- Client expectations, needs, and preferences must be assessed in order to provide the right care
  - Client needs evolve, critical to reassess client satisfaction at each visit and adjust accordingly

- To ensure client preference is taken into consideration, the DSD cluster at the Office of HIV/AIDS at USAID piloted a client preference tool in Uganda

Source: https://differentiatedservicedelivery.org/
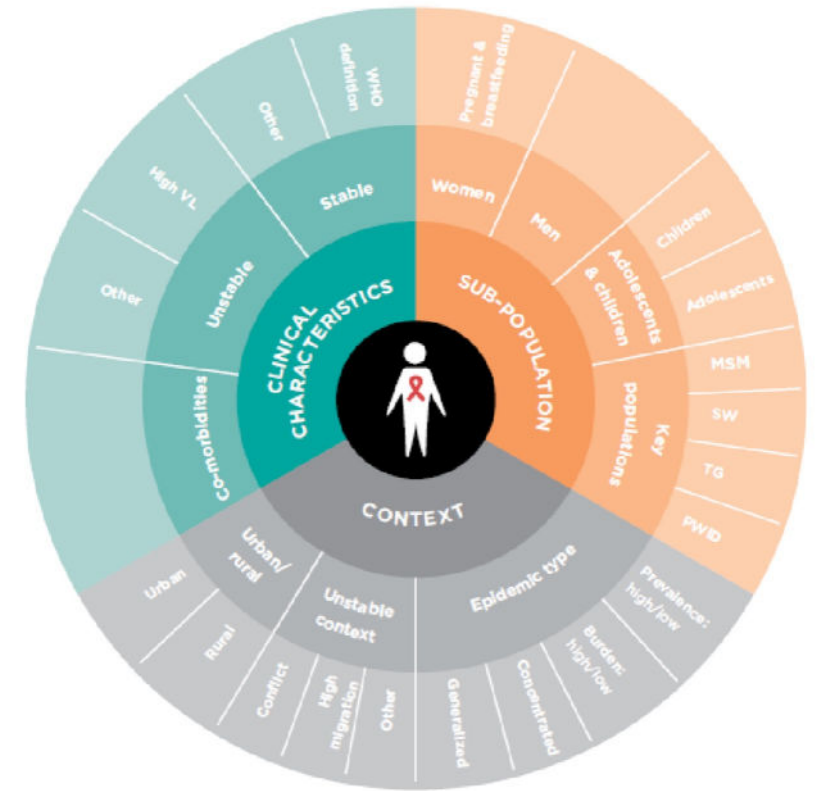
Differentiated ART Models Implemented in Uganda

Facility level:
- Facility-based individual management (FBIM)
- Fast-track clinics
- Facility-based group (FBG)

Community level:
- Community client-led ART delivery (CCLADs)
- Community drug distribution points (CDDPs)
- Community pharmacy

The Uganda Ministry of Health recommends facility- and community-based DART models to support person-centered care for eligible clients on ART

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DSD client preference tool

- **Purpose:**
  - To understand client preferences for ART dispensation. The tool specifically looks at a client's clinical history and how it is associated with the types of DSD models they choose.

- **Content:**
  - Demographics (gender, age)
  - Clinical history (date of HIV diagnosis, duration of ART, availability and results of VL, history of missed appointments, current DART model)
  - Preferences for MMD dispensing interval and DART model
    - Are these the same as current model or different?
  - Is the client attached to a community health worker?

DSD Client Preference Tool

DSD Client Preference Tool for HIV clients in Care
This tool is designed to understand the client preferences for the models of HIV service delivery and community linkages for support services.

IDENTIFICATION TAGS

DISTRICT:

HEALTH FACILITY   LEVEL ....

Instructions: 1) PART 1 & 2 to be filled by health worker. 2) PART 3 to be asked from a client. 3) Enter the response code in the boxes for each client in the column. 4) Each client should be interviewed once. 5) Observe instructions regarding skip patterns for specific questions in the tool

SECTION 1: BACKGROUND INFORMATION *(To be filled by the health worker)*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Client ID															
2. Current Age of Client *(Write age in complete years e.g., 21)*															
3. Gender *(1=Male, 2=Female)*															
4. Year of HIV diagnosis *(Year when Client was diagnosed with HIV, e.g., 2010)*															
5. Duration of Treatment *(1=Less than 3 months, 2=Between 3 and 6 months, 3=Between 6 months and a year, 4=More than one year*															

Section 2: CLINICAL OUTCOME & RETENTION *(To be filled by the health worker)*	1	2	3
6. Does the client have an updated viral load? *(1=Yes, 2=No)*			
7. Is the client currently virally suppressed *(1=Yes, 2=No)*			
8. Has the client missed any appointments in the last 12 months? *(1=Yes, 2= No)*			

Section 3: SERVICE DELIVERY ASSESSMENT *(Ask the client)*	1	2	3
9. Person to whom the tool is administered *(1=Client, 2=Caretaker)*			
10. How many months of ART were you dispensed at your last contact or visit? *(1=Less than one month of ART, 2=1-2 months, 3=3-5 months, 4=6+ months*			
11. What is your preferred number of months of ART that should be dispensed at a time? 1=Less than one month of ART, 2=1-2 months, 3=3-5 months, 4=6+ months)			

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
12. What is the current method through which you get ARVs? *1= Facility-based individual management (FBIM) 2= Facility-based group (FBG) 3= Fast track refill (FTDR) 4= Community client-led ART delivery (CCLAD) 5= Community drug distribution point (CDDP) 6= Community pharmacy 7= Other (specify)*															
13. There are other methods available through which you can get ARVs such as *(DESCRIBE OTHER METHODS IN QN 12, EXCLUDING THE ONE MENTIONED BY CLIENT)* Is the current method through which you get HIV services your preferred choice? *(1=Yes, 2=No)*															
14. ONLY ASK IF RESPONSE IN QN 13 IS NO What is your preferred method through which you can receive ARVs? *1= Facility-based individual management (FBIM) 2= Facility-based group (FBG) 3= Fast track refill (FTDR) 4= Community client-led ART delivery (CCLAD) 5= Community drug distribution point (CDDP) 6= Community pharmacy 7= Other (specify)*															
15. Are you attached to a community health worker? *(1=Yes, 2=No)* IF 'YES', THANK CLIENT AND END THE DISCUSSION. IF NO, GO TO QN 16															
ONLY ASK IF RESPONSE TO QN 15 IS 'NO' 16. Would you like to be attached to the Community Health Worker for monthly follow-up support? *(1=Yes, 2=No, 3=Not sure/not yet decided)*															
ONLY ASK IF RESPONSE TO QN 16 IS 'YES' 17. How would you want to be contacted in case you need follow-up support? 1= Phone call, 2= Short message service (SMS), 3= Home visit, 4= Virtual follow-up 5= WhatsApp groups 7=Email 8=Not interested in being followed up															

Steps Taken to Pilot Client Preference Tool

01 Selected facilities where client preference tool will be piloted

02 Trained skilled health care providers to interview clients and caretakers of clients under 18

03 Interviewed 6,324 clients at 113 health centers, general and regional referral hospitals

04 Viral load test, viral load suppression, and missed appointment date were extracted from clients' medical files
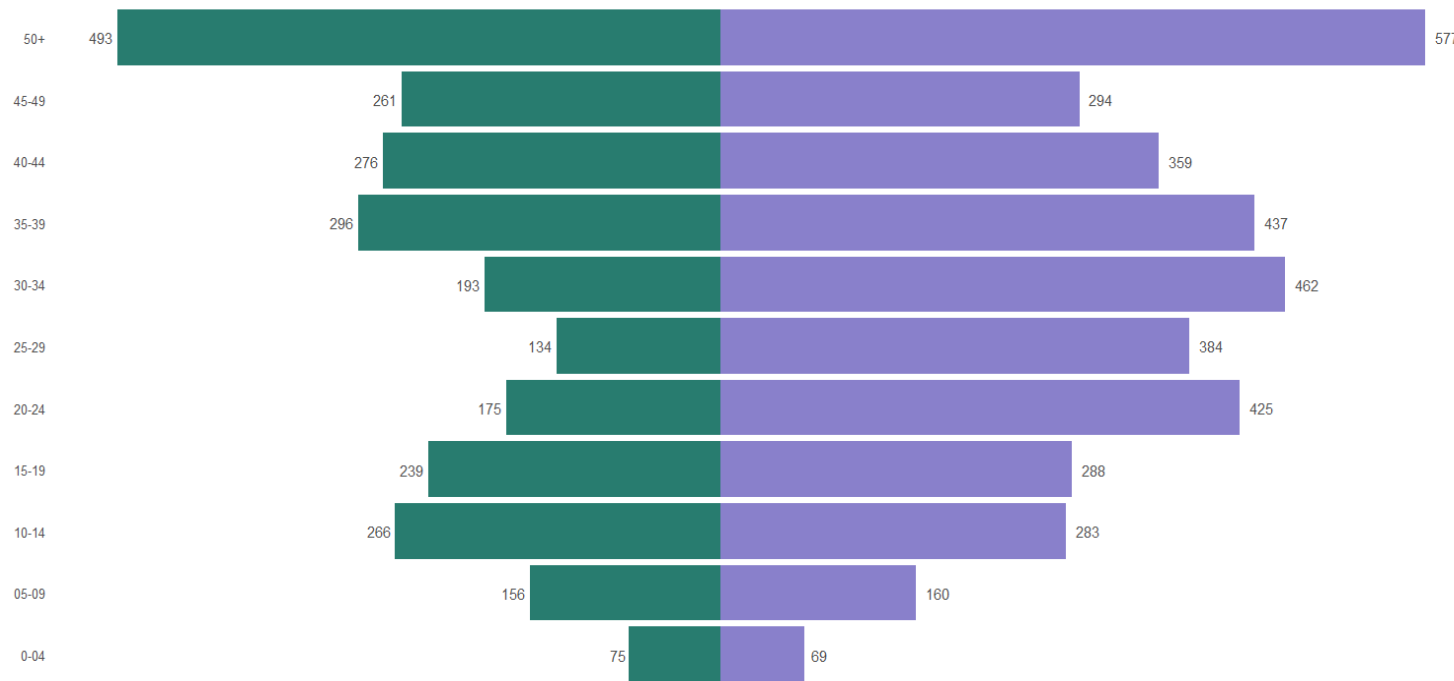
05 Data were cleaned and analyzed to derive insights on preferences for DART models and treatment outcomes for clients in and not in their preferred DSD models

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Comparing Age/Sex Distribution of Pilot Participants and TX_CURR

Pilot participants

Uganda TX_CURR

The participant cohort (n = 6,376) comprises of more women than men and mostly patients over the age of 50
Uganda COP22 Client Preference Analysis | USAID

Age	Male	Female
50+	493	577
45-49	261	294
40-44	276	359
35-39	296	437
30-34	193	462
25-29	134	384
20-24	175	425
15-19	239	288
10-14	266	283
05-09	156	160
0-04	75	69

Source: DSD Patient Reference Export, 16 Feb 2022

USAID Uganda TX_CURR Age and Sex Distribution.
Partners reported more women than men which aligns with the patient preference survey.
MSD FY22Q1

Age	Male	Female
50+	43,795	60,437
45-49	22,728	35,355
40-44	24,942	41,475
35-39	26,333	48,722
30-34	18,801	47,264
25-29	10,737	38,310
20-24	4,504	20,160
15-19	4,225	6,920
10-14	5,401	6,050
05-09	3,941	4,348
01-04	1,558	1,681
<01	140	149

Male   Female

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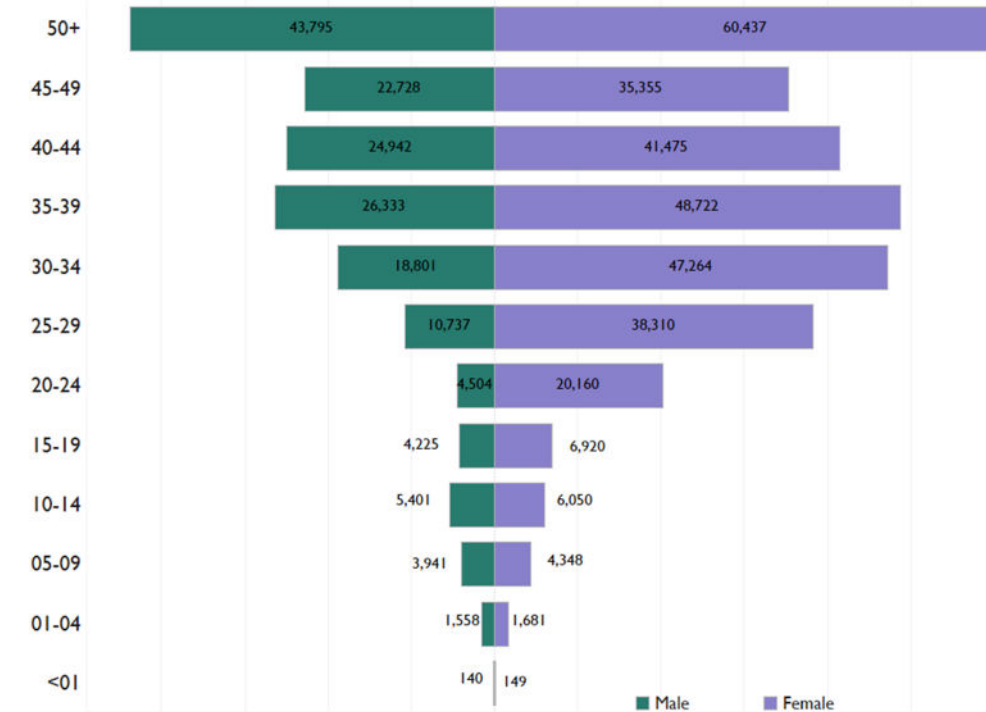
Share of Participants Currently in Preferred DART Model

What is the age and sex distribution of the 75% participants currently in their prefered model of ARV dispensing?
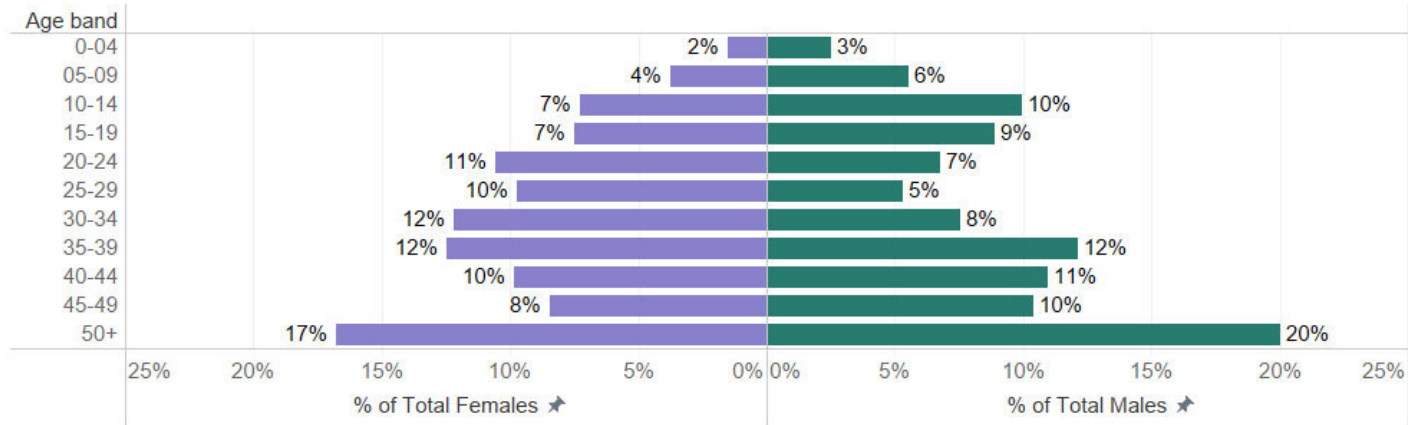
What is the age and sex distribution of the 25% participants not currently in their prefered model of ARV dispensing?
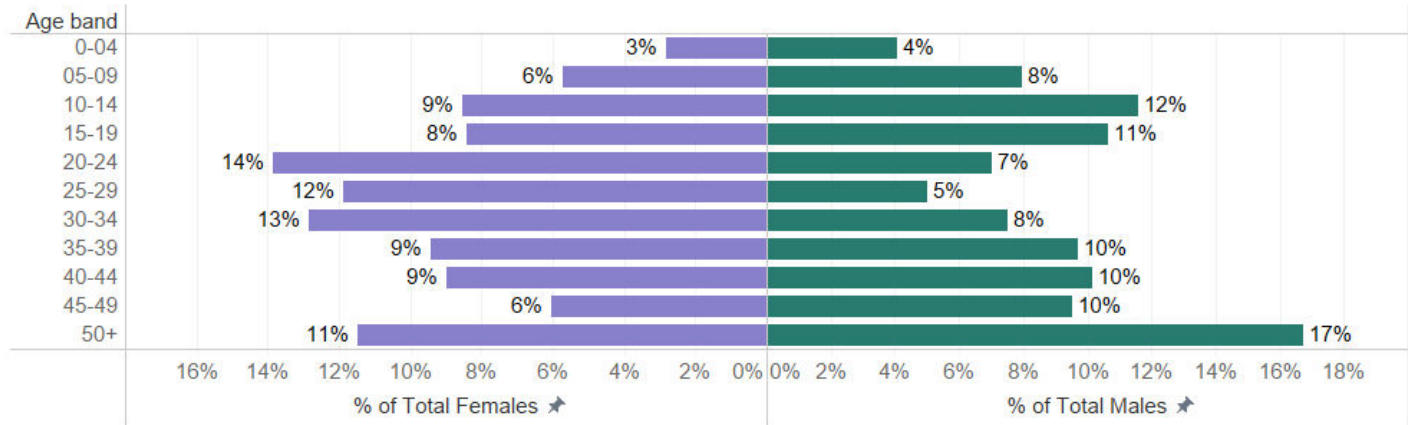
Community Health Workers and Outcomes (All Ages)

Attachment to a community health worker is associated with fewer missed appointments, more participants with updated viral loads, and more participants achieving viral suppression

Uganda COP22 Client Preference Analysis | USAID

Not Attached to CHW

Attached to CHW

- IIT: 38% / 30%
- VLC: 82% / 86%
- VLS: 80% / 83%
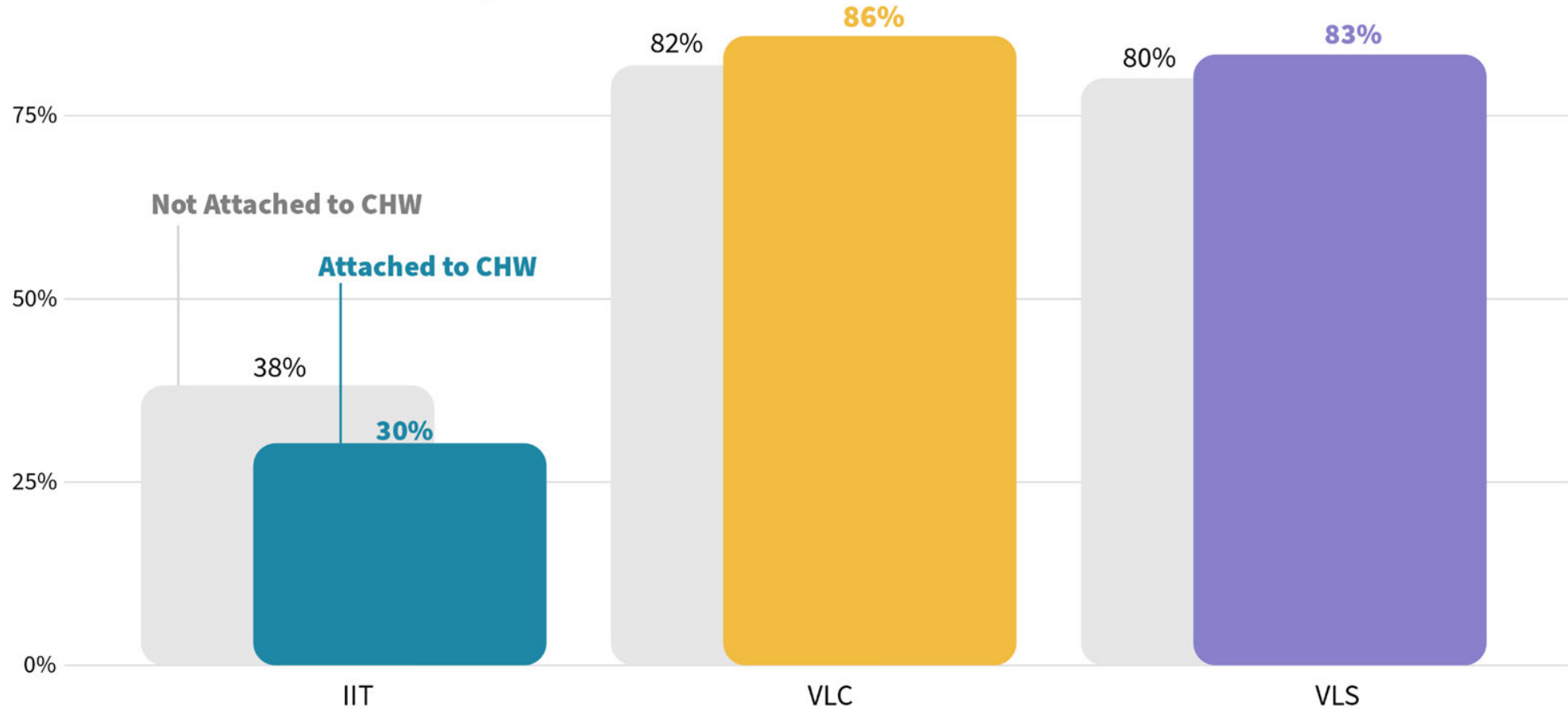
Source: DSD Patient Reference Export, 16 Feb 2022

Proportion of Clients with Missed Appointments in the last 12 months by age/sex, (n=1990)

Uganda COP22 **Client** Preference Analysis | USAID

Total Participants ⊚ 500 / 100

	Female	Male
50+	24%	28%
45-49	30%	29%
40-44	27%	25%
35-39	34%	30%
30-34	36%	36%
25-29	36%	33%
20-24	34%	27%
15-19	30%	32%
10-14	36%	40%
05-09	43%	44%
0-04	38%	44%
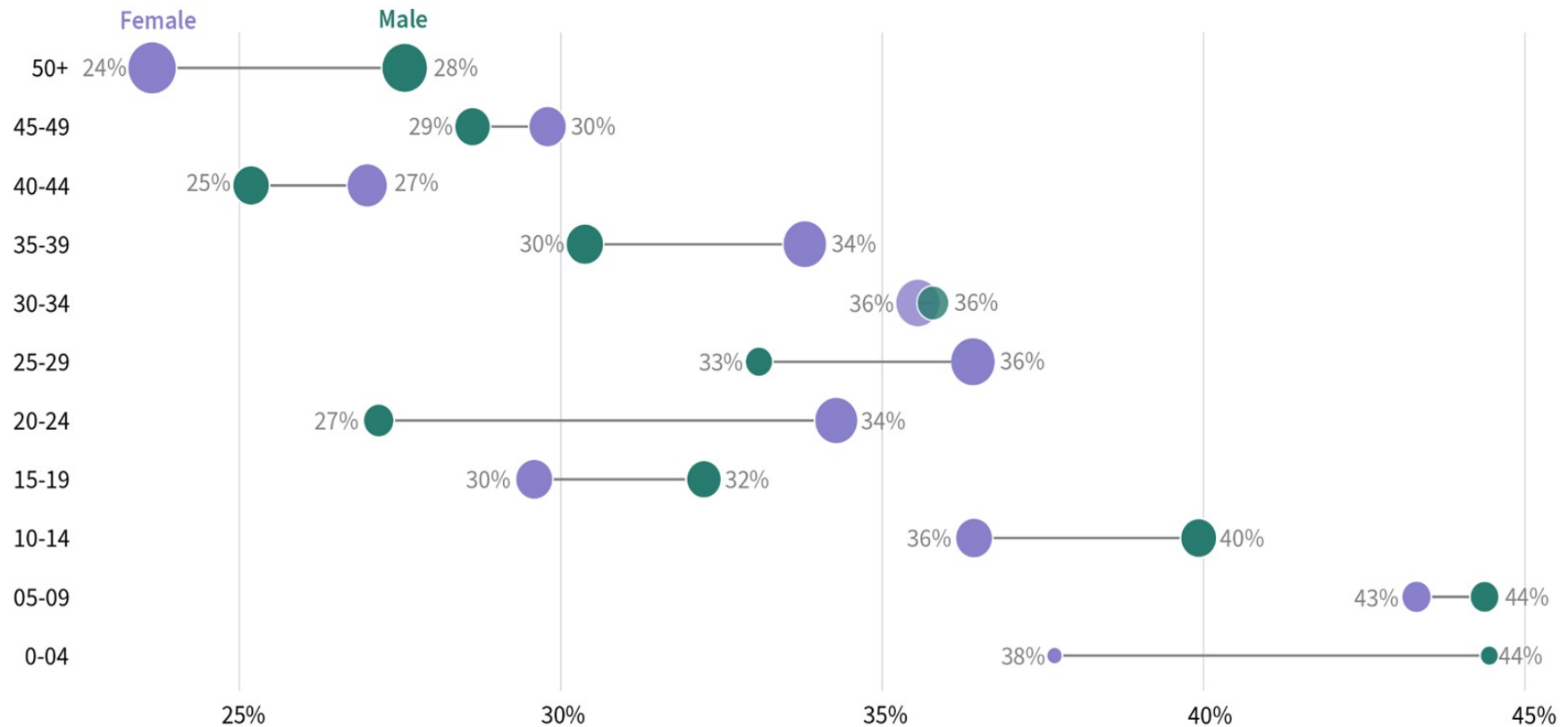
Estimated IIT Proxy = Missed appointment in the last 12 months
Source: DSD Patient Reference Export, 16 Feb 2022

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Proportion of Clients with Missed Appointments by Current ARV Dispensing Method
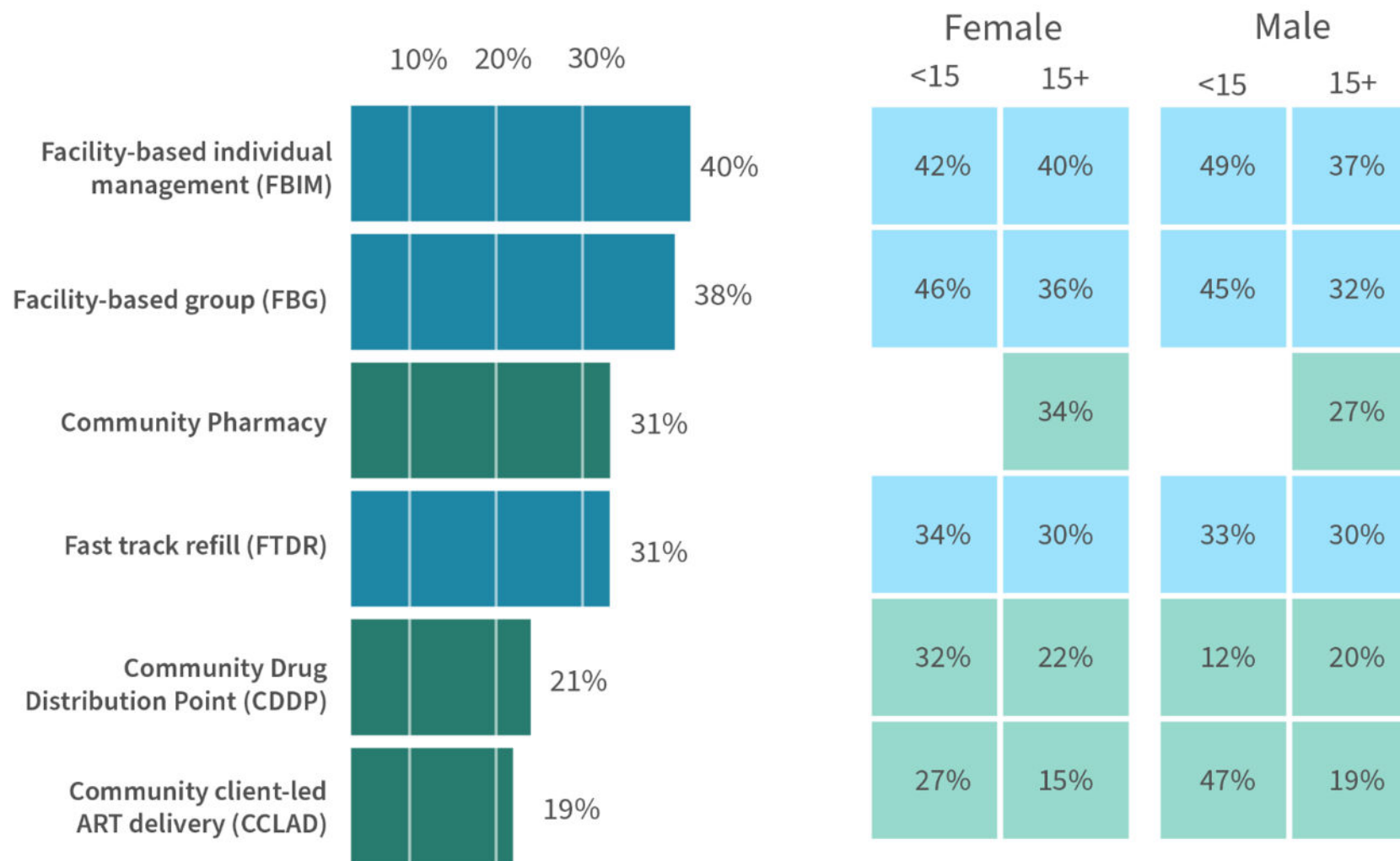
Source: DSD Patient Reference Export, 16 Feb 2022

VL testing, VL suppression, and retention varied significantly with client DART model preference

Up to-date VL was most recorded among clients whose current DART model was their preferred choice (89%)

Has updated VL	Current method of getting ARVs is client preferred choice		
	Yes	No	Total
Yes	3388 (88.7%)	1044 (77.2%)	4432 (85.7%)
No	431 (11.3%)	309 (22.8%)	740 (14.3%)

Suppression was higher among clients whose current DART model was their preferred choice (87%)

Suppressed	Current method of getting ARVs is client preferred choice		
	Yes	No	Total
Yes	3277 (87.3%)	904 (68.6%)	4181 (82.4%)
No	475 (12.7%)	412 (31.3%)	887 (17.5%)

Appointment keeping was higher among clients whose current DART model was their preferred choice (71%)

Missed appointment	Current method of getting ARVs is client preferred choice		
	Yes	No	Total
Yes	1115 (29.4%)	534 (39.3%)	1649 (32%)
No	2680 (70.6%)	825 (60.7%)	3505 (68%)

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How are results from the client preference tool being used?

Improvement interventions are focused on ensuring that clients are enrolled in their preferred DART models and that clients are attached to community health care workers for treatment support, if desired.

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Lessons Learned – Survey Implementation

1   Not all facilities implement all DSD models. Some regions do not have a community pharmacy.

2   In some sites, it was necessary to boost samples for certain client categories to attain the desired samples

3   Reaching out to clients in community-based models was a challenge due to distance

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Lessons Learned – Survey Results

- 25% of clients were not in their preferred DART model

- Clients in community-based models (CCDP and CCLAD) were least likely to have interruptions in treatment

- Up to date viral load testing, viral load suppression, and appointment keeping were highest among clients in their preferred DSD model vs. clients not in their preferred DSD model

- Clients with links to CHWs were less likely to have interruptions in treatment, and slightly more likely to have had a recent VL and VL suppression

- Younger clients were more likely to have interruptions in treatment than older clients

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Limitations

- No demographic data on participants outside of current age and sex - skewed sample across age-bands

- Survey design and sampling method did not allow for statistical significance test to be conducted

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If you have any questions, please feel free to reach out to me at: jclinkscales@usaid.gov