

**Kingdom of Cambodia
Nation – King – Religion**



Ministry of Health

Standard Operating Procedure for Reengagement in Care of People Living with HIV



December, 2020

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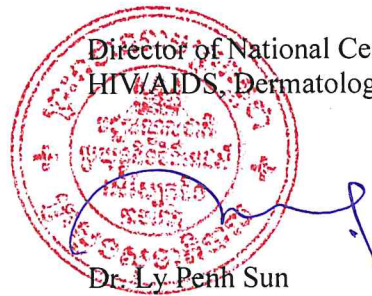
Acknowledgement

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Phnom Penh, 15... March... 2021

Director of National Center for
HIV/AIDS, Dermatology and STD



Dr. Ly Penn Sun

I. Background

Patient retention in HIV care is key to achieving national goals of 95-95-95 targets: 95% of all people with HIV to be diagnosed and know their status, 95% of all HIV-infected people to receive ART, and 95% of persons receiving ART to be virally suppressed by 2025[1]. Continuous engagement with the healthcare system by HIV infected individuals is a key challenge for HIV treatment programs [2].

An article by Richard M Grimes states that persons with the unsuppressed virus are 20 times more likely to transmit HIV and that out-of-care PLHIV is responsible for over 60% of transmissions.

If every PLHIV on antiretroviral therapy has had viral load suppression, the transmission would be close to null. That is why keeping PLHIV retained on care is important and patients who missed clinical appointment or lost to follow-up must be traced and re-engaged in care to have efficacy treatment, meaning having viral load suppression [2].

A study in rural Mozambique shows that making patients aware of the dangers of disengagement, and flexible fast-track reengagement polices could improve re-engagement. On the other hand, the lack of information on patterns of patient disengagement and factors associated with return to HIV care makes developing re-engagement strategies difficult [4].

A study conducted in rural Uganda found that nearly half of HIV-infected adults attending a rural HIV clinic in a region with poor health outcomes had ever missed a scheduled visit. Of 318 PLHIV whoever missed a scheduled appointment, 68% returned to HIV care following active tracing using home visits and phone calls [6].

The loss to follow-up remains a major problem in Cambodia. Although most LTFU among PLHIV on ART can be explained by undocumented deaths and transfers out, maybe most of them stopped treatment or are taking ART irregularly. There is a broad range of reasons contributing to interrupting treatment have been documented in Cambodia [3]

a. Patient side

- Mobile to work within the country or neighboring countries,
- Issue with transportation cost,
- Workplace does not allow or provide permission,
- Caregivers do not accompany,
- Caregiver has to take other sick children in the family,
- Mother is working far away and brings sick children with them,
- Mental health and other health problems,
- Old aged caregivers,
- Drug abused,
- Always drunk,
- Detained in closed setting,
- COVID crisis (could not return from Thailand,
- Forget or confuse appointment date (for illiterate patients),
- Incomplete consumption leading to unfinished medicine (due to irregularly taking) or rely on buffer drugs,
- Borrow drugs from others (not able to get drug by themselves, forget appointment date, etc),

- Family issues,
- Think they are cured,
- Hopeless in long-life treatment
- Stop coming for the visit (be afraid that other people know their status) for paediatrics transferred to adults,
- Hide HIV status with his/her new partners,
- Self-discrimination / self-complain
- Changed caregivers
- Have insufficient time to participate in the counselling section (i.e. guardians come to receive ARV drugs instead and/or patients move to work in other areas)

b. Provider side:

- Healthcare workers write different dates in patient's booklet and chart,
- Healthcare workers have a limited understanding and support on adherence medication for ART treatment to some PLHIV due to the overloaded patients at the ART sites,
- Healthcare workers have limited knowledge and skills on some new drug side-effects,
- Healthcare workers do not address the complaints of patients on drug side-effects
- Lack of friendly-service (e.g. longer waiting time, a lack of flexible hours, discrimination behavior, etc.)
- Lack of service providers that lead to the overload of patients
- Lack of psycho-social support to patients

II. Rationale

While searching for last HIV positive cases is harder and harder, the maintenance of existing cases on ART will help to prevent new infections. The lost follow-up patients cause some consequences such as the increased risk of HIV drugs resistance since they do not take drug correctly and regularly; they affect the whole cascade of the 95:95:95; the LTFU patients potentially transmit the virus to other people and even worse if they transmit the drug-resistant virus, and consume the national resources to fight against HIV. Reengagement of patients who missed clinical appointment within 28 days will prevent them from lost to follow-up.

III. Objectives

The SOP aims to:

1. Provide a standard practical step-by-step to re-engage patients into HIV care and treatment,
2. Retain HIV-infected patients in care and treatment,
3. Reduce the lost to follow-up rate.

IV. Standard procedures

1. Data clerk at ART clinic generates list of daily visits of patients – Appointment list. Each ART clinic generates list of patients that clinician and patient schedule the visit. The list should be generated for every working day of the ART clinic (Annex 1) by 3 days before coming to services

2. Verifies/confirms the attendance of each patient on the list. At one or two hours before end of clinic hour, or at the end of the clinic hour, CAA team, or counsellor has to verify the clinic attendance of each patient in the list. Then note (highlight) patients who missed the appointment.
3. Records and enters line list of patients who missed clinical appointment. ART clinic records and enters all data associated with all patients who missed clinical appointment starting from day one of missing every day AND using given standard form and excel file. Data entry must occur every day and should not be missed. In practice step 2 and 3 are combined by using the appointment list (Annex 1) and keep only patients who missed appointment on the day. If the records are in a hard copy CAA team needs to pass the records to data entry clerk to record the list in the database at the end of clinic hour.
4. Takes actions to reengage patients. Data clerk at ART clinic reviews the list of any patients who missed today clinical appointment and at the previous date of appointment and start taking actions to reengage them in care. The actions should be taken within 28 days of missing by dividing into four attempt periods: 1-7 days, 8-14 days, 15-21 days, and 22-28 days. There are four proposed approaches below:
 - a. Telephone call, or
 - b. Home visit, or
 - c. Via partner-organization, or
 - d. Via HC/VHSG/ Peer
 - e. Other: specify

ART team identifies the best option to trace patients listed in the line list above whether they can call, or home visit, or combine based on their best knowledge and experience with the patients. Supports from partner-organization may be the best option for KP patients. Outreach worker (OW) or peer educator of the partner-organization know their clients and is closer to them than health care workers in some locations. Patient’s confidentiality must be kept to avoid stigma and discrimination when conducting home visit for reengagement.

5. Records and enters required data in Annex 2. Record line list of “Date first attempt taken”, “Activity”, “Result”, “Date of re-engagement”, “Reason for missed appointment”, by using the Form in Annex 2. This needs to be done **every time action is taken**. Note that each time after activity is taken for each patient who missed clinical appointment in the line list (step 3), ART team has to record and enter all required data in Table 2 in 5.3.
6. Attempts when patients are identified as lost to follow-up (greater than 28 days after date of appointment). ART team will take two last attempts to reengage patients who did not come for the visit or pick up the ARV drugs greater than 28 days after date of appointment. The two attempts will be done within interval of one or two weeks.

Table 1: Summary of Standard Procedures

Step and activity	Frequency	Responsible person	Tool/Form
1. Generate list of daily visits of patients – appointment list	Daily clinic hour	Data entry clerk	Annex 1
2. Verifies/confirms the attendance of each patient in the list	Daily clinic hour	CAA team	Annex 1

3. Records and enters line list of patients who missed clinical appointment	Daily	CAA team and data entry clerk	Annex 1
4. Takes actions to reengage patients.	Four attempts within 28 days	ART team	1. Telephone, 2. Home visit 3. Partner-organization 4. HC/VHSG/peer 5. Other
5. Records and enters required data in Annex 2	Each time after action is taken	CAA + data entry clerk	Annex 2
6. Two last attempts when patient is identified as lost to follow-up	Two attempts of one to two weeks interval	CAA + data entry clerk	1. Telephone, 2. Home visit 3. Partner-organization 4. HC/VHSG 5. Other

V. Tools

5.1. Required data in the “appointment list” at “Step 1” and “Step 3” (Annex 1)

1. No.
2. Date of appointment,
3. Clinic ID,
4. ART number,
5. Name,
6. Sex,
7. Age,
8. Type of client,
9. Address,
10. Telephone number,
11. Disclose status,
12. Doctor name,
13. Viral load value
14. Date of viral load result

5.2. Required data at Step 5 (Annex 2)

1. Number of days missed
2. Date activity taken for first attempt
3. Activity
4. Result
5. Date activity taken for second attempt (if there is when first attempt was not done/successful)
6. Activity
7. Result
8. Date activity taken for 3rd attempt (if there is when first and second attempts were not done/successful)
9. Activity
10. Result
11. Date activity taken for 4th time (if there is when first, second and third attempts were not done/successful)

12. Activity
13. Result
14. Date of re-engagement (if “reengaged” in the “result” cell is selected)
15. Reason for miss appointment
16. Date identified as LTFU.

5.3 Required data when conduct last two attempts at Step 6 (Annex 3)

1. Date activity taken for first attempt
2. Activity
3. Result
4. Date activity taken for second attempt (if there is when first attempt was not done/successful)
5. Activity
6. Result
7. Date of re-engagement (if “reengaged” in the “result” cell is selected)
8. New clinic ID (Old ART number)
9. Reasons for LTFU

5.4 Instructions to fill in the Tool (Excel File)

Table 2: Required Data and Instructions for Re-engagement Activity

សន្លឹកកិច្ចការ (Worksheet)	ឈ្មោះជួរឈរ (Column name)	លេខ សម្គាល់ ជួរឈរ (Column index)	លក្ខខណ្ឌ ទិន្នន័យ (Data validation)	សេចក្តីបរិយាយពន្យល់ (Description explanation)
	ឈ្មោះមន្ទីរពេទ្យបង្អែក/ គ្លីនិក*	X	list	ជាកន្លែងសម្រាប់កំណត់ ឈ្មោះមន្ទីរ ពេទ្យបង្អែក/គ្លីនិក នៃទម្រង់បញ្ចូល ទិន្នន័យ អ្នកជំងឺខកណាត់ បោះបង់ សេវា ART
	លរ	1	X	ជាលេខរៀងតៗគ្នា ដោយត្រូវចាប់-ផ្តើ មពីលេខ ១ សម្រាប់ការចុះបញ្ជីអ្នក ជំងឺខកណាត់ ។ សម្រាប់អ្នកបន្ទាប់ ត្រូវដាក់ លេខបន្តបន្ទាប់ គឺ ២ - ៣ - ៤ . . ។
	កាលបរិច្ឆេទណាត់ជួប Date of appointment* (dd-mm-yyyy)	2	Data generated by data entry clerk	ជាថ្ងៃខែឆ្នាំ ដែលអ្នកជំងឺណាត់ជួបគ្រូ ពេទ្យ។

List Patient Missed Appointment	លេខកូដ Clinic ID number*	3	Data generated by data entry clerk	ជាលេខកូដដែល ART clinic ផ្តល់ឱ្យអ្នកជំងឺពេលមកចុះឈ្មោះដំបូងនៅក្នុងសេវា ART។ លេខកូដ Clinic ID numberនេះមាន ចំនួន៥ខ្ទង់សម្រាប់មនុស្សពេញវ័យ និង ៦ខ្ទង់សម្រាប់កុមារ ដោយមានអក្សរ P នៅខាងមុខលេខ។ Clinic ID numberមាននៅផ្នែកខាងលើបង្អស់ខាងឆ្វេងដៃនៃ ទម្រង់"ក"។
	លេខកូដ ART (ART number)	4	Data generated by data entry clerk	ជាលេខកូដដែល ART clinic ផ្តល់ឱ្យអ្នកជំងឺនៅពេលគាត់ ចាប់ផ្តើម ការព្យាបាលដោយឱសថប្រឆាំង មេរោគអេដស៍។ លេខកូដ ART មានចំនួន ៩ខ្ទង់ សម្រាប់មនុស្សពេញវ័យ និង ១០ខ្ទង់ សម្រាប់កុមារ ដោយមានអក្សរ P នៅខាងមុខ លេខ។ បញ្ជាក់: លេខកូដ ART មានចំនួន ៩ខ្ទង់ គឺ - ២ ខ្ទង់ខាងដើម ជាលេខកូដ ខេត្ត - ២ ខ្ទង់បន្ទាប់ ជាលេខកូដមន្ទីរពេទ្យ និង - ៥ ខ្ទង់ខាងក្រោយ ជាលេខរៀងបន្តបន្ទាប់ ART number បិតនៅក្នុងប្រអប់ទី៨ នៃទម្រង់"ក"។
	ឈ្មោះរបស់អ្នកជំងឺ	5	Data generated by data entry clerk	ត្រូវបំពេញនាមត្រកូល និងនាមខ្លួនរបស់អ្នកជំងឺ - ជាខ្មែរយូនីកូដ
	ភេទ	6	Data generated by data entry clerk	សូមជ្រើសរើសភេទ។
	អាយុ	7	Data generated by data entry clerk	អាយុរបស់អ្នកជំងឺ។ អាយុត្រូវបានកំណត់ត្រឹម ០ដល់១០០។
	ប្រភេទអតិថិជន Type Of Client	8	Data generated by data entry clerk	សូមជ្រើសរើសប្រភេទអ្នកជំងឺ។ មានចំនួន ៨ ជម្រើស។
អាសយដ្ឋាន Address	9	Data generated by data entry clerk	សូមបញ្ចូលទិន្នន័យ ទាក់ទង ភូមិ ឃុំ ស្រុក និងខេត្ត	

	លេខទូរស័ព្ទ Phone contact	10	Data generated by data entry clerk	សូមបញ្ចូលទិន្នន័យ ជាលេខ (គ្រប់លេខទូរស័ព្ទដែលអាចទាក់ទងអ្នកជំងឺ បាន)
	Disclose HIV status	11	Entry data	Verified by CAA team "Yes" or "No"
	ឈ្មោះគ្រូពេទ្យ Doctor name	12	Data generated by data entry clerk	ឈ្មោះគ្រូពេទ្យដែលអ្នកជំងឺត្រូវមកជួប
	ចំនួន viral load	13	Data generated by data entry clerk	ចំនួនVL របស់អ្នកជំងឺនៅថ្ងៃណាត់ (បើមាន)
	ថ្ងៃខែឆ្នាំដែលរាប់ចំនួនVLខាងលើ	14	Data generated by data entry clerk	បញ្ចូលថ្ងៃខែឆ្នាំ Dd/mm/yyyy
	អ្នកជំងឺមកតាមការណាត់ ឬមិនមក	15	Entry Data	ការបញ្ជាក់ដោយCAA Team ថាអ្នកជំងឺមកឬមិនមកតាមការណាត់
	ចំនួនថ្ងៃខកណាត់ Number of days missed	16		មិនបាច់បញ្ចូលទិន្នន័យទេ (ទិន្នន័យទាញស្រាប់)
	ការព្យាយាមលើកទី១ (ចន្លោះ: 1-7ថ្ងៃ) 1st attempt (1-7days) (dd-mm-yyyy)	17	Entry Data	សូមបញ្ចូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy)
	សកម្មភាព Activity	18	List	សូមជ្រើសរើសសកម្មភាពមួយពីdrop list ដែលមាន ៥ជំរើស។ 1-តាមរយៈទូរស័ព្ទ 2-តាមរយៈចុះតាមដល់ផ្ទះ 3-តាមអង្គការដៃគូ 4-តាម HC/VHSG/Peer 5- មកខ្លួនឯង
	លទ្ធផល Result	19	List	សូមជ្រើសរើសលទ្ធផល មាន ៤ជំរើស 1-បានមកវិញ 2-មិនបានមកវិញ 3-ទំនាក់ទំនងមិនបាន ឬមិនបានជួប 4-ផ្សេង ៗ

សកម្មភាព និងលទ្ធផលតាមដានអ្នកជំងឺខកណាត់ Action and result of Miss appointment	ការព្យាយាមលើកទី2 (ចន្លោះ:8-14ថ្ងៃ) 2nd attempt (8-14days if there is when 1 st attempt was not done/successful) (dd-mm-yyyy)	20	Entry Data	សូមបញ្ចូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy)
	សកម្មភាព Activity	21	List	សូមជ្រើសរើសសកម្មភាពមួយពីdrop list ដែលមាន ៥ជំរើស។ 1-តាមរយៈទូរស័ព្ទ 2-តាមរយៈចុះតាមដល់ផ្ទះ 3-តាមអង្គការដៃគូ 4-តាម HC/VHSG/Peer 5- មកខ្លួនឯង
	លទ្ធផល Result	22	List	សូមជ្រើសរើសលទ្ធផល មាន ៤ជំរើស 1-បានមកវិញ 2-មិនបានមកវិញ 3-ទំនាក់ទំនងមិនបាន ឬមិនបានជួប 4-ផ្សេង ៗ
	ការព្យាយាមលើកទី3 (ចន្លោះ: 15-21ថ្ងៃ) 3rd attempt (15-21days if there is when 1 st and 2 nd attempts were not done/successful) (dd-mm-yyyy)	23	Entry Data	សូមបញ្ចូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy)
	សកម្មភាព Activity	24	List	សូមជ្រើសរើសសកម្មភាពមួយពីdrop list ដែលមាន ៥ជំរើស។ 1-តាមរយៈទូរស័ព្ទ 2-តាមរយៈចុះតាមដល់ផ្ទះ 3-តាមអង្គការដៃគូ 4-តាម HC/ VHSG/Peer 5- មកខ្លួនឯង

	លទ្ធផល Result	25	List	សូមជ្រើសរើសលទ្ធផល មាន ៤ ជំរើស 1-បានមកវិញ 2-មិនបានមកវិញ 3-ទំនាក់ទំនងមិនបាន ឬមិនបានជួប 4-ផ្សេង ៗ
	ការព្យាយាម លើកទី4 (ចន្លោះ: 22-28ថ្ងៃ) 4th attempt (22-28days if there is when 1 st , 2 nd , and 3 rd attempts were not done/successful) (dd-mm-yyyy)	26	Entry Data	សូមបញ្ចូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy)
	សកម្មភាព Activity	27	List	សូមជ្រើសរើសសកម្មភាពមួយពីdrop list ដែលមាន ៥ ជំរើស។ 1 តាមរយៈទូរស័ព្ទ 2-តាមរយៈចុះតាមដល់ផ្ទះ 3-តាមអង្គការដៃគូ 4-តាម HC/ VHSB /Peer 5- មកខ្លួនឯង
	លទ្ធផល Result	28	List	សូមជ្រើសរើសលទ្ធផល មាន ៤ ជំរើស 1-បានមកវិញ 2-មិនបានមកវិញ 3-ទំនាក់ទំនងមិនបាន ឬមិនបានជួប 4-ផ្សេង ៗ
	កាលបរិច្ឆេទត្រឡប់មកវិញ Date of reengagement	29	Entry Data	សូមបញ្ចូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy) ដែលបានត្រឡប់មកវិញ
	ហេតុផលខកណាត់ Reason for miss appointment	30	Entry Data	សូមបញ្ចូលទិន្នន័យជាក់ស្តែងដែល អ្នកជំងឺបានប្រាប់
	កាលកំណត់ត្រូវបោះបង់សេវា LTFU	31		មិនចាប់បញ្ចូលទិន្នន័យទេ (ទិន្នន័យ ទាញស្រាប់) ជាថ្ងៃខែដែលអ្នកជំងឺនឹងត្រូវចាត់ថា" បោះបង់" ការព្យាបាលទៅតាមនិយម

				ន័យថ្មីរបស់ថ្នាក់ជាតិ(លើសពី២៨ថ្ងៃក្រោយថ្ងៃណាត់ជួប)
ការព្យាយាម លើកទី១ (ចន្លោះ 1-2 សប្តាហ៍) 1st attempt (1-2 weeks) (dd-mm-yyyy)	សកម្មភាព (activities)	32		សូមបញ្ចូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy)
	លទ្ធផល (Result)	33		សូមជ្រើសរើសសកម្មភាពមួយពីdrop list ដែលមាន ៥ជំរើស។ 1-តាមរយៈទូរស័ព្ទ 2-តាមរយៈចុះតាមដល់ផ្ទះ 3-តាមអង្គការដៃគូ 4-តាម HC/ VHSG/ Peer 5- មកខ្លួនឯង
	លទ្ធផល (Result)	34		សូមជ្រើសរើសលទ្ធផល មាន ៤ជំរើស 1-បានមកវិញ 2-មិនបានមកវិញ 3-ទំនាក់ទំនងមិនបាន ឬមិនបានជួប 4-ផ្សេង ៗ
	ការព្យាយាម លើកទី២ (ចន្លោះ 1-2 សប្តាហ៍) 2 nd attempt (1-2 weeks) (dd-mm-yyyy)	35		សូមបញ្ចូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy)
	សកម្មភាព (activities)	36		សូមជ្រើសរើសសកម្មភាពមួយពីdrop list ដែលមាន ៥ជំរើស។ 1-តាមរយៈទូរស័ព្ទ 2-តាមរយៈចុះតាមដល់ផ្ទះ 3-តាមអង្គការដៃគូ 4-តាម HC/ VHSG/ Peer 5- មកខ្លួនឯង
	លទ្ធផល (Result)	37		សូមជ្រើសរើសលទ្ធផល មាន ៤ជំរើស 1-បានមកវិញ 2-មិនបានមកវិញ
	សកម្មភាព (activities)			
	លទ្ធផល (Result)			

				3-ទំនាក់ទំនងមិនបាន ឬមិនបានជួប 4-ផ្សេង ៗ
	កាលបរិច្ឆេទត្រឡប់មកវិញ Date of reengagement (dd-mm-yyyy)	38		សូមបញ្ចូលទិន្នន័យ ជាថ្ងៃ ខែ ឆ្នាំ (dd/mm/yyyy)
	New clinic ID (Old ART number)	39		សូមបញ្ចូលលេខសម្គាល់ថ្មីដែលគាត់ បានទទួលបន្ទាប់ពីត្រឡប់មកវិញ
	ហេតុផលបោះបង់ Reason for LTFU	40		សូមកត់ត្រាតាមអ្នកជំងឺប្រាប់

VI. Monitoring

To monitor the effectiveness of the re-engagement activity, data for the two indicators below will be collected and results will be reviewed monthly by ART clinic, PASP and NCHADS.

1. Percentage of ART patient with no clinical contact or ARV pick up within 28 days since their last expected visit date reengaged in care

Definition	Number of ART patients who did not come for the visit or ARV pick up between within 28 days since their last expected contact then who were re-engaged/returned in care divided by total number of ART patients who did not come for the visit or ARV pick up within 28 days since their last expected contact date, multiplied by 100.
Purpose	To monitor the effectiveness of re-engagement activities of HIV infected patients on ART who were missing clinical appointment.
Method of Measurement	Count number of patients who missed clinical appointment within 28 days, and those who re-engaged/returned into care after their missing, then compute for percentage using numerator and denominator below.
Frequency	Monthly
Numerator	Number of patients who were missed clinical appointment within 28 days then re-engaged/returned into care during the reporting period.
Denominator	Total number of patients on ART who missed clinical appointment within 28 days in the reporting period.
Disaggregation(s):	Age/Sex: <15 Male, 15+ Male, <15 Female, 15+ Female
Source of data	“Tracing and Re-engagement” tool, or ART electronic database or

Interpretation	<p>Action point. National average figure will be used as a reference for the comparison purpose, as well as trends over time for each facility to re-engage missing clinical appointment patients.</p> <p>Appropriate actions should be taken to understand the cause of the missing, and then preventing them accordingly when the proportion of reengaged/returned is over time is low.</p> <p>Intervention. The facility should review the reasons for missing among ART patients and re-engagement rate. If the re-engagement rate far below the missing, review what changes in the system could keep the patients adhere to the treatment.</p>
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2. Percentage of re-engagement of ART patient who was lost to follow-up	
Definition	Number of ART patients who did not come for the visit or ARV pick up more than 28 days since their last expected contact then who were re-engaged/returned in care divided by total number of ART patients who did not come for the visit or ARV pick up more than 28 days since their last expected contact date, multiplied by 100.
Purpose	To monitor the proportion of HIV infected patients on ART who were re-engaged/returned in care after lost to follow-up.
Method of Measurement	Count number of patients who missed clinical appointment more than 28 days, and those who re-engaged/returned in care after their missing, then compute for percentage using numerator and denominator below.
Frequency	Monthly
Numerator	Number of patients who were missed clinical appointment more than 28 days then re-engaged/returned in care during the reporting period.
Denominator	Total number of patients on ART who missed clinical appointment more than 28 days in the reporting period.
Disaggregation(s):	Age/Sex: <15 Male, 15+ Male, <15 Female, 15+ Female
Source of data	“Tracing and Re-engagement” tool, or ART electronic database
Interpretation	<p>Action point. National average figure will be used as a reference for the comparison purpose, as well as trends over time for each facility to re-engage patients who were lost to follow-up.</p> <p>Intervention: Appropriate actions should be taken to understand the cause of the missing, and then preventing them accordingly when the proportion of reengaged/returned is over time is low compared to the proportion of lost to follow-up.</p>

VII. Reference

1. NCHADS Strategic Plan for HIV and STI Prevention and Control in the Health Sector 2021-2025
2. Richard M Grimes et al. Re-engagement in HIV Care: A clinical and Public Health Priority. *J AIDS Clin Res.* 2016.
3. NCHADS: Blitz report 2019.
4. Laura Fuente-Soro et al. Loss to follow-up and opportunities for re-engagement in HIV care in rural Mozambique
5. **Deborah J. Gelaude et al.** HIV provider experiences engaging and retaining patients in HIV care and treatment: “A soft place to fall”
6. Maria Sarah Nabaggala et al. Re-engagement in HIV care following a missed visit in rural Uganda.

VIII. Annexes

Annex 1: Form of Tracing and Reengaging PLHIV in care - Appointment List

បញ្ជីអ្នកជំងឺណាត់ពិនិត្យប្រចាំថ្ងៃ (ឧបសម្ព័ន្ធទ)														
Appointment List														
លរ No.	កាលបរិច្ឆេទ ណាត់ជួប Date of appointment (dd-mm-yyyy)	លេខកូដ Clinic ID number	លេខកូដ ART Number	ឈ្មោះ Name	ភេទ Sex	អាយុ Age	ប្រភេទអតិថិ ជន Type Of Client	អាសយដ្ឋាន Address	លេខទូរស័ព្ទ Phone contact	Disclose HIV status Yes No	Doctor Name	VL value (copies/mL)	Result date dd/mm/yyyy	Come on appointment date Yes No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	13-Aug-20						2-បុរសស្រឡាញ់...			Yes				No
	22-Oct-20						3-ក្រុមភ្នែងភេ...			Yes				Yes
	18-Oct-20						1-ប្រធាននទូរេ...			Yes				No
	30-Aug-20						2-បុរសស្រឡាញ់...			Yes				No
	31-Aug-20						2-បុរសស្រឡាញ់...			Yes				Yes
	01-Sep-20						2-បុរសស្រឡាញ់...			Yes				Yes

Annex 2: Form of Tracing and Reengaging PLHIV in care – Actions and Results of Attempts within 28 days

បញ្ជីកត់ត្រាសកម្មភាព និងលទ្ធផលក្នុងអំឡុងពេល៖ ២៨ថ្ងៃ (ឧបសម្ព័ន្ធ២)															
Attempt when patients missed clinical appointment within 28 days															
ចំនួនថ្ងៃ	សកម្មភាព និងលទ្ធផលតាមដានអ្នកជំងឺខកណាត់ Action and result of tracing patients who Miss appointment														
ខកណាត់	ការព្យាយាម	សកម្មភាព	លទ្ធផល	ការព្យាយាម	សកម្មភាព	លទ្ធផល	ការព្យាយាម	សកម្មភាព	លទ្ធផល	ការព្យាយាម	សកម្មភាព	លទ្ធផល	កាលបរិច្ឆេទ	ហេតុផលខក	កាល
Number of	លើកទី១	(ពី១-៧ថ្ងៃ)	Result	លើកទី២ (ចន្លោះ	(ពី៨-១៤	Result	លើកទី៣ (ចន្លោះ	(ពី១៥-	Result	លើកទី៤ (ចន្លោះ	(ពី២២-	Result	ត្រូវប្រមូលវិញ	ណាត់ (បើត្រូវ	កំណត់ត្រា
days Missed	(ចន្លោះ 1-7ថ្ងៃ)	Activities		8-14ថ្ងៃ)	ថ្ងៃ)		15-21ថ្ងៃ)	២១ថ្ងៃ)		22-28ថ្ងៃ)	២៨ថ្ងៃ)		Date of	ឡប់មកវិញ)	បោះបង់សេវា
	1st attempt			2nd attempt	Activities		3rd attempt	Activities		4th attempt	Activities		reengagement	missed	Date
	(1-7days)			(8-14 days if there			(15-21 days if			(22-28 days if			(dd-mm-yyyy)	appointment	identified as
	(dd-mm-yyyy)			is when 1st			there is when 1st			there is when 1st,					LTFU
				attempt was not			and 2nd attempts			2nd, and 3rd					
				done/successful)			were not			attempts were not					
				(dd-mm-yyyy)			done/successful)			done /successful)					
				(dd-mm-yyyy)			(dd-mm-yyyy)			(dd-mm-yyyy)					
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
70		4-តាម HC/	1-បានមក										22/Oct/20		LTFU
1		1-តាមរយៈ	3-ទាក់ទង										23/Oct/20		
6		5-មកខ្លួនឯង											24/Oct/20		
56		5-មកខ្លួនឯង											25/Oct/20		LTFU
56		5-មកខ្លួនឯង											26/Oct/20		LTFU
56		5-មកខ្លួនឯង											27/Oct/20		LTFU

Annex 3: Form of Tracing and Reengaging PLHIV in care – Actions and Results greater than 28 days

បញ្ជីកត់ត្រាសកម្មភាព និងលទ្ធផលលើសពី២៨ថ្ងៃ (ឧបសម្ព័ន្ធទី៣)								
Attempts when patient is lost to follow-up								
ការព្យាយាម លើកទី១ (ចន្លោះ 1-2 សប្តាហ៍) 1st attempt (1-2 weeks) (dd-mm-yyyy)	សកម្មភាព Activity	លទ្ធផល Result	ការព្យាយាម លើកទី២ (ចន្លោះ 1-2 សប្តាហ៍) 2nd attempt (within 1-2 weeks after 1st attempt (if there is when 1st attempt was not successful) (dd-mm-yyyy)	សកម្មភាព Activity	លទ្ធផល Result	កាលបរិច្ឆេទ ត្រឡប់មកវិញ Date of reengagement (dd-mm-yyyy)	លេខកូដថ្មី (រក្សាលេខ ARTចាស់) New clinic ID (Old ART number)	ហេតុផល បោះបង់ Reasons for LTFU
32	33	34	35	36	37	38	39	40
	4-តាម HC/VHSG	1-បានមកវិញ	...	4-តាម HC/VHSG	1-បានមកវិញ	...		
	4-តាម HC/VHSG	1-បានមកវិញ	...	4-តាម HC/VHSG	1-បានមកវិញ	...		
	4-តាម HC/VHSG	1-បានមកវិញ	...	4-តាម HC/VHSG	1-បានមកវិញ	...		
	4-តាម HC/VHSG	1-បានមកវិញ	...	4-តាម HC/VHSG	1-បានមកវិញ	...		
	4-តាម HC/VHSG	1-បានមកវិញ	...	4-តាម HC/VHSG	1-បានមកវិញ	...		
	4-តាម HC/VHSG	1-បានមកវិញ	...	4-តាម HC/VHSG	1-បានមកវិញ	...		