

The CQUIN Learning Network

Annual Meeting

M&E of DSD Using Paper-Based Record

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AIDS Control Programme – Ministry of Health, Uganda

February 13-15
Maputo, Mozambique



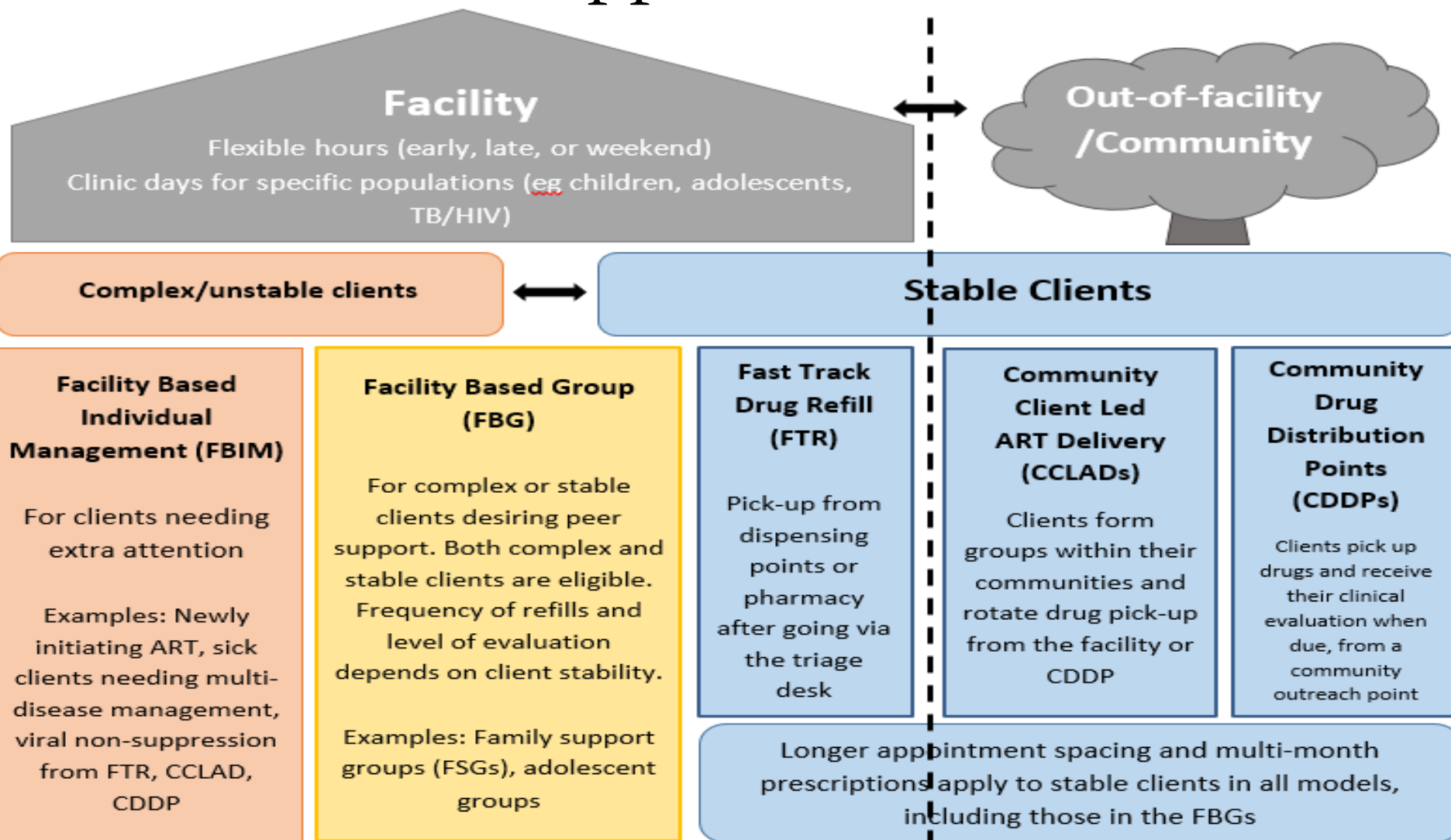
HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery



Presentation Outline

- DSD Roll out
- Development process
- Client Categorization
- Recording & reporting
- Tools
- Challenges/Limitation
- Next steps

HIV Treatment and Care Models and Approaches



DSD Roll out schedule

Activity	Jan-Mar'17	Apr-Jun'17	Jul-Sep'17	Oct-Dec'17	Jan-Mar 18	Apr – June 18
DSD task team meetings- monthly						
Developing Training curricula/Job aides						
National dissemination Launch and dissemination						
Regional/district dissemination meetings						
Pre-test of training materials- HCW and CHW						
Review of the training materials after pretest- HCW & CHW						
Review of HMIS tools						
Printing training materials/Job aides for sites						
National TOT						
Preparatory meetings for roll out with IP's						
Training of regional and district trainers						
Facility based trainings						
Training of group leaders						
1st mentorship						
Quarterly site mentorship						
Stakeholders meeting to share experiences and review the rollout process						
Monitoring and Evaluation						

Existing HMIS

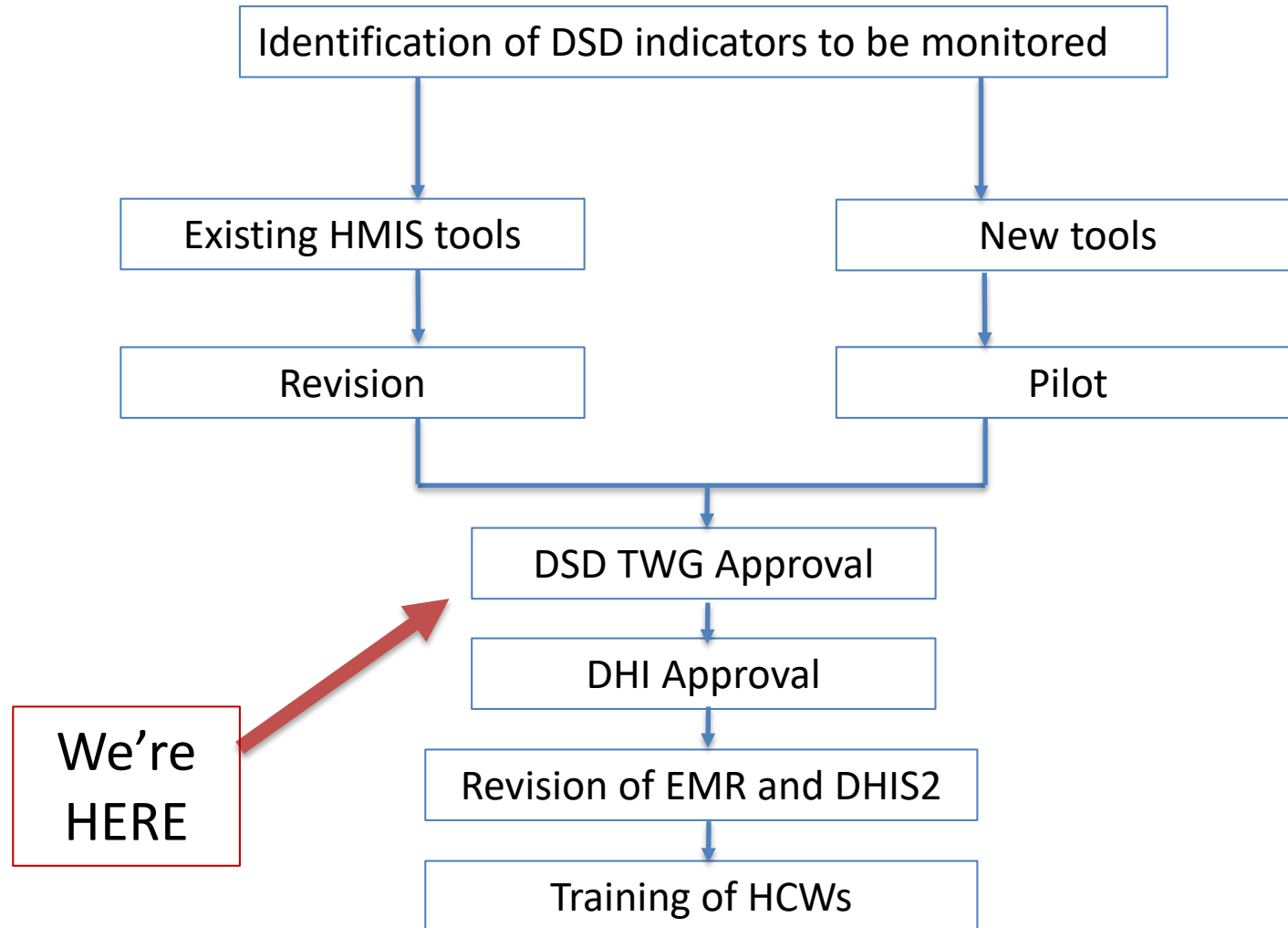
Strengths

- Standardised HMIS tools
- Unique patient identifier within a facility
- One national reporting system-DHIS2
- Existence of QI and data-use teams at HFs

Weaknesses

- Largely paper based
- Weak M&E community component

DSD M&E Development Process



Development Process Cont'd...

- Premised on existing HMIS – recording, reporting
- Participatory – ACP, ADPs, IPs, DHTs, HCWs, CSOs
- Pilots – mainly Community tools (CCLAD)
- Consideration for filling and retrieval – use of colour codes

Categorization of Clients

Categorization tool for HIV/TB Differentiated Service Delivery



MINISTRY OF HEALTH

Name of health facility: _____

Health facility Level: _____

District: _____

No.	Date	Patient clinic #	Client Name	Current Age	Sex	Client Contact	Treatment supporter contact	Village	parish	Sub county	Same ART regimen >1yr	ADH≥95% in the last 6 months (Y/N)	VL<1000 copies/ml (Y/N)	WHO clinical stage	1st or 2nd line ART regimen	Next appointment date	Stable Y/N	Recommended DSD -Approach

DSD Approach	Code	Examples of treatment regimen	Combination with treatment regimen
Facility Based Individual Management (FBIM)	D1	1f (TLE)	1f-D1
Facility Based Groups (FBG)	D2	1f	1f-D2
Fast Track Drug Refills (FTDR)	D3	1f	1f-D3
D4Community Drug Distribution Point (CDDP)	D4	1f	1f-D4
Community Client Led ART Delivery (CCLAD)	D5	1f	1f-D5

Process of Recording and Reporting

Existing HIV care/ART Tools

HIV care/ART card

ARV drugs		
Adhere	Why	Regimen/ # of pills / # of days Dispensed
G	⚓	TDF/3TC/EFV
		30
		30

Longitudinal ART register

Patient ID	Month 24	Month 25
KIS-0542/14	1f	ARVs/FU Status
	1	TB Status
	G Y	ADH CPT

Health Unit Quarterly report

15	Cumulative No. of clients ever enrolled on ART at this facility at the end of the previous quarter
16	No. of new clients started on ART at this facility during the quarter
17	No. Of new clients started on ART at this facility during the quarter based on CD4 count
18	No. of pregnant & Lactating women started on ART at this facility during the quarter (Subset of row 16 above)
19	Cumulative No. of individuals ever started on ART (row 15 + row 16)
20	No. active on ART on 1st line ARV regimen
21	No. active on ART on 2nd line ARV regimen
22	No. active on ART on 3rd line or higher ARV regimen

Revised HIV care/ART Tools

+

ARV drugs		
Adhere	Why	Regimen/ # of pills / # of days Dispensed
G	⚓	1f-D1
		30
		30

Patient ID	Month 24	Month 25
KIS-0542/14	1f-D1	ARVs/FU Status
	1	TB Status
	G Y S	ADH CPT VL


Number of clients newly enrolled in each DSD model during the reporting quarter

Number active on ART by DSD approach


Number active on ART achieving viral suppression by DSD approach during the reporting quarter

Examples of tools for DSD M&E

COLOUR CODES FOR DIFFERENTIATED SERVICES DELIVERY APPROACH		
DSD COLOUR	DSD APPROACH	DSD CODE
	FBIM	D1
	FBG	D2
	FTDR	D3
	CDDP	D4
	CCLAD	D5

 THE REPUBLIC OF UGANDA		Drug allergies <div></div>		Relevant medical Conditions <div></div>	
HIV CARE/ART CARD No: _____					
Unique # _____ District _____		Health Unit _____			
Date Confirmed HIV +ve (DD/MM/ YYYY) _____ Name: Surname _____ Given name _____		Test Type: <input type="checkbox"/> Ab <input type="checkbox"/> PCR Where _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/> DOB (DD/MM/YYYY) _____ Age (if <2yrs, write in mths) _____		Pt Clinic # _____ Marital Status _____	
Address District _____ Division/Sub-County _____ Parish/Ward _____ Village/zone/Cell _____		Telephone (whose) _____			
Care Entry Point: <input type="checkbox"/> eMTCT <input type="checkbox"/> TB <input type="checkbox"/> YCC <input type="checkbox"/> SMC <input type="checkbox"/> Outreach <input type="checkbox"/> Out Patient <input type="checkbox"/> STI <input type="checkbox"/> Inpatient <input type="checkbox"/> Other (specify) _____					
Treatment supporter/Medicine pick-up if ill: _____ Address District _____ Division/Sub-County _____ Parish/Ward _____ Village/zone/Cell _____					

Community Client Led ART Delivery (CCLAD) Form													
Health facility Name: _____				Health Facility level: _____		District: _____		Sub county: _____		Parish: _____			
CCLAD Group Code: _____				Group member who picked drugs: _____		Health worker dispensing drugs: _____		Next Appointment Date: _____					
SEC C				SEC D		SEC E		SEC F					
Patient Identifiers				Facility Drug Refill Details Date		Drug Refill Accountability		COMMUNITY PRE-DRUG PICK-UP MEETING (ASSESSMENT)					
	Patient Initials	Sex	Age	Drugs given	\$ of pills	\$ of days	Date drugs received by patient	Patient signature	Patient status	TB status	No of Pills returned	Preg/FP status (P, FP, No FP)	MUAC

 THE REPUBLIC OF UGANDA	
NATIONAL HIV CARE REGISTER (ANTI RETROVIRAL THERAPY) MINISTRY OF HEALTH - AIDS CONTROL PROGRAM UNIT REGISTER HMIS No. 081	
NAME OF HEALTH UNIT: _____	
NAME OF HEALTH SUB-DISTRICT: _____	
NAME OF DISTRICT: _____	
REGISTER NUMBER: _____	

HMIS FORM 106a: HEALTH UNIT QUARTERLY REPORT DESCRIPTION AND INSTRUCTIONS	
Objective:	Reports the quarterly attendance figures for HIV Care/ART, Nutrition and TB Services.
Timing:	Due 7th October, 7th January, 7th April, 7th July
Copies:	Three Copies. Original stays at the health unit, 1 copy is sent to the District and the third copy is sent to the HSD
Responsibility:	Health Unit In-Charge
PROCEDURE:	
1. All health units providing HIV Care/ART, Nutrition and TB services or any of the three services must submit the HEALTH UNIT QUARTERLY REPORT (HMIS 106a).	

Key challenges and/or limitations of paper-based DSD M&E System

- Level of detail to be recorded & reported
 - Considerations for trail for QI, assessments and evaluations
- Categorization of clients
- Data quality - accuracy, completeness of registers, disaggregation (Age, sex, approaches)
- Weak M&E to support community component
- Retention monitoring per DSD approach
 - ART cohorts Vs. DSD cohorts

What lies ahead for DSD M&E?

- Finalize and roll out revised HMIS tools
- Move towards EMRS (currently in ~ 600 facilities) and unique identifier
- DSD Research agenda

Acknowledgements

- HCWs
- IPs
- ADPs (CDC, USAID, PEPFAR, UN)
- DSD TWG
- MOH