

Lessons Learned from South to South Visit to Uganda

Dr Hervé Nzereka Kambale, MD/Mphil HIV/AIDS
DSD Technical Advisor, SNAP/Eswatini
November 2018

Agenda

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

South-to-South Experience

- What was the purpose of your visit?

1. To learn and appreciate the implementation of facility and community DSD models of care in an urban setting.
2. To learn how to engage communities and PLHIV networks in demand creation and their involvement in DSD coordination
3. To identify challenges and opportunities of adoption or adaptation of TASO differentiated models of care.
4. To understand how data flows from community-based models to the National M&E system

Visiting team	Hosting team
Dr Hervé Kambale (DSD Technical Advisor/SNAP)	Dr Josen Kiggundu (Technical Advisor, DSD/MOH)
Nompilo Gwebu (APS National Coordinator/SNAP)	Dr Baker Bakashaba (Regional Project Manager/TASO)
	Ali Kasibula (Clinical Services Supervisor/TASO)

South-to-South Experience – continued

- **What did you see?**
- **Community Drug Distribution Points (CDDP):** Outreach services provided to groups of clients, including:
 - Prepacking of ARVs and Cotrimoxazole
 - Clinical assessments,
 - Drug Refills, and
 - Blood sample collection.
- **Active tracking and utilization of Viral Load (VL) results:** Focal person, Color coded files,
- **Client Satisfaction survey conducted quarterly**
- **Community leaders/champions and PLHIV involvement in demand creation:** Expert client council involved at all level from the policy design to implementation level.
- **Simple Data collection tool used to collect data from community**

Agenda

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

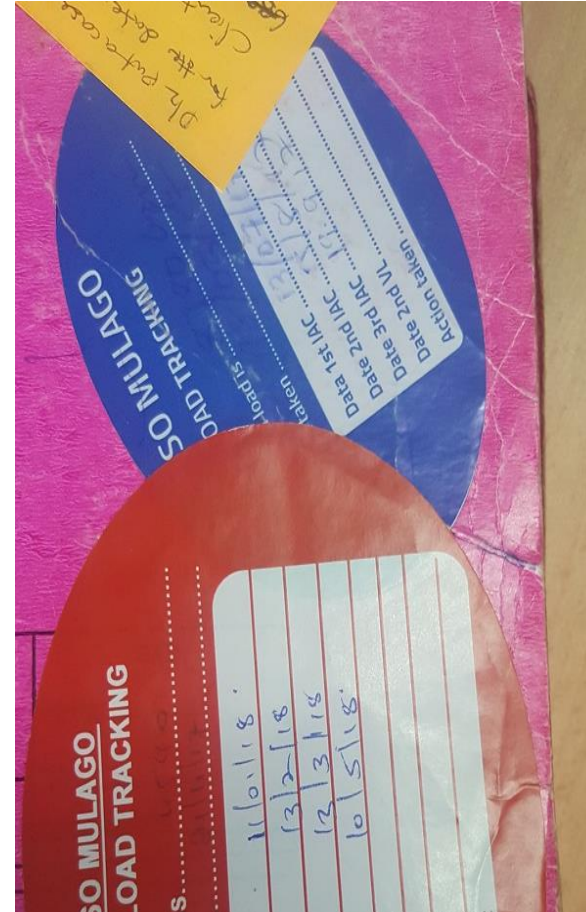
Lessons Learned

- In collaboration with FHI 360, the ART programme adapted a model for KPs combining Outreach and CAGs, the package include:
 - Prepacking of ARVs and CTX
 - Clinical consultation
 - Laboratory services
- I was surprised to see:
 - The level of Community and PLHIV involvement in demand creation, Policy designs, and DSD coordination
 - Clients empowerment and ability to lead community ART groups called CCLADs (Client Led ART Distribution)
 - Community Council meeting quarterly, supported by the CCLAD members (transport fee and airtime).
- The outreach team is simple form to collect basic data from patients at the community and these information are captured into the electronic
- The most important lesson was the active VL tracking and utilization system

Lessons Learned – continued

Active tracking and utilization of VL:

- A high VL management SOPs;
- Color-coded tokens at the triage areas;
- Color-coded files for clients with unsuppressed VL;
- A VL focal person to monitor and follow up VL results on daily basis;
- Identified Case Managers to specifically take care of clients with unsuppressed VL.



Agenda

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

Next Steps – 1

- How did you transfer what you learned to your "home" setting?
 - ✓ Presented a report of the visit to the DSD Sub-TWG
 - ✓ Conducted a meeting FHI 360, and AIDSFree to adapt/design SOPs for ART initiation and refills in the community (Prepacking of ARVs, Combination of Outreach and CAGs for KPs)
- What actions did you (or will you) take as a result of the visit, and how will they contribute to the scale-up of DSD in your country?
 - ✓ Finalized Expanded CommLink SOPs to reach KPs and Adolescents and Young Girls
 - ✓ Improve community/PLHIV involvement: Development of IEC materials, Training curriculum, Scripts for drama
 - ✓ Pilot a QI project in three health facilities to increase DSD coverage by actively identifying eligible clients and enroll them into DSD (Tracking and utilization of VL)
 - ✓ Conduct In-country DSD Learning Exchange visits to sites with high patient's coverage of DSD with good outcome

Next Steps 2

- What are your priorities for 2019 with regard to south-to-south visits? Would you like to visit a different country? Host visitors from other CQUIN network countries?
- Learn and explore best practices from countries that have implemented DSD models for clients with NCDs as well as non-stable clients.
- Learn more about DSD for KPs, particularly how challenges related to the implementation of DSD for KP can be overcome.
- Learned from countries that are allowing clients to collect ART refills outside of the health facility.

Eswatini In-country Learning Exchange Visits

Visiting team	Host Site	# of Part.	Learning Goals	Outputs
Doctor, Nurse, and HTS Counsellor FHI 360, SNAP/KP Unit June 2018	Mankayane Hospital	3	To learn how to conduct ART refills through Outreach model	Lessons learnt informed development of DSD for KPs SOPs
Doctors, Nurses and Pharmacists, and mentors RFM & Mankayane Hospitals, ICAP October 2018	Nhlangano Health Centre	13	To learn how to integrate NCDs and DSD	To develop facility specific SOPs to guide the integration of NCDs management in DSD models



Thank you

