EPTS OpenMRS

Reports Requirements
Indicator Specification Document
TX_ML

Version 1.7

Version

Date	Version	Description	Author
January 11, 2019	1.0	Document structure and content updated	Lalitha Moodley
March 4, 2019	1.1	Update of content based on requirements gathering meeting on 22nd February, 2019. Revised the structure and summarized the content.	Pinki Meggi
March 18, 2019	1.2	Additional comments by FGH and JEMBI Review by PEPFAR: ● The Patient Visit Card - Cartão de Visita e Busca will not be used as a source for TX ML as is it not used for capturing information pertaining to home visits ● LTFU is defined by 30-183 days and the +30 days should be excluded ● PEPFAR Acknowledged some disaggregation's will be blank due to lack of fields to capture information in EPTS	Maria Rein
August 22, 2019	1.3	Additional changes: ● 2 Blank Disaggregations were reviewed and updated to be captured from the Patient Visit Card - Cartão de Visita e Busca existing in EPTS. ● Died disaggregation updated ● Not Consented technical specs added	Pinki Meggi
August 26, 2019	1.4	Modifications included by PEPFAR The home visit card is included in TX ML , the following fields will feed into the algorithm 33.1 Died 29 with a value of No – Traced patient unable to locate If no home visit card exists for a patient in ETPS (encounter type = home visit card) – Did not attempt to trace patient	Maria Rein
August 27, 2019	1.5	Added an additional encounter type "36" and "37" to accommodate ICAP until harmonization occurs	Maria Rein
August 28, 2019	1.6	Included edits from Joel , updated annexes, included the new MOH approved home visit card (currently not used in the algorithm) and created a placeholder for the current MOH approved home visit card. Added clarifications regarding which form is being used for TX ML	Maria Rein
August 29, 2019	1.7	Modifications to the algorithm based on a meeting with Joe and Joe on August 28, 2019, the "bottom" section of the home visit card must be populated (any field) to be considered as "attempted to trace" and excluded in the disaggregation "Did not attempt to trace" instead of taking information populated in the "top part" of the form as an indication they attempted to trace the patient. Added concepts provided by Pinki @ JEMBI	Maria Rein
August 30, 2019	1.8	Overall revision. Functional Requirements updates according to 1.7 changes	Pinki Meggi

Approvals and Sign-off

Approvals Panel

Version	Approver	Approved by	Date
1.7	CDC		

Approvals Panel

The Approver signatures signify that this document has been reviewed and satisfies the project governance, business and system needs.

Document Title: EPTS OpenMRS Indicator Specification and Requirements – TX_ML

Year: 2019

Authors Signature

Version	Authors	Approved by	Date
1.7	Jembi Health Systems		
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Authors

The Authors signatures represent the EPTS Requirements Gathering Group composed by two CDC Partners, Jembi Health Systems (HIS Partner) and FGH (Clinical Partner) and signify that this document is complete and that, to the best of their knowledge, it adequately addresses the document's intended purpose and scope and it is accurate.

1 Contents

1 Introduction

1.1 Purpose

The purpose of this document is to capture the requirements and specifications for the PEPFAR MER TX_ML Indicator. This indicator is reported from the EPTS OpenMRS system in use by the PEPFAR Clinical partners to capture patient level data in retrospective mode at the health facilities.

1.2 Scope

This document explains the indicator definition and defines the functional and technical requirements for generating the indicator in an OpenMRS Report. The link to test scenario documents is also included.

The indicator definition is based on the PEPFAR MER (Monitoring, Evaluation and Reporting) Indicator Reference Guide specified below in 1.3 References.

1.3 References

MER 2.3 Indicator Reference Guide
Open MRS ETPS Cartao De Visita Domiciliar

1.4 Assumptions

The home visit card (Cartao De Visita Domiciliar) captured in EPTS will be included as a source for TX_ML

The standard MOH approved Cartao De Visita Domiciliar will be referenced.

The newly approved Cartao De Visita Preventiva SIS H02-B has been approved but is not in use in the field. It will be added to EPTS and TX ML will be modified to account for the additional fields captured on this form.

It is noted many clinical partners have modified the Cartao De Visita Domiciliar in EPTS and are capturing additional information, however to align with harmonization and to ensure data is being captured from the same source systems, all clinical partners will be requested to align their home visit card with the fields (i.e., concept ids) that are being access by the TX ML algorithm as we can't use non MOH approved forms for reporting.

An exception to the assumption is being taken into account for ICAP. The TX ML algorithm has been modified to include additional encounter types to accommodate ICAP until harmonization is completed

Furthermore, there are certain fields in the Cartao De Visita Domiciliar (see Annex 6) of "Other" (i.e., 30.10, 33.5) that are free text fields. These fields can not be used for TX ML as the information captured across partners is not standardized.

For the disaggregation "Did Not Attempt to Trace" the assumption is a home visit card/ Cartao De Visita Domiciliar will not exist for the patient.

Or there is a home visit card for the patient and ALL the fields (28-37) below are blank. If any field listed below contains a value, then it is assumed the partner did attempt to trace the patient.

28. Type of Visit: concept id=1981

29. First Attempt: encounterDate

    Second Attempt: concept id=6254

    Third Attempt: concept id=6255

    Patient Found: concept id = 2003

30. Defaulting Motive: concept id=2016

31. Report Visit: concept ids = 2158, 2157

32. Patient Found Forwarded: concept id =1272

33. REason of not finding: concept id = 2031

34. Who gave the information: concept id = 2037

35. (no data entryfield/concept)

36. (no data entry field/concept)

37. Card Delivery Date: concept id =2180

For the disaggregation Unable to Locate: The algorithm will look at 29 Encontrou o Paciente, with a value of NO.

For the disaggregation "Refused to Return" this is not captured on the current Cartao De Visita Domiciliar.

Cartao De Visita Domiciliar 28 . Tipo de Visita , is a required field, but will not factor into the algorithm.

If the patient doesn't have a next appointment or drug pick up scheduled, they are excluded from the algorithm.

If the patient has missed their appointment or drug pick up the algorithm will look for a Cartao De Visita Domiciliar form (i.e., encounter type).

2 Indicator Report Definition

2.1 Description (from MER 2.3)

The TX_ML indicator reports the Number of ART patients with no clinical contact since their last expected contact.

2.2 Numerator and Denominator (from MER 2.3)

The TX_ML **numerator** indicates the number of ART patients with no clinical contact since their last expected contact.

Clinical contact is defined as any clinical interaction with the patient, such as clinical assessment or consultation by a healthcare worker or provision of medication.

The TX_ML **denominator** is not applicable for this indicator.

2.3 Indicator Report Level and Frequency

TX_ML is an indicator collected and reported at the level of the health facility. TX_ML is reported at each semiannual (every 6 months) reporting cycle (H1, H2, which are also considered as S1 and S2).

PEPFAR partners are required to report every six months, in the following periods:
- S1 September 21st - March 20th
- S2 March 21st - September 20th

2.4 Indicator Report Primary Sources

The TX_ML indicator should be collected from:

- ART Registers ("Ficha de Seguimento", "ART Program Enrollment")
- APSS Form

- Patient / Home Visit Card – Cartão de Busca , *Cartão de Visita e Busca, Cartao de Visita Domicilar*

2.5 Indicator Flow (from MER 2.3)

When a patient has missed their most recent expected clinical contact, the clinic or other related staff should attempt to reach and re-engage the patient as soon as possible. Through the reaching and re-engagement process, the patient's outcome should be documented as follows:

- Died (confirmed): *to be collected in Patient Demographics, Patient State and Visit Card*
- Previously undocumented patient transfer (confirmed): ***A tool or source to capture this information in EPTS doesn't exist, therefore this field will be blank. Some partners may use Other field to capture this information but since this is a free text field there is no guarantee that a specific value will be used.***

- Traced patient (unable to locate): *to be collected in Patient Visit Card 29. Value of No*
- Did not attempt to trace patient: *A home visit card does not exist for the patient after their missed appointment or drug pick up, or there is a home visit card but ALL the fields from 28 to 37 are blank.*

- Not consented: Patients who do not consent to be traced (*Note: this is not MER 2.3 Required DISAG but is added as decided during requirements gathering meeting with the partners*)*: to be collected in APSS Form and not in Cartão de Visita")*
  Refused to return: Patients who were traced and refused to return (*Note: this is not MER 2.3 Required DISAG but is added as decided during requirements gathering meeting with the partners*): **This information isn't available on the current home visit card therefore this field will be blank.**

Clinical contact is defined as reporting to the health facility for ART pick-up or appointment, or a documented community visit with community health worker or peer from an ART refill group. Attempts to reach and re-engage patients into treatment should be made as soon as a patient misses a clinical visit.

The numerator for this indicator will be calculated by summing the following categories of LTFU patients (if collected): patient died, previously undocumented patient transfer, traced but un-located patient, untraced patient.

Documented patient transfers will not be collected as part of this indicator, as these patients have an explained outcome and would not be expected to have had clinical contact.
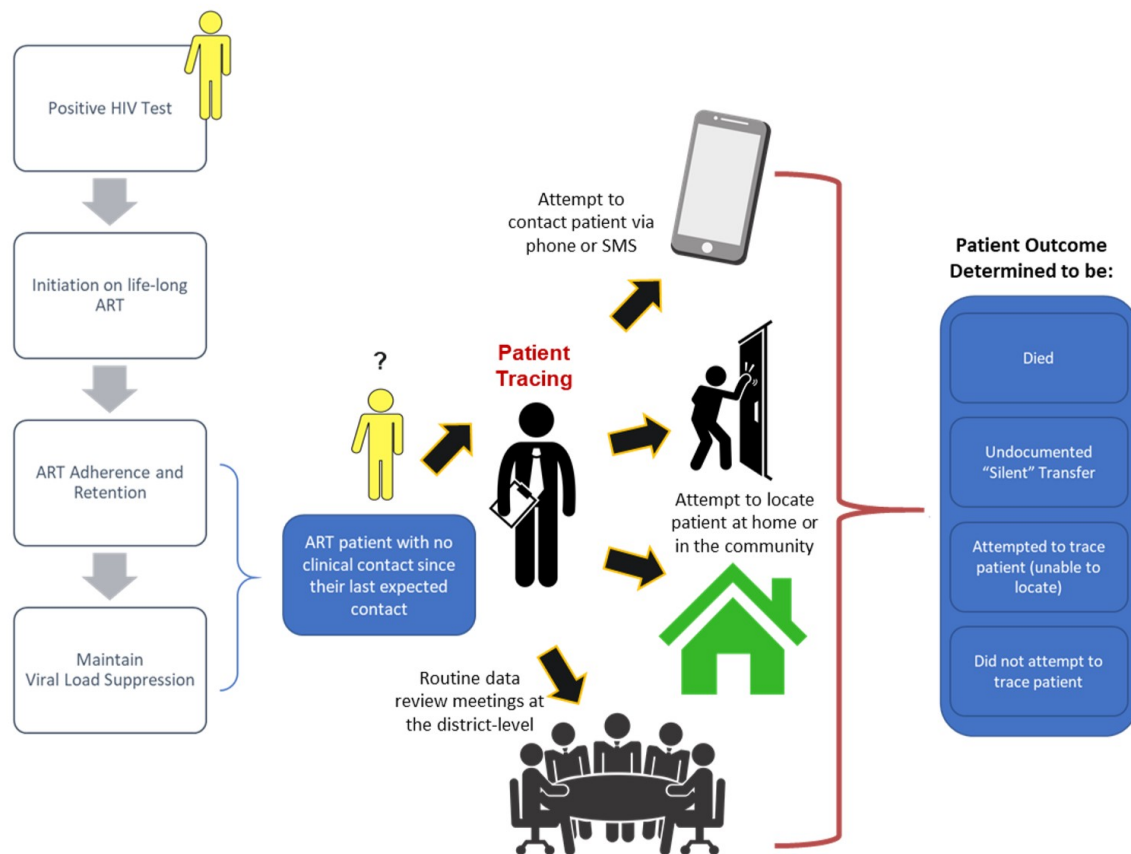
Figure 1 TX_ML Indicator Flow (From: PEPFAR MER 2.3 Guide)

2.6 Disaggregation

The TX_ML **numerator** should be reported disaggregated as:

- Outcome by sex/age:
    - o Died:): *to be collected in Patient Demographics, Patient State and Home Visit Card 33.1*
    - o Previously undocumented patient transfer (confirmed): ***Some partners may use Other field to capture this information but since this is a free text field there is no guarantee that a specific value will be used. This is not captured on the Home Visit Card***
    - o Traced patient (unable to locate): *to be collected in if the patient has a Home Visit Card*
    - o Did not attempt to trace patient: *to be collected in Patient Visit Card, if there isn't a Home Visit Card for the patient, assumption is there was no attempt to trace*
    - o Not consented patient: *to be collected in APSS Form*
    - o Located (did not return) (***Note: this is not MER 2.3 Required DISAG but is added as decided during requirements gathering meeting with the partners but a tool or source to capture this information in EPTS doesn't exist, therefore this field will be blank***)

- Disaggregate by Sex:

- o as Female or Male and
- then by Age:
  - o <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-49, 40-44, 45-49, 50+, Unknown Age

Age represents an individual's age at the **end of the reporting period** or when last seen at the facility. For example, a 14-year-old child will be counted as currently receiving treatment in the <15 age category at the end of reporting period "A". During reporting period "B" the child turns age 15 and so at the end of this reporting period the child will be counted under the 15+ age category.

Disaggregate descriptions & definitions

Age / Sex by Outcome

- Age / Sex / Died: The number of patients who were confirmed as dead by direct observation or by unambiguous report of family or close contact (neighbors, co-workers, etc.); it should not be presumed, during the reporting period
- Age / Sex / Previously undocumented patient transfers: The number of patients transferred to another health facility, but the patient transfer was not previously documented at the originating health facility; this is also known as "silent transfer". Silent Transfers should be confirmed by verifying with the health facility where the patient receives care, during the reporting period.
- Age / Sex / Traced but un-located patient: Exhaustive attempts (e.g., phone calls, home visits, triangulation with other health facilities) were made to locate the patient, but patient was still not located through these efforts. Exhaustive attempts mean completing more than 3 attempts to contact or locate the patient using multiple methods, during the reporting period.
- Age / Sex / Untraced patient: No attempt was made to trace the patient during the reporting period.
- Age / Sex / Not consented patient: Patients who do not consent to be traced.
- Age / Sex / Located (did not return): Patients who were traced and did not return.

Age / Sex by Cause of Death (_Note: will not be included since currently is not possible to determine this disag information)_

- Age / Sex / HIV disease resulting in TB: The number of patients with known or presumed TB (pulmonary and/or extra-pulmonary) at the time of death without another identified COD
- Age / Sex / HIV disease resulting in other infectious and parasitic disease: The number of patients who died from any infectious cause other than TB; this includes infections not otherwise specified.
- Age / Sex / HIV disease resulting in cancer: The number of patients with known or presumed cancer at the time of death

- Age / Sex / Other HIV disease, resulting in other diseases or conditions leading to death: The number of patients who died from a non-infectious, non-malignant cause that was related to HIV, such as acute HIV infection syndrome, (persistent) generalized lymphadenopathy, hematological and immunological abnormalities, etc.
- Age / Sex / Other natural causes: The number of patients who died from natural causes (including certain cancers and infections, etc.) that were not directly related to HIV disease.
- Age / Sex / Non-natural causes: The number of patients who died from non-natural causes (e.g., trauma, accident, suicide, war, etc.)
- Age / Sex / Unknown Cause: The number of patients in whom cause of death was truly not known

2.7 Report Output

The report output for TX_TB indicator can be found [here](#) or as attachment.

3 Requirements Definition

3.1 Key Assumptions

The key assumptions for TX_ML indicator and related to EPTS OpenMRS are the following:

- All patients captured in the OpenMRS system are HIV Positive.
- All patients captured in the OpenMRS system are on antiretroviral therapy (ART) at some time.
- All patients reported on have had no clinical contact in their last expected clinical (consultation or drugs pick up) contact.
- Transfer Out is excluded from this report– When Silent Transfer is traced, state needs to be updated to "Transfer out", else if not traced, then state becomes LTFU.
- Unable to report on the **Trace attempt** gaps in narratives, as there is no option in the available tools to capture this information:
  - Once trace attempt is done:
    - Called by phone - successful/not
    - Attempt to visits - successful/not

- All fields of type free text existing in any form won't be used to evaluate data, since anything can be stores in this type of field.

3.2 Report Functional Requirements

Requirement #	Category/ Functional Area	Requirement
TX_ML_FR1	Reports	The system will generate the TX_ML indicator report under " PEPFAR MER Semiannual Report" for selected reporting period (start and end date) and specific location (health facility) with Numerator.
TX_ML_FR2	Indicator numerator: Patients who missed their most recent expected clinical contact	The system will identify all patients who missed **(between 30 days and 183 days)** the last scheduled appointment or drugs pick up (the most recent one) by reporting end date. The system will exclude from numerator all Transferred-out (Status recorded in "Estado de Permanencia" no OpenMRS) by reporting end date.

TX_ML_FR3	Indicator Disaggregation-numerator	The system will generate the TX_ML indicator numerator with the following disaggregation:
		● By Age/Sex
		    o Total (Numerator)
		    o Sex (M/F)
		        ■ Age (: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age)
		    o Died
		        ■ Sex (M/F)
		        ■ Age (: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age)
		    o Not consented
		        ■ Sex (M/F)
		        ■ Age (: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
		    o Traced patient (unable to locate)
		        ■ Sex (M/F)
		        ■ Age (: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age
		    o Did not attempt to trace patient
		        ■ Sex (M/F)
		        ■ Age (: <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50+, Unknown Age

TX_ML_FR4	Disaggregation: Patient who has Died (confirmed)	The number of patients who were confirmed as dead by direct observation or by unambiguous report of family or close contact (neighbors, co-workers, etc.); it should not be presumed, during the reporting period.
		
		The system will identify Died patients as following:
		    o Patient Demographics
		    o Patient_State.state = Dead (*Concept Id 10*)
		    o Patient Visit Card (*Encounter type 21*) (36 & 37 for ICAP)
		        • Reason of Not Finding (*Concept Id 2031*)
		        • Answer Died (*Concept Id 1383*)

TX_ML_FR8	Disaggregation: Not consented	Patients who do not consent to be traced. The system will identify "Not consented" patients in "APSS Form" as following: APPS Visit (*Encounter type 34 or 35*) • Consented to be contacted/reached (*Concept Id 6306*) • Answer No (*Concept Id 1066*)

TX_ML_FR9	Disaggregation:
	Traced (unable to locate)
		The number of patients who were traced but patient was still not located through. The system will identify "Traced (unable to locate)" patients from "Patient Visit Card" as following:
		
		• All patients who after the last expected clinical contact (consultation or drugs pick up) were traced and any "Patient Visit Card" (*Encounter type 21*) <mark>(36 and 37 for ICAP)</mark> was recorded in EPTS (after the last expected clinical contact date and before reporting end date) with the following information:
		  o Patient Found (*Concept Id 2003*)
		  o Answer No (*Concept Id 1066*)
		• If patient has more than one "Patient Visit Card" (*Encounter type 21*) <mark>36 and 37 for ICAP)</mark> recorded in EPTS (after the last expected clinical contact date and before reporting end date) then all of them should have the following information:
		  o Patient Found (*Concept Id 2003*)
		  o Answer No (*Concept Id 1066*)

TX_ML_FR10	Disaggregation:
	Untraced Patients
		The number of patients who were not traced out (Did not attempt to trace patient). The system will identify "Untraced" patients as following:
		
		• All patients who after the last expected clinical contact (consultation or drugs pick up) were not traced and there is no "Patient Visit Card" (*Encounter type 21*) <mark>36 and 37 for ICAP)</mark> recorded in EPTS during the following period:
		  o after the last expected clinical contact date and
		  o before reporting end date
		and
		• All patients who have "Patient Visit Card" (*Encounter type 21*) <mark>36 and 37 for ICAP)</mark> recorded in EPTS during the following period:
		  o after the last expected clinical contact date and
		  o before reporting end date
		  But all the fiels from 28 to 37 below are blank.
		
		28. Type of Visit: concept id=1981
		29. First Attempt: encounterDate
		* Second Attempt: concept id=6254*
		* Third Attempt: concept id=6255*
		* Patient Found: concept id = 2003*
		30. Defaulting Motive: concept id=2016
		31. Report Visit: concept ids = 2158, 2157
		32. Patient Found Forwarded: concept id =1272
		33. REason of not finding: concept id = 2031
		34. Who gave the information: concept id = 2037
		35. (no data entryfield/concept)
		36. (no data entry field/concept)
		37. Card Delivery Date: concept id =2180

TX_ML_FR11	Patients Disaggregation- Sex	The system will identify patients sex disaggregation as per information registered in the patient record as male or as female.
TX_ML_FR12	Patients Disaggregation- Age	The system will identify patients age disaggregation as following: ● Patients with birth date information registered in the system should be calculated the age of the patient at the end date of reporting period (reporting end date minus birthdate / 365). ● Patients without birth date information should be considered in unknown age.
TX_ML_FR13	Reporting Period	The user will enter as input parameters the "reporting start date" and "reporting end date". The "reporting start date" is defined by the beginning of the correspondent semiannual reporting period. The "reporting end date" is defined by the end of the reporting period. S1 September 21st - March 20th S2 March 21st - September 20th

3.3 Report Properties

Property	Description
Name	"PEPFAR MER 2.3 Semi-Annual"
Indicator Name	TX_ML Indicator
Description	The TX_TB indicator reports the Number of ART patients with no clinical contact since their last expected contact, during the semiannual reporting period.
Parameters	Location: <Health Facility> Date Range: ● S1: September 21st - March 20th ● S2: March 21st - September 20th
Report Output	Attached

4. EPTS Cartao de Visita Domiciliar / Home Visit Card

CARTÃO DE VISITA DOMICILIAR	1. UNIDADE SANITÁRIA Enter......	2. Nº de CARTÃO
3. Nome do Paciente:Gasoline Samaki HurlingHam	4. NID: 77777777/77/777	
5. Sexo: M	6. Idade:50	7. Paciente está em TARV? ○ Sim ○ Não
8. Data que o paciente começou a faltar (casos de busca):		

9. Informação sobre o paciente: ☐ TB ☐ Grávida (DPP ⬚) ☐ Criança	
10. Paciente autorizou contacto com: ☐ Paciente ☐ Confidente ☐ Secretario do bairro	
11. Bairro: Nahavara	12. Avenida/Rua: June
13. Unidade Comunal: Nahavara　14. Quarteirão:	15. Casa Nº: June
16. Nome do secretario do Bairro:	
17. Nome de casa ou alcunha:Gasoline Samaki HurlingHam	18. Contacto do Paciente:
19. Tem confidente? ○ Sim ○ Não	20. Nome do Confidente:
21. Contacto do confidente:	
22. Pontos de referência para localização: June	
23. Motivo de visita:	

☐ (1) Testado + sem abertura de processo ☐ (2) Sem aconselhamento ☐ (3) Sem 1ª consulta (triagem) ☐ (4) Sem CD4 inicial	☐ (5) Resultado CD4 sem consulta ☐ (6) Elegivel para TARV ☐ (7) Ausente ao levantamento do TARV	☐ (8) BK+ sem tratamento ☐ (9) Criança exposta ☐ (10) Visita de apoio ☐ (11) Outro:

24. Serviço que refere: ○ TARV Adulto ○ TARV Pediatrico ○ PTV ○ PNCT	
25. Profissional que refere: Enter......	26. Data de entrega ao voluntário
27. Nome do Voluntário: *	

28. TIPO DE VISITA:	○ Visita de Busca ○ Visita de Apoio*

RELATÓRIO DA VISITA

29. Primeira Tentativa: [_____]   Segunda Tentativa: [_____]   Terceira Tentativa: [_____]
Encontrou o Paciente? ○ SIM ○ NAO Data Localizacao [_____] *

PACIENTES ENCONTRADOS (Viu e falou com o paciente)		PACIENTES NÃO ENCONTRADOS (Não viu e não falou com o paciente)
VISITA DE BUSCA	VISITA DE APOIO	
30. MOTIVOS DA FALTA: ☐ (1) Esqueceu a data ☐ (2) Esta de cama ☐ (3) Problema de transporte ☐ (4) Falta de alimentação ☐ (5) Ausência do profissional ☐ (6) Mau atendimento ☐ (7) Efeitos secundários ☐ (8) Tratamento tradicional ☐ (9) Abandono/desistiu ☐ (10) Outro: [_____]	31. RELATÓRIO DA VISITA: ☐ (1) O paciente está bem ☐ (2) O paciente apresentou dificuldades: ☐ Preocupações com a família ☐ Efeitos secundários ☐ Falta de apoio ☐ Problemas em tomar os medicamentos ☐ Não revelou diagnóstico	33. MOTIVO DE NÃO ENCONTRAR: ☐ (1) Óbito ☐ (2) Endereço errado ☐ (3) Mudou ☐ (4) Viajou ☐ (5) Outro: [_____] 34. INFORMAÇÃO FOI DADO POR: ☐ Vizinho ☐ Confidente ☐ Familiar (Especificar): [_____] ☐ Secretário do Bairro
32. ENCAMINHAMENTO DO PACIENTE ENCONTRADO: ☐ (1) Encaminhando para a US ☐ (2) Encaminhado para os grupos de apoio ☐ (3) Orientado sobre a toma correcta dos ARV ☐ (4) Familiar foi referido para a US ☐ (5) Outro: [_____]		35. ASSINATURA:
36. Assinatura do responsável da busca activa:		
37. Data de entrega do cartão: [_____]		

CONVITE DO HOSPITAL	38. Nº DE CARTÃO:
39. Nome do Paciente:Gasoline Samaki HurlingHam	40. NID:77777777/77/777
41. Nome do Voluntário: (Preenchido em 27)	
42. Data de entrega do convite: [_____]	
43. Recebi o convite (Assinatura):	

5. PEFPAR MER 2.3 TX ML Guidance

TX_ML

Description:	Number of ART patients with no clinical contact since their last expected contact
Numerator:	Number of ART patients with no clinical contact since their last expected contact · Clinical contact is defined as any clinical interaction with the patient, such as clinical assessment by a healthcare worker or provision of medication.
Denominator:	N/A
Indicator changes (MER 2.0 v2.2 to v2.3):	New indicator
Reporting level:	Facility
Reporting frequency:	Semi-Annually
How to use:	TX_ML is intended to drive improved tracing of patients to ensure patient outcomes are known and that appropriate programmatic action is being taken to locate patients that have missed clinical visits. From a public health perspective, treatment adherence and retention are essential to achieve and maintain viral suppression and ultimately reduce or eliminate disease transmission. Not uncommonly, patients who are lost-to-follow up, may have died or have self-transferred to another health care facility; it is important to understand and make these distinctions as they require different programmatic interventions. Serious attempts should be made to reengage any patient that has not returned for clinical services or drug pick-up and return them to treatment, and mortality data should be analyzed and investigated to determine causes of death amenable to programmatic intervention. Lastly, this indicator is intended to support the civil registration and vital statistics systems (CRVS) of PEPFAR-supported countries and help improve mortality and cause-of-death reporting in both health and civil registration systems. This is the first time PEPFAR will collect mortality information through routine program data. Mortality is an essential measure to assess the impact of the health sector more broadly, and the HIV program in particular. Mortality data should be compared between sites and districts as well as by age and sex to determine the geographic and demographic areas where intensified interventions are most needed. Particularly, determining the cause-of-death (COD) or conditions experienced at the time of death among PLHIV can be used to help identify programmatic gaps and focus resources on interventions aimed at reducing preventable deaths. This is also the first time that PEPFAR has tried to understand the magnitude of "silent transfers" across the treatment program. Active tracing of clients who are LTFU to identify those that have been linked to treatment at another facility is needed. It's important to note that this is not a cohort monitoring indicator. TX_ML is meant to inform TX_CURR and help to better understand what is happening with the ART patient population.
How to collect:	When a patient has missed their most recent expected clinical contact, the clinic or other related staff should attempt to reach and reengage the patient as soon as possible. Through the reaching and reengagement process, the patient's outcome should be documented as follows: 1. Died (confirmed) 2. Previously undocumented patient transfer (confirmed) 3. Traced patient (unable to locate) 4. Did not attempt to trace patient Clinical contact is defined as reporting to the clinic for ART pick-up or clinical assessment, or a documented community visit with community health worker or peer from an ART refill

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6. MOH Approved Cartao de Visita Domiciliar currently in use

7. MOH Approved Cartao de Visita Preventiva for future use

REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE
SERVIÇO NACIONAL DE SAÚDE

CARTÃO DE VISITA PREVENTIVA E DE REINTEGRAÇÃO
Mod. SIS H02-B

1. PROVÍNCIA: _____ DISTRITO: _____ UNIDADE SANITÁRIA: _____
2. Nº DO LIVRO DE CHAMADAS E VISITAS: _____ Nº DA PÁGINA: _____ Nº DA LINHA: _____
3. Nome do Paciente: 4. NID:_____/_____/_____
5. Nome de casa/Alcunha: 6. Sexo:☐ M ☐ F   7. Idade:
8. Bairro: 9. Avenida/Rua:
10. Aldeia/Comunidade: 11. Quarteirão: 12. Casa Nº: _____
13. Contacto(s) telefónico do paciente:
14. Ponto de referência para localização:
15. Paciente autorizou contacto com: ☐ Próprio ☐ Confidente ☐ Outro_____
16. Nome do confidente:
17. Nome de casa/Alcunha: 18. Contacto:

19. Motivo da visita:

☐ (1) Criança exposta	☐ (5) Falência terapêutica	☐ (9) Carga viral elevada
☐ (2) BK+	☐ (6) Elegível para TARV	☐ (10) Seguimento preventivo
☐ (3) TB sem tratamento	☐ (7) Faltoso na farmácia	☐ (11) Outros_____
☐ (4) Sem carga viral	☐ (8) Faltoso as consultas	

20. Serviço que refere: ☐ TARV (Clínica/APSS e PP) ☐ CCR ☐ CPN ☐ PNCT ☐ SAAJ ☐ Outro
21. Provedor que refere: 23. Data de entrega ao voluntário (DD/MM/AA):
22. Nome do Voluntário: ____/____/____

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24. TIPO DE VISITAS		
☐ Visita Preventiva	☐ Visita de Reintegração	☐ Visita aos Casos Especiais

25. RELATÓRIO DA VISITA

Data da Visita (DD/MM/AA): 1ª ____/____/_____   2ª ____/____/_____   3ª ____/____/_____

26. PACIENTE ENCONTRADO DURANTE A VISITA

VISITA DE REINTEGRAÇÃO	VISITA PREVENTIVA
27. MOTIVOS DA FALTA:	**28. RELATÓRIO DA VISITA:**
☐ (1) Esqueceu a data	☐ (1) O paciente está bem
☐ (2) Está doente	☐ (2) O paciente apresentou
☐ (3) Problema de transporte	dificuldades:
☐ (4) Mau atendimento na US	a) ☐ Preocupações com a família
☐ (5) Medo do Provedor de Saúde da US	b) ☐ Medicamento esta a fazer mal
☐ (6) Ausência do Provedor na US	c) ☐ Falta de apoio familiar
☐ (7) Efeitos secundários	d) ☐ Problemas em tomar os
☐ (8) Tratamento tradicional	medicamentos
☐ (9) Transferido para outra US	e) ☐ Não revelou o Diagnóstico
☐ (10) Auto transferência	f) ☐ Outro : _____
☐ (11) Abandono ao TARV	
☐ (12) Outro:	

29. ENCAMINHAMENTO DO PACIENTE ENCONTRADO

☐ (1) Encaminhado para a US
☐ (2) Encaminhado para os grupos de apoio
☐ (3) Familiar ou cuidador da criança foi referido para a US
☐ (4) Familiar referido para US
☐ (5) Outro (Especificar): _____

30. PACIENTES NÃO ENCONTRADO DURANTE A VISITA

31. MOTIVOS DE NÃO ENCONTRAR O PACIENTE NA VISITA:	1ª	2ª	3ª
(1) Endereço errado	☐	☐	☐
(2) Mudou de endereço	☐	☐	☐
(3) Viajou	☐	☐	☐
(4) Óbito	☐	☐	☐
☐ (5) Outro:			

32. A INFORMAÇÃO DADA POR:

☐ Vizinho
☐ Confidente
☐ Familiar (parentesco): _____
☐ Líder Comunitário

33. Contacto do Informante:

Data Combinada para o retorno a US: 1ª ____/____/_____   2ª ____/____/_____   3ª ____/____/_____

34. Nome da pessoa que efectuou a visita domiciliar:	35. Data da devolução do cartão (DD/MM/AA)
_____	____/____/_____