Module 5:
Monitoring Retention and Adherence to PMTCT and Planning the Way Forward

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Care and Treatment Programs
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Module 5: Learning Objectives

- Discuss the importance of documentation, record keeping, and routing monitoring and evaluation in PMTCT services
- Understand the differences between program- and client-level monitoring of retention and adherence
- Describe available data that could be used to monitor retention and adherence at a program level
- Describe available data that could be used to monitor retention and adherence at an individual level
- Discuss which PMTCT materials will be prioritized for implementation at the clinic
- Develop a site-specific action plan to improve retention, adherence, and psychosocial support services, including roll out of the Toolkit materials
- Evaluate the implementation workshop

5-2

Discussion Questions

- Why is monitoring retention and adherence important?
- What are the differences between program-level monitoring and individual, client-level monitoring related to retention and adherence?
- What could routine monitoring tell us about the overall program's progress in terms of retention and adherence?
- What could routine monitoring tell us about an individual client's retention and adherence?

5-3

Monitoring and Evaluation (M&E) at Different Levels

- Necessary to gather and use information on:
  - Individual outcomes (are clients being retained in care, are clients adhering to care, are clients adhering to medicines?)
  - PMTCT program outcomes (is the program retaining clients overall, are mothers and babies completing the spectrum of PMTCT care?)
- Program outcomes are usually the cumulative tally of individual outcomes and can give insight into strengths and areas needing improvement within the program

Remember: Systems need to be developed and strengthened to monitor BOTH individual clients' retention and adherence, as well as the program's ability to retain clients in care and support adherence and psychosocial wellbeing.

5-4

Why M&E are Important at the *Facility* or *Program* Level

- To tell us if clients are being retained in care across the PMTCT spectrum
- To tell us how many and which types of PMTCT clients are receiving adherence support
- To show us the successes and gaps in our PMTCT retention, adherence, and psychosocial support services
- To give us a sense of the number of clients discontinuing PMTCT care and/or treatment or prophylaxis, and the trends in these numbers over time
- To help us understand what is and isn't working and to plan improvements to best meet the needs of clients

5-5

Why Record Keeping and M&E are Important at the *Individual* Level

- To tell us whether or not individual clients and their babies are retained in care
- To tell us whether or not individual clients are adhering to their own and their baby's PMTCT care plan and medications
- To help us follow adherence and psychosocial support issues of individual clients over time

5-6

Discussion Questions

- What type of program-level information do we currently have (e.g. in registers, pharmacy records, or the appointment system)? How can this be used to measure retention and adherence?
- What type of client-level information do we currently have on mothers and babies in the PMTCT program (e.g. in patient records)? How can this be used to measure retention and adherence?
- How could we improve monitoring and evaluation of adherence to PMTCT services and medicines in the future? At the program level? At the client level?

5-7

Discussion Questions

- Why is it important to keep records on each client?
- How are client records kept in your clinic? If there are no client records kept at the clinic, why not? What are the challenges?
- Are client retention and adherence and psychosocial services recorded and kept on file for PMTCT clients at your clinic? Why or why not? What are the challenges?
- How could we improve record keeping and ensure that each client has a file at your clinic?
- How could we improve record keeping and ensure that data are used for service strengthening at your clinic?

5-8

Remember:

- Documentation, monitoring, and evaluation of retention and adherence in PMTCT are important at BOTH the program and individual levels
- Systems need to be in place to support documentation, monitoring, and evaluation
- This can help ensure that clients get the support they need, that our work is documented, and that program data are used to strengthen services

5-9

Site-Specific Action Planning

- Implementing the entire Toolkit contents at the same time would be difficult, so we need to prioritize
- We are going to create a 6-month, site-specific action plan on improving retention, adherence, and psychosocial support activities – including use of the Tools
- The action plan will be used to prioritize site-support and mentoring of multidisciplinary teams

5-10

Keep These Standards in Mind

- We always need to follow the national PMTCT guidelines
- All pregnant and postpartum women living with HIV need ongoing retention, adherence, and psychosocial support throughout the PMTCT care spectrum
- All pregnant and postpartum women living with HIV need to have clear and correct information about their own and their baby's PMTCT care plan, as well as ongoing support for adherence to care and medicines
- Every PMTCT site, to the best of its ability, should have systems in place to retain pregnant and postpartum women living with HIV and their infants in care

5-11

Discussion Questions

- How would you prioritize rollout of the Tools at your site, given the current level of resources?
- What is your basis for prioritization?
- List the items in the Toolkit in order of priority for implementation and your site.

5-12

Let's Fill in the Action Planning Matrix
(see Appendix 5A)

Appendix 5A:
Action Plan for Improving Retention, Adherence, and
Psychosocial Support within PMTCT Services

Clinic Name: _____ PMTCT Point Person's Name/Title:
_____ Date:

OBJECTIVE 1: *All pregnant and postpartum women living with HIV' will receive ongoing retention, adherence, and psychosocial support throughout the PMTCT care spectrum.*

What is the specific action?	Who is responsible?	What information or resources are needed?	When will the action happen?	How will we measure progress on this action?

OBJECTIVE 2: *All pregnant and postpartum women living with HIV will have clear and correct information about their own and their baby's PMTCT care plan and ongoing support for adherence to care and medicines.*

What is the specific action?	Who is responsible?	What information or resources are needed?	When will the action happen?	How will we measure progress on this action?

5-13

Discussion Question

- From the list of activities in the action planning matrix, what are the immediate priorities (to be accomplished in the next 2-3 months)?

- What support, mentoring, and assistance are needed to ensure that these activities take place?

Note: Typed and printed copies of the action plan will be distributed to all participants and managers within 1 week

5-14

Reflection on Workshop Learning Objectives - 1

We agreed that, by the end of this workshop, participants would be able to:

1. Understand the changes to the national PMTCT guidelines and how they should be applied in clinical settings
2. Define the PMTCT spectrum of care
3. Define psychosocial and adherence support in the context of PMTCT services
4. Understand the importance of psychosocial and adherence support to meet the needs of women and families enrolled in PMTCT
5. Identify strategies to improve psychosocial and adherence support within PMTCT programs

5-15

Reflection on Workshop Learning Objectives - 2

6. Use counseling cue cards to conduct ongoing, supportive counseling for pregnant and postpartum women
7. Use checklists to improve pre- and post-test counseling in PMTCT settings
8. Conduct a psychosocial assessment and document key points and next steps, as well as make referrals
9. Use guides to conduct adherence preparation and support sessions with clients and to provide ongoing adherence assessment and follow-up
10. Develop and use an appointment system
11. Use a patient education video to reinforce key PMTCT messages
12. Use improved communication and counseling skills with clients

5-16

Please Share With the Group:

- One thing you have learned about retention, adherence, and psychosocial support for PMTCT clients during the workshop

- One thing that you will prioritize in your work to improve retention, adherence, and psychosocial support services for pregnant and postpartum women living with HIV and their families

5-17

Discussion of Next Steps

Workshop Evaluation

5-18

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Thank you for your dedication, participation, and hard work to improve services for women, children, and families!

5-19

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