Implementation of Early retention monitoring of HIV positive pregnant and breastfeeding women; and data use in the EMTCT program

MOH-UGANDA
Presentation outline

• Background
• Methodology
• Issues addressed
• Challenges identified
• Documentation and analysis
• Lessons Learned
• Recommendations
Uganda - Country Context

- Population - 35 million people
- HIV prevalence 7.3% ; Women-8.3%, Men 6.1% (AIS 2011)
- HIV prevalence among pregnant women 5.5%
- PLHIV ≈1,600,000
- HCT access in ANC - 98%
- HIV+ women accessing ART for PMTCT - 85% 2014
- First ANC attendance -97%
- 4th ANC attendance -48%
- TFR-6.2
- PNC attendance -33%
- Skilled attendance -59%
- Exclusive breast feeding(6 months) -62%
Definition of terms

• **Retention**: Continuous engagement from diagnosis in a package of prevention, treatment, support and care services, for those on ART that is; **ALIVE and on TREATMENT** at specified time points. In Uganda measured at 6, 12, 24 months etc up to 72 for ART program, now also measured at 1, 2, 3 months for PMTCT.

• **LTFU/ dropped**: Patients receiving ART and not seen at >90 days after their scheduled appointment and attempts have been made to contact this client but cannot be found.

• **Lost**: Not seen in the last quarter but was scheduled for a visit.

• **Appointment keeping**: if the client either kept the appointment date, came any day before the appointment date or within seven days after the scheduled appointment.
Background: Context

- Uganda started Option B+ rollout in 2012.
- The number of pregnant women initiating ART increased dramatically.
- An assessment done in September 2013 demonstrated that 28% of mothers newly initiating ART never came back after the baseline visit.
- Mother-baby care points were established to facilitate mother-infant pair follow-up, but no M&E system was in place to track results of this intervention.

Early retention after initiating ART among pregnant women Sept 2013

Transition from Option A to Option B+: 2011/12-2013/14

- 2011/12: 0.4% OLD REGIMEN, 23.4% ALREADY ON HAART, 76.2% NEW HAART
- 2012/13: 41.3% OLD REGIMEN, 22.9% ALREADY ON HAART, 35.9% NEW HAART
- 2013/14: 55.9% OLD REGIMEN, 43.0% ALREADY ON HAART, 1.2% NEW HAART
Early Retention Monitoring and District Response Pilot

With support from PEPFAR through EGPAF, MOH Uganda piloted early retention monitoring and rapid district response in 30 facilities across 5 districts to address the following issues:

- Monitoring early maternal ART retention
- Improving retention through the highest MTCT risk period
- Enhancing follow-up of mothers and babies to the end of PMTCT
- Appointment keeping for mother baby pairs
- Data collection and reporting by health workers
- Data use to improve performance through monthly review meetings and use of quality improvement initiatives at site level
- Oversight, mentorship and supportive supervision by the district and MOH at regular intervals
Methodology: 3 components

1. **Real time monitoring**: Developed a maternal ART retention monitoring data collection/reporting tool and dashboard

2. **Site-level quality improvement**: Strengthened facility quality improvement teams with a focus on mother-infant pair follow-up

3. **District oversight**: Established a system of “District Response Teams” using the existing district health team/QI structures to focusing on identifying and prioritizing critical issues from the weekly reports and facilitating corrective action.
1. Real time monitoring

Developed early retention indicators for pregnant and breastfeeding women initiating ART able to be collected from existing registers

- **Percent retained at 1 month**: Number of women returning for their 1 month visit/ Number of women initiating ART 1 month ago
- **Percent retained at 2 months**: Number of women returning for their 2 month visit/ Number of women initiating ART 2 months ago
- **Percent retained at 3 months**: Number of women returning for their 3 month visit/ Number of women initiating ART 3 months ago
- **Percent missed appointment**
- **Number of mother-baby pairs who missed an appointment in the month**

Built upon existing national weekly reporting dashboard

- Incorporated a component for tracking maternal ART retention for the 30 pilot sites by maternal ART cohort
- Data is submitted monthly by SMS for the retention indicators
Uganda national dashboard to monitor HIV testing of pregnant women and B+ initiation

Uganda - Week ending 2015-07-12 (W28)

- **Weekly Reporting Rate**: 86%
  - 1454 of 1685 reports received
- **% of Women Tested for HIV**: 88%
  - 24771 ANC 1st Visits
- **% Women Initiated on Option B+**: 84%
  - 499 initiated on ART

**Stockouts and Missed Appointments**

- Facilities without ARVs: 2% (40)
- Facilities without Test Kits: 10% (172)
- Number Missed Appointments: 932

**EID Testing for July 2015**

- Number of EID tests: 1675
- Number of positive EID tests: 60
- Proportion testing positive: 3.6%

*EID data is a cumulative monthly total (and not weekly). The EID Numbers include data up to 2015-07-15.
Retention of HIV pregnant women and breastfeeding women on option B+ initiation: by District

**Option B+ Mini Cohort Analysis - Uganda**

**Option B+ Retention**

**Cohort started in: October 2014**

### Uganda

<table>
<thead>
<tr>
<th>District</th>
<th>No started in October 2014</th>
<th>Seen after 1 month</th>
<th>Seen after 2</th>
<th>Seen after 3</th>
<th>Lost to follow up</th>
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</thead>
<tbody>
<tr>
<td>Buikwe District</td>
<td>38</td>
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<td>29</td>
<td>27</td>
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<td>33</td>
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<td>2</td>
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<tr>
<td>Mpigi District</td>
<td>27</td>
<td>21</td>
<td>19</td>
<td>20</td>
<td>7</td>
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<tr>
<td>Soroti District</td>
<td>14</td>
<td>12</td>
<td>11</td>
<td>10</td>
<td>4</td>
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Initiated 150
Lost to f/u
Initiation: 150
Month 1: 100
Month 2: 50
Month 3: 0

Retention rates:
- Initiation: 79%
- 1 month: 80%
- 2 months: 73%
- 3 months: 27%
Retention of HIV pregnant women and breastfeeding women on option B+, by facility in one district

Lira District

<table>
<thead>
<tr>
<th>Facility</th>
<th>No started in October 2014</th>
<th>Initiate</th>
<th>1 month</th>
<th>2 months</th>
<th>3 months</th>
<th>3 months</th>
<th>Lost f/u</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amach HC IV</td>
<td>7</td>
<td>38</td>
<td>26</td>
<td>33</td>
<td>36</td>
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<tr>
<td>Lira REGIONAL REF</td>
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<td>Ngetta HC III</td>
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<td>Ogur HC IV</td>
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</table>

- **Lost f/u**
  - Initiation: 2 (5%)
  - Month 1: 1 (20%)
  - Month 2: 1 (20%)
  - Month 3: 1 (20%)

- **Lost to follow up**
  - 0%
  - 0%
  - 0%
  - 67%
2. Site level quality improvement

- Strengthened facility Quality Improvement teams
- Modified client flow
- Reinforced documentation
- Improved use of appointment book to identify missed appointments of HIV positive pregnant women and mother-baby pairs
- Incorporated methodologies for continuously monitoring retention & tracking lost-to-follow-up clients

MOH and DRT conducting site visit and reviewing QI projects
3. District oversight through District Response Teams

- Established a system of “District Response Teams” using the existing district health team/QI structures to focusing on identifying and prioritizing critical service gaps from the weekly reports, facilitate corrective action, and track success of interventions

  - Conducted trainings for District Quality Improvement/District Health Teams on collecting retention data, and how to understand, analyze, and use data

  - Strengthen the capacity of health facilities and district health teams in data use for planning through mentorship and support supervision activities.

  - Developed a coaching tool and district data toolkit to guide mentorship
**District Data Toolkit**

Contents

1. **Priority Setting Weekly B+:** Use this tool to prioritize issues identified in the analysis of the weekly B+ reports and sites to visit

2. **Priority Setting Retention:** Use this tool to prioritize issues identified in the analysis of the monthly retention reports and sites to visit

3. **Calendar Schedule:** Use this tool to set the site schedule according to priorities identified in the prioritization matrices

4. **Facility Data Summary Feedback Form:** Use this form to prepare site-specific feedback from issues identified in the analysis and prioritization matrices

5. **Action Item Tracking Tool:** Use this tracking tool to track the status of action items identified during site visits
Results: Successes in Early Maternal Retention

- Early maternal ART retention indicators were feasible to collect and report.
- Three month retention increased from 74% to 90%.
  - One month retention appears to still be a major challenge.
- A 3 month learning and change period was needed before improvement was seen.

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<thead>
<tr>
<th>Month</th>
<th>Month-1</th>
<th>Month-3</th>
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<tbody>
<tr>
<td>14-Oct</td>
<td>79%</td>
<td>74%</td>
</tr>
<tr>
<td>14-Nov</td>
<td>75%</td>
<td>58%</td>
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<tr>
<td>14-Dec</td>
<td>77%</td>
<td>57%</td>
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<tr>
<td>15-Jan</td>
<td>76%</td>
<td>66%</td>
</tr>
<tr>
<td>15-Feb</td>
<td>79%</td>
<td>76%</td>
</tr>
<tr>
<td>15-Mar</td>
<td>93%</td>
<td>90%</td>
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Challenges identified through mentoring visits

- Documentation – health workers not supervised to ensure completeness of data entry coupled with many different registers kept at different service points
- Health worker shortages resulting in few staff on duty & frequent transfer of trained health workers affects continuity of service delivery
- Poor client flow at facility level reduces efficiency of service delivery and data capture
- Not all clients have mobile phones and are difficult to follow-up on missed appointments and funds for home visits not adequate
- Poor accessibility in some areas especially in the islands and mobile communities
- Stigma and failure to disclose status still a big challenge especially for pregnant mothers
Results: Lessons learned

1. **Real time monitoring:**
   - Use of m-TRAC (based on m-health) to send reminder messages to health workers to submit weekly and monthly reports is critical.
   - Continuous support in documentation through mentorship and support supervision as well as data quality checks are critical for improved performance.

2. **Site-level quality improvement:**
   - Pairing of clinical charts and writing identification serial numbers for both the mother and HIVExposed Infants in the appointment book facilitated coordination of appointments for Mother-Baby pairs. This coupled with ensuring that mother-baby appointments are synchronized supported improvement in mother-baby adherence to visits.
   - Use of volunteers (VHTs, peer educators, linkage facilitators) to track clients with missed appointments and loss to follow up improved retention.
   - Use of continuous quality improvement documentation journals to summarize weekly option B+ and monthly retention reports and track performance is critical for program improvement.

3. **District oversight through “District Response Teams”**
   - DRTs benefit from intensive coaching and support to review and analyze weekly reports and prioritize facilities and issues for intervention.
   - Weekly DHT meetings with site in-charges: data from weekly and monthly EMTCT reports is discussed, performance gaps identified and supervision plans developed/reviewed.
Recommendations

- It's important to maximize on existing efforts to monitor both early and late retention for HIV-positive pregnant mothers and mother-baby pairs.
- Need for closer retention monitoring, especially immediately after initiating ART for both pregnant and lactating mothers and during ongoing risk period with continued breastfeeding due to the shortened period of adherence counselling is critical.
- There is a need to define interventions to target points along the cascade where greatest losses are occurring and support health workers to implement them.
- Strengthening data use is critical for improved program implementation through Quality improvement initiatives.
- Working with the leadership at both district and MOH level is critical for ownership and sustainability.
- Continue mentorship and supportive supervision is critical.
- Effective engagement by implementing partners is critical for the successful implementation of new program initiatives.
- Community structures including Family support groups, peer mothers, VHTs are critical in supporting service access as well as retention.
Conclusion

- Uganda has been able to successfully begin ‘real-time’ monitoring of early retention on Option B+ and has learnt lessons which we are now ready to scale up
- Systems improvements will continue to be made
- National scale up of the early retention monitoring will continue this year together with implementation of other areas of the B+ M&E Framework include birth cohort monitoring and ANC cohorts through use of longitudinal ANC register.
Thank you for your attention!