

# Malawi Station - SoP for 4Ds Strategy

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## Aim of the 4D-Strategy

- To provide an enabling environment for re-engagement of recipients of care who had dis-engaged from treatment for more than 14 days
- To retain the recipients of care following returning to treatment

# 4D APPROACH

DEFLATE

1

DISCUSS

2

DIRECT

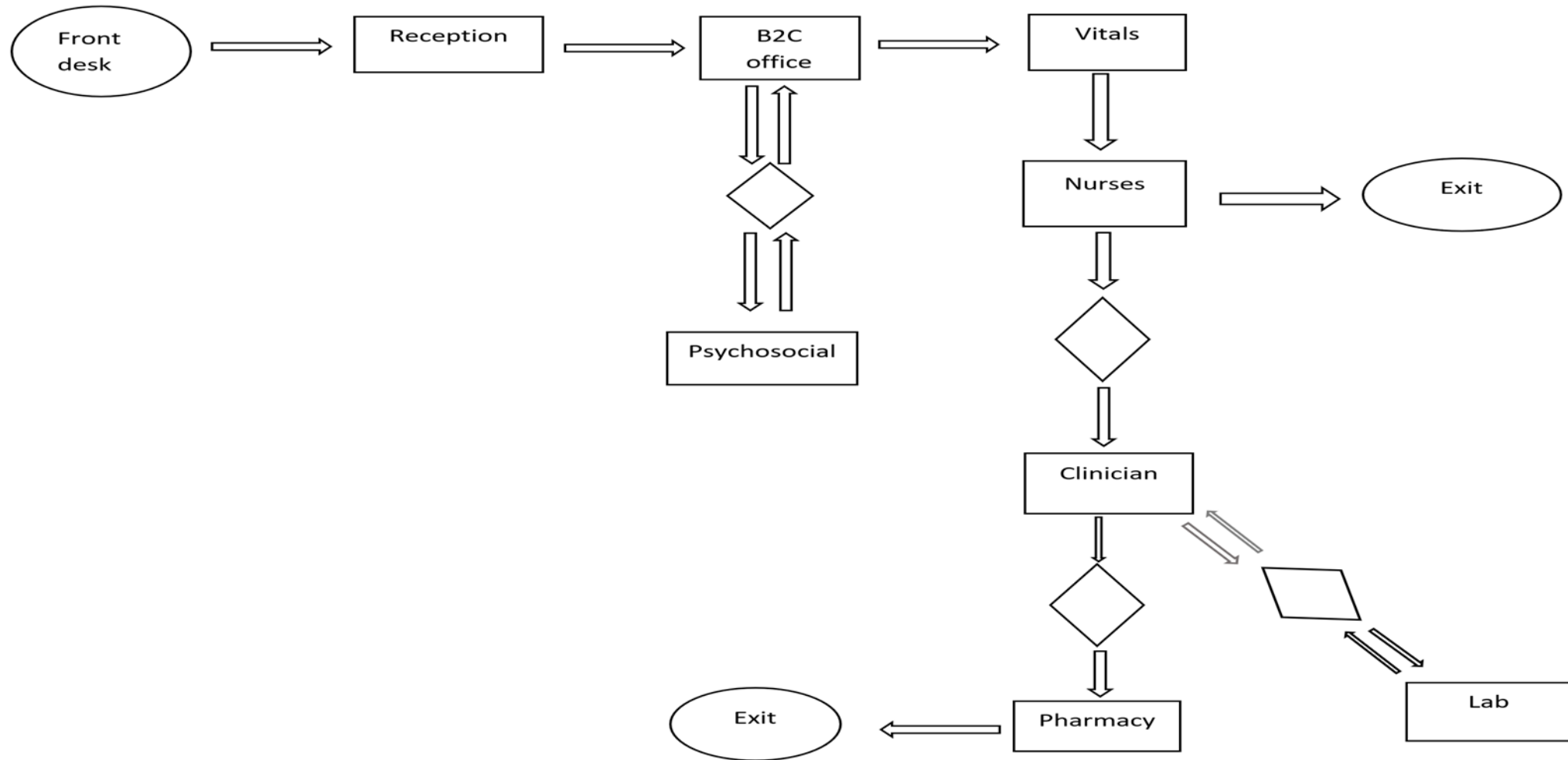
3

DECORATE

4

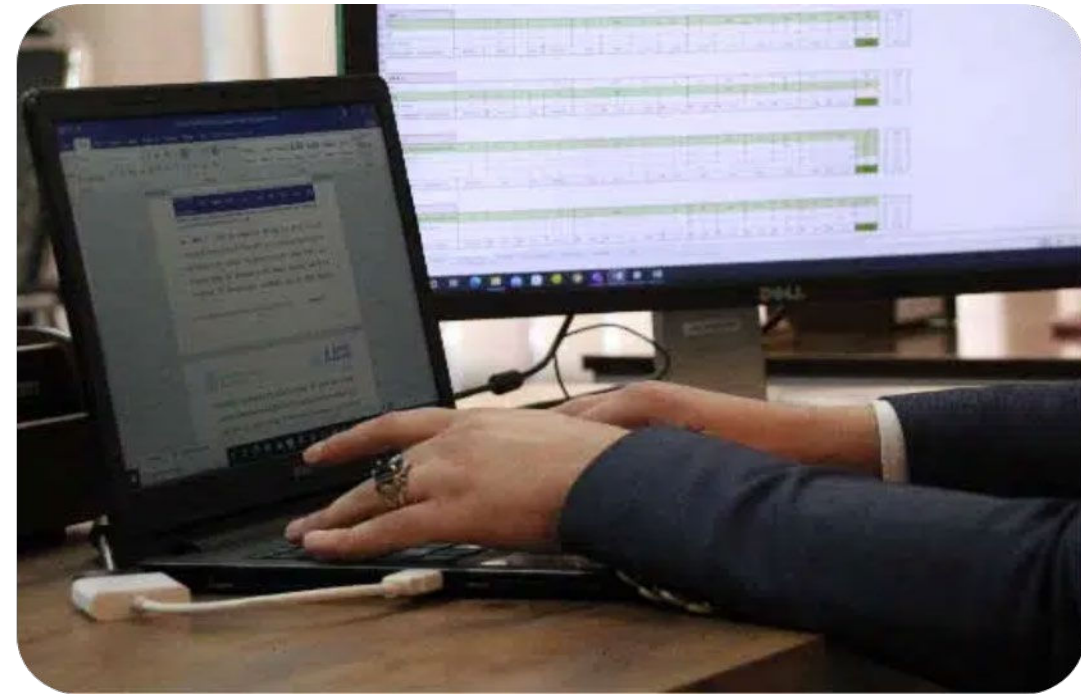
The 4D approach is welcoming and supporting clients re-engaging in care

# Flow chart for clients re-engaging in care



# Role of the Monitoring and Evaluation team

- M&E officers generate list of missed appointments and defaulters
- Field tracers verify the list by confirming the stated outcomes
- Field tracers start tracing of dis-engaged recipients of care via phone calls. Phone tracing is halted after three attempts
- Field tracing follows those who could not be traced via phone
- Recipients of care returning for treatment are advised to present themselves at the reception and ask for the name of field tracer



# Front desk

- Also used as a triage desk
- The recipient of care is warmly welcomed at the reception



# Role of the reception team

- The reception team warmly welcomes the recipient of care
- Checks the appointment date if it is more than 14 days
- Appreciates ROC for coming back
  - Retrieves the medical file
  - Escorts the recipient of care to the Back-to-Care office



# Role of the Back-to-Care team

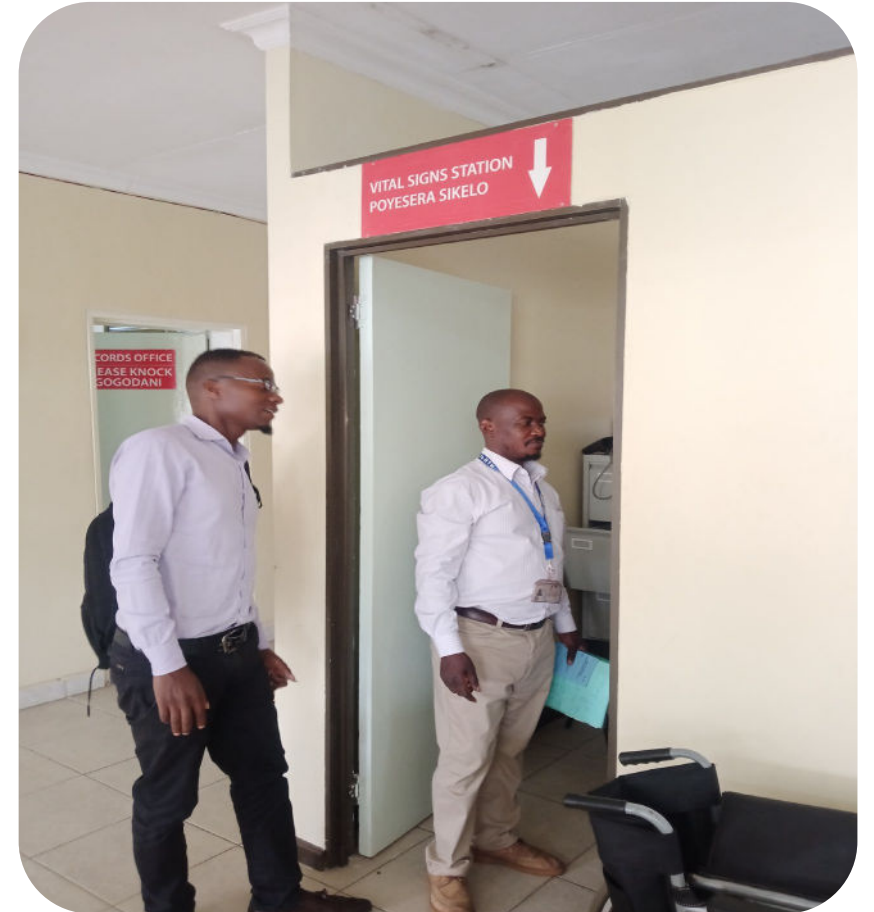
- The Back-to-Care team warmly welcomes the recipient of care
- Builds a good rapport, then asks questions politely regarding why the recipient of care missed an appointment
- Documents the identified reasons
- Refers and escorts the recipient of care for psychosocial support and to the triage nurse for further assessment
- Upon reaching the nurse and psychosocial support team, the Back-to-Care staff first explains what was discussed with the recipient of care before handing over the recipient of care and his/her medical file





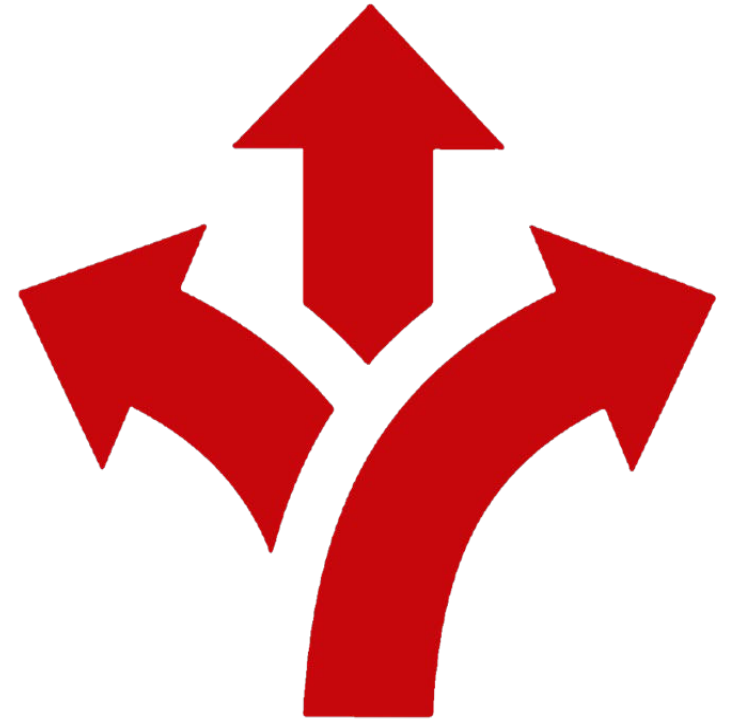
# Vital Signs

- The staff at the triage station warmly welcome the ROC
- Assess:
  - Temperature
  - Respiratory rate
  - Weight
  - Height
  - Blood pressure
  - Any danger signs



## Further Review by the Nurse

- A warm welcome
- Allays the fears by the recipient of care and proceeds to discuss the reported reasons the recipient of care missed an appointment
- Engages the recipient of care in finding lasting solutions to their respective problems and advises the recipient of care on an appropriate DSD model
- Assesses the duration the recipient of care interrupted treatment if it is more than 1 month, refers the recipient of care to a clinician for advanced HIV disease (AHD) screening and management



# Review by the Clinician

- Warmly welcomes the ROC escorted by the nurse to the clinical room
- Assesses the client and further involves the client in making a decision to resolve the reasons the ROC missed an appointment
- Conducts laboratory investigations for AHD screening (CD4, TB-LAM, CrAg, FASH)
- Communicates findings to the ROC and discusses the proposed management course



# Attendance by the Pharmacist

Warm welcome:

- Dispenses medicines to ROC with clear instructions
- Reminds the ROC of their next visit date
- Returns the ROC file to the reception for documentation and filing



Thank you!

