* **Tracking and Tracing Checklist**

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| Question | YES/ NO | If “NO” recommend |
| * Review the number of patients on the Early, Late Missed, and uLTFU for the week. How does this compare to TROA? Is it <5% in total? |  | If no, improving tracking and tracing should be a priority activity. |
| * Who is responsible for providing phone calls to patients who miss their appointments? How many calls can they complete each day/week? * Are there enough staff members making phone calls to call everyone on their Early and Late Missed appointment, and Waiting on ART lists each week? * Do they have sufficient phone access/airtime to do this? |  | Discuss staffing with the partner. At a minimum, ensure there are enough persons available *at the site* to call all Early, Late Missed and Waiting on ART Pts each week. Partners should provide cell phones/airtime if needed to support this process. |
| * Do patients receive reminders prior to their appointment (e.g. phone calls of SMS)? * How soon after patients miss their appointments to tracing activities begin? Is anyone able to call the patient on the day of or the day after their missed appointment? * Do Tracers reach out to patients on the Early Missed Appointment and Waiting on ART List before working on their uLTFU? |  | Pre-emptive appointment reminder should be implemented where possible. Tracking and tracing activities should begin as soon as possible after an appointment is missed. Priority should be Early Missed, then Waiting on ART and Late Missed Lists. Would consider saving uLTFU tracing for weekend data cleaning teams. |
| * Review how tracing activities are documented. Are tracers responsible for documenting the Final Outcome (Return to care or other) of all patients they attempt to reach on their log forms and in the patient files? * Is there anyone responsible for ensuring that each week everyone on the Early and Late Missed Appointment List has been reached? |  | All tracers should not just record the immediate outcome of their phone call, but should follow-up to determine if a patient was returned to care and document this accordingly. Consider having the partner use the attached tool **(Annex 1)** to monitor the cohort of patients traced each week, to track their outcomes as well. |