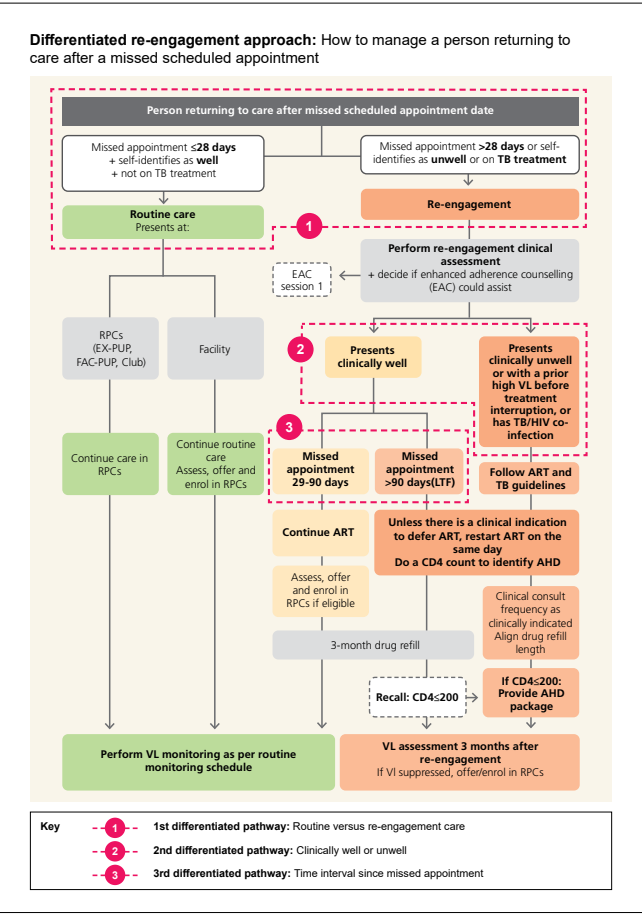
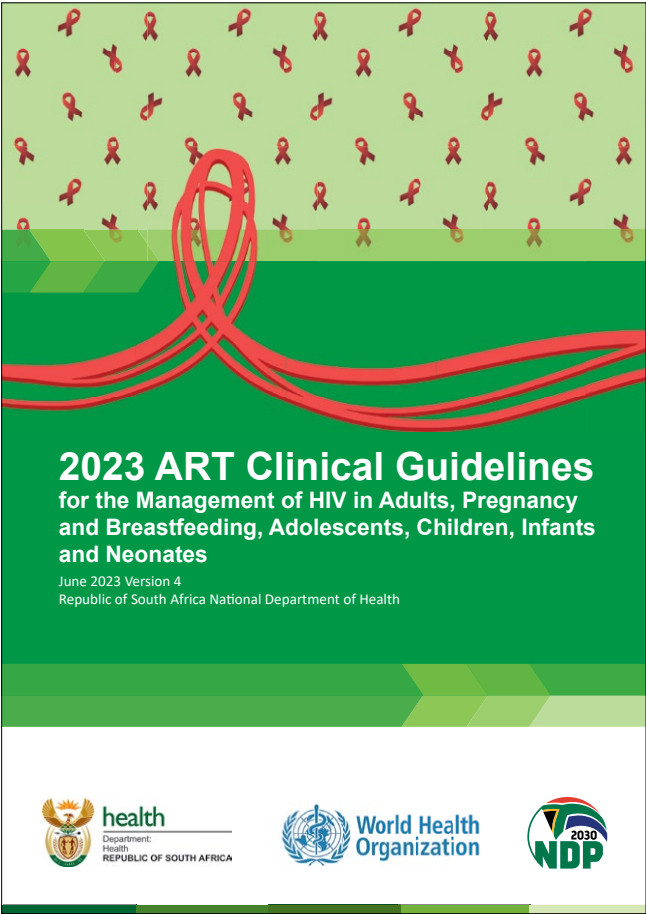


Job Aid

Implementation of streamlined RE-ENGAGEMENT IN CARE



2023 ART guidelines: Re-engagement approach



Supported by DMOC SOP 8 including guiding principles and narrative explanation



RE-ENGAGEMENT THREE KEY PRINCIPLES

1

For returning clients,
the *first return visit*
experience is critical

Welcoming, supportive and
empathetic

Clear facility visit flow focused on a
positive client experience

2

Not all clients late for
scheduled appointments
are re-engaging clients

Only a person who is more than
28 days late for a scheduled
appointment or
self-identifies as unwell or on
TB treatment

3

All re-engaging clients
DO NOT have the same
service delivery needs

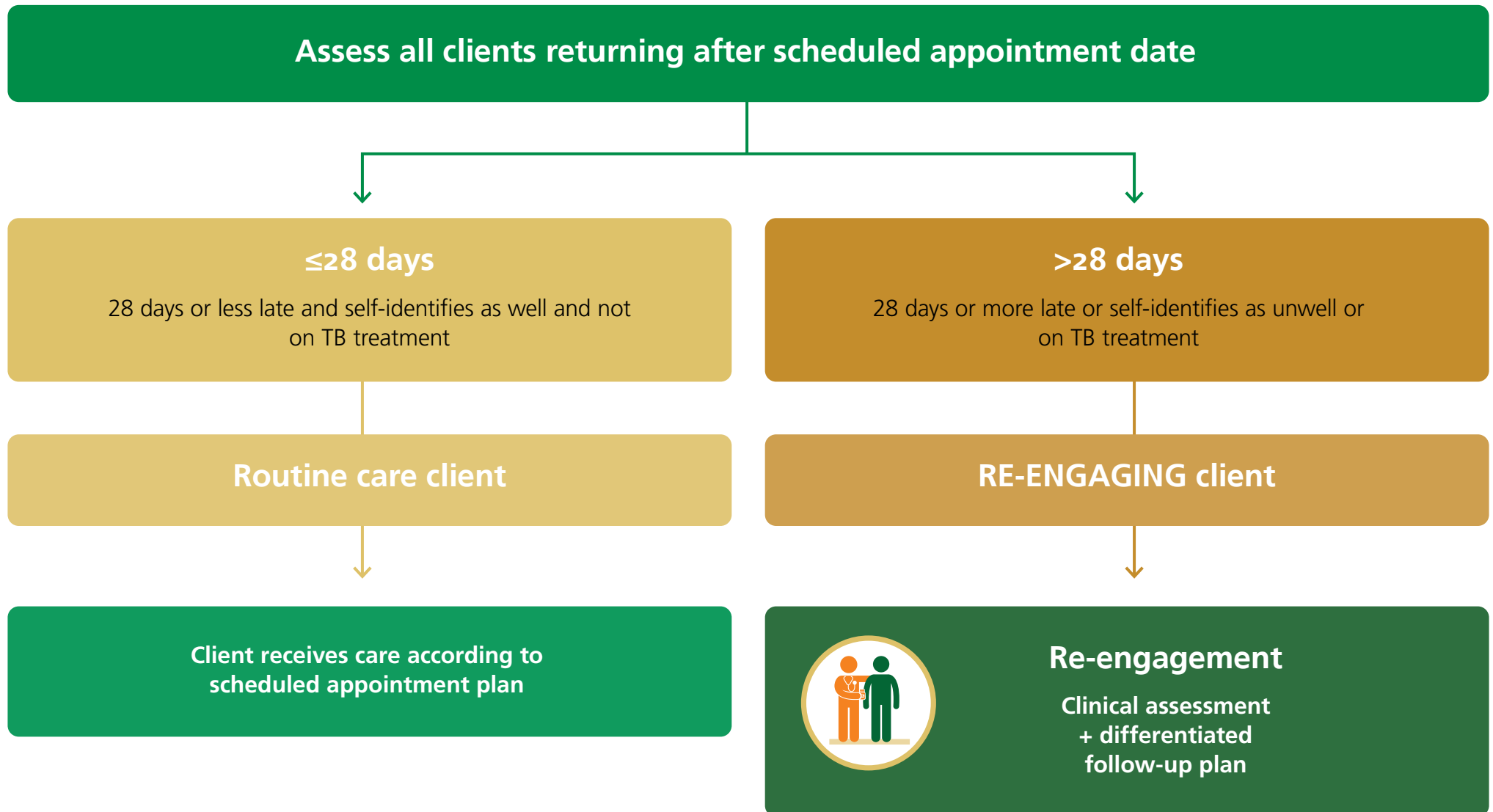
Easier access to treatment

Psychosocial support

Clinical management

Always
be kind

WHO IS A RE-ENGAGING CLIENT?



RETURNING ROUTINE CARE CLIENTS

No or very short interruption

No need to worry unless client unwell/red flag symptoms

No need to delay client

No need for additional service provision

If not on TLD

Prioritize assessment for TLD when client has a scheduled clinical consultation

No change to visit plan

If already enrolled in RPCs (EX-PUP; FAC-PUP or AC)

If client presents at EX-PUP/FAC-PUP or AC:
Continue care in RPCs at the same location

If client presents at health facility:
Cancel script and rescript for preferred RPCs immediately + provide 1st ART refill (3-month refill)

If not enrolled in RPCs:
See clinician

Provided VL not overdue and last VL suppressed:
Offer and enrol in preferred RPCs
Complete 6-month script (decanting/CCMDD) with 2 x 3 month refills for ART (and TPT, NCD and contraception)

If VL overdue or RPCs not accepted:
Explain clinical review in 3 months time
Script for 3 months with 1 x 3-month refill for ART (and TPT, NCD, contraception)

Perform VL monitoring as per routine HIV VL monitoring on ART (AGL pg 20)

If in RPCs: Perform VL at closest next clinical review
If not in RPCs: Perform at next rescript date but not before 3 months from return

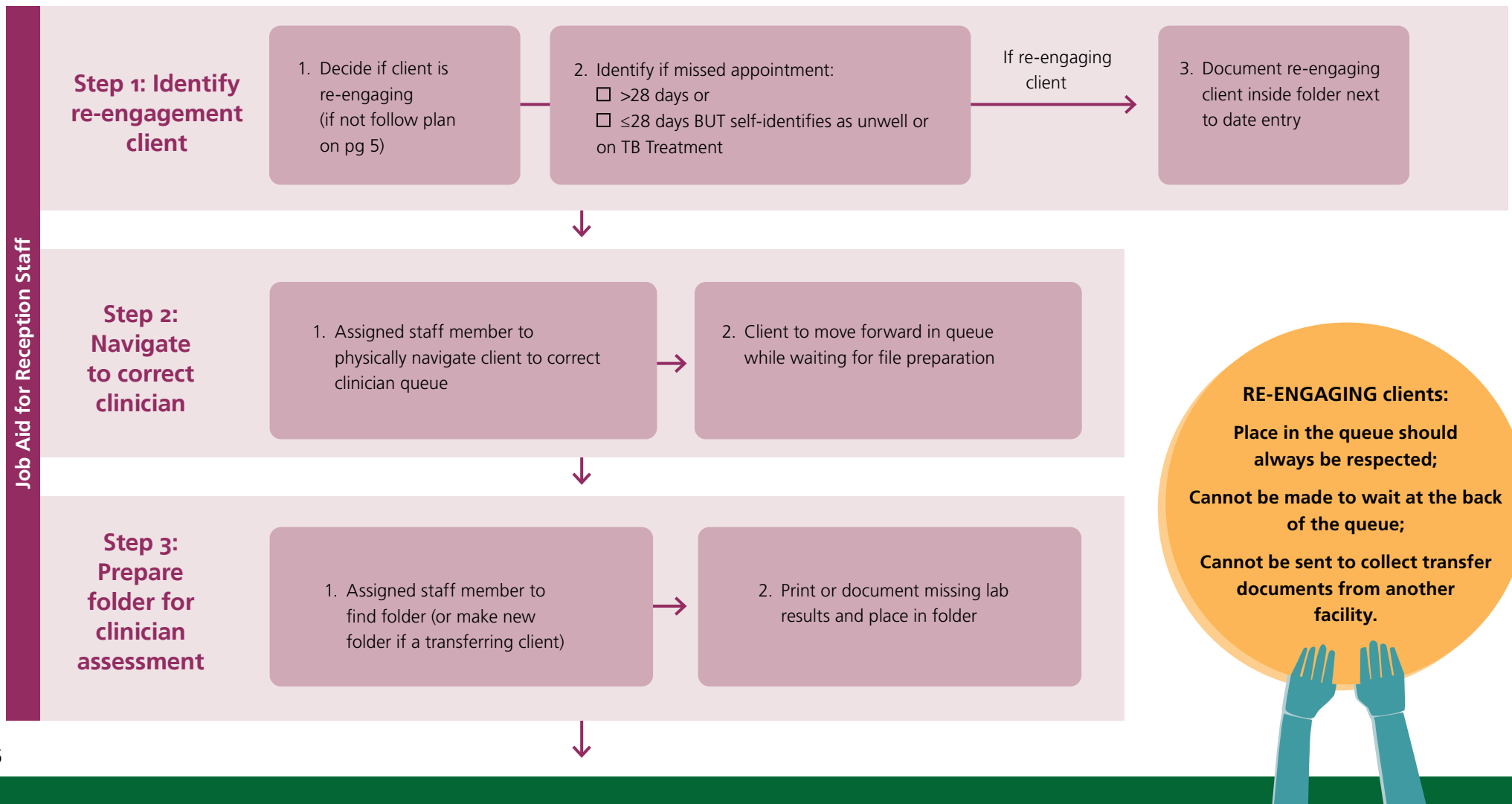
If overdue for VL at return: Provide 3-month refill and perform VL 3 months after return
If overdue for CD4: Perform today and recall if <200

WHAT TO DO FOR RE-ENGAGING CLIENTS

Visit procedure steps

RPCs = Repeat prescription collection strategies (DMOC)

VLS = viral load suppression



Step 4: Conduct clinical assessment

1. Conduct re-engagement clinical assessment

2. Determine if client is clinically unwell or had a high VL prior to treatment interruption or has TB co-infection

3. If not, determine if missed appointment by >90 days or 29–90 days

4. Record re-engagement clinical assessment outcome in folder

Step 5: Determine and provide appropriate follow-up plan based on re- engagement algorithm

Missed appointment (of any duration) and clinically unwell or previously diagnosed TB co-infection or elevated VL

1. Manage clinically - follow ART, TB, PHC clinical guidelines
2. Continue/restart ART same day
3. CD4 (AHD identification)
4. Assess if EAC or mental health support/referral indicated
5. Explain visit schedule + timing of RPCs assessment
6. Script for 1-3 months depending on clinically indicated frequency

Clinically well + missed appointment by >90 days (LTF)

1. Restart ART same day
2. CD4 (AHD identification)
3. Assess if EAC indicated
4. Explain visit schedule + timing of RPCs assessment
5. Script for 3 month refill

Clinically well + missed appointment for 28-90 days

1. Continue ART same day
2. Check previous VL + consider RPCs
3. Explain visit schedule
4. Script for:
 - (a) RPCs: 6-months with 2 x 3-month refills OR
 - (b) 3-month refill

Step 6: Provide counselling

1. If indicated: EAC session 1 + *mental health support*
2. Confirm visit schedule and when to expect RPCs assessment

1. If indicated: EAC session 1
2. Confirm visit schedule and when to expect RPCs assessment

Step 7: Collect ART refill

1. 1-3 month refill
2. Confirm TCB date

3. Message of support

1. 3 month refill
2. Confirm TCB

3. Message of support

1. 3 month refill
2. Confirm TCB date
3. Confirm next ART refill collection point

4. Message of support

5. CCMDD script submission

HOW TO IDENTIFY A RE-ENGAGING CLIENT

Be
kind

Step 1: Reason for visit

"What are you here for today?"

If ART visit

Step 2: Is this your usual health facility?

"Do you usually attend this facility?"
"Have you attended this facility before?"

If not usual facility:

"No problem, we are here to help. Do you have any document or pill bottle that helps us determine your appointment date or when you last collected ARVs?"

NOT REQUIRED but if available clarify last visit date

If client is **NOT new** to facility or has any information from previous facility

If client is **new** to facility with no documentation

Step 3: What is the appointment date?

"When was your appointment?"
"Please can you show me your appointment card"

If no type of appointment card:

"Do you have any document or pill bottle showing when you last collected ARVs?"

If known to the facility and no information regarding appointment date:

Check scheduled appointment on TIER.Net

If late for scheduled appointment

28 days or LESS:
Navigate to routine services (see pg 5)

More than 28 days navigate to clinician
for re-engagement assessment

Step 3: Check Labtrack to identify any investigations that indicates prior ART use - VL/CD4

Print for folder

Step 4: If no documentation or labtrack evidence

1. **Confirm HIV diagnosis by obtaining a verbal history** of when diagnosed, ART regimen and viral load results
2. **If unable to confirm HIV diagnosis:** navigate to HIV testing service provider to complete HIV testing algorithm
3. **If yields a HIV negative result:** it may be a false negative, perform CD4 and viral load and provide client with a return date for result review

RE-ENGAGING CLIENT CLINICAL ASSESSMENT AND FOLLOW-UP PLAN

STEP 1: Conduct re-engagement clinical assessment

Step 1: Create safe supportive space for positive client interaction

"Good to see you today" "I hope you didn't have to wait long. This is a supportive space for your return to care"



Step 2: Check for any clinical concerns

*"How are you feeling today?" "Any worrying illness or symptoms recently?"
"Are you taking TB treatment?"
"Are you struggling with feeling sad or worrying a lot?"*
Identify client clinically unwell or with any red flag symptoms (including mental health-related) requiring clinical action



Step 3: Check last scheduled visit and discuss reasons for missing visit

*"When was your last scheduled visit?"
"Can you tell me what made it difficult for you to attend?"*
Document any **critical** reasons for missing scheduled visit relevant to assessment



Step 4: Discuss any concerns about returning to care

*"Did you have any worries about coming back to us?"
"Do you have any concerns about being able to continue your care and treatment at this facility?"
"Anything else you are worried about?"*



Step 5: Check VL history

Review most recent VL result
Review previous VL result history
Review NCD lab history (if applicable)
Document in clinical stationery



Step 6: Ask client self-report on treatment interruption

"Did you have enough treatment?" If not: "When did you run out?"
Document in clinical stationery



Step 7: Decide re-engagement clinical assessment outcome

Make your assessment

1. Clinically unwell:
☐ YES or ☐ NO
2. Likely interruption took place:
☐ YES or ☐ NO

Determine re-engagement follow-up plan

- ☐ Missed appointment (of any duration) + clinically unwell or prior TB/elevated VL
- ☐ Well + missed appointment >90 days
- ☐ Well + missed appointment 29-90 days

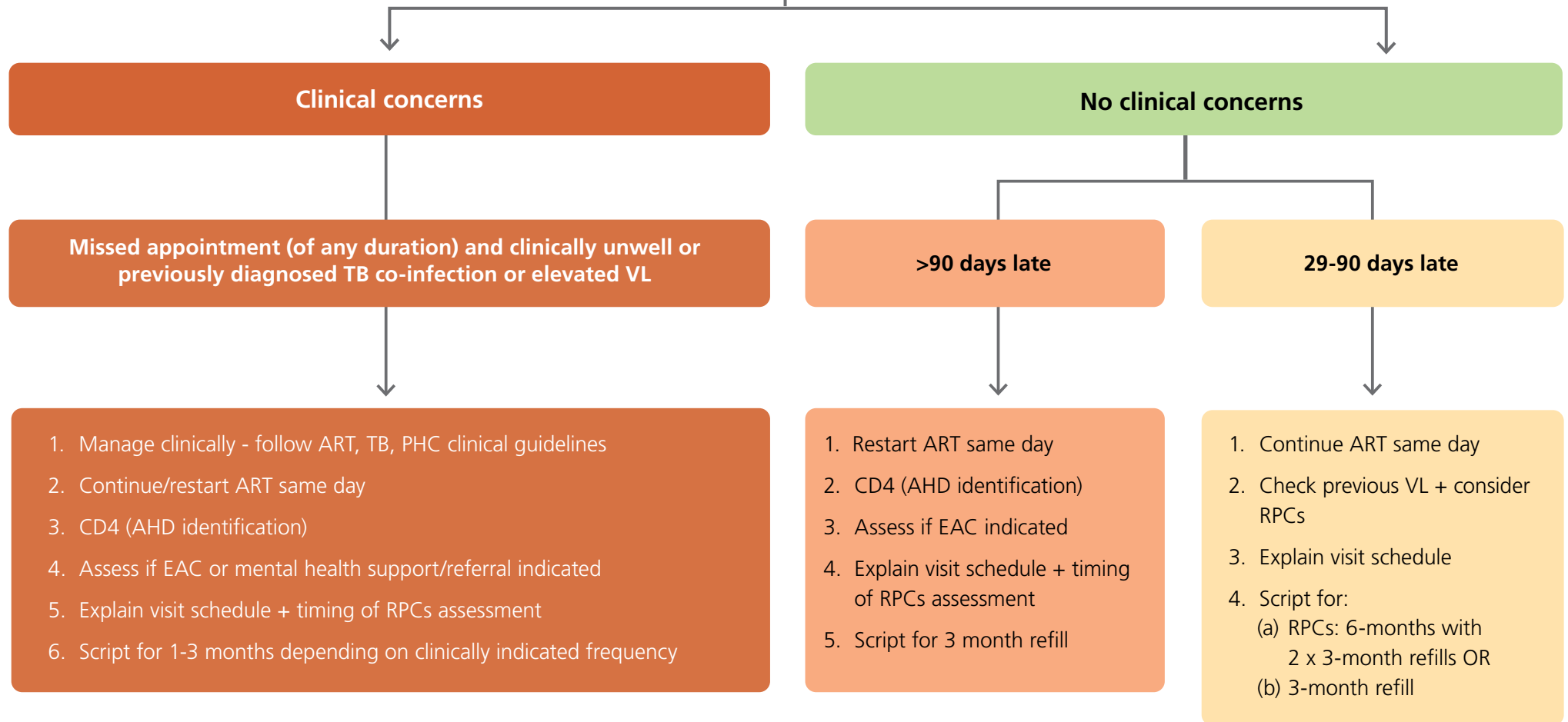
Document in clinical stationery

Follow AGL re-engagement algorithm indicated follow-up plan

No judgement zone



Provide algorithm indicated re-engagement follow-up plan



RPCs = Repeat prescription collection strategies (DMOC)

DARK-ORANGE: Missed appointment (of any duration) and clinically unwell or previously diagnosed TB co-infection or elevated VL

AGL = ART Guidelines; AHD = Advanced HIV Disease; EAC = Enhanced Adherence Counselling; VLS = VL suppression

Be caring

Re-engagement visit procedure

Step 1: Clinically manage presentation

Follow ART and TB clinical guidelines

Follow PHC guidelines for HPT or mental health conditions

Step 2: Continue/restart ART immediately and check TPT

If there are no AGL clinical indications to defer ART: Continue/restart ART immediately
(If not on TLD: Prioritize TLD assessment)

If person has not completed TPT:
Assess for and initiate TPT

Step 3: Perform CD4 count*

Perform CD4 count to identify AHD for AHD package provision
Do not wait for result to restart ART (flag to check CD4 result within 7 days)

Step 4: Assess if adherence counselling or mental health support/referral indicated

Assess whether client may benefit from counselling support and VL education:
Indicated: challenges with taking or remembering to take treatment or positive mental health screen (AGL Annex 4 pg 31)
Not indicated: drug side effects or too sick or other difficulties collecting refills

Provide or refer to counsellor for EAC session 1 and VL education (from FTIC session 2)

Provide or refer for mental health support services

Step 5: Explain return visit schedule

Determine and explain visit schedule (see below) for clinical management until viral load in 3 months time.
Scheduling appointments shorter than VL date only if clinically indicated.

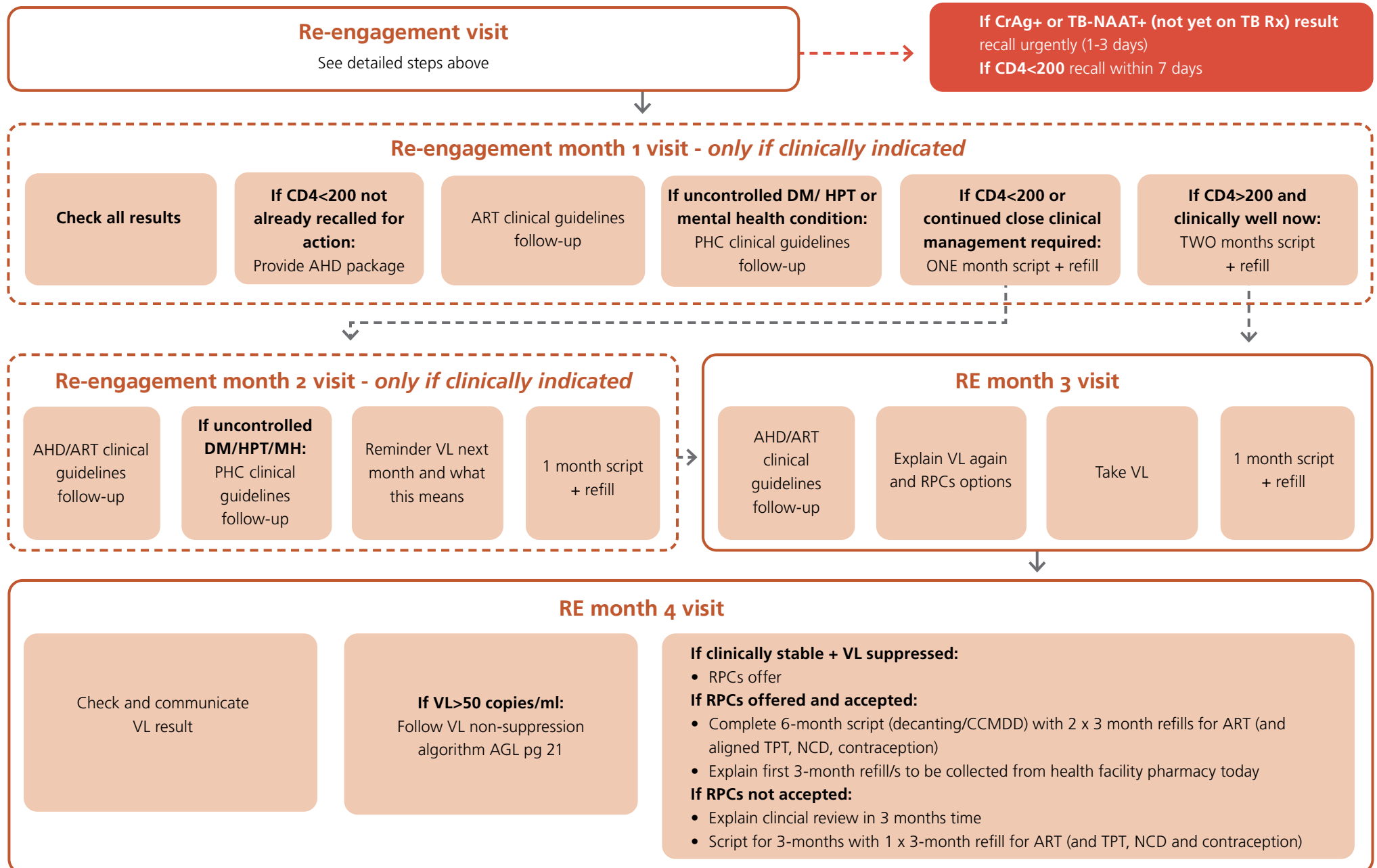
Explain once clinically stable + VL is suppressed, can immediately access RPCs with 3-monthly refills

Explain if CD4 count result below 200 or any other test result abnormal, the clinic will recall earlier
Important to come in the time frame indicated, do not wait for next appointment date

Step 6: Script 1 - 3 months ART

Script 1-3 month refill for ART (and TPT, NCD and contraception) to cover until next clinical management or VL follow-up appointment date

Visit schedule



ORANGE: Clinically well + missed appointment by >90 days (LTF)

AGL = ART Guidelines; AHD = Advanced HIV Disease; EAC = Enhanced Adherence Counselling; VLS = VL suppression

Be understanding

Re-engagement visit procedure

Step 1: Restart ART immediately and check TPT

Restart ART immediately: Prioritize TLD
(If not on TLD: Prioritize assessment for TLD)

If person has not completed TPT: Assess for and initiate TPT

Step 2: Perform CD4 count*

Perform CD4 count to identify AHD for AHD package provision

Do not wait for result to restart ART (flag to check CD4 result within 7 days)

Step 3: Assess if adherence counselling indicated

Assess whether client may benefit from counselling review and VL education:

Indicated: challenges with taking or remembering to take treatment

Not indicated: drug side effects or difficulties collecting refills

Provide or refer to counsellor for EAC session 1 and VL education
(from FTIC session 2)

Step 4: Explain return visit schedule

Explain visit schedule (see below) – need to return for VL in 3 months.
If VL is suppressed can immediately get 3-month ART refills and access to RPCs options

Explain if CD4 count result below 200 or any other test result abnormal, the clinic will recall earlier

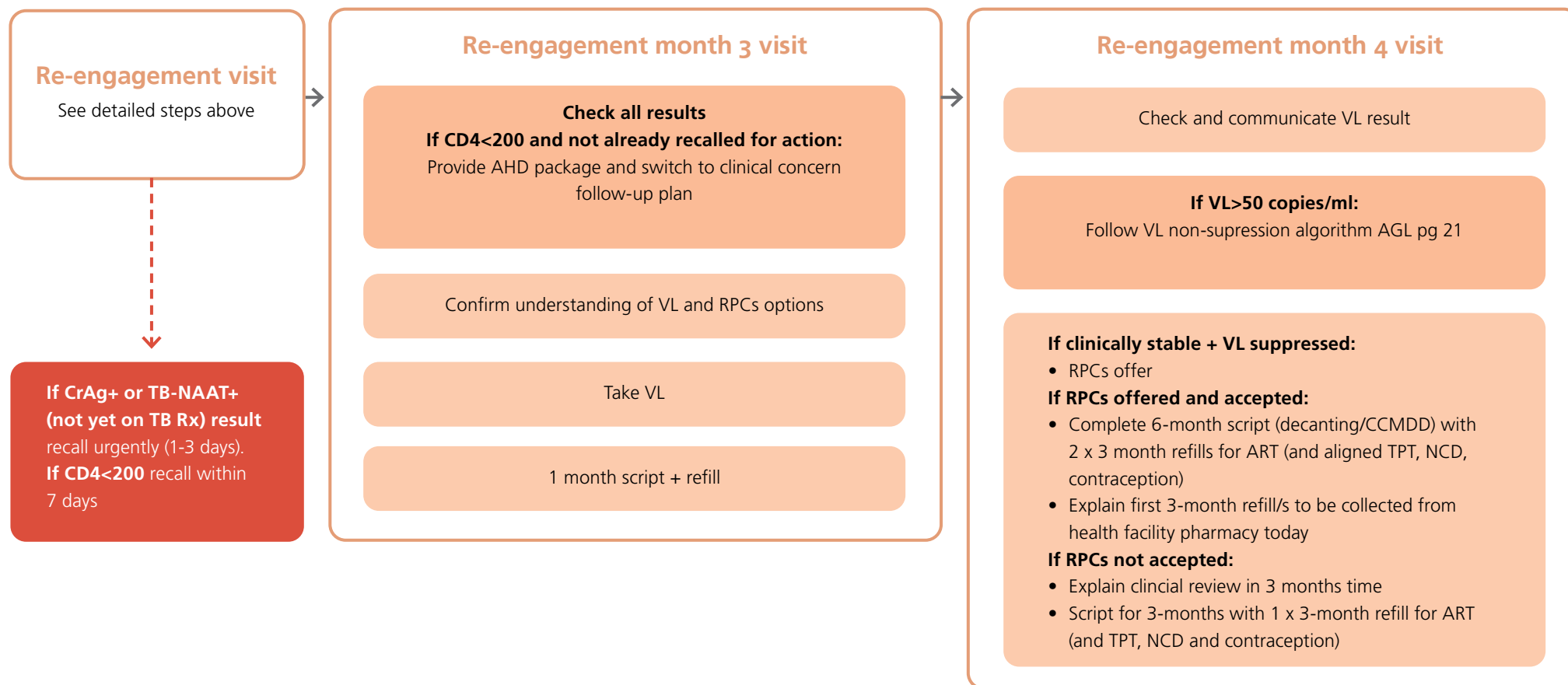
Important to come in the time frame indicated, do not wait for next appointment date

Step 5: Script 3-months of ART

Script 3-month refill for ART (and TPT, NCD and contraception) to cover to VL follow-up appointment date

*Unless CD4<200 in last 6 months, then move to clinical concern follow-up plan and immediately proceed with AHD package provision

Visit schedule



YELLOW: Clinically well + missed appointment for 28-90 days

Be
supportive

Re-engagement visit procedure

Step 1: Continue ART immediately and check TPT

If not on TLD: Prioritize assessment for TLD

If person has not completed TPT, assess for and initiate TPT



Step 2: Check previous VL and consider RPCs

Check if VL overdue

If not overdue, offer and enrol in RPCs (if hypertensive or diabetic check
BP<149/90 and/or HBA1c ≤8%)



Step 3: Explain return visit schedule

If RPCs accepted:

Explain first 3-month refill to be collected from facility pharmacy today and
second 3-month refill from RPCs location
Then return to facility for clinical review and rescript

If RPCs not accepted (or VL overdue):

Explain clinical review (and VL in 3 months time) and provision of
the 3-month ART refill



Step 4: Script for ART

Complete 6-month script (decanting/CCMDD) with 2 x 3 month refills for ART
(and aligned TPT, NCD, contraception)

Script for 3-months with 1 x 3-month refill for ART (and TPT, NCD and contraception)



Step 5: Perform VL monitoring as per routine HIV VL monitoring on ART (AGL pg 20)

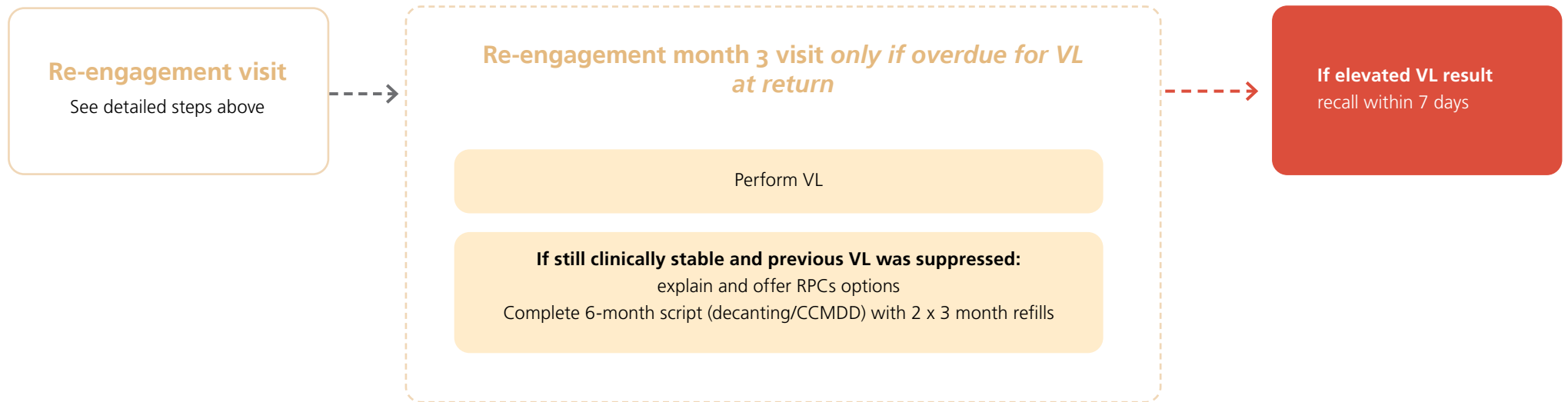
If in RPCs: Perform VL at closest next clinical review

If not in RPCs: Perform at next rescript date but not before 3 months from return

If overdue for VL at return: Provide 3-month refill and perform VL 3 months after return

If overdue for CD4: Perform today

Visit schedule



RE-ENGAGEMENT STAFF ROLES & RESPONSIBILITIES

Batho Pele principles: Courteous, open, supportive and empathetic. Focus on positive client return visit experience.

MAIN ACTIVITY	DETAILED ACTIVITIES	PERSON/S DESIGNATED IN SPECIFIC FACILITY TO BE INDICATED
Direct to facility reception	<ul style="list-style-type: none"> Navigate to reception Do not turn any client away at facility entrance 	All Staff (also entrance security):
Identify re-engaging client	<ul style="list-style-type: none"> Identify a re-engaging client Mark re-engaging client inside folder next to date entry \leq or >28 days 	Admin clerk/s:
Navigate to correct clinician	<ul style="list-style-type: none"> Support navigation to appropriate clinician queue 	Admin clerk/s or counsellor or other client support staff:
Prepare folder for clinician assessment	<ul style="list-style-type: none"> Find client folder or create new folder for transferring client 	Admin or data clerks:
	<ul style="list-style-type: none"> Print/document missing lab results and place in folder 	Admin or data clerks or counsellor:
Conduct clinical assessment	<ul style="list-style-type: none"> Conduct re-engagement clinical assessment 	Assigned re-engagement clinician/s or all clinicians:
Determine follow-up plan for re-engagement client	<ul style="list-style-type: none"> Determine if client is clinically unwell or TB diagnosis or elevated VL prior to missed appointment If not, determine if missed appointment by 29-90 days or >90 days Carry out appropriate follow-up plan in re-engagement algorithm (AGL pg 12) Determine if EAC is needed Script ART Document re-engagement follow-up plan in clinical stationery 	Assigned re-engagement clinician/s or all clinicians:
Provide counselling	<ul style="list-style-type: none"> Provide EAC session 1 	Clinician/counsellor
Collect ART refill	<ul style="list-style-type: none"> Dispense ART refill as directed Confirm next location for ART refill collection with client Manage CCMDD script submission 	Pharmacy/clinical staff: