Improving Retention of Clients on ART in Akwa Ibom State

HOW DATA.FI HELPS GOVERNMENTS IMPROVE PROGRAM PERFORMANCE

Despite large investments in the collection and management of HIV data, information is not used routinely to understand program performance and inefficiencies, largely due to challenges in technology, processes, and capacity. Data.FI works with USAID Missions and host country governments to establish epidemic control rooms (also referred to as Situation Rooms) that enable data from disparate sources to be aggregated and analyzed. Through regular data review meetings in the epidemic control room, service providers, implementing partners (IPs), and national and subnational health management teams are convened to analyze data in real time to monitor HIV program performance and plan responses to identified gaps or needs, to help improve performance on an ongoing basis.

In Nigeria, Data.FI continues its support to the Akwa Ibom State Ministry of Health (SMOH) by convening weekly Situation Room meetings in collaboration with the SMOH and other implementing partners. These meetings help to engage with local government area (LGA) officials and health care providers around their performance implementing index testing, supporting antiretroviral treatment (ART) adherence, and achieving viral suppression.

## DATA ANALYSIS REVEALS PROGRAM LOSSES ACROSS FACILITIES

At a Situation Room meeting on December 11, 2019, Data.FI and stakeholders identified the need to review retention of clients on ART, with the aim of minimizing the number of clients lost to follow-up (LTFU) at the LGA and facility levels. In response to this request, Data.FI prepared an in-depth analysis at the health facility level of program growth (in this case, loss) as a proxy for ART retention. This analysis was presented at a subsequent Situation Room meeting on February 26, 2020.

The analysis for FY20 Week 20 revealed that the 24 facilities with the greatest program losses contributed to 7,979 persons assumed LTFU (see graph).

Epidemic Control Room: Data.FI staff Ayator Nelson Ngusha demonstrates dashboards to a National AIDS/STIs Control Agency (NACA) representative. Photo credit: Data.FI/Nigeria

Program Losses (Proxy for ART Retention)*
FY20 WEEK 20 (FEB 10-16, 2020)
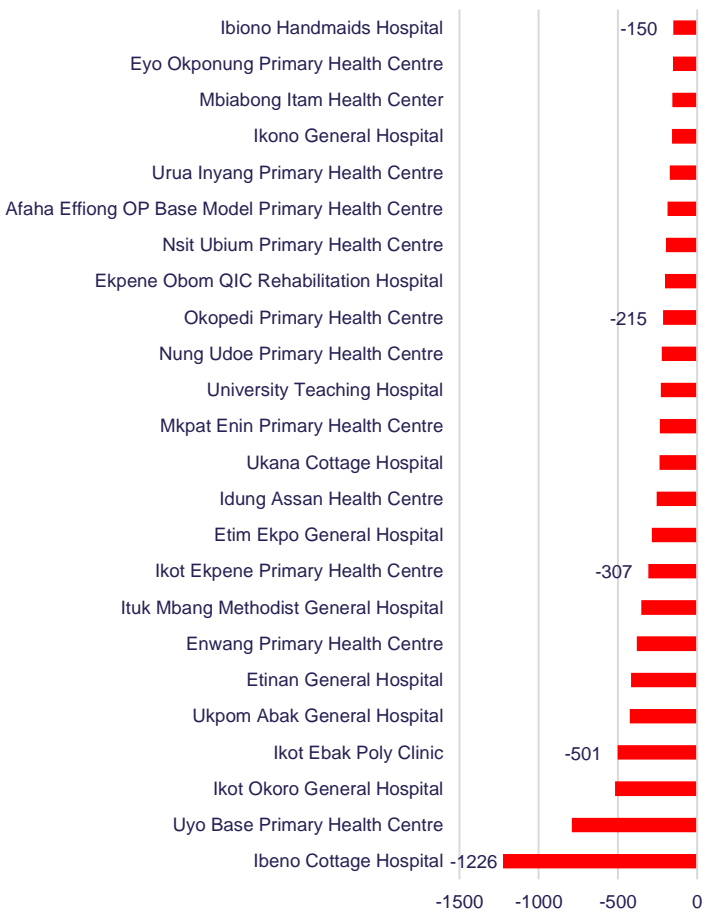
* Program growth (or loss) is calculated by adding the **number of reported persons on treatment at the end of the previous quarter** to the **cumulative number of new persons on treatment in the current quarter**, then subtracting that total number from the **number of reported persons on treatment in the current week**. In other words, program growth (or loss) = TX_CURR (current week) – [TX_CURR (baseline from last quarter) +TX_NEW (cumulative weekly for current quarter)].

To address program losses identified during the Situation Room meeting, the SMOH conducted facility visits to gain a better understanding of the challenges related to retention in care, and found the following potential factors:

- **Delayed data entry:** Records of some active clients had not yet been updated in the electronic medical record (EMR) system LAMIS.
- **Patient barriers to accessing care:** Long distances to facility; long wait times during facility visits; high mobility, especially among key populations.
- **Low health care-seeking behavior** on the part of people living with HIV.

## CHANGES IN ACTION PROPOSED AND IMPLEMENTED TO ADDRESS GAPS

The SMOH recommended conducting retention drives over the following week (February 26 to March 4, 2020), which comprised several key activities:

- **Folder audits:** IPs spot-checked LAMIS data against client files and highlighted issues with data quality and delayed data entry. IPs reported that delayed data entry to LAMIS and wrong data entry (especially for the date of next appointment) contributed to misclassifications as LTFU.
- **Community tracking:** Facility staff provided information on clients LTFU to community teams so they could track clients and return them to care.
- **"Welcome back" packages:** Clients were incentivized to return to care through "welcome back" packages that included items such as soap, detergent, toilet paper, buckets, milk, sanitary towels, and diapers for prevention of mother-to-child transmission (PMTCT) clients.
- **Emphasis on multi-month dispensing (MMD):** MMD was highlighted as a strategy to reduce the burden on health facilities and improve retention of clients on treatment.

RAPID RESULTS REPORTED

Three weeks later, following implementation of the initial proposed actions by facilities and IPs, another program growth analysis compared results from FY20 Week 20 (February 10-16, 2020) with those of Week 23 (March 2-8, 2020) and showed considerable progress: the majority of facilities (13 of the original 24) contributed to 8,094 persons assumed returned to care (see graph). The remaining facilities continued to report program losses, signaling the need for sustained efforts.

Program Growth (Proxy for Art Retention)
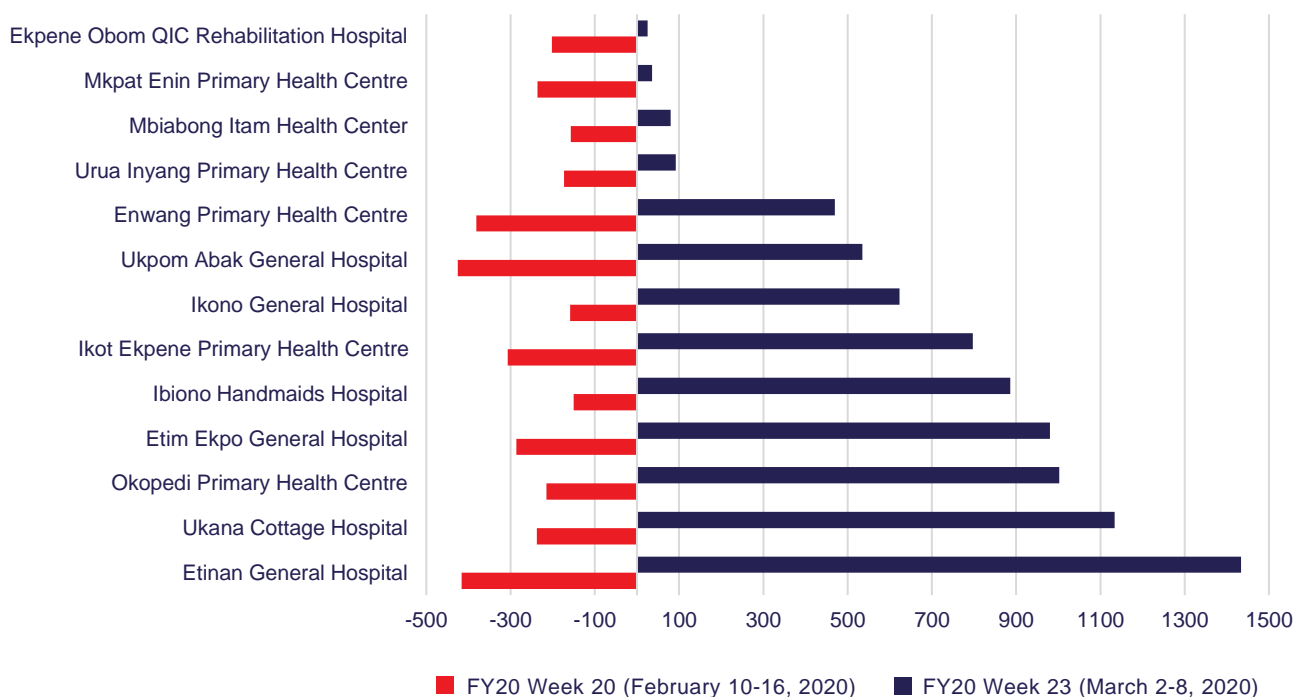
SMOHS AND STAKEHOLDERS SUSTAINING ACTION

During follow-up discussions on March 9 and 11, the SMOH reviewed additional ongoing strategies for retention of clients on care. It plans to engage M&E staff of the LGA AIDS Control Agency (LACA) in supervising community retention drives, which will use different strategies to identify clients LTFU and reinitiate them on treatment, including the following:

- The SMOH will ensure partners are conducting a bi-weekly folder audit to ensure timely update to patient records and improved data quality.

- The SMOH will support partners to reintroduce key community strategies to improve retention in care, including implementing community adherence clubs (CAGs), dispensing through community pharmacies and proprietary and patent medicine vendors (PPMVs), offering MMD, and conducting advocacy through patient support groups (NEPHWAN).

- IPs will begin profiling clients for pre-emptive tracking based on their history of missed appointments. This activity—previously done centrally—will now take place at the cluster and LGA levels for immediate action and liaising with community teams for follow-up.

SMOH SEES BENEFITS OF DATA REVIEW PROCESS

Akwa Ibom SMOH staff have expressed appreciation for the Situation Room data review meetings as a process that has created a data use culture among the SMOH and partners, as well as a better understanding of how USAID views data and reporting. The weekly meetings have also given the SMOH and partners insight into key indicators that they should focus on when visiting a health facility to help guide immediate actions. Additionally, the SMOH views the data review process as a cost-effective model and valuable use of time for all participants, as well an important platform that brings all relevant stakeholders together frequently—as opposed to once or twice per year previously—to identify reporting gaps and service delivery issues for swift course correction.

> *"The weekly presentations from Data.FI are of great support to implementing partners, who have their hands full with program activities. The analysis and visualizations help us to quickly review gaps and course correct. Good and interesting things have happened as a result of the weekly course correcting following discussions at the meetings. Analysis and presentations have been most beneficial to SMOH in equipping them with useful information for coordinating and monitoring program implementation."*
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> — Kunle Kakanfo, Director | HIV Epidemic Control Surge Implementation - SIDHAS

FOR MORE INFORMATION

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