



World Health  
Organization

CONSOLIDATED GUIDELINES ON  
**PERSON-CENTRED  
HIV PATIENT MONITORING  
AND CASE SURVEILLANCE**

**ANNEX 2.6.2**  
**PATIENT MONITORING SYSTEMS**  
**ASSESSMENT CHECKLIST**

JUNE 2017

## Annex 2.6.2 Patient monitoring systems assessment checklist (adapted from existing [unpublished] document)

This simple assessment should be adapted to the setting and carried out at the beginning of each annual patient monitoring review visit. The checklist provides a quick review of the presence and quality of: integrated systems and national tools; human resource capacity; efficient patient and data flow; and accurate and complete data collection, transfer and reporting. Each sub-checklist is followed by a list of recommended actions that should be carried out immediately by the review team. The review team should then outline the follow-up plan, including action needed at the national level or on subsequent site visits.

A final overall assessment will indicate whether or not the facility can feasibly carry out the remainder of the APMR.

*Do you have the necessary patient monitoring elements in place? Tick (✓) the YES box if the statement describes your health centre. If not, tick NO. "NO" items need to be implemented or improved. If not applicable, tick N/A.*

### Integrated systems

**1** YES NO N/A Are the patient monitoring systems for HIV, MNCH/HIV and TB/HIV integrated?<sup>a</sup>

#### ANC/PMTCT

**A** ☐ ☐ ☐ Are some or all of the HIV patient monitoring tools used in the MNCH setting? **List all.** \_\_\_\_\_

**B** ☐ ☐ ☐ Are some or all of the TB patient monitoring tools used in the MNCH setting? **List all.** \_\_\_\_\_

#### Do the following MNCH patient monitoring tools include HIV elements?

**C** ☐ ☐ ☐ ANC/Maternal health card

**D** ☐ ☐ ☐ ANC register

**E** ☐ ☐ ☐ Labour record

**F** ☐ ☐ ☐ L&D register

**G** ☐ ☐ ☐ Child health card

**H** ☐ ☐ ☐ Other (specify) \_\_\_\_\_

**I** ☐ ☐ ☐ Is there a separate/different patient record for HIV-exposed infants?

**J** ☐ ☐ ☐ Is there an HIV-exposed infant or mother–infant pair register?

**K** ☐ ☐ ☐ Is the HIV-exposed infant or mother–infant pair register linked to the ANC register or ART register entries for the mother?

#### TB/HIV

**L** ☐ ☐ ☐ Are some or all of the HIV patient monitoring tools used in the TB clinic? **List all.** \_\_\_\_\_

<sup>a</sup> Integration may also include to some extent other programmes, including hepatitis, noncommunicable diseases (NCDs) such as hypertension, diabetes and others. Adapt as appropriate.

- M ☐ ☐ ☐ Are some or all of the TB patient monitoring tools used in the HIV setting? **List all.** \_\_\_\_\_
- N ☐ ☐ ☐ Do the TB patient monitoring tools include HIV elements (TB treatment card and registers)? **List all.** \_\_\_\_\_

**Comments.**

**Recommended action.** If one or more relevant staff are not trained on one or more of the different components of the patient monitoring system, the district team should schedule and provide these staff with appropriate training or retraining, followed by hands-on support within 2-4 weeks.

**Follow-up plan.**

## HIV

### Human resources

- 1 YES NO N/A All relevant staff in HIV clinic have received appropriate training on the national patient monitoring system within past X months:**
- A ☐ ☐ ☐ Doctors, clinical officers How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- B ☐ ☐ ☐ Nurses, nurse assistants How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- C ☐ ☐ ☐ Data clerks How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- D ☐ ☐ ☐ Lay counsellors How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- E ☐ ☐ ☐ Other, specify: \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- F ☐ ☐ ☐ Are the relevant HIV staff trained in the use of the TB patient monitoring tools?

**Who**

**Tools**

_____	_____
_____	_____
_____	_____

**Comments.**

**Recommended action.** If one or more relevant staff are not trained on one or more of the different components of the patient monitoring system, the district team should schedule and provide these staff with appropriate training or retraining, followed by hands-on support within 2–4 weeks.

**Follow-up plan.**

**2 YES NO N/A The following national patient monitoring tools are available in adequate supply (may insert TB and MNCH tools as relevant):**

- |          |                          |                          |                          |                               |
|----------|--------------------------|--------------------------|--------------------------|-------------------------------|
| <b>A</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patient-held card             |
| <b>B</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIV patient card              |
| <b>C</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community ART monitoring tool |
| <b>D</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ART register                  |
| <b>E</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cross-sectional report        |
| <b>F</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ART cohort analysis report    |
| <b>G</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appointment book              |
| <b>H</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transfer/Referral form        |

**Comments.**

**Recommended action.** If one or more of the tools is absent or in short supply, the district team should ensure adequate supply by copying or providing new forms to the facility. Ensure that the facility team has recently received the necessary training in patient monitoring.

**Follow-up plan.**

**3 YES NO N/A Use of patient monitoring tools**

- |          |                          |                          |                          |   |
|----------|--------------------------|--------------------------|--------------------------|---|
| <b>A</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The facility is using the national patient monitoring tools.                                |
| <b>B</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The facility is using additional or other tools than the national patient monitoring tools. |

List tools and state reason for use.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Comments.**

**Recommended action.** If the health centre is using something other than the national tools, the district management team should ensure that the correct tools and accompanying training are provided. If facilities are using these tools due to a lack in the national system, this should be noted by the district team and reported to the MoH for follow up. There may be additional tools and forms implemented by non-MoH institutions or donors supporting the facility. The district team should ensure that these have been authorized by the MoH and that there is no duplication with the national tools. In as much as possible, the use of additional tools should be minimized.

**Follow-up plan.****4 YES NO N/A Organization and storage of patient monitoring tools**

- A ☐ ☐ ☐ HIV patient cards and ART registers well-organized and stored in secure location
- B ☐ ☐ ☐ Unique patient ID generated in systematic way according to national standards and provided to each patient enrolled in HIV care

**Comments.**

**Recommended action.** If records are not well organized, identify reason: lack of space, lack of storage structure, not organized by patient ID or other efficient means. Ensure adequate space, shelving or filing cabinets and orderly organization of records. If records are not secure, ensure that there is a locked cabinet or office where they can be stored, with limited access to storage.

**Follow-up plan.****5 YES NO N/A Patient and data flow are well defined and efficient**

- A ☐ ☐ ☐ HIV patient cards are pulled from storage for all patients to be seen at start of day
- B ☐ ☐ ☐ HIV patient cards follow patients and are completed as they go through care
- C ☐ ☐ ☐ HIV patient cards are returned to registration after each visit, and stored

**Comments.**

**Recommended action.** If data flow does not correspond to patient flow (i.e. lab tests, clinical care, counselling points, or drug pick-up are not updated in patient record) or if cards do not follow patients, discuss with facility team to understand patient and data flow. Together, outline recommendations and detail steps to be taken on how to improve process, and ensure patient information is complete (e.g. drug pick-up, not just drug prescription, is recorded on patient card). Use flow diagrams if necessary.

### Follow-up plan.

#### 6 Take a sample of 5 HIV patient cards and check for the following:

##### YES NO N/A HIV patient card is complete and accurately filled out

- A ☐ ☐ ☐ HIV patient card has been started for all patients enrolled in HIV care and/or on ART

##### YES NO N/A Summary page

- B ☐ ☐ ☐ Sociodemographic information is complete
- C ☐ ☐ ☐ Family status box is complete as relevant
- D ☐ ☐ ☐ HIV care summary box is complete
- E ☐ ☐ ☐ Prior ARVs box is complete
- F ☐ ☐ ☐ ART care box is complete as relevant
- G ☐ ☐ ☐ ART treatment interruptions box is complete as relevant
- H ☐ ☐ ☐ Follow-up status box is complete

##### YES NO N/A Encounter page

- I ☐ ☐ ☐ One row is completed for each visit
- J ☐ ☐ ☐ TB status is filled in at each visit
- K ☐ ☐ ☐ Weight is filled in at each visit
- L ☐ ☐ ☐ Pregnancy status is filled at each visit if woman of childbearing age
- M ☐ ☐ ☐ If infant <59 months, age in months, weight gain  $\pm$  oedema, mid-upper arm circumference (MUAC) and nutritional problems recorded

##### YES NO N/A Education and support page

- N ☐ ☐ ☐ Regular comments and dates filled in as appropriate by health worker

##### YES NO N/A PMTCT considerations

- O ☐ ☐ ☐ HIV-exposed infant follow-up box is updated on mother's HIV patient card
- P ☐ ☐ ☐ HIV-exposed infants who have been confirmed positive have their own HIV patient card and line in the ART register

Comments.

**Recommended action.** In general, if information is incomplete or inaccurate, go directly to the source of where that information should have come from. For example, the sociodemographic information is generally filled out by the registration clerk or nurse, whereas most of the encounter page is filled out by the doctor or clinician. Talk to the responsible health worker about the gap or error, and discuss the reasons why. If the health worker did not receive the appropriate training, or was inadequately trained, follow recommended action in section 1. If the health worker knows how to fill in the information but was too busy or simply forgot, explain the importance of complete information for patient care, and for data transfer to the registers later on. Flag the health worker for subsequent visits to ensure that she/he is correctly filling in the information.

Follow-up plan.

8	YES	NO	N/A	ART register – find register entries for a sample of HIV patient cards
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ART register(s) are filled in following start of ART and updated with each patient visit. Columns are complete using standardized coding.
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact information complete with unique ID
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TB treatment, CTX prophylaxis, TB preventive therapy, HCV/HBV screening completed as relevant
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy columns updated if relevant
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients organized by start date of ART, months do not overlap on page
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transfer in patients recorded below line under those starting in original clinic by ART start date
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baseline status at start ART and changes in regimen with reasons and dates recorded. Make sure changes match right-hand side
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard codes in each column are used for current drug regimen or patient status in top row
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current breastfeeding or pregnancy codes filled as relevant in bottom row
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Months labelled at top of columns
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CD4 count if available recorded at 6, 12, 18, 24 months and yearly thereafter
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VL if available recorded at 6, 12 months and yearly thereafter

Comments.



**Recommended action.** If information is missing or incorrectly filled in, talk to the responsible health worker about the gap or error, and discuss the reasons for them. If the health worker did not receive the appropriate training, or was inadequately trained, follow recommended action in section 1. If the health worker knows how to fill in the information but was too busy or simply forgot, explain the importance of complete information for patient care, and for tallying data from the registers for the cross-sectional and ART cohort reports later on. Flag the health worker for subsequent visits to ensure that she/he is correctly filling in the information.

### Follow-up plan.

#### 9 YES NO N/A Cross-sectional report

- |   |                          |                          |                          |   |
|---|--------------------------|--------------------------|--------------------------|---|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cross-sectional reporting forms completed and sent up or collected on timely basis  |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All cells filled in   |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tallies add up  |
| D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Table 1 – New and cumulative started on ART by sex and age complete   |
| E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subset of those started on ART complete (pregnant/breastfeeding females, baseline CD4/CD4 $\leq 200$ , active TB disease, started on TB preventive therapy, screened for hep B/C) |
| F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Table 2 – Current on ART by first-, second- and third-line ARVs, sex and age complete   |
| G | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subset of those current on ART complete (TB treatment started, VL results recorded, VL suppressed)  |
| H | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Table 3 – ANC information complete  |
| I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Table 4 – L&D information complete  |
| J | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Table 5 – HEI information complete  |

### Comments.

**Recommended action.** If cells are not complete, or inaccurately tallied, go to source, work with health worker to review and enforce understanding. If health worker did not receive the appropriate training, or was inadequately trained, follow recommended action in section 1. If reports are consistently late, consider reasons why and problem-solve with health workers to ensure timely reporting.

### Follow-up plan.



## 10 YES NO N/A **Validate the ART cohort report by using the ART registers and re-tallying the columns**

- A ☐ ☐ ☐ ART registers are tallied to complete ART cohort reports and sent up or collected with the supervision of district management team regularly.
- B ☐ ☐ ☐ All columns filled for cohorts completing baseline, 6, 12, 24 months up until present
- C ☐ ☐ ☐ Fractions recorded where relevant
- D ☐ ☐ ☐ Tallies add up
- E ☐ ☐ ☐ VL used to track status of adult patients

**Comments.**

**Recommended action.** The ART cohort report requires validation from the district team during facility visits even if it is filled out by the facility. This can be coupled with the annual patient monitoring review activity. If the facility is unable to fill out the ART cohort report, it is the job of the district team to do so. This can be done every 6–12 months during site visits. A copy of the report should remain at the site for the health workers to review the progress of their patients on ART. If cells are not complete, or inaccurately tallied, go to source, work with health worker to review and enforce understanding. If the health worker did not receive the appropriate training, or was inadequately trained, follow recommended action in section 1. If reports are consistently late, consider reasons why and problem-solve with health workers to ensure timely reporting.

**Follow-up plan.**

## 11 YES NO N/A **Appointment system**

- A ☐ ☐ ☐ Appointment book or system used to log patients' next visit, prepare clinic day for expected patients, identify missed appointments; and follow up with those missing appointments
- B ☐ ☐ ☐ Patient and treatment supporter contact information updated and complete
- C ☐ ☐ ☐ Dates for LTF recorded on summary forms

**Comments.**

**Recommended action.** It is important for health workers to know when patients miss appointments and to follow up as necessary. The health facility must therefore have a simple yet functioning appointment and follow-up system. If none exists, see examples provided. A simple appointment book, one page for each day can be used, or a tickler file system.

**Follow-up plan.****12 YES NO N/A Transfer/Referral system**

- A ☐ ☐ ☐ Standard transfer forms are used to receive and transfer out patients
- B ☐ ☐ ☐ Health centres abide by national transfer protocol when transferring and receiving transfer patients

**Comments.**

**Recommended action.** Every health facility should abide by the national, standardized transfer or referral system in place. This includes the transfer of key information such as that given on the front of the patient card to the receiving facility in order that continuous care and treatment are provided to the patient. If no transfer protocol exists, a minimum of key information should be transferred with the patient, including sociodemographic characteristics and summary of treatment (as on front page of HIV patient card).

**Follow-up plan.****13 YES NO N/A Data use**

- A ☐ ☐ ☐ Health workers have regular meetings to review patients' charts or for case management review
- B ☐ ☐ ☐ Health workers understand how to use information on the patient card to manage patient care and treatment
- C ☐ ☐ ☐ Health workers understand how to use registers to help follow-up status of patients' care and treatment
- D ☐ ☐ ☐ Health workers understand how to use cross-sectional reports for planning purposes as relevant
- E ☐ ☐ ☐ Health workers understand how to use ART cohort analysis reports to identify patient outcomes and follow up accordingly

**Comments.**

**Recommended action.** In addition to being able to accurately complete all patient monitoring tools, health workers should be able to use the information collected and reported to inform both patient management and programme monitoring at the facility. Each piece of information that is collected, and each indicator that is compiled and measured is done for a reason. Data use should be carried out on a regular basis and should be a routine part of quality care and treatment. Quality assurance activities may also be carried out by reviewing some of the data collected. Regular site visits by the district management team and clinical mentors can

support data use among health workers. Health workers should understand that using data is as important as filling, entering and reporting it.

### Follow-up plan.

## ANC/PMTCT

### Human resources

**1 YES NO N/A All relevant staff in MCH clinics have received appropriate training on the national patient monitoring system within past X months:**

- A** ☐ ☐ ☐ Doctors, clinical officers How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- B** ☐ ☐ ☐ Nurses, nurse assistants How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- C** ☐ ☐ ☐ Data clerks How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- D** ☐ ☐ ☐ Lay counsellors How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- E** ☐ ☐ ☐ Other, specify: \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- F** ☐ ☐ ☐ Are the relevant MNCH staff trained in the use of the HIV patient monitoring tools?

### Who

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### Tools

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### Comments.

**Recommended action.** If one or more relevant staff are not trained on one or more of the different components of the patient monitoring system, the district team should schedule and provide these staff with appropriate training or retraining, followed by hands-on support within 2–4 weeks.

### Follow-up plan.



## Tools

### 1 YES NO N/A Does the maternal health card have the following HIV elements:

- |   |                          |                          |                          |   |
|---|--------------------------|--------------------------|--------------------------|---|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date enrolled in HIV care and unique ID number                      |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infant-feeding intention and practice                               |
| D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ARV adherence counselling and reporting                             |
| E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIV test date, result(s) and whether result(s) received             |
| F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Malaria intermittent preventive therapy (IPT) doses                 |
| G | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ART start date  |
| H | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ARV regimen and date dispensed during pregnancy, L&D and postpartum |
| I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CTX started   |
| J | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TB preventive therapy/TB treatment started                          |
| K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infant ARVs given during delivery and dispensed postpartum          |

### 2 YES NO N/A Does the ANC register have the following HIV elements:

- |   |                          |                          |                          |  |
|---|--------------------------|--------------------------|--------------------------|--|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIV status at admission                                  |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIV test date, result(s) and whether result(s) received  |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Partner tested   |
| D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternal unique ID number                                |
| E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternal ART start date                                  |
| F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternal ARV regimen and date dispensed during pregnancy |
| G | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intermittent preventive therapy (IPT) doses              |
| H | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TB status  |

### 3 YES NO N/A Does the labour record have the following HIV elements:

- |   |                          |                          |                          |   |
|---|--------------------------|--------------------------|--------------------------|---|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternal ART start date                               |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternal ARV regimen and date dispensed during labour |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infant-feeding counselling and practice               |

### 4 YES NO N/A Does the postpartum record have the following HIV elements:

- |   |                          |                          |                          |  |
|---|--------------------------|--------------------------|--------------------------|--|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternal ART start date                            |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternal ARV regimen and date dispensed postpartum |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infant HIV testing                                 |
| D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infant ARV prophylaxis                             |
| E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternal and infant ARV adherence                  |
| F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Infant CTX prophylaxis                             |

G ☐ ☐ ☐ Infant TB test result and prophylaxis

H ☐ ☐ ☐ Infant-feeding practice

**5 YES NO N/A Does the L&D register have the following HIV elements:**

A ☐ ☐ ☐ HIV status at admission and previous test date

B ☐ ☐ ☐ Maternal HIV test date and result

C ☐ ☐ ☐ Maternal ART start date

D ☐ ☐ ☐ Maternal ARV regimen and date dispensed during labour

E ☐ ☐ ☐ Infant ARVs received

F ☐ ☐ ☐ Infant-feeding practice

G ☐ ☐ ☐ Intended family planning method chosen

H ☐ ☐ ☐ TB status

**6 YES NO N/A Does the child health card have the following HIV elements:**

A ☐ ☐ ☐ Maternal HIV status

B ☐ ☐ ☐ Date and time of birth

C ☐ ☐ ☐ Newborn and infant-feeding practice

D ☐ ☐ ☐ Infant-feeding counselling and support

E ☐ ☐ ☐ Maternal ART start date

F ☐ ☐ ☐ Infant ARVs given, date and duration

G ☐ ☐ ☐ Infant ARV adherence

H ☐ ☐ ☐ Infant HIV test type and result

I ☐ ☐ ☐ CTX provided

J ☐ ☐ ☐ Infant confirmed HIV-infected

K ☐ ☐ ☐ Date infant enrolled in HIV care/ART and unique ID number

L ☐ ☐ ☐ TB status

**7 YES NO N/A Does the HIV-exposed infant register (or mother–infant pair register) have the following HIV elements:**

A ☐ ☐ ☐ Date of delivery (or estimated due date)

B ☐ ☐ ☐ HIV-exposed infant registration number

C ☐ ☐ ☐ Maternal unique ID number

D ☐ ☐ ☐ Infant name

E ☐ ☐ ☐ Maternal ART start date

F ☐ ☐ ☐ Maternal ART at 3, 12 months postpartum

G ☐ ☐ ☐ Infant ARV prophylaxis taken and duration

H ☐ ☐ ☐ Infant-feeding practice within 24 hours of when last seen at 3 months (or DTP3 visit)

- I ☐ ☐ ☐ Infant age started CTX
- J ☐ ☐ ☐ Infant HIV test date, age, type and results
- K ☐ ☐ ☐ Date infant enrolled in HIV care/ART and unique ID number
- L ☐ ☐ ☐ Infant ART start date
- M ☐ ☐ ☐ Infant TB status
- N ☐ ☐ ☐ Infant final status

## TB/HIV

### Human resources

1 YES NO N/A All relevant staff in TB clinics have received appropriate training on the national patient monitoring system within past X months:

- A ☐ ☐ ☐ Doctors, clinical officers How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- B ☐ ☐ ☐ Nurses, nurse assistants How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- C ☐ ☐ ☐ Data clerks How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- D ☐ ☐ ☐ Lay counsellors How many? \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- E ☐ ☐ ☐ Other, specify: \_\_\_\_\_  
☐ Card ☐ Registers ☐ Reports ☐ Data use
- F ☐ ☐ ☐ Are the relevant HIV staff trained in the use of the TB patient monitoring tools?

Who

Tools


- G ☐ ☐ ☐ Are the relevant MCH staff trained in the use of the TB patient monitoring tools?

Who

Tools


Comments.

**Recommended action.** If one or more relevant staff are not trained on one or more of the different components of the patient monitoring system, the district team should schedule and provide these staff with appropriate training or retraining, followed by hands-on support within 2–4 weeks.

### Follow-up plan.

#### Tools

**1** YES NO N/A Does the TB monitoring system have the following HIV elements:

- |          |                          |                          |                          |   |
|----------|--------------------------|--------------------------|--------------------------|---|
| <b>A</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIV test date and results. If no, list tools: _____           |
| <b>B</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CPT start. If no, list tools: _____                           |
| <b>C</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ART start. If no, list tools: _____                           |
| <b>D</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ARV regimen date and dose dispensed. If no, list tools: _____ |
| <b>E</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unique ID. If no, list tools: _____                           |
| <b>F</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CD4 date sent and results. If no, list tools: _____           |
| <b>G</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VL date sent and results. If no, list tools: _____            |
| <b>H</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ANC number. If no, list tools: _____                          |

#### Comments.

### Follow-up plan.

#### Final action plan

Do **NOT** proceed with the APMR if any one of the following outcomes was found during the initial assessment:

1. The HIV patient card (or an equivalent) is not being used at all.

OR

2. The ART registers are not being filled out at all.

OR

... list other relevant setting-specific conditions.

**DO** proceed with the APMR if:

... list relevant setting-specific conditions.