

Uganda's targeted DSD support supervision – March 2019

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

Presentation Outline

- **DSD support supervision objectives**
- **Methodology**
- **Findings**
- **Conclusions**

DSD SS Objectives – Mar 2019

- To assess level of adherence to the DSD implementation standards at the IP, District and health facilities levels
- To determine the extent to which TB services have been integrated into ART services in the context of DSD
- To explore client experiences and perspectives about DSDM
- To document promising practices in DSD implementation

Methodology – Mar 2019 (1)

- 2 preparatory meetings held to;
 - Revise SS tools
 - Agree on SS schedule
 - Determine SS objectives
 - Agree on selection criteria for the sites to be visited
 - Determine SS team composition
- Implementation
 - One team of 3 per visited region
 - Entry meeting with IPs
 - Visit to District Health Office
 - Visit to Health facilities
 - Debrief meeting with IPs
- Dates: 4th – 7th March 2019
- Visited:
 - 14 regions
 - 14 implementing partners
 - 41 districts
 - 56 Health facilities
 - Regional referral Hospitals
 - District Hospitals
 - Health Centre IVs
 - Health Centre IIIs
- Supervisors
 - MoH staff – 19, DSD resource persons – 22, CSO - 1

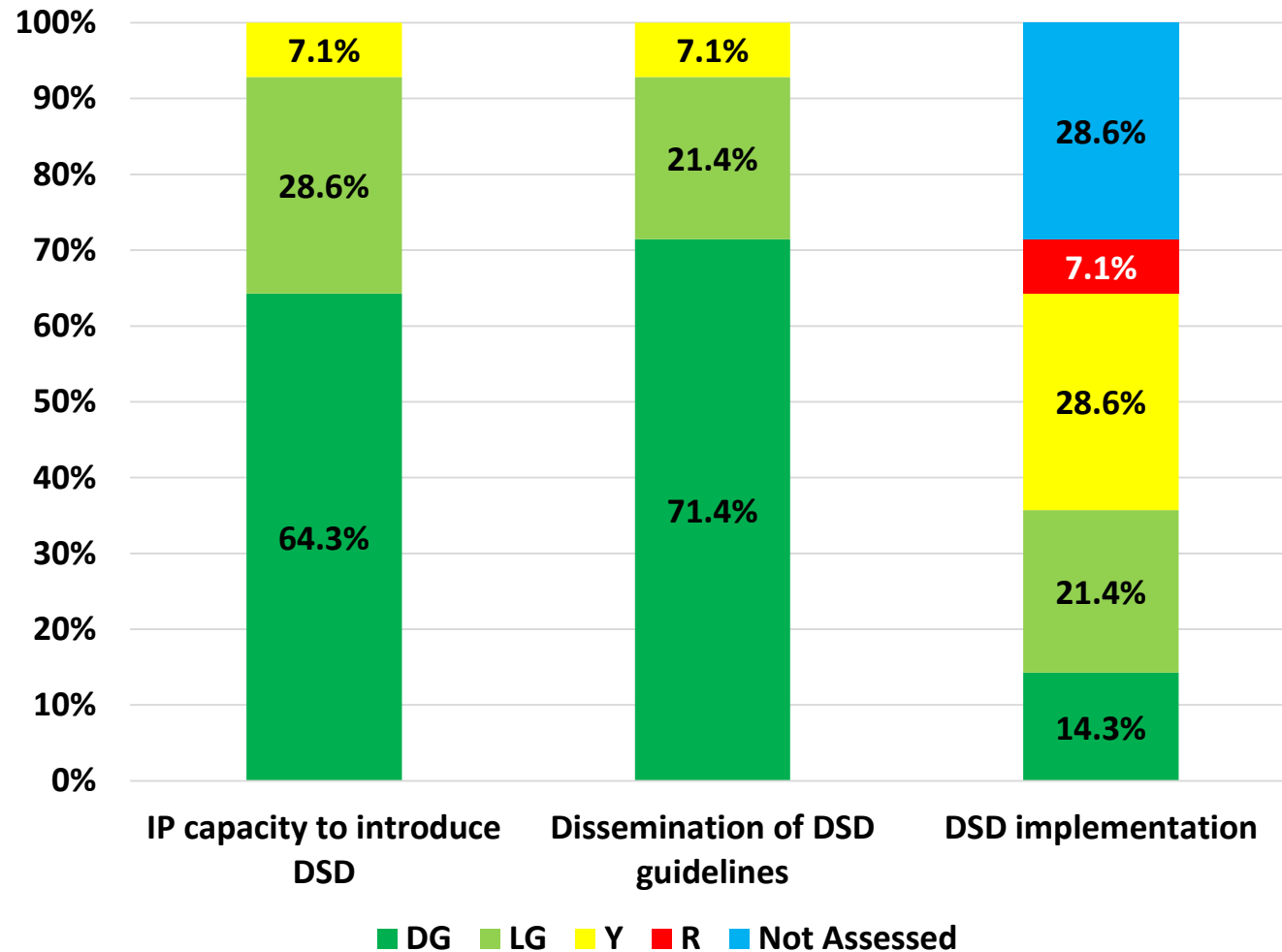
Methodology – Mar 2019 (2)

- **DSD standards assessed: IP**
 - IP capacity to coordinate and manage DSD
 - IP progress in the dissemination of DSD guidelines
 - IP progress in supporting DSD implementation in the region
- **DSD standards assessed: District**
 - Leadership and Governance for DSD
 - Human Resources for DSD
 - Access to essential medicines (Commodity management for DSD)
 - Health information systems
 - Continuous Quality Improvement for DSD implementation
- **DSD standards assessed: Health facility**
 - Leadership and Governance for DSD
 - Human Resources for DSD
 - Service delivery (HTS, C&T)
 - Supply chain management for DSD
 - Health information systems
 - Continuous Quality Improvement for DSD implementation
 - TB/HIV integration in the context of DSD
 - Clients' perspective

Findings

Adherence to DSD standards – IP level

DSD standards assessed - IP

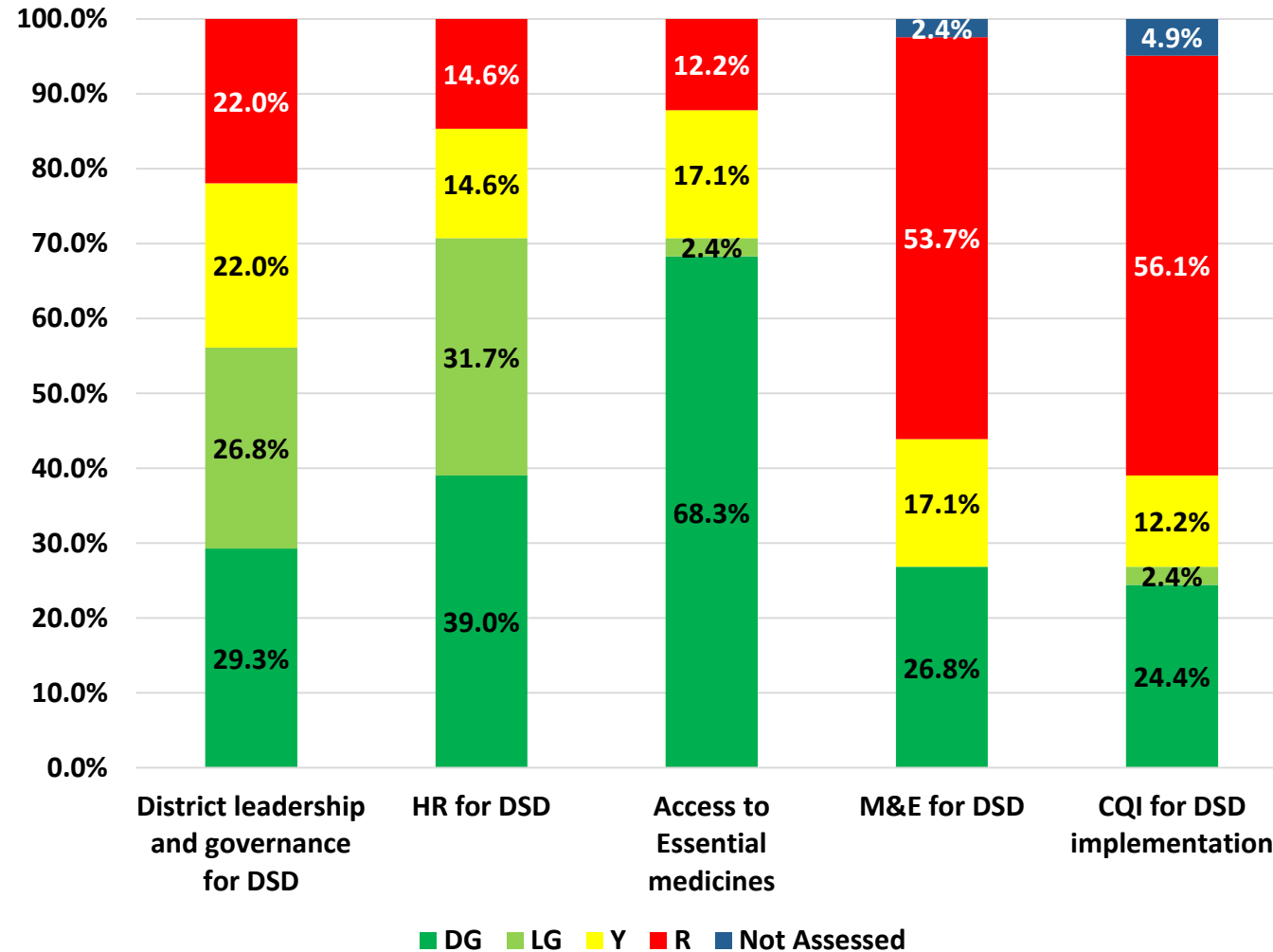


- 64.3% (9/14) IPs had capacity to introduce DSD
 - Key staff trained, budget and rollout plan
- 71.4% (10/14) had fully disseminated DSD guidelines
 - Regional dissemination meetings, regional ToTs and multi-disciplinary district teams formed
- Only 14.3%(2/14) scored > 80% on DSD implementation
 - % of trained sites
 - % of trained sites implementing DSD
 - % of sites implementing DSD with DSD QI projects
 - % of trained sites that had received 1st mentorship
 - % of trained sites that had received the 1st mentorship in within 1 month post training

Findings

Adherence to DSD standards – District

DSD standards assessed - District

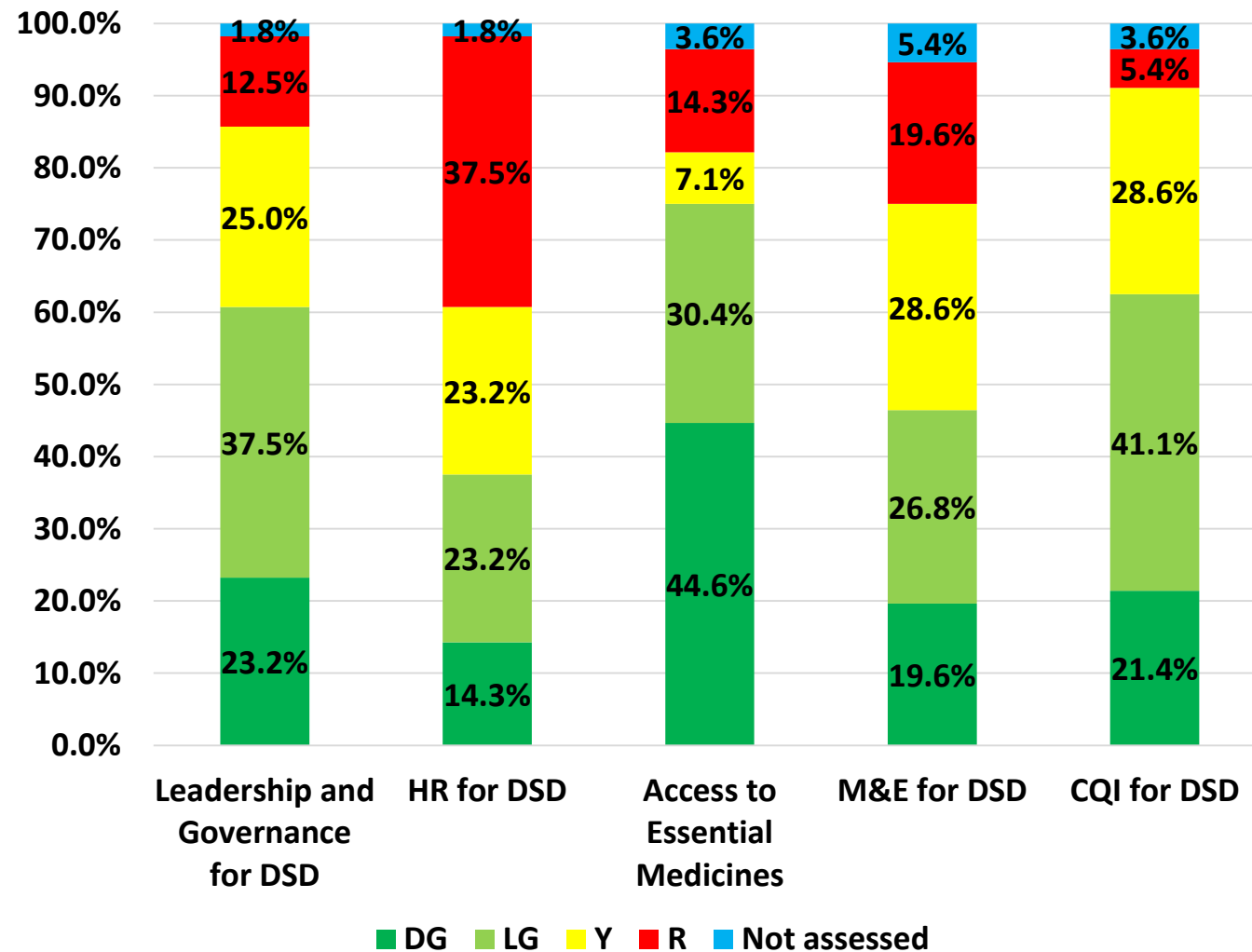


- 29.3% (12/41) districts had adequate leadership and governance for DSD
 - Trained DSD Focal Person
 - DHT meets quarterly to discuss DSD progress
 - DSD funding
 - DHT conducts DSD SS
- 39% (16/41) had trained multi-disciplinary teams to oversee DSD implementation
- 68.3% (28/41) DHTs support sites to manage HIV commodities in the context of DSD
- 26.8% (11/41) districts have DSD data capture systems and are utilizing DSD data for planning
- 24.4% (10/41) districts had functional quality improvement management processes for DSD

Findings

Adherence to DSD standards – Health Facility (1)

DSD standards assessed - Health Facility (1)

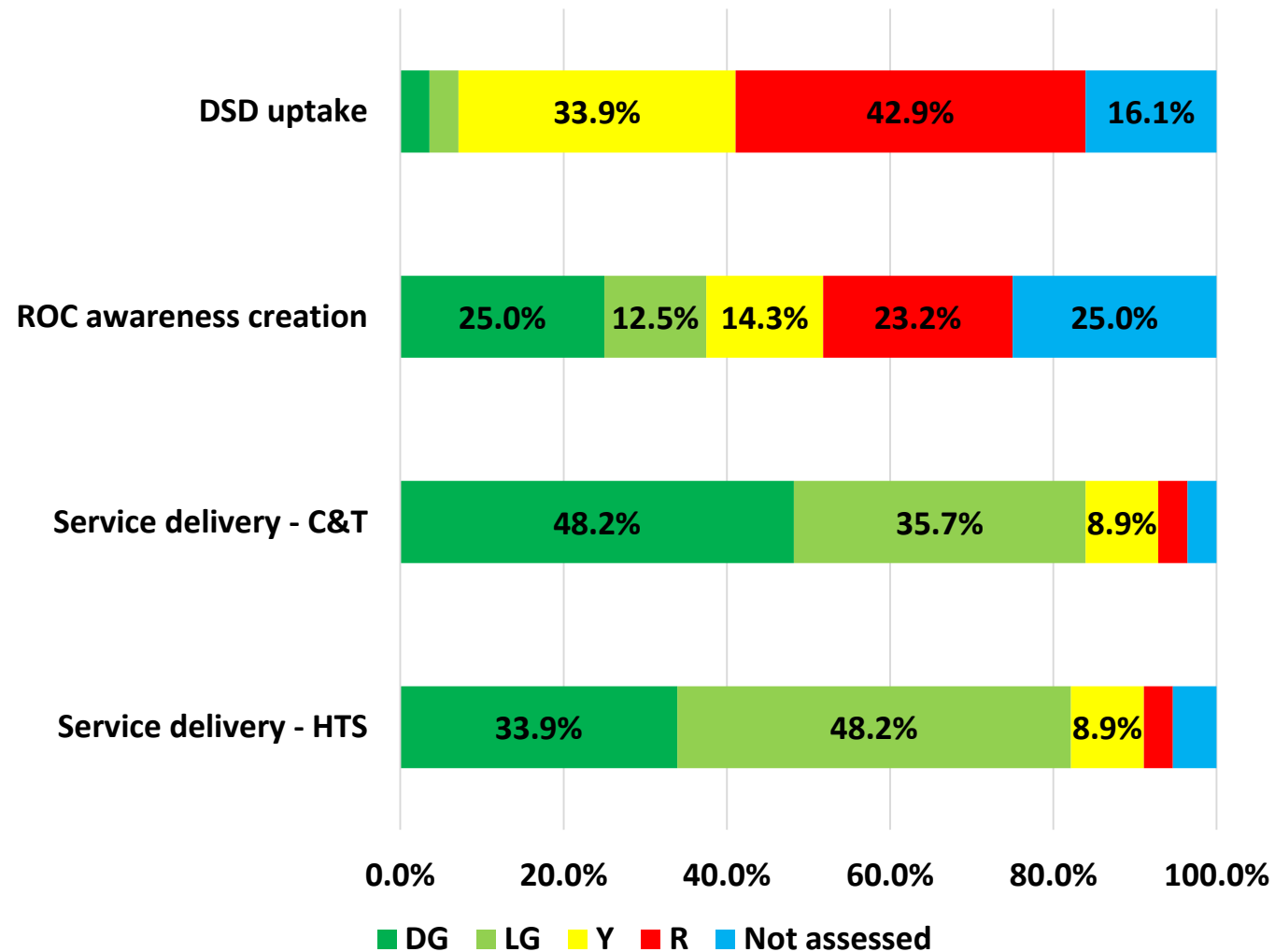


- 23.2% (13/56) HFs had adequate DSD leadership and governance
 - DSD focal person with clear TOR
 - Functional DSD committee
 - Availability of DSD reference documents
- 14.3% (8/56) HFs had adequate HR for DSD
 - Trained multi-disciplinary teams
 - Mentorships provided
 - CMEs conducted
- 44.6% (25/56) HFs had mechanisms for reporting, ordering and accounting for DSD commodities with a trained pharm. staff
- 19.6% (11/56) HFs had a system in place to monitor and evaluate DSD implementation
 - Colour coding
 - Paper and electronic medical records
 - Community DSD HMIS tools
- 21.4% (12/56) HFs had a functional quality improvement management process for DSD
 - CQI committee
 - CQI project(s) on DSD

Findings

Adherence to DSD standards – Health Facility (2)

DSD standards assessed - Health Facility(2)

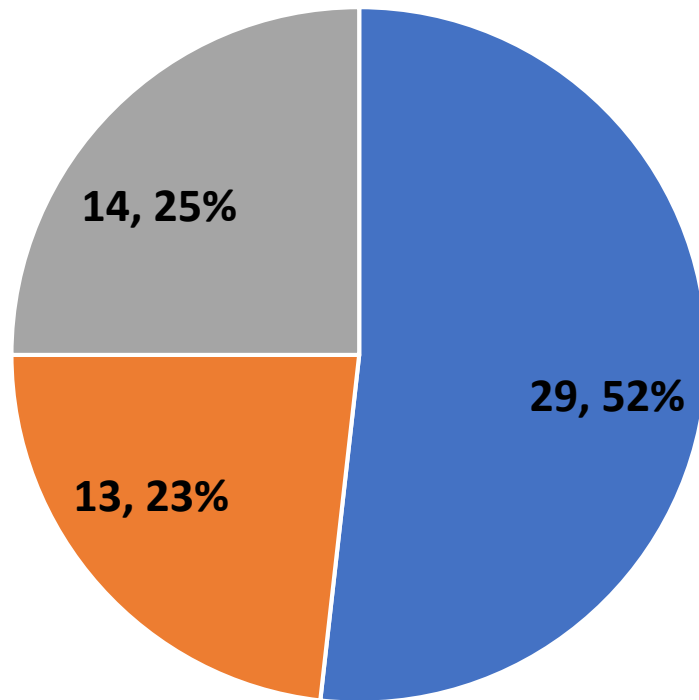


- 23.9% (19/56) HFs offering adequate DSD for HTS
 - Key principles
 - Facility and community models
 - Detailed HTS plan
- 48.2% (27/56) HFs offering adequate DSD for C&T
 - Categorization tool
 - Cont. screening for stability
 - Approaches for stable and unstable
 - Com. Approaches
 - Missed appointment tracking
 - Multi-month refills to stable
- 25% (27/56) HFs with structured ROC awareness creation
- 3.6% (2/56) HFs with >80% of clients in stable models

Findings

HIV/TB services in the context of DSD (1)

% of health facilities screening for TB at each encounter regardless of DSD approach



■ YES ■ NO ■ Not assessed

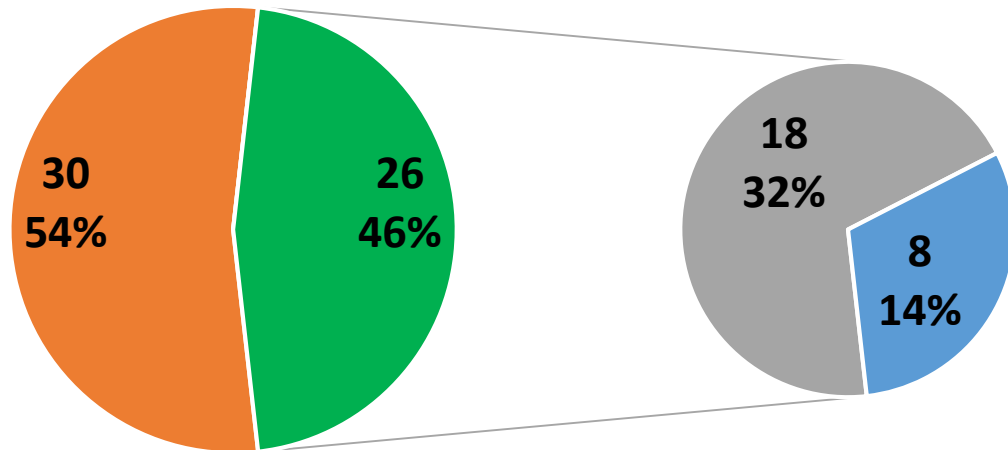
% TB screening per DSD approach

DSD Approach	# Sampled	Screened for TB at last encounter	% screened
FBIM	466	453	97.2%
FBG	354	331	93.5%
FTDR	447	433	96.9%
CDDP	190	189	99.5%
CCLAD	371	350	94.3%

Findings

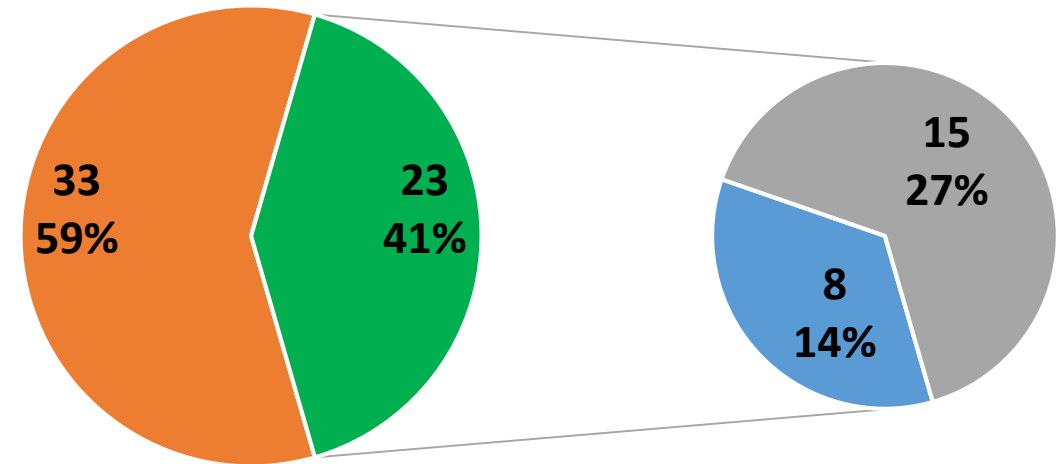
HIV/TB services in the context of DSD (2)

TB management – Intensive phase
% Health facilities adhering to standards



■ Not Assessed ■ Assessed
■ Appropriate ■ Inappropriate

TB management – Continuation phase
% Health facilities adhering to standards



■ Not Assessed ■ Assessed
■ Appropriate ■ Inappropriate

Findings

ROC's perspectives

Positives

- Reduced waiting time
- Reduced transport costs
- Reduced visits to the facilities
- Engaging in IGAs
- Improved quality of services

Negatives

- Fear for breach of confidentiality amongst fellow ROC especially in community models
- Some health workers “forcing” ROCs into community groups
- Fear of failing to get drugs while in community models
- Adolescents not allowed to be in the community model
- Fear for being abandoned to die from the community

Findings

ROC's perspectives

Recommendations by ROCs

- Give longer refills beyond 3 months
- Allow adolescents to join community groups
- Allow clients to join approaches of their choosing regardless of their stability

Conclusions

- Support supervision visits are critical in monitoring adherence to standards
- Great progress has been made in the implementation of DSD in Uganda but quality gaps exist at all levels;
 - IP, District and Health facility
- TB/HIV integration in the context of DSD needs to be strengthened
- ROC engagement is critical for successful implementation of DSD

Acknowledgements

- MoH - ACP fraternity
- DSD TWG members
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- DHTs
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- RoC
- Other contributors