



Adherence Assessment & Follow Up Guide for use in PMTCT Settings

How to Use the Adherence Assessment Guides

These adherence assessment guides were developed to support a range of providers (trained counselors, lay counselors, peer educators, expert clients, mother mentors, doctors, nurses, pharmacists, community health workers, and others) who work with pregnant women living with HIV and their families, as well as caregivers of HIV-exposed and HIV-infected children. Routine adherence assessments help identify and solve specific adherence challenges in a timely manner. The adherence assessment guides should be adapted to reflect national PMTCT and pediatric care and treatment guidelines, as well as the specific clinic, community, and cultural contexts in which they are used. It may be helpful to translate the guides into the local language.

Included are 2 adherence assessment guides: one for pregnant/postpartum women and one for caregivers of children enrolled in HIV care and treatment. The appropriate form should be used at every follow-up and refill visit to ensure that the client understands the care and medication plan and is taking his or her medicines the correct way, every day and/or giving the child his or her medicines the correct way, every day. Completed adherence assessment forms should be kept in the client's file and referred to at follow-up visits. If individual client files are not maintained at the clinic, these guides can be used as job aides to help providers when counseling pregnant/postpartum women and caregivers. The completed assessments can then be given to clients to keep with their health card, which is brought to each clinic visit.

Basic information: Write the client's name and file number at the top of the form. If the client is a child, write down the name of the caregiver attending the clinic visit. Then, tick the box corresponding to the type of visit. Be sure to sign and date the form at the end of each session, and ensure that the form is kept in the client's clinic file.

Questions to ask the client/caregiver: The questions in this section allow the health worker to discuss and assess adherence. It is important to allow time for the client to respond to each question. Clients should always be made to feel comfortable expressing adherence challenges and should never be judged or punished. Remember to write down any important information from their responses, as this will help decide on effective next steps, know important areas for follow-up, and support the clients' adherence over the long term.

Other assessment measures and next steps:

This is the section where health workers will plan with the client to ensure that he or she keeps up good adherence or develops strategies to improve adherence.

- **Other adherence assessment measures:** Depending on standard procedures at the clinic, the health worker may do a pill count and/or review the client's medicine diary or calendar. Record the results in the space provided.
- **Specific adherence challenges identified by client and health worker:** Based on the answers to the questions asked in the first section of this form, discuss the specific challenges to adherence that the client is having. Together, discuss possible solutions to each challenge.
- **Referrals made:** If there is an outside organization, such as a support group or a home-based care program, that could help support the client to overcome his or her challenges to adherence, refer the client to that organization or service and indicate the name and specific service in this part of the form. In some cases, the client may need to be referred for other facility-based services, such as an appointment with a trained counselor or a session with the pharmacist to explain dosing.
- **Next steps and follow-up plan:** Together with the client, identify which solutions and next steps he or she thinks are feasible and manageable. For each solution, list the necessary steps the client or health worker will need to take and a time line for each. Also, make an appointment for a follow-up visit and record the date on the form. This section of the form can be used as a starting point for the adherence assessment during follow-up visits.


Adherence Assessment for Pregnant and Postpartum Women Taking ARVs or ART

Client's Name: _____

Client's File#: _____

Tick one: 2-week follow-up visit 1-month follow-up visit monthly refill 3-month refill

Questions to ask the client:

1. Can you tell me more about how you took your medications this past month (or 2 weeks)? (Do you know the names of the medicines? How many pills do you take? At what time of day do you take them?)	
2. I would like you to think about the last 7 days. How many pills did you take late in the last 7 days? What were the main reasons you took them late?	
3. How many pills did you miss in the last 7 days? What were the main reasons you missed them?	
4. Which of these pictures best shows how many of your doses you took in the last month (or 2 weeks)? (<i>circle one</i>)	
5. How did the medicines make you feel?	
6. Can you tell me about any changes you noticed (such as in your health) or challenges you had with your medicines?	
7. What support or reminders do you have to help you take your medicines at the same time, every day?	
8. What questions do you have about your care or your medicines?	

Other assessment measures and next steps:

Results of pill count, if applicable:	
Review of medicine diary or calendar, if applicable:	
Specific adherence challenges identified by client and health worker: (<i>discuss possible solutions to each</i>)	
Referrals made:	
Next steps and follow-up plan:	Next appointment date: _____

Notes:

Signature of person completing assessment: _____ Date: _____

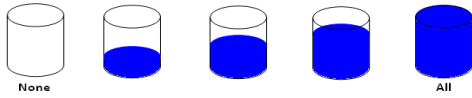
Adherence Assessment for Caregivers of HIV-Exposed and HIV-Infected Infants and Children

Client's Name: _____

Client's File#: _____

Tick one: 2-week follow-up visit 1-month follow-up visit monthly refill 3-month refill

Questions to ask the caregiver:

1. Can you tell me more about how you gave your child his or her medicines this past month (or 2 weeks)? (Do you know the names of the medicines? How much medicine do you give? At what time of day do you give them?)	
2. Can you show me how you give your child his or her medicines? (<i>give praise and provide additional training and support, as needed</i>)	
3. I would like you to think about the last 7 days. How many doses did your child take late in the last 7 days? What were the main reasons the doses were late?	
4. How many doses did your child miss in the last 7 days? What were the main reasons the doses were missed?	
5. Which of these pictures best shows how many doses you gave to your child in the last month (or 2 weeks)? (<i>circle one</i>)	
6. Can you tell me about any changes you noticed (such as in your child's health) or challenges you or your child had with the medicines?	
7. What support or reminders do you have to give your child medicines at the same time, every day?	
8. What questions do you have about your child's care or medicines?	

Other assessment measures and next steps:

Results of pill count, if applicable:	
Review of medicine diary or calendar, if applicable:	
Specific adherence challenges identified by client and health worker: (<i>discuss possible solutions to each</i>)	
Referrals made:	
Next steps and follow-up plan:	Next appointment date: _____

Notes:

Signature of person completing assessment: _____ Date: _____