DPR 2022 Outputs

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CQUIN 6th Annual Meeting
December 6 – 9, 2022 | Durban, South Africa

Outline

- Background
- Rationale for DPR in Uganda
- Objectives
- Methodology
- Results
- Way forward

Background

- 2018 ART Guidelines : Recommends for adoption of patient centred models for PLHIV on ART
- Models recommended in Uganda Currently :(Facility/Community)
  - **Less Intense Models (LIM)**- Stable Models (80%)
    - Fast Track Drug Refill – 55%
    - Community Drug Distribution Point – 10%
    - Community Client Led ART Delivery – 15%
  - **More Intense Models (MIM)** : Unstable Models (20%)
    - Facility Based Individual Management – 10%
    - Facility Based Group – 10%
- There is varied levels of implementation across the Country as per the shared updates that call for continued support to achieve the set targets.

Rationale for DPR in Uganda

- Currently, there is **limited ability to measure DSD coverage, outcomes, or basic measures of quality** of implementation at scale using the available national M&E systems
- The Country has adopted the ICAP/CQUIN DSD Performance Review (DPR) tool as a strategy to monitor DSD program performance and to facilitate in-country DSD learning exchange
- The DPR process involves primary data collection, development of data visualization, presentation of the results at an in-person workshop where stakeholders discuss the findings and develop action plans

Objectives of DSD Performance Review

Overall Objective:

❖To disseminate the assessment findings from the facilities/regions and develop regional specific action plans to improve the quality and coverage of HIV services through using evidence based DSD best practices.

Specific Objectives:

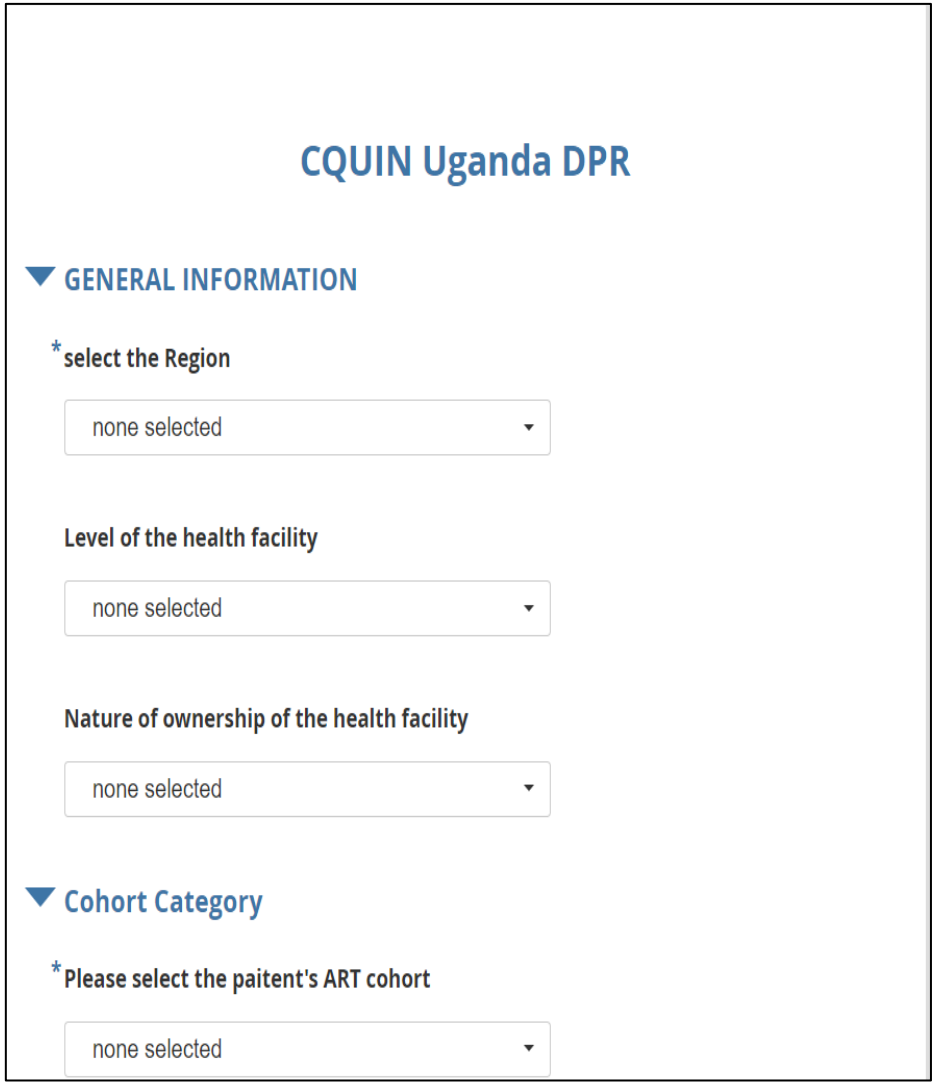
- To share findings in the implementation of the recommended differentiated service delivery models and approaches of HIV services in Uganda
- Share progress made by health facilities in scaling up differentiated service delivery models and approaches.
- Share best practices, challenges and innovations to overcome service delivery barriers
- Lobby for support from key regional and national stakeholders for the implementation and scale up differentiated service delivery models.

Methodology/Approach

- Stakeholder engagement (planning, regional mapping, facility selection) – Done by 1st Nov 2022
- Sensitization on data collection: 28th – 29th Nov 2022
- Data Collection: 31st Oct – 4th Nov 2022
- Data Analysis: 9th – 18th Nov 2022
- Dissemination Meeting – Feb 2023

Data collection and management Process

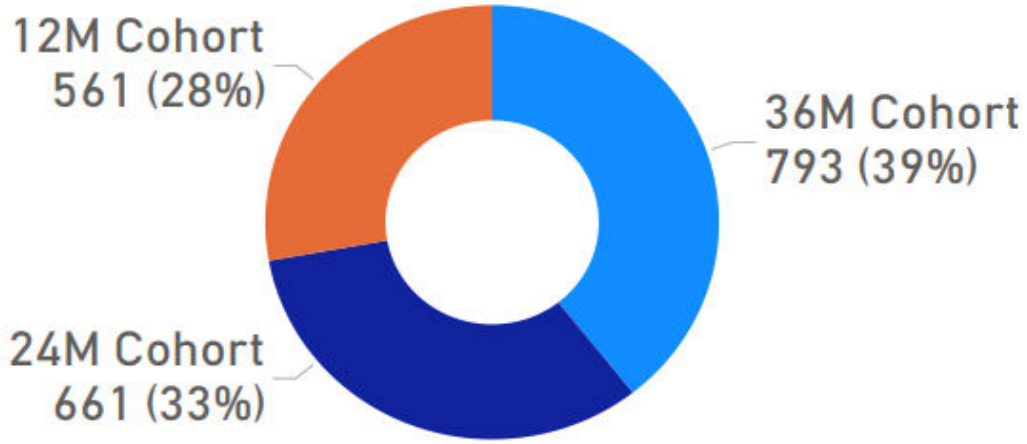
- Field work 21st – 25th November 2021
- Data collection toolkit used – ODK
- Data source documents were either registers or EMR with focus on the care card
- Data abstractions was done for patients started on ART in the past 12, 24, and 36 months:
  - 12-month cohort: Patients started on treatment in June 2021
  - 24-month cohort: Patients started on treatment in June 2020
  - 36-month cohort: Patients started on treatment in June 2019



icap Global Health

2022 DPR Results

RECIPIENT OF CARE CHARACTERISTICS



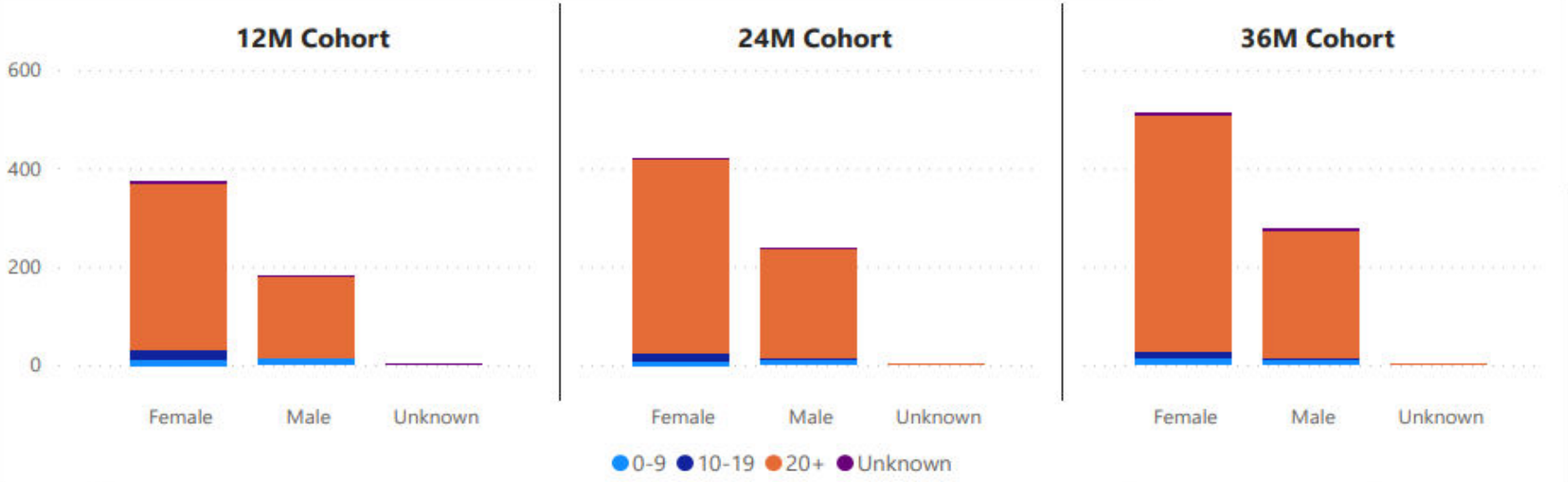
Total number of RoCs sampled

2015

Sex	Count	Percent
Female	1,309	65%
Male	699	35%
Unknown	7	0%

Age group	Count	Percent
0-9	69	3%
10-19	62	3%
20+	1861	92%
Unknown	23	1%

*Unknown Age removed from analysis

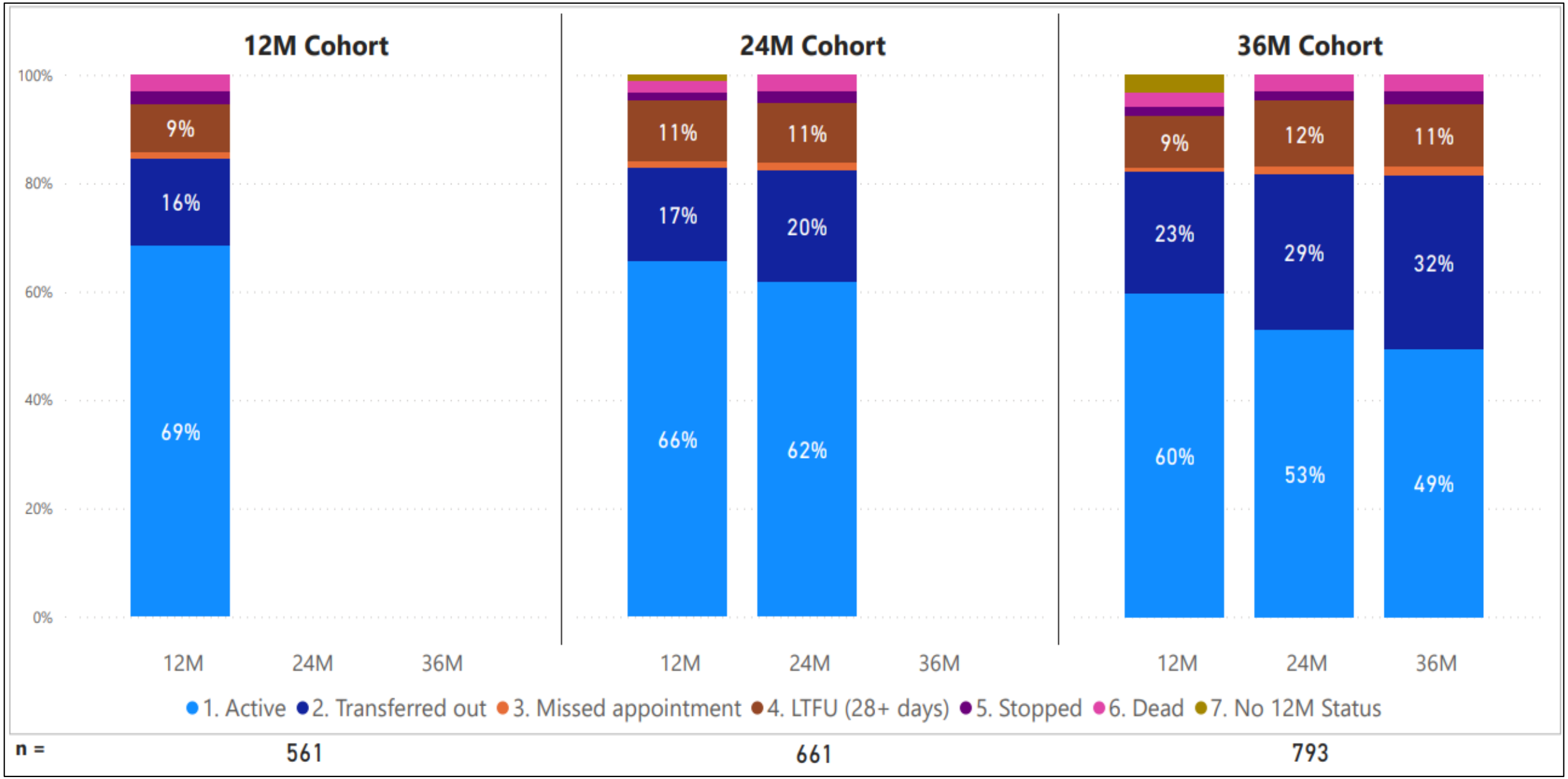


Cohort	Count	Percent
12M	561	28%
24M	661	33%
36M	793	39%

Region	Count	Percent
⊞ Busoga	590	29%
⊞ North Central	679	34%
⊞ Tooro	746	37%

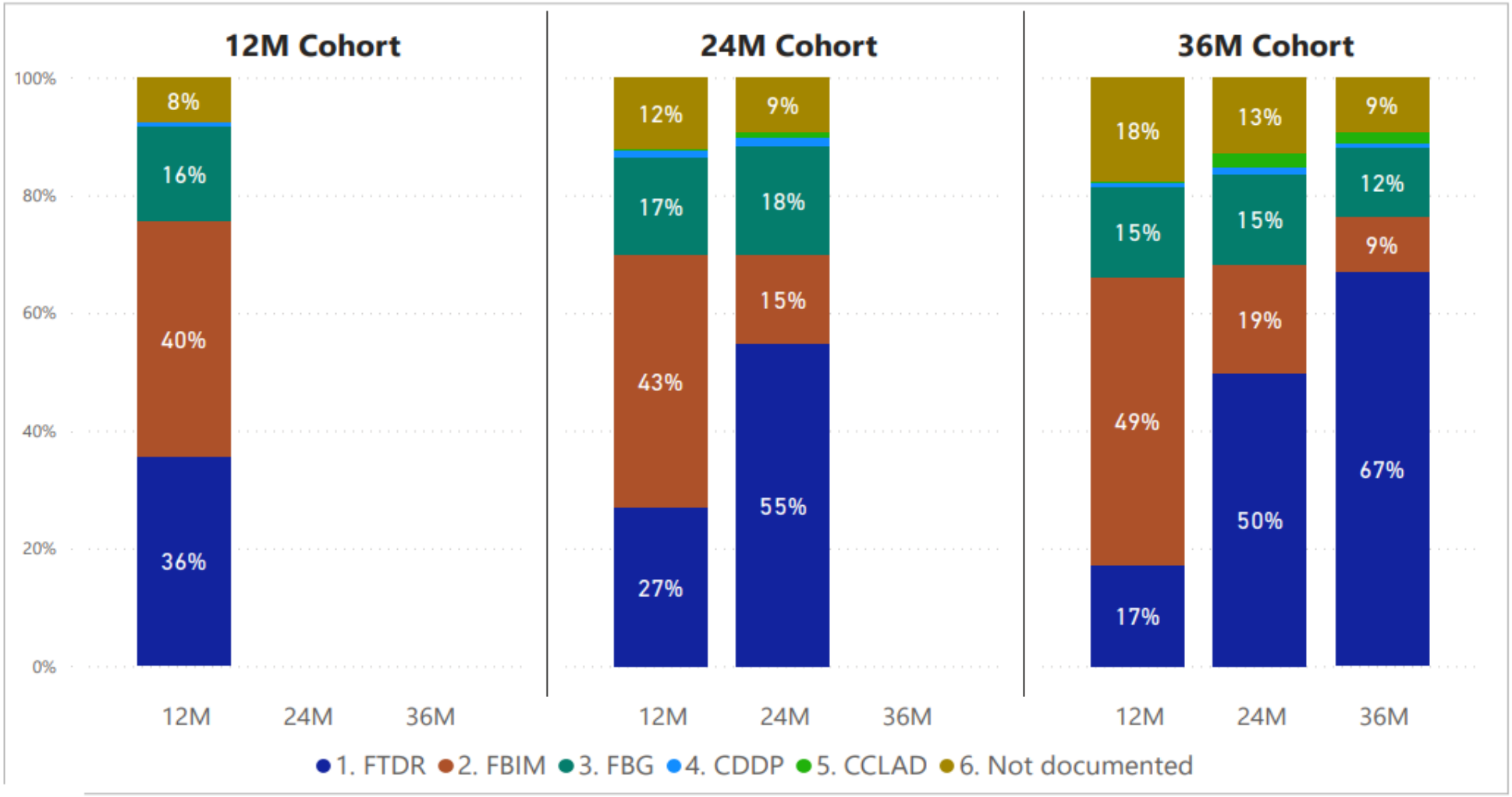
F/M	12M Cohort	24M Cohort	36M Cohort
	374 / 183	421 / 238	514 / 278

RECIPIENT OF CARE CHARACTERISTICS BY COHORT AND TIME POINT



ART MODEL CHARACTERISTICS BY COHORT AND TIME POINT

Region, District, Facility: All | Sex: All | Age group: All



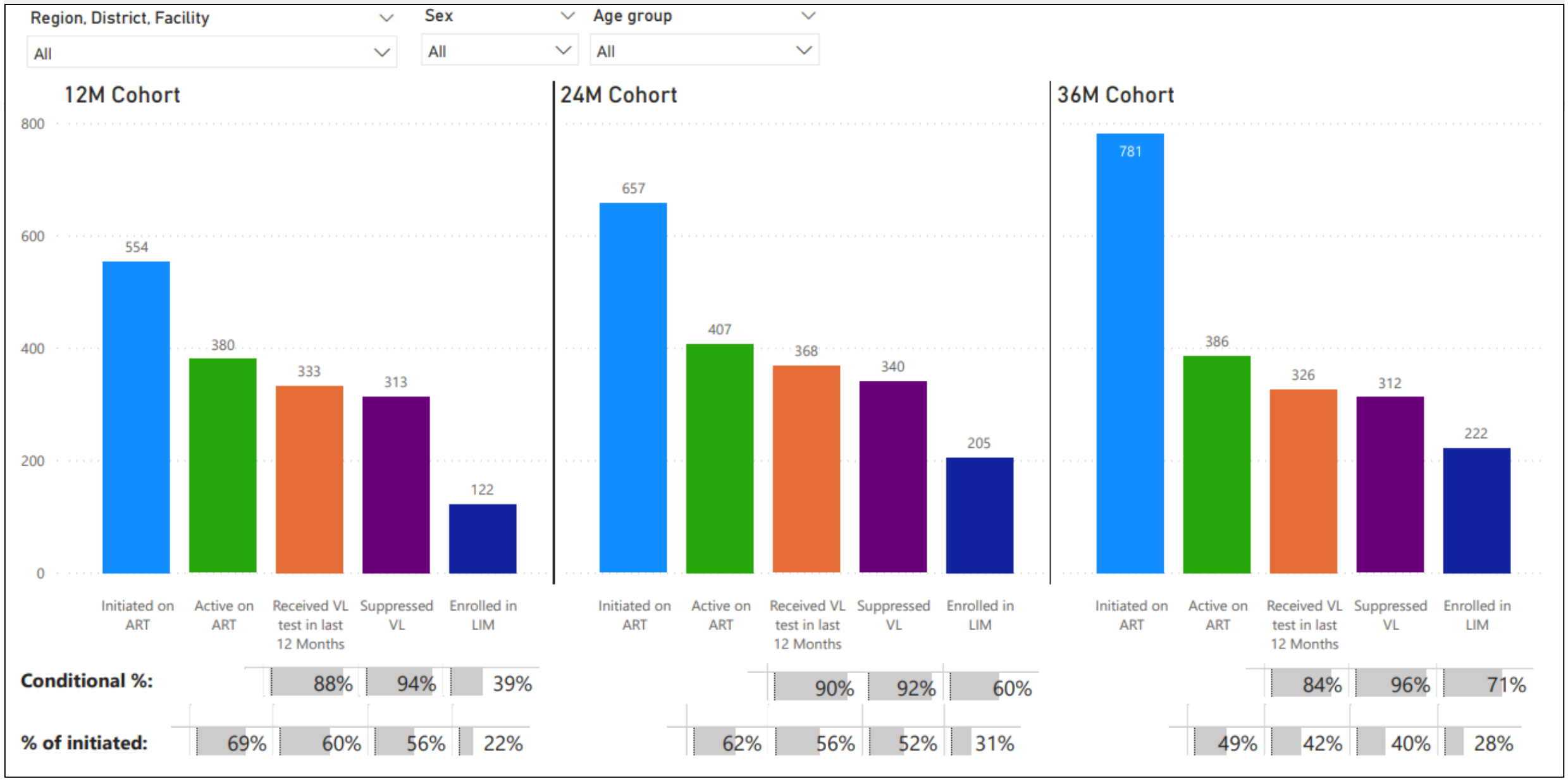
RoCs w/o model

Cohort Label	12M	24M	36M	Total
12M Cohort	176			**176**
24M Cohort	227	253		**480**
36M Cohort	320	367	395	**1082**
Total	**723**	**620**	**395**	**1738**

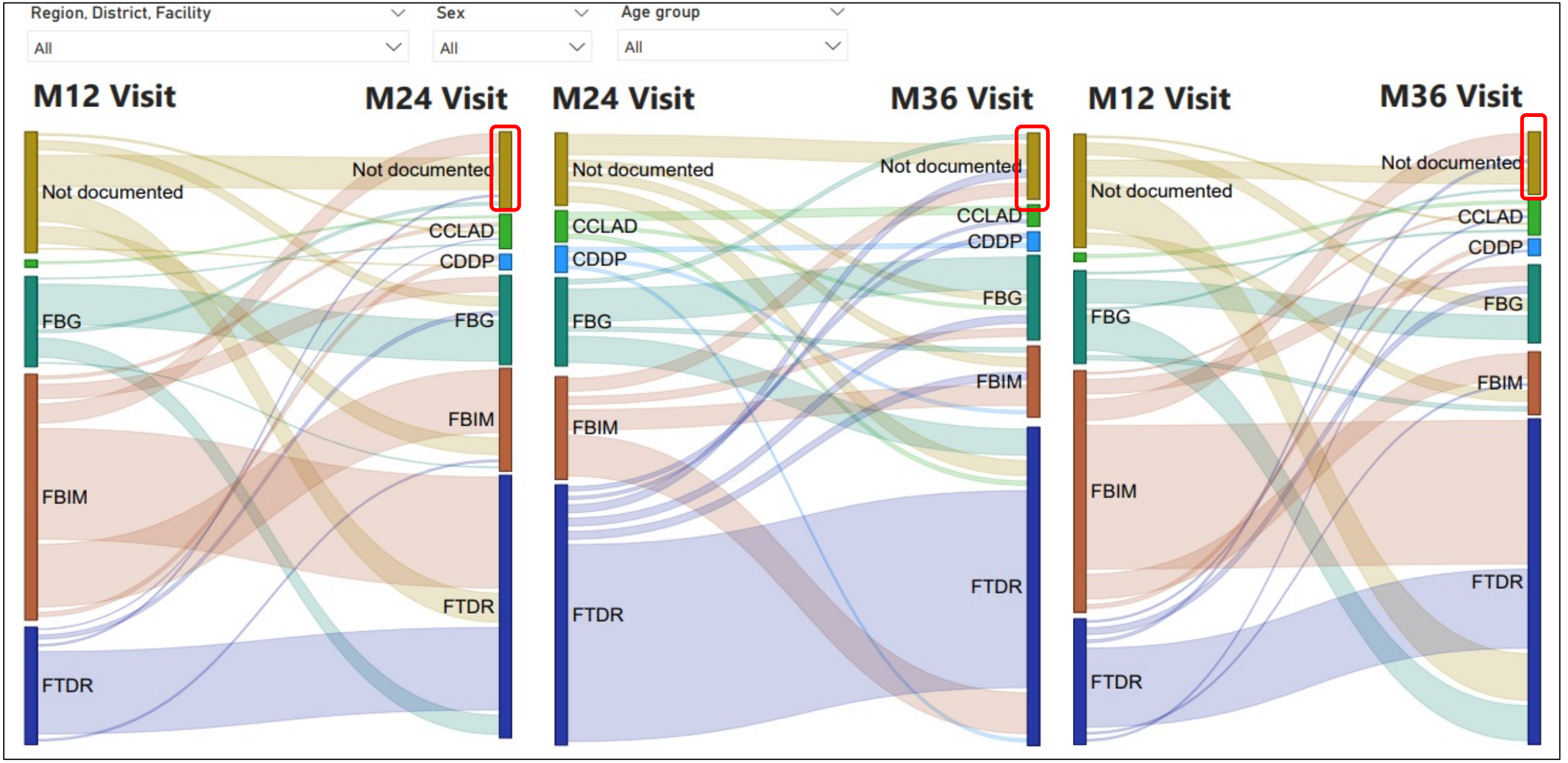
% RoCs w/o model

Cohort Label	12M	24M	36M
12M Cohort	32%		
24M Cohort	35%	39%	
36M Cohort	41%	47%	51%

MODIFIED HIV CARE CASCADE BY COHORT



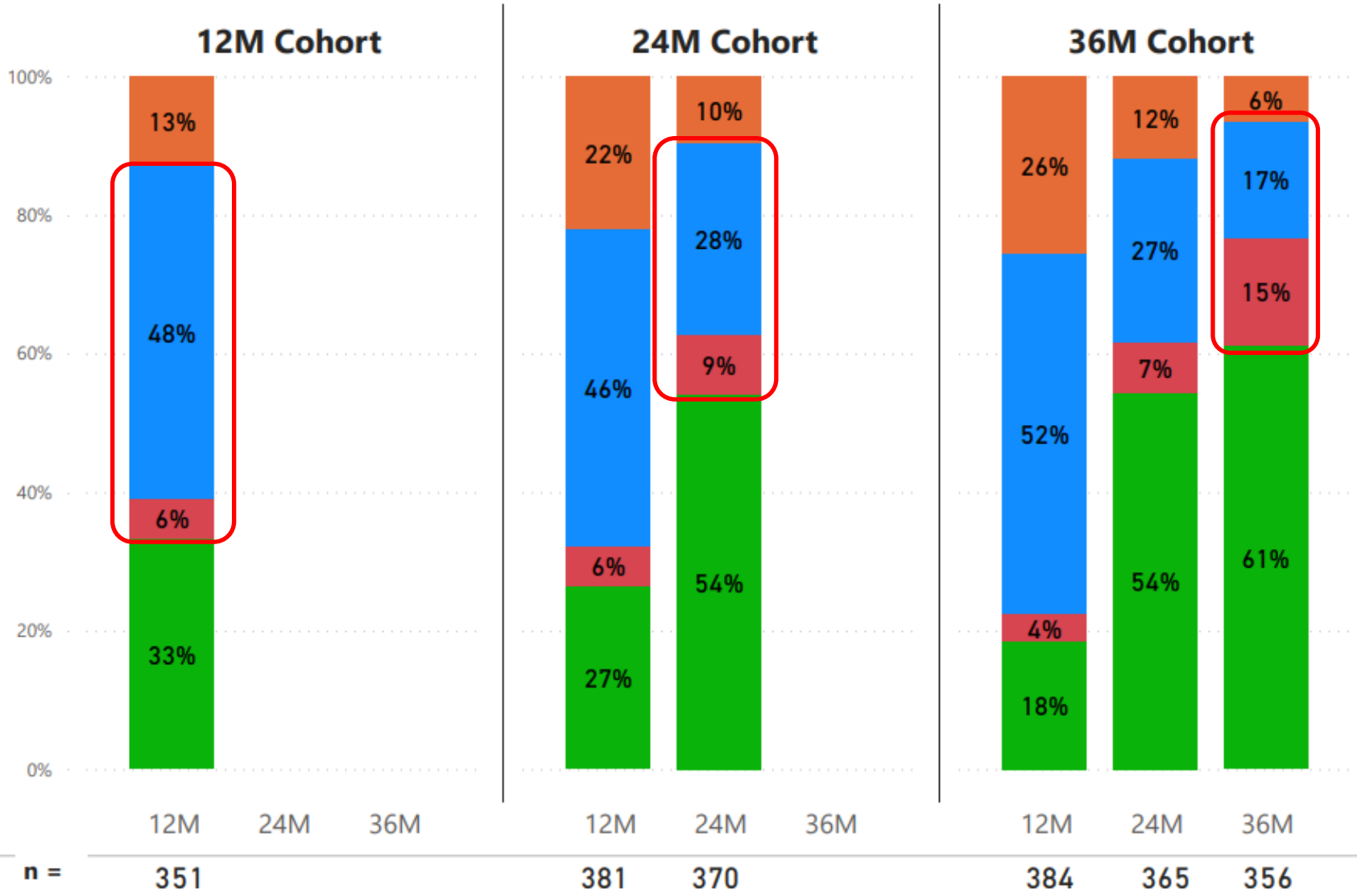
MODEL SWITCH 36M COHORT, 12->24 AND 12->36 MONTHS VISITS



Model appropriateness

Region, District, Facility: All | Sex: All | Age group: All

Eligibility = (Alive & on TX) and (VLS) and (WHO stages 1 or 2) and (1st or 2nd line ART regimens) and (good adherence in last 6 months) and (TB neg or completed 2 months IPT and sputum neg).



- 1. Eligible & enrolled in LIM (Appropriate)
- 2. Ineligible & enrolled in LIM (Inappropriate)
- 3. Eligible & enrolled in MIM (Missed Opportunity)
- 4. Ineligible & enrolled in MIM (Appropriate)

Unclassified RoCs

Cohort	12M	24M	36M	**Total**
12M Cohort	210			**210**
24M Cohort	280	291		**571**
36M Cohort	409	428	437	**1274**
Total	**899**	**719**	**437**	**2055**

% Unclassified RoCs

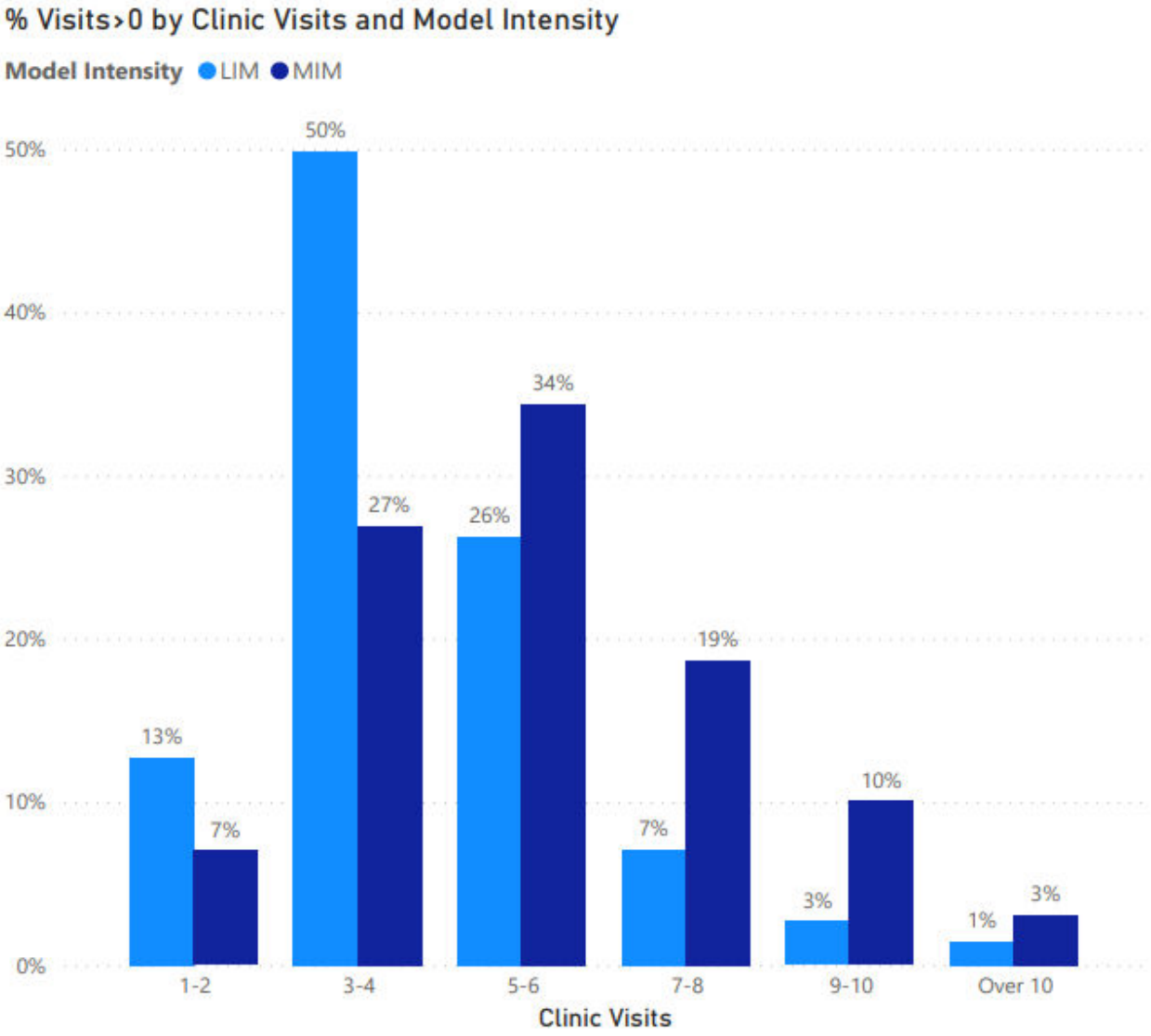
Cohort	12M	24M	36M
12M Cohort	37%		
24M Cohort	42%	44%	
36M Cohort	52%	54%	55%

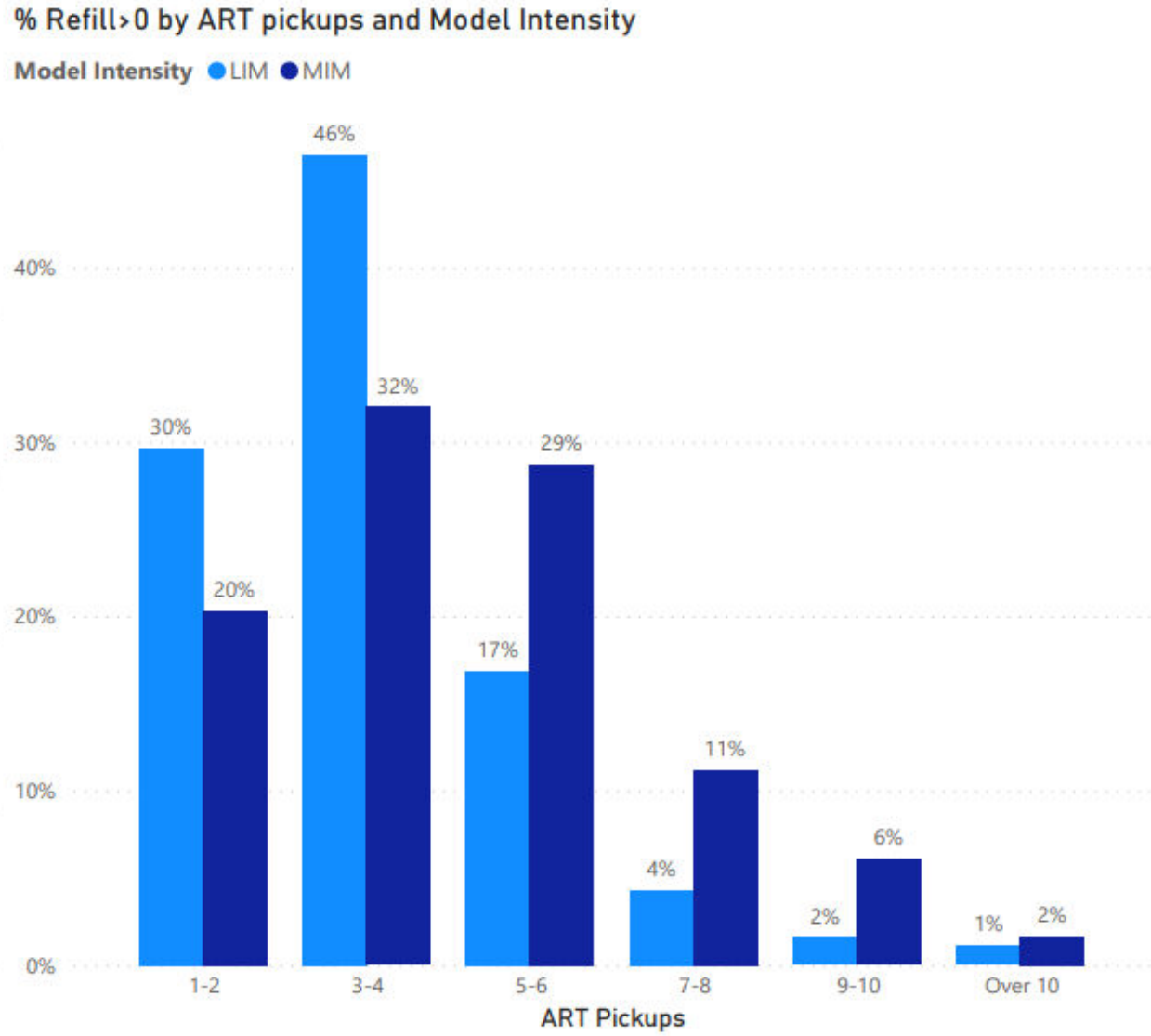
Clinical visits and ART pickups per year, LIM vs. MIM models

Region, District, Facility: All

Sex: All

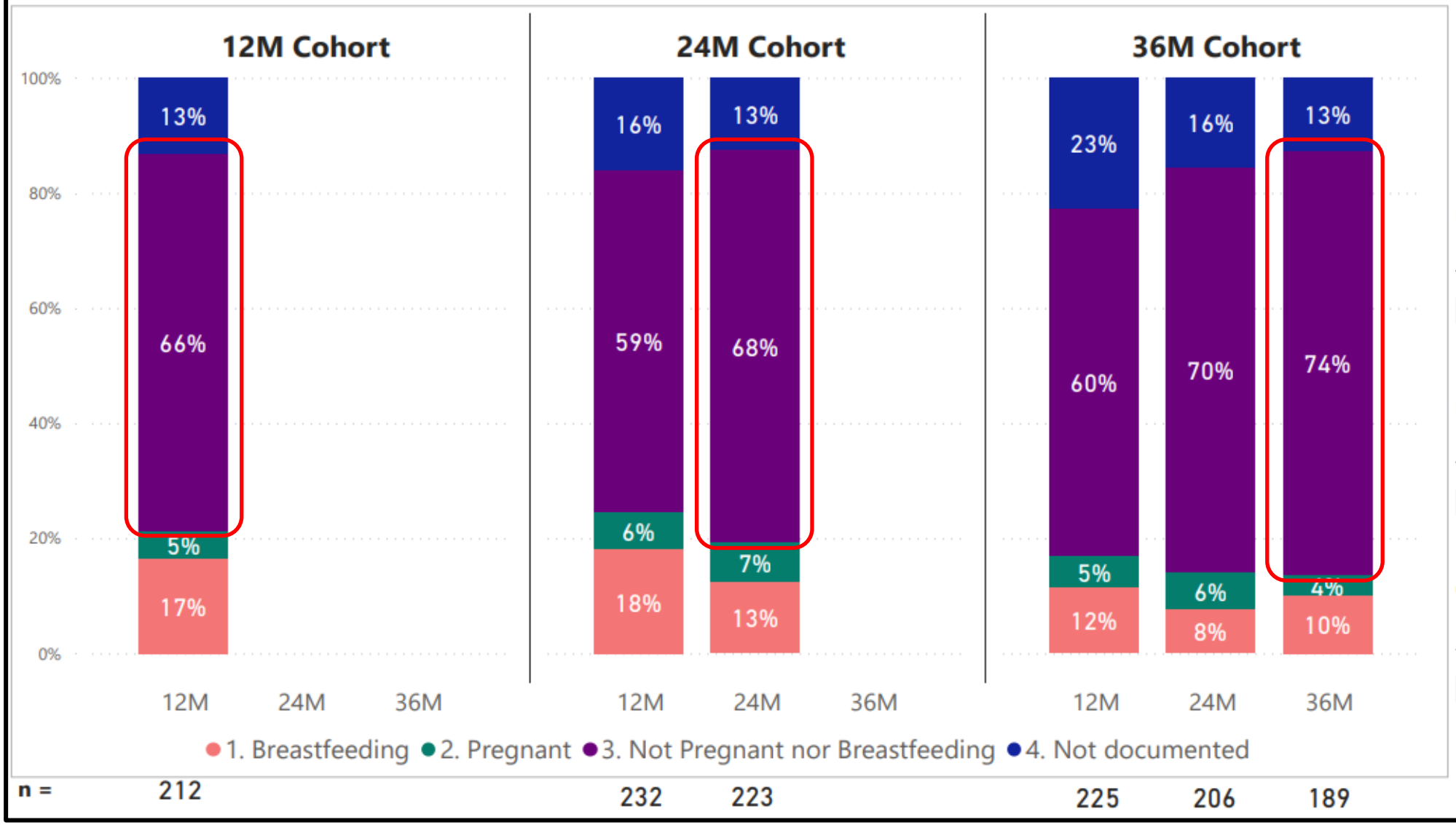
Age group: All





Pregnancy/BF Status by cohort and time point

Region, District, Facility: All | Sex: All | Age group: All



Female & 12-49 yrs

Cohort	Female
12M Cohort	336
24M Cohort	385
36M Cohort	436
Total	**1157**

RoCs w/o eMTCT/Pregnancy

Cohort	12M	24M	36M	**Total**
12M Cohort	113			**113**
24M Cohort	145	154		**299**
36M Cohort	192	224	236	**652**
Total	**450**	**378**	**236**	**1064**

% RoCs w/o eMTCT/Pregnancy

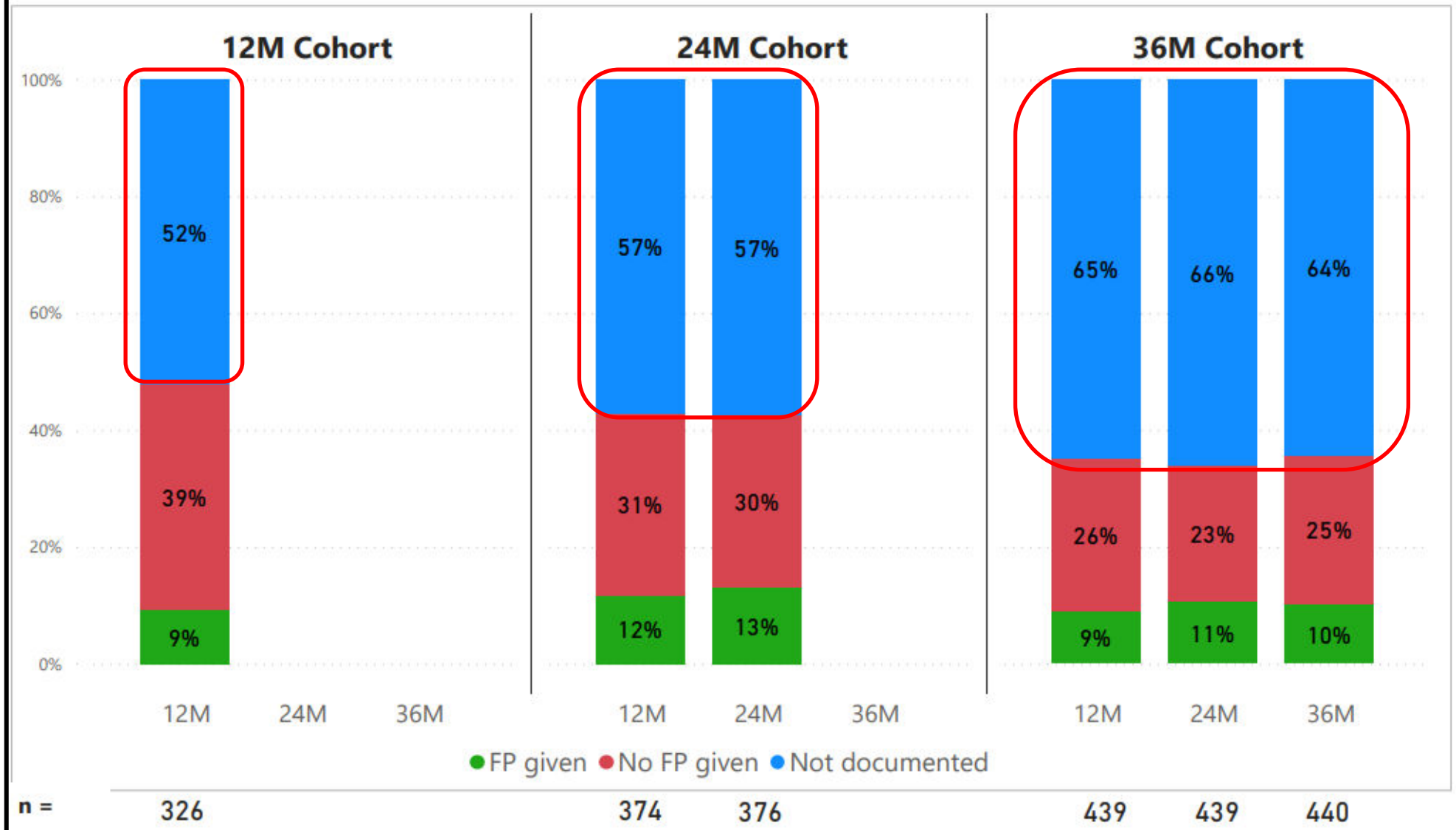
Cohort	12M	24M	36M
12M Cohort	34%		
24M Cohort	38%	40%	
36M Cohort	43%	50%	53%

FP Method Coverage

Region, District, Facility: All

Sex: All

Age group: All

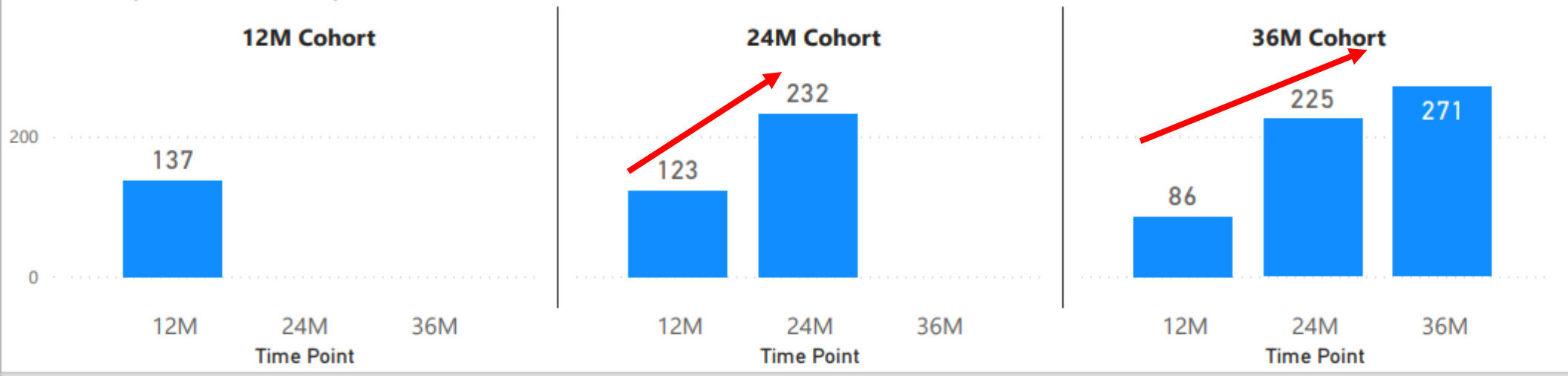


n =	326	374	376	439	439	440

LIM & MIM 2022 of active and documented model

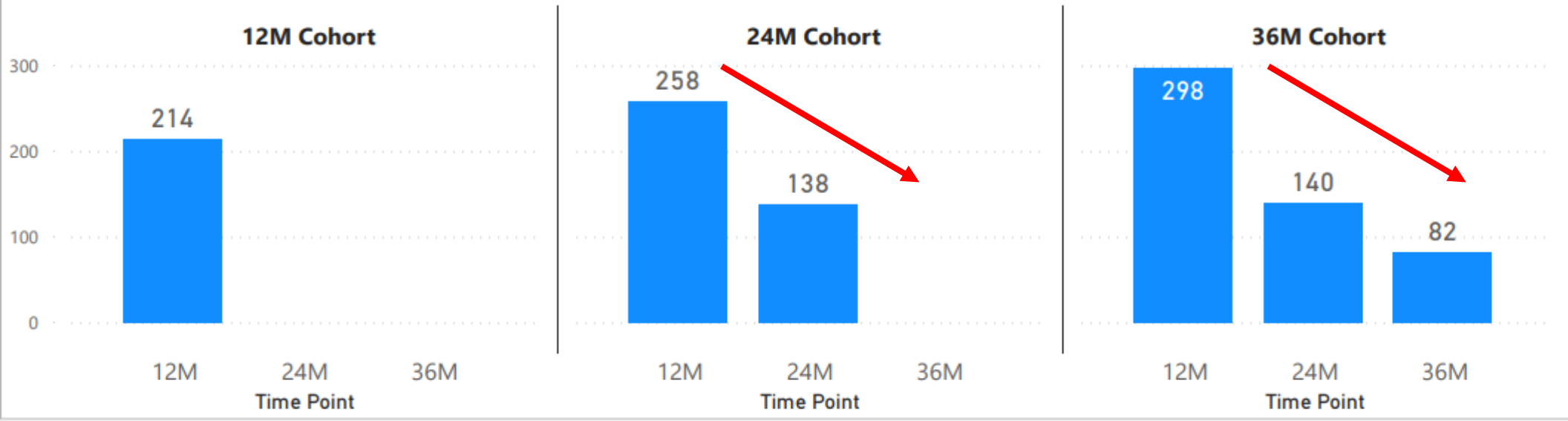
Region, District, Facility: All | Sex: All | Age group: All

LIM RoCs by cohort and time point



Cohort Label	12M	24M	36M
12M Cohort	39%		
24M Cohort	32%	63%	
36M Cohort	22%	62%	77%

MIM RoCs by cohort and time point



Cohort Label	12M	24M	36M
12M Cohort	61%		
24M Cohort	68%	37%	
36M Cohort	78%	38%	23%

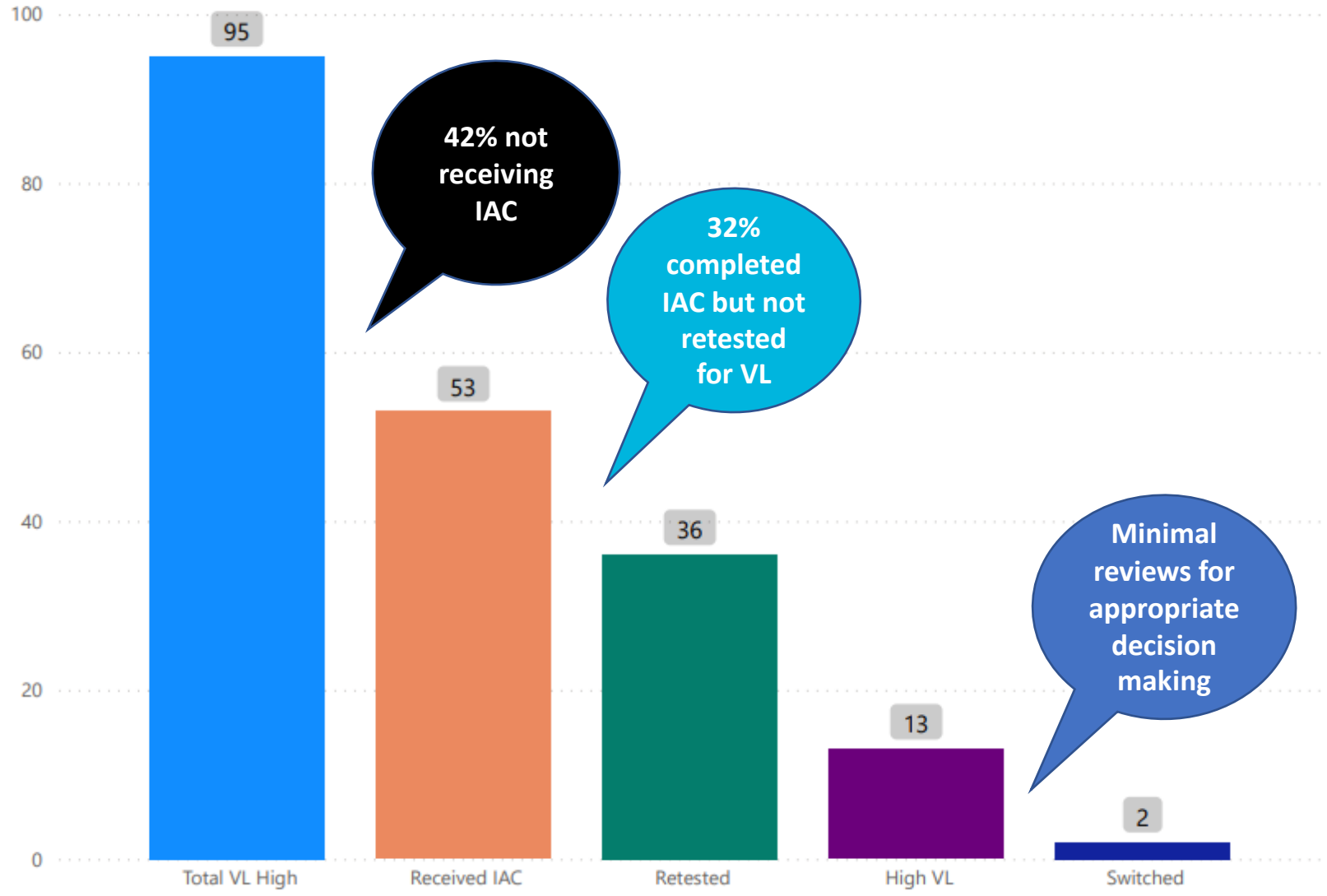
High VL Cascade

Region, District, Facility: All

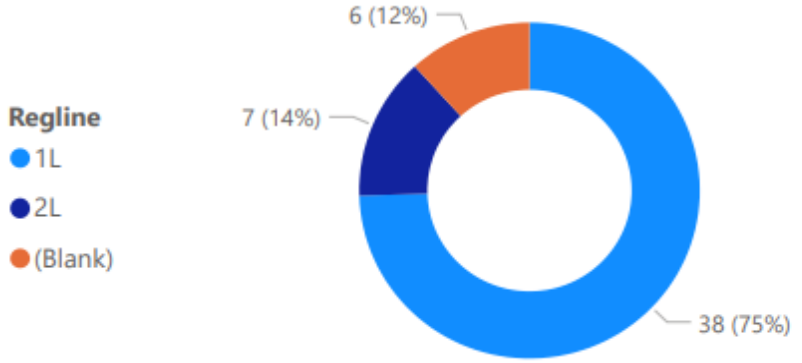
Sex: All

Age group: All

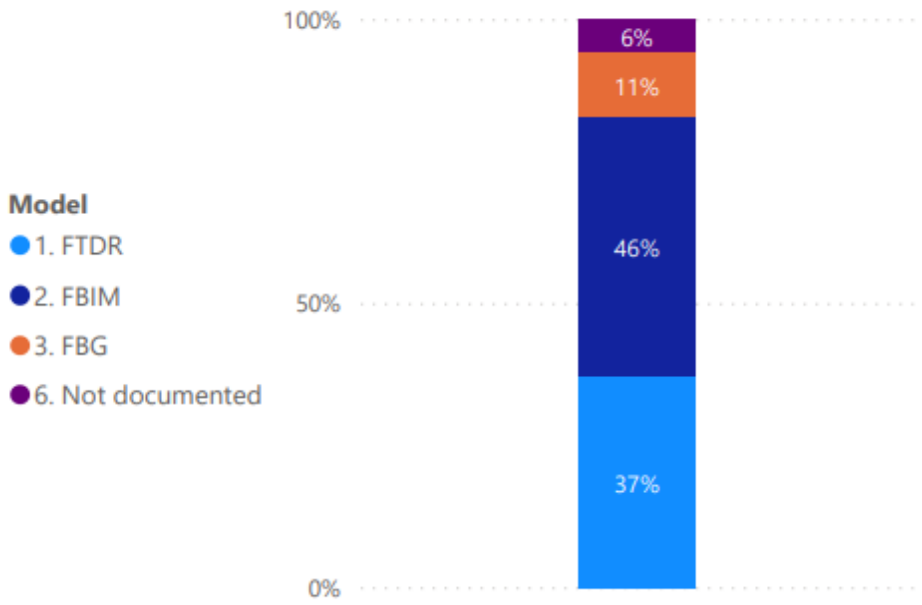
High VL Cascade



Regimen Line



Model



Way forward

- Conduct the Regional/National dissemination meeting to the targeted stakeholders with the aim of bridging the gaps identified
- Populate the action plans during the dissemination meetings to enhance tracking of agreed upon interventions to bridge the identified gaps

Acknowledgements

- MINISTRY OF HEALTH UGANDA
- PEPFAR
- WHO
- UNICEF
- UNAIDS
- CHAI
- EGPAF
- GLOBAL FUND
- ICAP-CQUIN

Thank you!