## Annex 7: ART Distribution Form

**Introduction:** The ART Distribution Form is a facility/community based tool for tracking the ART refill program for stable patients receiving ART refills through DC. It is in the form of a booklet that will be in triplicate, or can be developed into a mobile app.

**Purpose:** It serves as the primary document to track ART distributed to PLHIV classified as stable and on long-term follow-up.

**When completed:** It is completed during ART Refill visits at either facility or community level.

**Who completes:** Section A of the ART Distribution Form is completed by the pharmacist or person responsible for dispensing ART at the health facility, and it is completed at the time of ART dispensing. Section B is completed by a HCW or trained lay health worker responsible for ART Distribution at facility or community level at the time of ART distribution. If ART refills are distributed by the pharmacist/pharmaceutical technologist at the facility (which is one of the options for a facility-based fast track system) it may be the same person completing both sections. Upon completion, it is used as the primary document for completing the ART Refill Register. The original copy of the ART Distribution Form is submitted to the pharmacist for completion of the ADT while the duplicate is submitted to Records for updating the DAR and filing into the patient file. The triplicate remains in the booklet and is submitted to the pharmacist for safe keeping

**Where is it kept in the facility:** The custodian of the ART Distribution Form booklet is the pharmacist based at the health facility.

**Description of fields:**

|  |  |
| --- | --- |
| **Variable field name** | **Description of variable** |
| 1. **ART Distribution Form for Stable Patients** | |
| Client Name | Enter the name of the client in the spaces provided in the order first, middle and last name |
| Client Unique ID | 10 digit patient unique number (CCC Number). The format of the CCC number is: the First 5 digits (MFL code), a dash, then another 5-digit unique serial number assigned at the clinic |
| Date of ARV Distribution | Enter the date of ARV distribution in the format DD/MM/YYYY |
| ART Refill Model ­­­­­­­­­­­­­ | Enter the clients model for ART distribution as follows:  **FT** = Fast Track  **CADH** = Community ART Distribution – HCW Led  **CADP** = Community ART Distribution – Peer Led  **FADG** = Facility ART Distribution Group |
| Patient Phone No | Indicate the patient’s telephone number |
| Treatment Supporter Phone No | Indicate the treatment supporter’s telephone number |
| ARV regimen being distributed | Enter the regimen, dosage and duration of the prescription in months in this space |
| Other drugs/supplies being distributed and quantity  CPT / Dapsone:  Oral Contraceptives:  Condoms:  Other: | If CPT/ Dapsone, Oral Contraceptives and any other drugs are provided, tick in the respective check box and enter the duration of the prescription in months in this space  **Note:** If provided with condoms enter yes after ticking the check box |
| Name of pharmacist:  Signature: | Enter the name and signature of the pharmacist (or HCW responsible for dispensing) in the spaces provided in the order first, middle and last name |
| Name of ART distributor:  Signature: | Enter the name and signature of the ART Distributor in the spaces provided in the order first, middle and last name |
| 1. **Patient review checklist *(if yes to any of the questions below, confirm they have enough ART until they can reach the clinic and refer back to clinic for further evaluation; book appointment and notify clinic)*** | |
| Any missed doses of ARVs since last clinic visit:  If yes, how many missed doses: | Check the appropriate box after assessing adherence to ARV.  If yes, enter the number of missed doses since the last clinical visit |
| Any current/worsening symptoms:  Fatigue:  Cough:  Fever:  Rash:  Nausea/vomiting:  Genital sore/discharge: Diarrhea:  Other: | Check the appropriate box after screening the client. Only tick for current/worsening symptoms (e.g. fi the patient had diarrhea a week ago but it has now resolved then it does not need to be listed) |
| Any new medications prescribed from outside of the HIV clinic:  If yes, specify | Check the appropriate box after screening the client  If yes, specify the medication given |
| Family planning method used | Check the appropriate box after screening the client  If yes, specify the type of family planning being used |
| Pregnancy status | For female patients, tick “yes” if they have had a positive pregnancy test, tick “unsure” if they are late to have their menstrual period or their most recent menstrual period was abnormal but have not had a pregnancy test yet, and tick “no” if they have had their most recent menstrual period as expected |
| Referred to clinic  If yes, date of clinical visit: | If the patient has missed any doses of ARVs or has any new/worsening symptoms they should be referred to the clinic. If this is the case then tick yes  If yes, enter the date the client will visit the health facility in the format DD/MM/YYYY |
| Signature of patient upon receipt of the ART: | Client to append their signature upon receipt of the ARVs  For clients who cannot sign, a thumb print can be appended |

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| 1. **ART Distribution Form for Stable Patients** | | | | | **Complete at time of dispensing** |
| Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Unique No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of ARV Distribution: DD \_\_\_\_\_\_\_\_\_MM\_\_\_\_\_\_\_\_\_YYYY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ART Refill Model: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Patient Phone No: Treatment Supporter Phone No: | | | | |
| ARVs regimen being distributed: Quantity (mths): | | | | |
| **Other drugs/supplies being distributed and quantity** | | | | |
| ☐ CPT / Dapsone, quantity (mths): ☐ Oral Contraception, quantity (mths): ☐ Condoms (yes/no): | | | | |
| ☐ Other: , quantity (days): | | | ☐ Other: , quantity (days): | |
| Name of pharmacist/person dispensing:  Signature: | | | Name of ART distributor:  Signature: | |
| 1. **Patient review checklist *(if yes to any of the questions below, confirm they have enough ART until they can reach the clinic and refer back to clinic for further evaluation; book appointment and notify clinic)*** | | | | | **Complete at time of distribution** |
| Any missed doses of ARVs since last clinic visit: ☐Yes ☐No  If yes, how many missed doses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Any current/worsening symptoms: | | | | |
| Fatigue: ☐Yes ☐No  Cough: ☐Yes ☐No | Fever: ☐Yes ☐No  Rash: ☐Yes ☐No | Nausea/vomiting: ☐Yes ☐No  Genital sore/discharge: ☐Yes ☐No | | Diarrhea: ☐Yes ☐No  Other: |
| Any new medications prescribed from outside of the HIV clinic: ☐Yes ☐No  If yes, specify: | | | | |
| Family planning: ☐Yes ☐No  Method used: | | Pregnancy status: ☐Pregnant ☐Not Pregnant ☐Not Sure | | |
| Referred to clinic: ☐Yes ☐No  If yes, appointment date: DD\_\_\_\_\_ MM\_\_\_\_\_ YYYY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Signature of patient upon receipt of the ART: | | | | |

## Annex 8: Appointment Diary for ART Refills

**Introduction:** The Appointment Diary for ART Refills is a facility-based tool for tracking the ARV Refill appointment for PLHIV on stable-patient follow-up.

Normal diaries can be used to track ART Refill appointments and should include a minimum of the variables in the sample diary template below. The ADT tool can be customized to capture the variables outlined in the sample diary below. The Appointment Diary for ART Refills can also be combined with the standard clinic appointment diary (e.g. at reception) simply by adding a column to denote that it is a refill appointment instead of a clinical review appointment.

**Purpose:** It serves as the primary document to track the ARV Refill appointment for PLHIV classified as stable and on long term follow-up. The primary purposes of the appointment diary is to know which patients are expected for ART refills (so their medications can be pre-packed), and to identify any patient who did not pick up their ART refill as expected so that action can be taken.

**When completed:** It is completed after a clinical consultation and categorization of PLHIV. Only clients who are stable and opt for the ART Refill program are recorded in this diary. The clients’ details are recorded on the expected ART Refill date (and not the date of the current clinical visit).

**Who completes:** The pharmacist will complete the ART Refill Appointment Diary after receiving the prescription from the clinician, or, if it is kept at reception then it can be completed there as the patient checks out of the clinic (the same way the standard clinic appointment diary is managed). It is also checked as each patient arrives for a refill or a clinic appointment, to check off which patients came that day and determine if any patients missed their appointment or refill. For patients receiving their ART in the community, the completed ART Distribution Forms are used to update the appointment diary and determine if any patients did not receive their refill on the date expected. Any patient who misses a refill pick-up should be moved to the facility defaulter register so they can be tracked just like any patient who misses an appointment (Figure 5.3 of 2016 ARV Guidelines).

**Where is it kept in the facility:** The custodian of the ART Refill Appointment Diary is the pharmacist based at the health facility, or any place the regular clinic appointment diary is kept (e.g. at the reception).

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| HIV CARE & TREATMENT APPOINTMENT DIARY FOR ART REFILLS | | | | | | | | | |
| SCHEDULED VISITS | | | | | | | | | |
| S/N | **Unique ID** | | **Name** [First, Middle, Last] | | | | **ART Refill Model**  [Use codes] | | |
| 1 |  | |  | | | |  | | |
| 2 |  | |  | | | |  | | |
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| 25 |  | |  | | | |  | | |
| ART REFILL ATTENDANCE SUMMARY | | | | | | | |  | ART REFILL MODEL CODES |
| Fast Track | | **Community ART Distribution –** HCW Led | | **Community ART Distribution –** Peer Led | **Facility ART Distribution Group** | **Total** | |  | FT = Fast Track  CADH = Community ART Distribution – HCW Led  CADP = Community ART Distribution – Peer Led  FADG = Facility ART Distribution Group |
|  | |  | |  |  |  | |  |

## Annex 9: ART Refill Register

**Introduction:** The ART Refill Register is a facility-based tool that collates data from the ART Distribution Forms.

**Purpose:** It shows a summary of the number of clients who have received ARVs at any point in time categorized / disaggregated into the different ART Refill models. It is also a source document for the clients who have defaulted from the ART Refill program in order to institute defaulter tracing mechanisms for follow-up.

**When completed:** It is completed after ART Refill visits at either facility or community level.

**Who completes:** It is completed by the lay health worker, HCW, or HRIO using the ART Distribution Forms (a specific person at the facility should be identified to complete this form based on the facility staffing and role distribution).

NB: The lay health worker should complete the register before filing the duplicate ART Distribution Form in the patient file.

**Where is it kept in the facility:** The custodian of the ART Refill Register is the HRIO based at the health facility.

**Description of columns:**

|  |  |
| --- | --- |
| **Variable field name** | **Description of variable** |
| S/N | Enter Serial Number. Serialize monthly |
| Patient Name | Enter the name of the client in the spaces provided in the order first, middle and last name |
| Client Unique No | 10 digit patient unique number (CCC Number). The format of the CCC number is: the First 5 digits (MFL code), a dash, then another 5-digit unique serial number assigned at the clinic |
| Sex | Enter M for male and F for Female |
| ART Refill Model | Enter the ART Refill Codes depending on the refill model  **FT** = Fast Track  **CADH** = Community ARV Distribution – HCW Led  **CADP** = Community ARV Distribution – Peer Led  **FADG** = Facility ARV Distribution Group |
| ART Refill Appointment Date | Enter the date the client is expected to be issued with ART in the format DD/MM/YYYY. This is the same date as the date indicated in the prescription |
| Actual Date of ART Refill | Enter the date the client was issued with ART in the format DD/MM/YYYY |
| Symptoms | Enter yes if client had any symptoms on the ART Distribution Form, and no if there were no symptoms |
| Referred to clinician | Enter yes if client was referred to clinician on the ART Distribution Form |
| Missed Refill Appointment | Tick if client missed the ART Refill appointment |

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| ART REFILL REGISTER | | | | | | | | | | | | | | |
| MONTH: | | | | | | | | | | | | | | |
| S/N | **Date** | **Unique ID** | **Name** [First, Middle, Last] | | **Sex** [M/F] | | **ART Refill Model**  [Use codes] | **ART Refill Appointment Date** [dd/mm/yy] | | **Actual Date of ART Refill**  [dd/mm/yy] | **Symptoms**  [y/n] | **Referred to clinician**  [y/n] | | **Missed Refill Appointment** [y/n] |
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| 18 |  |  |  | |  | |  |  | |  |  |  | |  |
| ART REFILL MODEL CODES | | | | | | | | | | | | | | |
| FT = Fast Track  CADH = Community ARV Distribution – HCW Led  CADP = Community ARV Distribution – Peer Led  FADG = Facility ARV Distribution Group | | | | | | | | | | | | | | |
| PAGE SUMMARY | | | | | | | | | | | | | | |
| Fast Track | | | | **Community ART Distribution –** HCW Led | | **Community ART Distribution –** Peer Led | | | **Facility ART Distribution Group** | | | | **Total** | | |
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## Annex 12: Differentiated Care Facility Aggregation Form

**Introduction:** The Differentiated Care Facility Aggregation Form is a facility-based tool that collates data on DC from various data sources as outlined below.

**Purpose:** It summarizes DC data on a monthly basis disaggregated into the different ART Refill models.

**When completed:** It is completed on a monthly basis.

**Who completes:** It is completed by the Health Records Information Officer.

**Where is it kept in the facility:** The custodian of the ART Refill Register is the Health Records Information Officer based at the health facility.

**Description of columns:**

|  |  |  |
| --- | --- | --- |
| **Required Data Elements and Codes** | | **Data Element Description** |
| **1. HIV Testing Services** | | |
| **1.1 HIV Positivity - Facility** | |  |
| HIV Testing Facility | DC 01-01 | These data element refers to the counts of clients, who undertook an HIV test during the reporting period at the facility. |
| HIV Positive Results Facility | DC 01-02 | This data element is a total count of all clients who undertook an HIV test at the facility and tested HIV Positive during a given reporting period. |
| HIV Positivity Facility (Yield) | DC 01-03 | (DC 01-02/ DC 01-01)x100 |
| **1.2 HIV Positivity - Community** | |  |
| HIV Testing Community | DC 01-04 | These data element refers to the counts of clients, who undertook an HIV test during the reporting period through community outreach program from the facility |
| HIV Positive Results Community | DC 01-05 | This data element is a total count of all clients who undertook an HIV test at the community and tested HIV Positive during a given reporting period. |
| HIV Positivity Community (Yield) | DC 01-06 | (DC 01-05/ DC 01-04)x100 |
| **1.3 Linkage to Care from Facility Testing** | |  |
| Linked Facility | DC 01-07 | This is a count of clients who were tested for HIV at the facility and whose results were positive and have been enrolled into HIV care. |
| HIV Positive 3 mo Ago Facility | DC 01-08 | This is a count of clients who were tested for HIV at the facility and whose results were positive. This data element is time-lagged by three months. |
| % Linked Facility | DC 01-09 | (DC 01-07/ DC 01-08)x100 |
| **1.4 Linkage to Care from Community Testing** |  |  |
| Linked Community | DC 01-11 | This is a count of clients who were tested for HIV in the community and whose results were positive and have been enrolled into HIV care. |
| HIV Positive 3 mo Ago Community | DC 01-12 | This is a count of clients who were tested for HIV in the community and whose results were positive. This data element is time-lagged by three months. |
| % Linked Community | DC 01-13 | (DC 01-11/ DC 01-12)x100 |
| **2. HIV Care and Treatment** | | |
| **2.1 Newly Enrolled – Well PLHIV** | |  |
| Enrolled Well PLHIV | DC 02-01 | This is a count of clients who are enrolled in care who present well |
| Enrolled Total | HV03-011 | Enrollment in care constitutes, but not limited to the following events:   * Presenting to the CCC clinic with confirmed HIV+ results * Being allocated the CCC number and having been seen by a member of the clinical team to provide one of the following services:   + WHO staging,   + initiating on CTX or   + o undergoing a CD4 lymphocyte count testing |
| % Enrolled Well PLHIV | DC 02-02 | (DC 02-01/ HV03-011)x100 |
| Enrolled Advanced Disease | DC 02-03 | This is a count of clients who are enrolled in care with advanced HIV disease |
| % Enrolled Advanced Disease | DC 02-04 | (DC 02-03/ HV03-011)x100 |
| **2.3 ART Initiation** | |  |
| Start ART Well PLHIV | DC 02-05 | This is a count of data on individuals who present well started on ART |
| Enrolled Total | HV03-011 | (See above) |
| % Start ART Well PLHIV | DC 02-06 | (DC 02-05/ HV03-011)x100 |
| Start ART Advanced Disease | DC 02-07 | This is a count of data on individuals with advanced HIV disease started on ART |
| % Start ART Advanced Disease | DC 02-08 | (DC 02-07/ HV03-011)x100 |
| **2.4 Timely ART Initiation** | |  |
| Start ART ≤ 2 weeks Well PLHIV | DC 02-09 | This is a count of data on individuals who present well started on ART within 2 weeks of enrollment |
| Start ART Total | HV03-026 | This is a count of data on individuals started on ART for treatment |
| % Start ART ≤ 2 weeks Well PLHIV | DC 02-10 | (DC 02-09/ HV03-026)x100 |
| Start ART ≤ 2 weeks Advanced Disease | DC 02-11 | This is a count of data on individuals with advance HIV disease started on ART within 2 weeks of enrollment |
| % Start ART ≤ 2 weeks Advanced Disease | DC 02-12 | (DC 02-11/ HV03-026)x100 |
| **2.5 12 Month Retention on ART** | |  |
| On ART 12 months Well PLHIV | DC 02-13 | This is the count of all clients enrolled who present well and who are still on ART 12 months after starting ART regardless of regimen |
| Net Cohort 12 months | HV 03-041 | This refers to the number of clients started ART in the same month plus transfer ins and minus transfer outs |
| % Retention Well PLHIV | DC 02-14 | (DC 02-13/ HV 03-041)x100 |
| On ART 12 months Advanced Disease | DC 02-15 | This is the count of all clients enrolled with advanced disease who are still on ART 12 months after starting ART regardless of regimen |
| % Retention Advanced Disease | DC 02-16 | (DC 02-15/ HV 03-041)x100 |
| **2.6 ART Refill Program Uptake** | |  |
| Stable PLHIV given ART ≥ 3mo Facility | DC 02-17 | This is the count of all stable PLHIV enrolled in the Fast Track ART Refill Program |
| Stable PLHIV Total | DC 02-18 | This is the count of the total number of PLHIV categorized as stable in the reporting period |
| Uptake ART Refill Program Facility | DC 02-19 | (DC 02-17/ DC 02-18)x100 |
| Stable PLHIV ART ≥ 3mo Community | DC 02-20 | This is the count of all stable PLHIV enrolled in the Community ART Refill Program |
| Uptake ART Refill Program Community | DC 02-21 | (DC 02-20/ DC 02-18)x100 |
| Stable PLHIV and on time drug pick up | DC 02-22 | This is the count of all stable PLHIV enrolled in the ART Refill Program who receive their ART on time through the refill program |
| Stable PLHIV given ART ≥ 3mo | DC 02-17 | This is the count of all stable PLHIV enrolled in the ART Refill Program |
| % Stable PLHIV and on time drug pick up | DC 02-23 | [DC 02-22/ (DC 02-17+ DC 02-20)]x100 |
| **2.7 ART Refill Program Coverage** |  |  |
| Stable PLHIV ART ≥ 3mo Facility | DC 02-17 | This is the count of all stable PLHIV enrolled in the Fast Track ART Refill Program |
| On ART Total | HV 03-038 | This is a summary count of patients who:  1. Started therapy this month or  2. Started therapy before this month but made a visit to collect drugs this month or  3. Started therapy before this month but did not make a visit to the facility during this month because had picked enough drugs (during earlier visits before this month) to cover the reporting month |
| Coverage ART Refill Program Facility | DC 02-24 | (DC 02-17/ HV 03-038)x100 |
| Stable PLHIV ART ≥ 3mo Community | DC 02-20 | This is the count of all stable PLHIV enrolled in the Community ART Refill Program |
| Coverage ART Refill Program Community | DC 02-26 | (DC 02-20/ HV 03-038)x100 |
| Coverage ART Refill Program Total | DC 02-27 | [(DC 02-17 + DC 02-20)/ HV 03-038]x100 |
| **2.8 12 Month Retention for Stable & Unstable PLHIV** | |  |
| On ART 12 months Stable STD | DC 02-28 | This is the count of all clients categorized as stable 12 months prior to the reporting period, received the standard care and who are still on ART 12 months thereafter regardless of regimen |
| Net Cohort 12 months Stable | DC 02-29 | This refers to the number of stable clients started on ART in the same month plus transfer ins and Minus transfer outs |
| % Retention Stable STD | DC 02-30 | (DC 02-28/ DC 02-29)x100 |
| On ART 12 months Stable FT | DC 02-31 | This is the count of all clients categorized as stable 12 months prior to the reporting period, were enrolled into fast track program and who are still on ART 12 months thereafter regardless of regimen |
| % Retention Stable FT | DC 02-32 | (DC 02-31/ DC 02-29)x100 |
| On ART 12 months Stable CADH | DC 02-33 | This is the count of all clients categorized as stable 12 months prior to the reporting period, were enrolled into CADH program and who are still on ART 12 months thereafter regardless of regimen |
| % Retention Stable CADH | DC 02-34 | (DC 02-33/ DC 02-29)x100 |
| On ART 12 months Stable CADP | DC 02-35 | This is the count of all clients categorized as stable 12 months prior to the reporting period, were enrolled into CADP program and who are still on ART 12 months thereafter regardless of regimen |
| % Retention Stable CADP | DC 02-36 | (DC 02-35/ DC 02-29)x100 |
| On ART 12 months Unstable | DC 02-37 | This is the count of all clients categorized as unstable 12 months prior to the reporting period and who are still on ART 12 months thereafter regardless of regimen |
| Net Cohort 12 months Unstable | DC 02-38 | This refers to the number of unstable clients started on ART in the same month plus transfer ins and Minus transfer outs |
| % Retention Unstable | DC 02-39 | (DC 02-37/ DC 02-38)x100 |
| **2.9 Viral suppressed 12 months after categorization into stable or unstable** | |  |
| Viral Suppression Stable STD | DC 02-40 | This is the count of all clients categorized as stable 12 months prior to the reporting period, received the standard care and have a viral load less than 1000 copies/ml |
| Net Cohort 12 months Stable | DC 02-41 | This is the count of all stable clients in the cohort with a viral load result available |
| % Suppressed Stable STD | DC 02-42 | (DC 02-40/ DC 02-41)x100 |
| Viral Suppression Stable FT | DC 02-43 | This is the count of all clients categorized as stable 12 months prior to the reporting period, were enrolled into fast track program and have a viral load less than 1000 copies/ml |
| % Suppressed Stable FT | DC 02-44 | (DC 02-43/ DC 02-41)x100 |
| Viral Suppression Stable CADH | DC 02-45 | This is the count of all clients categorized as stable 12 months prior to the reporting period, were enrolled into CADH program and have a viral load less than 1000 copies/ml |
| % Suppressed Stable CADH | DC 02-46 | (DC 02-45/ DC 02-41)x100 |
| Viral Suppression Stable CADP | DC 02-47 | This is the count of all clients categorized as stable 12 months prior to the reporting period, were enrolled into CADP program and have a viral load less than 1000 copies/ml |
| % Suppressed Stable CADP | DC 02-48 | (DC 02-47/ DC 02-41)x100 |
| Viral Suppression Unstable | DC 02-49 | This is the count of all clients categorized as unstable 12 months prior to the reporting period and have a viral load less than 1000 copies/ml |
| Net Cohort 12 months Unstable | DC 02-50 | This refers to the number of unstable clients in the cohort with a viral load result available |
| % Suppressed Unstable | DC 02-51 | (DC 02-49/ DC 02-50)x100 |

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| **National AIDS & STI Control Program – NASCOP** | | | | | | | | | |  | Jan 2017 |
| **Differentiated Care Facility Summary Form (Interim Tool)** | | | | | | | | | |  |
| County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Sub County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **1. HIV Testing Services** | | | | | | | | | | | |
| **1.1 HIV Positivity – Facility** | | | **1.2 HIV Positivity - Community** | | | **1.3 Linkage to Care from Facility Testing** | | | **1.4 Linkage to Care from Community Testing** | | |
| HIV Testing Facility | DC 01-01 |  | HIV Testing Community | DC 01-04 |  | Linked Facility | DC 01-07 |  | Linked Community | DC 01-11 |  |
| HIV Positive Results Facility | DC 01-02 |  | HIV Positive Results Community | DC 01-05 |  | HIV Positive 3 mo Ago Facility | DC 01-08 |  | HIV Positive 3 mo Ago Community | DC 01-12 |  |
| HIV Positivity Facility (Yield) | DC 01-03 |  | HIV Positivity Community (Yield) | DC 01-06 |  | % Linked Facility | DC 01-09 |  | % Linked Community | DC 01-13 |  |
| **2. HIV Care and Treatment** | | | | | | | | | | | |
| **2.1 Newly Enrolled – Well PLHIV** | | | **2.3 ART Initiation** | | | **2.4 Timely ART Initiation** | | | **2.5 12 Month Retention on ART** | | |
| Enrolled Well PLHIV | DC 02-01 |  | Start ART Well PLHIV | DC 02-05 |  | Start ART ≤ 2 weeks Well PLHIV | DC 02-09 |  | On ART 12 months Well PLHIV | DC 02-13 |  |
| Enrolled Total | HV03-011 |  | Enrolled Total | HV03-011 |  | Start ART ≤ 2 weeks Total | HV03-026 |  | Net Cohort 12 months | HV 03-041 |  |
| % Enrolled Well PLHIV | DC 02-02 |  | % Start ART Well PLHIV | DC 02-06 |  | % Start ART ≤ 2 weeks Well PLHIV | DC 02-10 |  | % Retention Well PLHIV | DC 02-14 |  |
| Enrolled Advanced Disease | DC 02-03 |  | Start ART Advanced Disease | DC 02-07 |  | Start ART ≤ 2 weeks Advanced Disease | DC 02-11 |  | On ART 12 months Advanced Disease | DC 02-15 |  |
| % Enrolled Advanced Disease | DC 02-04 |  | % Start ART Advanced Disease | DC 02-08 |  | % Start ART ≤ 2 weeks Advanced Disease | DC 02-12 |  | % Retention Advanced Disease | DC 02-16 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **2.6 ART Refill Program Uptake** | | | **2.7 ART Refill Program Coverage** | | | **2.8 12 Month Retention for Stable & Unstable PLHIV** | | | | | |
| Stable PLHIV ART ≥ 3mo Facility | DC 02-17 |  | Stable PLHIV ART ≥ 3mo Facility | DC 02-17 |  | On ART 12 months Stable STD | DC 02-28 |  | % Retention Stable CADH | DC 02-34 |  |
| Stable PLHIV Total | DC 02-18 |  | On ART Total | HV 03-038 |  | Net Cohort 12 months Stable | DC 02-29 |  | On ART 12 months Stable CADP | DC 02-35 |  |
| Uptake ART Refill Program Facility | DC 02-19 |  | Coverage ART Refill Program Facility | DC 02-24 |  | % Retention Stable STD | DC 02-30 |  | % Retention Stable CADP | DC 02-36 |  |
| Stable PLHIV ART ≥ 3mo Community | DC 02-20 |  | Stable PLHIV ART ≥ 3mo Community | DC 02-25 |  | On ART 12 months Stable FT | DC 02-31 |  | On ART 12 months Unstable | DC 02-37 |  |
| Uptake ART Refill Program Community | DC 02-21 |  | Coverage ART Refill Program Community | DC 02-26 |  | % Retention Stable FT | DC 02-32 |  | Net Cohort 12 months Unstable | DC 02-38 |  |
| Stable PLHIV & on time drug pick up | DC 02-22 |  | Coverage ART Refill Program Total | DC 02-27 |  | On ART 12 months Stable CADH | DC 02-33 |  | % Retention Unstable | DC 02-39 |  |
| % Stable PLHIV & on time drug pick up | DC 02-23 |  |
| **2.9 Viral suppressed 12 months after categorization into stable or unstable** | | | | | | | | | | | |
| Viral Suppression Stable STD | DC 02-40 |  | Viral Suppression Stable FT | DC 02-43 |  | % Suppressed Stable CADH | DC 02-46 |  | Viral Suppression Unstable | DC 02-49 |  |
| Net Cohort 12 months Stable | DC 02-41 |  | % Suppressed Stable FT | DC 02-44 |  | Viral Suppression Stable CADP | DC 02-47 |  | Net Cohort 12 months Unstable | DC 02-50 |  |
| % Suppressed Stable STD | DC 02-42 |  | Viral Suppression Stable CADH | DC 02-45 |  | % Suppressed Stable CADP | DC 02-48 |  | % Suppressed Unstable | DC 02-51 |  |