CBRM Best Practice Guide:

Telephone follow-up of services

Embedding CBRM into the day-to-day work of providers involves careful follow-up and supervision. For improving clinical care, best practice is to **strengthen follow-up by providing telephone follow-up for clients who are unable or unwilling to attend the clinic in person**

The goal: improve clinical care through improving follow-up rates of clients

Client uptake of IUD and Implant follow-up visits can often be very low, even when follow-up visits are provided free-of-charge.

Because CBRM enables you to actively manage follow-up of your clients, tracking those who have not returned, there is an opportunity to undertake active follow-up of these clients via telephone, improving follow-up rates and, ultimately, clinical care.

Best practice to achieve this goal

 Well maintained 'Smart files' should be in in place for the Providers to identify which clients need to be telephonically followed-up

Smart filing should be in place, segregating records of clients that need follow-up. Providers should review the 'Smart files' weekly and know which clients have not shown up in the clinic for follow-up within the prescribed period and need to be telephonically followed up.

2. Providers should be trained to ask relevant questions, using a structured checklist/formal script, to capture and understand client status after the method uptake and to ensure client wellbeing

Platforms provide follow-up instructions regarding period of time when telephonic follow-up should be initiated, based on clinic guidelines. Providers be trained to ask relevant follow-up questions using formal scripts/checklist.

3. Relevant tools should be updated/ available to capture telephonic client follow-up details

Client records and logs should be updated to capture follow-up details including visit type, service provided, and follow-up outcome in remarks. Quality teams provide hands-on support to providers in filling the follow-up documentation in client record and client log.

4. Platforms should explore introducing an motivational scheme initially for providers to follow up

This will initially encourage the Providers to do follow-up and once the benefit of follow-up is realized it will become an inherent part of service delivery, with or without incentive.

Measuring Success

The core measure of success is that in a given year, the follow up rate has improved across all providers. It is necessary to put in place tracking reports (ideally in DHIS2) to identify whether providers are routinely doing follow-up, and actively manage the performance of providers that are not undertaking or recording follow-up.

