

## **NOTES OF THE PARTNERS MEETING ON ENHANCE RETENTION - 24.1.2019**

**Participants:** *see list of attendees attached*

**Venue:** Radisson Blue hotel

- Harmonize list of LTFU, every partner uses different ones, and we would like to have one harmonized one
- 3 months distributions, 3 MDS models (fluxo rápido, dispensa trimestral, abordagem familiar)
  - Improving retention
- How to measure retention in population?
  - 25% improvement and increase in one and 3 months retention,
- Improvement in between TX\_NEW and TX\_NEW\_NAT
  - 90 sites, 45 enhance retention sites, 45 additional (big sites)
  - USAID 38
- Proposed to have the existing numbers and multiply to 2.5, the final number should be 80%
- Stick with the old definition
- Show monthly the growth is TX\_CURR and TX\_NEW
  - Increase of TX\_CURR and the lost we are facing,
  - Use TXCURR definition for Q1,
- The 2 early retention indicators can be aggregated on one query that allows partners enter information
  - LTFU does nothing to have with the 30 days, we will consider 60 days
  - What about the Silent transfers?

### **Changes to be done on the Early Retention Queries**

- Exclude all patients ***transferred in*** and ***transferred out*** and consider only patients who initiated treatment at the reporting HF
- Add desegregations for all the “saídas” - Suspended, deaths, LTFU
- Do we want to do this as a SQL or include on the module? *FGH will do the scripts and Jembi will include on the module and run tests and compare results.*
- LTFU harmonized list? Every partners have their own list we can think in the future, maybe we can ask partners to share their code and see what is coming up from each partners before we come up with a new one.
  
- Stan - A list that was generated of 128 sites - 19 CDC and the rest were USAID, every partners list as mandatory field for enhance monitory and TX\_CURR
  - Need to Focus only on the early retention
  - Very clear script saying the period to report
  - Timeline for the baseline, there were some erros on the precious queries
  - Tweaking the queries
  - Partners should be ready to implement this queries in 10 days

- o Weekly reports of every sites.
  - Previous week for all cohorts or last month and 3 months
  - Weekly reporting should be manually
  - The real one should be the monthly one (33 days queries)
  - One-month retention is how the patients was received in the HF
  - On the 3 months query we need to look at both consultation and/or pharmacy.
  - We are not changing the lost to follow up definitions

## **TIQUE'S SUMMARY OF THE CHANGES**

### **% patients newly initiating ART who return for 2nd clinical consultation or 2nd ART pick-up within 33 days of initiation**

- Issues identified in the queries
  - o *Patients that have been "transferred out" are been included in the indicator denominator*
  - o *Patients that are "transferred in" are been considered as newly initiated ART patients and included in the query*
  - o *Concerns about "dead" patients (particularly children) being included*
- **Proposal**
  - o *Exclude "transferred in" and "transferred out" patients from the definition*
  - o *Include disaggregation for patient results (dead/LTFU/suspended) as presented in the old Dev Results template for TX\_CURR*

### **% patients retained on ART 3 months after ART initiation**

- No Issues were identified by partners and MoH
- o The LTFU definition should not be changed (60 days)
- **Proposal**
  - o *Include disaggregation for patient results (dead/LTFU/suspended) as presented in the old Dev Results template for TX\_CURR*
  - o Check to see if the numerator looks for both drug pick up and clinical consultation to consider a patient active on ART

