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Elizabeth Glaser Pediatric AIDS Foundation

Until no child has AIDS.

Applying Client Centered Design Processes to Optimize DSD

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- Background
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- **Service design -** involves the activity of planning and organizing people, infrastructure, communications, and material components of a service in order to improve the value, convenience, and interaction between service providers and customers.

- Design is a process with two primary cycles in a model that emphasizes testing and iteration.
  - 1st cycle aims at discovering the challenges and needs of the people and systems you are designing for, and then opportunities to overcome challenges and address needs
  - 2nd cycle ensures right design by developing and testing ideas based on the opportunities identified to deliver a solution.

*www.designforhealth.org

Background

- Differentiated Service Delivery (DSD) was adopted by the Uganda Ministry of Health in 2017 to shift resources to clients who are most in need, and enhance programming efficiencies.

- By the end of March 2017, 267 sites in the EGPAF-led USAID-funded RHITES-SW project achieved an average client ART retention of 99% and 97% at 3 and 6 months, respectively.

- Despite this initial success retention on ART had decreased to 94% by December 2018, with a related net decrease in clients on ART.

- To understand the underlying reasons for missed clinic visits and loss to follow-up, a root cause analysis (RCA) was implemented at ART sites to understand and address barriers to early retention.

Methods

- Analysis of program data from the national database, DHIS2, and the EGPAF database was done to identify sites contributing 90% of clients missing appointments each week.

- A customized RCA data collection tool was piloted before final adaptation and health workers oriented on use of the tool.

- Clients who missed ARV drug pick up/appointments were interviewed by phone or in-person, and responses tallied in the RCA tool which auto-generated aggregate Pareto Charts.

- De-identified data were submitted to EGPAF for further analysis to understand the root causes for client-related barriers to retention.

Pareto Chart, RHITES-SW Project supported region, N=1,082 , 54 sites, April 2019
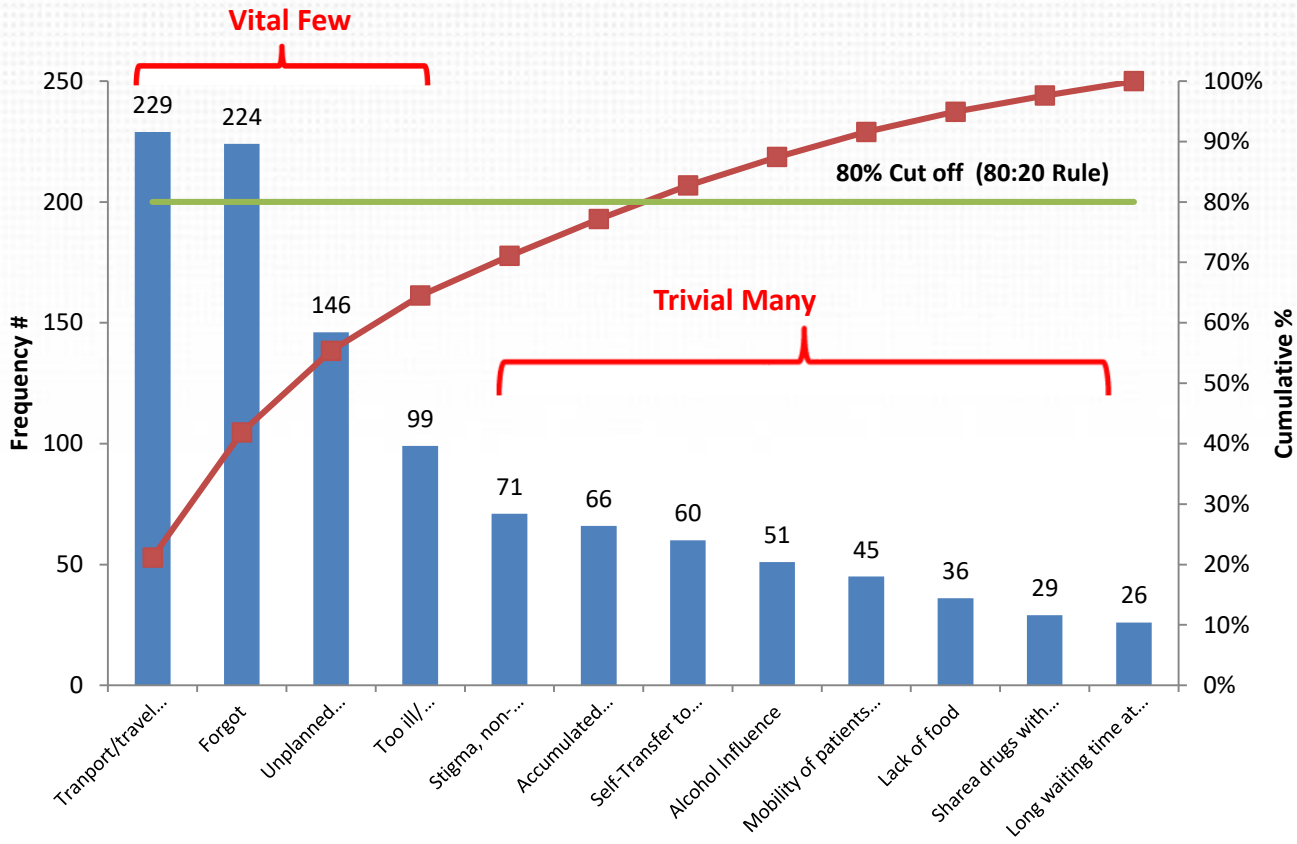
80% of respondents from the April 2019 RCA named key barriers as: lack of transport, forgot, unplanned commitment at the time of scheduled clinic visit, or too ill at the time of scheduled appointment.

Interventions to Optimize DSD

- Input was sought from the persons living with HIV client networks, CSOs and health workers to design site-specific actions to address identified barriers.

- Scaled-up DSD from 86 to 171 sites - prioritized sites with high losses. Clients enrolled on multi-month drug dispensing increased from 38,211 to 73,505 between December 2018 and June 2019.

- Clinic processes were adjusted to increase efficiency & community distribution points established at convenient locations.

- Health workers and peer educators were mentored to implement a context-specific multi-month drug dispensing strategy that included seeking client input in scheduling appointments.

- In the next quarter a follow on RCA was conducted to determined the effectiveness of interventions and identification of emerging barriers.

Pareto Chart, RHITES-SW Project supported region, N= 1,726, 41 sites, August 2019

Pareto Chart of RHITES SW supported region, August 2019
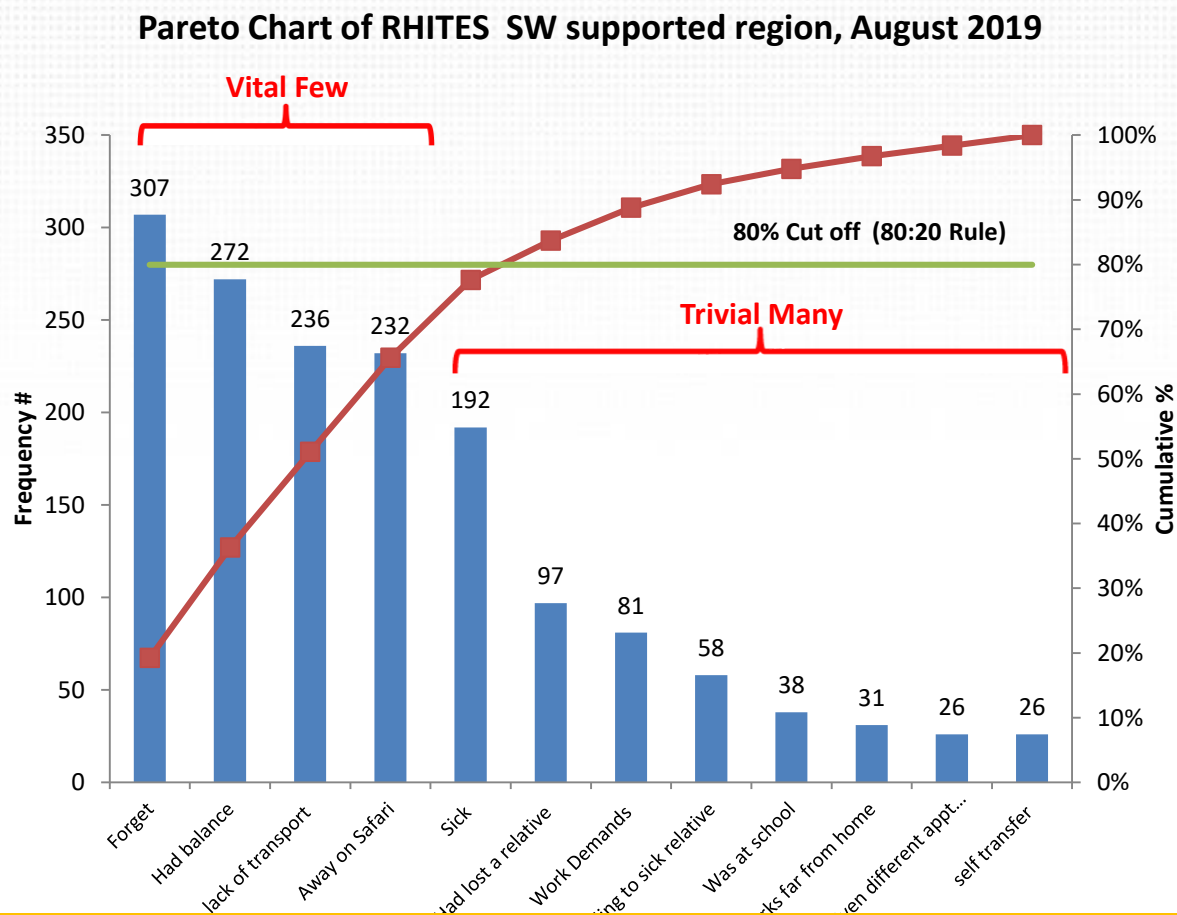
- A follow-on RCA conducted 3 months after implementing optimized services showed changes in barrier ranking, with decline in responses citing lack of transport and unplanned commitments as reasons for missing appointments.
- Females of 10 – 19 and 20 – 29 years were disproportionately affected by lack of transport while a higher proportion of males 30 – 39 years and 50 – 59 years had travelled away from home during
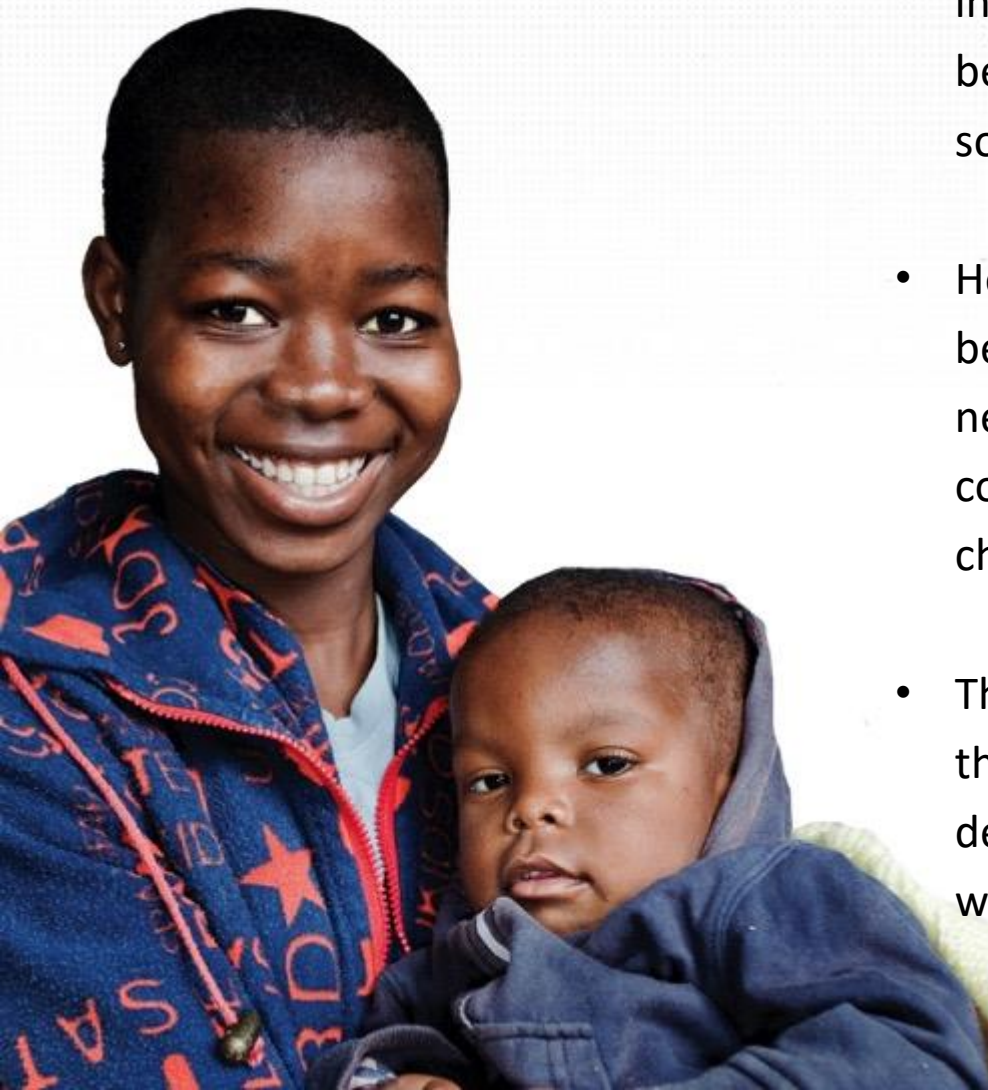
Results
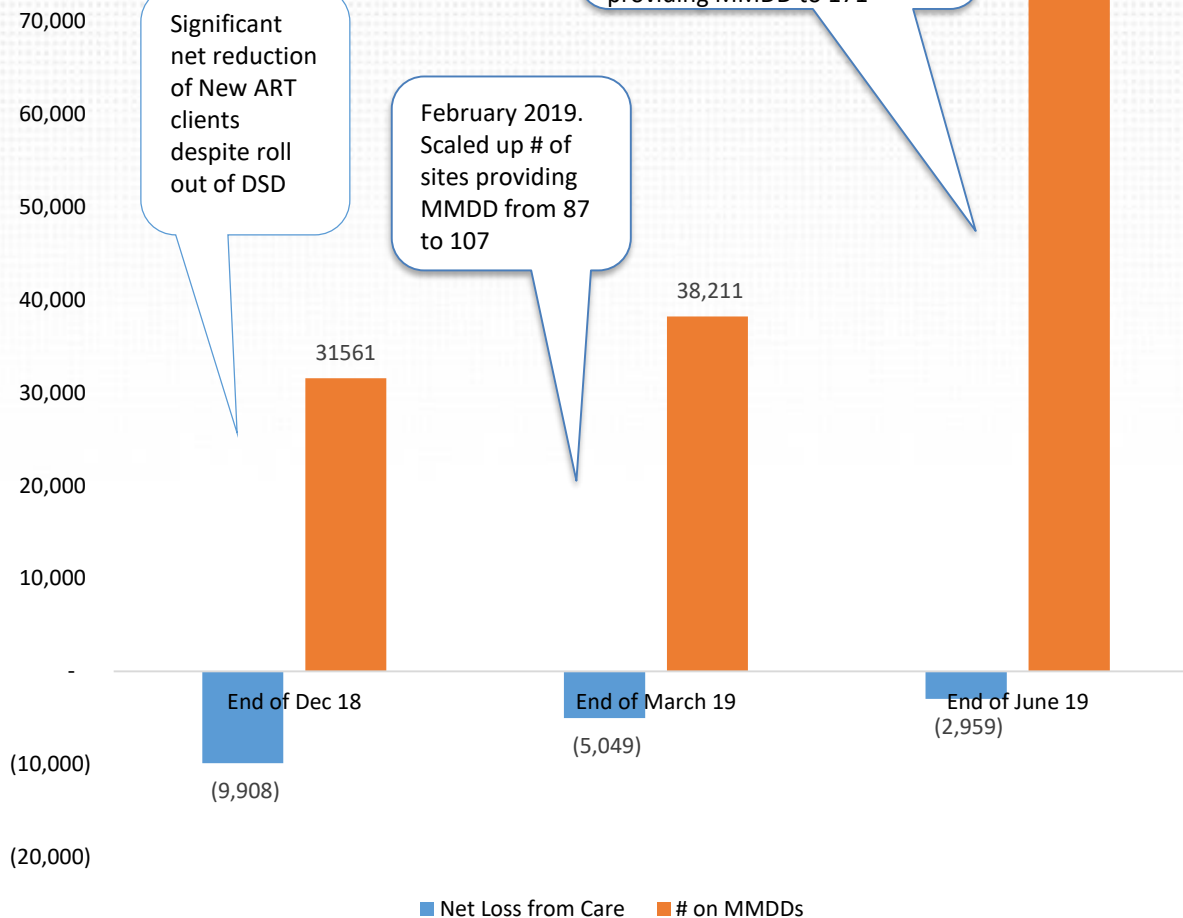
- The net loss in clients on ART at the end of each quarter (TX_NET_NEW) decreased from 9,908 at the end of December 2018 to 2,959 at the end of June 2019.
- Retention in care increased from 94% to 98% over the same period.

Conclusion – "Designing things right"

- The side by side analysis of routine program data along with client perspectives provides valuable insights that help align ART clients' needs and behaviors with implementation of programming solutions.

- Health programmers should involve primary beneficiaries in discovering the challenges and needs of the people and systems and then converging on opportunities to overcome these challenges and address these needs.

- The benefits of DSD can be further optimized through continuous iteration to ensure that despite the ever changing programming contexts we design services right.