

# Monitoring PrEP Services for Pregnant and Breastfeeding Women: Experience from Eswatini

Sindy Matse, MOH Eswatini

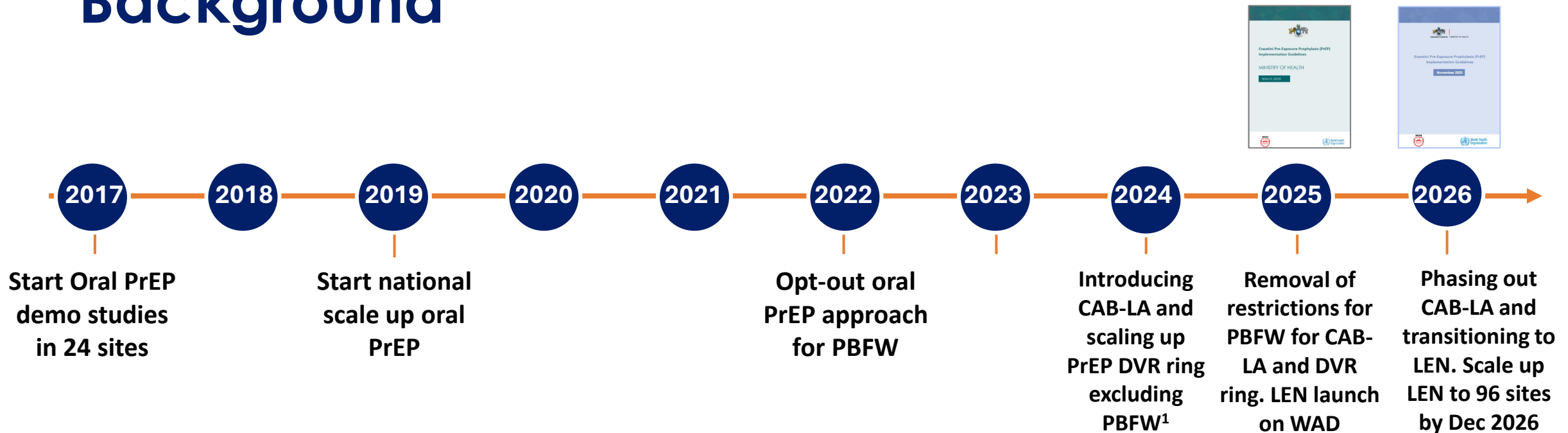
Advancing HIV Prevention and PrEP  
for Pregnant and Breastfeeding Women  
Nairobi, Kenya | April 22-24, 2026



**HIV**  
Impact Network for  
Vertical Transmission  
Elimination



# Background

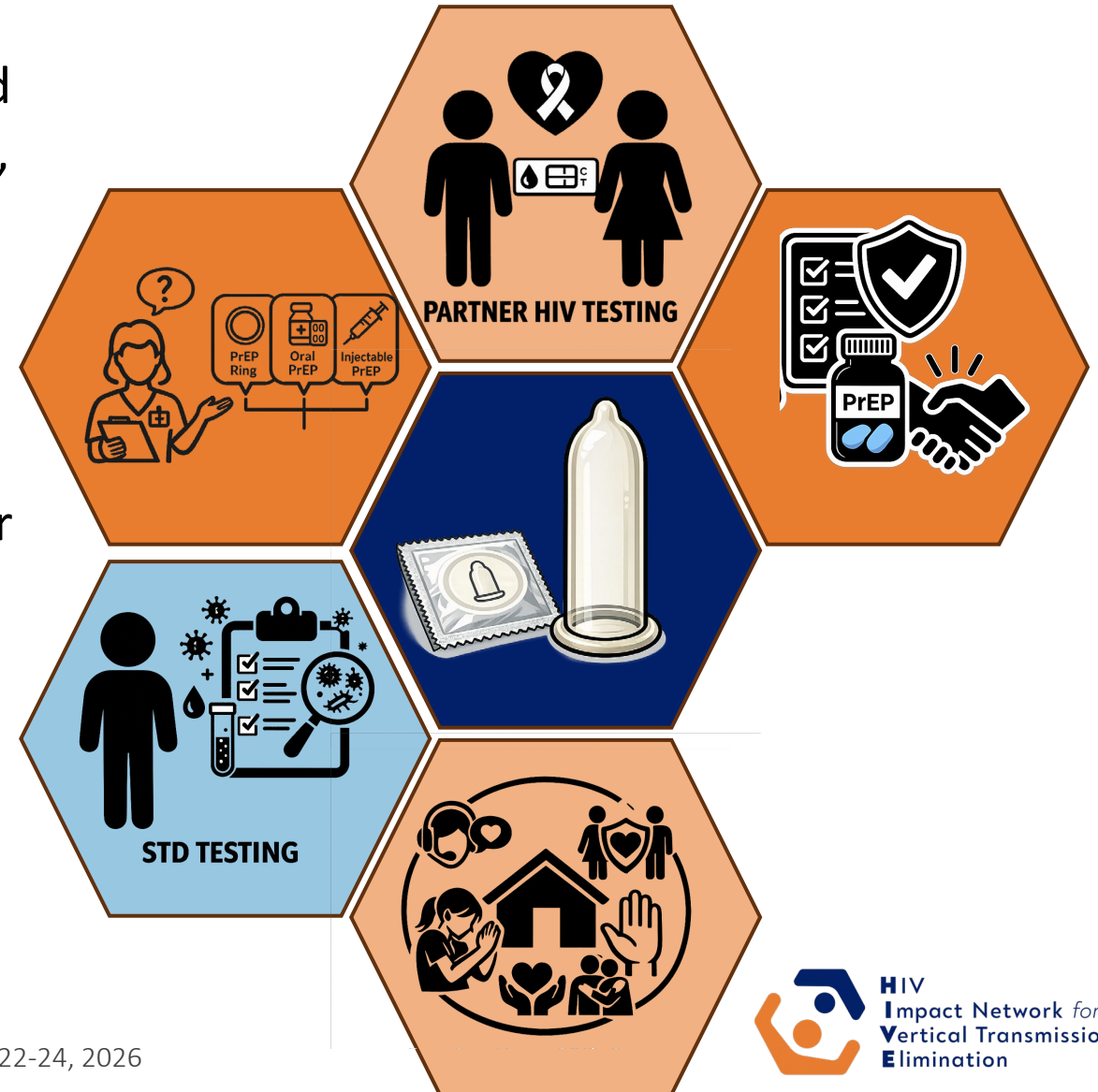


- Pregnant and breastfeeding (PBFW) are one of the priority populations for PrEP in Eswatini
- An opt-out approach is used for PBFW; HIV- PBFW are offered PrEP regardless of risk.
- PrEP is integrated in all service delivery points, including ANC, maternity and PNC and PrEP initiations and refills are done during the same visits.

# Integration of PrEP in SRH services

The following HIV prevention services are provided for HIV negative women attending family planning, antenatal, postnatal or childhealth care services

- HIV testing and counselling
- Partner testing
- PrEP choice counselling followed by a PrEP offer to all women not using PrEP
- Support for effective PrEP use to current PrEP users
- STI screening and management
- GBV prevention services



# Why M&E matters...

- Eswatini faces a high burden of HIV with estimated prevalence among **pregnant women over 40%**.
- A small improvement in prevention among PBFW can have a large impact.
- Women often **start PrEP in ANC but discontinue after delivery** and a high number of new infections during post natal care is seen.
- Eswatini recently changed guidelines to **allow all PrEP methods for PBFW**.
- It is important to have solid safety monitoring, especially for the new PrEP products to reassure policy makers, providers and community members on maternal outcomes and infant safety.

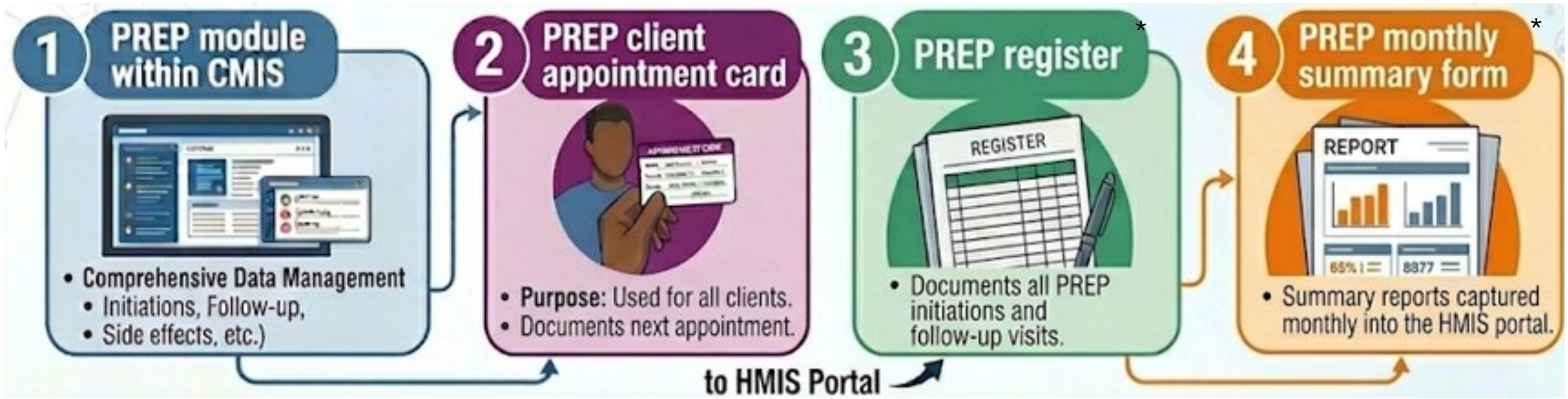
## PrEP M&E for PBFW is critical because it:

- 1. Saves lives**
  - Prevents maternal infection
  - Reduces vertical transmissions
- 2. Improves programs**
  - Identifies gaps in uptake and continuation
- 3. Strengthens systems**
  - Integrates services across the PrEP cascade
- 4. Drives impact**
  - Ensures PrEP is used effectively where it matters most

# Eswatini M&E systems

- Eswatini has moved from **paper-based PrEP tools to a comprehensive electronic monitoring system** starting in 2021.
- The module has received several updates since, allowing:
  - ✓ More variables to be collected
  - ✓ Adapting to changes in PrEP guidelines including PrEP eligibility criteria
  - ✓ Accommodating new PrEP methods
- As in Q1 2026, the majority of PrEP facilities are using the Electronic Client Monitoring System (**CMIS-coverage 90%**).
- Only a few private/ NGO-owned facilities are not on CMIS and are continuing to use paper-based tools.

# Current Tools for Monitoring PrEP Among PBFW



## INTEGRATED MANAGEMENT EFFORT - DASHBOARDS & VISUALIZATION

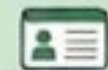
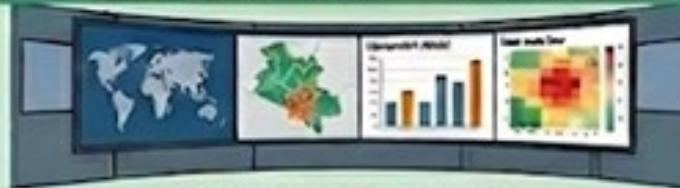
### FACILITY-LEVEL DASHBOARD



- Real-time stock tracking
- Active client overview
- Loss-to-follow-up alerts

Facility

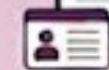
### REGIONAL-LEVEL DASHBOARD



Regional

- Regional trend analyses
- Gap analysis
- Resource allocation planning

### NATIONAL-LEVEL DASHBOARD



National

- Overall program impact (KPIs)
- National trend analysis
- etc..

\* A few private facilities are still using paper-based tools and submitting monthly summaries.

# Mother-Child Linkage: Tools and How it Works



Info Client registered successfully.

## Mother & Child Linkage

Child's profile

BABY MOTHER  
Patient ID : H002010126-1  
Profile registered: 20 Apr 2026 7:03 AM

PIN	9999999999999
DOB	01 Jan 2026, (0 years old)
Marital status	Single
Nationality	Kingdom of Eswatini
Residential address	fgwhdbjks
Postal address	
Cellphone	76170000
Land phone	
Email	

Search options: PIN Search, Patient ID Search, Cellphone Search

Type Personal Identification Number (PIN) to find mother's profile.

PIN

[Edit Profile](#) [Manage Relatives](#) [Manage Appointment](#)

Please link child to mother!



Info Client registered successfully.

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Residential address	fgwhdbjks
Postal address	
Cellphone	76170000
Land phone	
Email	

Search options: PIN Search, Patient ID Search, Cellphone Search

Type Cellphone number to find mother's profile.

Cellphone

**MAGONGO SANELE SPHASHA** Profile registered: 24 Dec 2018 1:31 PM  
Patient ID: S022010819-2

PIN	2621931551552	Date of birth	04 Apr 1996, (30 years old)
Sex	Female	Marital status	Single
Country of origin	KingdomOfEswatini	Primary cellphone	99999999
Land phone		Email	
Residential address	UNKNOWN	Postal address	

[Edit Profile](#) [Manage Relatives](#) [Manage Appointment](#)

Please link child to mother!

Toll Free Help Line: 800 800 5  
Logged in user: NELLY MAVUKA

STEP 1

Immediately after the child profile has been registered and saved, the system prompts the user to link the child to the mother.

STEP 2

After selecting "Please link child to mother," the system displays a window that allows you to search for the mother using the provided identifiers.



# Supervision & Data Quality

## Capacity Building for Strategic Information Officers:



- Targeted training sessions are conducted for Mentors, M&E and HMIS officers on the PrEP module in CMIS. This ensures consistent data entry, improved data quality, and a shared understanding of PrEP indicators

## Supportive Supervision and Mentorship:



- Routine site visits and mentorship are done to reinforce correct use of CMIS modules and troubleshoot data entry challenges related to LEN.

# Indicators Currently Captured

## PrEP Cascade

Steps	Indicator / Action
1. Tested for HIV	Number tested for HIV
2. Tested HIV Negative	Number tested HIV-negative
3. Already on PrEP	Number already enrolled on PrEP
4. Offered PrEP	Number offered PrEP services
6. Accepted PrEP	Number who accepted PrEP
7. Assessed for eligibility	Number clinical assessed for eligibility
8. Eligible for PrEP	Number found eligible for PrEP
9. Initiated on PrEP	Number initiated on PrEP <b>(All modalities)</b>

Where applicable, indicators are disaggregated by:

- Region
- Facility
- Sex
- Age
- Priority population
- PrEP method

# Indicators Currently Captured

## Indicator to capture Adverse events and Side effect

### Adverse Events

- Number of clients who experience a clinically significant adverse event while on PrEP during the reporting period.

### Purpose:

- To monitor safety and tolerability of PrEP, ensure timely clinical management of side effects, and inform program adjustments for client support.

### Disaggregation:

- Product type, age, sex, timing, AE type, severity, outcome

CMIS scripts will be updated to enable tracking of pregnancy outcomes.

# Indicators Currently Captured

## Indicator to capture HIV testing when on PrEP

### Seroconversion Rate

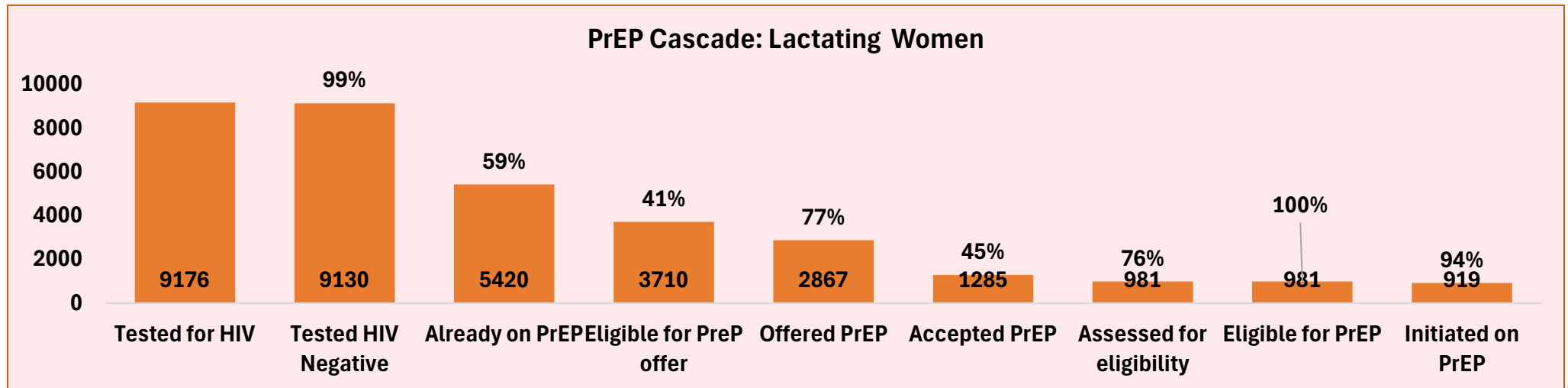
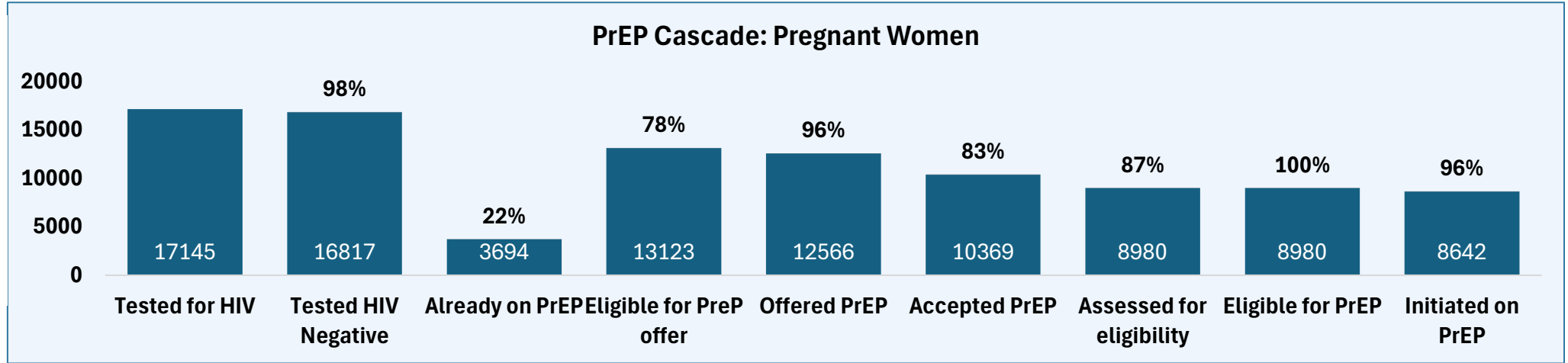
- Proportion of clients who test HIV-positive while active on PrEP, within the reporting period.
- **Purpose:** To monitor HIV incidence among PrEP users, assess program effectiveness, and identify gaps in adherence, counselling, or follow-up services

### Disaggregation:

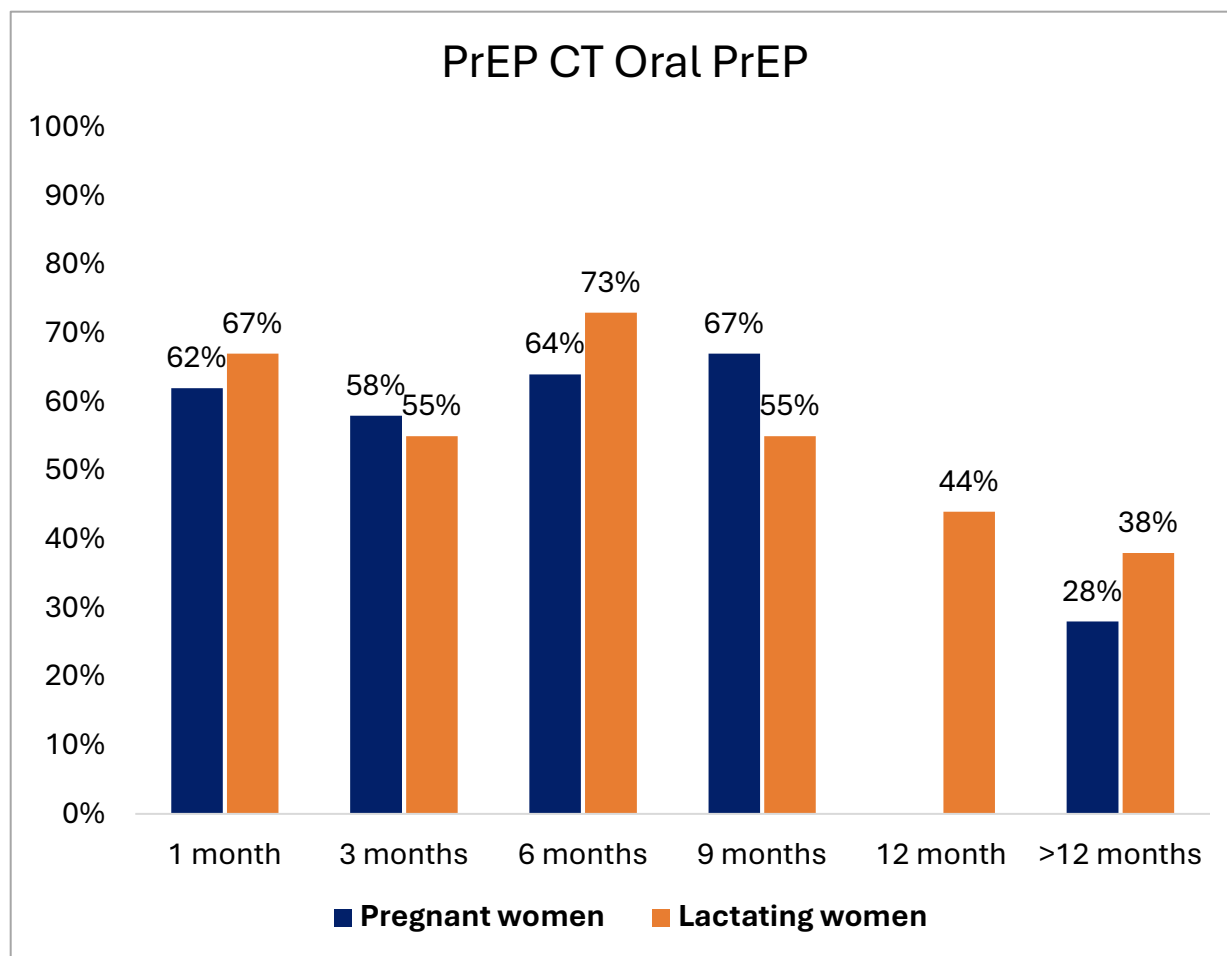
- Age, sex, PrEP method, time on PrEP, date last PrEP refill/ re-injection
- Possible reason for seroconversion (discontinued PrEP, poor adherence, missed Acute HIV infection, breakthrough infections..)

The HTS module in CMIS has been updated to include asking any client that tests HIV positive for previous/ recent PrEP exposure.

# PrEP Cascade among PBFW (Jan-Dec 2025)



# PrEP Continuation\_Oral PrEP: Jan-Dec 2025



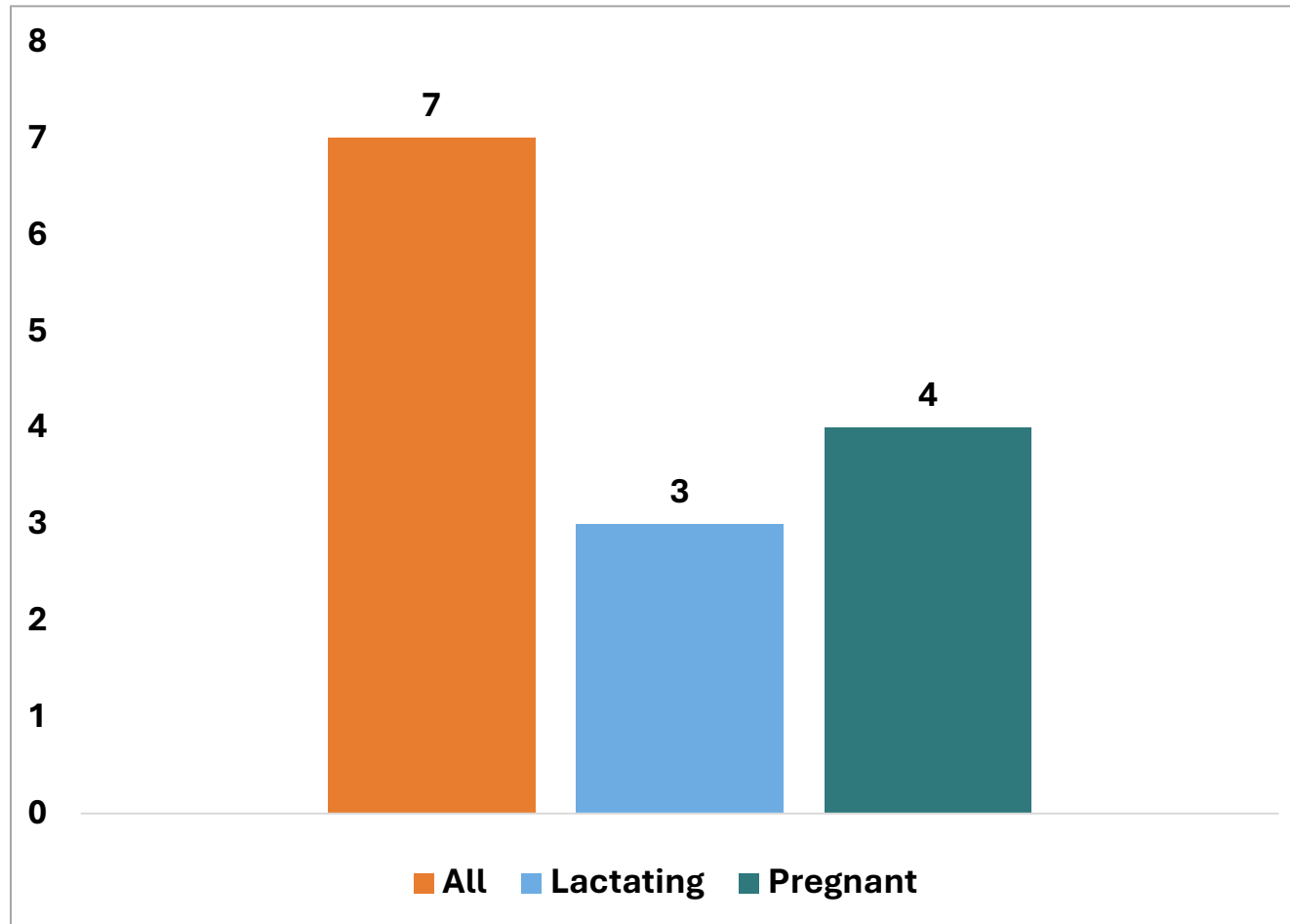
Pregnant	Due for Follow up	Honoured	Not Honoured	% came for follow up visit
1Month	428	265	163	62%
3Month	318	184	134	58%
6Month	155	99	56	64%
9Month	6	4	2	67%
>12Month	25	7	18	28%

Lactating	Due for Follow up Visit	Honoured	Not Honoured	% came for follow up visit
1Month	45	27	18	67%
3Month	109	60	49	55%
6Month	89	65	24	73%
9Month	29	16	13	55%
12Month	9	4	5	44%
>12Month	24	9	15	38%



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# PrEP Adverse Events in PBFW (Jan-Dec 2025)



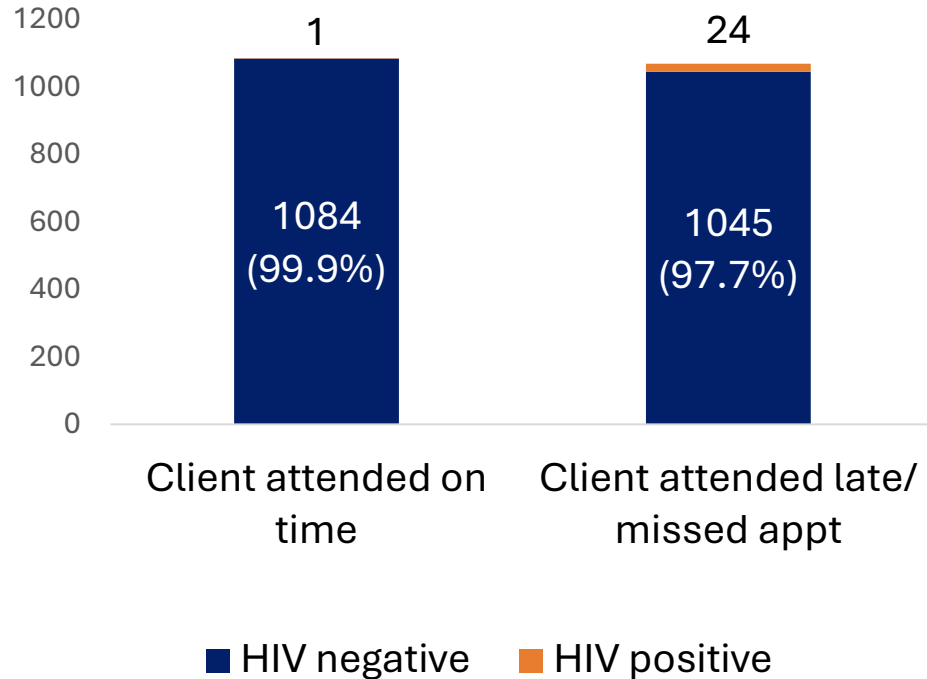
PrEP Method	AE Type	All	Lactating	Pregnant
CAB LA	Headache	1	1	
Oral PrEP	Dizziness	1		1
Oral PrEP	Headache	1	1	
Oral PrEP	Nausea	3	1	2
Oral PrEP	Dizziness	1		1
<b>Total</b>		<b>7</b>	<b>3</b>	<b>4</b>

- Very few side-effects/ AEs have been documented.
- PrEP module was updated Q1 2026 to incorporate pharmacovigilance
- Continuous capacity building of provider in active pharmacovigilance monitoring is needed.

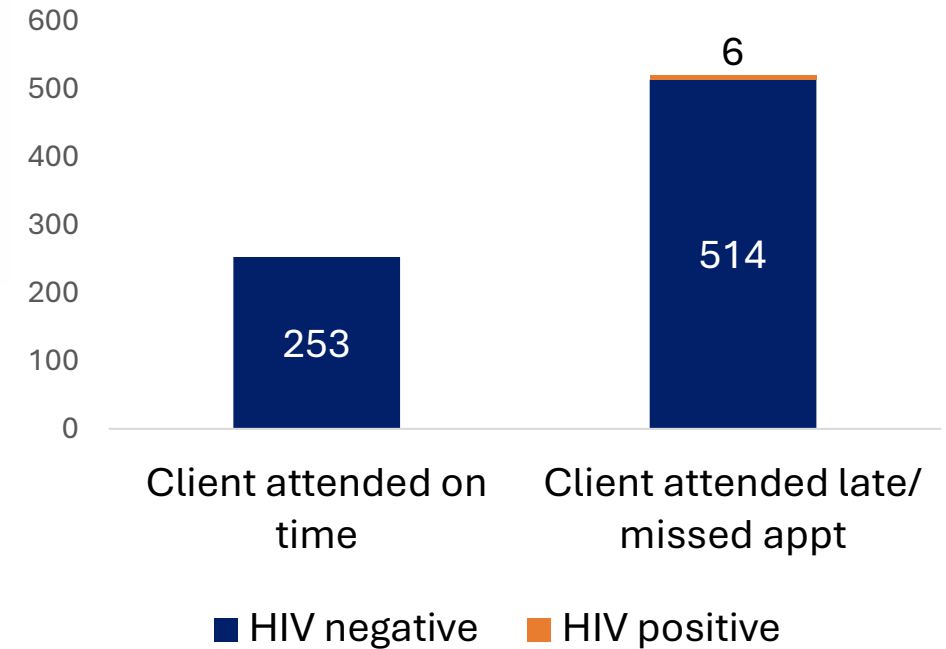


# HIV testing Data among PBFW using PrEP (Jan-Dec 25)

Pregnant women tested for HIV  
(n=2,154)



Breastfeeding women tested for HIV  
(n=773)



- Many pregnant and breastfeeding women are coming **late for their PrEP follow up** visits.
- Those returning late are more likely to test HIV positive.
- Strategies should be developed to better support pregnant and breastfeeding women to continue with a PrEP method of their choice.

# Challenges and Gaps

- **Poor documentation of pregnancy/ breastfeeding status.**
  - Pregnancy/ breastfeeding status is often missed not updated over time For pregnant women
- **Silos data systems**
  - Information stored on paper is not automatically integrated with the electronic system, so decision-makers don't get a complete, real-time picture.-.
- **Poor longitudinal tracking**
  - Women moves across services: ANC → Maternity → Post natal → Child Welfare
  - Challenging to follow the same client over time.
- **Heavy reliance on self-reported adherence**
  - Absence of an objective adherence measure. Not clear how long women stay on PrEP during the breastfeeding period.
- **Limited systems to track pregnancy outcomes and infant outcomes**
- **Limited data review meetings due to declining donor support.**

# Best Practices & Lesson Learned

- **Opted out PrEP for Pregnant and breastfeeding women.**
  - Ensuring all negative PBFW are offered PrEP has normalized PrEP use in PBFW and increased PrEP offer and uptake among PBFW.
- **Integration fo PrEP into ANC/PNC systems**
  - PrEP indicators are embedded in ANC/ PNC modules
- **Updating HTS module to capture previous PrEP exposure for all newly diagnosed HIV positive clients**
  - Enables identifying clients that can benefit from genotyping with possible earlier switching in case of relevant HIVDR mutations.
- **Use of unique client identifiers**
  - Better linkage of data across ANC → Delivery → postnatal → Child welfare
- **Developing dashboards for real-time decision making**
  - Dashboards assist at facility level (client tracking, LTFU) and regional /national level (trends, gap analysis and KPIs)

# Thank You!

