Mean CD4 % (for children)															
	VL tested															
	CD4 median or proportion ≥ 200 (optional)															
	Functional Status [# W or A or B / D * 100]															
	Percentage Working															
	Percentage Ambulatory															
	Percentage Bedridden															
	Number of persons who picked up ARVs each month for 6 months															
	Number of persons who picked up ARVs each month for 12 months															
	Number of persons who picked up ARVs each month for 24 months															
	Number of persons who picked up ARVs each month for 36 months															

Federal Ministry of Health, Ethiopia

Laboratory Requisition and Report form for HIV Viral Load Testing

1. Health Facility Information

Facility Name: _____ Facility Code: _____ Tel.No._____,

Region: _____, Zone/Sub-city _____, Woreda:_____

Requested by: Name _____,Signature:_____, Date ____/____/_____ (dd/mm/yyyy) (E.C)

2. Client Information

Unique ART ID: _☐☐☐☐☐☐☐☐☐☐☐☐_MRN ☐☐☐☐☐☐

Sex: ☐ M ☐ F

Age (years) _____; If <1 year in months _____

3. Current ART regimen

☐First Line Regimen:_____

Date Initiated _____/_____/_____(dd/mm/yyyy) (E.C)

☐ Second Line Regimen:_____

Date Initiated ____/____/_____(dd/mm/yyyy) (E.C)

☐ Third Line Regimen:_____

Date Initiated ____/____/_____(dd/mm/yyyy) (E.C)

4. Is the client pregnant ☐ Yes ☐ No **Breastfeeding** ☐ Yes ☐ No

5. Was CD4 done in the last 12 months: ☐ Yes ☐ No

If yes, Most recent result_____ cells/µl, Date _____/_____/_____(dd/mm/yyyy) (E.C)

6. Reason for Test

Routine viral load: ☐ First viral load test at 6 months or longer post ART; ☐ 2nd VL at 12 month post ART ; ☐ Annual VL Test

Pregnant mother: ☐ First viral load test at 3 months or longer post ART; ☐ 2nd VL at 6 month post ART,

☐ 3rd VL at 12 months post ART ☐ Annual Viral Load Test

Targeted: ☐ Suspected ART Failure: ☐ Repeat(confirmatory) VL (Initial Viral load ≥1000 copies/ml)

7. To be filled by referring laboratory

Date Specimen Collected: _____/_____/_____ (dd/mm/yyyy) (E.C)

Specimen type:

☐ Whole Blood ☐ DBS ☐ Plasma

Date specimen sent to Reference Laboratory ____/____/_____ (dd/mm/yyyy) (E.C)

8. For Testing Laboratory use only Lab ID: ☐ Name of Testing Lab:_____ Specimen: Date Received: __/___/__ __(dd/mm/yyyy) (E.C) Specimen quality ☐ Acceptable ☐ Unacceptable Reason for rejection _____	Test results: Test Date: ____/____/_____(dd/mm/yyyy) (E.C) Test result: _____copies/ml Tested by: _____Signature_____ Reviewed by: _____Signature_____ Panic value alert sent date____/___/_____(dd/mm/yyyy (E.C) Dispatch date _____/_____/_____(dd/mm/yyyy) (E.C)
Result delivery Date result reached to Facility___/___/_____(dd/mm/yyyy) *Result received by:*_____ *Signature:*_____	Result utilization Date result attached to patient chart:__/___/____(dd/mm/yyyy) EC) Date result communicated to patient: ___/___/____(dd/mm/yyyy) EC)

Chapter 4 : HIV Care/ART Referral Forms and register

4.1. Referral Register Instructions

Federal Ministry of Health

Instructions for Referral Register Health Center / Hospital

The referral register is completed from patient card by service provider.

Location information to be completed at front of register:

Region	Write the region where the facility is located
Zone	Write the zone where the facility is located
Woreda/subcity	Write the woreda/Subcity where the facility is located
Health Facility	Write the name the health facility where referral service is provided
Register begin Date	Enter the date of the first entry in the register/write as (EC) Day/Month/Year (DD/MM/YY)
Register end Date	Enter the date of the last entry in the register/write as (EC) Day/Month/Year (DD/MM/YY)

SN	Datum	Comments
	Identification: Personal Information	
1	Serial number	Sequential serial number in registration book; to entered on client's registration book for later identification in register
2	Medical Record Number (MRN)	Unique individual identifier used on medical information folder, for HC & Hospital
3	Date	Write date of arrival to the facility, DD/MM/YY
4	Time	Write time of arrival to the facility,00:00 AM/PM
5	Sex	Write 'M' for Male; 'F' for Female
6	Age	Age in years
7	Sub-city/Woreda	Write woreda/subcity of the patient (where the patient comes from)
8	Medical	Tick if the patient/client is medically managed in the facility
9	Surgical	Tick if the patient/client is surgically managed in the facility
	Referred from	
10	In-patient (IPD)	Tick if a patient is referred from in patient (IPD)
11	Out-patient (OPD)	Tick if a patient is referred from out patient (OPD)
12	Date of referral	Write date of referral; DD/MM/YY
13	Time	Write time of referral to the facility,00:00 AM/PM
14	Reason for referral	Write the reason for referral
15	Diagnose at referral	Write diagnose at referral
16	Referred to	Write the referral site (where the patient is referred to)
17	Means of transportation	Enter means of transportation 'code' at footnote of the register
18	Accompanied by	Enter accompanier 'code' at footnote of the register
19	Name	Full name of the health professional that gives referral
20	Qualification	Qualification of health personnel that provides referral
21	Signature	Signature of the health personnel that provides referral
22	Remark	Any comment, suggestion etc the provider would like to document

4.2. Referral Registration Form

Health Facility-Based Network

Clients' Referral Registration Form

Page No._____

Se. No.	Name	Age	Sex (F or M)	ID Number (MRN, pre-ART or ART unique	Date (dd/mm/yy)	Referring Organization /Facility	Referral receiving organization/Facility	Reason for Referral	Referred by (Name)	Feedback Received	
										Yes	No

If feedback is given please write the following code in the Yes column (ግብረ-መልስ ከተሰጠየ ሚከተሉት ኮድ ይሞላ)

1. Written feedback (የ ጽሑፍ ግብረ-መልስ))
2. Patient self-report (የ ታካ ሚሙሪ ፖር ት)
3. Feedback by telephone call (የ ስልክ ጥሪ ግብረ-መልስ)

4.3. HIV care art transfer

HIV CARE/ART TRANSFER AND REFERRAL FORM

FEDERAL MINISTRY OF HEALTH

Referral No. _ _ _ _ _ _ _ _ Card No._ _ _ _ _ _ _ _ Unique ART No. _ _ _ _ _ _ _ _ _ _ _ _ Date of referral _ _ _ _ _/_ _ _ _/_ _ _ _

(For all date use Ethiopian Calendar in MM/DD/YY/Format)

Transferring/ Referring health facility _____

Transferred/ Referred to_____

Patient full Name _____ **Age** _____ **Sex** _____

Address: Region _____ **Zone**_____ **Woreda/Subcity**_____

Kebele (PA)_____ **House No.**_____ **Tel. No.** _____

1. Date confirmed HIV+ _____/_____/_____
   Patient started on ART ☐ No ☐ Yes
2. Why eligible for ART
   WHO Stage_____ CD4 (/mm³ or %)_____TLC (/mm³)_____ Transferred in form_____
3. Date ART Started _____/ _____/ _____
4. Original 1st line regimen & dose _____
5. Current regimen & dose _____
6. Reason for changing ART *(if applicable enter the reason for last change: use separate sheet if multiple changes)*
   Side effects (specify)_____
   Rx failure (specify criteria)_____
   Other (specify)_____
7. Last entry for ART adherence: ☐ Good ☐ Fair ☐ Poor
8. Other Current medications
   Cotrim ☐ No ☐ Yes (Start Date)_____/____/____ INH ☐ No. ☐ Yes (Start Date) ____/____/____
   TB RX ☐ No ☐ Yes (Start Date) _____/____/____ Flucon. ☐ No. ☐ Yes (Start Date) ____/____/____
9. Past ARV use for PMTCT
   Did patient or patient's mother (for children) received ARV for PMTCT
   Mother ☐ No ☐ Yes date____/_____/_____ Child ☐ No ☐ Yes date _____/_____/_____
   ARV used for PMTCT ☐ Nevirapine ☐ Other (specify) _____
10. Summary of other information

	Lab data					Summary of findings			
	LFT (IU/L)	RFT	TLC	CD4 (or CD4 %)	Viral Load Copies/mm³	wt (kg) Ht (cm)	Body surface area	WHO stage	Func. Status
Baseline									
Current									

11. Reason for transfer/ referral
    ☐ Change of address ☐ Closer to patients' home
    For better management (specify reason) _____
    Any other reason (specify) _____
12. Transferring/ referring clinician
    Name _____ Signature _____
    Telephone _____ E-mail _____

Use the intake and follow up forms to fill this form
Use E.C. in dd/mm/yy formal for all dates
For current regimen, please record month of change
Age record
Months for children <5yrs
Completed years for = > 5yrs
Tr ART vrn 98
--ORIGINAL--

4.4. Internal Referral Slip

Facility Internal Referral Slip

Date/_____/_____/_____

Health facility's Name _____

From _____ Dept./Unit/clinic **To** _____ Dept./Unit/clinic

Client's Information MRN_____ Unique ART or Pre-ART No (if applicable)_____

HIV status ☐ Unknown ☐ NR ☐ R

Diagnosis_____

Reason for referral_____

_____

_____

_____

Referred By/ Name _____ Signature_____

Referral* Feedback *Slip for Internal Referrals Only *Date/___/___/___*

From _____ *Dept./Unit/clinic* **To** _____ *Dept./Unit/clinic*

Client's Information MRN _____ *Unique ART or Pre-ART No*_____

HIV status ☐ *Unknown* ☐ *NR* ☐ *R*

*CD4*_____ *Date of CD4count done* / _/ / *or WHO Stage*_____

Services Provided and Outcomes (if any) ____

_____

_____

_____

*Additional Information, if any*_____

_____

*Feedback given by/ Name*_____ *Signature*_____

4.5. Facility Community Referral Form

Facility-Community Referral Form

Serial No:_____

From: Name of referring organization: _____
Address: Kebele: _____Name of Contact Person: _____Tel No:_____
To: Name of receiving organization: _____
Address: Kebele: _____Name of Contact Person: _____Tel No: _____

Client's Information:

Name of Client:_____Age:___Sex:____MRN/PAN/UAN/:_____
Address: Woreda:_____Kebele/PA:_____HouseNo:_____TeleNo:_____

Reason(s) for referral:

Nutritional support Financial support Adherence counseling Psychosocial support
Home based care Spiritual support Medical care Legal support Transfer out
Other: Specify: _____

Additional Information if any: _____
Referred by: Signiture: Date: / /

Feedback
Facility-Community Referral Form

Serial No:_____

From: Name of referral feedback providing organization: _____
Name of contact person: _____Tel No: _____
To: Name of feedback receiving organization: _____
Client's Information:

Name of Client:_____Age:___Sex:____MRN/PAN/UAN/:_____
Address: Woreda:_____Kebele/PA:_____HouseNo:_____TeleNo:_____

Service (s) provided to the client:

Nutritional support Financial support Adherence counseling Psychosocial support
Home based care Spiritual support Medical care Legal support
Other: Specify: _____

Additional Information if any:

Feedback given by:_____Signiture:_____Date:_____/_____/_____

Focal person should complete referral Register and follow up with telephone call to ensure receipt of the referral case at both ends (referring and receiving focal person)