

Once lost, now found!

India's antiretroviral treatment programme is one-of-a-kind in its size, scale, and ambition. It has witnessed a massive expansion from eight ART centres in 2004 to over 500+ centers today providing HIV treatment to more than 1.2 million PLHIV across India. With this rapid growth came the challenge of clients dropping out of treatment, often due to migration or other personal issues, and it was difficult to find and return these people to the ART programme.

Bringing back Lost-to-Follow-Up (LFU) clients is a key activity of the Vihaan programme on which we have made notable progress, tracking and returning nearly 2 lakh PLHIV to HIV services. LFU is not only an issue for India; internationally this is a challenge that troubles treatment administrators and policy makers. In this issue of Vihaan News, we share stories that highlight the remarkable efforts of our Vihaan teams across India to bring PLHIV back to treatment through collaboration, creativity and tireless compassion.



Data cleaning in progress at the State data cleaning & coordination workshop held in Bhopal, Madhya Pradesh

MP...Gajab Hai! (MP is special)

At the Vihaan's National Review Meeting held in December 2014, the State AIDS Control Society (SACS) from Madhya Pradesh (MP) advocated for a planned approach to LFU tracking. A state-level workshop was organized in Bhopal in January 2015 with key officials from MPSACS, ART Centres and Vihaan. This workshop achieved consensus on data sharing between ART Centres and Vihaan Care & Support Centres (CSCs), and the roles and responsibilities of each, as well as agreement on district-specific plans.

Two critical issues that came up were duplications in the total number of people registered at multiple ART Centres and lack of supporting evidence of address change, death, or migration. A two-pronged approach was taken to mitigate these issues. A drive was undertaken to track LFU cases and verify addresses of PLHIV registered at ART Centers. During this tracking campaign, MPSACS and the Vihaan Sub-Recipient (SR) team from the Madhya Pradesh Network of People Living with HIV/AIDS (MPNP+) gave mobile phones with cameras to outreach workers (ORWs) to capture documentation of LFU clients as photocopying is not available in rural areas. Then Vihaan CSC project coordinators and ART Center data managers worked together to clear duplications.

To motivate ORWs to strengthen address verification and follow up, the top performing ORWs were given awards at the state-level review meeting. They each received an Outreach Kit, containing a register for line listing, data collection tools, water bottle, tiffin, a small towel, first aid kit and soap.

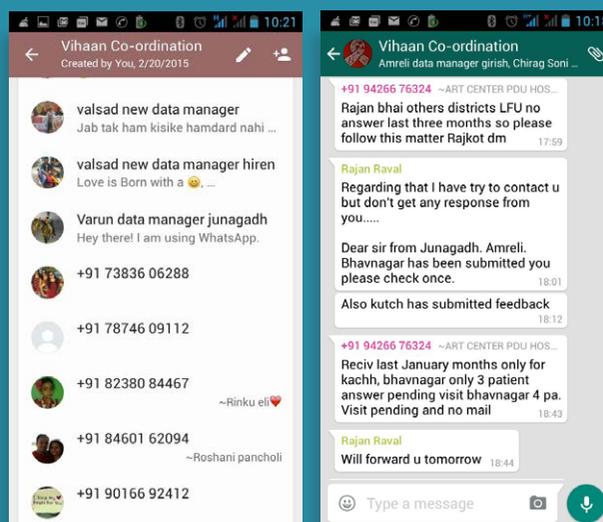
By the end of the campaign, 7,774 clients out of 8,616 LFU cases in Madhya Pradesh had been contacted.

(Contributed by Mr Prashant Malaiya, Deputy Director (CST) MPSACS)

Garvi Gujarat (Pride of Gujarat)

Coordination issues were identified between ART Centres and CSCs in Gujarat that affected LFU tracking activities in the state. The Vihaan SR Gujarat State Network of People Living with HIV/AIDS (GSNP+) collaborated with Gujarat SACS to introduce the following strategies to improve LFU tracking:

- Data sharing between CSC and ART Centres was streamlined. Coordination meeting dates were fixed uniformly, and data managers at ART Centres were given responsibility to update information received from ORWs. Colour codes were also given in the master line list at ART Centre to clearly differentiate LFU and other clients who had recently missed appointments from those in active care.
- A WhatsApp group was created to manage inter-district LFU tracking and more quickly resolve issues. The group includes the Joint Director (CST) at Gujarat SACS, data managers of all ART Centres, project coordinators of all Vihaan CSCs, and members of the SR team at GSNP+.



WhatsApp group created to improve LFU tracking in Gujarat. (Images contributed by the author)

- A joint programme review meeting at state level is conducted every month, along with joint visits to CSCs by teams from Gujarat SACS and GSNP+, help ensure immediate response to any coordination issues.

These efforts have improved coordination between ART Centres and CSCs and helped not only in bringing back LFUs but also in reducing the number of LFU cases in the state.

(Contributed by: Dr. Sudhir Chawla, JD (CST), Gujarat SACS)

Ek Hain Hum (We are one)

The terrain of Himachal Pradesh makes it that much more difficult to find LFU cases. In addition the weather conditions, limited transport options, and fewer treatment facilities add to the difficulties. Moreover, during mentoring visits and review meetings, it has been observed that LFU clients from districts without ART Centres or CSCs were more likely to drop out. The SACS took the initiative and with the support of MAMTA, the Vihaan SR partner for the state, the following steps were initiated:

- 1. One State, One Outreach Strategy:** Himachal Pradesh has 12 districts but there are only three CSCs and two Help Desks covering them. In order to increase coverage to all districts and make service delivery more effective, specific districts were assigned to ORWs based on district-wise client load as per ART and CSC records. All ORWs were distributed so that all districts of the state were covered, regardless of the location of their CSCs or Help Desks, thereby maximizing coverage and minimizing travel cost.
- 2. Improved Inter-CSC & Help Desk Coordination:** After receiving the LFU list from the ART Centre, CSCs and Help Desks sorted cases district-wise and shared them with the CSCs and Help Desks working in the concerned areas. These CSCs conducted outreach work and reverted back to the primary CSCs & Help Desks with the results. Outcomes were reported to avoid duplication, and the SR team provided overall guidance and coordination to ensure data transfer, tracking, feedback and record updates at ART Centres.
- 3. Contact through Registered Post:** One of the major limitations of outreach was the documentation of tracking outcomes such as incorrect address or death without proof. The CSC in Gunjan reached out to LFU cases like these by sending a greeting letter by registered post to all addresses in the LFU lists. Letters were sent on the occasion of the Maha Shivratri festival and contained a simple greeting for the occasion and the contact details of CSC. Some letters were returned to the CSCs as they had wrong addresses, the addressee had migrated, and in a few cases the addressee had died. All returned posts had a valid reason for being 'not delivered' per India Post, which later served as documentation to confirm an LFU outcome.

The ownership, oversight and leadership shown by SACS, Vihaan SR and CSC teams in Himachal Pradesh has led to cleaned data at ART Centres and CSCs, and staff time and energy now are spent focused on PLHIV who need services.

(Contributed by Dr Jasjit Singh Mallhi, RC (CST), NACO, Northern Region)



Vihaan Updates

- 10,25,707** PLHIV registered and reached with care & support services
- 3,81,157** PLHIV and family members linked with social protection schemes
- 1,95,596** Lost-to-Follow-Up PLHIV tracked and returned to ART services
- 4,82,094** PLHIV screened for TB

(through June 2016)

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