Training Toolkit

HIV Care and Antiretroviral Treatment Recording and Reporting System



2006



Regional Office for South-East Asia New Delhi

Further publications can be obtained from the HIV/AIDS Unit, Department of Communicable Diseases, World Health Organization, Regional Office for South-East Asia, World Health House, Indraprastha Estate, Mahatma Gandhi Road,New Delhi 110002, India. Fax +91-11-23370197, 23379395, 23379507 Email: hiv@searo.who.int Library support: library@searo.who.int

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Facilitation for Training

HIV Care and ART Recording and Reporting System

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	Tentative schedu	le for training and methods used
Duration	Session	Methods
1 h	Sub module 1: Overview of HIV care/ART information system	 Plenary presentation with discussion
3 h	Sub module 2-3: Use of patient records and registers	 Brainstorming (individual data to collect) Plenary presentation on data to collect, with reference to the brain storming Exercise: case/register studies
2 h	Sub module 4: Use of drug dispensing and stock registers	 Plenary presentation on drug dispensing and stock monitoring Exercise: compilation of drug stock register and monthly drug statistics
3 h	Sub module 5: ART Monthly Report	 Plenary presentation on indicators from the monthly report Exercise: compilation of a monthly report from pre-ART and ART registers Plenary presentation on analysis of report
4 h 30	Sub module 6: Cohort Analysis Report	 Plenary presentation on how to use the cohort report Exercise: compilation of a cohort report from ART register Exercise: analysis and interpretation of a cohort report

	Partie	cipants and materials
Participants	Facility management team ◆ Doctors ◆ Nurses ◆ Counsellors	Pharmacists and drug dispensing staff
Modules	Sub modules 1,2,3,5,6	Sub modules 1 and 4
Materials	 Participant Manual Exercise book Answers to exercise Copy of the Patient HIV Care/ART Record Copy of the Pre-ART Register Copy of the ART Register Copy of the ART Monthly Report Copy of the Cohort Analysis Report 	 Participant Manual Exercise book Answers to exercise Copy of the ARV Drug Dispensing Register Copy of the ARV Drug Stock Register Copy of the ART Monthly Report

Sub module 1: Overview of HIV care and ART recording and reporting system

Session objectives

At the end of the session participants will be able to:

- + understand the importance of standard recording and reporting tools;
- + list key information collected; and
- + identify the different forms to be used in a paper based recording and reporting system.

Time to complete sub module

1 hour

Training materials

- PowerPoint slides
- ✤ Participant Manual.

Content

- Objectives of programme monitoring
- ✤ Indicators at national/international levels
- ✤ Indicators at the facility level
- + List of records and reports at the facility
- ✤ Storage of records and reports
- Confidentiality and security.

Session instructions

- 1. Lecture and discussion with PowerPoint presentation (1 hour)
- 2. Distribution of the forms, 1 copy per participant:
 - ✤ Patient HIV Care/ART Record
 - Pre-ART Register
 - ♦ ART Register
 - ♦ ART Monthly Report
 - ✤ Cohort Analysis Report
- 3. Distribution of the participant manual and exercise book: 1 copy per participant.

Sub module 2–3: Use of patient record and registers

Session objectives

At the end of the session participants will be able to:

- ♦ understand how the Patient HIV Care/ART Record is used;
- how to correctly fill out the Patient HIV Care/ART Record;
- + understand how the Pre-ART and ART Registers are used; and
- ✤ correctly fill out the Pre-ART and ART Registers.

Time to complete sub module

3 hours

Training materials

- ✤ 3 flipcharts
- ← Transparencies of the Patient HIV Care/ART Record, Pre-ART and ART Registers
- ✤ 1 overhead projector
- PowerPoint presentation
- Exercise 1 Case studies.

Content

- ✤ What is the Patient HIV Care/ART Record?
- ♦ Who should complete the Patient HIV Care/ART Record?
- When should the Patient HIV Care/ART Record be started?
- + What information should be recorded?
- + Check list on when to record information
- ♦ Exercise
- What are the Pre-ART and ART Registers for?
- + When should the registers be filled in?
- + Initial entry in the registers
- ♦ Pre-ART Register
- ♦ ART Register
- ✤ Patients transferred in
- + Identification of patients missing or lost to follow-up in the ART Register
- ♦ Examples.

Session instructions

- 1. Brainstorming (15 minutes)
 - Ask the participants 'What is the minimal information to be collected during HIV care and ART visits, to
 produce the indicators recommended at facility level?'
 - + List participants answers on 3 flipcharts under:
 - i. At the first visit (enrollment in the clinic)
 - ii. During follow-up visits
 - iii. Whenever information becomes available.

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- 2. Lecture and discussion with PowerPoint presentation (1 hour)
 - Use the following sequence for presentation: the Patient HIV Care/ART Record, then the Pre-ART Register, and then the ART Register (as it is in the presentation).
 - During the presentation on the flipcharts, underline in blue the variables given by the participants during the brainstorming and underline in red the variables that will be used for generating routine indicators (as it is in the presentation with the code IND).
- 3. Exercises 1 (1 hour)
 - ◆ 2 case studies: from the patient history, complete the Patient HIV Care/ART Record and the Pre-ART and ART Registers.
 - Ask the participant to open their exercise book, exercise 1.
 - Divide participants in groups of 5 persons with mixed participation of doctors, nurses, counsellors and others.
 i. Ask each group to do 1 case study.
 - For the case study, give each group a transparency each of the Patient HIV Care/ART Record, Pre ART and ART Registers and ask the participants to write the patient history on these.
- 4. Checking of exercises (45 minutes)
 - Case study: by overhead projection of the Patient HIV Care/ART Record, Pre-ART and ART Registers completed while reading patient history.

Sub module 4: How to use the drug dispensing and stock registers

Session objectives

For pharmacist/drug dispensing staff.

At the end of the session participants will be able to:

← fill out the ARV Drug Dispensing Register and Drug Stock Register.

Time to complete sub module

2 hours

Training materials

- ♦ 1 flipchart
- PowerPoint presentation
- + Exercise 2: drug dispensing and stock registers.

Content

- Objectives of monitoring drug dispensing and stock records
- ✤ What is the purpose of drug dispensing and stock registers
- ✤ ARV Drug Dispensing Register
- ✦ ARV Drug Stock Register.

Session instructions

- 1. Lecture and discussion with PowerPoint presentation (30 minutes)
- 2. Exercise 2 (1h30)
 - a. Ask the participants to open their exercise book, exercise 3 that includes drug dispensing, drug stock registers and monthly report (part 11 and 12).
 - b. Divide participants in groups of 5 persons with mixed participation of doctors, nurses, counsellors and others.
 - c. Ask the participants to complete the exercise and to prepare a slide for part 11 and 12 of the monthly report.
 - d. Checking of exercise:
 - i. Check (by the trainer) by projection of results, asking each group their results and their difficulties in obtaining it.
 - ii. Give to each participant a copy of the answer.

Sub module 5: Monthly report

Session objectives

At the end of this session the participants will be able to:

- understand how the ART Monthly Report is used;
- + fill out indicators in the monthly report by checking the Pre-ART and ART Registers; and
- + analyse the indicators and trends over time.

Time to complete sub module

3 hours

Training materials

- ♦ 1 flipchart
- PowerPoint presentation
- + Exercise 3: Monthly report.

Content

- What is the ART Monthly Report for?
- ✤ When and how will the ART Monthly Report be completed?
- + How to calculate the indicators?
- + How to analyse the ART Monthly Reports?

Session instructions

- 1. Lecture and discussion with PowerPoint presentation (30 minutes)
 - + Review indicators in the ART Monthly Report and the method to obtain them.
- 2. Exercise 3 (2 hours)

Pre-ART and ART Registers containing patients' data for the 3 first months of activity in a clinic (October to December 2004): compile the December 2004 report.

- ✦ Ask the participants to open their exercise book, exercise 2, which materials are:
 - i. 1 pre-ART Register
 - ii. 1 ART Register
 - iii. 1 December 2004 ART Monthly Report
 - iv. 1 blank copy of the ART Monthly Report.
- + Divide participants in groups of 5 persons with mixed participation of doctors, nurses, counsellors and others.
- ◆ Ask the participants to compile the report for January 2005 on a transparency of a monthly report.
- Checking of exercise:
 - i. Check (by the trainer) by projection of results, asking each group their results and their difficulties in obtaining it.
 - ii. Give to each participant a copy of the completed January 2005 ART Monthly Report.
- 3. Lecture and discussion with PowerPoint presentation (30 minutes)
 - ✤ Trend analysis of the indicators in the ART Monthly Report.
 - ✤ Use the previous exercise to compile and analyse monthly indicators.

Sub module 6: Cohort report

Session objectives

At the end of the session participants will be able to:

- + understand how the Cohort Analysis Report is used; and
- + fill out the Cohort Analysis Report by obtaining information from the ART Register.

Time to complete sub module

4 h 30

Training materials

- ♦ 1 flipchart
- PowerPoint presentation
- + Exercise 4: compilation of a cohort report
- ◆ Exercise 5: analysis of a cohort report Laptop with xls and ppt.

Content

- ✤ What is the Cohort Analysis Report for?
- ✤ When will the Cohort Analysis Report be completed?
- + How to calculate the indicators?
- + How to analyse the indicators?

Session instructions

- 1. Lecture and discussion with PowerPoint presentation (30 minutes)
 - + Review indicators in the Cohort Analysis Report.
 - + General principles on how to compile the Cohort Analysis Report.
 - Direct example for a Cohort Analysis Report at 6 months with active participation of the participants. In the slide presentation for this example, all slides follow the same pattern, to support an active participation:
 - i. What information have I to look for?
 - ii. Where is this information in the ART Register?
 - iii. What are the results I have to report?
- 2. Exercise 4 (2h)
 - ✦ Ask the participants to open their exercise book, exercise 4, which has 2 different questions. Each question contains a completed ART register, and the participants have to do the cohort report.
 - Divide participants in groups of 5 persons with mixed participation of doctors, nurses, counsellors and others.
 - + Ask each group to do 1 question and to prepare a slide of the cohort report corresponding.
 - Checking of exercise:
 - i. Check (by the trainer) by projection of results, asking each group their results and their difficulties in obtaining it.
 - ii. Give to each participant a copy of the answer.

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- 3. Exercise 5 (2h)
 - Ask the participants to open their exercise book, exercise 5, which has 2 different questions. Each
 question contains a complete cohort report and the participants have to analyse it, make graph and
 prepare a short presentation.
 - Divide participants in groups of 5 persons with mixed participation of doctors, nurses, counsellors and others.
 - + Ask each group to do 1 question and to prepare graphs and a short presentation on power point.
 - Checking of exercise:
 - i. Check (by the trainer) by projection of results, asking each group their results and their difficulties in obtaining it.
 - ii. Give to each participant a copy of the answer.

Presentation Slides

Presentation Slides

Sub module 1

Introduction to HIV care and ART recordingandreportingsystem

Content

- Objectives and overview of programme monitoring
- Core indicators
- + List of records and reports at facility level
- + Confidentiality & Storage of records



Objectives of programme monitoring

- ♦ At facility level
 - ▶ To support patient management
 - ▶ To support drug supply management
- ✦ At all levels
 - To document the progress in equitable access to care and ART
 - ▶ To identify successes and gaps, and revise the programme accordingly



Overview(1)

- Patient monitoring data:
 Patient medical record
- Program monitoring data:
 - Aggregated from individual patient records
 - Indicators (international/national agreement)
- + Computerized or manual system



Overview(2)

- No perfect model exists
- ART monitoring isnoteasy:
 - Longitudinal data collection and analysis (cohort analysis)
- ART monitoring system shouldbe:
 - Simple
 - Standardized
 - Minimum indicators
 - Facilitatefeedback intoprogammeimprovement



Overview(3)

- Information for action
- ✤ 3 questions:
 - What is the key information (indicators) to be generated?
 - Which methodto use to produce indicators from individual data?
 - Which individual data to be collected?



		onal indicators (1)
Input	National policy and guidelines	1. Existence of national policy and guidelines for ART
Process	Programme coverage	2. % of districts or local health administration units with at least one health facility providing ART services in line with national standards
	Drug supply	3. % of ARV storage and delivery points experiencing stock-outs in the preceding 6 months
	Human ressources	4. Number of health workers trained on ART delivery in accordance with national or international standards

Core	e internatio	onal indicators (2)
Output	Program coverage	5. % of health facilities with systems and items to provide ART services
	Care coverage	6. % of health facilities with ART services that also provide comprehensive care, including prevention services, for HIV+ clients
Outcome	People on Rx	7. % of people with advanced HIV infection receiving ARV combination therapy
	Continuation 1st line	8. Continuation of 1st line regimens at 6, 12 and 24 months
Impact	Survival	9. Survival at 6, 12, 24, 36 etc. months after initiation of treatment

Core indicators at facility level (1) Monthly report (transversal)

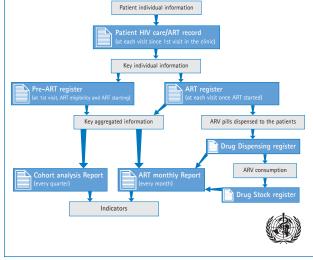
- 1. Cumulative number of patients enrolled in HIV care
- 2. Number started on ART during a reporting period
- 3. Cumulative number ever started on ART
- 4. Cumulative number medically eligible for ART but have not been started on ART
 - ✤ By sex, age (adult/children)
- 5. Cumulative number on ART
- 6. Cumulative number on substituted 1st line
- 7. Cumulative number switched on 2nd line
- 8. Proportion with >95% adherence



Core indicators at facility level (2) Cohort report (longitudinal)

- 9. Proportion alive and on treatment 6, 12, 24 months after initiating ART
- 10. Proportion of patients continuing initial 1st line regimen, substituting 1st line, switched to 2nd line at 6, 12, 24 months of ART
- 11. Change in CD4 after 6, 12, 24 months
- 12. Proportion with normal activity at 6,12, 24 months after initiating
- 13. Proportion who picked up their drugs 6/6, 12/12 months



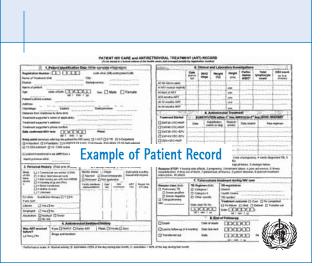


- ♦ ART register
- Drug dispensing register
- Drug stock register

Patient HIV care/ART standard medical record

- ♦ WHY?
 - To ensure appropriate life-long follow-up
 - To obtain key & standard individual information
- ♦ WHEN?
 - At each patient visit starting from the 1st visit in the clinic
- ♦ WH0?
 - Health care providers: doctors, nurses, counsellors...





Pre-ART register

- ◆ WHY?
 - To record key information for all patient accessing HIV care services
 - To facilitate calculation of monthly indicators
- ◆ WHEN?
 - At the 1st visit in the clinic +
 - When patient becomes medically eligible +
 - When ART is started
- ♦ WH0?
 - Health care providers
 - Trained staff using patient record

ART register

- ♦ WHY?
 - To record key information during followup of patients under ART
 - To facilitate calculation of indicators
- ♦ WHEN?
 - At each visit once ART is started
- ♦ WHO?
 - Health care providers
 - Trained staff using patient record



ARV Drug dispensing/Drug stock registers

- ♦ WHY?
 - To record no. of tablets given to the patients
 - To monitor stock of drugs
- ♦ WHEN?
 - At each ARV dispensing visits
- ♦ WHO?
 - Drug dispensing officer (pharmacists, nurses...)



Monthly and Cohort report

- ♦ WHY?
 - To report and analyze indicators
- ♦ WHEN?
 - Every month for the monthly report
 - Every quarter for the cohort report
- ♦ WH0?
 - Manager of the clinic
 - Trained staff under supervision



Confidentiality

- + High stigma and discrimination
- Lack of confidentiality = obstacle in access to care
- Professional code of conduct for health care providers and administrative staff
- Security of the medical records and of the REGISTERS
- Anticipate the risk of breaches in confidentiality due to monitoring



Patient registration number

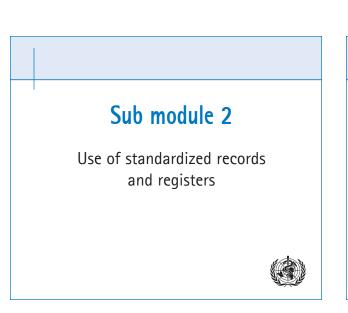
- ✤ Unique and personal to avoid duplication
- ✦ Allocated once, at the 1st visit in the clinic
- ✦ As simple as possible, e.g.
 - Identification of the clinic using 2 digits
 - Identification of the patient by a chronologic number



Storage of medical records

- ✤ Ensure security by storage in a locked space
- Limited access to authorized staff
- Ensure records will be available during the patients visits
- ✦ Arranged serially, e.g.
 - By registration number or name
 - By date of next visit
- Make the record available in advance for the scheduled patient visits

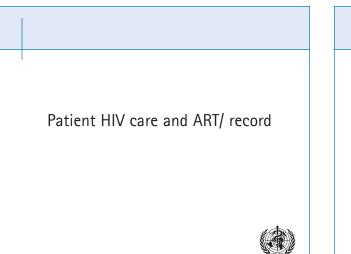


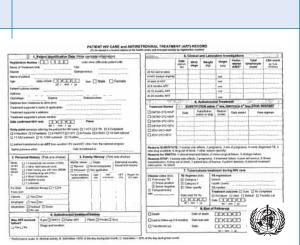


Standardized patient information to be collected

- Brainstorming (10 minutes)
- What is the minimal information to collect during HIV care and ART visits, in order to generate the indicators recommended at facility level?







At the 1st visit to the clinic...

- ✤ Registration number:
 - + Unique
 - + As simple as possible
 - ◆ E.g:
 - ▶ 2 letters for clinic code
 - Serial number (1 to XXXX) for patient code

At the 1st visit to the clinic ...

Part 1: Patient identification data

- Identification of the clinic
- ✦ Identification of the patient
- ✤ Age, sex, adress
- Treatment's supporter (if applicable)
- Date and place HIV+ testing
- Entry point



At the 1st visit to the clinic ...

- + Entry points or referred from
 - ♦ VCT
 - ✦ TB
 - ♦ Outpatients
 - ✤ Inpatients
 - ✦ Paediatric
 - ♦ PMTCT
 - ♦ STI
 - ♦ Private

- ♦ NGO
- ✦ Self referred
- ◆ IDU outreach
- services • sex workers
- outreach services
- Others



At the 1st visit to the clinic ...

- Patient "transferred in" on ART
 - Started ART in another clinic from the NAP
 - Transferred to your clinic for ART continuation
 - Patient should be transferred with a copy of his (her) patient record
- Registration number and ART history should remain similar (continuation)



At the 1st visit to the clinic ...

Part 2: Personal history:

- + Possible mode of HIV transmission,
- education, employment, alcoholism Part 3: Family History
 - Marital status
 - + Family members and access to care
- Part 4: Past history of ART

Part 5: Clinical and Lab investigations

- Date of 1st visit, WHO clinical stage, weight/height, performance scale
- ✤ TLC, CD4 if available



Performance scale

- ✤ A- Normal activity
- ✤ B- Bedridden <50% of the time during the last month</p>
- ♦ C- Bedridden >50% of the time during the last month



At the 1st visit to the clinic ...

In addition, fill one row in part 9 to record the encounter visit



At each follow-up encounter visit

- + Fill one line per visit in part 9
 - Dates of visit and next visit, weight, WHO stage, performance scale
 - For women, pregnancy or family planning
 - OI diagnosis and PROPHYLACTIC treatment
 - For patients started ART
 - ART prescribed (molecules and doses)
 - Adherence to ART
 - Side effects to ART
 - ✤ Lab results when available
 - Distribution of condoms
 Beferral to specialist or
 - Referral to specialist or hospitalization



Adherence to ART

- Based on pill count AND self report of pills missed by the patient
- Since last visit
- Eg. For 3-drug fixed dose combination (2 pills/day) and 30 days visit
 - ▶ 60 pills to be taken between 2 visits
 - ▶ < 3 pills missed: >95% adherence
 - ▶ 3 to 12 pills missed: 80-95% adherence
 - ▶ > 12 pills missed: <80% adherence</p>



When the patient becomes medical eligibility for ART

- Medical eligibility refers exclusively to the medical criteria regardless of patient's personal or social readiness for ART
- ♦ Part 5:
 - Date, WHO stage, weight (+ height for children), performance scale,
 - TLC and CD4 count if available



At start of ART and 6, 12, 24 months follow-up after starting

- ♦ Part 5:
 - Date, WHO stage, weight (+ height for children), performance scale,
 - ▶ TLC and CD4 count if available
- ♦ Part 6:
 - Treatment started

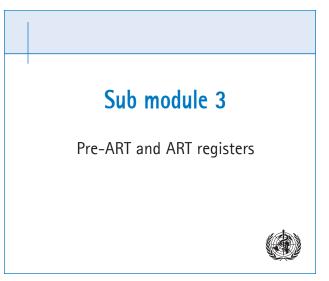
At any change in ART regimen

- Part 6: substitution, switch, stop
- Substitution = change within 1st line drugs
 Mainly related to intolerance, OI (TB)....
- ✤ Switch= change to 2nd line drugs
 - Mainly related to treatment failure
- Stop= interruption by a doctor
- ✤ Date, reason, date of restart and new regimen



At occurrence of TB At end of follow-up Part 7 Disease classification TB regimen and date of start TB registration Outcome Part 8 Date of death Date of last visit if patient lost to follow-up for more than 3 months Date and place of transferred out Image: Comparison of the provided HTML statement of





Purpose of registers

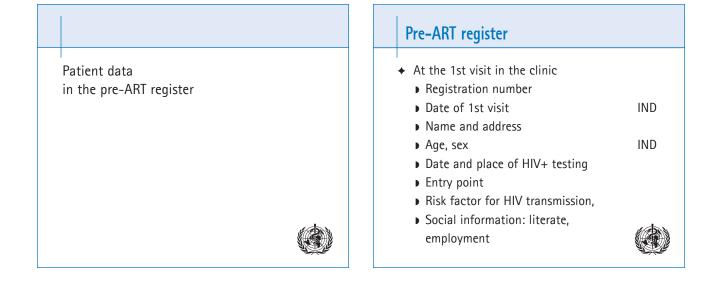
- + Key individual information for:
 - Facilitating patient management by the identification of patients missing or lost to follow-up (ART register)
 - Routine monitoring (compilation of standard indicators)
 - More in depth analysis without need to check the various medical records.



Registration of patients

- By date of 1st visit in the pre-ART register
- By date of starting ART in the ART register
- Separation of months:
 - ▶ 1 line or 1 new page in the pre-ART register
 - ▶ 1 new page in the ART register
- Page = monthly 'cohort' of patients enrolled or starting ART





Pre-ART register

- At start of Cotrimoxazole preventive therapy (CPT)
 - Date
- ✤ At TB treatment during HIV/ART care
 - Disease class
 - Regimen
 - Date TB Rx start

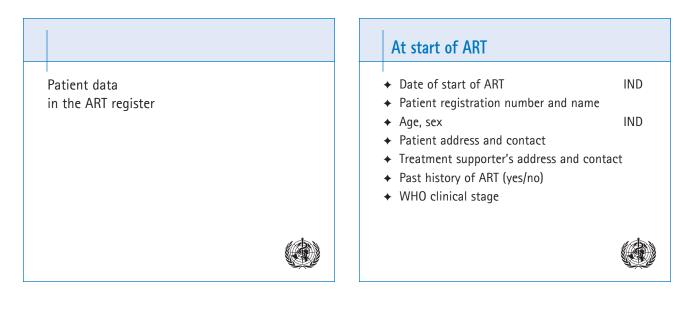


Pre-ART register

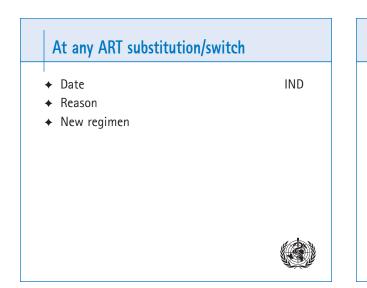
- + At medical eligibility for ART
 - Date and criteria
- At start of ART
 - Date
- ♦ At end of follow-up before ART was started
 - Date of death
 - Date of last visit if lost to follow-up >3 months
 - Date of transferred out



IND



At start of ART +6,12,24 mon follow-up	ths	At TB treatment during ART
 Performance scale Weight 	IND	 Disease classification Regimen
◆ CD4 count◆ Regimen started	IND	◆ Date of start
		1 Ann



At each monthly visit

- 1st row: write patient outcome IND
 On treatment, if picked up drugs
 - Stopped, if the treatment was stopped by a doctor at this visit or during a previous visit
 - Missing, if the patient missed an appointed visit
 Lost to follow-up, if the patient is missing for 3 months or more
 - Restart, if the treatment was restarted at this visit
 - Transferred out, if the patient was transferred out on ART to another clinic from the NAP
 - Dead,
 - Not appointed, if the patient was not appointed for a visit during this month



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At each monthly visit

- ✤ 2nd row in the table
- For the patient on treatment
- Write adherence
 - ► >95% adherence
 - ▶ 80-95% adherence
 - ▶ <80% adherence



IND

At end of follow-up• Date of deathIND• Date of lost to follow-up (last visit)IND• Patients missing for 3 months or more• Date of transferred outIND

Exercises

- Group of 5 persons with doctors, nurses and counselors
- Case study: read the patient history and complete the patient record, pre-ART and ART register
- Register study: read the ART register and summarize the patient ART history

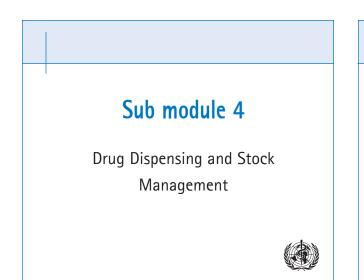


Group work: exercise 1

- ✤ Group of 5 persons
- Each group: 1 case study
- ♦ 1 hour
- From the given patient history, complete the patient record and the pre-ART and ART register







Objectives

- To document the regimen prescribed to the patients and the number of tablets given
- To ensure an uninterrupted supply of drugs by maintaining adequate drug stocks



Forms

- + ARV drug dispensing register
- ARV drug stock register
- Monthly reporting form/ Part B

ARV drug dispensing register (1)

- 1 page each day
- Adapt the list of drugs according to those available in the program
- For all patients coming to the pharmacy for ARV dispensation
 - Registration number and name
 - Number of tablets given for each drugs in the regimen prescribed
 - Patient 's signature



ARV drug dispensing register (2)

- At the end of the day, add up the number of tablets given for each drug
- Report this daily consumption in the ARV drug stock register



- 1Row corresponds to one day's consumption
- 1 page corresponds to 1 month's consumption
- Divide the register in several sections, each section dedicated to 1 drug





ARV drug stock register (2)

- Maintain the register each day for each drug
 A-Opening stock
 - B-Stock received (the day it was received)
 - C-Stock dispensed day after day
 - D-Stock expired if any
 - ▶ Balance stock per day = (A+B) (C+D)
- At the end of the month, complete the monthly summary

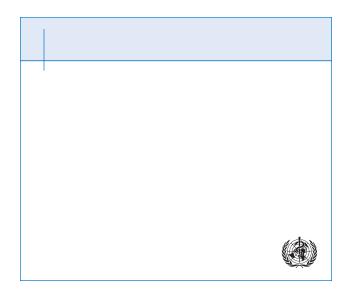


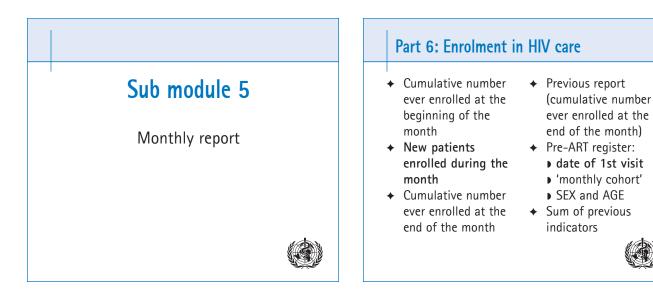
Group work: Exercise 2 5 persons / 1h

- You will have to complete the drug dispensing, drug stock and monthly report (part 11-12) for clinic A, according to
 - The starting stock of drugs
 - The daily dispensing



Forms							
Forms							
	11. REGIMENS A	T THE END OF T	HE MONTH		_		
	Reç	gimen	No. of p	atients on AR	г		
	d4T30/3TC/NVP			26*			
	d4T40/3TC/NVP			6			
	ZDV/3TC+NVP ZDV/3TC+EFV			5			
	d4T30/3TC+EFV			4			
	d4T40/3TC+EFV			0			
	Second line Other regimens			0			
	Total number of p	natients		0 41			
12. DRUG STO							1
Name of the drug		Stock	Stock	Stock	Stock at	Amount	
Name of the drug	g Stock at the start of	received	dispensed	expired	the end of	requested	
	the month	during the			the month	requested	
	(A)	month (B)		month	(A+B)		
				(D)	(C+D)		
d4T30/3TC/N		5000	1440	0	9360	0	
d4T4Ø3TC/NV	/P 2500	2000	360	0	4140	0	
d4T30/3TC	500	0	360	0	140	130	
d4T40/3TC	100	0	0	100	0	100	
ZDV/3TC	2000	0	270	0	1730	0	100
NVP	600	0	345	0	255	0	K CARA
EFV	500	0	120	0	380	70	SACER III





Part 7: Medical eligibility for ART

- Number of patients eligible for ART but have not been started ART at the end of the month
- Pre-ART register:
 - date of medical eligibility
 - date ART started
 - SEX and AGE
- Count those whose
 date of eligibility is
 - informed and
 - date of ART started is empty
- Check all pages of the register



Part 8: Enrollment on ART

- Cumulative number ever started on ART at the beginning of the month
- New patients started on ART during the month
- +patients
 transferred in
 - Cumulative number ever started on ART at the end of the month
- Previous report (cumulative number ever started on ART at the end of the month)
- ♦ ART register:
 - date ART start
 - 'monthly cohort'
 - SEX and AGE
- ART register (all pages)
- Sum of previous indicators

Part 9: Outcomes on ART

- Cumulative number of deaths reported at the end of the month
- Cumulative number of patients transferred out under ARV at the end of the month
- Number of patients missing or lost to follow-up at the end of the month
- Number of patients stopping ART at the end of the month
- Number of patients on ART at the end of the month



Part 9: Outcomes on ART

- ✤ ART register: monthly visits, 1st row (outcome)
- As patients are registered by month of starting ART, all those recorded in 1 page should have the same number of monthly follow-ups
- Count the last outcome recorded by checking each page in the ART register



Example: Checking the outcomes in 1 page of the ART register ed up ART drugs, stopped (ST) if ART was stop g (MIS) if the patient missed the appointed visit mo.2 mo.3 10.5 mo.6 mo.7 mo. от от от от от от от 6 patients in the page А Α А Α Α А All started 6 months ago от от ST ST ST RS от А А А А от от от от от от ST в в в в от от от TR Α Α Α от от от от от от А Α А А А от от от от MIS MIS

Eg. Checking the outcomes in 1 page of the ART register

от	от	от	от	от	от	от	
Α	Α	Α	А	Α	Α	Α	
от	от	ST	ST	ST	RS	от	
Α	А	Α				Α	
от	от	от	от	от	от	ST	
А	в	В	Α	Α	в	В	
от	от	от	TR				
Α	Α	Α	Α				
от	от	от	от	от	от		
Α	Α	Α	Α	Α	А		
от	от	от	от	MIS	MIS		
Α	Α	С	С			$\langle \rangle$	

Last outcome

Eg. Checking the outcomes in 1 page of the ART register I (ST) if ART mo.2 mo.6 mo.3 mo.7 от от от от от от OT 2 on treatmen А А А Α А Α Α от от ST ST RS OT ST А А А 1 stop от от от от от то ST А в А в в в 1 transferred (от от TR от А Α Α Α от от от от от от 1 missing/1 L А Α Α Α от от от от MIS MIS

Number of patients on ART at the end of the month

- By counting the ART register (on treatment + restart)
- Verification:
 Cumulative on ART
 =cumulative ever started ART
 - -(death, transferred out + missing/LFU + stopped)



Number of patients whose treatment was substituted or switched

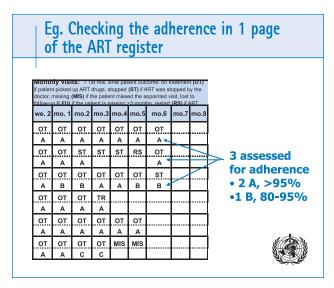
- + Among patients on treatment,
- ✤ Check the entire ART register to
- Review the information in the columns "switch" and "substitute" to count how many changed regimen
- + The remaining are on original 1st line



Part 10: Treatment adherence

- In the ART register, review the columns monthly visit
- Check the adherence status in the 2nd row in the last monthly visit





Drug dispensing and stock monitoring

- + Part 11: regimen at the end of the month
- Part 12: drug stocks



Drug dispensing and stock monitoring

- ✤ 2 indicators:
 - + Regimen at the end of the month
 - Document the frequency of the different regimens prescribed
 - Identify the 2nd line regimen prescribed
 - Drug stock
 - Describe the drug consumption and balance
- + Used for drug planning, request and budget



<form>

Regimen at the end of the month

- + ARV drug dispensing register
 - Check all pages corresponding to the month
 - Count the number of the different regimens prescribed for the total patients receiving ARV drugs during the month
 - For a patient receiving twice in the month, report only the regimen received at the last visit



Group work: Exercise 3 5 persons / 1h30

- The clinic CL opened in Oct 2004 for HIV care and ART
- We are at the end of January 2005, and you are preparing the monthly report
- ♦ Materials
 - ▶ the pre-ART and ART registers,
 - Dec 2004 report



Answer to exercise – January 2005 report

6. Enrollment in HIV care (PLWHA seeking care at the treatment center)	adult male	adult female	child.<14 yo	total
6.1 Cumulative no. of patients ever enrolled in HIV care at beginning of this month	37	23	4	64
6.2 New patients enrolled in HIV care during this month	13	8	2	23
6.3 Cumulative no. of patients ever enrolled in HIV care at the end of this month	50	21	6	87
7. Medical eligibility for ART*	adult male	adult female	child.<14 yo	total
7.1 No. of patients medically eligible for ART but have not been started on ART at the end of this month	5	3	1	9



Answer to exercise

8. Enrollment on ART	adult male	adult female	child.<14 yo	total
8.1 Cumulative no. of patients ever started on ARTat the beginning of this month	13	7	1	21
8.2 New patients started on ART during this month	4	4	0	8
8.3 No. of patients on ART transferred in this month	1	0	0	1
8.4 Cumulative no. of patients ever started on ARTat the end of this month	18	11	1	30



Answer to exercise

9. outcomes on ART	adult male	adult female	child.<14 yo	total
9.1 Cumulative no. of death reported at the end of this month				2
9.2 Cumulative no. of patients transferred out under ARV at the end of this month				0
9.3 No. of patients missing/lost to follow-up at the end of this month				2
9.4 No. of patients stopping ART at the end of this month				1
9.5 No. of patients on ART at the end of this month				25
+ 9.5.1 Among them, no. on original 1st line regimen				23
+ 9.5.2 No. on substituted 1st line regimen				2
+ 9.5.3 No. switched on 2nd line regimen				0

Answer to exercise

10. Treatment Adherence		total
10.1. No. of patients assessed for adherence during this mont	h	
10.2. Of those assessed for adherence, level of adherence in t	he last month	
10.2.1. < 3 doses missed in a period of 30 days	> 95%	19
10.2.2 =3 to 12 doses missed in a period of 30 days	80-95%	0
10.2.3. >12 doses missed in a period of 30 days	<80%	1

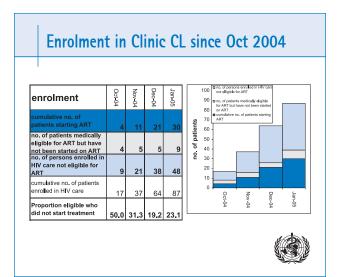


1											
Regimen	No. of patients on ART	Is stock enough for existing patients for 6 months? Y/N specify									
D4T30/3TC/NVP	9										
D4T40/3TC/NVP	11										
ZDV/3TC/NVP	1										
ZDV/3TC/EFV	0										
D4T30/3TC/EFV	1										
D4T40/3TC/EFV	2										
+ D4T/3TC/NVP junior 12 mg	1										

Trend analysis of the monthly report

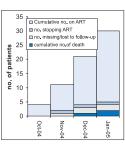
- To calculate 2 cores indicators:
 - Proportion who did not start ART among patients medical eligible
 - Proportion on treatment among patients who started
- To present each month (table and figure) the trends in performance
 - Enrolment, eligibility and start of ART
 - Outcomes on ART





Outcomes on ART in clinic CL since Oct 04

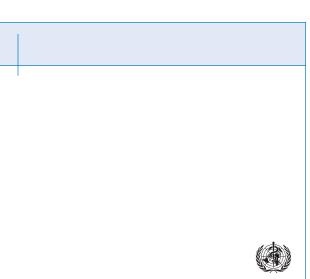
outcomes on ART	Oct-04	Nov-04	Dec-04	Jan-05
cumulative no.of death	0	0	1	2
cumulative no. transferr out	ed 0	0	0	0
no. missing/lost to follow up	v- 0	1	2	2
no. stopping ART	0	1	1	1
Cumulative no. on ART	4	9	17	25
Proportion on ART	100	81.8	81.0	83.3

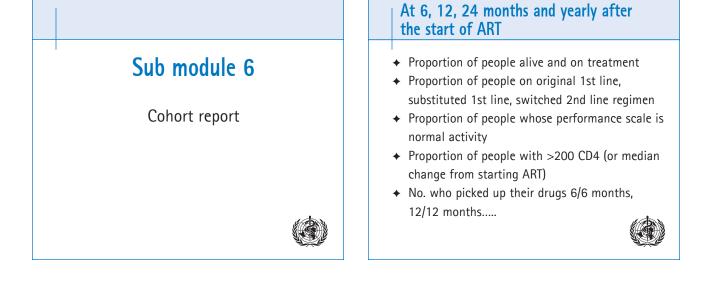


Limitations of monthly report analysis

- Cross-sectional information
- Enrollment and outcomes at one time point in the facility program
- No information on the duration of follow-up on ART
 - Cohort analysis is required







2. Principles

- Patients registered according to the date (month) of starting ART
 - = monthly cohort starting ART
- Record of their outcomes after 6 months then yearly
- Compilation form at 6, 12, 24 months for the different monthly cohorts



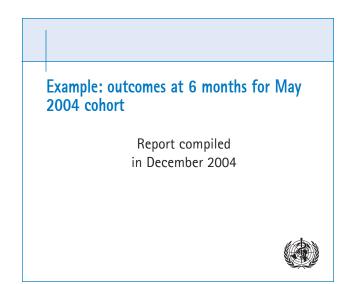
Time period

- The group of patients starting this month
 - Outcomes in 6 months from now
 - Outcomes yearly from now
- ✤ Example, For January 2005 monthly cohort
 - 6-month outcomes in July 2005
 - ▶ 12-month outcomes in January 2006
 - ▶ 24-month outcome in January 2007



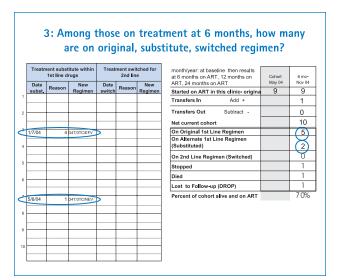
Training Toolkit

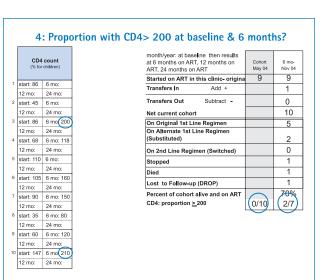
n	eport on treatment outcomes for coho		ADT		Leab and a	and define	and here there	and a shift of the		darted AR1			<u> </u>
	cility:	nts on		-	CORIOTIS S	Te denni	a by the	monur ye	ran unay s	Garted Arc	-		-
	cinty.		-	-	1	-	-		-	to be confin	ued for eac	h monthly r	ohort
	For cohort starting ART by month/year; at												
	baseline then results at 6 months on ART.	Cohort	6 mo-	12 mo-	24 mo-	Cohort	6 mo-	12 mo-	24 mo-	Cohort	6 mo-	12 mo-	24 mo-
	12 months on ART, 24 months on ART	Jan 04	Jub04	Jan 05	Jan 06	Feb 04	Aug 04	Feb 05	Feb 05	Mar 04	Sept 04	Mar 05	Mar 06
G	Started on ART in this clinic- original cohor	t											
п	Transfers in Add +												
тс	Transfers Out Subtract -												
N	Net current cohort												
н	On Original 1st Line Regimen												
	On Alternate 1st Line Regimen (Substituted)												
J	On 2nd Line Regimen (Switched)												
	Stopped												
	Died												
_	Lost to Follow-up (DROP)												
	Percent of cohort alive and on ART												
	[(H+I+J)/N * 100]												
	CD4 median or proportion >200												
-	Performance scale				1								
	A Proportion normal activity												
	B Proportion bedridden <50%												
	C Proportion bedridden >50%												
	Number of persons who picked up ARVs												
	each month for 6 months	x		×	×	x		x	x	x		x	×
	Number of persons who picked up ARVs each month for 12 months	x			x		×		x	x	x		x

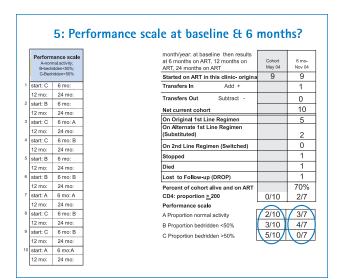


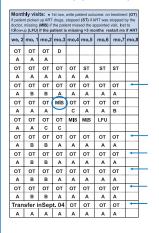
		2001											
DATE of start of	if pat docto	ent picker c, missing	d up AR1 (MIS) if	drugs, the pat	stopped ient mis	i (ST) if . sed the a	ART was appointed	stopped visit, jos	by the it to	at 6 months on A ART, 24 months		Cohort May 04	6 mo- Nov 04
ART		2 mo. 1				· · ·	mo.6	<u> </u>	mo.8	Started on ART Transfers In	in this clinic-origina Add +	9	9
1/5/04		-	-	D	1110-4	1110-5	1110.0	mour	1110.0	-			1
	01 A	OT	OT	D						Transfers Out	Subtract -		0
6/5/04	01		A OT	от	от	ST	ST	ST		Net current coh	ort		10
			A	A	A	A	- 01	31					
7/5/04	01	-	от	от	от	от	от	от					
	A	В	В	A	A	A	A	A					
10/5/04	01	от	от	MIS	от	от	от	от					
	A	A	A		с	A	A	в					
20/5/04	01	то	от	от	MIS	MIS	LFU						
	A	A	С	С									
23/5/04	01	то	от	от	от	от	от	от					
	A	В	В	A	A	A	Α	A					
26/5/04	01	то	от	от	от	от	от	от					
	A	В	В	A	A	A	A	A					
28/5/04	01	от	от	от	от	от	ОТ	от					
	A	В	В	A	A	A	Α	Α					
29/5/04	01	от	от	от	от	от	от	от					
					A	A	A	A					

	DATE of	if paties	h ly vis 1t picked missing	up AR1	í drugs,	stopped	i (ST) if	tcome: o ART was	stopped	ant (OT) by the st to	month/year: at baseline then results at 6 months on ART, 12 months on ART, 24 months on ART			
start of ART		follow-u	ip (LFU)	if the p	atient i	s missi	ng: N	lov	Started on ART in this clinic-origina 9 9					
Į		we.2	mo. 1	mo.2	mo.3	mo.4	mo.5	mo.6	mo.7	motB	Transfers In Add + 1			
I	1/5/04	от	от	от	D	+		<u> </u>		то				
ļ		A	Α	Α						N				
	6/5/04	от	от	от	от	от	ST	ST	PT-	—	Net current cohort 10			
l		A	Α	Α	A	Α	A			fib	On Original 1st Line Regimen			
	7/5/04	от	от	от	от	от	от	от	от	1	On Alternate 1st Line Regimen (Substituted)			
ļ		A	В	В	Α	Α	A	Α	A	J				
I	10/5/04	от	от	от	MIS	от	ot	от	от		On 2nd Line Regimen (Switched)			
l		A	Α	Α		С	A	Α	в		Stopped 1			
	20/5/04	от	от	от	от	MIS	мв	LFU			Died 1			
l		A	Α	С	С						Lost to Follow-up (DROP)			
	23/5/04	от	от	от	от	от	or	от	от		Percent of cohort alive and on ART 70%			
l		A	в	в	Α	Α	A	Α	A					
	26/5/04	ОТ	от	от	от	от	от	от	от					
I		A	в	в	Α	Α	A	Α	A					
ĺ	28/5/04	от	от	от	от	от	от	от	от					
I		A	в	в	A	Α	A	A	A		1			
ĺ	29/5/04	от	от	от	от	от	от	от	от					
I		A	в	в	A	А	A	A	A		1			
١	11/5/04	Tran	sfer i	nSep	ot. 04	от	от	от	от					
1		A	A	A	A	Α	Α	A/	A					







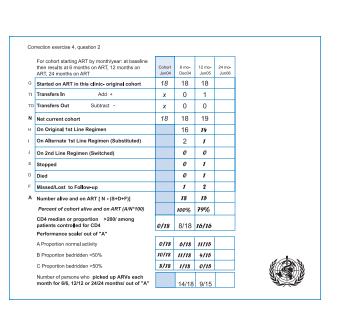


if patier doctor,	it picked missing	up ART (MIS) if	drugs, the pati	stopped ent mise	(ST) if / red the a	come: on ART was : ppointed onths re	stopped I visit, los	by the t to
we, 2	mo. 1	mo.2	mo.3	mo.4	mo.5	mo.6	mo.7	mo.8
_								
от	OT A	OT	D					
A OT	OT	OT	от	от	ST	ST	ST	
A	A	A	A	A	A	51	51	
от	ОТ	OT	OT	OT	от	от	от	-
A	В	в	A	A	A	A	A	
от	от	от	MIS	от	от	от	от	
A	A	A		c	A	A	в	
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A	в	в	Α	А	Α	Α	Α	
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Α	Α	A	Α	А	Α	Α	A	

Group work: Exercise 4 5 persons / 1h30

- ✤ 2 questions, each group doing 1 question:
- + From the ART register of the clinic, you have to complete the cohort report

	Dec04	6 mo- Jun05	12 mo- Dec05	24 mo- Dec06	
Started on ART in this clinic - original cohort	10	10			
Transfers In Add +	x	0			
Transfers Out Subtract -	x	0			
Net current cohort	10	10			
On Original 1st Line Regimen		7			
On Alternate 1st Line Regimen (Substituted)		1			
On 2nd Line Regimen (Switched)		0			
Stopped		0			
Died		1			
Missed/Lost to Follow-up		1			
Number alive and on ART [N - (S+D+F)]		8			
Percent of cohort alive and on ART (A/N*100)		80%			
CD4 median or proportion ≥200/ among patients controlled for CD4	0/10	4/8			
Performance scale/ out of "A"					
A Proportion normal activity	1/10	5/8			
B Proportion bedridden <50%	6/10	3/8			(celan)
C Proportion bedridden >50%	3/10	0/8			
	Net current cohort On Original 1st Line Regimen On Alternate 1st Line Regimen (Substituted) On 2nd Line Regimen (Switched) Stopped Died Missed/Lost to Follow-up Number allve and on ART [N - (S+D+F)] Percent of cohort allve and on ART (A/N*100) CD4 median or proportion≥200/ among patients controlled for CD4 Performance scale/ out of "A" A Proportion normal activity B Proportion bedridden <50%	A A Net current cohort 10 On Original 1st Line Regimen 10 On Alternate 1st Line Regimen (Substituted) 10 On Alternate 1st Line Regimen (Substituted) 10 Stopped 10 Bissed/Lost to Follow-up 10 Number alive and on ART [N - (S+D+F)] 10 Percent of cohort alive and on ART (AN*100) 0/10 Datents controlled for CD4 0/10 Performance scale/ out of "A" 1/10 A Proportion normal activity 1/10 0.10 20% as 3/10 Number of persons whopicked up ARVs each	A 0 Net current cohort 10 10 On Original 1st Line Regimen 7 On Alternate 1st Line Regimen (Substituted) 1 On Alternate 1st Line Regimen (Substituted) 1 On Alternate 1st Line Regimen (Switched) 0 Stopped 0 Died 1 Missed/Lost to Follow-up 1 Number allve and on ART (N - (S+D+F)) 8 Percent of cohort alive and on ART (A/N'100) 80% CD4 median or proportion 2200 among patients controlled for CD4 0/10 Performance scale/ out of "A" 1/10 A Proportion normal activity 1/10 B Proportion bedridden ~50% 3/10 O/10 3/18 C Proportion bedridden >50% 3/10	A C Net current cohort 10 On Original 1st Line Regimen 7 On Alternate 1st Line Regimen (Substituted) 1 On Alternate 1st Line Regimen (Substituted) 1 Stepped 0 Stepped 0 Died 1 Missed/Lost to Follow-up 1 Number alive and on ART (N - (S+D+F)] 8 Deformance scale/ out of "A" 90% Performance scale/ out of "A" 0/10 Perportion bedridden <50%	X C X C Net current cohort 10 10 10 On Original 1st Line Regimen 7 On Alternate 1st Line Regimen (Switched) 1 On Alternate 1st Line Regimen (Switched) 0 Stopped 0 Died 1 Number alive and on ART (N - (S+D+F)] 8 Percent of cohort alive and on ART (AN'100) 80% DDed 1 Percent of cohort alive and on ART (AN'100) 80% Performance scale/ out of "A" Performance scale/ out of "A"



Group work: Exercise 5 5 persons / 1h30

- ✤ 2 questions, each group doing 1 question:
- + From the cohort report of the clinic, you have to analyse and comment the indicators and prepare a short presentation with graphics





Regional Office for South-East Asia New Delhi