



M&E of re-engagement at ICAP supported sites in Burundi

Dr Jean-Jacques M'BEA
Strategic Information Director
ICAP in Burundi
Regional SI Advisor

Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

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Outline

Background

M&E tools for re-engagement

Procedures for Tracking of re-engagements

Results on re-engagement

Challenges of M&E of re-engagement

Lessons learned & Way forward



- During the Fiscal Year 20 (Oct.19 – Sep.20) ICAP received a PEPFAR award to support implementation of HIV C&T at 88 Health facilities in 2 provinces in Burundi through the Reaching Impact, Saturation and Epidemic Control (RISE) project. This was extended to 188 sites in 8 provinces since October 2020.
- Monitoring retention data was one of the challenges faced by ICAP, including determining the status of patients on ART at a given time, and reporting interruptions in treatment as well as returns to treatment.

- ICAP in CI provided TA to RISE-Burundi to establish a strong M&E system to accurately report on the required PEPFAR MER indicators including data on retention and re-engagement.
- Existing M&E tools were therefore updated, additional tools were developed, and M&E procedures were revised accordingly.

- In addition, technical support was provided to PNLs to update the national data collection tools, followed by refresher trainings of program M&E staff and HCW on the use of these tools to capture all the data, including retention and re-engagement data.
- Rollout out of Sida-Info web/UID at RISE supported sites : EMR coverage **60%** (112/188 sites) representing **82%** of the overall TX_CURR of RISE supported provinces; UID coverage (fingerprint recorded) **64%** (16,866/26,336)

The M&E tools developed / updated include:

- National tools:**
- ART register
 - Patients' movements management Register
 - Patient file
 - EMR (SIDA-Info web/UID)
 - Monthly report template
 - MoH DHIS2 (ongoing revisions to include the revised data elements)

- ICAP / RISE tools:**
- RISE DHIS2 data entry form
 - RISE TX_CURR calculation tool (for sites)
 - RISE TX_CURR analysis tool (for RISE M&E team)
 - RISE Tracking sheet of patients receiving care at many sites (fore sites)
 - Summary sheet of patients receiving care at many sites (for RISE M&E team)
 - RISE Quarterly Dashboard

National M&E tools:

- ART register



ART Register							Year:								
1	2	3	4	5	6	7	Previously on ART				NC sous ARV		Combi		
N° ordre (Date)	Code patient (identique à celui du SIDA_INFO)	Nom et Prénom	Année de naissance	Sexe	S/Cotri (O/N)	PVVIH stable/Etablie (O/N)	AC sous ARV déjà suivi dans la FOSA	Transfert entrant	Return to care after stopping ART	Return to care after Interruption in treatment	Date de dépistage	Date de début ARV	Date de dépistage	Date de début ARV	

National M&E tools:

- Movement management register




Entries in the TX_CURR of the site during the month of:							Entry mode						Recherche des PVV			
N° ordre (Date)	Code Patient	Nom et Prénom	Age	Groupe d'age	Sexe	Modèle de PSD (EV3 EV6, CO, GAC, MP, aucun)	Newly initiated on ART	Transfer-in	Return to care after stopping ART			Return to care after Interruption in treatment			No d'ordre	Code
									After interruption < 3 months	After interruption of 3-5 months	After interruption of 6+ months	After interruption < 3 months	After interruption of 3-5 months	After interruption of 6+ months		

National M&E tools:

- Patient File (Follow-up sheet)

REPUBLICQUE DU BURUNDI NUMERO DOSSIER:



Ministère de la Santé Publique et de la Lutte contre Sida

DOSSIER DU PATIENT VIH - ADULTE ET PTME

PROVINCE:
COMMUNE
DISTRICT:

NOM DE LA FOSA/SITE:

STATUT : Public, Privé, Associatif ou agréé:

Follow-up sheet

II. EVENTS AFTER THE LAST CONSULTATION

HOPITALISATION

REASONS	DURATION	TREATMENT	COMMENTS

TRAITEMENT SIDE EFFECTS

EFFECT	DURATION	TREATMENT	COMMENTS

INTERRUPTION IN TREATMENT

REASONS	DURATION	RE-ENGAGED TO TREATMENT? (YES/NO)	COMMENTS

III. CLINICAL EXAMINATION

PARAMETRES :	POIDS:	Taille	T°:	TA:	POULS:	FR:	IMC :P/T ²	
			PA:					
ETAT GENERAL			BON	ALTERE				
TYPE D'HANDICAP:			PHYSIQUE	MENTAL	VISUEL	AUDITIF	AUTRE:	
SYNTHESE DE L'EXAMEN PHYSIQUE								

National M&E tools:

- EMR (SIDA-Info web/UID) Dashboard for clients care management



SIDAINFO v.1.6.07 Admission / sortie ▾ UID et Empreintes ▾ Dis

3.1-SUIVI DES PVVIH:01/03/2022 - 06/03/2023

SIDAINFO v.1.6.07 Admission / sortie ▾ UID et Empreintes ▾ Dispensations et consultations ▾ Stock médicaments ▾ Outils ▾ Statistiques et rapports ▾ Paramétrages ▾ Log

Code patient	000001	Afficher
Nom	MISAGO ESTELLA	
Date naissance	01/01/1959	
Date admission	02/09/2010	
Operation	RETOUR	
Date sortie		
Type de sortie		
Province référence		
Site de référence		
Cause de décès		
Observation sortie		
Date retour	06/03/2023	
Motif de sortie	Abandon	▾
Motif de retour	Conseil prestataires	▾
Observation Retour		

Date sortie	Cause sortie	Site référence	Observation sortie	Date retour	Observation Retour
27/02/2023	Perdu de vue au moir		Auto-Retard_28		

Delete

Information captured in the EMR for patients re-engaged in care

ICAP/RISE tools :

- RISE DHIS2 data entry form

RISE Reaching Impact Saturation and Epidemic Control

Search apps

CDS Cankuzo - February 2023

Data Entry ?

Organisation Unit: CDS Cankuzo

Data Set: Formulaire Rapport Mensuel : Autres sans les populations clés

Period: February 2023

		I. CONSEILS ET DEPISTAGE	II. PREVENTION	III. PEC DES PVIH	IV. PTME	V. CO-INFECTION TB/VIH	VI. CV CHEZ PVIH	VII. PEC DES AUTRES IOS	VIII. EXAMENS REALISES	IX. GESTION DES STOCKS						
III.1. File active																
		Entrées dans la file active au cours du mois					Sorties de la file active au cours du mois									
		NC VIH+ et mis sous TARV au cours de ce mois	AC VIH+ et mis sous TARV au cours de ce mois	Transférés entrants y compris auto-transférés	Retour après transfert sortant	Retour après interruption (PDV)	Retour après arrêt /refus du TARV	Correction de données	Total des entrées	Transferts sortants / Auto-transférés	Interruption/PDV(Après 28 Jrs de retard)	Arretré/us/Abandon	Décès	Identifiées comme KP et Sorties de FA de la population générale	Correction des données	Total des sorties
0-28 Jours	M								0							0
	F								0							0
29 Jrs-11 mois	M								0							0
	F								0							0
12-59 mois	M								0							0
	F								0							0

Re-engaged in care after <3 mths; 3-5 mths; 6+ mths of interruption

ICAP/RISE tools :

- RISE TX_CURR data analysis tool (for RISE SI team)

RISE BURUNDI TX_CURR DATA ANALYSIS TOOL																			
Initial period :		Q4FY22																	
Final Period :		Q1FY23																	
Range for RISE	Range for USAID	Province	District	Site	Sex/Age band	TX_CURR à Q4FY22	Entries Q1FY23			Exits Q1FY23						TX_CURR expected as of Q1FY23	TX_CURR reported as of Q1FY23	Difference	Reason for the difference
							TX_NEW	Transfer-in	TX_RTT	Patient Died	Patient Refused TX	Patient Transferred Out	IIT <3Mo	IIT 3-5Mo	IIT 6+Mo				
44	58	Cankuzo	DS Cankuzo	CDS Kigamba	Male 60-64	5	0	0	0	0	0	0	0	0	0	5	5	0	
60	59	Cankuzo	DS Cankuzo	CDS Kigamba	Fem 65+	0	0	0	0	0	0	0	0	0	0	0	0	0	
45	60	Cankuzo	DS Cankuzo	CDS Kigamba	Male 65+	0	0	0	0	0	0	0	0	0	0	0	0	0	
76	61	Cankuzo	DS Cankuzo	CDS Kigarika	Fem<1	0	0	0	0	0	0	0	0	0	0	0	0	0	
61	62	Cankuzo	DS Cankuzo	CDS Kigarika	Male<1	0	0	0	0	0	0	0	0	0	0	0	0	0	
77	63	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 1-4	1	0	0	0	0	0	0	0	0	0	1	0	-1	
62	64	Cankuzo	DS Cankuzo	CDS Kigarika	Male 1-4	1	0	0	0	0	0	0	0	0	0	1	1	0	
78	65	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 5-9	0	0	0	0	0	0	0	0	0	0	0	1	1	
63	66	Cankuzo	DS Cankuzo	CDS Kigarika	Male 5-9	0	0	0	0	0	0	0	0	0	0	0	0	0	
79	67	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 10-14	0	0	0	0	0	0	0	0	0	0	0	0	0	
64	68	Cankuzo	DS Cankuzo	CDS Kigarika	Male 10-14	0	0	0	0	0	0	0	0	0	0	0	0	0	
80	69	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 15-19	0	0	0	0	0	0	0	0	0	0	0	0	0	
65	70	Cankuzo	DS Cankuzo	CDS Kigarika	Male 15-19	0	0	0	0	0	0	0	0	0	0	0	0	0	
81	71	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 20-24	3	0	0	0	0	0	0	0	0	0	3	3	0	
66	72	Cankuzo	DS Cankuzo	CDS Kigarika	Male 20-24	3	0	0	0	0	0	0	0	0	0	3	3	0	
82	73	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 25-29	4	0	0	0	0	0	0	0	0	0	4	4	0	
67	74	Cankuzo	DS Cankuzo	CDS Kigarika	Male 25-29	4	0	0	0	0	0	0	0	0	0	4	4	0	
83	75	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 30-34	3	0	0	0	0	0	0	0	0	0	3	3	0	
68	76	Cankuzo	DS Cankuzo	CDS Kigarika	Male 30-34	4	0	0	0	0	0	0	0	0	0	4	3	-1	
84	77	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 35-39	4	0	0	0	1	0	0	0	0	0	3	3	0	
69	78	Cankuzo	DS Cankuzo	CDS Kigarika	Male 35-39	1	1	0	0	0	0	0	0	0	1	1	2	1	
85	79	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 40-44	4	0	0	0	0	0	0	0	0	0	4	3	-1	
70	80	Cankuzo	DS Cankuzo	CDS Kigarika	Male 40-44	1	0	0	0	0	0	0	0	0	0	1	1	0	
86	81	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 45-49	3	0	0	0	0	0	0	0	0	0	3	2	-1	
71	82	Cankuzo	DS Cankuzo	CDS Kigarika	Male 45-49	2	0	0	0	0	0	0	0	0	0	2	2	0	
87	83	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 50-54	0	0	0	0	0	0	0	0	0	0	0	2	2	
72	84	Cankuzo	DS Cankuzo	CDS Kigarika	Male 50-54	3	0	0	0	0	0	0	0	0	0	3	3	0	
88	85	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 55-59	1	0	0	0	0	0	0	0	0	0	1	1	0	
73	86	Cankuzo	DS Cankuzo	CDS Kigarika	Male 55-59	0	0	0	0	0	0	0	0	0	0	0	0	0	
89	87	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 60-64	0	0	0	0	0	0	0	0	0	0	0	0	0	
74	88	Cankuzo	DS Cankuzo	CDS Kigarika	Male 60-64	1	0	0	0	0	0	0	0	0	0	1	1	0	
90	89	Cankuzo	DS Cankuzo	CDS Kigarika	Fem 65+	0	0	0	0	0	0	0	0	0	0	0	0	0	
75	90	Cankuzo	DS Cankuzo	CDS Kigarika	Male 65+	0	0	0	0	0	0	0	0	0	0	0	0	0	
106	91	Cankuzo	DS Cankuzo	CDS Twinkwavu	Fem<1	0	0	0	0	0	0	0	0	0	0	0	0	0	

ICAP/RISE tools :

- Summary sheet of patients identified through UID system as receiving care in many sites (fore RISE SI team)

SUMMARY SHEET FOR THE TRACKING OF PATIENTS IDENTIFIED THROUGH SIDA-INFO WEB/UID AS RECEIVING CARE IN MANY SITES



N°	Province	District	Site	N° of patients identified as receiving care at another site	Category of patient*	Name of the other site where the patient receive care also	IP supporting this site	Month during which the patient was identified as receiving care in the other site	Decision taken for the continuity of care	Comments
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										

ICAP/RISE tools :

- RISE Quarterly C&T Dashboard

A13

RISE BURUNDI FY23 RESULTS

Cover sheet | List of Graphs

RISE BURUNDI FY23 RESULTS

Indicator code	Calculation mode	Indicator Label	FY23 Targets	Q1 (Oct-Dec 22)	Q2 (Jan-Mar 23)	Q3 (Apr-Jun 23)	Q4 (Jul-Sep 23)	Total	% FY23 Targets achievement
TX_RTT	Add	Number of ART patients who experienced an interruption in treatment (IIT) during any previous reporting period, who successfully restarted ARVs within the reporting period and remained on treatment until the end of the reporting period		304				304	NA
TX_RTT_S1	Add	Aggregated by Sex/Age: Male <15		8				8	NA
TX_RTT_S2	Add	Aggregated by Sex/Age: Male 15+		119				119	NA
TX_RTT_S3	Add	Aggregated by Sex/Age: Female <15		6				6	NA
TX_RTT_S4	Add	Aggregated by Sex/Age: Female 15+		171				171	NA
TX_RTT_3LESS	Add	By Duration of treatment interruption before returning to treatment <3 months		194				194	NA
TX_RTT_3LESS_S1	Add	Aggregated by Sex/Age: Male <15		5				5	NA
TX_RTT_3LESS_S2	Add	Aggregated by Sex/Age: Male 15+		69				69	NA
TX_RTT_3LESS_S3	Add	Aggregated by Sex/Age: Female <15		5				5	NA
TX_RTT_3LESS_S4	Add	Aggregated by Sex/Age: Female 15+		115				115	NA
TX_RTT_3-5 MONTHS	Add	By Duration of treatment interruption before returning to treatment = 3-5 months		71				71	NA
TX_RTT_3-5MONTHS_S1	Add	Aggregated by Sex/Age: Male <15		2				2	NA
TX_RTT_3-5MONTHS_S2	Add	Aggregated by Sex/Age: Male 15+		30				30	NA
TX_RTT_3-5MONTHS_S3	Add	Aggregated by Sex/Age: Female <15		1				1	NA
TX_RTT_3-5MONTHS_S4	Add	Aggregated by Sex/Age: Female 15+		38				38	NA
TX_RTT_6MORE	Add	By Duration of treatment interruption before returning to treatment = 6+ months		39				39	NA
TX_RTT_6MORE_S1	Add	Aggregated by Sex/Age: Male <15		1				1	NA
TX_RTT_6MORE_S2	Add	Aggregated by Sex/Age: Male 15+		20				20	NA
TX_RTT_6MORE_S3	Add	Aggregated by Sex/Age: Female <15		0				0	NA
TX_RTT_6MORE_S4	Add	Aggregated by Sex/Age: Female 15+		18				18	NA

Daily filling of tools with information from patients received at clinical/ART pickup visit:

- Patient file/EMR (for sites with EMR, recording of the patients fingerprint to ensure they are not currently receiving care at another site)
- Filling the tracking sheet with information of patients identified through the UID, as receiving care in several sites
- Registers (ART register, Patients movements register)

Weekly checking:

- Recap of patients who missed their appointment
- Recap of patients who resumed treatment after interruption (ensuring the date of treatment resumption and the duration of treatment interruption were specified in the register as well as in the patient file)
- Information entered in the EMR by trained HCW
- Line listing of patients who missed their appointment: list shared with the community NGO staff for the tracking of these patients.

Monthly reporting:

- Patients who missed their appointments:

Classified in two groups:

- Patients who missed their appointment for **less than 28 days** at the end of the reporting month: classified as *“appointment missing”* but are reported in the TX_CURR (patient currently on ART)
- Patients who missed their appointment **at least 28 days** at the end of the reporting month: classified as *“interrupted in treatment (IIT)”* and are therefore removed from the TX_CURR

For sites using only paper-based tools, this classification is manually done by HCW using the ART register, comparing the date of last appointment and the date at the reporting period.

For site with EMR, this classification is automatically done and display on the cover page when opening Sida-Info-Web/UID, allowing the HCW to know at any time how many patients have interrupted treatment, to generate their list with their contact (including phone number and home address) and to share it with the community NGO for their tracking.

Monthly reporting:

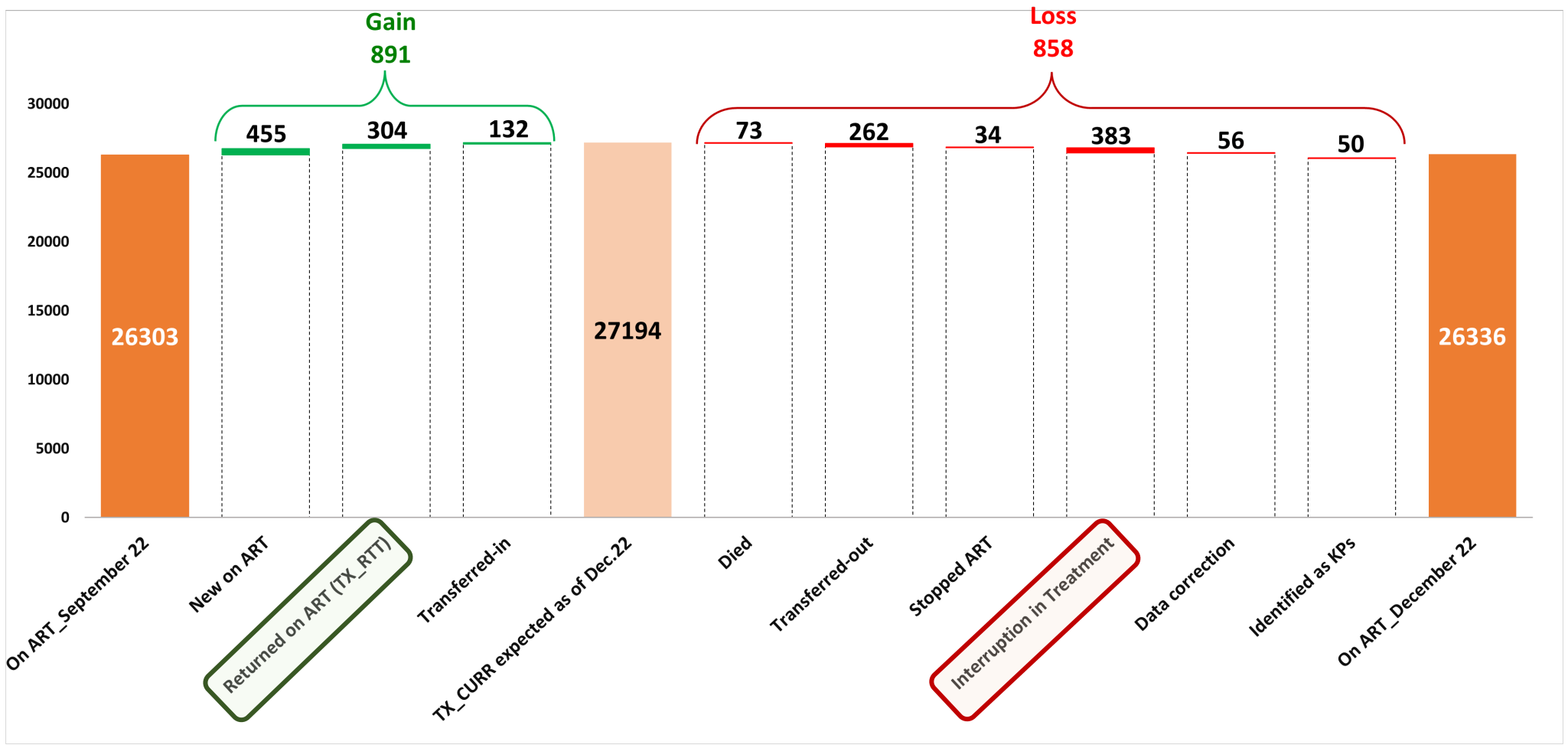
- Patients re-engaged in treatment:

The date of reengagement is filled in the registers/patient file/EMR and their status is updated from IIT to return to treatment (RTT).

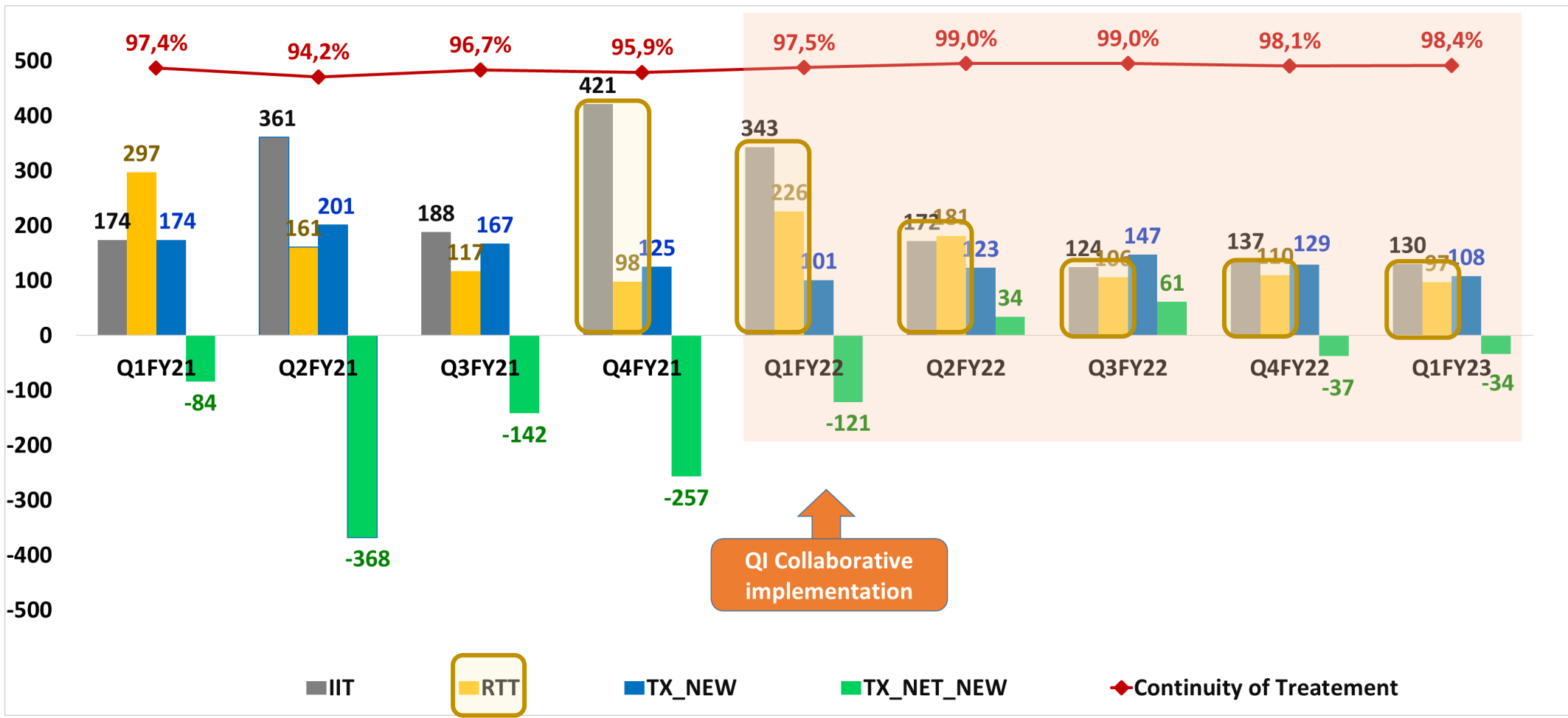
The duration of the treatment interruption is also calculated considering the date of the last appointment and the date of the reengagement, and they are classified into 3 groups:

- RTT after **< 3 months of interruption**
 - RTT after **3-5 months of interruption**
 - RTT after **6+ months of interruption**
- Checking of TX-CURR data:
 - At site level: HCWs use the RISE TX_CURR data calculation tool to calculate the number of patients on ART at the end of the reporting period (consisting of adding to the TX_CURR of the previous month, all incoming patients (TX NEW, Transferred in, and RTT) and removing all the outgoing patients (Died, Transfer-out, IIT, Stopped/refused treatment))
 - At RISE M&E team level: TX_CURR data are checked, using the TX_CURR data checking tool to ensure consistency and accuracy of the data reported by the sites

- Retention cascade at RISE supported sites in Burundi _ Oct-Dec 2022



- Re-engagement over time at 20 RISE supported sites implementing Collaborative Quality Improvement (CQI)



- Patients identified through fingerprint registration as receiving care in several facilities (Q4FY2022)

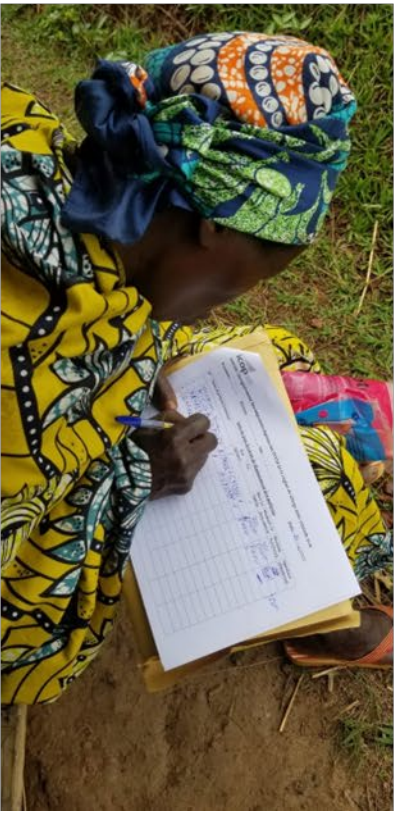
Sites	TX_CURR as of Q4FY22	Patients identified with UID as receiving care in many sites		Decision to continue receiving care ...			
				in the current site		in the other site (removed from the TX_CURR)	
		nb	%	nb	%	nb	%
ANSS Gitega	1064	5	0,5%	2	40%	3	60%
CDS Rutegama	107	1	0,9%	1	100%	0	
CDS SOS	183	5	2,7%	4	80%	1	20%
H GITEGA	453	3	0,7%	2	67%	1	33%
SWAA Gitega	1007	2	0,2%	1	50%	1	50%
H MUTOYI	276	3	1,1%	3	100%	0	
H Natweturashoboye	110	4	3,6%	4	100%	0	
CDS Nyabikenke	256	1	0,4%	1	100%	0	
H Muyinga	848	4	0,5%	1	25%	3	75%
H Ngozi	677	1	0,1%	1	100%	0	
H KINYINYA	315	1	0,3%	1	100%	0	
H RUYIGI	219	6	2,7%	6	100%	0	
SWAA Ruyigi	257	12	4,7%	5	42%	7	58%
SWAA Muyinga	387	3	0,8%	0		3	100%
Total	6159	51	0,8%	32	63%	19	37%

Challenges

Solutions

<ul style="list-style-type: none"> • Patients already on ART who are re-tested or receive care in several sites (mainly for sites using paper-based tools) 	<ul style="list-style-type: none"> • Enhanced post-test counselling to ensure that the patients have never initiated ART before registering them as newly tested HIV+ • Registration in SIDA-Info web using fingerprint for all patients newly tested HIV+ • Fingerprint verification at follow-up visits for patients already in care
<ul style="list-style-type: none"> • Sites with EMR: lack or absence of internet connection 	<ul style="list-style-type: none"> • Upload the EMR database on a laptop and organize fingerprint registration sessions outside the site in an area where internet connection is available
<ul style="list-style-type: none"> • Fingerprint not recordable 	<ul style="list-style-type: none"> • Select another finger for the fingerprint recording according to the national guidelines on fingerprint registration

- Fingerprint registration session combined with a VL catch-up day for ART patients at Butezi Hospital, in an internet-covered area outside the hospital



Lessons learned

- Enhanced post-test counselling for all patients newly tested HIV positive is very helpful to identify those already on ART (re-testing)
- Using UID with fingerprint reduces double counting and identifies patients re-tested or already in care at another sites, avoiding misclassification of patients re-engaged in treatment
- Using well designed and context adapted M&E tools to capture accurately the status of all the patients including those re-engaged in care, improve data quality, including the HIV testing yield and the TX_CURR.

Way forward

- Extension of SIDA/Info UID to all the low volume sites to record the fingerprint of almost all the patients to ensure the newly tested HIV positive are actually new identified positive
- Increase fingerprint registration sessions for sites with internet connection issues to allow more intra-facility and interfacility real-time data triangulation
- Continue collaboration with GF and UNDP to provide informatics kits and install SIDA/Info web/UID at sites not supported by PEPFAR to increase UID coverage and reduce data errors due to the miss classification of patients re-engaged in care and patients re-tested.

Thank you!

