USAID DISCOVER-Health

Guidance On Implementing Adherence Support Strategies For Pre-Exposure Prophylaxis (PrEP)

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TABLE OF CONTENTS

03 Overall Objective

03 PrEP Management Process

04 Adherence Strategies Across The Service Delivery Continuum

06 Roles And Responsibilities Adherence Strategies

07 Mentor Adherence Schedule

09 Roles and Responsibilities Adherence Support For AGYW

10 Interpersonal Communication Guide For PrEP

11 Non-Clinical First Encounter PrEP And HIV Prevention Screening Tool

12 Emancipated Minor PrEP Consent Form

13 Sample Appointment Card

14 Counselling Prior To PrEP Initiation

15 Follow Up PrEP Counselling

16 PrEP In-Person Support Group Guidance

18 WhatsApp Support Group

20 PrEP Adherence And Retention Tool

21 PrEP Key Messages

22 PrEP Adherence Support Register

24 Client Referral Form

27 Client Feedback Form

Overall Objective

To support PrEP Clients at substantial risk of HIV infection adhere to PrEP

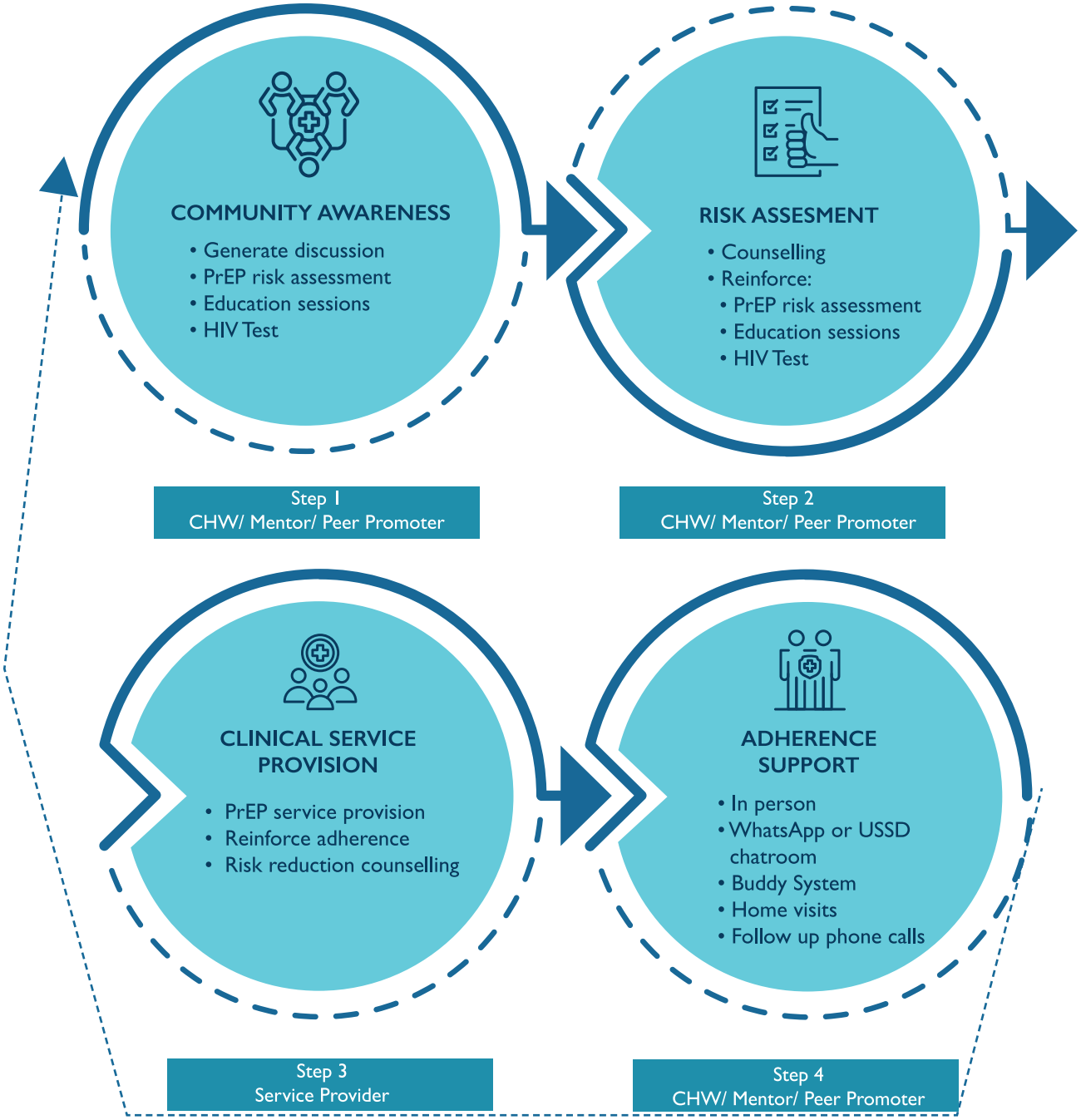
Specific objectives

- To ensure adherence is integrated throughout the service delivery cascade
- To strengthen the tracking of PrEP cohorts

Process

Successful adherence is dependent on the quality of services provided throughout the continuum of care. It starts with the quality and type of messages provided during the community mobilization and demand generation phase, through to the actual type of adherence strategies offered to the client. These adherence strategies should always be based on the needs of the client.

PrEP Management Process



Adherence Strategies Across The Service Delivery Continuum

Step	Focus of Adherence Intervention	Tools	Responsible
1: Community Awareness/ Demand Generation	Integrate adherence in health promotion mobilization messages	Standard Discussion guide Informational video	Mentor/ Mobilizer
	Collect all details of the client from inception (name/ phone number/ home address)	Client locator form	Mentor/ Mobilizer
2: Risk Assessment Session	Give client option to sign up to various support groups	Self-assessment tool Sign-up sheet/ tablet with various adherence options	Mentor/ Mobilizer
3: Clinical Service Provision	Risk reduction and adherence counselling integrated into service provision Reinforce the importance of clinical and pill-uptake at each visit	Counselling checklist	Service Provider
	Clients to fill out consent form to use PrEP	PrEP Consent form	
	Appointment reminder	Enter appointment reminders (on tablet and paper form)	Service Provider
	Verify contact details at each visit	Client locator	
	Ensure adequate stocks of medication	Supply Chain Tools	Supply Chain Coordinator

Step	Focus of Adherence Intervention	Tools	Responsible
4: Adherence Support	Zone clients and allocate them to mobilizers for monthly 3 day adherence surges Follow-up urgent clients, without waiting for monthly adherence surges by mobilizers	Client lists/ schedule by zone Adherence support checklist	Mentor/ Mobilizer
	Monthly in-person adherence support groups All PrEP clients can attend support clubs.	SOP: In-person support group	Mobilizer
	SMS reminders can be automated or mentor sends on the actual day e.g. "Your doctor's appointment for a PrEP refill is today"		Mentor or Automated
	Adherence support checklist		Mentor/ Mobilizer
	Reminder phone-calls to be made 2 days before a refill or clinical appointment, while system is not yet automated		Mentor/ Mobilizer
	Client tracing: Generate a list of missed clients and assign Mentor/ Mobilizer to follow-up with calls / SMS/ in-person tracing immediately System to automatically generate list of clients who have missed appointments (at minimum weekly) or can be done manually in the interim *Record information about traced clients and the outcomes on a standardized tracing form	PIPAT generated client list for missed appointments Adherence Register Standardized tracing form	CMO/ Team Lead and then Mentor/ Mobilizer

Roles and Responsibilities Adherence Strategies

Who	Responsibilities
USAID DISCOVER-Health (PBI Unit) / Regional Office	Provide support to Health Promotion Specialist (HPS)/ Community Mobilization Officers (CMOs) to implement PrEP Adherence strategy Provide technical support, including training where necessary Develop budgets and tools
Hub Manager	Facilitate the work of Health Promotion Specialists (HPS)/CMOs & service providers in implementing PrEP adherence strategy in target sites
Community Mobilization Officer/ Health Promotion Specialist	Overall coordination of the implementation of the PrEP adherence strategy Recruitment and retention of PrEP mentors and mobilizers Assign mentors to zones within the site catchment area Identify potential venues for PrEP client support groups Engage DREAMS Centre Manager on processes Support mentors to assign mobilizers to clients and zones Ongoing supportive supervision Coordinate and compile monthly reports from mentors/ mobilizers
Clinical Staff	Integrate adherence within their service delivery Verify client data at each visit
Supply Chain	Ensure adequate stocks of reagents and medication
Strategic Information	Support with adequate reporting and documentation
Mentors	Promote and support implementation of the adherence support strategy Engage in the monthly/ adhoc adherence surge interventions Carry out in-person support meetings Write reports following monthly adherence surge interventions Attend site-level monthly meetings

Mentor Adherence Schedule

1st Training: Fieldwork and Reporting

	DAY ONE	DAY TWO	DAY THREE	DAY FOUR	DAY FIVE
Morning	• Training/ re-orientation on adherence • Share experiences with implementation including challenges and innovations.	• Assemble at site • Fieldwork • Schedule when mobilizers will enter reports electronically	• Assemble at site • Fieldwork • Schedule when mobilizers will enter reports electronically	• Assemble at site • Fieldwork	• PrEP support group in designated location to share experiences
Afternoon	• By site: mentors to share zone info; tools and possible strategies to be used; and prepare for fieldwork	• Fieldwork	• Fieldwork	• Mobilizer: to enter reports electronically	• Mobilizer: to enter reports electronically. • Mobilizer paid.

Expected Deliverables for Short-term Mobilizers

- Follow up with their assigned clients
- Enter reports into electronic system
- Budget considerations
- 1st Training/ fieldwork reporting
- Mentor stipend
- Transport refund: 5 days *current rate
- Lunch allowance: 4 days *current rate
- PrEP client support group meeting logistics i.e. drink and biscuits for 10 - 15 participants and venue
- Training venue
- Subsequent training/ fieldwork reporting
- Mobilizer Stipend: 3 days *current rate
- Support group meeting logistics

Monthly Mentor Adherence Schedule

	DAY ONE	DAY TWO	DAY THREE
Morning	• Share experiences with implementation, challenges and innovations • By site: mentors to share zone info; tools and possible strategies to be used; and prepare for fieldwork	• Assemble at site in the morning • Fieldwork	• Mobilizers Support
Afternoon	• Fieldwork	• Fieldwork • Mobilizer to enter reports electronically	• Fieldwork • Mobilizer to enter reports electronically • Mobilizer paid

Scope Of Work: Roles And Responsibilities Adherence Support For AGYW

Goal: To ensure AGYW PrEP Clients at substantial risk of HIV infection and provided with the necessary support for adherence to ensure optimum HIV prevention.

Responsible People: The Health Promotions Specialist /Community mobilization officer has overall responsibility for orienting, mentoring and supporting PrEP mentors in adherence work.

Who	Responsibilities
USAID DISCOVER-Health PBI Unit	• Provide technical support, including training where necessary
Z-CHPP	• Facilitate linkage with implementing partner • Responsible for HTS
DREAMS Implementing Partner	• Provide physical space for service delivery and the PrEP Mentor to work • Coordinate the monthly meetings with USAID DISCOVER-Health to review progress
ART Provider	• Coordinate development and implementation of PrEP service delivery and schedule with DREAMS Centre manager • Provide counselling to PrEP clients as part of clinical review • Ensure all relevant PrEP-related clinical investigations done and results documented • Ensure all relevant documentation is completed
Team Lead	• Provide overall supervision and ensure PrEP Mentors are working as per job description • Ensure availability of all clinical commodities for smooth PrEP Service provision
Community Mobilization Officer	• Generate budget for activity • Work with a Team Lead to orient DREAMS staff and other stakeholders on PrEP • Train and supervise PrEP Mentors and PrEP Mobilizers • Write progress reports and ensure relevant M&E tools are completed
PrEP Mentors	• Focal point for USAID DISCOVER-Health at DREAMS Centre • Carry out non-clinical 1st encounter and PrEP eligibility assessment • Provide counselling to potential PrEP clients • Link PrEP clients to other services when need is identified • Conduct IPV risk assessment to PrEP at the initial visit and subsequent review visits. • Follow up with PrEP clients • Ensure PP_PREV Register is completed • Provide correct information, mitigate stigma and correct myths surrounding PrEP services
PrEP Mobilizer	• Create demand for PrEP in their target zones • Carry out non-clinical 1st encounter, the PrEP eligibility assessment • Fill out referral slip and ensure referrals are completed • Fill out PP_PREV Register • Facilitate referral of clients to DREAMS centre

Interpersonal Communication Guide (IPC) For PrEP

Introductions

- Greet your client politely, with a smile and offer them a chair to make them feel comfortable.
- Welcome your client using local language.
- Introduce yourself and ask how you can help.
- Explain the type of service your site is offering and ask if they have heard about PrEP.

What is PrEP?

- Pre-Exposure Prophylaxis, or PrEP, is the use of a daily pill to prevent HIV.
- It is a preventative medicine, prophylaxis means to prevent or control the spread of an infection or disease.
- It is only for individuals who are HIV-negative.
- Each PrEP pill contains a combination of two medicines; Tenofovir and Emtricitabine. The drugs work by blocking an enzyme called reverse transcriptase.
- PrEP is not the same as PEP (Post-Exposure Prophylaxis). PrEP is taken before possible HIV exposure to prevent HIV infection, whereas PEP is taken after possible HIV exposure in order to prevent HIV infection.

Who is PrEP for?

- Those who are at high risk of acquiring HIV and are16 years old and above.

Starting PrEP

- If your client is interested, administer the non-clinical first encounter PrEP & HIV prevention screening tool.
- Inform your client that before starting PrEP they will be required to sign a consent form.
- If the test result is negative, an individual could be provided with a supply of PrEP pills on the same day.
- If your client is HIV positive, explain that you will refer them for antiretroviral treatment (ART).
- Inform your client that before starting PrEP one will required to sign a consent form.

Important skills

- Eye contact: maintain eye contact with your client to show you are paying attention to them.
- Active listening: engage in the conversation and listen to what the client is saying. Use your eyes, ears, mouth and general body language to show this.
- Non-verbal communication: let your body show that you are interested by sitting up and leaning forward. Nod, smile and look concerned when appropriate.

Key messages

- PrEP is the use of a daily pill. It is effective if taken consistently every day, reducing the risk of HIV acquisition by more than 90%.
- PrEP is an additional prevention option for HIV-negative people at high risk of HIV infection, as part of a combination of prevention approaches. The MOH recommends that PrEP users continue to use condoms.
- PrEP is not the same as PEP.
- PrEP is safe and effective.

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Non-Clinical First Encounter PrEP And HIV Prevention Screening Tool

UDH Facility Name:	Partner Site Name:
Provider/ Mentor/CHW Name:	Client Encounter No:
Client Phone No:	Date:

Screening questions				
No.	Questions	Variables		
1	Gender	Male	Female	
2	How old are you?	years		
3	Where do you live?			
4	Are you trying to conceive a child with a partner who is HIV-positive?	Yes**	No	
5a.	Do you have a sexual partner who has HIV?	Yes*	No	Don't Know*
b.	If "Yes," have they been taking their ARVs without stopping for at least six months?	Yes	No**	Don't Know*
In the past 6 months:				
6	Have you had a sexually transmitted infection? (such as sores or discharge from vagina or penis)	Yes *	No	
7	Have you had sex without a condom with someone who you know has HIV or whose HIV status you do not know?	Yes**	No	
8	Were you forced or pressured to have sex?	Yes**	No	
9	Have you used Post-Exposure Prophylaxis (PEP)?	Yes*	No	

Guidance on assessing if a client is a good candidate for PrEP and other HIV prevention services

- Clients with two or more * may be good candidates for PrEP.
- Facilitate referral to a USAID DISCOVER-Health service delivery point with referral form.
- Discuss other prevention options, such as condoms, risk reduction and VMMC, with every client regardless of result.

EMANCIPATED MINOR PRE-EXPOSURE PROPHYLAXIS CONSENT FORM

Client Unique Identifier: _____Service Delivery Point: _____

Please read this form carefully. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed the form.

I _____ **(Provider Name)** discussed the importance of adherence, including practicing safer sex, and the importance of regular HIV testing while using PrEP.

- I confirmed that the client was HIV negative prior to starting PrEP.
- I prescribed PrEP in line with the national ART guidelines.
- I have been given a leaflet outlining the risks and benefits of PrEP and where I can seek additional support if required.

Provider Signature _____ **Date** _____

I _____ **(Name of Client)**, am a Male/Female **(Circle appropriate)** aged _____years. I understand that I am an emancipated minor, which according to Zambia National Implementation Framework and Guidance for Pre-Exposure Prophylaxis is defined as a person younger than 16 years who is married, pregnant, or is a parent, heads a household, or a child sex worker.

- I agree to start using Pre-Exposure Prophylaxis (PrEP), if I am deemed eligible.
- I have been counselled and understand that I will have an HIV test performed on me in order to initiate PrEP.
- I have discussed the benefits and possible side effects of PrEP, and understand that I need to take PrEP as prescribed for it to be effective.
- I understand that PrEP does not cure HIV, nor does it protect against STIs, or prevent pregnancy. My healthcare provider talked to me about always practicing safer sex and using condoms correctly.
- I understand that I can stop PrEP in consultation with my healthcare provider.
- I have been given a leaflet outlining the risks and benefits of PrEP; and where I can seek additional support if required.

Client Signature _____ **Date** _____

PRE-EXPOSURE PROPHYLAXIS EMANCIPATED MINOR CONSENT FORM

Client Unique Identifier: _____ **Service Delivery Point:** _____

Please read this form carefully. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed the form.

I _____ **(Provider Name)** discussed the importance of adherence, including practicing safer sex, and the importance of regular HIV testing while using PrEP.

- I confirmed that the client was HIV negative prior to starting PrEP.
- I prescribed PrEP in line with the national ART guidelines.
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- I have been counselled and understand that I will have an HIV test performed on me in order to initiate PrEP.
- I have discussed the benefits and possible side effects of PrEP, and understand that I need to take PrEP as prescribed for it to be effective.
- I understand that PrEP does not cure HIV, nor does it protect against STIs, or prevent pregnancy. My healthcare provider talked to me about always practicing safer sex and using condoms correctly.
- I understand that I can stop PrEP in consultation with my healthcare provider.
- I have been given a leaflet outlining the risks and benefits of PrEP; and where I can seek additional support if required.

Client Signature _____ **Date** _____

Sample Appointment Card

USAID DISCOVER-Health
Client Name:
Client ID:
Service Delivery Point Name:
Service Delivery Point No:

Your next appointment is:

USAID DISCOVER-Health
Client Name:
Client ID:
Service Delivery Point Name:
Service Delivery Point No:

Your next appointment is:

USAID DISCOVER-Health
Client Name:
Client ID:
Service Delivery Point Name:
Service Delivery Point No:

Your next appointment is:

USAID DISCOVER-Health
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Service Delivery Point No:

Your next appointment is:

USAID DISCOVER-Health
Client Name:
Client ID:
Service Delivery Point Name:
Service Delivery Point No:

Your next appointment is:

Counselling Prior To PrEP Initiation

What to discuss	How to discuss it
Assess Risk Profile	Develop a clear picture of the client's risk profile and lifestyle.Make sure they understand how their lifestyle impacts their risk profile.
Combination Prevention	PrEP is an additional prevention option. It should be used in combination with other prevention tools, like condoms, PEP, healthy lifestyles, treatment for STIs, male medical circumcision, and ART for partners living with HIV. REMEMBER: counselling should highlight that ideally PrEP should be used with condoms.
Condom Negotiation	Some clients, especially sex workers or young people, may not be able to enforce condom use. Provide guidance on how to safely advocate for condom use by the partner.
STIs	PrEP does not protect against STIs. Regular testing for STIs is encouraged, regardless of PrEP use. REMEMBER: STIs may increase the risk of HIV acquisition. If your client presents with an STI, they will need additional counselling.
Contraception / Fertility Goals	PrEP is not a contraceptive. PrEP is safe to use with all contraceptive methods. Consult with a physician to provide guidance on how to proceed if the client becomes pregnant.
Daily Adherence	For PrEP to be effective, the pill must be taken every day. Adherence counselling is critical for full HIV protection.
Side Effects	Some people get mild side effects when they start PrEP but they generally go away after a few weeks. The most common side effects include: nausea, headache, tiredness, diarrhoea, depression, abnormal dreams, vomiting, rash, problems sleeping and changes in appetite.
Intimate Partner Violence (IPV)	People who have abusive or controlling partners may find it more difficult to take care of their sexual health and to adhere to PrEP.Ask about the client's relationships. For a client experiencing abuse, provide counselling and referrals, where possible.
Talking To Your Partner, Family, Friends	Deciding whether to tell anyone about their PrEP use is a completely personal decision for your client. Some people find it helpful to tell friends or family for support and to provide reminders to take the pill daily. Discuss with your client if they would like to discuss PrEP with loved ones and how to overcome any potential barriers to gaining their support.
Visit Schedule	Explain the visit schedule for PrEP use. The client must return for follow-up visits at the 1st month, and then every 3 months.

Follow Up PrEP Counselling

Follow up counselling sessions will most likely be brief. Important goals for these sessions include checking up on:

- Current sexual health
- Any drug use behaviours
- Intention to remain on PrEP
- Facilitators and barriers to PrEP use

Follow up counselling can also include problem-solving, such as addressing adherence problems and the challenges of disclosure to partner(s).

What to discuss	How to discuss it
Re-assess Risk Profile	Discuss any lifestyle changes that may affect the suitability of PrEP use.
Reinforce Combination Prevention	Touch base with the client's sexual health plan and make sure they have access to other prevention resources, as appropriate.
Reinforce Condom Negotiation	Some clients, especially sex workers or young people, may not be able to enforce condom use. Provide guidance on how to safely advocate for condom use by the partner.
STIs	PrEP does not protect against STIs. Regular testing for STIs is encouraged, regardless of PrEP use.
Contraception / Fertility Goals	PrEP is not a contraceptive. PrEP is safe to use with all contraceptive methods. Consult with a physician to provide guidance on how to proceed if the client becomes pregnant.
Daily Adherence	For PrEP to be effective, the pill must be taken every day. Adherence counselling is critical for full HIV protection.
Side Effects	Touch base with the client's experience with side-effects.
Intimate Partner Violence (IPV)	People who have abusive or controlling partners may find it more difficult to take care of their sexual health and to adhere to PrEP. Ask about the client's relationships. For a client experiencing abuse, provide counselling and referrals, where possible.
Talking To Your Partner, Family, Friends	Deciding whether to tell anyone about their PrEP use is a completely personal decision for your client. Some people find it helpful to tell friends or family for support and to provide reminders to take the pill daily. Discuss with your client if they would like to discuss PrEP with loved ones and how to overcome any potential barriers to gaining their support.
Visit Schedule	Explain the visit schedule for PrEP use. The client must return for follow up visits after the 1st month and then every 3 months.

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PrEP In-Person Support Group Guidance

FOCUS AREA	KEY CONSIDERATIONS
Purpose	• Create an environment where clients can share their experience with taking PrEP and provide mutual support, so as to improve adherence to PrEP
Club Size	• Closed group, invitation only
Club Membership	• This will evolve as newly enrolled clients join • Members grouped into categories: 16 – 19 years and 20 – 24 years to ensure age-appropriate interaction
Inclusion Criteria	• 16- 24 years • AGYW • PrEP Client
Exclusion Criteria	• Not able to participate in support groups meetings
Frequency and Duration	• This will evolve and be guided by group members • Initially agree on either monthly or bi-weekly meetings • Supported by WhatsApp chat group • Duration of each meeting about 45min – 1 hour
Facilitation	• Facilitated by USAID DISCOVER-Health PrEP Mentor and supported by PrEP Mentor and CMO
Meeting Types	• Welcome Activity • Carry-out bloods; clinical; scripting; routine tests • Share PrEP experiences • Specific topic for particular session • Closing Activity
Schedule	• Developed in consultation with groups i.e. perhaps afternoon or weekend if in-school and location allows
Logistics	• Transport refund for PrEP mobilizer/ mentor to attend meeting • Supplies for meetings i.e. register; facilitation manual; reporting forms
Some Proposed Discussion Topics	• Adherence • STIs • Condom use • Combination prevention • Stigma and Disclosure • Healthy and unhealthy relationships • Teenage pregnancy • Contraceptives • My future • Negotiating safe sex • Communication within relationships • Topic in line with Sexlife Guide multimedia series (magazine, radio etc.)

STAFF MEMBER	KEY ROLES & RESPONSIBILITIES
PrEP Mobilizer	• Maintain relationship with group members • Arrange for meetings with group members • Run meetings for group members
PrEP Mentor	• Day to day oversight of group activities • Ensure relevant logistics in place for group meeting
CMO	• Overall supervision of support groups
DREAMS Centre Coordinator (If at DREAMS site)	• Linkage with DREAMS in general i.e. provide information about the DREAMS programme to non-DREAMS girls
USAID DISCOVER-Health Clinical team	• Ensure service delivery to groups as appropriate i.e. bloods; pharmacy pick-ups etc.
PBI team HQ	• Capacity building in various areas • Ensure budgets available for running clubs
QA/QI	• Ensure quality assurance and quality improvement of support groups

Confidentiality

- Mobilizer to find out disclosure status of client before they join the group
- Mobilizer to run the group in a secure space and with the same facilitator(s) each time
- Facilitator will need to undergo additional training to be able to run groups

Key messages

- Support groups are an evolving concept
- All members have a voice and their opinion will be included
- Ensure content and context is relevant to clients' needs

WhatsApp Support Group

Focus area	Key considerations
Eligibility Criteria	Client voluntarily opts for registering with facility's WhatsApp adherence support group. A client may qualify for WhatsApp Adherence Support if the client meets the following criteria: • Aged 18 or above • Initiated on PrEP or interested in PrEP • Access to a WhatsApp compatible phone (Android, Windows, BlackBerry, iPhone) and with WhatsApp Messenger app already installed and registered (WhatsApp profile set up)
Guiding Principles	• The PrEP Mentor, in collaboration with the CMO or PrEP Provider, will be a "WhatsApp manager" for the facility/ service delivery point. • Only clients who meet the criteria for the WhatsApp adherence support should be enrolled in the WhatsApp adherence support. • Clients are informed that WhatsApp is not designed for confidential medical information and are encouraged to make use of password protection on their phone. • Clients joining a WhatsApp adherence support group chat or chatroom will be seen with the name that they registered with when they installed and activated WhatsApp, and this profile will be indicated in their chats.
Roles And Responsibilities	The WhatsApp Manager (CMO or clinical provider) takes overall responsibility for the coordination, oversight and activities required to run the WhatsApp adherence support. Duties include: • Supporting monitoring and evaluation activities. • Administrator role on group chat to establish chat groups, extend and accept invitations or requests, monitor, participate and guide chat activity. • Maintains a good overview of the group and can provide the number of clients subscribed and the number of active chatrooms. PrEP mobilizers and mentors using WhatsApp adherence support are responsible for contributing to the reach of the WhatsApp adherence support. Duties include: • Identifying clients who could benefit from WhatsApp adherence support and linking interested clients to the WhatsApp manager. • Monitoring group chatrooms and advising clients on privacy settings.
Staff Communication to Clients	It is important for all staff to use standardized messages for WhatsApp adherence support. Key messages: • WhatsApp is not suited for the secure communication of medical information. Messages and information provided need to be as neutral as possible, in order to protect privacy and confidentiality of the client. • Call any laboratory tests just "test" e.g. never use "HIV test". • Call any medication "medicine" or "pills" e.g. never use the term "ARVs" or "PrEP pills". • Refer any detailed health queries to a health facility visit with the PrEP Provider. • PrEP Providers and CMOs, and when agreed PrEP mentors, will send out simple messages like 'how are you?' one-to-two times per month, to the group or individuals. This gives clients a feeling that they are being looked after, adopting the 'ask, don't tell approach'. • Check in weekly to find out how everyone is managing.

Focus area	Key considerations
Process	• PrEP clients will be given information about WhatsApp adherence support during regular clinic visits, at adherence clubs or at any other contact with USAID DISCOVER-Health PrEP Providers, CMOs, Mentors and Mobilizers. • Health care workers and non-clinicians can also send out invites to clients and invite them to be in touch via WhatsApp adherence support as they may already have mobile phone numbers of clients. • PrEP Clients sign up voluntarily for WhatsApp adherence support and will not need to commit to anything in return, and can opt out at any time.
Chatrooms And Buddy Systems	• Create group chatroom names to help distinguish the chatrooms i.e. male or female. • Group chatroom names should not identify the diagnosis of the clients, treatment types, or whether they are unstable or non-adherent clients. • Then add or invite client contacts as they register. Note: Group administrators can invite clients with their contact number. The client can accept or decline and leave the chatroom at any point. • Remind clients that WhatsApp offers 'privacy settings'. The default setting is "Everybody", which means that others in the chatroom can see their WhatsApp profile, which can include addresses and other personal information. To change, see WhatsApp – settings – account – privacy. • Peer networks can be encouraged as well, where clients can create their own group and ask questions without healthcare workers, PrEP mobilizers or mentors involved. To avoid potentially harmful actions, this group can be led by an expert/ champion PrEP client, who will have an opportunity to check in with WhatsApp manager and relevant PrEP mentors and mobilizers regularly.
Tracing Clients And Retention	• Reach harder-to-reach groups like adolescents, men and mobile populations. • Provide a direct line to problem clients who struggle with treatment adherence, due to personal challenges or life events. • Potentially prevent loss to follow up and increase retention in care for clients.
Monitoring And Evaluation	As this is a new concept, ongoing monitoring will be conducted to ensure the quality of services, by periodically posing selected questions such as: • Who are the clients who are likely to enrol to the WhatsApp adherence support service? • Has it reduced loss to follow up and increased linkage to care, adherence and retention for PrEP clients? • What is the experience of the clients using the groups? • Is this a tool that more clients should use?

A. DEMOGRAPHIC DETAILS

USAID DISCOVER-Health Site or Partner Site: _____

Client Name: _____
Phone Number: _____ Client ID: _____
Age: _____ NRC: _____
Residential address: _____
_____

MAP of RESIDENTIAL ADDRESS:

B. PrEP ADHERENCE ASSESSMENT

Focus area	Yes	No	Comments
1. Are you still taking PrEP? (if no skip to 3)			
2. Have you had any problems since you started PrEP?			
3. Have you experienced any side effects? (put type and duration of side effects in comments section)			
4. Have side effects affected your adherence?			
Is there anything you can do to make the situation better?			
In consultation with client, enter proposed strategies to support adherence (see table on page 21)			

D. CLIENT NO LONGER ON PrEP

1. Why did you stop?	2. side effects 3. pill burden 4. forgetfulness 5. lack of social support 6. travel 7. no longer at risk 8. other……
2. How are you protecting yourself from acquiring HIV since you stopped PrEP?	1. Abstinence 2. Condoms 3. None * *If none, discuss HIV prevention methods including restarting PrEP*

**Motivate client to have an action plan for adherence or sustaining HIV prevention*
**Supportive environment; encourage client to identify a support system including joining USAID DISCOVER-Health support*

PrEP Key Messages

1. PrEP is safe.
2. PrEP is only effective when you have enough of the medicine in your body, which is seen at 28 days for women and 7 days for men.
3. It's important to take the pill daily for it to be effective.
4. There might be mild side effects but these usually go after the first month of use.
5. Make taking the PrEP tablets a daily habit, linked to something else that you do every day without fail.
6. PrEP will not protect you against other STIs or pregnancy.
7. PrEP is safe to take whilst pregnant, breastfeeding or using contraceptives.
8. Drinking alcohol will not affect the safety or effectiveness of PrEP. However, it could make you forget to take the PrEP tablets.
9. Condomize! PrEP plus condoms will give you more protection against HIV. Condoms also protect against STIs and pregnancy.
10. If you think you are no longer at high risk of HIV infection, then talk with a health care provider about stopping PrEP.

Barriers	Intervention To Address Barriers And Improve Adherence
Scheduling Difficulty	• Routine e.g. combine with a daily act such as bedtime or brushing teeth • Reminder devices e.g. phone calls, SMS, watch alarm • Buddy system • PrEP support group
Lack Of Knowledge About PrEP	• Individual counselling for basics about PrEP • Group counselling/peer support group • Written instructions
Side Effects	• Service provider to guide on appropriate interventions
Forgetfulness	• Medication organizer e.g. pillbox • Visual medication schedule e.g. calendar, journal/log • Reminder devices e.g. phone calls, SMS, watch alarm • Get support from a buddy, family member
Physical Illness	• Clinical care to address any issues that may arise

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PrEP Adherence Support Register

Date Adherence Visit made	Client Name	Gender	PrEP No.	Type of Adherence support provided (phone call; home visit; adherence support group)	Outcome of visit (continuing PrEP; not continuing PrEP)	Reason	Type of next visit (clinic; home)	Name of Mobilizer/ Mentor

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PrEP Adherence Support Register

Mother Facility/ Closest USAID DISCOVER-Health Site	Name of Mentor	Client First Name	Client Last Name	Gender	Age	Phone Number	Home Address (including closest landmark - if applicable)	NRC (if applicable)	Date of next appointment

Name of facility:	***Client Referral Form***	*original / copy*
Referred by:	Name:	Position:
Referred to UDH Facility	Facility Name:	District:
Client Name		
		Age: / Sex: M F
Client address		
Reason for referral		
Print name, sign and date (person referring)	Name:	Signature: / Date:

Note to receiving facility: On completion of client management please fill in and detach the referral back slip below and send with client

----------✂----------receiving facility - tear off when making **back referral**----------✂---

Back referral from Facility Name	Facility Name:	District:	
Reply from (person completing form)	Name:		Date:
	Position:		
To Initiating Facility: (enter name and address)	Facility Name:		
Client name			
Identity number		Age:	Sex: M F
Client address			
This client was seen by: (give name and speciality)			on date:
Service Provided			
Services completed as requested	Yes_____No_____		
Follow up needed:	Services_____ Date for follow up_____		
Additional comments			
Refer back to:			on date:
Print name, sign and date	Name:	Signature:	Date:

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Register Of Referral - IN

JSI

Date referral received	Client Name (M or F)	Identity No.	Referred from (name of facility / speciality)	Referred for	Appropriate referral YES / NO	Summary of treatment provided	Date referral sent back

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Register of Referral - OUT

JSI

Date referral made	Client Name (M or F)	Identity No.	Referred to (name of facility / speciality)	Referred for	Date referral received back	Follow up required YES / NO	Follow up completed YES / NO	Appropriate referral YES / NO

Client Feedback Form

How Are We Doing?

We are committed to providing you with the best experience possible, so we welcome your comments. Please fill out this questionnaire and place it in the box by the reception Thank you.

Please rate the quality of the service you received from the CHW/ mentor/ peer promoter.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Disappointing Exceptional

Please rate the quality of the service you received from your service provider.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Disappointing Exceptional

Was your CHW…

Understanding? ☐ Yes | ☐ No

Informative? ☐ Yes | ☐ No

Do you feel comfortable speaking with your provider?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Slightly Very

Did you feel that there was enough privacy in the facility?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Disappointing Exceptional

Do you have any suggestions on how we can improve our services?

_____

_____

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Address:
[Phone]
*573#

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Disappointing Exceptional

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_____

USAID DISCOVER-Health
Address:
[Phone]
*573#

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PEPFAR

JSI