Telephone tracing of ART clients who interrupted care in KwaZulu Natal Province, South Africa

RETAIN6

KEY FINDINGS:

- *50% of clients for whom telephone tracing was attempted could be contacted*
- *65% of those who could be contacted returned to care after tracing (32% of all for whom tracing was attempted).*
- *74% of clients who could not be contacted by tracing returned to care on their own, though more slowly*
- *24% of contacted clients had already returned, transferred, or were incorrectly flagged as eligible*
- *Incomplete documentation substantially limited evaluation of tracing effectiveness.*

BACKGROUND

- South Africa's Differentiated Model of Care SOPs (SOP 7) recommend contacting and recalling all clients who are late for scheduled clinic visits or medication pickups ("tracing").
- Guidelines recommend that clinics:
  - Trace any client who is **≥7 days late** and has consented.
  - Prioritize for tracing HIV clients who have advanced HIV disease (AHD), are in their first 6 months on AR, have a viral load >50 copies/ml, never initiated ART, or are late for specified assessments/tests.
  - Initiate tracing by telephone; follow up with text/WhatsApp messages and home visits, as needed and as consent allows.
  - Record tracing attempts and results in registers and client files.
- Clients are identified for tracing using 1) a "missed visit list" generated by Tier.Net and 2) collecting files that had been retrieved in anticipation of a scheduled visit but not claimed.
- Tracing activity and outcomes are documented in multiple locations, including Tier.Net, tracing registers, or client files.
- We used available tracing registers and Tier.Net records to estimate tracing contact and return rates to explore tracing effectiveness and consider opportunities for improvement.

METHODS

- 6 public primary healthcare clinics in King Cetshwayo District, KwaZulu-Natal Province; adult ART clients (≥18 years) for whom **telephone tracing** was documented.
- Linked data from paper tracing registers with Tier.Net records from January 2024 to July 2025.
- Primary outcome = return to care ≤30 days after tracing eligibility.
- Tracing cascade from determination of eligibility for tracing (≥7 days late) to return to care or another final status (transferred, died, lost to follow-up, mistakenly classified as eligible).
- Included a period in which both tracing operations and facility data entry were disrupted due to the abrupt termination of implementing partner support in January 2025.

RESULTS

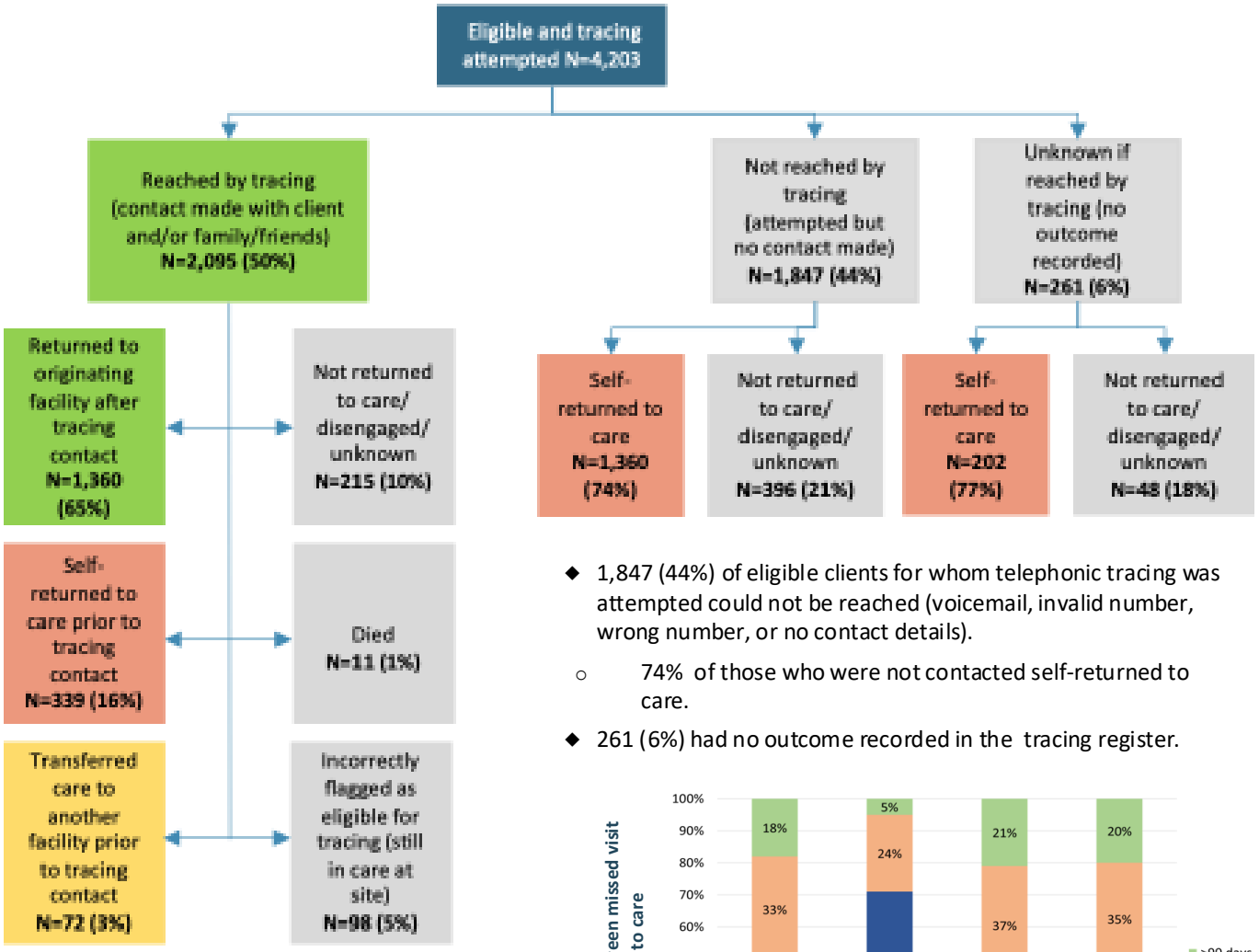
- All study facilities used a standardized Department of Health facility register to document telephonic tracing activities and outcomes.
- Tracing registers that were found and accessed for the study were missing data for several months between January 2024 and July 2025 (Fig 1).

Figure 1: Telephonic tracing registers found at study sites (✓ = register found)

Site	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
1	✓	✓		✓	✓	✓						✓	✓	✓					
2						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3					✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
4				✓			✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓
5		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓		
6				✓	✓	✓	✓		✓	✓	✓	✓		✓		✓	✓	✓	

- 7,043 client records were extracted from tracing registers.
  - Of these, **4,203 were unique individuals** whose full records could be linked in Tier.Net.
  - Reasons for exclusion included repeat records for clients traced >1 time (1,507); records with all relevant dates missing (547), not found in Tier.Net (297), or duplicate records for the same individuals (220).
- Among 4,203 with linked records:
  - 95% had been on ART for >6 months at the time of tracing eligibility.
  - 60% were called on only one day, 25% on two different days, and 5% on ≥3 days.
    - Only 243 physical (home visit) tracing records could be found at 3 of the 6 study sites during the same data collection period; these are not reported in this policy brief.

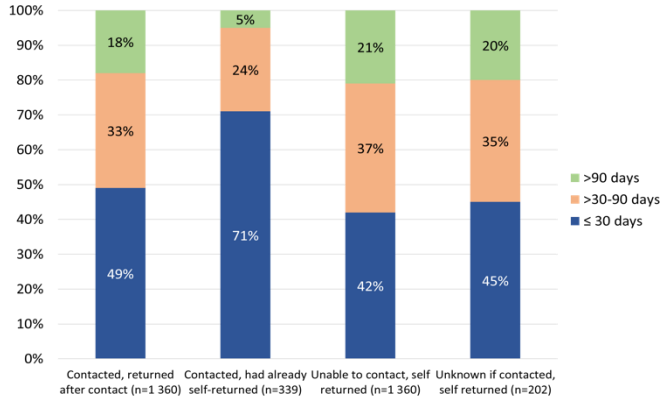
Figure 2: Outcomes of attempted telephone tracing at 6 clinics in King Cetshwayo District, KwaZulu Natal



- 50% (N=2,095) of clients for whom telephonic tracing was attempted were successfully contacted (Fig 2).
  - 65% of those contacted returned to care at their original facility after being traced.
  - 16% of those successfully contacted had already returned to care at the time of contact.
  - 5% had been incorrectly flagged as eligible; they had not interrupted care at all.

- 1,847 (44%) of eligible clients for whom telephonic tracing was attempted could not be reached (voicemail, invalid number, wrong number, or no contact details).
  - 74% of those who were not contacted self-returned to care.
- 261 (6%) had no outcome recorded in the tracing register.

Figure 3: Time between missed visit and return to care



- Roughly half of those contacted by a tracer returned within 30 days of their missed visit, about a third between 30 and 90 days, and the rest >90 days (Fig 3).

CONCLUSIONS

- Only half of clients for whom telephonic tracing was attempted could be contacted by tracers; 32% of clients for whom tracing was attempted (65% of those actually contacted) did return to care after tracing.
- Roughly a quarter of those reached by tracing had either already returned to care, were not late at all, reported having transferred, or had died, suggesting that data system improvements could make tracing activities more efficient.
- Better documentation of tracing activities would allow more accurate understanding of the effectiveness of tracing efforts.
- With fewer dedicated tracing staff available at clinics due to recent funding cuts, efforts to improve targeting of tracing efforts to clients who are eligible and likely to respond positively to tracing contact are warranted.

Mutanda N, Ntjikelane V, Kachingwe E, Sande L, Maskew M, Manganye M, Malala L, Morgan A, Marri A, Scott A, Rosen S. Results of tracing ART clients who