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SOP NO.	TITLE:	DEFAULTER TRACING SOP	
	PROJECT:	USAID AMPATH Uzima	
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Background: Retention to care is associated with good patient outcomes, one of the strategies to improving retention and adherence to clinic is having an effective defaulter management system. This SOP is a guide for health care providers to manage patients who default and interrupt treatment.

POC/Appointment Diaries: The clinics will use the point of care (POC) to generate list of scheduled appointments for each day. Facilities without POC will continue using the appointment diaries. Patients who are identified as defaulters will be transferred to the defaulter tracing register at the end of each day.

Missed Appointments: Patients/clients that appear as defaulters on the POC or have not been ticked off from the appointment diary at the end of each clinic day.

Defaulters: A defaulter will be defined as any patient who has missed their clinic appointment for a period of 1- 28 days.

LTFU/IIT Clients: These are clients who have missed their appointment for a period of more than 28 days since their last Return To Care (RTC) date.

Capturing of contact information: Retention workers will capture phone numbers and tracer information for all patients enrolled into care using the locator form. Contact information should also be captured on the POC for sites using the system. The locator form shall be filed in the respective clients file and will be used for tracking in case they become defaulters. Locator information both in the files and POC should be reviewed at each clinic visits and updated as needed.

Defaulter Tracing Defaulters will be tracked immediately using mobile phones if a valid phone number is available or physically by a retention worker, peer volunteer or a community health volunteer.

DEFAULTER TRACING ALGORITHM

Maintain an appointment diary daily

Clients who missed clinic appointment (clients who have not been checked off from the appointment diary /clients who are generated as defaulters on the POC at the end of the clinic day).

STEP 1: Generation of defaulters:

Transfer all the missed appointments to the defaulter tracing register at the end of the clinic day. Get the specific details from the client file/from POC.

STEP 2: Phone Follow up:

Call all the clients with phone numbers within **24 hours** of missing an appointment. Call the treatment supporter or buddy in case you are not able to reach the client. Update the client follow up register, capturing the reasons for missed appointment

STEP 3:

For all clients not reached on phone, those with no telephone contacts and those that require physical follow up: note down and initiate physical tracing as from the second day.

STEP 4:

Preparation for Physical Tracing: Categorize all the clients in terms of priority (PMTCT, HEI, TB, new clients). Retrieve the locator form to get more details about the client. Cluster and route the clients as part of preparation for physical follow up.

STEP 5:

Physical Tracing (home and workplace): This should be **done within 7 days** of missing an appointment by the key actors depending on the facility (retention workers/peer volunteers/CHVs). Update the defaulter tracing register every time an outcome is acquired.

STEP 6:

Discussion of outcomes: Discuss the defaulter tracing outcomes with the health facility MDTs. Reasons for defaulting and strategies to curb the same should be the focus (this should be done during regular staff meetings).

Client contacted
and returned to
care

Client not
contacted (give
reasons).

Client died,
transferred out, LTFU

Refusal, Denial,
Alternative therapy.

Client Bedridden.

UPDATE THE DEFAULTER TRACING REGISTER

Refer client to adherence counselor
to offer a return to care package
and link appropriately.

Update the Pre-ART and
ART register (Client file
and blue card)

Liaise with HCWs to
discuss way forward.

Get support from
hospital
administration