

Use this tool to document children of index women in ART clinic; all other index clients should be screened as usual and documented in ICT register. PIN TO THE CLIENT'S MASTERCARD FOR REVIEW AT THE NEXT CLINIC VISIT.

Index Client Name: _____ Index Client Age: _____ Date of Initial Screen: ____/____/____ ART Number: _____ Number of Living Children in Household 0-19 years: _____ Write the names of these children below and complete the "HIV status" column. Document ART # and ART start date for children living with HIV (CLHIV) in the "ART status" column. Have ALL of these children had an HIV test*? Circle Y or N : if Yes* → tool is complete. Check "tool complete" box to right and date and continue ICT screening. *circle yes if an exposed infant had ANY DBS or rapid test, even if their HIV status is "exposed." if No → offer FRS for each untested child and enter woman into ICT register with all contacts.						CHW: <div style="text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> Tick box when tool is complete </div> Date tool opened: ____/____/____ Date tool complete: (date that all children on tool have documented status): ____/____/____ For new infants born: Date new infant added to card: ____/____/____	
Data Clerk: UNIQUE ID ASSIGNED: _____ Card OPENED: date entered into database: ____/____/____ Card COMPLETE: date entered into database: ____/____/____ New infant born: date entered into database: ____/____/____							
Client Linkage – Active in Care? (complete only ONE of the sections below for each child)							
Date child first entered on this card	Name of Child 0-19	Age (Years)	Has child been tested for HIV ever? (by the time of opening card) (Circle Yes or No)	Date of HIV Test	Child's HIV Status (circle one) (I=infected, U=uninfected, E=exposed)	CLHIV - ART status Document ART# and ART START DATE for CLHIV: If HIV uninfected write "NA"	Exposed Infants only Active in care? Circle Y/N If no, make a plan with mother/ guardian today to enroll in care
			Y N		I E U	ART # ART start date	Y N
			Y N		I E U		Y N
			Y N		I E U		Y N
			Y N		I E U		Y N
			Y N		I E U		Y N
			Y N		I E U		Y N
Enter any new infants born after CHILD ICT Card was closed here* (write date new infants added to card above):							
Date infant entered on this card	Name of Infant	Date of birth	Has child been tested for HIV yet? (Circle Yes or No)	Date of HIV Test	HIV Status (circle)	CLHIV only- ART status	Active in care? Y/N If no, make a plan with mother/ guardian today to enroll in care
			Y N		I U E	ART # ART start date	Y N
			Y N		I U E		Y N
			Y N		I U E		Y N