

Standard Operating Procedure for Fast Track ARV Drugs Refill model of HIV Care Implementation



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH-ETHIOPIA

የዜጎች ጤና ለሃገር ብልጽግና!
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

Contents

Background	1
Purpose of the SOP	3
Requirement for Implementing FTAR.....	3
Tools Required.....	4
Fast Track ARV drugs Refill Framework and Implementation at Facilities	5
Roles and Responsibilities	18
Monitoring and Evaluation	21
Annex 1. APPOINTMENT SPACING MODEL/FTAR OF HIV CARE WALL CHART	23
Annex 2- ASM/ FAST TRACK ARV DRUGS REFILL MODEL OF HIV CARE CLIENT CLASSIFICATION TOOL.....	25
Annex-3: Antiretroviral Drugs and Patient Information Sheet (ARV/PIS-13).....	26
Annex 4- Patient Tracking Chart(ARV/PTC-14)	27
Annex 5-ASM/FTAR Register	28
Annex 6-Tally Sheet.....	31
Annex 7A-Facility Level FTAR Implementation Monthly Reporting Tool.....	32
Annex 7B: Region Level FTAR Implementation Monthly Reporting Tool	33

Background

Ethiopia has gained remarkable achievements in the prevention and control of HIV/AIDS with a 95% decline of new HIV infection from 1994 to 2012 and 73% reduction of AIDS deaths from 2006 to 2016. There has been also significant achievement in terms of HIV service expansion and uptake over the years, which according to March 2019 data, a total of 440,439 adults and 21,947 children under the age of 15 are taking ARV currently.

In order to meet the three 90's (90-90-90) targets set by UNAIDS, Ethiopia has started implementing the HIV/AIDS prevention care and treatment strategic plan in an investment case approach (2015-2020) aimed at paving the path for ending AIDS by 2030 through averting 70,000- 80,000 new HIV infections and saving about half a million lives till 2020. In addition, initiation of ART to all HIV positive people regardless of CD4 count was initiated in parallel which, together with the expectation of high target achievement set in the strategic plan, has shown to substantially increase the number of patients starting ART and patient volume at ART sites, many of which are already overburdened.

Continuing to provide ART to a large and growing number of individuals pose a significant challenge to the Health system with limited health care providers in terms of burdening work load and hence compromising the quality of HIV care delivery. It is difficult to provide quality HIV care services efficiently to large number of patients with diversified need if the same old clinical care model, based on a 'one size fits all' and largely undifferentiated for individual needs, is followed, rather than employing a different approach that would benefit patients to the best way possible.

During a scoping consultation on care packages for people living with HIV, WHO reviewed the growing diversity of patient needs and assessed how programs can treat and care for people differentially within a public health approach. Broadly, four groups of patients with specific needs were identified. First, people who present when well, potentially with higher CD4 cell counts, may require additional and targeted adherence and retention support in order to commit to lifelong ART. Second, people presenting to care with advanced disease require a fast-tracked clinical and care package to initiate ART and prevent death and reduce ill health. A third group of individuals are those who are already on ART but need careful monitoring to ensure timely action as required; this may include clinical care, additional adherence support and timely switch to second-line ART regimens in the case of treatment failure. A final group of stable individuals are likely to represent the majority of people on ART and they can safely reduce the frequency of clinic visits. Such an approach can relieve overburdened health-care settings and enable more attention to be paid to patients with more complex conditions who require prompt diagnosis and treatment of opportunistic infections, enhanced adherence support, viral load testing and potential changes of regimen, HIV drug resistance testing or other specialized care. By providing differentiated care the health system can refocus resources to those most in need.

In 2014, WHO reported on four Differentiated Service Delivery (DSD) models of HIV Care, implemented in four sub-Saharan countries, which were all found to reduce the burden for patients (reduced time and cost of travel to clinic and less income loss) and the health system (reduced clinic attendance), while maintaining high retention in care (more than 90% retained in care across multiple time points). Thus the MOH, guided by the WHO recommendation, contextualized the models and instituted two of the recommended Differentiated Service Delivery Models initiating first the facility based Appointment Spacing Model (ASM) in 2017 followed by community ART groups model with the aim to provide care and treatment to clients as per their diversified needs.

The Appointment Spacing Model has been found to be an instrument to balance the ever increasing number of clients for ART with the existing limited human resource by reducing frequency of clinical visits of stable patients currently on treatment while providing focused care for new enrollees and for those with debilitated clinical conditions that would ultimately enhance the quality of the HIV service delivery. In addition, the ASM is an appropriate means of delivering ART in a way that meets the diverse needs of patients and can be viewed as a vehicle through which the ‘test and treat all strategy’ and the 90-90-90 strategy employed in the implementation HIV care and treatment can be enhanced to achieve the set targets.

The implementation of ASM in Ethiopia, since launch in 2017, has been providing support only for those stable clients who were able to make clinical visit every six month and collect prescribed drugs for same period. According to various reports from follow up of the implementation of the ASM in facilities, it has been found that some stable patients who were facing storage problem for the large quantities of six months ARVs, collected only half of it following the clinical visit while keeping the remaining at the pharmacy or with their relatives residing closer to the health facility which they collect it after three months. There was no means of supporting these clients in systematic way within the current ASM framework and no mechanism was instituted at either the clinic or pharmacy to facilitate the necessary follow up and tracking system.

Therefore, in order to consider such difficulties and address the need of such patients in terms of meeting their needs, the MOH has found it crucial to institutionalize Fast Track ARV drugs Refill model of HIV care at health facility as the alternative one. Fast Track ARV drugs Refill(FTAR) is one of the facility based Differentiated Service Delivery Models of HIV care where patients categorized as stable make clinical visit once every six months but collect their medication every three months from pharmacy or a pharmacy refill will be done every three months. The clinical visit at 6 months’ interval is meant to ensure the standard package of care is delivered to the clients and to review if the patient still meets the stable criteria. The facility-based fast track system for ART refills can provide an opportunity for those ASM clients who, for various reasons, faced difficulty in taking all of the prescribed six-months of ARV drugs to their home at once from the ART pharmacy as in the ASM framework.

Hence, this Standard Operating Procedure (SOP) has been developed to be used as valuable instrument for health care providers and all actors in the implementation of FTAR as part of the comprehensive HIV/AIDS prevention, treatment, and care and support services.

Purpose of the SOP

The SOP is intended to standardize the work required for implementation of Fast Track ARV drugs Refill of HIV care at health facilities. It also serves as a reference for pharmacy staffs, ART providers, in health facilities and for the administrative units that provide management and supervisory support. The SOP provides all actors and partners with standard set of procedures, tools and framework with regards to implementing Fast Track ARV drugs Refill of HIV care. The SOP guides staffs of health facilities in the following tasks:

- Categorization, Assessing and Re-assessing clients for FTAR eligibility
- Providing the appropriate service package for clients enrolled into FTAR.
- Recording ARV drug and Patient Information Sheet and using data for evidence based decision.
- Recording Patient Tracking Sheet and using it for follow-up of refill appointments and adherence monitoring.
- Integration of supports between pharmacy staffs and adherence case managers; ART Data Clerks; ART providers in strengthening Adherence support.

Requirement for Implementing FTAR

The Fast Track ARV drugs Refill is meant to be implemented in all ART health facilities utilizing the human resources deployed to implement the comprehensive HIV care and treatment program and information sources of the health facilities. The most important element of FTAR implementation worth giving attention is the use of ARV Drugs & Patient Information Sheet (Yellow card) and Patient Tracking Chart at ART pharmacy in managing the appointment of FTAR clients and tracking defaulting ones particularly at their second refill visits. The use of these two recording tools at ART pharmacy in a sustainable manner ensures the professional integrity of pharmacy personnel in providing their expertise in real time dispensing and monitoring drug refill of patients unlike the limited scope of their effort in dispensing drugs to patients without recording, or not keeping track of patients on subsequent follow up visits, etc as has been observed in many health facilities. These pharmacy recording tools have been used in the system efficiently for more than a decade until some years back when facilities stopped using them due to lack of ownership and sustained support by relevant stakeholders. Using such pharmacy tools at facilities would not only help in managing appointments of and adherence monitoring of clients, but also in monitoring the performance of pharmacy activities of the comprehensive HIV/AIDS program. Therefore, in order for the FTAR implementation to be realized, the following requirements need to be fulfilled.

- The management of every health facility need to revitalize the functionality of pharmacy recording tools at ART pharmacy

- The management of every health facility and the MDT team need to monitor the performance of pharmacy personnel in using the recording tools for FTAR implementation and need to make it agenda at MDT meetings.
- A focal person from the pharmacy team, if available, or the management or ART clinic need to be assigned who will be responsible to collect FTAR related performance reports from ART pharmacy, compile and reports to RHB/MOH.
- The RHB pharmacy team need to build the capacity of pharmacy personnel in using Yellow card and patient tracking chart for FTAR implementation and need to collect periodical performance report from the ART pharmacy.
- The FMOH in collaboration with partners need to provide orientation training on the Fast Track ARV drugs Refill model of HIV care to RHBs for implantation at Health Facilities.
- The RHBs need to cascade the orientation/sensitization training on FTAR implementation to their respective health facilities' management and key staffs.
- A training focused on the use of pharmacy recording tools particularly on ARV drugs and Patient Information Sheet (yellow card) and Patient Tracking Chart must be given to pharmacy personnel of all health facilities prior to implementation of FTAR.
- The facility management, the MDT team, and the RHB need to make sure that all the pharmacy recording tools are availed at all ART pharmacy of all health facilities and ensure their uninterrupted utilization at all times.
- In all health facilities where the Electronic Dispensing Tool (EDT) is installed, the RHB in collaboration of PMED/MOH and the relevant supporting partner, need to upgrade the software to reflect the current treatment regimens and initiate its use to supplement the use of the manual recording tools.

Tools Required

The implementation of the Fast Track ARV drugs Refill model will use the following recording and monitoring tools adapted from existing tools and pharmacy recording tools that needs revitalizing:

- ASM/FTAR register
- ASM/FTAR Patient Classification tools
- ASM/FTAR of HIV care wall chart
- Monthly FTAR reporting tool
- Tally sheet for FTAR
- ARV drugs and Patient Information Sheet(PIS)
- Patient Tracking Chart (PTC)
- Electric Dispensing Tool(EDT)

Fast Track ARV drugs Refill Framework and Implementation at Facilities

The service of Fast Track ARV drugs Refill is rendered to patients at ART clinic and ART pharmacy where they will get prescription for 6 months of supply of 1st line ARVs and dispensing of same at two consecutive refill visits. The delivery of Fast Track ARV drugs Refill (FTAR) of ART is different from ASM in the dispensing aspect of the drugs that while ASM requires the patient to take all the 6 months' supply of the drugs from the pharmacy at once, clients on FTAR are supposed to take the prescribed drugs in two subsequent visits with 3 months' interval. As such, FTAR is one of the two facility based Differentiated Service Delivery Models of HIV care, the other being ASM, where patients found to be stable and have difficulty in managing relatively large quantity of ARV drugs make clinical visit once every six months but collect half of the prescribed drug from pharmacy on the same day of the clinical visit and take the remaining quantity at refill visit that they should make after three months. As clients enrolled into FTAR are supposed to go directly to the ART pharmacy on the day of the next refill visit bypassing the ART clinic, the ART provider will have no means of knowing whether or not a client in FTAR makes a visit to the pharmacy at that particular time that the responsibility of tracking defaulting patients on the appointed date will lie on the shoulder of the pharmacist. Thus the pharmacist should be entrusted with the responsibility of managing the appointment of the clients on the second refill visit and tracking those who failed to show up by strictly using ARV drugs & Patient Information sheet (yellow Card) and Patient Tracking Chart in the ART pharmacy which is the most important criteria to implement FTAR in any health facility. The recording and documentation of patient data for follow-up and tracking of patients at ART pharmacy as part of the implementation of FTAR should not be considered as an additional responsibility to the pharmacy professional; but an integral component of professional obligation. The procedures to be followed at each step of the FTAR service, the tools to be used and responsibilities are described step wise below by different follow up visits that patients make at different points in time.

1. Categorization and Entry into Fast Track Program at ART clinic

When any patient on ART makes a routine clinical visit at ART clinic, the ART provider does clinical review, adherence assessment and counselling while reviewing the client's follow up chart in order to evaluate the patient's clinical status, adherence to appointments and to drugs, previous CD4/VL results, duration of treatment and demographic profile, etc based on which appropriate interventions are given to the patient as per the national treatment guidelines. In so doing, the ART provider will be able to put each patient into one of the patient categories set (Annex1- ASM /FTAR wall Chart) and provide service package appropriate to the category; and on the way will identify clients eligible for FTAR model of HIV care following the procedures below:

- In any of the routine clinical visits of patients on ART, the ART provider uses each client's ART follow-up chart and other data sources to assess patients, categorize them and to identify stable ones (category 4) who are eligible for FTAR service delivery based

on FTAR eligibility criteria as defined in FTARASM Patient classification tool ([Annex 2](#)).

Eligibility Criteria for FTAR

A patient must fulfill the eligibility criteria for FTAR in order to get enrolled into FTAR model of HIV care. These criteria include the criteria of a stable patient (Category 4), looks for conditions that the stable patient would not meet if he/she were to be served in ASM, and most importantly seeks the consent of the patient who has fulfilled all other criteria. As such the criteria for FTAR listed below are similar to that of ASM except the three criteria mentioned before the last one.

- Stable Patients who are already on 1st line ART for > 1 year excluding children, adolescents, pregnant and lactating women.
- A patient with Age \geq 18 years
- A Patient who doesn't have Opportunistic Infections or no active OIs in the previous 6 months
- A Patient with no Adverse Drug Reactions and no need careful clinical monitoring.
- A Patient who has good understanding of lifelong Adherence. with Adherence of greater than 95%
- A Patient whose two consecutive most recent Viral Load test results are below 1,000 Copies/milliliter.
- If no Viral Load result, a patient with rising CD4 Cell Count or CD4 Cell Count above 200 Cells/millimeter cubes.
- A Patient who is willing or provide consent to get the ART service based on six-monthly clinical visit and two consecutive three-monthly ART pharmacy refill visits.
- Generally clients fulfill category 4.

Recording the ASM /FTAR classification Tool

The ASM/FTAR classification tool, which is similar to the ASM classification tool, is a single sheet of paper to be used by the ART provider for assessing, categorizing and identifying eligible clients for FTAR. The tool can serve the same purpose for identifying clients eligible for ASM and may supersede the existing ASM classification tool.


Recording the FTAR-ASM_classification tool is easy and self-explanatory for most part of it but the less obvious one is the category and change section, which the ART provider must give attention in always filling it out with pertinent data at initial and subsequent visit of the client. It is important that the ART provider should fill out all other sections of the FTAR-ASM classification tool as he/she assesses clients and records the category and change section:

- During daily assessment of clients for identification of eligible clients for FTAR in all their routine clinical visits.
- When there is a change in category of an FTAR client at subsequent visits
- When an FTAR clients wants to change to another DSD model after being served in FTAR for some times.
- When an FTAR client discontinue the model due to other reasons

How to file the ASM/ FTAR classification Tool

The ASM/FTAR classification tool should be attached to each client’s HIV follow-up chart after every assessment for easily retrieval and crossing checking of information on patient status with that of the follow-up chart.

- The ART provider writes six-month prescription of 1st line ARV drugs to the consented FTAR eligible client making ‘FTAR’ mark on the prescription paper or other reminding note on it to inform the ART dispenser that the patient is an FTAR clients to whom the prescribed drug should be dispensed at two consecutive visits: 3 months of supply to be dispensed on the same day of the clinical visit and the remaining 3 months’ supply to be refilled on the date after 3 months. The prescription may look like this:



PRESCRIPTION PAPER O2 VRA 11130

Name of the Health Institution XXX Hospital
 Address: Reg. 14 Town Addis Ababa Tel. 511211 P.O.Box 5657

PRESCRIPTION PAPER O2 VRA 11130

Name of the Health Institution: XXX Hospital Date: 13/3/2012
 Patient's Name: YY ZZ Sex: M Age: 45
 Weight: 68 Card No. 898560 Start Refill
 Inpatient Outpatient
 Diagnosis (ICD code No.) IFD-01
 Address: Region: 14 Town Addis Ababa Woreda _____ Kebele 10
 House No. 910 Tel. No.: 0999-99-99

Treatment given (Drug name, strength, dosage form, dose, duration and quantity)	Price of each item (For dispenser's use only)
Rx	
1. Tenofovir + Lamivudine + Efavirenz 1200mg tab, 1 tab QHS # 180 tabs	

- The ART provider records all pertinent information of the clinical assessment, prescription information across the last row of the client’s ART follow-up chart including the next clinical appointment date which will happen after six months.

- The ART provider should also write an ‘FTAR’ remark next to the last column of the ART chart to indicate that the patient was enrolled into FTAR on that day corresponding to the date of the clinical visit.
- In recording the ART follow-up chart for a client at FTAR enrollment, the ART provider should give attention to fill out the following columns after completing the others which are self-explanatory. Thus at FTAR enrollment,

Under the ‘follow up date’ column of the last row,

- Write the date of enrollment which is the same as the date of the follow-up visit of the client at which patient consents for FTAR. Ex. 13/2/2012

Under ‘ARV drugs’ column;

- Record code of the 1st line ARV drugs prescribed and of the dose dispensed for six months.
Ex: an FTAR client on TDF/3TC/EFV, should be prescribed with 180 tablets, six times a month’s dose of 30 tabs. Hence the record would be like 180/1e.

Under the ‘Next visit date’ column

- Enter the date of the next appointment and appoint the patient. The date of next visit for FTAR client should be made 2 or 3 days earlier than the 180th day after the visit. The 180th day is last day on which the patient take the last dose of the drugs prescribed to him and beyond which the patient will run out of medicine, if all doses were taken as prescribed.
Ex. If the patient is enrolled into FTAR on 13/02/2012, the date of his/her next visit should be 11/9/2012.

Outside the chart area next to last column, the ART provider should

- Write “FTAR” mark next to the last column to indicate that the client was enrolled into FTAR on that day. The same can be done for enrollment into other models.
- The ART provider gives the patient the prescription paper, informs him/her of the next appointment date as the day after six months verbally, gives appointment reminder card, and advises the patient to come back on the appointed date.
 - The ART provider also advises the client to come back at any time in between in case of toxicity or other clinical problem encountered.
 - The ART provider sends the patient’s ART follow-up chart to Data Clerk for recording all relevant information into FTAR-ASM Register.
 - The Data Clerk records FTAR enrollment of clients and follow-up status into FTAR-ASM register and updates the ART register for the FTAR client just like other clients.
 - The adherence case manager collects all ART follow-up charts of the FTAR clients and records the next appointment dates in to the appointment calendar.

2. Pharmacy visit on the Same Day of the Clinical visit

- The pharmacist receives prescription paper from the patient as he/she arrives, thoroughly reviews the prescription following the standard dispensing protocol and identifies FTAR clients by checking for any ‘FTAR’ mark written on the prescription.
- The Pharmacist should get information from the patient and cross check it communicating with the prescriber to confirm whether the patient is FTAR or ASM client in case prescription presented contains six-month prescription without any ‘FTAR mark’
- After confirming that the patient is FTAR client, the pharmacist will dispense pre-packed three months’ supply of ARVs to the client after providing the required counselling and information.
- The pharmacist will record the type and quantity of the ARV drugs dispensed into the patient’s ARV drugs & Patient Information sheet (Annex 3-PIS, yellow Card) including the record of the next appointment date which is to happen after three months.
- The pharmacist will note ‘FTAR’ on the yellow sheet under the ‘Service Delivery Model’ column so that he/she will not require a prescription from the patient on the date of next visit.

How to fill out Antiretroviral Drugs and Patient Information Sheet (ARV/PIS-13)

The Antiretroviral Drugs and Patient Information Sheet is a back and forth paged single-copy form that is used to record information about the patient on ART. The purpose of Antiretroviral Drugs and Patient Information Sheet is to serve as a database of patients receiving ARV drugs. Data from these information sheets will be transferred to the ARV Drugs Dispensing Register. All patients should have a permanent record of Antiretroviral Drugs and Patient Information Sheet even if the health facility uses electronic dispensing tool (EDT).

The information sheet contains socio-demographic, clinical, medications, and other related information pertinent to the patient. It is to be prepared for each FTAR client and is used as a major source of information about the patient at the dispensing units. This form will be helpful for the follow-up of ADRs, side effects, drug-drug and drug-disease interactions, adherence, patterns of use for medicine or regimen, patterns of resistance, and other related encounters so as to improve treatment outcomes. Also, the data summarized from individual patients will be used as an input for quantification of ARVs at national, regional and health facility levels.

Who Fills Out the Form

The Antiretroviral Drugs and Patient Information Sheet is to be filled out by the pharmacy employee dispensing the medications to the FTAR patient.

When to Fill Out the Form

The Antiretroviral Drugs and Patient Information Sheet should be filled out for all FTAR patients and others when the medications are dispensed.

How to Fill Out the Form

The Antiretroviral Drugs and Patient Information Sheet is divided into three major sections, each of which is used to record information about the patient, different clinical encounters, and the medicines he or she is taking:

- **Patient Information**-The information to be completed under this category can be obtained from the Patient card (e.g., card number), Patient (e.g., address) and Prescription (e.g., age, weight, patient source). This section is completed when the Antiretroviral Drugs and Patient Information Sheet is prepared for the client for the first time.
- **Clinical Information**- This information is obtained primarily from the patient's **Treatment Card** (e.g., concomitant disease conditions and reasons for changing regimen), **directly from the patient, or by simple observations** (e.g., ADR and side effects). The dispenser should be able to use different techniques during conversation with the patient to elicit accurate and relevant information from the patient about the other medicines he or she is taking. The patient may also be advised to bring the medicines if that is deemed necessary.
- **Drug Dispensing Information**-The information to be filled out in this category is obtained primarily from the **Prescription Paper** but some information will be provided by the patient (e.g., prophylactic treatment, taking other medications).

What to fill out in each column of the Antiretroviral Drugs and Patient Information Sheet is self-explanatory in most cases. Columns that may be less obvious are described below for the benefit of FTAR service.

Patient Information

- **Date ART Started**-Refers to the date on which the patient started ART

Clinical Information

- **Previous Exposure to ARV Drugs:**
 - **Naïve**-Refers to patients that have not been exposed to ARV drugs before (i.e., patients that have no history of taking ARV drugs anywhere)
 - **Non-naïve(NN)**-Refers to patients that have already been on treatment for different duration
 - **If NN, previous regimen**-If the patient has already been taking ARV drugs somewhere else (at other health facilities), the regimen that he or she was on should be recorded here.
- **Current Status:**
 - **On active Treatment**-Refers to patients who are currently taking their ARV drugs on a regular basis
 - **Transfer Out**-Refers to patients who have been referred to other health facilities
 - **Stopped by Physician**-Refers to patients who have stopped taking their regular ARV drugs by physician's order
 - **Lost for Follow-Up**-Refers to patients who fail to collect their medicines within one month after the next date of visit (who are late for more than one month).
- **History of ADR or Side Effects:**
 - **Date**-When the ADR or side effect was observed
 - **Description**-A short description of the ADR or side effect (e.g., Stevens-Johnson syndrome, hepatitis, skin rash, vomiting)

- Concomitant Diseases:
 - Date-The date on which the disease started (onset of the disease)
 - Description-A short description of the disease the patient has contracted concomitantly with the HIV (e.g., tuberculosis [TB], pneumonia, oral thrush)
- Reason for Change in Regimen or Other Remarks:
 - Date-The date on which the regimen was changed
 - Description-A short description of the reasons that the regimen has been changed (e.g., toxicity, resistance, to improve adherence)

Drug Dispensing Information

- Date-The date on which the patient visits the ART pharmacy for refill of drugs prescribed by the ART provider
- Reason for visit-The reason that the patient visited the pharmacy. There are three possible reasons for the patient to visit the dispensary with an ART prescription.
 - Start-Refers to patients who have been prescribed ARV drugs for the first time at this health facility
 - Refill-Refers to patients who are already on ART and visiting the dispensing pharmacy to get their subsequent doses
 - Switch-Refers to patients who are changing their previous regimen because of the reasons justified by the physician

Notes: All patients that are new to the health facility (even if they were on ART somewhere else) should be considered as “Start”.

- Weight in kilograms-the weight of the patient on each visit as written in the prescription presented.
- In/outpatient (I/O)-Refers to whether the patient is an inpatient or outpatient at the time the prescription is filled. If he or she is an inpatient, write ‘I’; if he or she is an outpatient, write ‘O’ in the column.
- Drug name-The abbreviated name of the medicine dispensed (e.g., ZDV for zidovudine)

Notes: A Fixed Combination Drug, as in TDF/3TC/EFV, is formulated as one tablet but contains more than one drug in it and therefore, should be recorded in only one of the three columns. Ex- under ‘drug name’ column of drug 1
- Strength/volume-For solid dosage forms, indicate the strength of the medicine (e.g., 1200 mg for TDF/3TC/EFV); for liquid dosage forms indicate the amount of liquid in the container (e.g., 100 ml)
- Brand-The trade name of the medicine being dispensed (may be abbreviated)
- Quantity-The quantity of the medicine dispensed (number of tablets, capsules, or bottles of liquid preparation).

Notes: The pharmacist should dispense to the FTAR client of a quantity of 1st line ARV drugs enough for three months, which is half as much as what is prescribed
 Ex: If an FTAR client presents with 6 months’ prescription of TDF/3TC/EFV(180 tablets), the pharmacist should dispense:

 - 90 tablets of the drug for three months at the first visit and record ‘90’ under the quantity column
 - the remaining 90 tablets at the refill visit and record ‘90’ under the quantity column corresponding the date of the refill visit.

- Months of supply-The number of months for which the dispensed medication will last. The dispenser should write 3 under this column to indicate that only 3 months of supply of ARV is dispensed to the FTAR clients at the first visit
- TB preventive therapy: If a patient is taking isoniazid (INH) or other for TB preventive therapy, this column is to be checked.
Note: However, the pharmacist should make sure that the FTAR client is one who should not be prescribed with INH, if so, he should communicate with the ART provider to question the eligibility of the patient for FTAR service.
- Co-trimoxazole prophylaxis-If a patient is taking co-trimoxazole for prophylactic treatment, this column is to be checked.
Note: However, the pharmacist should make sure that the FTAR client is one who has long completed CPT but if the prescription states that the patient is taking cotrimoxazole, he should communicate with the ART provider to question the eligibility of the patient for FTAR service.
- Other drugs-If a patient is taking medicines other than ARV drugs for treatment, the medicines are to be listed.
- Service Delivery- Write 'FTAR' under this column for FTAR clients who presents a prescription with 'FTAR' mark on it.
- Date of next visit-The last date on which the patient should come back to the dispensing pharmacy to collect the medications. A patient who failed to come to the pharmacy within 2 or 3 days of the appointed date is said to have failed to adhere to the treatment
Note: The Date of Next Visit entry should be the same as the appointment date determined by the clinician so that the patient can collect the medications on the same date he or she visits the clinician. The Date of Next Visit should be made two or three days earlier than the date at which the patient takes his or her last medicine. The dispensing pharmacist should, however, make sure that the appointment given by the ART provider is made two or three days ahead of the date at which the patient finishes the last tablet. The idea is to help the patient collect the medicines earlier before the doses are finished to avoid treatment interruptions.
Ex- If the FTAR client prescribed with 6 months' prescription comes to the pharmacy on 13/3/2012, the same date of the clinical visit, the pharmacist should dispense only half of the quantity to the patient and appoint him to come back on 11/6/2012 to collect the remaining half of the quantity prescribed.

How to File

The Antiretroviral Drugs and Patient Information Sheet should be filed in a filing cabinet by the order of the patient's card number, and the cabinet should always be locked and be accessible only to the dispensing pharmacist. The ARV Drugs and Patient Information Sheet for lost to follow up, transferred out and died patients should be separately filed from the active patients.



Ministry of Health

Antiretroviral Drugs and Patient Information Sheet (ARV/PIS-13)

Name of the Health Institution: XXX Hospital

Patient				Clinical Information																	
MRN <u>898560</u> Unique ART No. <u>14/08/12x0278x</u>		Previous Exposure to ARVs: <input checked="" type="checkbox"/> Naive (N) <input type="checkbox"/> Non-Naive (NN) If NN, Previous Regimen: _____																			
Name: <u>YY ZZ</u>		Current status: <input checked="" type="checkbox"/> On active treatment <input type="checkbox"/> Transferred-out <input type="checkbox"/> Lost for follow-up <input type="checkbox"/> Deceased <input type="checkbox"/> Stopped t/t by physician																			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <u>...45</u> ...years	History of ADR or Side Effects		Concomitant Diseases		Reason for regimen change, interventions made or other remark															
Date ART started: <u>16/2/2010</u>	Wt. on Start: <u>47</u> ...Kg	Date	Description	Date	Description	Date	Description														
Patient's address: Zone/Town/Sub-city <u>Bole</u> Woreda _____ Kebele: <u>10</u> House No <u>910</u> Tel: <u>0999-99-99</u>		Support Person's address: Zone/Town/Sub-city _____ Woreda _____ Kebele _____																			
Drug Dispensing Information																					
Date (EO) dd/mm/yy	Reason for			In/Outpatient (I/O)	Prescribers Initial	Prescription No.	Antiretroviral Drugs									Months of Supply	Cotrimoxazole Prophylaxis TB Preventive Ther	Other Drugs	Service Delivery (other: ASM, FTR, CAG, etc)	Date of Next Visit	Dispensers Signature
	Start (v)	Refill (v)	Switch (v)				Drug 1			Drug 2			Drug 3								
							Drug Name*	Strength	Brand	Quantity	Drug Name*	Strength	Brand	Quantity	Drug Name*						
10/6/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	o		TDF/3TC/EFV	1200	30						1	<input checked="" type="checkbox"/>		ASM	8/7/2010		
8/7/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58	o		TDF/3TC/EFV	1200	30						1	<input checked="" type="checkbox"/>		ASM	6/8/2010		
6/8/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	o		TDF/3TC/EFV	1200	60						2			ASM	4/10/2010		
4/10/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63	o		TDF/3TC/EFV	1200	60						2			ASM	2/12/2010		
2/12/2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65	o		TDF/3TC/EFV	1200	60						2			ASM	25/1/2011		
25/1/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65	o		TDF/3TC/EFV	1200	60						2			ASM	23/3/2011		
23/3/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65	o		TDF/3TC/EFV	1200	180						6			ASM	21/9/2011		
21/9/2011	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65	o		TDF/3TC/EFV	1200	180						6			ASM	13/3/2012		
13/3/2012	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68	o		TDF/3TC/EFV	1200	90						3			FTR	11/6/2012		

*Any Fixed Dose Combination drug should be recorded as one drug. E.g. TDF/3TC/EFV is one drug. However, if available it should be recorded under only "Drug name" column of only one of the three drugs category. The regimen AZT/3TC/EFV consists of two drugs, the first AZT/3TC should be recorded under "Drug name" column of drug 1 category and EFV should be recorded under "Drug name" column of drug 2 category.

- The pharmacist will notify the client of his/her next refill visit date, which is after three months, and firmly advise him/her to come back to the pharmacy on the appointed date in order to collect the remaining three months of ARV drugs refill.
- In addition, the pharmacist will collect all the ARV drugs & Patient Information sheets (PIS, yellow Card) of every FTAR clients dispensed with ARV on the date and forwards to the Data entry clerk who in turn records them in the Electronic Dispensing Tool(EDT) if installed and upgraded. In the absence of Data clerk at the pharmacy, the pharmacist will be responsible to record the data to the EDT at the end of the day or right after dispensing.
- The pharmacist will then fill in each patient's unique ART in the column of the patient tracking chart (annex 4) corresponding to the next appointment date of each FTAR client in order to list the patients that will be expected to come for refill after three months.

How to record Patient Tracking Chart (ARV/PTC-14)

The success of ART depends heavily on the level of patient adherence to the treatment schedule. Noncompliance to treatment leads to a significant level of treatment failure.

One of the biggest challenges of ART is, therefore, patient adherence—a challenge that pharmacists can address by helping patients adhere to their treatment. Despite the pharmacist’s best efforts, however, patients might still fail to comply with their treatments. The pharmacist should have some means of identifying this noncompliant group. Identification is not an easy task, of course, because the pharmacist has no assurance that a patient is taking the medicines properly at home, even if he or she is collecting them on time from the dispensing pharmacy. The pharmacist can be sure, however, that the patient is not adhering to the treatment if he or she fails to collect the medications for the next supply on time. Tracing these patients in a timely fashion, therefore, is necessary so they do not miss prescribed doses. Therefore, the **Patient Tracking Chart(PTC)** should be revitalized and used by the pharmacist as a tool to monitor the appointment of FTAR clients for drug refill particularly at the second refill visiting date where clients are supposed to bypass the ART clinic.

Definition of the Patient Tracking Chart

The Patient Tracking Chart is a single-copy chart containing a table with columns representing the calendar days of a month that aligns with appointment dates of clients and rows representing the number of clients appointed. When designing the patient tracking chart, weekend days and holidays can be represented by color shading of the corresponding columns. The PTC is to be prepared for every month of the year by the pharmacist to help him follow up with FTAR patients to determine if they are keeping their appointment dates particularly the second refill visiting dates and trace those who fail to collect their medicines on time. The pharmacist, along with the ART team, can then look for ways to contact those patients so that they will continue the treatment.

Purpose of the Patient Tracking Chart

The purpose of the Patient Tracking Chart is to monitor adherence to ART and drug refills. If patients are collecting their medications exactly on the appointment date, the dispenser may conclude that they are probably adhering to their treatment schedule, although collecting medicines is not an absolute indicator or evidence that patients are taking individual doses regularly and appropriately. The failure of FTAR patients to collect their medications on the date of next visit or within 2 or 3 days of it is an absolute indicator that they are missing doses (i.e., they are not adhering to the treatment) unless they have emergency refill from other facilities. Therefore, the pharmacist, along with the ART team members, should try to trace the patient so that he or she can receive additional adherence counseling or other support required to improve adherence.

Who Fills Out the Chart?

- The Patient Tracking Chart should be filled out by the dispensing pharmacist.

When to Fill Out the Chart

- The Patient Tracking Chart should be filled out immediately after dispensing.

How to Fill Out the Chart

Immediately after dispensing, the dispenser should fill in the Unique ART Number (UAN) or the card number of the patient in the column that corresponds to the date of next visit. The UAN or card numbers of all patients are then recorded in a similar fashion. If

the date of next visit falls on a weekend on which the health facility does not provide service, the patient can be appointed to come on Friday or Monday. Likewise, if the date falls on a holiday where no service is provided, the patient can be appointed to come on an earlier date or immediately after the holiday. Every morning the dispenser will look at the Patient Tracking Chart and take out the cards of all patients who are expected to visit the pharmacy on that date. If any patient fails to come on that date, the dispenser should find a means for tracing the patient in collaboration with other ART team members.

How to File the Chart

The Patient Tracking Chart is to be filed in such a way that it is accessible to the dispensers. The information will not be reported. Rather it will be used only by the dispensers to follow up FTAR clients with regard to their behavior in collecting their medicines on time.

Patient Tracking Chart (ARV/PTC-14)

Name of the Health Facility: **XXX Hospital** Month **Yekatit** Year **2012 EC**

SN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1																														
2											02770																			
3											01880																			
4											02119																			
5											02387																			
6											01555																			
7											02999																			
8											01111																			
9											01890																			
10											0278x																			
11											2358																			
12																														
13																														
14																														
15																														
16																														
17																														

3. Pharmacy visit On the date of refill

- The pharmacist, who is in charge of tracking ART refill appointments, uses the patient tracking chart to identify FTAR clients who are expected to pick their ART refills after three months.
 - Every morning the dispenser will look at the Patient Tracking Chart and take out the yellow cards of all FTAR clients who are expected to visit the pharmacy on the day.
- Upon arrival at facility, the patient goes directly to the ART dispensing room bypassing the ART clinic and presents his/her appointment card or any other identifier to the pharmacist
- The pharmacist after cross checking the UAN of the FTAR client from the patient tracking chart against the ‘FTAR’ remark on the yellow card of the client will dispense the remaining pre-packed three months’ ARV refill to the patient.

- The pharmacist should assess the FTAR client to identify any drug toxicity that he/she might have encountered during the previous 3 months as well as investigate any adherence barriers for appropriate intervention by ART providers
- The pharmacist should also measure the adherence level of the FTAR clients attending their visit by using pill count or self-report of the patient of the number of tablets/doses that he/she has missed in the past three months.
- The pharmacist identifies those clients with poor adherence, records their list and share to the adherence case manager for counselling and to the ART provider for appropriate intervention and category change.
- The pharmacist updates the yellow cards of all FTAR clients who were refilled with the remaining three month's drug and cross out their respective UAN/MRN record from the Patient Tracking Chart by drawing a line through it. This includes the record of the next date of pharmacy visit after three months which is the same as the next appointment date given by the ART provider to be 6 months after the first clinical encounter. The updates on the yellow cards are also recorded into the EDT either by Data Clerk or the pharmacist himself/herself.

Ex- If the FTAR client comes to the pharmacy on 11/6/2012 as appointed, the pharmacist record 11/9/2012 as the next date of visit to the pharmacy which lies exactly on the next appointment date of the clinical visit.

- The pharmacist should also remind the FTAR clients dispensed with the remaining ARV refill to come back after three months to the ART clinic for clinical review and to the pharmacy for refill after confirming that the patient was told the same appointment date by the ART provider.
- The pharmacist reviews the Patient tracking chart at the end of the day to see if all expected patients have come to pick their refills and identify those who failed to attend.
 - Any UAN/MRN that has not been crossed out from the patient chart represents an FTAR client who failed to come for refill on the day.
- The pharmacist shares the information to Adherence Case Manager of the list of FTAR clients who defaulted from appointment so that
 - The ACM would track the defaulting client, contacts them to come and collect the refill within 2 or 3 days of the appointed date
 - The ACM would enter the record of untraceable patients into the facility's missed appointment/defaulters register for further tracing efforts.
 - The ACM would put every effort in tracking and tracing defaulting clients back to care so that the proper package of ART service can be given
 - The ACM and the ART team would provide additional adherence counseling or other support to defaulting clients traced back to care.

PRESCRIPTION PAPER

O2 VRA 11130

Name of the Health Institution: XXX Hospital
 Address: Reg. 14 Town Addis Ababa Tel. 511211 P.O.Box 5657

PRESCRIPTION PAPER O2 VRA 11130
 Name of the Health Institution: XXX Hospital Date: 13/9/2012
 Patient's Name: YY ZZ Sex: M Age: 45

Weight: 68 Card No. 898560 Start Refill
 Inpatient Outpatient
 Diagnosis (ICD code No.): IFD-01
 Address: Region: 14 Town Addis Ababa Woreda _____ Kebele 10
 House No. 910 Tel. No.: 0999-99-99

Treatment given (Drug name, strength, dosage form, dose, duration and quantity)	Price of each item (For dispenser's use only)
Rx 1. Tenofovir + Lamivudine + Efavirenz 1200mg tab. 1 tab QHS # 180 tabs	

FTR

Patient		Clinical Information			
MRN <u>898560</u> Unique ART No. <u>14/08/12x/0278x</u>	Previous Exposure to ARVs: <input checked="" type="checkbox"/> Naive (N) <input type="checkbox"/> Non-Naive (NN) <input type="checkbox"/> If NN, Previous Regimen: _____				
Name: <u>YY ZZ</u>	Current status: <input checked="" type="checkbox"/> On active treatment <input type="checkbox"/> Transferred-out <input type="checkbox"/> Lost for follow-up <input type="checkbox"/> Deceased <input type="checkbox"/> Stopped t/t by physician				
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <u>45</u> years	History of ADR or Side Effects		Concomitant Diseases	Reason for regimen change, interventions made or other remark
Date ART started: <u>16/2/2010</u>	Wt. on Start: <u>47</u> Kg	Date	Description	Date	Description
Patient's address: _____		Support Person's address: _____			
Zone/Town/Sub-city/Bole _____		Zone/Town/Sub-city _____			
Woreda _____		Woreda _____			
Kebele: <u>10</u>		Kebele _____			
House No. <u>910</u>		House No. _____			
Tel. <u>0999-99-99</u>		Tel. _____			

Drug Dispensing Information																			
Date (EC) dd/mm/yy	Reason for	In/Outpatient (I/O)	Prescription No.	Drug 1			Drug 2			Drug 3			Months of Supply	TB Preventive Therapy	Cotrimoxazole Prophylaxis	Other Drugs	Service Delivery (other, ASM, FTR, CAG, etc)	Date of Next Visit	Dispenser's Signature
				Drug Name*	Strength	Brand	Quantity	Drug Name*	Strength	Brand	Quantity	Drug Name*							
30/6/2010	V	56	0	TDF/3TC/EFV	1200	30						1	V					8/7/2010	
8/7/2010	V	58	0	TDF/3TC/EFV	1200	30						1	V					8/8/2010	
6/8/2010	V	60	0	TDF/3TC/EFV	1200	60						2						4/10/2010	
4/10/2010	V	63	0	TDF/3TC/EFV	1200	60						2						2/12/2010	
2/12/2010	V	65	0	TDF/3TC/EFV	1200	60						2						25/1/2011	
25/1/2011	V	65	0	TDF/3TC/EFV	1200	60						2						23/3/2011	
23/3/2011	V	65	0	TDF/3TC/EFV	1200	180						6				ASM		21/9/2011	
21/9/2011	V	65	0	TDF/3TC/EFV	1200	180						6				ASM		13/3/2012	
13/3/2012	V	68	0	BT 11130	TDF/3TC/EFV	1200	90					3				FTR		11/6/2012	
11/6/2012	V	68	0		TDF/3TC/EFV	1200	90					3				FTR-C		11/9/2012	

Patient Tracking Chart (ARV/PTC-14)

Month	Yekatit	Year	2012	EC
10	11	12	13	14

Antiretroviral Drugs Patient Information Sheet (ARV/PIS-13)

Name of the Health Institution: XXX Hospital

Patient		Clinical Information			
MRN <u>898560</u> Unique ART No. <u>14/08/12x/0278x</u>	Previous Exposure to ARVs: <input checked="" type="checkbox"/> Naive (N) <input type="checkbox"/> Non-Naive (NN) <input type="checkbox"/> If NN, Previous Regimen: _____				
Name: <u>YY ZZ</u>	Current status: <input checked="" type="checkbox"/> On active treatment <input type="checkbox"/> Transferred-out <input type="checkbox"/> Lost for follow-up <input type="checkbox"/> Deceased <input type="checkbox"/> Stopped t/t by physician				
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <u>45</u> years	History of ADR or Side Effects		Concomitant Diseases	Reason for regimen change, interventions made or other remark
Date ART started: <u>16/2/2010</u>	Wt. on Start: <u>47</u> Kg	Date	Description	Date	Description
Patient's address: _____		Support Person's address: _____			
Zone/Town/Sub-city/Bole _____		Zone/Town/Sub-city _____			
Woreda _____		Woreda _____			
Kebele: <u>10</u>		Kebele _____			
House No. <u>910</u>		House No. _____			
Tel. <u>0999-99-99</u>		Tel. _____			

Drug Dispensing Information																			
Date (EC) dd/mm/yy	Reason for	In/Outpatient (I/O)	Prescription No.	Drug 1			Drug 2			Drug 3			Months of Supply	TB Preventive Therapy	Cotrimoxazole Prophylaxis	Other Drugs	Service Delivery (other, ASM, FTR, CAG, etc)	Date of Next Visit	Dispenser's Signature
				Drug Name*	Strength	Brand	Quantity	Drug Name*	Strength	Brand	Quantity	Drug Name*							
10/6/2010	V	56	0	TDF/3TC/EFV	1200	30						1	V					8/7/2010	
8/7/2010	V	58	0	TDF/3TC/EFV	1200	30						1	V					8/8/2010	
6/8/2010	V	60	0	TDF/3TC/EFV	1200	60						2						4/10/2010	
4/10/2010	V	63	0	TDF/3TC/EFV	1200	60						2						2/12/2010	
2/12/2010	V	65	0	TDF/3TC/EFV	1200	60						2						25/1/2011	
25/1/2011	V	65	0	TDF/3TC/EFV	1200	60						2						23/3/2011	
23/3/2011	V	65	0	TDF/3TC/EFV	1200	180						6				ASM		21/9/2011	
21/9/2011	V	65	0	TDF/3TC/EFV	1200	180						6				ASM		13/3/2012	
13/3/2012	V	68	0	BT 11130	TDF/3TC/EFV	1200	90					3				FTR		11/6/2012	
11/6/2012	V	68	0		TDF/3TC/EFV	1200	90					3				FTR-C		11/9/2012	

2nd visit

1st visit

Patient Tracking Chart

Name of the Health Institution: XXX Hospital Month Yekatit Year 2012 EC

Month	Yekatit	Year	2012	EC
6	7	8	9	10
11	12	13	14	15
16	17	18	19	

02770	02770
01880	01880
02119	02119
02387	02387
01555	01555
02999	02999
01111	01111
01890	01890
0278x	0278x
2358	2358

4. Completion of full clinical visit

- When the FTAR client shows up at the appointed date of the clinical visit, the ART provider
 - Estimates adherence by asking the FTAR client as to how many doses she/he has missed in the past six months, or count the remaining pills the patient has returned to the clinic by using adherence grading table.
 - Records adherence status of the client in the ‘assess and counsel adherence’ column of the ART follow-up chart of the client by using abbreviation (G, F, P) which best fits the client’s adherence status.
 - Identifies those FTAR clients with poor adherence and enters the codes of reasons of poor or fair adherence in the ‘why F,P column of the follow-up chart using the codes from the coding tables at the back of follow up card.
 - The ART providers provide adherence counseling for poorly adhering clients and change their category to help them in short intervals than in FTAR.
 - The ART provider finally determines the next appointment visit date, records it in the next visit date column of the follow up chart, and informs the client to come back to the clinic on the appointed date after 6 months for clinical visit.
- The ART provider guided by the dates of clinical visit given to ART clients in the first visit and as recorded in the follow up chart, identifies those clients who have not come on schedule and provide the information to Adherence Case Manager for listing the clients in the defaulting register and tracing back to care.
- The data clerk collects all the FTAR clients follow up chart and updates the ASM/FTAR register (Annex 5) which is the same register used for ASM clients.

Roles and Responsibilities

The Implementation of the Fast Track ARV drugs Refill model of care is managed and coordinated at different levels: federal, regional, and health facility levels. The federal ministry of health and the regional health bureaus are responsible lead its implementation. Therefore, some of the actors of FTAR implementation and their responsibilities are:

MOH/DPCD

- Oversee and monitor implementation of the FTAR model of HIV care
- Coordinate and conduct Supportive Supervisions in collaboration with stakeholders and partners.
- Conduct periodical review of FTAR performance and evaluate its outcome
- Develop and avail SOP, Monitoring Tools, Job AIDS and Provider Support tools needed for FTAR implementation.
- Distribute soft copy of ASM/FTAR Client classification tools, ASM/FTAR Register &Tally sheets, Print & distribute sample ASM/FTAR Register to regions

- Provide orientation training on Fast Track ARV drugs Refill model of HIV care to RHBs and selected health facilities for implementation at Health Facilities

MOH/PMED

- Ensure availability and utilization of ARV Drug & Patient Information sheet (Yellow Card) and Patient Tracking chart at ART pharmacy of facilities at all times.
- Ensure the upgrade, functionality and utilization of the Electronic Dispensing Tool (EDT) at ART pharmacy where available.
- Enforce the use and utilization of Yellow card, EDT, and Patient Tracking Chart for FTAR implementation.
- Monitor the use of yellow card and Patient Tracking Chart at ART pharmacies, identify gaps on utilization and intervene proactively.
- Provide strong support, close follow up and monitoring the performance of ART pharmacies with respect to providing the expected service of FTAR.

RHBs

- Support and monitor the implementation of FTAR at health facilities
- Coordinate with all stakeholders at region level for the implementation of the FTAR model of HIV care
- Print & distribute SOP, Monitoring Tools, Job AIDS, Provider Support tools, ASM/FTAR Patient Client classification tools, ASM/FTAR register, Yellow cards, Patient Tracking chart, etc to their respective health facilities for implementing FTAR
- Provide strong support, close follow up with respect to providing the expected service of FTAR.
- Coordinate and conduct Supportive Supervisions in collaboration with stakeholders and partners in their region
- Cascades orientation training on FTAR implementation to their respective health facilities' management and key staffs.
- Provide customized training to pharmacy professional of their respective health facilities to build their capacity in using Yellow card and patient tracking chart for FTAR implementation.

Implementing partners

- Provide Technical support to MOH, RHBS and health facilities on the implementation of the Fast Track ARV drugs Refill.
- Support the MOH in the conduction of orientation & refresher training for RHBs and selected health facilities on FTAR implantation.
- Support RHBs in the provision of customized training to pharmacy professionals in their respective health facilities to improve their capacity in the use of on ARV drugs and Patient Information Sheet (yellow card) and Patient Tracking Chart and other pharmacy recording tools.
- Support MOH on development, printing and distribution of monitoring tools, recording tools, job aids and provider support tools required for FTAR implementation.

NEP+

- Promote different models including FTARs through Adherence counseling/education,
- Support in tracing of clients who missed their appointment of FTARs in collaboration with ART pharmacist and community volunteers,
- Provide orientation and refreshment training to the network members on FTAR model of HIV care
- Strengthen support group and one-to-one adherence follow up at association level so as to create demand on DSD models including FTARs.
- Be part of Periodical Performance Review of FTAR by MDT
- Engage in joint supportive supervision of FTARs

Health facilities

Facility Multi-Disciplinary Team (MDT)

- Ensure that all tools for FTAR implementation are availed at ART clinic and pharmacy and follow-up their uninterrupted utilization at all times.
- Make performance of FTAR implementation as one of the agenda of the MDT meeting
- Coordinate with RHB and facilitate cascade trainings on FTAR model for facility staffs
- Provide strong support, close follow up with respect to providing the expected service of FTAR. in health facilities
- Ensure the FTAR Performance report from ART clinic and Pharmacy, compile and report to the next higher level

ART Focal Person

- Serve as Focal Person of the FTAR implementation
- Ensure the availability of recording and Monitoring tools at ART clinic.
- Identify gap on recording tools at ART pharmacy and facilitate to fill gap.
- Oversee the day-to-day operation of facility-based FTAR for stable clients
- Collect FTAR Performance report from ART clinic and Pharmacy, compile and report to the next higher level.
- Compile and share best practices on FTAR performance

ART provider

- Assess and Categorize patients for the differentiated packages of services
- Provide FTAR service to eligible clients.
- Recording and documentation of FTAR service at ART clinic.
- Ensure Routine Viral Load Testing are conducted for each FTAR client by aligning appointment date with dates of VL load testing.

Pharmacy personnel

- Ensure adequate stock of pre-packed ARV drugs at ART pharmacy for FTAR clients, request for refill from ART store to replenish.
- Ensure availability of Yellow card for each FTAR patient and Patient Tracking chart at any time
- Effectively perform real-time dispensing ARV drugs for FTAR clients at ART pharmacy while providing adherence counseling and monitoring adverse drug events to FTAR clients.
- Records Yellow card for every FTAR client during dispensing at ART pharmacy at every refill and subsequent visit.
- Use Patient tracking chart to record appointment dates of clients dispensed with ARV at all visits and use data for monitoring drug refills and tracking defaulting FTAR Clients.
- Enter data into EDT where available and upgraded or facilitate same by data clerk and use data for tracking patients appointed at any particular date.
- Track defaulting patients and share information to Adherence Case Managers

Data clerk at ART clinic

- Record and update the ASM/FTAR register

Adherence case Managers

- Provide adherence support to FTAR clients in collaboration with Adherence supporters through telephone follow up or home-based contacting.
- Track and Trace back FTAR clients who failed to show up for their refill appointments in collaboration with the pharmacist.
- Maintain appointment calendar for FTAR clients and recording of registers for missed/defaulting clients.

Monitoring and Evaluation

Data Source:

The major data source to be used for collecting data that will be used for monitoring the progress of the FTAR implementation and evaluating its outcome is the ASM/FTAR register. Others include the FTAR-ASM classification tools, the daily tally sheets and Monthly reporting tool

Indicators:

The outcomes of the Fast Track ARV drugs Refill model of care at facilities is tracked using the following indicators:

Process and output monitoring Indicators

- Number of individual patients screened and found eligible for FTAR
- Number and proportion of newly eligible patients enrolled to the FTAR

- Number and proportion of eligible clients who refused to be enrolled into FTAR
- Number of individual patients currently on FTAR
- Number and proportion of FTAR clients who failed to collect their refill at the second refill visit
- Proportion of FTAR clients with poor adherence at any refill visits at pharmacy.

Outcome monitoring Indicators

- Percentage clients on FTAR with a suppressed viral load (<1000 copies/ml) at 12-month of initiating FTAR.
- Proportion of patient enrolled in FTAR maintained initial model after 12 month of enrollment.

Reporting

There are two types of FTAR reports expected to be made to the next level through the system at different time's i.e. the monthly facility based FTAR report and cohort analysis report. At facility level,

- The ART provider collects daily enrollment data with the help of tally sheet including the summary data from ASM/FTAR register.
- The data checked for completeness, consistency and data quality
- The data collected and compiled by the ART focal person of the facility
- The monthly report data on FTAR performance is prepared using the facility based monthly FTAR reporting template and sent to the MOH following through all the proper channel as per the DHIS2 framework.
- A cohort analysis is done by the facility at 6 months, 1 year 2 year, etc. for each cohort of ART clients and the summary is reported to higher level and is used for evidence-based decision.
- Both the monthly and cohort report is discussed by the facility MDT team to identify major challenges for which performance improvement plans are designed

Annex 1. APPOINTMENT SPACING MODEL/FTAR OF HIV CARE WALL CHART

A. Patient Categories

S. N	Patient Category	Criteria or Description of the Category
1.	Category 1a	People, who present when well, potentially with higher CD4 cell(>200cells/ml) counts but either not yet initiated on ART or on ART for < 12 months
2.	Category 1b	Pregnant/Breast feeding women with no other complications, rapidly growing children (0–5 years old) and adolescents with no advanced disease or other complications.
3.	Category 2	People with advanced disease are defined as those presenting to care with a CD4 count below 200cells/mm3 or WHO disease stages 3 and 4.
4.	Category 3	Those who are already on ART but need careful monitoring to ensure timely action as required (Treatment failure suspects, patients with other chronic comorbidities, patients with identified adherence barriers etc).
5.	Category 4	Stable individuals who have received ART for at least one year and have no adverse drug reactions that require regular monitoring and have good understanding of lifelong adherence and evidence of treatment success. ^a

B. FRAME WORK FOR APPOINTMENT SPACING MODEL OF HIV SERVICE DELIVERY IN ETHIOPIA

Patient group/category	Minimum care package/services	Location of Service delivery	Provider of service	Frequency of service delivery	Additional support required	Remark
Category 1a: People, who present when well, potentially with higher CD4 cell counts (>200cells/ml),	<ul style="list-style-type: none"> Clinical and lab evaluation OI screening and prophylaxis if needed ART initiation additional and targeted adherence and retention support in order to commit to lifelong ART 	HC or Hospital based on consensus	Prescriber nurse/HOP hysician	Biweekly during the 1 st month, monthly during month 2 to 6, Every three months then after, Assess for possible change of category after 12 months	Intensive adherence support during the first six months as they feel well and may be reluctant	

Category 1b: Pregnant/Breast feeding women with no other complications, rapidly growing children (0–5 years old) and adolescents	<ul style="list-style-type: none"> • Clinical and lab evaluation • OI screening and prophylaxis if needed • ART initiation if not already started • additional and targeted adherence and retention support in order to commit to lifelong ART 	HC or Hospital based on consensus	Prescriber nurse/HO/Physician	If client newly initiated Biweekly during the 1 st month, monthly during month 2 to 6, Every three months then after	Intensive adherence support.	Rapidly growing Children and adolescents may need dose adjustment based on their weight
category 2: People presenting to care with advanced disease	<ul style="list-style-type: none"> • Rapid initiation of ART (after appropriate base line evaluation) • Systematic screening for OIs; • Provision of IPT and CPT; • Intensive follow-up and monitoring • Lab monitoring as per the guideline 	Hospital	Prescriber nurse/HO/Physician	As per the national treatment guideline and may be assessed for reclassification after stabilization	Additional adherence counseling and support by case managers	
Category 3: Those who are already on ART but need careful monitoring to ensure timely action as required	<ul style="list-style-type: none"> • Clinical care and lab monitoring, • additional adherence support • Timely switch to second-line ART regimen in case of treatment failure 	Hospital	Experienced Nurse/HO/Physician	Monthly and change of category if stabilized or issue settled	Provide enhanced adherence counseling and support if there is high viral load	
Category 4: Stable individuals who are already on ART for \geq 1year excluding children, adolescents, pregnant and lactating women.	<ul style="list-style-type: none"> • Clinical review and medication refill • Adherence assessment and support • Adherence counseling to Re-enforce the adherence practice • Lab monitoring as per the guideline 	HC or Hospital	Nurses	Every six months for clinical follow up and drug refill. If the client is not willing to be included in the six monthly follow up, a pharmacy drug refill will be arranged every other three months	Additional adherence counseling and support by case managers (at the facility) and community adherence groups, encourage disclosure, involve treatment/adherence supporters at home	Treatment supporter at home level, pill box, safety box

Annex 2- ASM/ FTAR MODEL OF HIV CARE CLIENT CLASSIFICATION TOOL

A. Client's Current data

1. Client Name _____	Fathers' Name _____	Garand Fathers' _____	
For child only: - Mother's /Fathers Name: _____			
2. Age: _____ years/months for < 1years	Sex: O M O F		
3. Marital Status: O Never Married O Married O Divorced O Widowed			
4. Level of education: O No education O Primary O Secondary O Tertiary O Other/specify _____			
5. Occupation: _____			
6. Address: Region _____ Zone/Sub city _____ Woreda _____ Kebele _____ House No. _____	Telephone _____		
7. Client reside within the catchments area O Yes O No , If no; Counsel and encourage for referral to a nearby facility to his/her home			
8. Date ART started(ET) _____ Month on ART _____			
9. Unique ART ID: _____/_____/_____/_____	MRN _____		
10. Current ART regimen			
<input type="checkbox"/> First Line Regimen: _____		<input type="checkbox"/> Date (ET) Initiated __/__/__ (dd/mm/yyyy)	
<input type="checkbox"/> Second Line Regimen: _____		<input type="checkbox"/> Date (ET) Initiated __/__/__ (dd/mm/yyyy)	
11. Current ART Adherence <input type="checkbox"/> Good >95% <input type="checkbox"/> Fair (85 - 94%) <input type="checkbox"/> Poor <85%			
12. Is the client pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No Breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. CD4 count (CD4% for <5 years): Most recent result _____ cells/ul Date (ET) __/__/__			
14. If VL test done: Most recent result _____ copies/ml			
15. Current Clinical observations/symptoms: WHO (Treatment) Staging : <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV			

B. Classification based on their current data and care needs

S.N.	Category	Criteria or Description
	Category 1a	People, who present when well, potentially with higher CD4 cell(>200cells/ml) counts but either not yet initiated on ART or on ART for < 12 months
	Category 1b	Pregnant/Breast feeding women with no other complications, rapidly growing children (0–5 years old) and adolescents with no advanced disease or other complications.
	Category 2	People with advanced disease are defined as those presenting to care with a CD4 count below 200cells/mm ³ or WHO disease stages 3 and 4.
	Category 3	Those who are already on ART but need careful monitoring to ensure timely action as required (Treatment failure suspects, patients with other chronic comorbidities, patients with identified adherence barriers etc).
	Category 4	Stable individuals who have received ART for at least one year and have no adverse drug reactions that require regular monitoring and have good understanding of lifelong adherence and evidence of treatment success. ^a

a: Two consecutive viral load measurements below 1000 copies/mL, with no current illnesses, excluding children, adolescents, pregnant and lactating women; In the absence of viral load monitoring, rising CD4 cell counts or CD4 counts above 200cells/mm³, an objective adherence measure either from the clients self-report or by doing pill count; can be used to indicate treatment success.

C. If there is change in category specify

Date of Assessments	Current Category	Enrollment status*	Category Change	Reason for category change*

*Enrollment status: 1.ASM Enrolled, 2.FTAR enrolled, 3.Refused/Declined

*Reasons for change in client category: 1. Pregnant/breast feed 2. Developed advanced disease, 3.Other

Annex 4- Patient Tracking Chart (ARV/PTC-14)

Name of the Health Facility: _____ Month _____ Year _____

S N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	1																													
2																														
3																														
4																														
5																														
6																														
7																														
8																														
9																														
10																														
11																														
12																														
13																														
14																														
15																														
16																														
17																														
18																														
19																														
20																														

Annex 5-ASM/FTAR Register



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH - ETHIOPIA

የዜጎች ጤና ለሃገር ብልጽግና!
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

Health Center//Hospital Appointment Spacing/FTAR Register

Region	Sub city/Woreda	Facility	Beginning Date	End Date
--------	-----------------	----------	----------------	----------

INSTRUCTIONS FOR APPOINTMENT SPACING /FTAR MODEL OF HIV CARE ENROLMENT REGISTER

Register (HC/Hospital- Appointment spacing/FTAR register) is to be kept in ART room and completed by the Data Clerk. Location information to be completed at front of register:

Region	Write the region where the Health Facility is located
Woreda /Sub-City	Write the woreda/sub-city where the Health Facility is located
Name of Health Facility	Write the name of the health facility where the Health Facility is located.
Register begin date	Enter the date of the first entry in the register, written as (EC) Day/Month /Year (DD/MM/YY)
Register end date	Enter the date of the last entry in the register, written as (EC) Day/Month /Year (DD/MM/YY)

SN	Datum	Comments												
1.	Serial Number	Sequential serial number in registration book; to be entered on client's registration card for later identification in register												
2.	Date of enrollment	Write date of enrollment to appointment spacing model, written as (EC) Day / Month / Year (DD/MM/YY)												
3.	MRN	Unique individual identifier used on medical information folder, for HC and hospital.												
4.	UAN	<p>Patients should be assigned a unique ART number when they leave pre-ART and begin ART. This will be: region number / facility type code / specific facility code / patient assigned number. Region number: the following code numbers are used:</p> <table border="0"> <tr> <td>1. Tigray</td> <td>6. Benishangul Gummuz (BG)</td> </tr> <tr> <td>2. Afar</td> <td>7. SNNPR (SN)</td> </tr> <tr> <td>3. Amhara</td> <td>12. Gambella (GA)</td> </tr> <tr> <td>4. Oromia</td> <td>13. Harar (HA)</td> </tr> <tr> <td>5. Somali</td> <td>14. Addis Ababa (AA)</td> </tr> <tr> <td>15. Dire Dawa (DD)</td> <td></td> </tr> </table> <p>Facility type code: 08 = Hospital 09 = Health Center Specific facility code: Each HC / hospital in each region is coded with three digits starting from 001. These specific facility codes are assumed to be given by regions together with federal, which means it is pre-coded and given to each facility centrally. Patient assigned number: A 5-digit number unique within the facility; the first patient to start ART in the clinic will be given 00001</p>	1. Tigray	6. Benishangul Gummuz (BG)	2. Afar	7. SNNPR (SN)	3. Amhara	12. Gambella (GA)	4. Oromia	13. Harar (HA)	5. Somali	14. Addis Ababa (AA)	15. Dire Dawa (DD)	
1. Tigray	6. Benishangul Gummuz (BG)													
2. Afar	7. SNNPR (SN)													
3. Amhara	12. Gambella (GA)													
4. Oromia	13. Harar (HA)													
5. Somali	14. Addis Ababa (AA)													
15. Dire Dawa (DD)														
5.	Full Name	Write the patient's first name, father's and grandfather's name.												
6.	Age	Enter the age of patient's age in years – yr. For example, a 17-year-old child is entered as 17 yr												
7.	Sex	M=Male; F=Female												
8.	ART Start Date	Enter date patient started ART, written as (EC) Day / Month / Year (DD/ MM/YY)												
9.	Months on ART	Write months on ART in number												
10.	First line regimen	Write the code for the 1st line regimen that that patient has being taken												
11.	Current category	<p>Write the patients current category as</p> <p>Category 1a: - People, who present when well, potentially with higher CD4 cell(>200cells/ml) counts but either not yet initiated on ART or on ART for < 12 months</p> <p>Category 1b: - Pregnant/Breast feeding women with no other complications, rapidly growing children (0–5 years old) and adolescents with no advanced disease or other complications.</p> <p>Category 2: - People with advanced disease are defined as those presenting to care with a CD4 count below 200cells/mm³ or WHO disease stages 3 and 4.</p> <p>Category 3: - Those who are already on ART but need careful monitoring to ensure timely action as required (Treatment failure suspects, patients with other chronic comorbidities, patients with identified adherence barriers etc).</p> <p>Category 4: - Stable individuals who have received ART for at least one year and have no adverse drug reactions that require regular monitoring and have good understanding of lifelong adherence and evidence of treatment success. a</p>												
12.	Counselled	Tick if the clients offered counselling on the new appointment spacing												
13.	If they are couples write UAN of the other partner	If the client has couples write UAN of the other partner												
14.	New category	If client category changed from one category to other write the new category												
15.	If category changed, specify reason and date	<p>Write the code for reasons change in client category on the upper space and</p> <ol style="list-style-type: none"> pregnant/breast feed developed advanced disease other <p>Write the date category changed on the lower space</p>												
16.	Date and Reason for Termination	<p>Write the code of reason for termination on the upper space and write the date of termination on the lower space</p> <ol style="list-style-type: none"> category change Lost from follow up Dead TO 												
17.	Remark	Write any additional suggestions, comments...follow up appointment												

Annex 6-FTAR Tally Sheet

Region _____													
Facility Name: _____													
Fast Track ART Refill Model Screening Daily Tally Sheet													
		Monda y		Tuesd ay		wednes day		Thursda y		Frida y		Total	Cumulative
Date													
		M	F	M	F	M	F	M	F	M	F		
Clients on 1st line ARV Regimen Screened for FTR	New assessed												
	Repeat Assessed												
Eligible to FTAR Model	Newly eligible	Tally											Last total + New=
		Count											
	Previous sly eligible	Tally											
		Count											
Enrolled in to FTAR Model	Newly Enrolled	Tally											Last total enrolled New=
		Count											
	Previous sly Enrolled	Tally											
		Count											
Eligible but refused/declined to be enrolled	Newly refused	Tally											Last total Refused /declined +New=
		Count											
	Previous sly Refused												
Major Reasons of Refusal/Decline													

Annex 7A: Facility Level FTAR Implementation Monthly Reporting Tool

Hospital/Health Center Monthly Fast Track ARV drugs Refill Model for ART Patients Report Form

Region: _____ Name of Health Facilities _____

Date of Report: _____ Reported by: _____

S.No	Activity	SEX		Monthly Total	cumulative
		Male	Female		
1	Number of Clients on 1st line ARV Regimen				
2	Number of clients Newly Assessed for Fast Track ARV Drug Refill/ FTAR/ Model				New+ Repeat Assessed=
3	Number of clients Repeat Assessed for FTAR/Model				
4	Number of New eligible clients for FTAR Model				New+ Previously eligible=
5	Number of Previously eligible clients for FTAR Model to FTAR				
6	Number of Newly Enrolled clients in to FTAR				New+ Previously Enrolled=
7	Number of clients Previously Enrolled in to FTAR Model				
8	Number of Newly clients refused/ declined FTAR				New+ Previously Refused=
9	Number of clients Previously refused/ declined FTAR				
10.	Major Reasons of Refusal/Decline:				

Annex 7B: Region Level FTAR Implementation Monthly Reporting Tool

Region Monthly Fast Track ARV drugs Refill Model for ART Patients Report Form

Region: _____

Date of Report: _____ Reported by: _____

S.No	Activity	SEX		Monthly Total	cumulative
		Male	Female		
1	Number of Clients on 1st line ARV Regimen				
2	Number of clients Newly Assessed for Fast Track ARV Drug Refill/ FTAR/ Model				New+ Repeat Assessed=
3	Number of clients Repeat Assessed for FTAR/Model				
4	Number of New eligible clients for FTAR Model				New+ Previously eligible=
5	Number of Previously eligible clients for FTAR Model to FTAR				
6	Number of Newly Enrolled clients in to FTAR				New+ Previously Enrolled=
7	Number of clients Previously Enrolled in to FTAR Model				
8	Number of Newly clients refused/ declined FTAR				New+ Previously Refused=
9	Number of clients Previously refused/ declined FTAR				
10.	Major Reasons of Refusal/Decline:				