Recommendations from Swaziland National AIDS Program CommART M&E consultation

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Background:

In 2016, the Kingdom of Swaziland implemented an approach to differentiated ART service delivery, Community-Centered Models of ART Service Delivery (CommART). Specific elements of the approach are described in guidelines and standard operating procedures published by the Swaziland National AIDS Program (SNAP). In brief, the approach includes 5 models for ART delivery: mainstream ART, outreach (i.e., ART clinical services provided at locations outside of the main facility), fast-track ART, community ART groups, and facility-based ART clubs. The latter model may include clubs intended for specific groups of patients, such as adolescents (teen clubs), families, and pregnant or breastfeeding women. Eligibility criteria have been established for the non-mainstream ART models, with access limited to stable, virally suppressed, non-pregnant adult patients who have received > 12 months of ART. Some exceptions exist, for example, in the outreach model, which may be used to initiate ART for adults, and for facility-based ART clubs established for adolescents.

ICAP at Columbia University developed draft guidelines for monitoring and evaluation (M&E) of differentiated ART services delivery in May 2017. In light of these guidelines and the current implementation of CommART, SNAP requested an M&E consultation from ICAP within the context of ICAP's HIV Coverage, Quality, and Impact Network (CQUIN) project. The expected deliverables from this consultation included: 1) a set of recommended CommART M&E indicators; 2) suggested changes to data collection and management, in particular to the national electronic medical record system, the Client Management Information System (CMIS) , but also to paper records as needed; and 3) a description of routine CommART reports that can be generated from the data to be collected in CMIS. The consultation process included meetings with key stakeholders to iteratively discuss issues related to M&E of CommART, and field visits to facilities implementing CommART models (Appendix A). Suggestions for development of the above deliverables are summarized below.

I. Recommended set of M&E indicators

SNAP has expressed interest in monitoring the uptake of non-mainstream ART models under CommART and tracking retention and patient outcomes under these models. These indicators would necessarily be entirely unique from the current set of national ART indicators, which focus on the initial 12 months of ART. Discussions regarding likely data collection approaches—in particular due to the central role that CMIS is expected to play as described under section 2 below—seem to indicate that routine collection and calculation of uptake, retention, and outcomes indicators will be feasible. A preliminary set of recommended indicators is below. Suggested definitions of these indicators are presented in Appendix B.

DRAFT Indicators for M&E of non-mainstream models under CommART[1,2]

1. Number of patients enrolled in non-mainstream ART models at the beginning of the period
2. Number/percentage of newly-eligible ART patients initiating ART model
3. Number/percentage of all eligible patients receiving care under non-mainstream ART models
4. Number/percentage of patients with a clinical assessment at the health facility 12 months after initiating ART model

5. Number/percentage of patients receiving DSD who received a VL test 12 months after initiating ART model
6. Number/percentage of patients receiving DSD who are virally suppressed 12 months after initiating ART model
7. Number/percentage of patients receiving DSD model with the following outcomes 12 months after initiating ART model:[3]
   a. Lost to follow-up or stopped ART
   b. Dead

[1]Non-mainstream ART models: fast track, outreach, community ART groups, and facility-based ART clubs

[2]Indicators will be disaggregated by DSD model type. For indicators 2-3, numbers (but not percentages) will be disaggregated by DSD model type. All indicators may be disaggregated by gender and, as desired, by age group.

[3]Patients with documented transfer-out should be removed from denominator.

II. Changes to data collection systems

To adequately capture information for patient care and reporting under CommART, changes to CMIS and introduction of new and/or modified paper tools will be required. An approach to these types of changes is described below. Note that, with respect to the patient ART medical record, this expanded set of DSD ART information will be limited to collection in CMIS, not in paper ART medical records. As CMIS ultimately expands to cover all facilities, as is planned, data collection and reporting for DSD ART will become universal.

a. CMIS data collection

Users of the CMIS system select data entry modules/screens organized to correspond with elements of patient visits. For example, the module for entering data captured as part of HIV/ART clinical services is labelled "pre ART/ART" and the module for entering appointment dates is labelled "appointments". Recommended changes to these screens are described below.

II.a.1. Pre-ART/ART module:

- At each ART visit, including ART initiation, add **eligibility for non-mainstream ART** (select one: not eligible/eligible). The value for this data element should carry forward as the default value for the subsequent visit.
- At each ART visit, including ART initiation, add **ART model** (select one: mainstream ART/fast-track/outreach/community ART group/ facility-based treatment clubs/other--specify).* The value for this data element should carry forward as the default value for the subsequent visit. We could consider having the data element **ART model** auto-populate with a value of "mainstream ART" whenever a value of "not eligible" is selected for **eligibility for non-mainstream ART**.
    - For community ART group (CAG) patients, a **CAG ID number** field should appear. This field should be completed by the health care worker at the first visit in which the patient enrols in the CAG, and this number should be carried forward to subsequent visits. This value in this field should however be change-able at subsequent visits, for example if the patient moves to another CAG.

        - NOTE: The CAG ID number will be assigned via use of the CAG registry described below in section b., *New paper tools*.
    - For **facility-based treatment clubs**, a **club ID number** field should appear. This field should be completed by the health care worker at the first visit in which the patient enrols in the club, and this number should be carried forward to subsequent visits. This value in this field should however be change-able at subsequent visits, for example if the patient moves to another club.
        - NOTE: The club ID number will be assigned via use of the club registry described below in section b., *New paper tools*.
    - For cases where a non-mainstream ART model changes to mainstream ART, have **Reason for switch** (eligibility/preference/other--specify) question appear. For cases where eligibility has switched from eligible to not eligible, this field should auto-populate with a value of "eligibility".
    - For cases where switch from one non-mainstream ART model to another non-mainstream ART model, have **Reason for switch** (tick all that apply: transport/scheduling/ other--specify) question appear.
    - NOTE: auto-populating fields by carrying forward previous values, as described above, will reduce data collection burden but will also introduce the very real risk of providers skipping over these fields during data collection. It will be critical to ensure that providers engage with patients regarding each of these items at every visit and update any fields as relevant. MOH is advised to be proactive in monitoring the data routinely, if this approach is used, to assess whether the fields are being updated as needed.
- At each CAG or Fast-Track ART visit, add a question: **Visit type?** (Select one: clinic visit/drug pickup)
    - For drug pickup visits under Community ART model, introduce summary notes field
        - NOTE: There was also discussion about developing an SMS-based system to confirm whether CAG patients received their ART following dispensing of drugs:
            - step 1: patient receives an SMS message from the facility 2-3 days after drug is dispensed;
            - step 2: patient responds with an SMS message indicating yes/no whether they received their drugs
        - Also consider adding way to indicate that drug pick-up at previous time point was documented
    - For drug pickups under Fast-Track, do not collect anything other than drug dispensing information

II.a.2. Appointments module:

- Clearly allow user to record multiple **appointment dates** in separate fields (currently permitted but perhaps not immediately apparent to users).
- Add a classification of **appointment type** for each appointment date entered (select one: clinic/ drug pickup only/labs only/other--specify)

b. New paper tools:

- Registries of CAGs and treatment groups – These facility-based paper tools will be used by facility staff to document the formation of CAGs and treatment groups (including teen clubs and

groups for adults), their membership, and to assign **group numbers**. Group numbers should be assigned in serial fashion within each club type, perhaps with a standard prefix per type. Examples of these are shown below, excerpted from registers drafted previously by SNAP (but never implemented). The establishment of the group numbers and entry of these numbers in CMIS for group members will allow CAG and treatment groups members to be linked (within specific groups) in CMIS. An expanded version of this registry, including longitudinal information on patient care and outcomes, will be generated in automated fashion from CMIS.

CAG registry:

Group details			Group members' enrollment data									
CAG Nº (CAG name)	Date group formed	Group Relationship (closest)	Client Nº	Client name	Gender	Age	Group leader (tick one per group)	ART number	Current ART regimen	VL at enrollment / Date VL done	Date member joined group (dd/mm/yyyy)
	dd/mm/yyyy	☐ homestead ☐ church ☐ work ☐ family ☐ friends ☐ other	1				☐				dd/mm/yyyy
			2				☐				dd/mm/yyyy
			3				☐				dd/mm/yyyy
			4				☐				dd/mm/yyyy
			5				☐				dd/mm/yyyy
			6				☐				dd/mm/yyyy
	dd/mm/yyyy	☐ homestead ☐ church ☐ work ☐ family ☐ friends ☐ other	1				☐				dd/mm/yyyy
			2				☐				dd/mm/yyyy
			3				☐				dd/mm/yyyy
			4				☐				dd/mm/yyyy
			5				☐				dd/mm/yyyy
			6				☐				dd/mm/yyyy

Treatment club registry:

Treatment Club No.:	Treatment Club Name:	Treatment Club start date:

Serial Number	Patient Information				Clinical data at enrolment			
	Full name	Gender	Age	ART number	ART start date	Date joined club	Current ART regimen	VL date / VL result
1					dd/mm/yyyy	dd/mm/yyyy		
2					dd/mm/yyyy	dd/mm/yyyy		
3					dd/mm/yyyy	dd/mm/yyyy		
4					dd/mm/yyyy	dd/mm/yyyy		
5					dd/mm/yyyy	dd/mm/yyyy		
6					dd/mm/yyyy	dd/mm/yyyy		
7					dd/mm/yyyy	dd/mm/yyyy		

- Patient-held CAG card: A paper-based tool to document CAG member activities, including the distribution of ART to individuals within the CAG, is recommended. A good example of such a tool is the Community Refills Clients Card developed for the differentiated care pilot in Swaziland (see image below). Each CAG member's card should be brought to the health facility during each ART pickup, to allow the nurse/provider to review the clinical and adherence self-assessments and signatures documenting receipt of ART provided during the prior pickup. (*Depending on the approach chosen by MOH, evidence of these signatures may be recorded in CMIS for each applicable patient.*) This tool may be provided as a stand-alone tool in addition to the existing patient-held ART booklet, or it may be incorporated into the booklet in some fashion.

ART No.:.....ID No: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Surname:..... Name:.....

D.O.B: ..... Age: ..... Sex: .....

Tel:(1)..... Tel:(2).....

ART Care Facility: .....ART Regimens.....

Member of treatment group Y/N: .....Treatment group number:.....

Treatment group members (ART No.s):

(1)..... (2)..... (3).....

(4)..... (5)..... (6).....

The owner of this card is allowed to collect treatment for the number of people integrating this group.

COMMUNITY REFILLS - CLIENT'S CARD

For clients to fill (Kugcwalisa sigulane)						For the health care worker to fill (Kugcwalisa Umgcuguteli	
Date of visit (Lusuku lwekuta)	Clinical Assessment (Kuhlolwa kwetemphilo)		Adherence assessment (Kutsatsa emaphilisi kahle)		Client's signature (Kusayina sigulane)	Next Appointment (Lusuku lwekuta emtfolamphilo)	
	TB screening (Kuhlola sifuba sengati)	LMP date (Lusuku lwekugcina kuya esikhatsini)	Adh to treatment (Uwatsatse njani emaphilisi)	Pill count (Linani lemaphilisi lasele)		Date (Lusuku)	Type of visit (Luhlobo lwekuya esibhedlela)
	P N	/ /	Y N				C P U
	P N	/ /	Y N				C P U

III. Automate reports from CMIS

Collection of patient-level information on DSD ART as described above will provide a great deal of flexibility in the design and generation of automated routine reports from CMIS. Two types of reports that are of interest to SNAP are: longitudinal DSD ART registers and monthly/quarterly facility M&E reports.

a. DSD ART registers

Based on input from stakeholders, it is recommended that the Swaziland CMIS team explore creation of a new report similar in design to the draft longitudinal CommART registers that were

recently developed. These should be able to be generated by each facility separately for each model type. The layout of the reports will vary by model type.

b. Monthly/quarterly facility DSD ART report

Stakeholders also expressed strong interest in having CMIS generate monthly/quarterly DSD ART reports, formatted similarly to the existing ART report. The frequency of the report should be determined by MOH stakeholders. Appendix C presents a draft format for routinely reporting this information in automated fashion from CMIS, based on the indicator cascade shown above in section I. Again, detailed definitions of these indicators are presented in Appendix B.

IV. Acknowledgements and Next steps

We wish to express our appreciation for the time and resources spent on planning and conducting this consultation by Swaziland MOH (SNAP, HMIS, M&E) and partners (URC, AIDSFree, MSF, IHM, our ICAP-Swaziland colleagues). These efforts were essential to the success of this consultation.

Implementing changes such as those recommended here will be a joint effort between stakeholders including Swaziland MOH and partners. Agreed upon next steps will include:

- Finalizing CMIS changes with MOH HMIS department, with technical support by national IT support partner IHM Southern Africa
- MOH HMIS department also finalizing paper tools, including CAG register and CAG patient-held card
- MOH M&E department finalizing and approving routine monthly/quarterly M&E report

ICAP and the CQUIN project will look forward to supporting these efforts both as a PEPFAR implementing partner in Swaziland and within the context of Swaziland's participation in the CQUIN learning network and M&E Community of Practice.

Appendix A. Visit itinerary

AGENDA: CommART/ Differentiated Care M&E

8th June to 22nd June 2017

Time	Activity	Venue	Participating teams
Thursday 8th June 2017			
8am- 9pm	Meeting with SNAP Programme Management	SNAP	TA team, PM, NAC, HIV M&E
9am- 11.30am	Kudvumisa Site Visit	Kudvumisa Lubombo	Kudvumisa, SNAP, ICAP, URC
11.30am- 12.30pm	Meeting with URC CommART focal	Lubombo Office	SNAP, URC
12.30pm- 2.00pm	Lunch		
2.15pm- 3.30pm	Motshane Site visit	Motshane	SNAP, AIDSFree, ICAP
3.30pm- 4.00pm	Meeting with AIDSFree CommART focal	SNAP/EGPAF	SNAP, AIDSFree
4.00pm- 4.30pm	Meeting with MSF CommART focal	SNAP	SNAP, MSF
4.30pm- 5pm	Meeting with ICAP CommART focal	SNAP	SNAP, ICAP, URC
Friday 9th June 2017			
08.30am- 10.00am	Differentiated care M&E- Indicators and reporting	SNAP	SNAP, TA team, AIDSFree, ICAP, URC
10.00am- 10.30am	Break	SNAP	
10.30am- 11.30am	Differentiated care M&E- Process of integration to routine monitoring	SNAP	SNAP, TA team, AIDSFree, ICAP, URC
11.30am- 13.00am	HMIS Manager, M&E Manager, CMIS Manager	HMIS, M&E	SID, SNAP, TA team, ICAP, URC
12.30pm- 1pm	Reflections	SNAP	SNAP, TA team
Monday 12th June 2017			
9am- 1pm	Clinical Mentoring field visits	Manzini	SNAP, ICAP
1pm- 2pm	Lunch		
2pm- 4pm	Preparing for debrief	SNAP	SNAP, TA team
Tuesday 13th June 2017			
09am- 10am	1st feedback meeting	SNAP	SNAP, HMIS, M&E, URC, ICAP, AIDSFree, MSF
11.00-3.00pm	Clinical Mentoring field visits	Manzini	SNAP, ICAP
Wednesday 14th- Friday 16th June 2017: NaHSAR Meeting			
Friday 16th June 2017			
3.00-4.00pm	2nd feedback meeting and Next Steps	SNAP	SNAP, HMIS, M&E, URC, ICAP, AIDSFree, MSF

Appendix B. Recommended Swaziland Monthly Reporting Indicators for M&E of DSD – ICAP CQUIN

1				
Description:	Number of patients enrolled in non-mainstream ART models at the beginning of the period			
Numerator:	Number of individuals who received ART in non-mainstream models of service as of the start of the reporting period		The numerator is generated by counting the total number of people enrolled in non-mainstream ART models on the first day of the reporting period • Excludes all those recorded as died, transferred out, lost to follow-up (LTFU), and those who were once enrolled in non-mainstream ART models but transitioned back to mainstream ART by the beginning of the reporting period	
Data Elements	Number of individuals who received ART in non-mainstream models prior to the start of the reporting period	Disaggregate Groups	Disaggregates	Description of Disaggregate
		Sex	M, F	Sex as recorded in CMIS
		Model of Care	Fast track, Outreach, CAG, Facility ART club	Care model as of the beginning of the reporting period, according to CMIS

2				
Description:	Number of patients newly-eligible for non-mainstream ART models during the period			
Numerator:	Number of individuals who met eligibility criteria for non-mainstream ART models for the first time during the reporting period		The numerator is generated by counting the total number of people who had never been eligible for non-mainstream ART models and became eligible for the first time during the reporting period	
Data Elements	Number of individuals who met eligibility criteria for non-mainstream ART models for the first time during the reporting period	Disaggregate Groups	Disaggregates	Description of Disaggregate
		Sex	M, F	Sex as recorded in CMIS

3		
Description:	Number of newly-eligible patients who initiated non-mainstream ART models during the period	
Numerator:	Number of individuals who became eligible for non-mainstream ART models for the first time during the reporting period who received ART in a non-mainstream model	The numerator is generated by counting the total number of people who had never been eligible for non-mainstream ART models and became eligible for the first time during the reporting period and subtracting all those who did not enroll in a non-mainstream ART model

Data Elements	Number of individuals who became eligible for non-mainstream ART models for the first time during the reporting period who received ART through a non-mainstream model	Disaggregate Groups	Disaggregates	Description of Disaggregate
		Sex	M, F	Sex as recorded in CMIS
		Model of Care	Fast track, Outreach, CAG, Facility ART club	Care model initiated during the reporting period, according to CMIS

4				
Description:	Number of patients eligible for non-mainstream ART models by the end of the period			
Numerator:	Number of individuals who met eligibility criteria for non-mainstream ART models by the end of the reporting period		The numerator is generated by counting the total number of people who are eligible for non-mainstream ART models at the end of the reporting period • Includes those newly-eligible during the reporting period, as well as those previously determined to be eligible • Excludes those who were previously eligible at some time in the past but are no longer active in treatment at the facility (recorded died, LTFU, transferred out, etc.) or were no longer eligible by the end of the reporting period	
Data Elements	Number of individuals who met eligibility criteria for non-mainstream ART models by the end of the reporting period	Disaggregate Groups	Disaggregates	Description of Disaggregate
		Sex	M, F	Sex as recorded in CMIS

5		
Description:	Number of patients receiving ART in non-mainstream models by the end of the period	
Numerator:	Number of individuals who were receiving ART in non-mainstream models of service by the end of the reporting period	The numerator is generated by counting the total number of people who were receiving ART in non-mainstream models at the end of the reporting period • Includes those newly-enrolled in non-mainstream ART models during the reporting period, as well as those previously enrolled • Excludes those who previously received ART in non-mainstream models but are no longer active in treatment at the facility (recorded died, LTFU, transferred out, etc.) or had transitioned back to mainstream service delivery by the end of the reporting period

Data Elements	Number of individuals were receiving ART in non-mainstream models of service by the end of the reporting period	Disaggregate Groups	Disaggregates	Description of Disaggregate
		Sex	M, F	Sex as recorded in CMIS
		Model of Care	Fast track, Outreach, CAG, Facility ART club	Care model as of the beginning of the reporting period, according to CMIS

6				
Description:	Number of patients who initiated non-mainstream ART models 12 months prior MINUS the number who have transferred out			
Numerator:	Number of individuals who first enrolled in non-mainstream ART models 12 months prior to the reporting period, excluding those who transferred out before the end of the reporting period		The numerator is generated by counting the total number of people who initiated non-mainstream ART during the quarter 12 months before the reporting period and subtracting the number of people who transferred out in the time between initiation and the end of the reporting period	
Data Elements	Number of patients who initiated non-mainstream ART models 12 months prior MINUS the number who have transferred out	Disaggregate Groups	Disaggregates	Description of Disaggregate
		Sex	M, F	Sex as recorded in CMIS
		Model of Care	Fast track, Outreach, CAG, Facility ART club	Care model as the quarter 12 months before the reporting period, according to CMIS

7				
Description:	Number of patients who initiated non-mainstream ART models 12 months prior who received a clinical assessment during the period			
Numerator:	Number of individuals who first enrolled in non-mainstream ART models 12 months prior to the reporting period and received a clinical assessment during this reporting period		The numerator is generated by counting the total number of people who initiated non-mainstream ART during the quarter 12 months before the reporting period and subtracting all those who were not seen at the health facility for a clinical assessment during the reporting period	
Data Elements	Number of patients who initiated non-mainstream ART models 12 months prior who received a clinical assessment during the period	Disaggregate Groups	Disaggregates	Description of Disaggregate
		Sex	M, F	Sex as recorded in CMIS
		Model of Care	Fast track, Outreach, CAG, Facility ART club	Care model as of the quarter 12 months before the reporting period, according to CMIS

8

Description:	Number of patients who initiated non-mainstream ART models 12 months prior who received a viral load test during the period			
Numerator:	Number of individuals who first enrolled in non-mainstream ART models 12 months prior to the reporting period and received a viral load test during this reporting period		The numerator is generated by counting the total number of people who initiated non-mainstream ART during the quarter 12 months before the reporting period and subtracting all those who did not receive a viral load test during the reporting period	
Data Elements	Number of patients who initiated non-mainstream ART models 12 months prior who received a viral load test during the period	Disaggregate Groups	Disaggregates	Description of Disaggregate
		Sex	M, F	Sex as recorded in CMIS
		Model of Care	Fast track, Outreach, CAG, Facility ART club	Care model as the quarter 12 months before the reporting period, according to CMIS

9				
Description:	Number of patients who initiated non-mainstream ART models 12 months prior who were virally suppressed during the period			
Numerator:	Number of individuals who first enrolled in non-mainstream ART models 12 months prior to the reporting period and were virally suppressed during the reporting period		The numerator is generated by counting the total number of people who initiated non-mainstream ART during the quarter 12 months before the reporting period and subtracting all those who did not have lab results during the current quarter indicating viral suppression	
Data Elements	Number of patients who initiated non-mainstream ART models 12 months prior who were virally suppressed during the period	Disaggregate Groups	Disaggregates	Description of Disaggregate
		Sex	M, F	Sex as recorded in CMIS
		Model of Care	Fast track, Outreach, CAG, Facility ART club	Care model as of the quarter 12 months before the reporting period, according to CMIS

10				
Description:	Number of patients who initiated non-mainstream ART models 12 months prior who were lost to follow-up (LTFU)			
Numerator:	Number of individuals who first enrolled in non-mainstream ART models 12 months prior to the reporting period and were lost to follow up by the end of the reporting period		The numerator is generated by counting the total number of people who initiated non-mainstream ART during the quarter 12 months before the reporting period and who were assigned a *LTFU date* or whose last facility visit or ART pick-up was *more than 120 days* prior to the reporting period	
Data Elements	Number of patients who initiated non-	Disaggregate Groups	Disaggregates	Description of Disaggregate

	mainstream ART models 12 months prior who were lost to follow-up	Sex	M, F	Sex as recorded in CMIS
		Model of Care	Fast track, Outreach, CAG, Facility ART club	Care model as the quarter 12 months before the reporting period according to CMIS

11				
Description:	Number of patients who initiated non-mainstream ART models 12 months prior who died			
Numerator:	Number of individuals who first enrolled in non-mainstream ART models 12 months prior to the reporting period and are recorded as died before the end of the reporting period		The numerator is generated by counting the total number of people who initiated non-mainstream ART during the quarter 12 months before the reporting period and were recorded as died in CMIS before the end of the reporting period	
Data Elements	Number of patients who initiated non-mainstream ART models 12 months prior who died	Disaggregate Groups	Disaggregates	Description of Disaggregate
		Sex	M, F	Sex as recorded in CMIS
		Model of Care	Fast track, Outreach, CAG, Facility ART club	Care model as of the quarter 12 months before the reporting period, according to CMIS

12		
Description:	Number of Community ART Groups (CAGs) in the facility	
Numerator:	Number of active CAGs in the facility	The numerator is generated by counting the total number of unique CAG ID numbers in CMIS within this facility that had active members by the end of the reporting period.
Data Elements	Number of CAGs	

13		
Description:	Number of Facility ART Clubs in the facility	
Numerator:	Number of active Facility ART Clubs in the facility	The numerator is generated by counting the total number of unique Facility ART Club ID numbers in CMIS within this facility that had active members by the end of the reporting period
Data Elements	Number of Facility ART Clubs	

Appendix C. DSD ART monthly/quarterly report format

FACILITY non-mainstream ART REPORTING FORM

Reporting Facility:_____

Period reporting from: _____ to _____

Printed on: _____

Name of person who printed form: _____ Designation: _____

Signature: _____ Contact telephone number:_____

	(I) Number of patients enrolled in non-mainstream ART models at the beginning of the period	(II) Number of patients newly-eligible for non-mainstream ART models during the period	(III) Number of newly-eligible patients who initiated non-mainstream ART models during the period	(IV) Number of patients eligible for non-mainstream ART models by the end of the period	(V) Number of patients receiving ART in non-mainstream models by the end of the period	(VI) Number of patients who initiated non-mainstream ART models 12 months prior MINUS the number who have transferred-out	(VII) Number of patients who initiated non-mainstream ART models 12 months prior who received a clinical assessment during the period	(VIII) Number of patients who initiated non-mainstream ART models 12 months prior who received a viral load test during the period	(IX) Number of patients who initiated non-mainstream ART models 12 months prior who were virally suppressed during the period	(X) Number of patients who initiated non-mainstream ART models 12 months prior who were lost to follow-up	(XI) Number of patients who initiated non-mainstream ART models 12 months prior who died
Males											
Females											
TOTAL											
Fast track											
Outreach											
CAGs											
Facility ART clubs											
TOTAL											

Number of Community ART groups (CAGs) in this facility	
Number of Facility ART clubs in this facility	