THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

# Change Package

## To Improve Uptake and Continuity on Pre-Exposure Prophylaxis (PrEP) in Uganda

# Guide for use of this Flip Chart Ausing Colour coding

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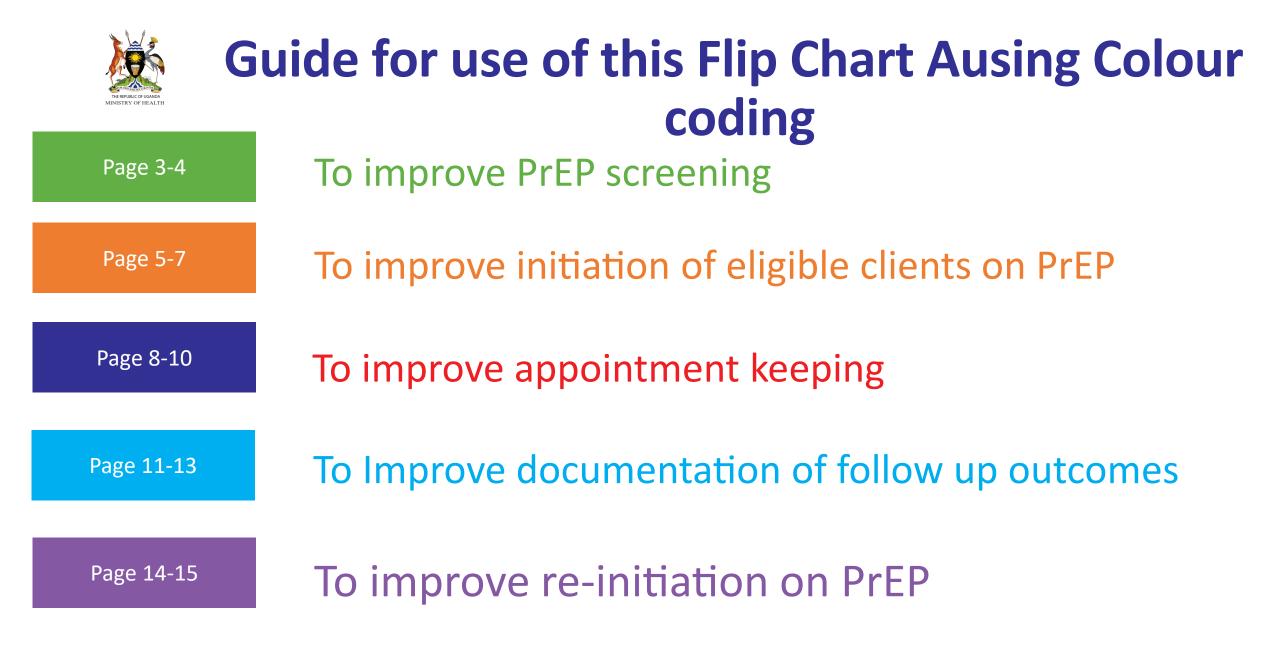| Page 11-13 | To Improve documentation of follow up outcomes |

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# To improve PrEP screening

## Root causes



**Poor Documentation Practices**

PrEP tools do not have provision for recording PrEP screening

Poor utilization of the PrEP screening tool



**Missed Opportunities**

No focal person to over see Screening for PrEP eligibility at the HTS point of care
PrEP screening was not done at every HTS entry points

# To improve PrEP screening

| Change Concept | Change ideas |
|---|---|
| **Improve documentation** | ▸ Improvised PrEP screening column in the: HTS, ANC, PNC registers to record screening as P-SCN and Eligible as E-SCN |
| | ▸ Attach PrEP screening tool to every HTS client card before HTS is done |
| **Minimized Opportunities** | ▸ Conduct PrEP screening at every HTS entry point. |
| | ▸ Assign a focal person to over see screening for PrEP at all HTS point of care |

# To improve initiation of eligible clients on PrEP

1. Low client literacy about PrEP

2. Poor documentation

3. Lack of staff with clear roles and responsibilities for PrEP initiation

4. Limited knowledge by health workers on PrEP initiation

5. Long distance to PrEP access points by clients

# To improve initiation of eligible clients on PrEP

| Change Concept | Change ideas |
|---|---|
| **Address low client literacy** | • Attach peers to specific hot spots to sensitize clients on PrEP |
| | • Attach satisfied PrEP users -peer outreach workers to do group and individual education at facility and community |
| **Improve documentation** | • Form a team to conduct internal supervision of completeness of PrEP records |
| **Assign roles and Responsibilities** | • Assign a skilled and willing staff at entry points to take charge of PrEP initiation |
| | • Assign a focal person to oversee PrEP activities at the facility |

# To improve initiation of eligible clients on PrEP

| Change Concept | Change ideas |
|---|---|
| **Capacity building for Health workers** | • Develop and display a check list outlining tools required by health workers to complete during PrEP initiation |
| | • Conduct targeted CME to new staff/ departmental representatives from all entry points on PrEP initiation |
| **Service accessibility** | • Conduct targeted outreaches to hot spots, bars |

# To improve appointment keeping

## Root causes

| | |
|---|---|
| 1. | Insufficient System to track clients due for appointment |
| 2. | Access challenges by clients |
| 3. | Client stigma while at the clinic |
| 4. | Patients' illiteracy on PrEP |

# To improve appointment keeping

| Change Concept | Change ideas |
|---|---|
| **Improve client tracking system for appointments** | • Use of SMS/phone calls as reminders for clients due for appointment |
| | • Attach clients due for appointment to peers |
| | • Develop a locator form and update locations whenever they return to the clinic |

# To improve appointment keeping

| Change Concept | Change ideas |
|---|---|
| **Address client access challenges** | • Prioritize hot spots with high numbers of clients to deliver PrEP refills to them |
| | • Avail PrEP refills at DICs |
| **Address client stigma** | • Conduct PrEP refills during outreaches of other activities in the community |
| | • Set up a one - stop center at the facility |
| **Address client's illiteracy on PrEP** | • Translate IEC materials in local language<br>• Attach satisfied PrEP users - peer outreach workers to do group and individual education at facility and community<br>• Attach peers to specific hot spots to sensitize clients on PrEP |

# To improve follow up and documentation of Outcomes

## Root causes

| | |
|---|---|
| 1. | Poor documentation of follow up outcomes |
| | |
| 2. | Lack of responsible person to track missed appointments |
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| | |
| | |

# To improve follow up and documentation of outcomes

| Change Concept | Change ideas |
|---|---|
| **Improve documentation** | • Update the client's locator forms at every visit |
| | • Generate a list of clients who missed appointment |
| | • Hands on orientation on filling the appointment register |
| | • Same day update of follow up outcomes |
| **Assign roles and responsibilities to health workers and peers** | • Make a phone call to clients who missed appointments |
| | • Physically follow up clients who missed appointments |

# To improve PrEP re - initiation of missed appointment still at risk

## Root causes

| | |
|---|---|
| 1. | Poor access to  PrEP services |
| | |
| 2. | Poor documentation |
| | |
| | |
| | |

# To improve PrEP re - initiation of missed appointment still at risk

| Change Concept | Change ideas |
|---|---|
| **Improve access** | • Community PrEP drug refills |
| **Improve documentation** | • Assign a health work to update clients that are re-initiated on PrEP |