Health Center/Clinic / Hospital HIV Positive Clients' Tracking Register

_____	_____	_____	_____	_____
Region	**Zone/Subcity/Woreda**	**Health Facility Name**	**Begin Date**	**End Date**

Instruction for Completing HIV Positive Clients' Tracking Register

S.No	Datum	Comments
1	S.No	Write S.No on the column provided.
2	Client's Name	Write Client's Name on the column provided
3	MRN	Write Medical Record Number (MRN)on the column provided
4	Sex	Write Sex on the column provided
5	Age	Write age on the column provided
6	Address (Woreda/Town)	Write Address (Woreda/Town) on the column provided
7	Phone Number	Write client's Phone Number on the column provided
8	Date HIV tested Positive	Enter the date of HIV tested positive.
9	Entry points	Write code number (1-30) of the entry points listed on the footer of the register. Eg 1=TB Clinic
10	Date Linked to care& treatment	Enter date linked to care and treatment.
11	Date started on ART	Enter date on which ART started.
12	UAN	Write Unique ART Number(UAN) if ART is started with in or outside the health facility
13	If Not Initiated ART same day , reasons	If ART is not initiated on the same day of testing, write code number of the reasons listed on footer of the register.
14	Name of refrred HF	For cases referred to other HF, specify the name of the facility and Health Facility telephone contact.(Document the Phone number of the health facility on the Remark Columen)
15	Plan for Next Steps	If patient is not initiated ART, write down your next plan or intervention (Write Code Number) and ensure that the information is documented on the local language version of "Treatment Not Initiated Follow up Form" for tracking, counselling and linking to care and treatment.
16	Final outcome After the intervention	The outcome after interventions should be documented and reported (enter code number of the outcome on the footer of the register).
17	Remark	Any comment, suggestion etc, that the provider would like to document

HIV Positive Clients' Tracking Register

MINISTRY OF HEALTH-ETHIOPIA

Region: _____ Zone/Town_____ Woreda_____

Name of the Health Facility _____ Month: _____

S.NO	Client's Name	MRN	Sex (M/F)	Age	Address (Woreda/ Town)	Phone Number	Date HIV tested Positive	Entry points (write code)	Date Linked to care & treatment	Date started on ART	UAN (if ART is initiated)	If not initiated ART same day, reasons (Write Code)	Name and phone no of refrred HF	Plan for Next Steps (Write code)	Final outcome After the intervention (Write code)	Remark
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)

Entry points: (Col. 9)

Same HF:

1.TB clinic 2.OPD1 3. OPD2 4. OPD3 5. OPD4 6. STI 7.Dermatology 8. Pedi OPD1 9. Pedi OPD2 10. Malnutrition 11. Other OPD 12. VCT 13 ANC Client 14. ANC Partners 15. L&D Clients 16. L&D Partners 17. PNC Clients 18. PNC Partners 19. HEI 20. Medical ward 21. Pedi Ward 22. Gyn Ward 24.Index case testing children 25. Index case testing: partners

Other sites/HF

26. HF Outreach testing
27. Referred from community testing outlets. 28. Public HF
29. Private HF 30. NGO HF

Reason for Not Initiated: (Col.13)
1. Referred TX Not Initiated
2. Declined
3. Died
4. Known+ on ART
5. On adherence preparation
6. On OI management
7. Other Specify

Plan for next step: (Col.15)
1. Linked to case managers for further counselling and tracking
2. Address adherence barrierrs
3. Initiate ART when the patient is ready after OI management

Final Out come: (Col.16)
1. Started ART (**Date of ART initiation**)
2. Declined
3. Died
4. Confirmed referral & started ART in other facility (Specify UAN)5. Lost to Follow up
6.other