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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Differentiated Service Delivery (DSD) Register

| Region | Zone/Subcity/Woreda | Health Facility Name | Begin Date | End Date |

INSTRUCTIONS FOR DSD MODEL OF HIV CARE ENROLLMENT REGISTER

MINISTRY OF HEALTH-ETHIOPIA

Region	Write the region where the Health Facility is located
Zone	Write the Zone where the Health Facility is located
Woreda	Write the woreda where the Health Facility is located
Name of Health Facility	Write the name of the health facility where the Health Facility is located.
Register begin date	Enter the date of the first entry in the register, written as (EC) Day/Month /Year (DD/MM/YY)
Register end date	Enter the date of the last entry in the register, written as (EC) Day/Month /Year (DD/MM/YY)

SN	Datum	Comments
1.	Serial Number	Sequential serial number in registration book; to be entered on client's registration card for later identification in register
2.	Counseled and consented	Write Y if the clinets is counseled to all DSD models if not write N in the upper space and Write Y if the clinets is consted to all DSD models if not write N in the lower space
3	Date of enrollment	Write date of enrollment to DSD model, written as (EC) DD/MM/YY
4	Type of model	Write Type of Model 1. 3MMD 2.ASM (6MMD) 3. FTAR 4.CAD 5.PCAD 6. DSD for Adolesent 7. DSD for KP 8. DSD for MCH 9. DSD for AHD 10. Others
5	MRN	Unique individual identifier used on medical information folder, for HC and hospital.
6	UAN	Write Patient's unique ART number
7	Full Name	Write the patient's first name, father's and grandfather's name.
8	Age	Enter the age of patient's age in years – yr. For example, a 17-year-old child is entered as 17 yr
9	Sex	M=Male; F=Female
10	Woreda/ Kebele	Write the clients woreda and Kebele
11	Phone number	Write the clients phone number
12	ART Start Date	Enter date patient started ART, written as (EC) Day / Month / Year (DD/ MM/YY)
13	Months on ART	Write months on ART in number
14	ART Regimen	Write the code for the ART regimen that patient has been taking
15	Current Enrollemnt Model	Write the patients current model as 1. 3MMD 2.ASM (6MMD) 3. FTAR 4.CAD 5.PCAD 6. DSD for Adolesent 7. DSD for KP 8. DSD for MCH 9. DSD for AHD 10. Others
16	If they are couples write UAN of the other partner	If the client has couples write UAN of the other partner
17	New Model change and date changed	If client model changed from one model to other write the newmodel and date the model changed
18	Reason for Model change and Date changed	Write the code for reasons change in client status on the upper space 1. Defaulted / LTFU 2. Transferred out 3. Returned to conventional care 4. Moved to other DSD model 5. Unknown 6. Other and Write Date changed on the lower space
19	Follow Up Visit dates	Write the next four follow up visit dates on the space provided
20	Remark	Write any additional suggestions, comments…follow up appointment like visit dates

Differentiated Service Delivery (DSD) Register

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S. No	Counseled to all DSD models (Y/N) / Consented (Y/N)	Date of enrolment	Type of model (write code)	MRN	UAN	Full Name	Age	Sex (M/F)	Woreda / Kebele	Phone number	ART start date	Month on ART	ART Regimen	Current Enrolment Model (write code)	If they are couples write UAN of the other partner	New Model change (write code) / Date changed	Reason for model change (write code) / Date changed	1st Visit date	2nd Visit date	3rd Visit date	4th Visit date	Remark
						Registration												**Follow Up**				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		19			20

Type of Model : (Col. 4, 15, 17)

1. 3MMD   2. ASM(6MMD)   3. FTAR   4. CAG   5. PCAD
6. DSD for Adolescent   7.DSD for KP   8.DSD for MCH   9.DSD for AHD   10.Others

Reason For Change :(18)

1. Defaulted   2.Transfrred Out   3. Returned to conventional care   4. Moved to other DSD model   5. Unknown   6. Other