

Draft Action Plan
Mozambique HIV care and ART patient monitoring system
December 2006

ACTIVITY	TIME FRAME	LEAD	FUNDING
Plan: <i>Gather key stakeholders to discuss the adaptation, development, revision or strengthening of the national patient monitoring system, led by the government</i>			
Develop and agree on an action plan to address the standardization of an HIV care and ART patient monitoring system, specifically addressing the expansion of ART to smaller sites potentially without partner support		MOH/DAM	
Data elements and indicators: <i>Obtain consensus on indicators and corresponding data elements, standardizing definitions</i>			
Harmonize data elements based on utility, feasibility and reporting requirements		MOH/DAM	
With all stakeholders: Review current national ART indicators with recommended international indicators and Early Warning Indicators and indicators currently being collected by some sites but not reported nationally		MOH/DAM/DPC	
Decide on standard set of national level ART indicators			
Consider sub-national level indicators including district and facility-level indicators			
Revise national reporting form based on standard indicators			
Based on revised tools (see below), determine how indicators will be collected including frequency and level of collection			
Tools: <i>Inventory current and potential patient monitoring tools (paper and electronic); Harmonize and adapt current and potential tools identified based on standard data elements</i>			
Revise national tools considering country and international experience to date, expansion to smaller sites and accommodating			

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all levels of sites (high/low patient volume, high/low resource, partner/non-partner sites). This may include the substitution of some tool(s) for simpler tools (e.g. HIV Care/ART Patient Card), or the addition of others (Pre-ART and ART Registers, Cohort analysis report)			
Finalize national tools			
Print national tools			
Disseminate national tools (with training)			
Electronic tools			
Inventory current electronic tools and determine the need for one standardized national electronic facility-based tool			
<p>Consider where electronics will be feasible and implemented including to:</p> <ul style="list-style-type: none"> • Determine minimum requirements for manual and mixed electronic systems • Establish capacity requirements (human resources and corresponding capacity, physical resources and corresponding capacity), to migrate from paper only to mixed system(s). This will be a dynamic process. • Establish training process, materials and methods and timeline (who will carry out training, how often, and where) • Determine patient load threshold at which manual system becomes unfeasible. 			
Develop standardized data transfer protocols based on harmonized			

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data elements in order for existing electronic sites to transfer data for reporting purposes			
Human resources: <i>Plan who will carry out, supervise and support patient monitoring at facility, district/provincial and national levels; Provide systematic follow-up after training and supportive supervision</i>			
Consider non-clinical health workers (e.g. PLHA) to help with tasks such as reception, triage and non-clinical patient monitoring (filling in name, age, weight, data transfer from card to registers)			
Develop supervision structures as decentralized as possible including standardized structures for information flow considering: <ul style="list-style-type: none"> • Filling in patient monitoring tools (which tools and how often) • Analysing data from patient monitoring tools (which tools and how often) • Reporting data from patient monitoring tools (what data, how often and to whom) • Using data from patient monitoring tools (what data, how often and for what purpose) • Overall management of patient monitoring system (focal person) at facility level, district level, provincial level, national level 			
Identify and train supervisors to oversee patient monitoring at all levels with detailed TORs			
Materials development and training : <i>Develop or adapt training materials and plan trainings (who, when, what, how)</i>			
Develop or adapt training materials based on revised tools and structures			
Develop training plan describing who to train (clinical teams, trainers of trainers, data clerks, district/provincial coordinators, supervisors), when to train (by province, district or facility)(length of training,			

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identify facilitators)			
Implementation: <i>Assess implementation, tools and structures on an ongoing basis, 'learning by doing' to improve the system</i>			