# Factors Influencing Loss To Follow-up (LTFU) of ART Clients at Kapata Clinic of Chipata District in Zambia

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Introduction

- Zambia has adopted a policy of 90-90-90 for management of HIV infected individuals. Currently, statistics indicate a 20% drop-out rate after one year of commencing treatment.
- Therefore, it was important that factors contributing to loss of follow-up are investigated to ensure adherence to treatment. The magnitude of the problem is not very clear at the provincial and District level, much less at the health facility level like at Kapata clinic in Eastern Zambia.
- The study was undertaken to determine the factors that influence LTFU among HIV patients on ART at Kapata Clinic and to estimate the proportion of clients classified as actual LTFU in 2014.

CHIPATA DISTRICT HEALTH FACILITY MAP
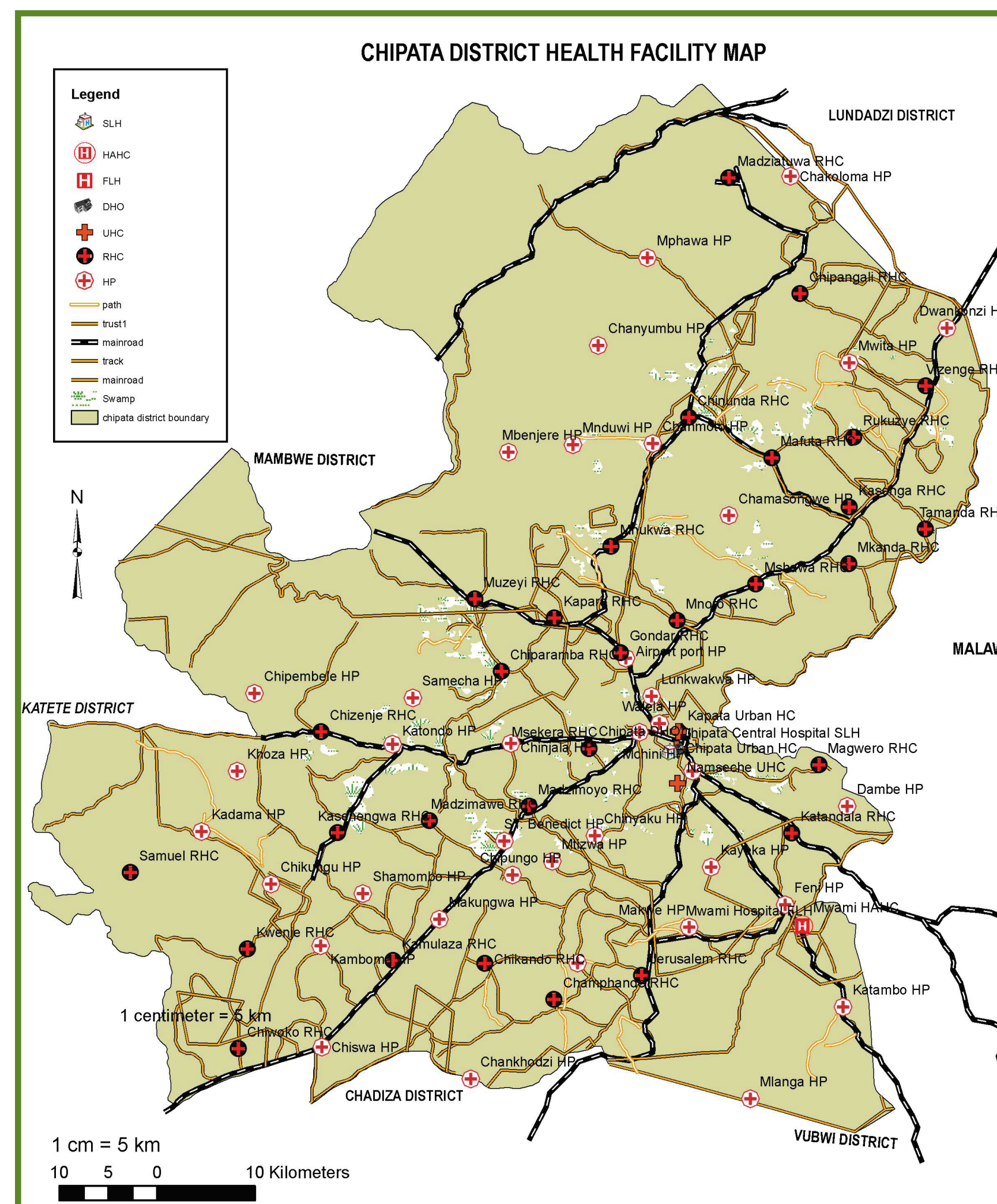
Objectives

General Objective
- To determine the factors that influence LTFU among HIV patients on ART at Kapata Clinic.

Specific Objectives
- To determine the factors that influence LTFU among HIV patients on ART at Kapata Clinic
- To estimate the proportion of clients classified as actual LTFU in 2014.
- To determine the proportion of clients classified as LTFU that died within the year 2014.

Methods

Study Design
- A cross-sectional study design was used to conduct the research.

Sampling
- A sample of 143 patients meeting the criteria of loss to follow up was generated from smart-care records from a cohort of patients initiated on ART between January 1 and December 31, 2014.
- The enlisted patients were contacted through phone calls and invited to participate in the study.
- Patients that were not reached via phones calls were traced using their physical addresses or their treatment supporters as captured in the facility databases.
- Those reported dead by their treatment supporters were recorded as dead and more information was sought regarding whether or not they were still taking ARVs at the time of death.
- For those that agreed to participate in the study, an appointment date for a visit at home or at any preferred location was set and were visited by 2 trained questionnaire administrators.
- All 18 year-olds and above on ART meeting the criteria were included in the study.
- Analysis was conducted using SPSS for proportions and logistic regression to analyze determinants of loss to follow up.

Patients lining up for ART services at Kapata

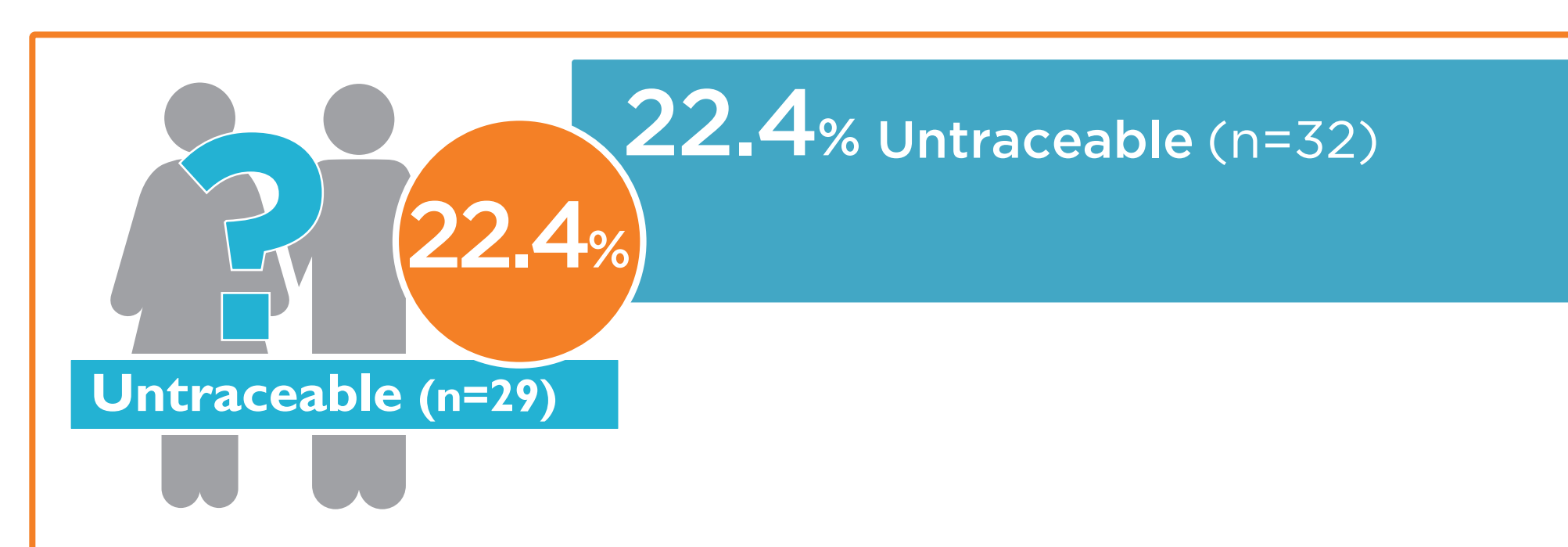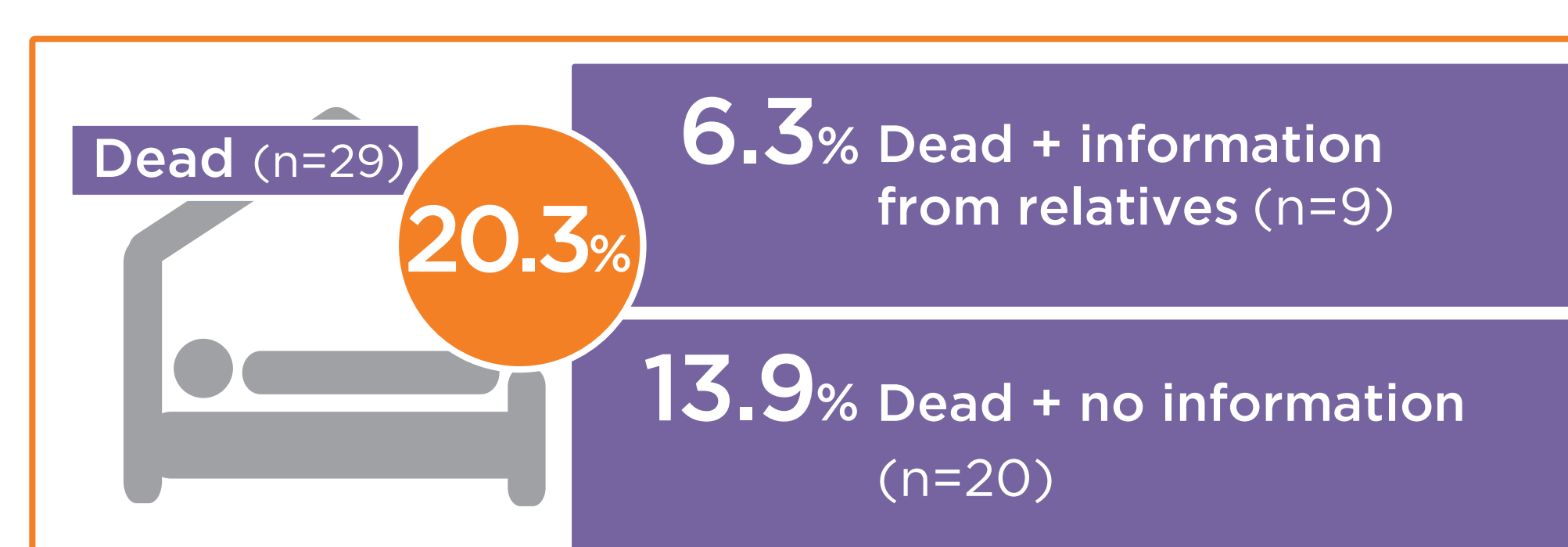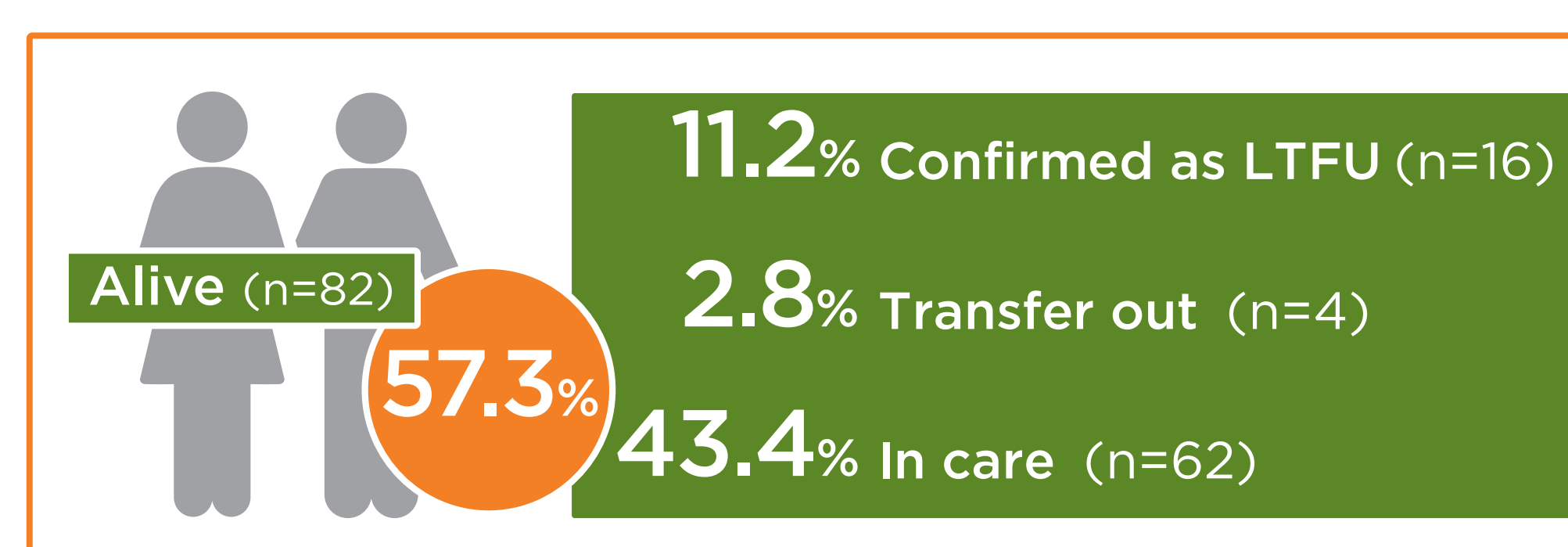Mode of transport for a few patients that can afford

Wilmont Phiri-head of Kapata clinic

Results

- Out of a total 143 clients eligible for the study, there were three major categories of clients originally classified as LTFU. These included clients who were found to be alive, dead and the untraceable.
- 82 (57.3%) were traced alive out of whom 66 (46.2%) were in care
- 16 (11.2%) were confirmed LTFU
- 29 (20.3%) were reported dead
- 32 (22.4%) were untraceable
- Family and social factors constituted the most reported reason for stopping treatment at 56.25%, followed by program related reasons at 31.25% and then personal factors at 12.5%

Categories and sub-categories of clients classified as LTFU

Alive (n=82) — 57.3%
- 11.2% Confirmed as LTFU (n=16)
- 2.8% Transfer out (n=4)
- 43.4% In care (n=62)

Dead (n=29) — 20.3%
- 6.3% Dead + information from relatives (n=9)
- 13.9% Dead + no information (n=20)

Untraceable (n=29) — 22.4%
- 22.4% Untraceable (n=32)

- Among the personal reasons reported for stopping ARVs were: Feeling better after taking ARVs and non-disclosure of status, each at 6.25%. Prominent among family and social reasons for stopping ART were lack of transport money (31.25%) and lack of family support (25%). Program related reasons included drug side effects, refusal by staff to issue a transfer letter upon request, unfriendly language by staff, taking too long to be attended at the clinic and discrimination from healthcare workers, each at 6.25%
- Among the people originally classified as LTFU:
  - 20.3% were actually dead and
  - the actual LTFU (33.6%) was a combination of the confirmed LTFU (11.2%) and the untraceable (22.4%)

Proportion of loss from care by duration on ART among confirmed LTFU

Duration on ART (months) before loss	Number of LTFU	Percentage LTFU
<6 months	8	50%
6 to 12 months	5	31.25%
13 to 24 months	2	12.5%
Above 24 months	1	6.25%
Unspecified	0	0%
Total	16	100.00%

Major determinants of stopping ART among the confirmed LTFU

- 12.50% Programmatic factors
- 31.25% Personal factors
- 56.25% Social factors
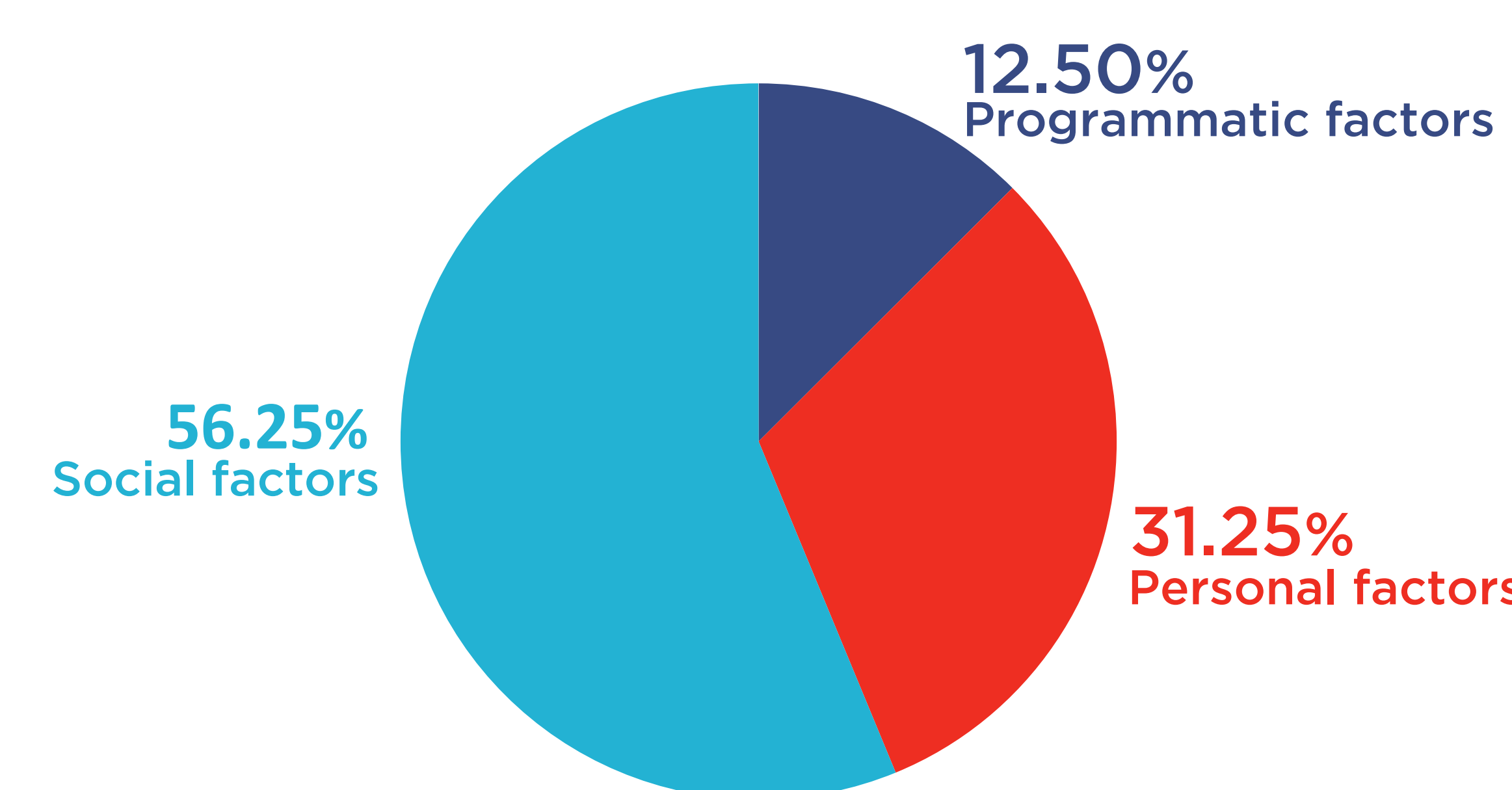
Conclusions

- From this study, the high proportion of potential study participants that were untraceable (22.4%) provides a clear indication of the gaps in the MOH system design of data capturing and adherence counselling. MOH needs to Strengthen its data capturing system.
- Further study is needed to explore other related factors influencing LTFU. Limitations in view of sample population size exist for this research. If research could be extended to more health Clinics, the results could be more easily generalized for the Chipata District. Further study is needed to explore other related factors influencing LTFU

Recommendations

- Strengthen the linkage of PLWHIV to community support groups.
- Encourage mapping and conducting domiciliar visits to vulnerable ART clients
- There is need to convert more mobile ART sites to static ones to reduce distances covered by ART clients as a long term plan.
- Monthly step-up adherence counselling at each refill visit for the first three to four months, and then at three month intervals thereafter.
- There is need for a toll free line to improve flow of information between community structures and Kapata ART site.