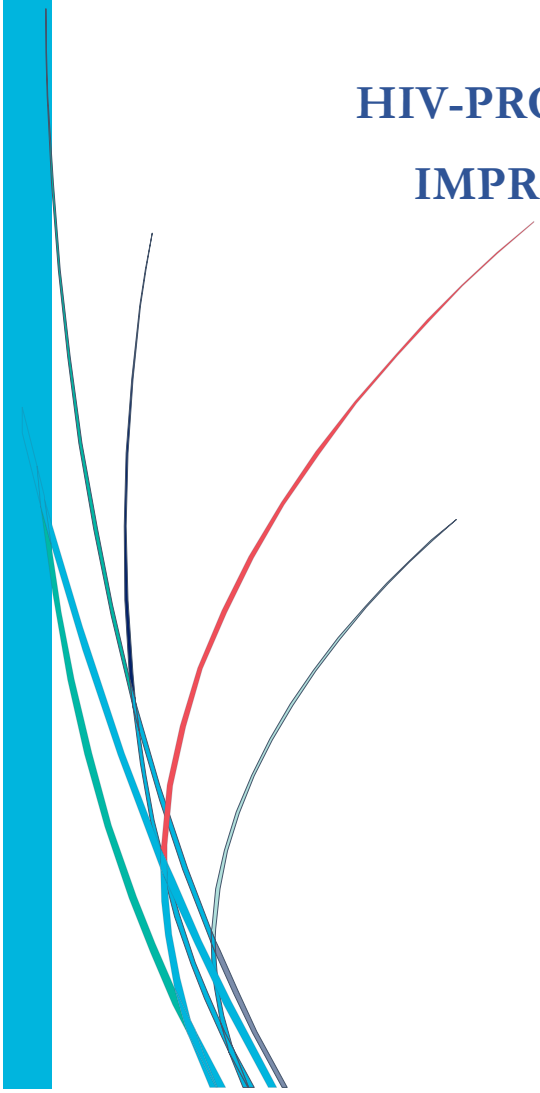
STANDARD OPERATING PROCEDURE (SOP)

HIV-PROGRAM TRACKING & QUALITY IMPROVEMENT TOOL (H-PTQIT)



ICAP IN ETHIOPIA

August 15, 2025

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ABBREVIATIONS/ACRONYMS

Abbreviations/Acronyms	Descriptions
ACM	Adherence Case Manager
AHD	Advanced HIV Disease
ANC	Antenatal Care
ART	Antiretroviral Therapy
CA	City Administration
CCM	Cryptococcal Meningitis
CDC	U.S. Centers for Disease Control and Prevention
CrAg	Cryptococcal Antigen
CSF	Cerebrospinal Fluid
DATIM	Data for Accountability, Transparency, and Impact Monitoring
DHIS2	District Health Information Software 2
EID	Early Infant Diagnosis
EMR	Electronic Medical Record
FO	Final Outcome
HEI	HIV Exposed Infant
HIT	Health Information Technician
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HRST	HIV Risk Screening Tool
HTN	Hypertension
HTS	HIV Testing Services
H-PTQIT	HIV-Program Tracking and Quality Improvement Tool
ICT	Index Case Testing
IIT	Interruption in Treatment
IPD	In-Patient Department
IPV	Intimate Partner Violence
LIS	Laboratory Information System
LIVES	First-line support for survivors of violence
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MHI	Mental Health Illness
MMD	Multi-Month Dispensing
MoH	Ministry of Health
NCD	Non-Communicable Disease
OI	Opportunistic Infection
OPD	Outpatient Department

Abbreviations/Acronyms	Descriptions
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PHRH	People at High-Risk for HIV infection
PITC	Provider-Initiated Testing and Counseling
PLHIV	People Living With HIV
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
PrEP	Pre-Exposure Prophylaxis
PTR	Positive Tracking Register
QI	Quality Improvement
RHB	Regional Health Bureau
Rx	Treatment
SDC	Sero-Discordant Couple
SDP	Service Delivery Point
SNS	Social Network Strategy
SOP	Standard Operating Procedure
SPEV	Sexual, Physical, and Emotional Violence
STI	Sexually Transmitted Infection
TB	Tuberculosis
TB DOT	Tuberculosis Directly Observed Therapy
TI	Transfer In
TO	Transfer Out
TPT	Tuberculosis Preventive Therapy
VCT	Voluntary Counseling and Testing
VL	Viral Load
VMMC	Voluntary Medical Male Circumcision

BACKGROUND

Ethiopia has committed to achieving the global 95-95-95 targets by 2025, which aim to ensure that 95% of people living with HIV know their status, 95% of those diagnosed receive sustained antiretroviral therapy (ART), and 95% of those on ART achieve viral suppression. To address the challenges in HIV epidemic control, prevention, and treatment programs, Ethiopia is implementing the 95-95-95 strategies nationwide.

ICAP in Ethiopia has developed the HIV Program Tracking and Quality Improvement Tool (H-PTQIT) for performance monitoring and quality improvement to support these efforts. The H-PTQIT implementing RHBs include: Addis Ababa, Amhara, Tigray, Gambella, Sidama, Southwest Ethiopia, South Ethiopia, and Central Ethiopia. This tool addresses major programmatic gaps that hinder the achievement of the 95-95-95 goals and helps sustain epidemic control in Ethiopia. The H-PTQIT is aligned with the core performance indicators of the President's Emergency Plan for AIDS Relief (PEPFAR).

The general objective of this Standard Operating Procedure (SOP) is to provide comprehensive and unified guidance for monitoring the performance of the H-PTQIT-implementing RHBs and their respective health facilities using the H-PTQIT. Moreover, it aims to improve the quality of HIV program data, ensure accurate reporting, and make data immediately actionable at the point of generation.

The SOP focuses on four major thematic area indicators:

1. HIV prevention services
2. HIV testing services
3. HIV care and treatment services

Overall, the SOP offers detailed guidance by clearly explaining indicator descriptions, data elements, disaggregation methods, data collection techniques, collection unit, data sources, reporting templates, reporting frequency, and the roles and responsibilities of involved personnel. This comprehensive approach ensures the tool is user-friendly and facilitates effective performance monitoring.

RATIONALE

The H-PTQIT has been developed mainly to enhance the utilization of HIV program data at the point of generation. This enables each Service Delivery Point (SDP) team to quickly identify gaps and missed opportunities, allowing for timely and appropriate actions. The H-PTQIT focuses on several key areas:

1. Maximize case detection and ART initiation by identifying and promptly starting all potential cases on ART.

2. Identify missed opportunities and address gaps during HIV testing and linkage to care and treatment services for better patient outcomes.

3. Enhance efforts to prevent the spread of HIV through targeted interventions.

4. Ensure regular and timely viral load testing to monitor patient health and treatment efficacy.

Additionally, the H-PTQIT will be based on the District Health Information Software 2 (DHIS2) system, thereby improving reporting accuracy and data quality, and simplifying donor reporting through the Data for Accountability, Transparency, and Impact Monitoring (DATIM) mechanism.

TERMS IN THE SOP AND USAGE GUIDE OVERVIEW

The H-PTQIT SOP is designed to provide detailed and standardized guidance for monitoring and improving program effectiveness. Below is an elaboration of the guidance overview that will be used throughout the document:

- **Types of indicators and their definition:**
  - **Standard indicators**: These indicators are adopted from the MER (Monitoring, Evaluation, and Reporting) guidance to ensure consistency and standardization across programs.
  - **Custom indicators**: These indicators are adapted from national guidelines to address specific local needs and contexts.
- **Purpose of the indicator:**
  - **Monitoring**: The primary purpose of the indicator is to track progress and performance during the reporting period. This helps to identify areas that need attention and improvement.
  - **Program improvement**: The data collected through these indicators is used to enhance the effectiveness of the HIV program by analyzing the data, and stakeholders can make informed decisions to improve service delivery and outcomes.
- **Data elements** refer to cascade/subgroups. This section provides a detailed breakdown of the categories and subcategories for each indicator as applicable. It helps in understanding the flow of data and the specific elements that need to be collected.
- **Unit of collection** refers to service delivery points: This describes the specific units (such as OPD, ART clinic, VCT, etc.) from which the data should be collected in the health facility. It ensures that data will be collected consistently and covers all relevant service delivery points.
- **Data Source**: This refers to the data source for each indicator. It identifies where the data is being documented, compiled from, and ensures that it is reliable and accurate.

- **Disaggregation**: This section explicitly describes the standard disaggregation of age and sex for each indicator. It ensures that the data collected fits the requirements of DATIM and DHIS2 reports.

- **Who collects the data?** refers to the responsible personnel: This identifies the individuals responsible for collecting the data from each service delivery points in the health facility. It is based on the availability of human resources, preferably trained, and the assignment of responsible persons by the facility leadership within the context of the region and health facilities.

- **Data quality:** This section ensures that the data collected is of high quality. It includes rules for validating the data to ensure logical flow and consistency, such as ensuring that the denominator is greater than or equal to the numerator.

- **Reporting frequency**: It describes the frequency of collecting and submitting data for each indicator. It ensures that data is collected and reported regularly and consistently.

- **Reporting format/template**: This provides a standard format for reporting the H-PTQIT data. It ensures that all reports are consistent and easy to understand.

DATA SUBMISSION TIMELINE

The H-PTQIT data collection period should be aligned with the national DHIS2 reporting calendar. According to the DHIS2, the data period spans from the 21st to the 20th of each month or quarter. Therefore, the H-PTQIT data collection will occur from the 21st to the 25th in the Ethiopian calendar, with data submission expected to begin on the 26th of the reporting period. Refer to the DHIS2 calendar, Table 1.

Table 1: National DHIS2 Data submission calendar by the reporting health care facilities.

S. N	Type of Health Care Facility	Reporting level	The latest date (E.C.) report should be submitted
1	Health facilities	Woreda/Town health offices	26th of the month
2	Woreda Health Offices	Zonal Health Departments/Sub-cities	2nd of the next month
3	ZHDs/Sub-cities	Regional Health Bureaus/City Administrations (CA)	7th of the next month
4	Regional Health Bureaus/CA	Ministry of Health (MoH)	15th of the next month

REVISION OF THE H-PTQIT SYSTEM VERSION

The DHIS2-based HIV Program Tracking and Quality Improvement Tool (H-PTQIT) will be revised periodically to ensure it remains aligned with programmatic goals and responsive to user needs. The H-PTQIT customization team will continuously gather and assess feedback and requirements from end-users and stakeholders to identify areas for enhancement. A standardized feedback collection tool will be developed and disseminated to stakeholders every six months to gather input from end-users.

A national review team—comprising representatives from the Ministry of Health, Regional Health Bureaus, the U.S. Centers for Disease Control and Prevention, and ICAP—will evaluate the collected feedback and determine the scope of revisions. System updates will be implemented and released every six months. However, if there are exceptional reasons that require upgrading or modifying the H-PTQIT system before the six-month interval, prior approval must be obtained from the national review team.

To ensure standardization and effective version control, all revised versions of H-PTQIT will be deployed uniformly across the country. Independent modifications by RHBs or other entities are not permitted.

In addition, the RHBs are expected to play a key role in the revision process by systematically gathering feedback and requirements from end-users and relevant stakeholders within their regions. This information should be documented and formally reported to the H-PTQIT customization team to inform the biannual review and update cycle.

HIV PREVENTION INDICATORS

This section addresses the SOP for HIV prevention indicators data that are collected using H-PTQIT:

- **POST_RESP**: receiving post-sexual, physical, and emotional violence (SPEV) clinical care.
- **PHRH_PREV**: Prevention interventions for people at higher risk for HIV infection.
- **PrEP_NEW:** Pre-exposure prophylaxis, newly enrolled.
- **PrEP_CT**: Pre-exposure prophylaxis continuing (on follow-up).
- **IPV**: Intimate Partner Violence.
- **SNS**: Social Network Services.
- **VMMC:** Voluntary Medical Male Circumcision.

<table>
<tr><td colspan="4">POST_RESP</td></tr>
<tr><td>Descriptions</td><td colspan="3">Number of people receiving post-sexual, physical, and emotional violence (SPEV) clinical care based on the minimum package</td></tr>
<tr><td>Purpose</td><td colspan="3">To measure the delivery of a basic package of SPEV clinical services, including PEP and Emergency contraceptives, as a result of any sexual violence (i.e., not limited to sexual violence associated with any HIV service delivery activities).</td></tr>
<tr><td rowspan="15">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of people receiving post-SPEV clinical care based on the minimum service packages.</td><td rowspan="14">• Unit of collection: One-Stop Center, dedicated Unit, YFS Clinic, Emergency OPD & MCH Unit
• Data source: post-SPEV register
• Disaggregation: for S.N: [1/1.1/1.1.2/1.2]:
– Sex: M/F
– Age: <10, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.
– N/A for S.N: 1.1.1, 1.1.1.1, 1.1.3, 1.1.4, 2, 2.1, 2.2, 2.3, and 2.4.</td></tr>
<tr><td>1.1</td><td>Number of sexual violence</td></tr>
<tr><td>1.1.1</td><td>Number of people seen within 3 days (72Hrs) after the incident</td></tr>
<tr><td>1.1.1.1</td><td>Number of people seen within 3 days (72Hrs) after the incident and eligible for PEP</td></tr>
<tr><td>1.1.2</td><td>Number of people receiving PEP Service</td></tr>
<tr><td>1.1.3</td><td>Number of Sexual Violence cases completed PEP</td></tr>
<tr><td>1.1.4</td><td>Number of People who received Emergency contraception</td></tr>
<tr><td>1.2</td><td>Number of Physical and/or Emotional Violence</td></tr>
<tr><td>2</td><td>Number of survivors of SPEV who received HIV testing service.</td></tr>
<tr><td>2.1</td><td>Number of survivors of SPEV with known HIV+ Status</td></tr>
<tr><td>2.2</td><td>Number of survivors of SPEV tested for HIV</td></tr>
<tr><td>2.3</td><td>Number of survivors of SPEV with HIV test Positive</td></tr>
<tr><td>2.4</td><td>Number of survivors of SPEV linked to the ART service</td></tr>
<tr><td>Data quality</td><td colspan="3">The Cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collects</td><td colspan="3">A designated individual from M&E officers, HIT officers, data clerks, and providers at the sexual violence clinic will collect data based on their availability within the regional and health facility context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

People at high-risk for HIV infection: PHRH_PREV		
Descriptions	The number of people at PHRH reached at least once with individual and/or small group-level HIV primary or secondary prevention interventions designed for the target population through service providers and /or Peer service providers in the reporting period by the reporting facility (Friendly clinic for ***people at higher risk of HIV infection***).	
Purpose	To monitor the PHRH that have received a prevention activity, ensure they have been provided with or offered, independent of the modality: • HIV testing service (HTS)or distributed an HIV self-test (HIVST) kit • Condoms AND • Offered or referred for PrEP.	
Data elements	**S. N**	Subgroups/Cascade
	1	Number of PHRHs reached with HIV prevention interventions designed for the target population
	2	Number of PHRHs with already known HIV status
	2.1	Number of PHRHs with already known HIV-positive status
	3	Number of PHRHs with unknown HIV status
	4	Number of PHRHs newly tested for HIV
	5	Number of PHRHs declined testing and/ or referral for testing
	6	Number of PHRHs tested HIV positive
	7	Number of PHRHs tested HIV positive linked to ART clinic/services
	8	Number of PHRHs initiated on ART
	9	Number of PHRHs tested HIV negative
	10	Number of PHRHs screened for STI among reached for prevention
	10.1	Number of PHRHs with STI syndrome.
	10.2	Number of PHRHs managed for STI
	11	Number of PHRHs screened for IPV/SPEV among those reached.
	11.1	Number of PHRHs screened positive (High risk) for IPV/SPEV
	11.2	Number of PHRHs with Physical/Emotional violence
	11.3	Number of PHRHs with Sexual Violence
	11.4	Number of PHRHs linked for LIVES / Post-SPEV care
	12	**PHRHs partner**
	12.1	Number tested
	12.2	Number tested HIV Positive

	12.3	Number initiated on ART
How to collect	• **Unit of collection**: PHRHs clinic. • **Data source:** PHRH's clinic integrated register. – Generated by counting the number of de-duplicated unique individuals from an activity who are reached with primary or secondary prevention interventions designed for the intended high-risk population. – **Primary:** – **Secondary:** – **Known HIV** status includes known HIV positives and recently tested negatives (3 to 6 months) – **Known Positive**: Verified known to be living with HIV. o Unknown HIV Status: do not know their HIV status, or their last HIV-negative test was more than 3-6 months ago (as indicated by National Guidelines). o A PHRHs shall be reported once in the semiannual report unless there is an HIV status change (tested Positive) • **Disaggregation:** – **Sex**: N/A – **Age:** N/A	
Data Quality	The cascade should be in the logical flow, and the Denominator ≥ Numerator.	
Who collects	A designated individual from M&E officers, HIT officers, data clerks, and providers at ART, PMTCT, ANC, or PHRH clinics will collect data based on their availability within the regional and health facility context.	
Reporting frequency		Monthly

PrEP_NEW		
Descriptions	Number of individuals who were newly enrolled in pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period	
Purpose	Measures the ongoing growth of PrEP initiations, which is crucial for assessing the program's response to the HIV epidemic in specific geographic areas and the uptake among the PHRH. It allows for monitoring trends in PrEP use and informing strategies.	
Data element	S. N	Subgroups/Cascade
	1	Number of clients eligible for PrEP in the reporting period.
	1.1	Partners of sero-discordant couples (SDCs)
	1.2	PHRH
	1.3	Other Population
	2	Number of clients initiated on PrEP in the reporting period.
	2.1	Number of clients-initiated PrEP from eligible individuals in the previous reporting period
	3	**Population Type**
	3.1	Partners of Sero-discordant couples (SDCs)
	3.1.1	Pregnant women
	3.1.2	Breastfeeding
	3.2	PHRH
	3.2.1	Pregnant
	3.2.2	Breastfeeding
	3.3	Other Populations
	3.3.1	Pregnant
	3.3.2	Breastfeeding
	4	PrEP Type
	4.1	Oral
	4.2	Injectable
	4.3	Other
	4a	PrEP_ New from ANC/PNC service delivery points
	4a.1	Number of HIV Negative ANC/PNC clients seen
	4a.1.1	Pregnant women
	4a.1.2	Breastfeeding women
	4a.2	Number of HIV Negative ANC/PNC clients screened for PrEP
	4a.2.1	Pregnant women

<table>
<tr><td></td><td colspan="2">4a.2.2 Breastfeeding women</td></tr>
<tr><td>How to collect</td><td colspan="2">

Unit of collection: ART, ANC, PNC, PMTCT, and PHRH clinics.
Data source:

Integrated PHRH clinic register
PrEP register
ICT register
PHRH HIV negative follow-up register
High Risk Preg & Breast-feeding mothers Logbook

Count as:

New Enrollees: individuals newly starting PrEP for the first time during the reporting period.
Record Characteristics: SDC partner, Pregnant, and breastfeeding.
Exclude Previous Users: Do not count those who have taken any PrEP before.
Include Oral, Long-Acting Injectable PrEP, or Other after the first initiation dose.
Others: additional Population category (other than SDC & PHRH) for PrEP service or
Types of PrEP options availed as per the national guideline/guidance (other than Oral and Injectable).

Disaggregation: ONLY for S.N 2 & 2.1

Sex: M/F
Age: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.

</td></tr>
<tr><td>Data Quality</td><td colspan="2">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collects</td><td colspan="2">A designated individual from M&E officers, HIT officers, data clerks, and providers at ART, PMTCT, ANC, or PHRH clinics will collect data based on their availability within the regional and health facility context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td>Monthly</td></tr>
</table>

<table>
<tr><td colspan="3">PrEP_CT</td></tr>
<tr><td>Descriptions</td><td colspan="2">Number of individuals, excluding those newly enrolled, who return for a follow-up visit or re-initiation visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period</td></tr>
<tr><td>Purpose</td><td colspan="2">Tenofovir-containing oral PrEP or injectable PrEP significantly reduces the risk of HIV acquisition across various populations. Monitoring PrEP service utilization is essential for understanding engagement levels and enhancing implementation strategies in high-incidence communities. This indicator aims to measure the continuity of PrEP use, tracking periods of HIV acquisition risk and ceasing once the individual is no longer at risk. It focuses on measuring the continued use of PrEP at any point within the reporting period.</td></tr>
<tr><td>Data element</td><td>S. N</td><td>Subgroups/Cascade</td></tr>
<tr><td></td><td>1</td><td>Number of individuals that returned for a follow-up or re-initiation visit to receive PrEP during the reporting period (PrEP_CT)</td></tr>
<tr><td></td><td>2</td><td>Population Type</td></tr>
<tr><td></td><td>2.1</td><td>Partners of Sero-discordant couples (SDCs)</td></tr>
<tr><td></td><td>2.1.1</td><td>Pregnant women</td></tr>
<tr><td></td><td>2.1.2</td><td>Breastfeeding</td></tr>
<tr><td></td><td>2.2</td><td>PHRH</td></tr>
<tr><td></td><td>2.2.1</td><td>Pregnant</td></tr>
<tr><td></td><td>2.2.2</td><td>Breastfeeding</td></tr>
<tr><td></td><td>2.3</td><td>Other Populations</td></tr>
<tr><td></td><td>2.3.1</td><td>Pregnant</td></tr>
<tr><td></td><td>2.3.2</td><td>Breastfeeding (Optional)</td></tr>
<tr><td></td><td>3</td><td>PrEP Type</td></tr>
<tr><td></td><td>3.1</td><td>Oral</td></tr>
<tr><td></td><td>3.2</td><td>Injectable</td></tr>
<tr><td></td><td>3.3</td><td>Other</td></tr>
<tr><td>How to collect</td><td colspan="2">• Unit of collection: ART, ANC, PNC, PMTCT, and PHRH clinic.
• Data source: collected from PrEP register, ICT register, PHRH clinic integrated registers, High Risk Pregnant & Breastfeeding mothers Logbook.
How to count:
– PrEP_NEW vs. PrEP_CT:</td></tr>
</table>

	○ Count individuals initiating PrEP in the reporting period under PrEP_NEW. ○ Do not count the same individuals under PrEP_CT if they return for follow-up within the same period. – **Transitioning PrEP Methods**: ○ Count individuals switching from one PrEP method to another (e.g., oral to injectable) under PrEP_CT as re-initiation or continuing users, not under PrEP_NEW. ○ Record only the PrEP type at the most recent visit in the reporting period. – **Multiple Follow-Up Visits**: ○ Count established users with multiple follow-up visits only once, based on their most recent visit. ○ For long-acting injectable PrEP requiring multiple injections in one period, count the user under PrEP_CT only once. – **Positive Test and ART Initiation**: ○ If a PrEP user tests positive and starts PEPFAR-supported treatment in the same period, count them under PrEP_CT, TX_NEW, and TX_CURR. ○ Do not count them under PrEP_CT in subsequent periods. • **Disaggregation:** ONLY for S.N 1: – **Sex:** M/F – **Age**: 15- 19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.
Data Quality	The cascade should be in the logical flow, and the Denominator ≥ Numerator.
Who collects	A designated individual from M&E officers, HIT officers, data clerks, and providers at ART, PMTCT, ANC, or PHRH clinics will collect data based on their availability within the regional and health facility context.
Reporting frequency	Monthly

PrEP_HTS		
Descriptions	Number of PrEP clients retested for HIV during follow-up visits	
Purpose	This is to monitor the periodic HIV testing service provided for PrEP clients, which will help in the evaluation of the PrEP program outcome.	
Data element	S. N	Subgroups/Cascade
	1	Number of clients retested for HIV during follow-up visits in the reporting period
	1.1	Positive
	1.1.1	**Partners of Sero Discordant couples (SDCs)**
	1.1.1.1	Pregnant women
	1.1.1.2	Breastfeeding
	1.1.2	**PHRH**
	1.1.2.1	Pregnant women
	1.1.2.2	Breastfeeding
	1.1.3	**Other Population**
	1.2	Negative
	1.2.1	Partners of Sero Discordant couples (SDCs)
	1.2.2.	**PHRH**
	1.2.3	Other Population
How to collect	• **Collection unit:** ART, ANC, PNC, PMTCT, and PHRH clinic. • **Data source:** collected from PrEP register, ICT register, PHRH clinic registers, High Risk Preg & Breastfeeding mothers Logbook. • **Disaggregation:** – **Sex:** N/A – **Age:** N/A	
Data Quality	The cascade should be in the logical flow, and the Denominator ≥ Numerator.	
Who collects	A designated individual from M&E officers, HIT officers, data clerks, and providers at ART, PMTCT, ANC, or PHRH clinics will collect data based on their availability within the regional and health facility context.	
Reporting frequency	Monthly	

<table>
<tr><td colspan="4">Intimate Partner Violence (IPV)</td></tr>
<tr><td>Descriptions</td><td colspan="3">Number of adult and adolescent index cases screened for IPV, found to be at high risk for IPV, who reported IPV as an adverse event during and after ICT service, and linked to LIVES/SPEV care services.</td></tr>
<tr><td>Purpose</td><td colspan="3">To monitor and assess the prevalence and impact of IPV among index clients. It also aims to ensure that clients receive appropriate support and services without feeling obligated to provide contact or personal information.</td></tr>
<tr><td rowspan="7">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of adult & adolescent index cases accepted & enrolled into ICT services</td><td rowspan="6">• Unit of collection: ART, PMTCT, and PHRH clinic.
• Data source: ICT register.
• Disaggregation:
– Sex: M/F
– Age: N/A</td></tr>
<tr><td>2</td><td>Number of adult and adolescent index cases elicited a partner.</td></tr>
<tr><td>3</td><td>Number of adult& adolescent index cases screened for IPV</td></tr>
<tr><td>4</td><td>Number of adult& adolescent index cases found high risk for IPV</td></tr>
<tr><td>5</td><td>Number of adult & adolescent index cases who reported IPV as an adverse event during and after ICT service</td></tr>
<tr><td>6</td><td>Number of adult& adolescent index cases linked to LIVES/POST_RESP care services</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collects</td><td colspan="3">A designated individual from M&E officers, HIT officers, data clerks, ICT focal persons, and providers at ART, PMTCT, or PHRH clinics will collect data based on their availability within the regional and health facility context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><td colspan="4">Social Network Service (SNS)</td></tr>
<tr><td>Descriptions</td><td colspan="3">Number of Coupons distributed, network members eligible for SNS test, number tested, and their results, including linkage for confirmed HIV positive.</td></tr>
<tr><td>Purpose</td><td colspan="3">Monitor trends in the distribution of coupons, HIV screening, confirmatory tests, and linkage to better reach the target population.</td></tr>
<tr><td rowspan="7">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of coupons distributed</td><td rowspan="6">• Unit of collection: PHRH clinic.
• Data source: SNS register.
• Disaggregation:
– Sex: M/F
– Age: N/A
– Population Category: WECSW, Other Network members</td></tr>
<tr><td>2</td><td>Number of coupons returned</td></tr>
<tr><td>3</td><td>Number Network members eligible for SNS testing</td></tr>
<tr><td>4</td><td>Number Network members tested</td></tr>
<tr><td>5</td><td>Number of clients who tested HIV positive</td></tr>
<tr><td>6</td><td>Number of clients tested HIV positive linked to care</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collects</td><td colspan="3">A designated individual from M&E officers, HIT officers, data clerks, and providers at ART, PMTCT, or PHRH clinics will collect data based on their availability within the regional and health facility context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><th colspan="4">Voluntary Medical Male Circumcision (VMMC)</th></tr>
<tr><td>Descriptions</td><td colspan="3">Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period</td></tr>
<tr><td>Purpose</td><td colspan="3">used to evaluate whether prioritized services have been successful at reaching the intended population (by age, HIV status, and circumcision technique).</td></tr>
<tr><td rowspan="12">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of males circumcised</td><td rowspan="11">• Unit of collection: VMMC Minor OR & VMMC Room.
• Data source: VMMC Registers.
• Disaggregation:
– Sex: N/A
– Age: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.
– N/A for S.N. 6.1, 6.2, 7.1, 7.2.</td></tr>
<tr><td>2</td><td>Number screened for the HIV test</td></tr>
<tr><td>3</td><td>Number eligible for the HIV test</td></tr>
<tr><td>4</td><td>Number of clients tested for HIV</td></tr>
<tr><td>4.1</td><td>Number tested HIV-positive.</td></tr>
<tr><td>4.2</td><td>Number registered on the positive tracking register.</td></tr>
<tr><td>5</td><td>Number of clients with indeterminate HIV status or not tested for HIV at the site.</td></tr>
<tr><td>6.1</td><td>Surgical VMMC: Follow-up within 14 days</td></tr>
<tr><td>6.2</td><td>Surgical VMMC: Follow-up is NOT within 14 days, or did not follow-up within the reporting period.</td></tr>
<tr><td>7.1</td><td>Device-based VMMC: Follow-up within 14 days of device placement.</td></tr>
<tr><td>7.2</td><td>Device-based VMMC: Follow-up is NOT within 14 days, or did not follow-up within the reporting period</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collects</td><td colspan="3">A designated individual from M&E officers, HIT officers, data clerks, or VMMC providers will collect data based on their availability within the regional and health facility context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

HIV Testing Services (HTS)

This section addresses the SOP for HIV testing indicators data at different SDPs that are being collected using PTQIT:

<table>
<tr>
<td>

- Pediatrics OPD
- Malnutrition
- TB
- Emergency Ward
- Inpatient
- VCT
- STI
- Other PITC
- HTS_Self
- SNS-HTS
- High-risk populations-HTS

</td>
<td>

- Index Testing (ICT):
- HIV Risk Screening Tool (HRST) Utilization:
- PMTCT_EID
- PMTCT_HEI
- PMTCT_FO
- PMTCT ANC1
- PMTCT Post ANC 1: Pregnant/L&D
- PMTCT Post ANC 1: Breastfeeding
- Other (ANC, Labor, and PNC Partner)
- Weekly PTQIT report

</td>
</tr>
<tr>
<td colspan="2">

- **Positive Tracking Register:** All HIV-positive individuals recorded in PTR

</td>
</tr>
</table>

<table>
<tr><td colspan="4">Pediatrics (Under 5) OPD_HTS</td></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of tests conducted, new HIV-positive results, and Linkage for care and treatment. The data is collected from all Pediatrics (Under 5) OPD and aggregated as one Service Delivery Point (SDP) report.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the HIV testing service and Linkage for care and treatment from Pediatrics (Under 5) OPD.</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number tested</td><td rowspan="2">• Unit of collection:
– Hospital: Pedi OPD
– Health center: Adult/ Pediatric OPD and <5 OPD.
• Data source: OPD Abstract Registers, IMNCI Register.
• Disaggregated by:
– Sex: M/F
– Age: 1-4, 5-9, 10-14.</td></tr>
<tr><td>2</td><td>Number tested positive</td></tr>
<tr><td>3</td><td>Number registered on positive tracking register</td><td>– Disaggregation ONLY by sex: M/F</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">A designated individual from M&E officers, HIT officers, data clerks, or healthcare providers will collect data based on their availability within the regional and health facility context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><td colspan="4">Malnutrition Clinic_HTS</td></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of tests conducted, new HIV-positive results, and Linkage for care and treatment. The data is collected from all the Malnutrition Clinics and aggregated as one Service Delivery Point (SDP) report.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the HIV testing service and Linkage for care and treatment from the Malnutrition Clinic.</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number tested</td><td rowspan="2">• Unit of collection: Malnutrition Clinic/Ward.
• Data source: Growth Monitoring, Malnutrition Register
• Disaggregation:
– Sex: M/F
– Age: 1-4.</td></tr>
<tr><td>2</td><td>Number tested positive</td></tr>
<tr><td>3</td><td>Number registered on the positive tracking register</td><td>– Disaggregation: ONLY by sex: M/F</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">A designated individual from M&E officers, HIT officers, data clerks, or healthcare providers will collect data based on their availability within the regional and health facility context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><td colspan="4">Emergency Ward/OPD_HTS</td></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of tests conducted, new HIV-positive results, and Linkage for care and treatment. The data is collected from all Emergency OPD/wards and aggregated as one Service Delivery Point (SDP) report.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the HIV testing service and Linkage for care and treatment from the Emergency OPD/Ward.</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number Tested</td><td rowspan="2">• Unit of collection:
– Hospital: Adult & Pedi EMR Ward
– Health Center: EMRG OPD
• Data source: EMR Register
• Disaggregated:
– Sex: M/F
– Age: 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.</td></tr>
<tr><td>2</td><td>Number Tested Positive</td></tr>
<tr><td>3</td><td>Number Registered on the Positive Tracking Register</td><td>– Disaggregation: ONLY by sex: M/F</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><td colspan="4">Other OPD_HTS</td></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of tests conducted, new HIV-positive results, and Linkage for care and treatment. The data is collected from all other OPDs and aggregated as one Service Delivery Point (SDP) report.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the HIV testing service and Linkage for care and treatment from other OPDs, including the Adult OPD.</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number tested</td><td rowspan="2">• Unit of collection:
– Hospital: PMTCT_FO, YFS, Specialty Clinic & FP
– Health center: PMTCT_FO, FYS, Specialty Clinic & FP.
• Data source: PMTCT Cohort, YFS, Abstract OPD, FP Registers.
• Disaggregation:
– Sex: M/F
– Age: 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.</td></tr>
<tr><td>2</td><td>Number tested positive</td></tr>
<tr><td>3</td><td>Number registered on the positive tracking register</td><td>– Disaggregated ONLY by sex: M/F</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">A designated individual from M&E officers, HIT officers, data clerks, or healthcare providers will collect data based on their availability within the regional and health facility context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><th colspan="4">In-patient Department (IPD)_HTS</th></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of tests conducted, new HIV-positive results, and Linkage for care and treatment. The data is collected from all In-patient Department (IPD) and aggregated as one service delivery point (SDP) report.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the HIV testing service, and Linkage for care and treatment from In-patient department (IPD).</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number Tested</td><td rowspan="2">• Unit of collection:
– Hospital: collect from In-patient department units: Medical Ward, Pediatrics Ward, Gyn Ward, and other Wards.
– Health center: as applicable
• Data source: Admission Discharge Register.
• Disaggregation:
– Sex: M/F
– Age: 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.</td></tr>
<tr><td>2</td><td>Number Tested Positive</td></tr>
<tr><td>3</td><td>Number Registered on the Positive Tracking Register</td><td>– Disaggregation: ONLY by sex: M/F</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><td colspan="4">HIV Risk Screening Tool (HRST) Utilization</td></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of patients seen, screened, eligible, tested, new HIV-positive results, and Linkage for care and treatment. The data is collected from all HRST-implementing OPDs and aggregated as one Service Delivery Point (SDP) report.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the HIV testing service quality by implementing the HRST for all OPDs, plus saving resources.</td></tr>
<tr><td rowspan="7">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number seen at all OPDs</td><td rowspan="6">• Unit of collection: All HRST-implementing rooms
• Data source: HRST Log Book
• Disaggregation:
– Sex: M/F
– Age: <15, ≥15</td></tr>
<tr><td>2</td><td>Number screened using the HRST</td></tr>
<tr><td>3</td><td>Number Eligible for HIV Testing</td></tr>
<tr><td>4</td><td>Number Tested</td></tr>
<tr><td>5</td><td>Number of HIV Positive</td></tr>
<tr><td>6</td><td>Number Registered on Positive Tracking Register</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collects</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><th colspan="4">Index Case Testing (ICT)_HTS</th></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of offered, accepted, elicited, known HIV status (documented negative for pediatrics and known HIV positive), unknown HIV status, tests conducted, new HIV-positive results, and Linkage for care and treatment. The data is collected from both ART and ANC clinics and aggregated as one Service Delivery Point (SDP) report.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the Index Cases testing service and Linkage for care and treatment from ART and ANC Clinics.</td></tr>
<tr><td rowspan="15">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of index cases offered ICT service</td><td rowspan="10">• Unit of collection:
– ART Clinic: Child, siblings, Parents of the Index Child, Partner.
– ANC clinic: Child, Partner.
– High-risk Population clinic: partners
• Data source: ICT Register
• Disaggregation:
– Sex: M/F
• Age: 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.</td></tr>
<tr><td>2</td><td>Number of index cases that were accepted</td></tr>
<tr><td>3</td><td>Number of contacts elicited</td></tr>
<tr><td>3.1</td><td>Number of contacts elicited with known status</td></tr>
<tr><td>3.1.1</td><td>Number with documented Negatives (Pediatrics)</td></tr>
<tr><td>3.1.2</td><td>Number of known HIV positive</td></tr>
<tr><td>3.2</td><td>Number of contacts elicited with unknown status</td></tr>
<tr><td>3.2.1</td><td>Number of contacts tested</td></tr>
<tr><td>3.2.2</td><td>Number of newly tested HIV positive</td></tr>
<tr><td>3.2.3</td><td>Number Registered on Positive Tracking Register</td></tr>
<tr><td>4</td><td>Contacts</td><td rowspan="5">• Contacts disaggregated by:
o Elicited
o Unknown status
o Tested,
o Tested positive
o Sex/Age: N/A</td></tr>
<tr><td>4.1</td><td>Number of Child</td></tr>
<tr><td>4.2</td><td>Number of Siblings</td></tr>
<tr><td>4.3</td><td>Number of Parent of Index Child</td></tr>
<tr><td>4.4</td><td>Number of partners</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><th colspan="4">Voluntary Counseling and Testing (VCT)_HTS</th></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of tests conducted at the VCT room, new HIV-positive results, and Linkage to care and treatment. The data is collected from VCT and should be reported as one Service Delivery Point (SDP) report.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the HIV testing service at the VCT room, and Linkage for care and treatment VCT room.</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number Tested</td><td rowspan="2">• Unit of collection: VCT room
• Data source: VCT register
• Disaggregated by:
– Sex: M/F
– Age: 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.</td></tr>
<tr><td>2</td><td>Number Tested Positive</td></tr>
<tr><td>3</td><td>Number Registered on Positive Tracking Register</td><td>– Disaggregation: ONLY by sex: M/F</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><th colspan="4">Tuberculosis (TB)_HTS</th></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of seen, known HIV status, recently negative, known HIV positives, known HIV positive on ART, Unknown HIV status, tests conducted, new HIV-positive results, and Linkage for care and treatment. The data is collected from the TB Clinic and should be reported as one Service Delivery Point (SDP) report.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the TB patient's HIV testing service, linkage to care, and treatment from the TB Clinic.</td></tr>
<tr><td rowspan="11">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of clients seen at the TB Clinic</td><td rowspan="10">• Unit of collection: TB unit
• Data source: TB Unit Register
• Disaggregation:
– Sex: M/F
– Age: 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.
– For S.N 2.2.1,2.2.2, and 3.4: 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65+.</td></tr>
<tr><td>2</td><td>Number of TB cases with known HIV Status</td></tr>
<tr><td>2.1</td><td>Number with a recently HIV tested negative[1] result</td></tr>
<tr><td>2.2</td><td>Number of TB cases with known HIV positive status</td></tr>
<tr><td>2.2.1</td><td>Number of known HIV positive clients newly started ART</td></tr>
<tr><td>2.2.2</td><td>Number of known HIV-positive clients already on ART</td></tr>
<tr><td>3</td><td>Number of TB cases with unknown HIV status</td></tr>
<tr><td>3.1.</td><td>Number of TB cases newly tested for HIV</td></tr>
<tr><td>3.2.</td><td>Number of TB cases and new HIV positive</td></tr>
<tr><td>3.3</td><td>Number Registered on Positive Tracking Register</td><td>– Disaggregation: ONLY by sex: M/F</td></tr>
<tr><td>3.4</td><td>Number of newly initiated ART</td><td>– As described above.</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td>Reporting frequency</td><td colspan="3">Monthly</td></tr>
</table>

[1] **Recently Tested Negative:** Number of TB cases who recently tested HIV-negative within 6 weeks, or more according to the country clinical guidelines, and are not eligible for another HIV test at the time of presentation in the TB clinic by national HTS guidelines.

<table>
<tr><th colspan="4">Sexually Transmitted Infection (STI)_HTS</th></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of tests conducted in all STI integrated Service Delivery Points (SDPs), new HIV-positive results, and Linkage for care and treatment. The data is collected from all STI integrated Service Delivery Points (SDPs), and aggregated as one Service Delivery Point (SDP) report.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the HIV testing service for STI cases, and Linkage for care and treatment from all STI integrated Service Delivery Points (SDPs).</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number Tested</td><td rowspan="2">• Unit of collection:
– Hospital: All OPDs & STI/Derma Clinic
– Health Center: All OPDs & STI Clinic
• Data source: OPD Abstract Register
• Disaggregation:
– Sex: M/F
– Age: 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+</td></tr>
<tr><td>2</td><td>Number Tested Positive</td></tr>
<tr><td>3</td><td>Number Registered on Positive Tracking Register</td><td>– Disaggregation: ONLY by sex: M/F</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><th colspan="4">People at high-risk for HIV infection (PHRH)_HTS</th></tr>
<tr><td>Descriptions</td><td colspan="3">Newly tested persons within each PHRH type for whom HIV testing is indicated because they do not know their HIV status or their last HIV-negative test was more than 3-6 months ago (or more/less frequently as indicated by National Guidelines) and should be reported in HTS.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the HIV testing service for PHRH and Linkage for care and treatment from all PHRH integrated Service Delivery Points (SDPs).</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number Tested</td><td rowspan="2">• Unit of collection: PHRH clinic & ART clinic.
• Data source: integrated PHRH clinic register.
• Disaggregation:
– Sex: M/F
– Age: 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+</td></tr>
<tr><td>2</td><td>Number Tested Positive</td></tr>
<tr><td>3</td><td>Number Registered on Positive Tracking Register</td><td>– Disaggregation: ONLY by sex: M/F</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><td colspan="4">ANC1_HTS</td></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of seen, known HIV status, recently negative, known HIV positives, known HIV positive on ART, Unknown HIV status, tests conducted, new HIV-positive results, and Linkage for care and treatment. The data is collected from ANC. L&D and PNC rooms should be reported as a separate Service Delivery Point (SDP) report.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the PMTCT Clients' HIV testing service and the Linkage for care and treatment from ANC.</td></tr>
<tr><td rowspan="12"></td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of clients seen at ANC1 only</td><td rowspan="10">• Unit of collection: ANC clinic
• Data source: ANC register
• Disaggregation:
– Sex: N/A
– Age: 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.
– For S.N: 2.2.1, 2.2.2, 3.4: 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65+.</td></tr>
<tr><td>2</td><td>Number with known HIV Status</td></tr>
<tr><td>2.1</td><td>Number with recent HIV-negative results</td></tr>
<tr><td>2.2</td><td>Number with known HIV-positive status</td></tr>
<tr><td>2.2.1</td><td>Number of known HIV-positive patients newly started on ART</td></tr>
<tr><td>2.2.2</td><td>Known HIV-positive already on ART</td></tr>
<tr><td>3</td><td>Number of clients with unknown HIV status</td></tr>
<tr><td>3.1.</td><td>Number of clients newly tested for HIV</td></tr>
<tr><td>3.2.</td><td>Number of clients with tested HIV-positive</td></tr>
<tr><td>3.3</td><td>Number registered on the Positive Tracking Register</td><td>– Disaggregation: N/A</td></tr>
<tr><td>3.4</td><td>Number of newly initiated ART</td><td>– Described above</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><td colspan="4">Post ANC1: Pregnant/Labor_HTS</td></tr>
<tr><td>Descriptions</td><td colspan="3">Number of pregnant/Laboring women tested for HIV post ANC1 (exclude ANC)</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the PMTCT Clients' HIV testing service and the Linkage for care and treatment.</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number Tested</td><td rowspan="2">• Unit of collection: ANC and L&D clinic
• Data source: ANC and L&D register
• Disaggregation:
– Sex: N/A
– Age: 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+</td></tr>
<tr><td>2</td><td>Number Tested Positive</td></tr>
<tr><td>3</td><td>Number Registered on the Positive Tracking Register</td><td>– Disaggregation: N/A</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><th colspan="4">Post ANC1: Breastfeeding/PNC_HTS</th></tr>
<tr><td>Descriptions</td><td colspan="3">Number of lactating women tested for HIV at PNC</td></tr>
<tr><td>Purpose</td><td colspan="3">To track the PMTCT Clients' HIV testing service and Linkage for care and treatment</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number Tested</td><td rowspan="2">• Unit of collection: PNC clinic
• Data source: PNC register
• Disaggregation:
– Sex: N/A
– Age: 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.</td></tr>
<tr><td>2</td><td>Number Tested Positive</td></tr>
<tr><td>3</td><td>Number Registered on the Positive Tracking Register</td><td>– Disaggregation: N/A</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><th colspan="4">Partner of ANC/L&D/PNC_HTS</th></tr>
<tr><td>Descriptions</td><td colspan="3">Number of partners of women in PMTCT tested for HIV</td></tr>
<tr><td>Purpose</td><td colspan="3">To track partner testing of HIV at ANC, L&D, and PNC, and ensure linkage and treatment service.</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number Tested</td><td rowspan="2">• Unit of collection: ANC, L&D, and PNC clinic
• Data source: ANC, L&D, and PNC register.
• Disaggregation:
– Sex: N/A
– Age: 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+</td></tr>
<tr><td>2</td><td>Number Tested Positive</td></tr>
<tr><td>3</td><td>Number Registered on Positive Tracking Register</td><td>– Disaggregation: N/A</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><th colspan="4">Early Infant Diagnosis (EID)_HTS</th></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of HIV exposed infants recorded on the PMTCT Cohort Register by various parameters like DBS sample collected, ARV, CPT, second or more test. The data is collected from the PMTCT Cohort Register.</td></tr>
<tr><td>Purpose</td><td colspan="3">Measures the PMTCT service performance of the HFs to prevent mother-to-child transmission.</td></tr>
<tr><td rowspan="15">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of HIV exposed infants enrolled in follow-up care during the month, whose age is ≤12 Months</td><td rowspan="14">• Unit of collection: PMTCT clinic
• Data source: EID Log Book
• Disaggregation:
– Sex: N/A
– Age: N/A</td></tr>
<tr><td>1.1</td><td>Number Enrolled by 2 months of age</td></tr>
<tr><td>1.2</td><td>Number Enrolled between 2 and 12 months of age</td></tr>
<tr><td>2</td><td>Number initiated on CPT</td></tr>
<tr><td>2.1</td><td>Number initiated on CPT by 2 months of age</td></tr>
<tr><td>3</td><td>Number tested (Sample collected) by PCR/DBS, whose age is ≤12 Months</td></tr>
<tr><td>3.1</td><td>First Test (Sample Collected)</td></tr>
<tr><td>3.1.1</td><td>Number tested by PCR/DBS by 2 months of age</td></tr>
<tr><td>3.1.2</td><td>Number tested by PCR/DBS between 2 & 12 months</td></tr>
<tr><td>3.2.</td><td>Second test or more (Sample collected)</td></tr>
<tr><td>3.2.1</td><td>Number tested by PCR/DBS by 2 months of age</td></tr>
<tr><td>3.2.2</td><td>Number tested by PCR/DBS between 2 & 12 months</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><td colspan="4">HIV Exposed Infant (HEI)_HTS</td></tr>
<tr><td>Descriptions</td><td colspan="3">Number of HIV-exposed infants, with a virologic HIV test result returned in the reporting period, whose diagnostic sample was collected by 12 months of age.</td></tr>
<tr><td>Purpose</td><td colspan="3">To effectively track and manage the health outcomes of infants born to HIV-positive mothers. This process involves identifying the number of HIV-exposed infants, their test outcomes (positive or negative), and their age at the time of sample collection. By monitoring these factors, healthcare providers can ensure that HIV-positive infants are promptly linked to antiretroviral therapy (ART), which is crucial for their health and survival. Additionally, this data helps evaluate the performance of prevention of mother-to-child transmission (PMTCT) programs, highlighting areas of success and identifying potential challenges in documentation, linkage, and treatment initiation. Accurate and timely reporting of test results and ART initiation is essential for improving the overall effectiveness of PMTCT programs and making informed decisions to enhance the health outcomes of HIV-exposed infants.</td></tr>
<tr><td rowspan="10">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of PCR/DBS test results returned</td><td rowspan="9">Unit of collection: PMTCT and ART clinic
Data source: EID Log Book
Disaggregation:
Sex: N/A
Age: N/A</td></tr>
<tr><td>1.1</td><td>Number Tested HIV+ < 2 months of birth</td></tr>
<tr><td>1.2</td><td>Number Tested HIV+ 2 to 12 months of birth</td></tr>
<tr><td>1.3</td><td>Number tested HIV Negative < 2 months of birth</td></tr>
<tr><td>1.4</td><td>Number tested HIV Negative 2 to 12 months of birth</td></tr>
<tr><td>2</td><td>Total Number of PCR/DBS-positive Infants Initiated on ART</td></tr>
<tr><td>2.1</td><td>< 2 months of age</td></tr>
<tr><td>2,2</td><td>2-12 months of age</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><td colspan="4">Final Outcome (FO)_HTS</td></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of HIV exposed infants recorded on the PMTCT Cohort Register by final outcome parameters like DBS results, death, TO, etc. The data is collected from the PMTCT cohort Register.</td></tr>
<tr><td>Purpose</td><td colspan="3">Measures the PMTCT service performance of the HFs to know the PMTCT service quality.</td></tr>
<tr><td rowspan="11">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of HIV-exposed infants who were born 24 months before the reporting period and registered in the birth cohort.</td><td rowspan="10">• Unit of collection: PMTCT clinic
• Data source: PMTCT Cohort Register, EMR_PMTCT_EID
• Disaggregation:
– Sex: N/A
– Age: N/A</td></tr>
<tr><td>2</td><td>Number of HIV-exposed infants with a documented outcome (Numerator)</td></tr>
<tr><td>2.1</td><td>Number of DNA/PCR tested positive</td></tr>
<tr><td>2.2</td><td>Number of Rapid HIV antibody tested positive</td></tr>
<tr><td>2.3</td><td>Number Rapid HIV antibody tested Negative</td></tr>
<tr><td>2.4</td><td>Number in care but no test done</td></tr>
<tr><td>2.5</td><td>Number Lost to follow-up</td></tr>
<tr><td>2.6</td><td>Number of Exposed infants who are documented to have died without confirmation of HIV infection (Died)</td></tr>
<tr><td>2.7</td><td>Number of HIV-exposed infants who transferred out without confirmation of HIV-infection (TO)</td></tr>
<tr><td>2.8</td><td>Number of HIV-final status unknown</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting Template</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><td colspan="4">HIV Self Testing_HTS</td></tr>
<tr><td>Descriptions</td><td colspan="3">Number of individual HIV self-test kits distributed.</td></tr>
<tr><td>Purpose</td><td colspan="3">To track trends at the lowest distribution points. This information helps HIV self-testing programs improve access and uptake of testing services, particularly for populations with low test uptake and high undiagnosed HIV rates (e.g., men, adolescents, high-risk populations, and children). The data focuses on the number of kits distributed, NOT the number of individuals receiving them.</td></tr>
<tr><td rowspan="15">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of HIV self-test kits distributed</td><td rowspan="3">– Disaggregated by:
o Sex: M/F
o Age: 2-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+.</td></tr>
<tr><td>1.1</td><td>Assisted</td></tr>
<tr><td>1.2</td><td>Un assisted</td></tr>
<tr><td>2</td><td>HIV Testing Data Element</td><td rowspan="7">• Unit of collection: OPD, ART, PMTCT, High-risk population & STI Clinic.
• Data source: HIV Self-Test Register
• Disaggregation:
– Directly assisted: WECSW and other High-risk populations
Unassisted: WECSW, ANC partner, STI partner, Other High-risk populations, ICT by caregiver (Pedi), & Adult.</td></tr>
<tr><td>2.1</td><td>Number of test kits distributed</td></tr>
<tr><td>2.2</td><td>Number Tested with HIVST</td></tr>
<tr><td>2.3</td><td>Number HIVST Tested Reactive</td></tr>
<tr><td>2.4</td><td>Number HIVST Linked</td></tr>
<tr><td>2.5</td><td>Number of HIVST Confirmed Positive</td></tr>
<tr><td>2.6</td><td>Number of ART Initiated</td></tr>
<tr><td>3</td><td>Number of unassisted HIVST kits distributed:</td><td rowspan="5">– Disaggregation: N/A</td></tr>
<tr><td>3.1</td><td>Self</td></tr>
<tr><td>3.2</td><td>Sex partner</td></tr>
<tr><td>3.3</td><td>Care Giver</td></tr>
<tr><td>3.4</td><td>Other</td></tr>
<tr><td>Data quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collects</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><td colspan="4">Social Networking Service (SNS)_HTS</td></tr>
<tr><td>Descriptions</td><td colspan="3">Number of Coupons distributed, network members eligible for SNS test, number tested, and their results, including linkage for Confirmed HIV positive.</td></tr>
<tr><td>Purpose</td><td colspan="3">Monitor trends in the distribution of coupons, HIV screening, confirmatory tests, and linkage to better reach the target population.</td></tr>
<tr><td rowspan="4">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number Tested</td><td rowspan="2">• Unit of collection: PHRH clinic
• Data source: SNS Registers
• Disaggregation:
– Sex: M/F
– Age: 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+</td></tr>
<tr><td>2</td><td>Number Tested Positive</td></tr>
<tr><td>3</td><td>Number Registered on Positive Tracking Register</td><td>– Disaggregation: ONLY by sex: M/F</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collects</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

Weekly PTQIT report			
Descriptions	Weekly three 95 report		
Purpose	To track the performance of the three 95 and HRST utilization, and ICT.		
Data element	**S. N**	Subgroups/Cascade	How to collect
	1	**HRST Utilization**	
	1.1	Number Seen at ALL OPDs	**Uni of collection**: All HRST implementing SDPs **Data source**: HRST logbook **Disaggregation:** **Sex**: N/A **Age:** <15, ≥15
	1.2	Number screened using HRST	
	1.3	Number Eligible for HIV testing	
	1.4	Number Tested	
	1.5	Number Positive	
	1.6	Number Initiated on ART	
	2	**ICT**	
	2.1	Number Offered with ICT Service	**Uni of collection**: ART, PMTCT, and High-risk population clinic **Data source**: ICT register **Disaggregation:** **Sex**: N/A **Age:** <15, ≥15
	2.2	Number Accepted ICT Service	
	2.3	Number Elicited (Number of contacts listed for ICT services)	
	2.4	Number with known HIV status	
	2.5	Number Tested	
	2.6	Number Positive	
	2.7	Number Initiated on ART	
	3	**First and Second 95**	
	3.1	Number Tested in all SDPs	**Uni of collection**: All SDPs **Data source**: ALL SDPs HTS register and PTR. **Disaggregation:** **Sex**: N/A **Age:** <15, ≥15
	3.2	Number tested positive from ALL SDPs	
	3.3	Number Linked (All recorded clients on positive tracking register)	
	3.3.1	Number Linked from same facility	
	3.3.2	Number referred in from another health facility	
	3.3.3	Number Referred out/ (Confirmed Referral)	
	3.3.4	Number Known +Ve on Rx (Repeat tester)	
	3.3.5	Number Declined to Initiate Rx	
	3.3.6	Number On Adherence Preparation	

	3.3.7	Number OI Management	
	3.3.8	Number Died	
	3.3.9	Number Started ART (Positive and initiated within reporting period)	
	3.3.9.1	Number Same day ART Initiation	
	3.4	Number Known +Ve before reporting period & started ART	
	4	**Third 95**	
	4.1	Number of VL test samples collected and sent	**Uni of collection**: ART, PMTCT, and High-risk population clinic **Data source**: EMR-ART, EMR-PMTCT, VL register **Disaggregation:** **Sex**: N/A **Age:** <15, ≥15
	4.2	Number of Viral Load Results Received	
	4.2.1	Number of patients with suppressed viral load (<50 copies/ml)	
	4.2.2	Number of patients with suppressed viral load (50 - 1000 copies/ml)	
	4.2.3	Number of individuals with high VL test result (>1000 copies/ml)	
Data Quality	The cascade should be in the logical flow, and the Denominator ≥ Numerator.		
Who collects	The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.		
Reporting frequency		Weekly	

HIV CARE & TREATMENT INDICATORS

1. **MHI –** Mental Health Illness (screening or treatment among HIV patients)
2. **TB_LFLAM** – TB diagnosis using Lateral Flow Lipoarabinomannan assay (LF-LAM),
3. **NCD** – Non-Communicable Diseases
4. **CCM** – Cryptococcal Meningitis

<table>
<tr><th colspan="4">Positive Tracking Register (PTR)</th></tr>
<tr><td>Descriptions</td><td colspan="3">This data includes the number of HIV positives recorded on the HIV tracking Register by various parameters like new HIV-positive results, known/repeat testers, ART initiations, and reasons for not initiating ART for TB patients. The data is collected from PTR.</td></tr>
<tr><td>Purpose</td><td colspan="3">Measures the performance of the HFs on managing all HIV positives under their care and know the gaps to act timely.</td></tr>
<tr><td rowspan="14">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number recorded on positive tracking register (Linked to Care)</td><td rowspan="13">• Unit of collection: ART and PMTCT clinic
• Data source: HIV Positive Tracking Register.
• Disaggregation:
– Sex: M/F
– Age: N/A
❖ Same-day ART initiation means that the patient's ART start date is the same as the date of diagnosis.</td></tr>
<tr><td>1.1</td><td>Number Repeat tester with Known +ve status</td></tr>
<tr><td>1.1.1</td><td>Number Known +Ve on Rx (Repeat Tester)</td></tr>
<tr><td>1.2</td><td>Number of HIV +ve in the reporting month & initiated ART</td></tr>
<tr><td>1.2.1</td><td>Number Same day ART Initiation</td></tr>
<tr><td>1.2.2</td><td>Number Initiated within Two to Seven days</td></tr>
<tr><td>1.2.3</td><td>Number Referred out to other HF (Confirmed Referral)</td></tr>
<tr><td>1.2.4</td><td>Number Declined to Initiate Rx</td></tr>
<tr><td>1.2.5</td><td>Number On Adherence Preparation</td></tr>
<tr><td>1.2.6</td><td>Number OI Management</td></tr>
<tr><td>1.2.7</td><td>Number Died (Before ART initiation)</td></tr>
<tr><td>2</td><td>Tested positive before reporting month, but initiated ART during the reporting month</td></tr>
<tr><td>Data Quality</td><td colspan="3">The cascade should follow a logical flow, with the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

<table>
<tr><th colspan="4">TB Screening, Diagnosis, and Treatment</th></tr>
<tr><td>Descriptions</td><td colspan="3">Number of People living with HIV screened for TB disease using nationally recommended methods.</td></tr>
<tr><td>Purpose</td><td colspan="3">To enhance TB case detection and reduce TB-related mortality among people living with HIV (PLHIV).</td></tr>
<tr><td rowspan="11">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number Screened for TB</td><td rowspan="10">• Unit of collection:
– Hospital: ART, PMTCT clinic, Inpatient department.
– Health Center: ART & PMTCT clinic.
• Data sources: AHD Register, EMR, and Lab Register
• Disaggregation:
– Sex: M/F
– Age: <15, ≥15</td></tr>
<tr><td>1.1</td><td>Symptom Screen (alone)</td></tr>
<tr><td>1.2</td><td>CXR</td></tr>
<tr><td>2</td><td>Number Presumptive TB</td></tr>
<tr><td>2.1</td><td>Symptom Screen (alone)</td></tr>
<tr><td>2.2</td><td>CXR</td></tr>
<tr><td>3</td><td>Number Eligible for LF-LAM Other Than Presumptive TB (By CD4)</td></tr>
<tr><td>4</td><td>Number LF LAM Tested</td></tr>
<tr><td>5</td><td>Number LF LAM positive</td></tr>
<tr><td>6</td><td>Number Tested mWRD (GeneXpert)</td></tr>
<tr><td>7</td><td>Number tested positive with mWRD (GeneXpert)</td></tr>
<tr><td>8</td><td>Number Tested Positive with both LF-LAM and mWRD (GeneXpert)</td></tr>
<tr><td>9</td><td>Number of initiated TB treatments</td></tr>
<tr><td>Data quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

Mental Health Illness (MHI)

Descriptions	Number of PLHIV diagnosed and managed for MHI during the reporting period
Purpose	Monitoring mental health illnesses (MHI) in individuals living with HIV aims to identify and address psychiatric symptoms that hinder adherence to antiretroviral treatments (ART). It seeks to improve the recognition and treatment of co-morbid psychiatric conditions, thereby enhancing ART adherence and patient outcomes. By tracking the prevalence and impact of mental health disorders among HIV-infected individuals, the monitoring process evaluates the effectiveness of integrated mental health services within HIV care settings

Data elements

S. N	Subgroups/Cascade	How to collect
1	Total seen at the Facility	• **Unit of collection**: ART, PMTCT, PHRH Clinic. • **Data source:** MHI Register, PHRH integrated register, PTR, EMR-ART/PMTCT. • **Disaggregation:** – **Age:** N/A – **Sex:** M/F – **On ART clients**: TX_NEW, HVL, restarted, Poor adherence, and others. – **Treatment non-initiated HIV+ clients:** Declined to initiate ART, > 2 weeks to initiate ART, AHD, and Others. – ***Disaggregation is N/A*** *for S.N 8.1 to 8.9.*
2	Screened by ACMs for MH conditions	
3	Identified for MH conditions by ACMs	
4	Referred / Linked to MHI-trained provider.	
5	Feedback received from ART clinicians	
6	Confirmed the diagnosis for MH conditions from the ART clinic	
7	Referred to the psychiatry unit from the ART clinic	
8	**Number of confirmed MHDs by type**	
8.1	Depression	
8.2	Suicidal ideation	
8.3	Anxiety	
8.4	Mania	
8.5	Substance use disorder	
8.6	Psychosis	
8.7	Dementia	
8.8	Epilepsy	
8.9	Other mental Health problems	

Data quality	The cascade should be in the logical flow, and the Denominator ≥ Numerator.
Who collect	The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.
Reporting frequency	Monthly

<table>
<tr><td colspan="4">Cryptococcal Meningitis (CCM)</td></tr>
<tr><td>Descriptions</td><td colspan="3">Cryptococcal meningitis diagnosis and management</td></tr>
<tr><td>Purpose</td><td colspan="3">Reporting and monitoring data on cryptococcal meningitis testing, diagnosis, and treatment is essential to reduce mortality rates by addressing delays in presentation and treatment. It aims to improve the availability and affordability of treatments in resource-limited settings and develop standardized guidelines tailored to these environments. Tracking the prevalence of Cryptococcus neoformans infections among HIV-infected patients and monitoring clinical presentations and outcomes enhances the understanding and management of the disease.</td></tr>
<tr><td rowspan="10">Data elements</td><td>S. N</td><td>Subgroups/Cascade</td><td>How to collect</td></tr>
<tr><td>1</td><td>Number of Blood CrAg tests done</td><td rowspan="9">• Unit of collection: ART, PMTCT clinic, IPD.
• Data source: AHD register and EMR.
• Disaggregation:
– Sex: M/F
– Age: 10-14, 15+</td></tr>
<tr><td>1.1</td><td>Number of Blood CrAg positive</td></tr>
<tr><td>1.1.1</td><td>Number of PLHIV with signs and symptoms of CM</td></tr>
<tr><td>1.1.1.1</td><td>Number of Blood CrAg positive with sign and symptom referred (For HC only)</td></tr>
<tr><td>1.1.2</td><td>Number initiated fluconazole pre-emptive/primary therapy.</td></tr>
<tr><td>1.2</td><td>Number CSF CrAg test performed (for Hospital only).</td></tr>
<tr><td>1.2.1</td><td>Number CSF CrAg Positive (for Hospital only)</td></tr>
<tr><td>1.2.2</td><td>Number initiated treatment on CM (for Hospital only).</td></tr>
<tr><td>1.2.3</td><td>Number improved after induction phase CM treatment (for Hospital only).</td></tr>
<tr><td>Data quality</td><td colspan="3">The cascade should be in the logical flow, and the Denominator ≥ Numerator.</td></tr>
<tr><td>Who collect</td><td colspan="3">The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.</td></tr>
<tr><td colspan="2">Reporting frequency</td><td colspan="2">Monthly</td></tr>
</table>

Non-communicable Disease (NCD)		
Descriptions	Number of Non-Communicable Diseases (NCD), Hypertension (HTN), and Diabetic Mellitus (DM) Screening, monitoring, and managing done.	
Purpose	Monitoring and reporting data on non-communicable diseases (NCDs) among people living with HIV is essential for early detection and timely intervention, which helps prevent complications and improve patient outcomes. Integrating NCD management into chronic HIV care ensures comprehensive care by addressing co-morbidities such as diabetes and cardiovascular illnesses. This approach includes screening, dietary counseling, smoking cessation, exercise promotion, and monitoring blood pressure and cholesterol levels. Following a national package of essential NCD interventions, standardized care, and informed resource allocation, ultimately enhancing the quality of life and longevity for people living with HIV.	
Data elements	S. N	Subgroups/Cascade
	1	Number of PLHIV currently on ART (Tx_CURR) in the month
	2	Number of PLHIV who visited the ART clinic in the reporting month
	3	**Hypertension**
	3.1	Number of adult PLHIV >18 years of age screened for Hypertension in the month.
	3.1.1	Number of total PLHIV diagnosed for HTN (new and previously diagnosed)
	3.1.1.1	Number of total PLHIV newly diagnosed for HTN
	3.1.1.2	Number of PLHIV previously diagnosed for HTN
	3.1.2	Treatment for HTN
	3.1.2.1	Number of PLHIV on treatment for HTN
	3.2	Number of PLHIV with diagnosis of HTN who have 6-month follow-up visit
	3.2.1	Number of total PLHIV with controlled HTN status (at 6 Month)
	3.3	Number of PLHIV with diagnosis of HTN who have 12 month follow up visit
	3.3.1	Number of total PLHIV with controlled HTN status (at 12 Month)
	4	**Diabetes mellitus (DM)**
	4.1	Number of PLHIV screened for DM.
	4.2	Number of PLHIV newly diagnosed with DM
	4.3	Number of PLHIV on treatment for DM (new and previously diagnosed)
	4.3.1	Number of PLHIV on treatment for DM (new diagnosed)
	4.3.2	Number of PLHIV on treatment for DM (Previously diagnosed)

	4.4	Number of PLHIV with diagnosis of DM who have 6 month follow up visit
	4.4.1	Number of PLHIV with controlled DM (at 6 Month)
	4.5	# Of PLHIV with diagnosis of DM who have 12 month follow up visit
	4.5.1	Number of PLHIV with controlled DM (at 12 Month)
	5	Number of PLHIV with NCD (difficult/complicated cases) referred to NCD clinic or other HF for care/treatment
How to collect	• **Units of collection**: ART, PMTCT, and NCD Clinics • **Data source:** NCD integration Register, EMR. • **Disaggregation:** – **Sex:** M/F – **Age for HTN:** ≥18 – **Age for DM:** <18, ≥18	
Data quality	The cascade should be in the logical flow, and the Denominator ≥ Numerator.	
Who collect	The designated M&E officer, HIT, data clerk, or healthcare provider will collect data according to their training and the relevance of their responsibilities within the health facility and regional context.	
Reporting frequency	Monthly	

REFERENCES

1. National consolidated guidelines for comprehensive HIV prevention, care, and treatment of Ethiopia, 2022.
2. Monitoring, Evaluation, and Reporting Indicator Reference Guide MER 2.0, Version 2.8.2, 2025
3. National DHIS2 indicator reference and data quality guidance, 2018.

ANNEX

H-PTQIT reporting template

H-PTQIT Program
Monitoring indicators