DSD PERFORMANCE REVIEW PROCESS
A CASE STUDY OF IMPLEMENTATION IN UGANDA

Authors: Ivan Arinaitwe, Geoffrey Taasi, Moses Luwunzu, Hudson Baliddawa, Cordelia Katureebe
Ministry of Health Uganda

BACKGROUND / INTRODUCTION

2018 ART Guidelines : Recommended for adoption of patient centred models for PLHIV on ART

Models recommended in Uganda at this time :(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 was varied levels of implementation across the Country as per the shared updates that call for continued support to achieve the set targets hence DPR assessments.

The objectives of the DPR were;

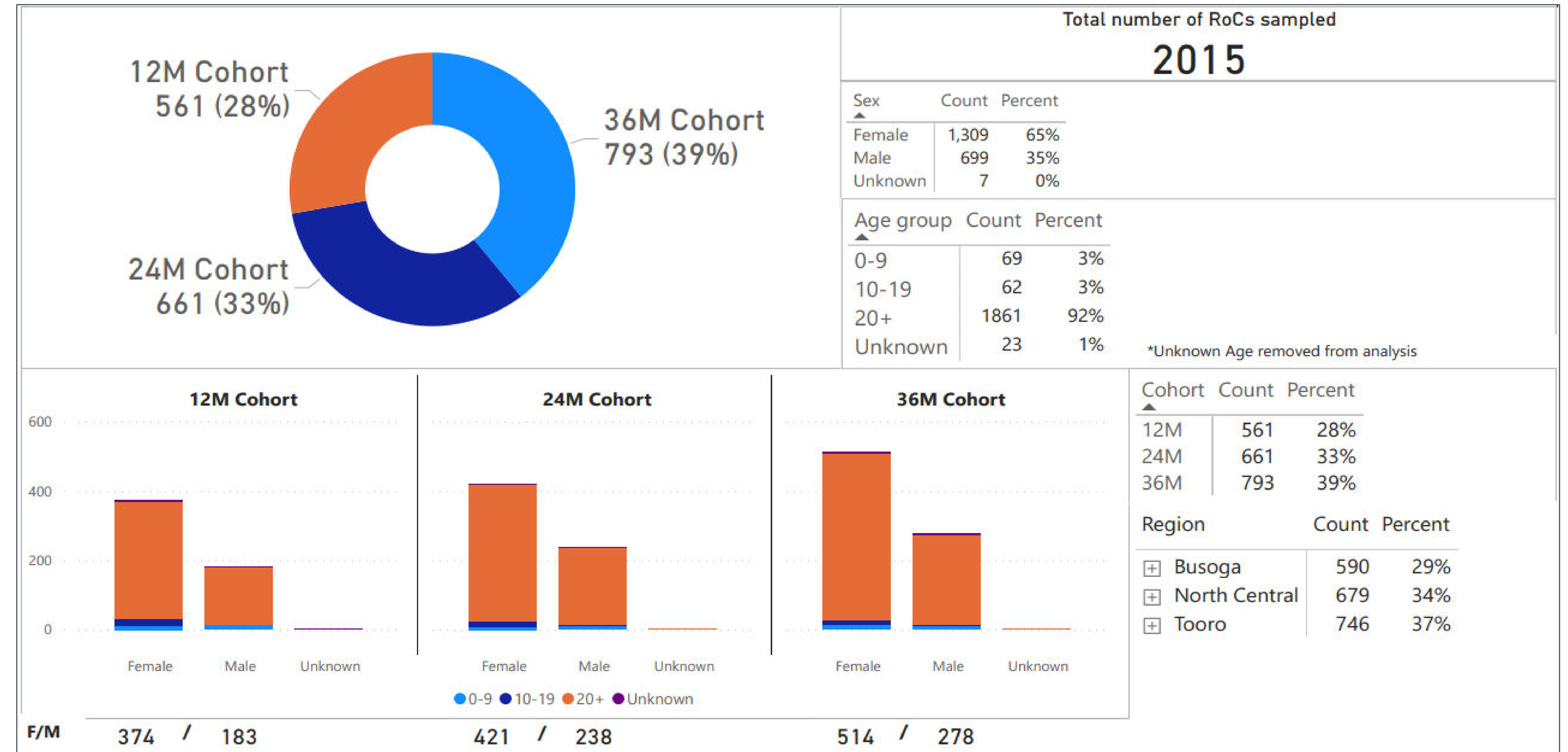
- Assess the level of implementation of the recommended differentiated service delivery models and approaches of HIV services in the targeted regions
- Determine the effect of DSDM models on the ART treatment outcomes of retention and viral suppression
- Share best practices, challenges and innovations to overcome service delivery barriers
- Demonstrate that DSD performance reviews can contribute to scale up of quality-assured DSD models
- Lobby for support from key regional and national stakeholders for the implementation and scale up differentiated service delivery models.

METHODOLOGY

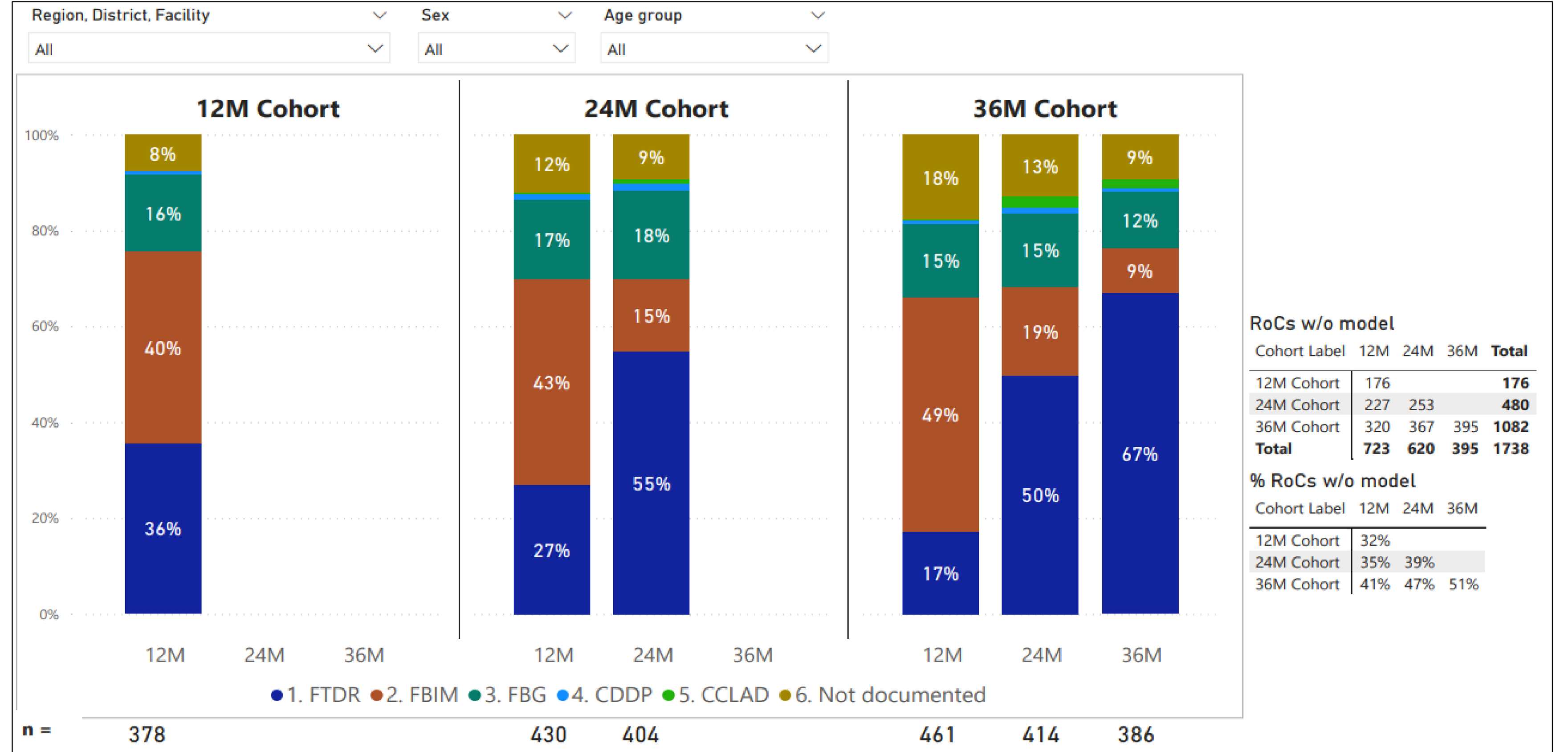
1. Developed a budget with team and shared with CQUIN for support
2. Held Preparatory meetings including Development of the proposed indicators to be tracked together with the CQUIN team- September 2022
3. Pre-testing of the data collection tool- October 2022
4. Held a Stakeholder engagement (planning, regional mapping, facility selection) – Done in October 2022
5. Recruitment**,** Sensitization and training of data the collectors: October 2022
6. Data Collection and entry process using ODK tool: 31st Oct – 4th Nov 2022
7. Data compilation and Analysis: November 2022
8. Dissemination Meeting – Feb 2023
9. Data source documents were ART 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

RESULTS

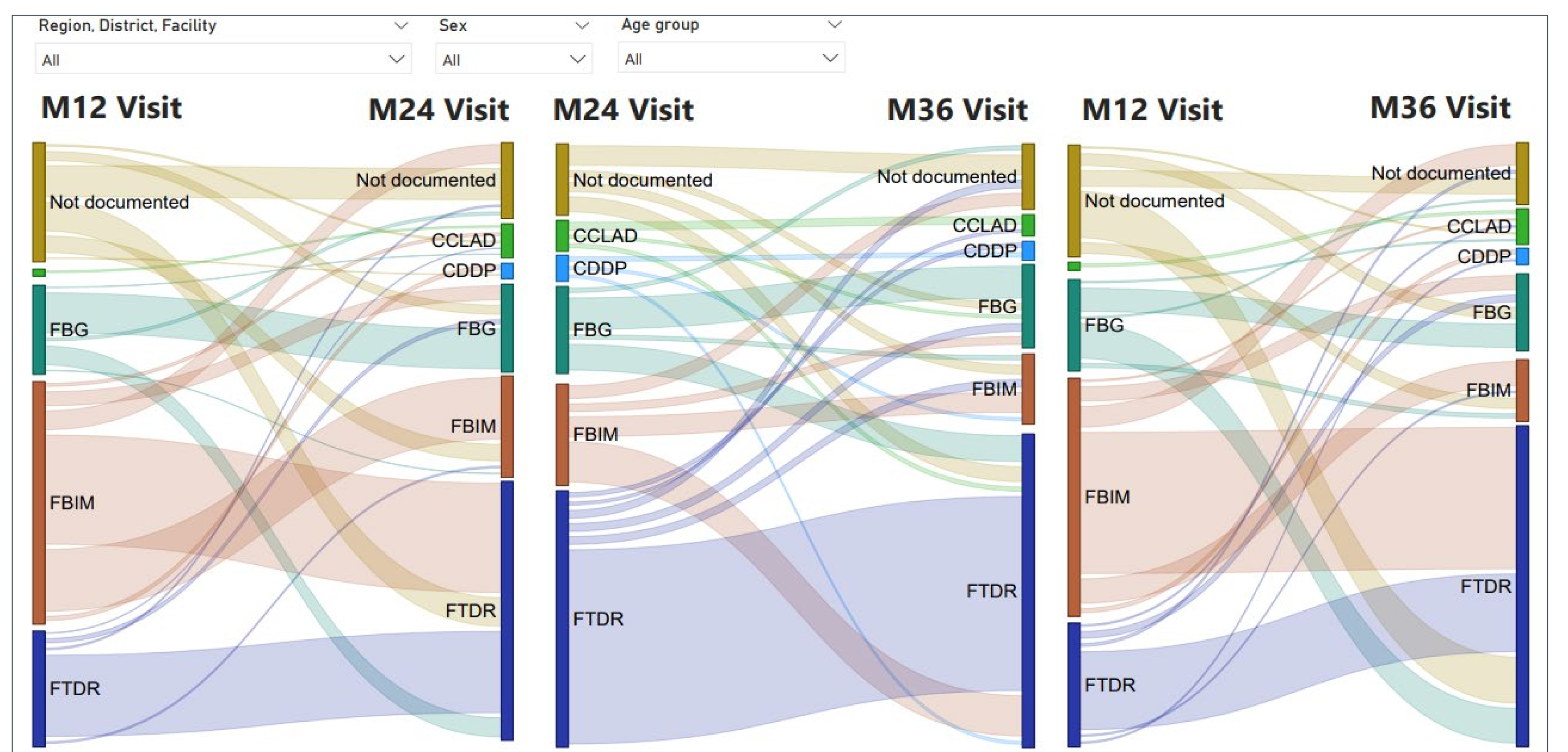
RECIPIENT OF CARE CHARACTERISTICS



ART MODEL CHARACTERISTICS BY COHORT AND TIME POINT



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



DISCUSSION

- Figure 1 shows the contribution of each cohort to the DPR analysis while figures 2 and 3 show number of ROCs in each approach and model mix along the different cohorts.
- There are more females in care than males and we note most of the RoCs are mostly in Facility based models. However, from the start of each cohort, its noted that FBIM has most of the numbers that get enrolled into other approaches with FTDR taking the majority.
- The Not documented is a CQI process that was added for facility teams to check quality. However, the EMR is fixed onto an eligibility criteria that can not be over turned hence the consistence of these numbers.

Way Forward

- Integrate DPR into our country funding mechanism for sustainability.
- Spread the DPR to other regions of the country
- Populate the action plans during the dissemination meetings to enhance tracking of agreed upon interventions to bridge the identified gaps