## ENHANCED ADHERENCE PLAN TOOL

### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Patient Number:</th>
<th>Health Center:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Sex:</td>
</tr>
</tbody>
</table>

### ARV REGIMEN

<table>
<thead>
<tr>
<th>Date of initiation: DD/MM/YYYY</th>
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</table>

### VIRAL LOAD RESULTS

<table>
<thead>
<tr>
<th>Viral Load Results: c/ml</th>
<th>Date: DD/MM/YYYY</th>
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<tbody>
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</tbody>
</table>

### ENHANCED ADHERENCE SESSION 1

<table>
<thead>
<tr>
<th>Date: DD/MM/YYYY</th>
<th>Barriers:</th>
<th>Interventions:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

#### Barriers:

- Forgot
- Knowledge/beliefs
- Side effects
- Physical illness
- Substance use
- Depression
- Pill burden
- Lost/run out
- Transport

#### Interventions:

- Services
- Education
- Counseling
- Peer support
- Treatment buddy
- Extended Drug pick-up
- CAG
- DOT

#### Tools:

- Pill box
- Calendar
- Incentive calendar (peds)
- ARV swallowing instruction
- Written instructions
- Phone calls
- SMS
- Alarms
- Other

### Any missed pharmacy drug pick-ups?

- Y
- N

#### Referrals:

<table>
<thead>
<tr>
<th>Referrals: __________________________________________</th>
</tr>
</thead>
</table>

#### Follow-up Date: DD/MM/YYYY

#### Comments (describe barriers and planned interventions):

Provider signature:

### ENHANCED ADHERENCE SESSION 2 (Complete on monthly basis until good adherence achieved)

<table>
<thead>
<tr>
<th>Date: DD/MM/YYYY</th>
<th>Barriers:</th>
<th>Interventions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### Barriers:

- Child behavior/refusing
- Scheduling
- Fear disclosure
- Family/partner
- Food insecurity
- Drug stock out
- Long wait
- Stigma
- Other

#### Interventions:

- Services
- Education
- Counseling
- Peer support
- Treatment buddy
- Extended Drug pick-up
- CAG
- DOT

#### Tools:

- Pill box
- Calendar
- Incentive calendar (peds)
- ARV swallowing instruction
- Written instructions
- Phone calls
- SMS
- Alarms
- Other

#### Any missed pharmacy drug pick-ups?

- Y
- N

#### Referrals:

<table>
<thead>
<tr>
<th>Referrals: __________________________________________</th>
</tr>
</thead>
</table>

#### Follow-up Date: DD/MM/YYYY
**Comments** (describe whether interventions helped and any new barriers and planned interventions):

Provider signature:

**ENHANCED ADHERENCE SESSION 3** *(Complete on monthly basis until good adherence achieved; use additional sheets if needed)*

<table>
<thead>
<tr>
<th>Date: DD/MM/YYYY</th>
<th>Barriers:</th>
<th>Interventions:</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Forgot</td>
<td>□ Services</td>
<td>□ Pill box</td>
</tr>
<tr>
<td></td>
<td>□ Knowledge/behaviors</td>
<td>□ Counseling (ind)</td>
<td>□ Calendar</td>
</tr>
<tr>
<td></td>
<td>□ Side effects</td>
<td>□ Counseling (grp)</td>
<td>□ Incentive calendar (peds)</td>
</tr>
<tr>
<td></td>
<td>□ Physical illness</td>
<td>□ Peer support</td>
<td>□ ARV swallowing instruction</td>
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<tr>
<td></td>
<td>□ Substance use</td>
<td>□ Treatment buddy</td>
<td>□ Written instructions</td>
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<td>□ Depression</td>
<td>□ Extended Drug pick-up</td>
<td>□ Phone calls</td>
</tr>
<tr>
<td></td>
<td>□ Pill burden</td>
<td>□ CAG</td>
<td>□ SMS</td>
</tr>
<tr>
<td></td>
<td>□ Lost/ran out</td>
<td>□ DOT</td>
<td>□ Alarms</td>
</tr>
<tr>
<td></td>
<td>□ Transport</td>
<td></td>
<td>□ Other ________</td>
</tr>
</tbody>
</table>

**Referrals:** ___________________________________________________

**Follow-up Date:** DD/MM/YYYY *(if adherence good will want to maintain contact with patient between 3rd session and date of repeat viral load, if adherence not yet good give date of next adherence session)*

**Comments** (describe whether interventions helped and any new barriers and planned interventions):

Provider signature:

**REPEAT VIRAL LOAD** *(Complete 3-6 months AFTER good adherence is achieved)*

<table>
<thead>
<tr>
<th>Repeat Viral Load Result: ______________________ c/ml</th>
<th>Date: DD/MM/YYYY</th>
</tr>
</thead>
</table>

**Plan:**

- [ ] Remain on current regimen
- [ ] Switch to second-line regimen
- [ ] Refer to doctor for further management
- [ ] Extend adherence sessions
- [ ] Repeat adherence sessions

**Comments:**

Provider signature: