

South to South learning visit to the Kingdom of Eswatini

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Agenda

- South-to-south Experience
- Lessons Learned
- Next Steps

South-to-South Experience (1)

- Visit dates: 25th – 26th June 2018
- Objectives of the S2S visit
 - To learn steps taken to establish the client management information system (CMIS), challenges faced and how they were addressed.
 - To learn more on community-based integrated ART outreach services
 - To learn and observe early morning refill models
- Team composition

No	Name	Designation	Organization
1	Ivan Lukabwe	Program Officer Monitoring and Evaluation	ACP/MOH
2	Dr. Josen Kiggundu	DSD Technical Advisor	ACP/MOH
3	Dr. Hudson Balidawa	Chairperson National DSD TWG	ACP/MOH
4	Dr. Joseph Kabanda	Public Health Specialist, HIV Care and Support	CDC - Uganda

South-to-South Experience (2)

- **Places visited**

- King Sobhuza II clinic - Monday 25, June 2018

- ❖ To learn about Client Management Information System (CMIS)

- Mbabane National Referral Hospital - Tuesday 26, June 2018

- ❖ To observe the early morning refills

- Magwanyana ART outreach centre - Tuesday 25, June 2018

- ❖ To learn more on community-based integrated ART outreach services

Agenda

- South-to-south Experience
- **Lessons Learned**
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Lessons Learned (1)

- **Client Management Information System (CMIS)**
 - ✓ Establishing an electronic medical records (EMR) system needs stakeholders engagement.
 - ✓ Establishing an EMR is feasible but requires substantial investment especially in equipment and capacity building.
 - ✓ The Kingdom of Eswatini uses CMIS for all health services offered at the health facility not only HIV services.
- **Early morning refills**
 - ✓ Early morning refills service delivery approach is a viable option for working clients who meet the stable criteria.
 - ✓ Health workers should be encouraged to come up with innovative ways to serve their clients and support them accordingly

Lessons Learned (2)

- ART outreach service delivery approach
 - ✓ ART outreaches help address access and travel cost challenges
 - ✓ ART outreaches services can also be used to reach children especially where the care givers are also in the same approach.
 - ✓ Engaging clients in developing any service delivery model is critical for client ownership and utilization.
 - ✓ Community ART outreach services should be owned and supported by the ministry of health to ensure sustainability with or without implementing partners.
 - ✓ Integration of ART services with other health care services is more cost efficient.

Agenda

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- **Next Steps**

Next Steps – 1

- **Early Morning Refills**

- The S2S helped us better understand the implementation of the early morning refills.
- This helped us clarify this in the guidelines.
- We did not have any policy change but the visit gave us more clarity and confidence to add early morning refills to our available options for DSD; and helped us expound our explanations in the DSD implementation guide. This will help improve implementation by providers
- ART sites especially those in urban settings to be supported to differentiate ART service delivery and specifically start offering early morning refills.

Next Steps – 2

- **Client Management Information System**
 - ❖ EMR to be revised to include DSD data elements
 - ❖ MoH Uganda to hasten the process of rolling EMR to all ART sites.
 - ❖ EMR should be expanded to cover all services in a given health facility.
 - ❖ Strengthen collaboration between the various sectors including ministry of internal affairs.

Next Steps – 3

- **ART outreach service delivery approach**

- The current CDDP approach should be expanded to include children and adolescents.
- Fast track the development of the concept note for piloting community DSD for children and adolescents.

Next Steps – 4

- S2S priorities for Uganda in 2019
 - Evaluations of DSD program quality
 - Evaluation of impact of DSD services
 - Differentiated HIV prevention services
- Host visitors from other CQUIN network countries
 - ✓ DSD for HIV and TB services
 - ❖ HTS
 - ❖ C&T
 - ✓ Stable and Unstable
 - ✓ CCLADs
 - ✓ CDDPs