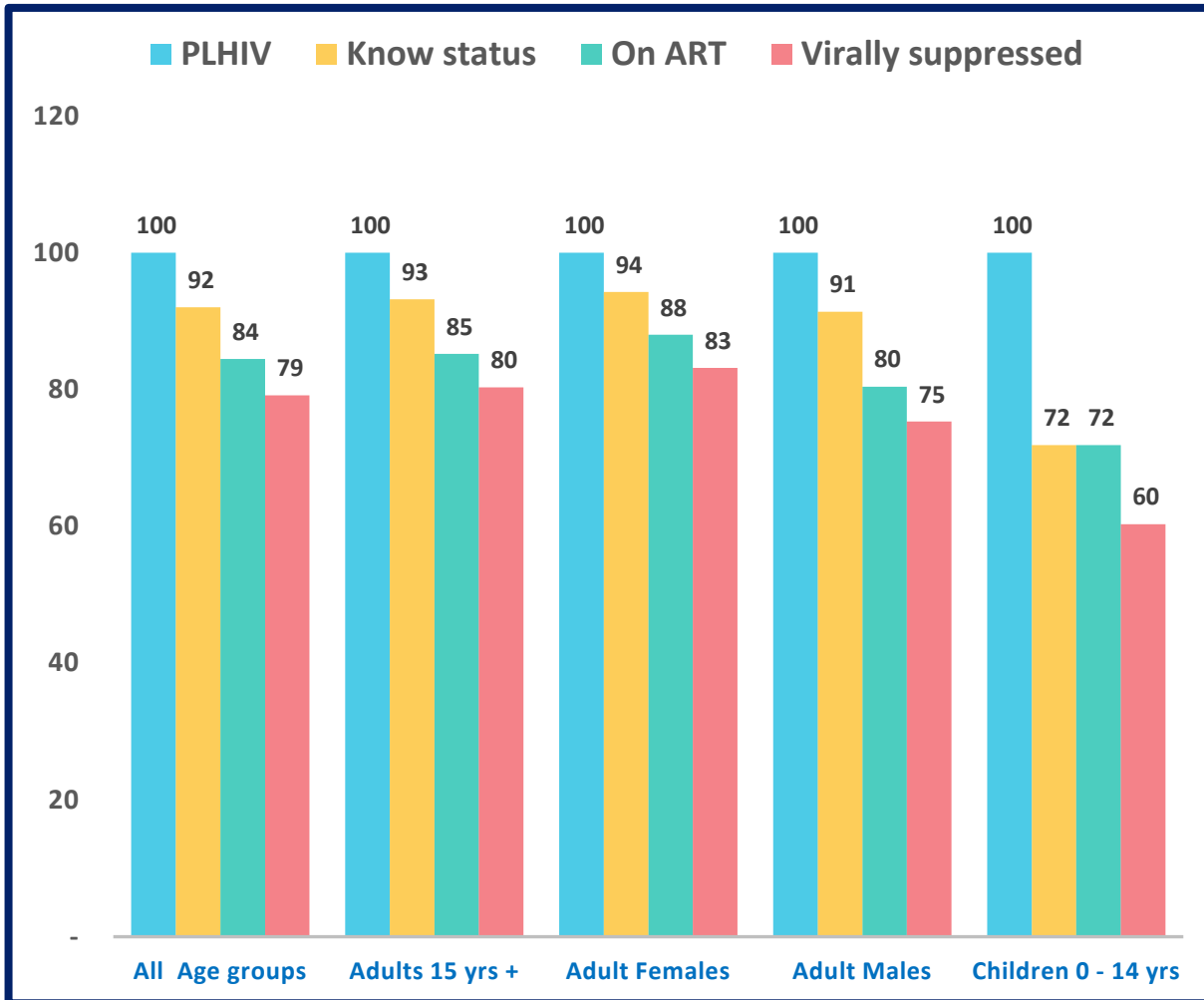


Outline

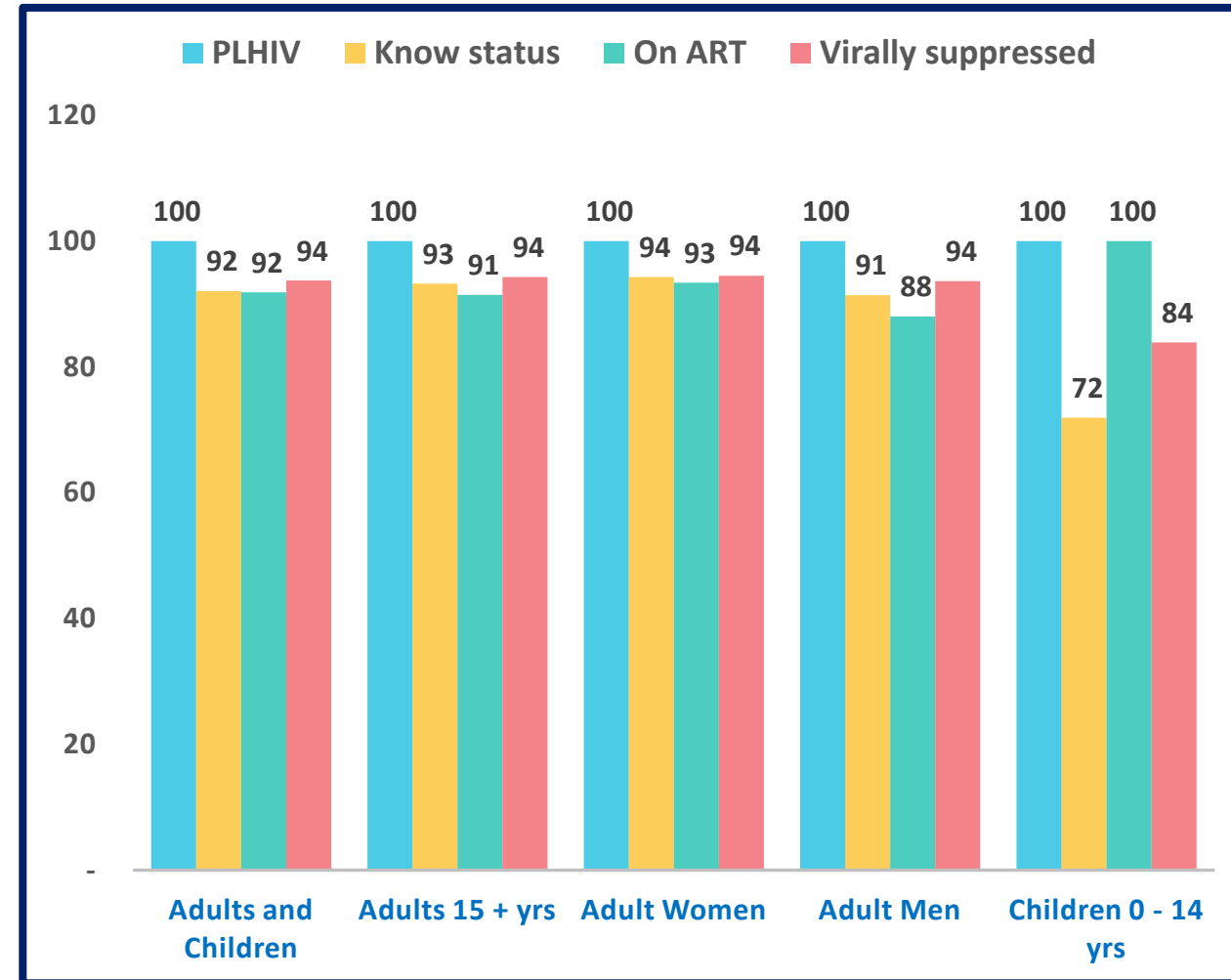
- Overview of the HIV Program
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- Vision and Challenges with M&E of DSD in Uganda

95-95-95 Achievements in Uganda -2023

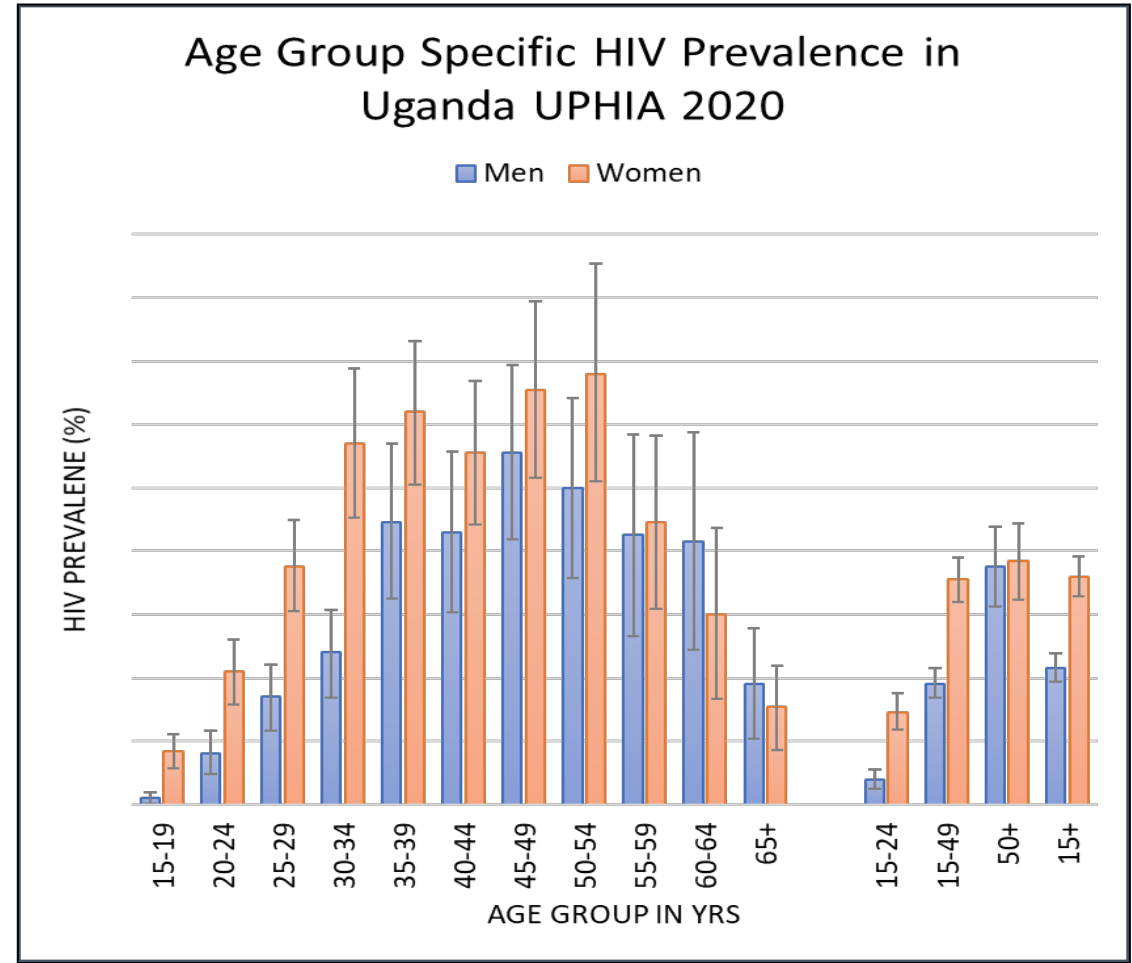
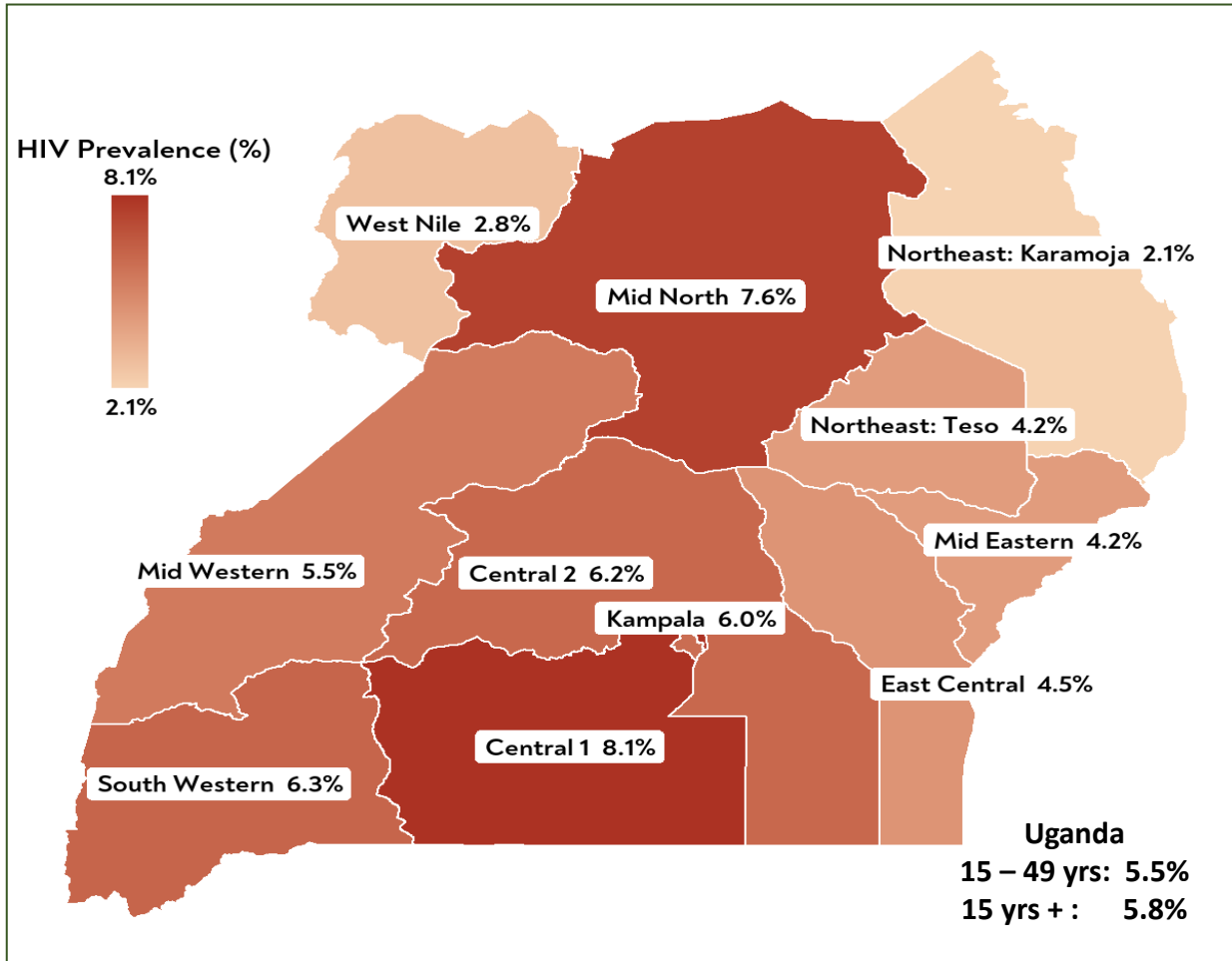
Population Cascade



Conditional Cascade



HIV Prevalence, UPHIA 2020-21



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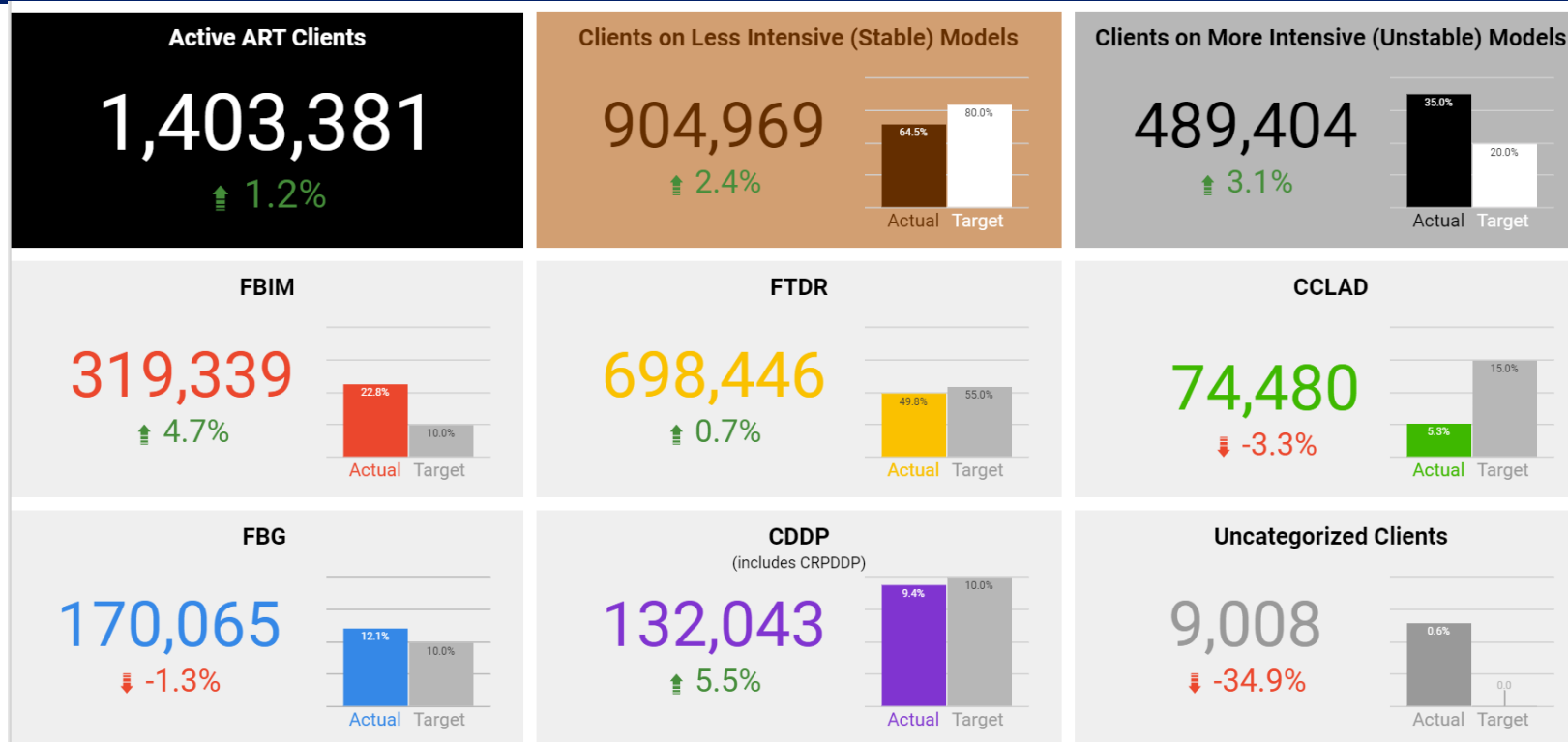
DSD Program in Uganda 2018-2023

- Uganda started implementing DSD in 2018, with 5 traditional models
 - 3 at the facility;
 - Fast Track Drug Refills (FTDR)
 - Facility Based individual Models (FBIM)
 - Facility Based Groups (FBG)
 - 2 in the community;
 - Community Client Led ART Delivery (CCLAD)
 - Community Drug Distribution Point (CDDP)

With the current 2022 HIV National guidelines, Uganda has opened to more approaches under 4 models,

- 2 group models
 - Group Models Managed By HCWs (GMH) - (FBG, CDDP, FSG)
 - Group Models Managed By Clients/Peers (GMC/P) - (CCLAD, CLDDP)
- 2 individual models
 - Individual Models Based At Facilities (IMF) - (FTDR, FBIM, YAPS CLINICS, ADOLESCENT CENTERS, VIRAEMIA CLINICS)
 - Individual Models Based In Communities (IMC) - (CRPDDP, DROP-IN CENTERS, HOME ART DELIVERY)

Differentiated Service Delivery Model Distribution (Apr – June 2023)

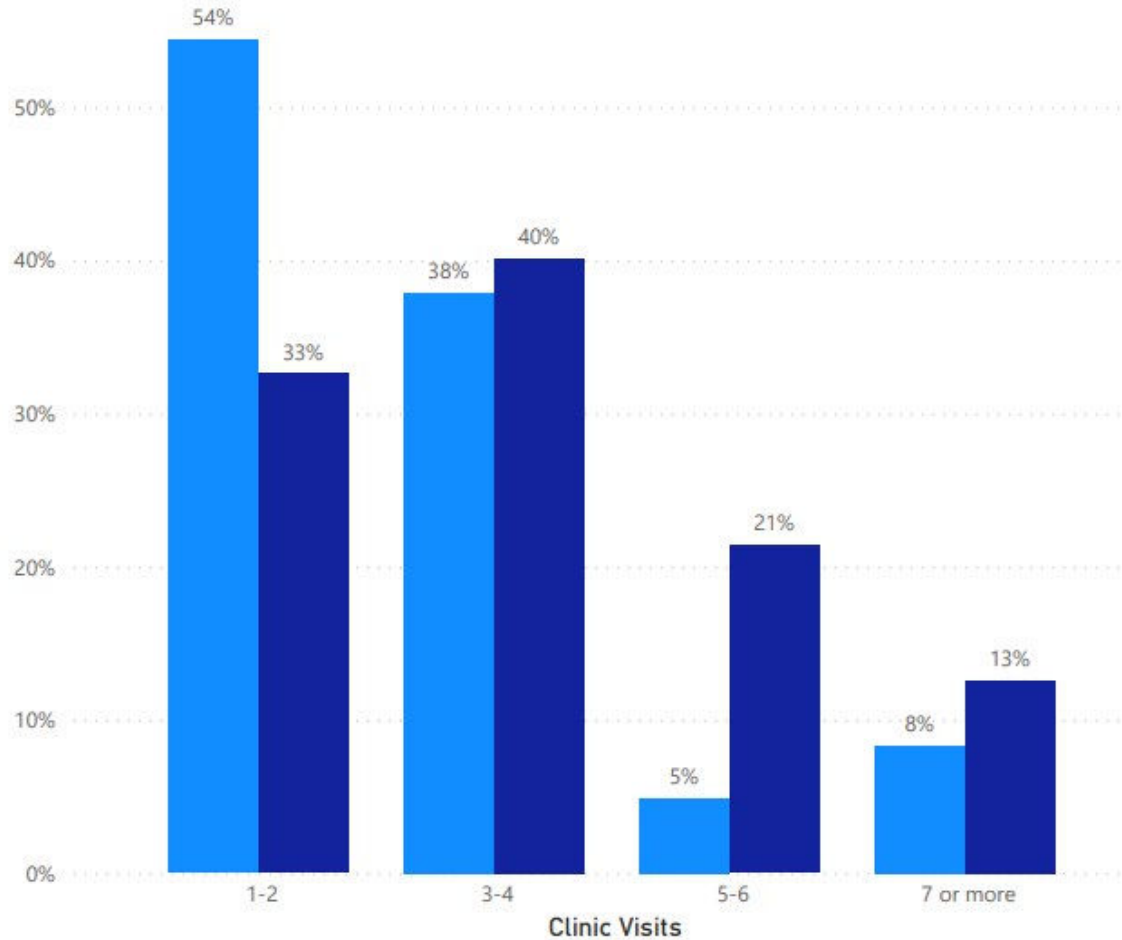


- Currently, there are 1.4 million people living with HIV who are receiving treatment, and 65% of them are on Less Intensive Models (LIM)
- The country has been slow to attain the CCLAD projections because of a changing landscape in funding
- CDDPs are showing slight improvement due to the scale-up of the community pharmacy model which is one of the approaches of CDDP and being favored in urban / semi-urban places

Achievements -Clinical Visits (2021 Vs 2022)

2021 DPR

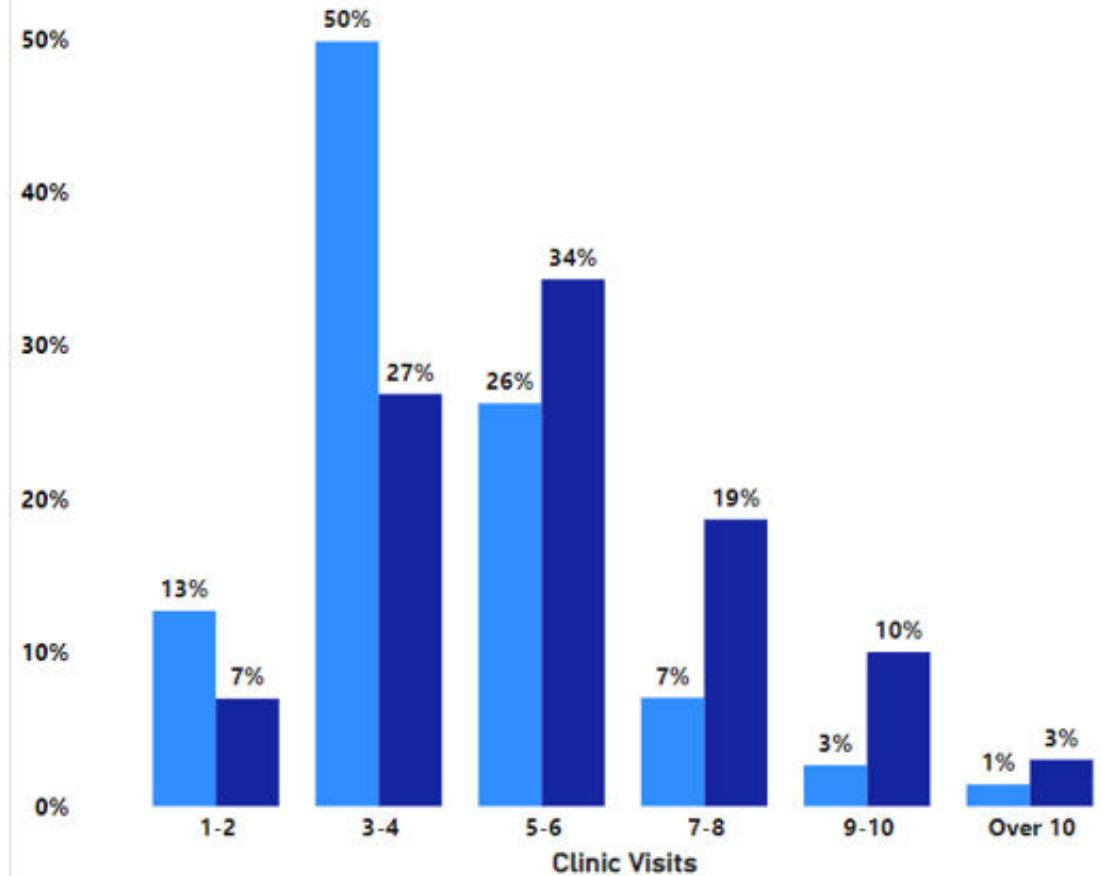
Model Intensity ● LIM ● MIM



2022 DPR

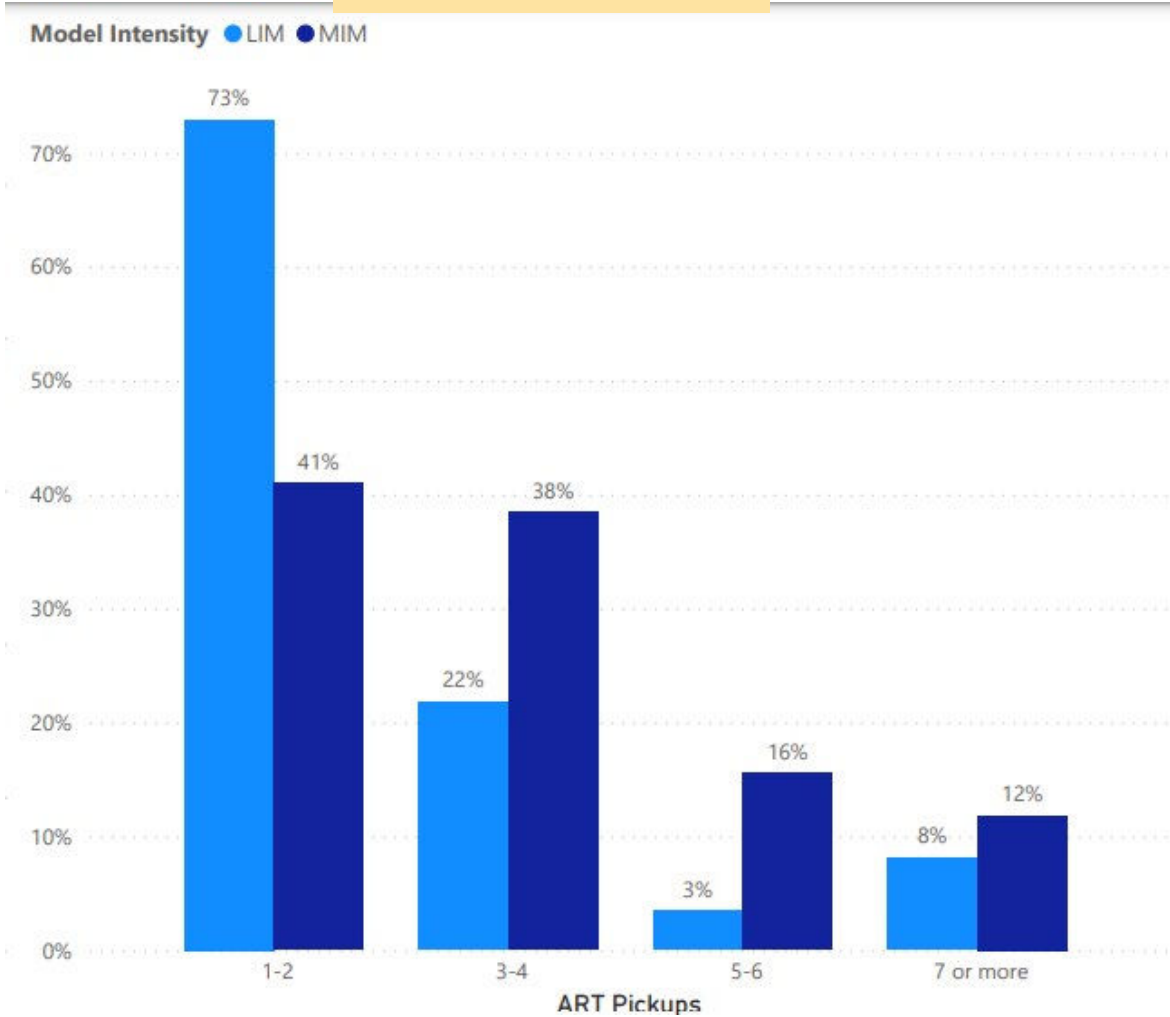
% Visits > 0 by Clinic Visits and Model Intensity

Model Intensity ● LIM ● MIM

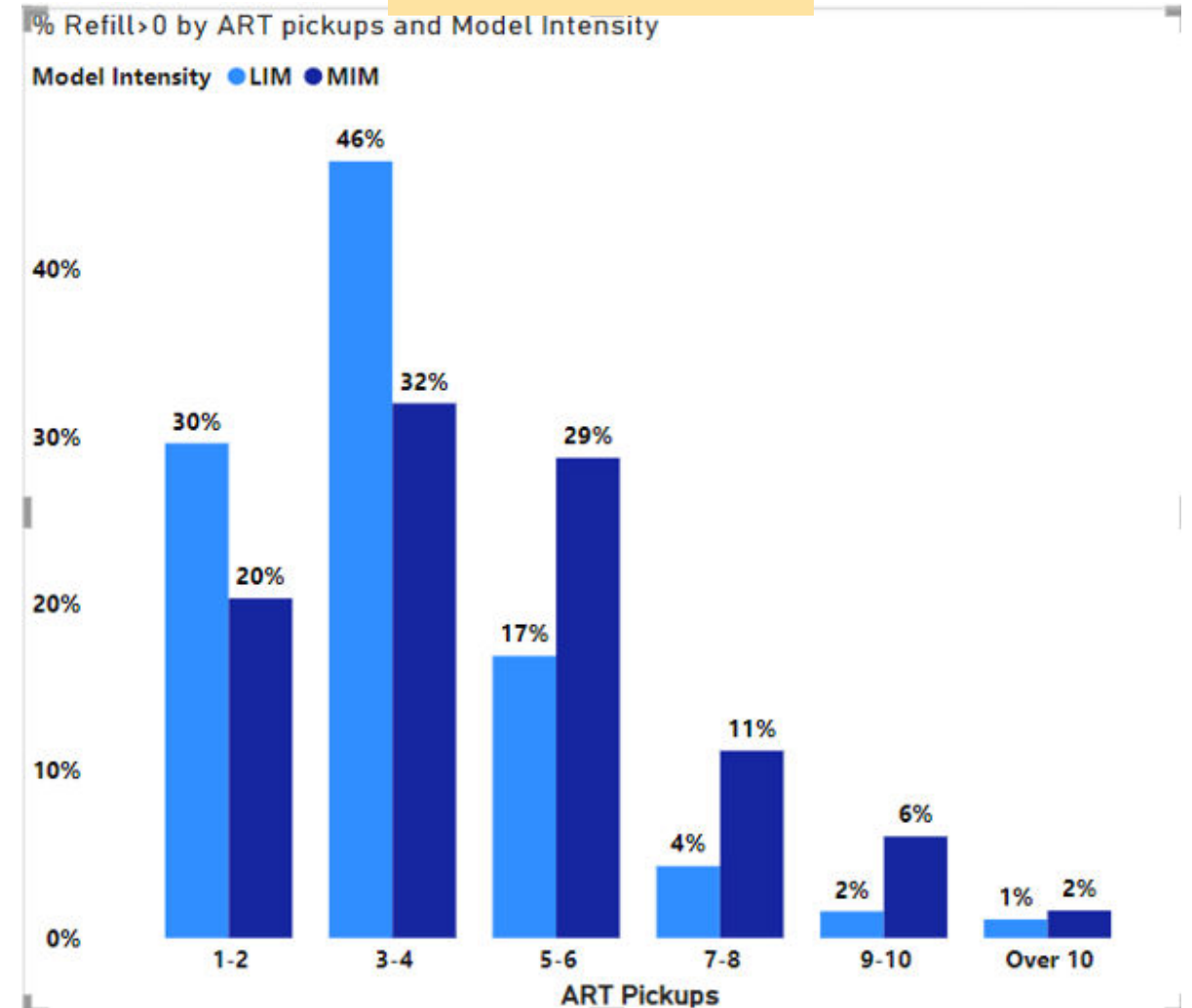


Achievements -ART Pick-ups (2021 Vs 2022)

2021 DPR



2022 DPR



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Evolution of M&E of DART in Uganda



2018/19/21/22/23

- Quarterly summaries of DSD-related data

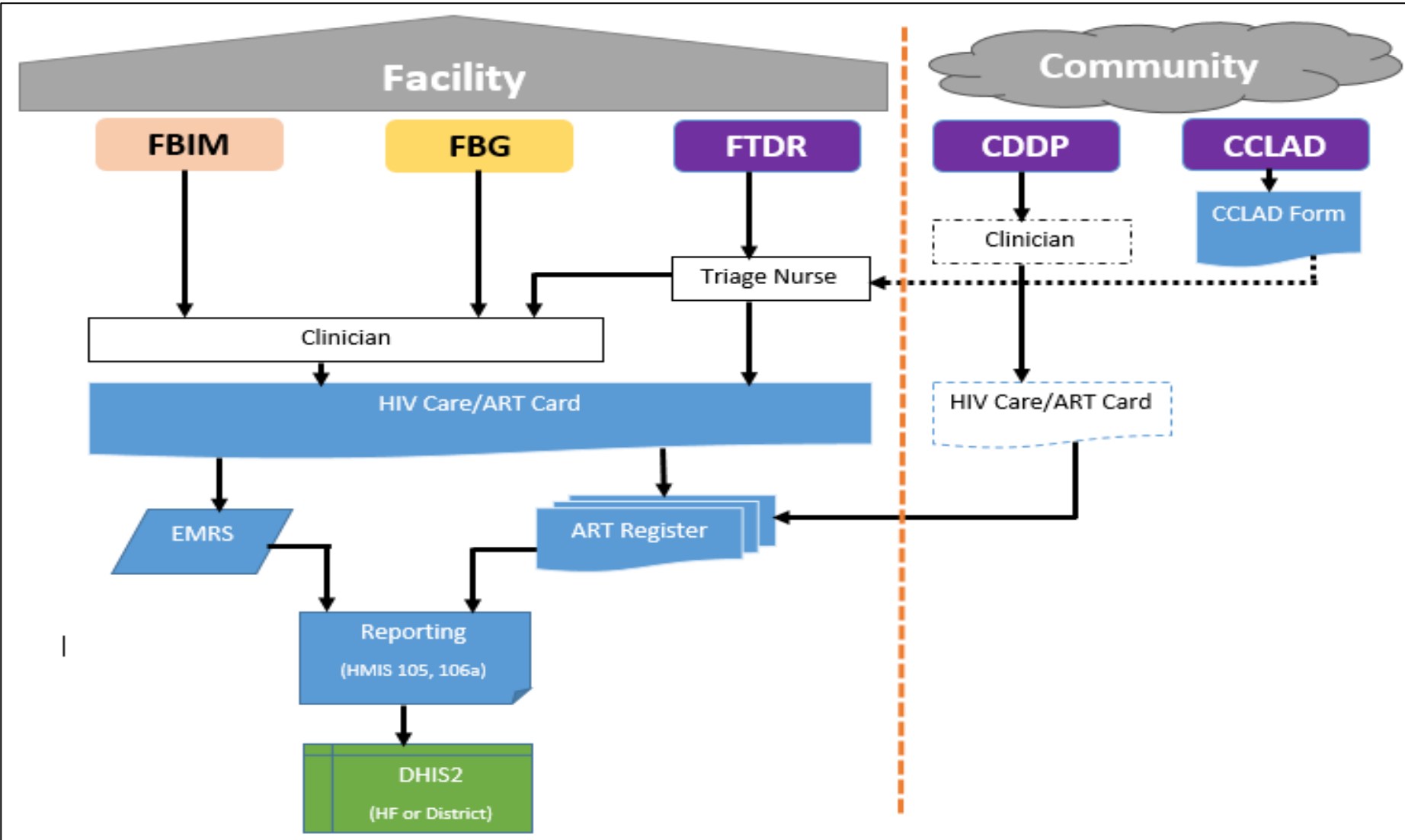
2018/19/21/22/23

- DSD Performance Reviews (DPR) DSD-related

2022/2023

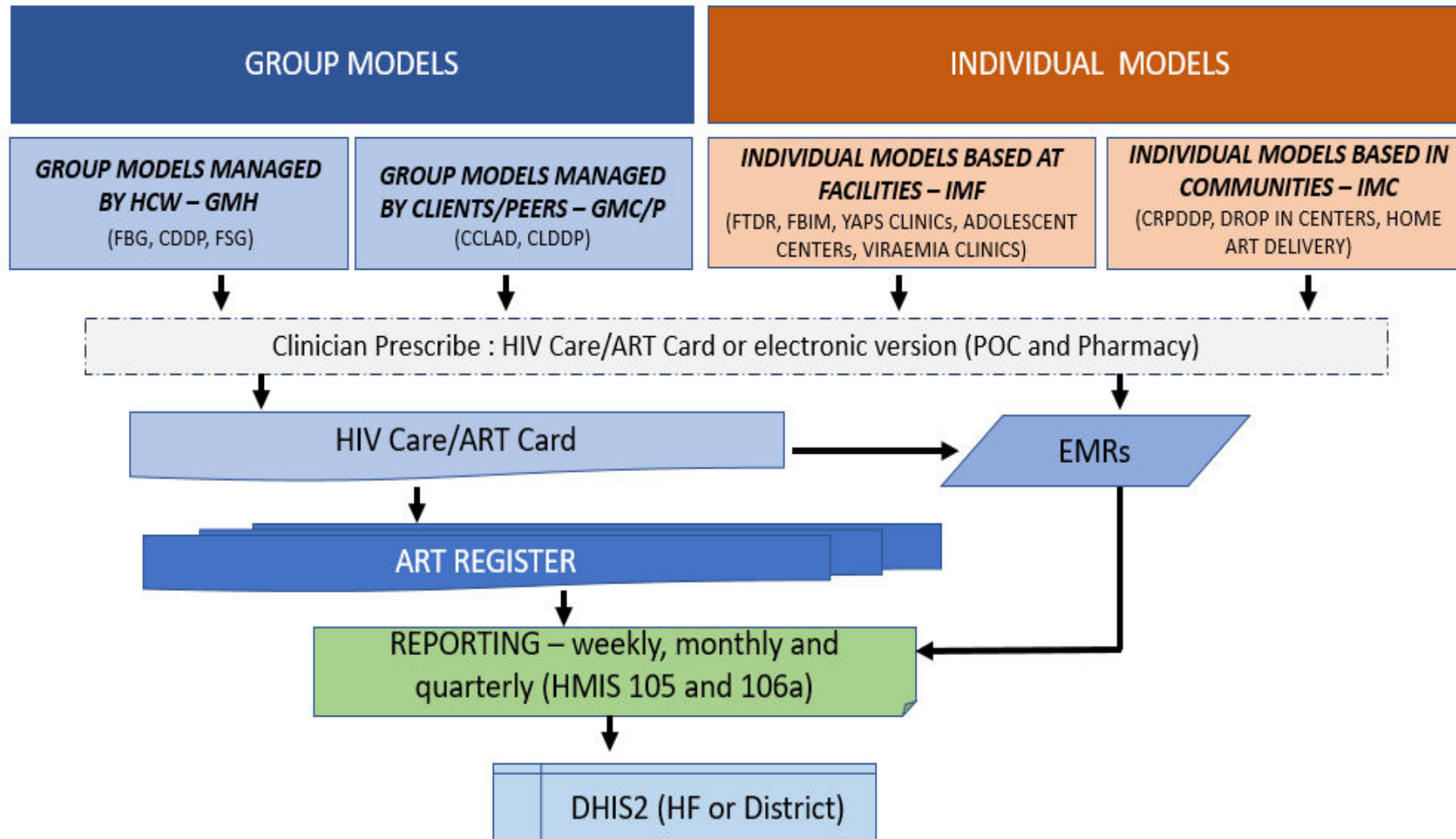
- Refining of DSD models and Categorization of RoCs into the models
- Review of existing HMIS tools – capture and report DSD related data based on the refined categories of patients
- Targeted capacity building of HCWs –

DART Program Evolution and DSD Data Flow (2018-2022)



- Enrolment into different DSD models based on eligibility criteria – (stable Vs unstable)

Enhancing M&E of DART: Current System & DSD Data Flow (From October 2022)



- Adopting a Patient-Centered Approach: Elimination of Eligibility Criteria for DSD Model Enrollment as it is based on 5As Criteria
- Patients are empowered to choose any model based on their preference, with guidance from healthcare workers (HCWs)
- Clinic visits and drug pick-up frequency are closely monitored to ensure appropriateness

HIV Care Card – Health Education and PSS Section (5As Implementation Tracker Codes)

HMIS ACP 003 : HIV CARE/ART CARD - HEALTH EDUCATION AND PSYCHOSOCIAL SUPPORT PAGE

Health Unit Name: _____ Level: _____ Month: _____ Financial Year: _____

Visit Date	PSS1 Assess	PSS2 Advise	PSS3 Agree	PSS4 Assist	PSS5 Arrange	Comment (s)	Name of Service Provider
<input type="checkbox"/>	Economic Social OVC Screening OVC Assessment OVC No. Gender Based Violence (GBV) / Violence Against Children (VAC) Disclosed / Not Disclosed Relationship Patient Categorization			ART preparation, readiness, initiation, adherence support, monitoring Intervention Approaches Linkages & Referrals			Name of Service Provider Cadre
<input type="checkbox"/>	Economic Social OVC Screening OVC Assessment OVC No. Gender Based Violence (GBV) / Violence Against Children (VAC) Disclosed / Not Disclosed Relationship Patient Categorization			ART preparation, readiness, initiation, adherence support, monitoring Intervention Approaches Linkages & Referrals			Name of Service Provider Cadre
<input type="checkbox"/>	Economic Social OVC Screening OVC Assessment OVC No. Gender Based Violence (GBV) / Violence Against Children (VAC) Disclosed / Not Disclosed Relationship Patient Categorization			ART preparation, readiness, initiation, adherence support, monitoring Intervention Approaches Linkages & Referrals			Name of Service Provider Cadre

HMIS ACP 003 : HIV CARE/ART CARD - HEALTH EDUCATION AND PSYCHOSOCIAL SUPPORT PAGE: CODES

PSS1: Issues identified / Assess (A1)

1. Psychological /emotional issues

- 1a. Denial/coping with result
- 1b. Anger/ stress
- 1c. Fear /Anxiety
- 1d. Bereavement

2. Social issues

- 2a. Non- disclosure
- 2b. Stigma & discrimination
- 2c. Dysfunctional family support system
- 2d. Harmful habits (Alcohol & substance use)
- 2e. Risky sexual behaviors
- 2f. Lack of life survival skills
- 2g. Transition challenges
- 2h. Economic challenges
- 2i. Had 1 meal a day
- 2j. Malnourished

3. OVC Screening

- 3a. No Signs
- 3b. Had ≤ 1 meal a day
- 3c. Not in school
- 3d. Malnourished
- 3e. Care giver unemployed/causal labourer
- 3f. Non-suppressed viral
- 3g. Missed Appointment in the last 3 months
- 3h. Has signs of abuse, exploitation or neglect

4. OVC Assessment

- 4a. Not yet Assessed
- 4b. Assessed, Eligible not yet enrolled
- 4c. Assessed and Not Eligible
- 4d. Enrolled
- 4e. Graduated

PSS1: Issues identified / Assess (A1)

5. GBV/VAC

- 5a. No signs
- 5b. Emotional or psychological harm
- 5c. Physical harm
- 5d. Inappropriately touched/fondled
- 5e. Forced sexual intercourse

6. Relationship codes

6a. Spouse	6b. Parent
6c. Children	6d. Friend
6e. Others Specify	6f. Not Applicable

7. Patient Categorization

- 7a. PLHIV newly identified and or re-engaging in care when clinically well
- 7b. PLHIV newly identified and or re-engaging in care with advanced HIV disease
- 7c. PLHIV established on ART and or with controlled chronic illnesses / NCDs.
- 7d. PLHIV with uncontrolled chronic illness / NCDs, and any Drug limiting toxicities
- 7e. PLHIV with treatment failure

PSS2: PHDP components / Advise (A2)

1. STI screening and treatment
2. FP counseling
3. FP method provided
4. Alcohol and Substance abuse reduction
5. Risk Reduction Counseling
6. PMTCT
7. Disclosure counseling
8. Management of Stigma & Discrimination
9. Nutritional Counseling
10. Basic care package
11. Others Specify

PSS3: DSDM Models

GMH: Group models managed by HCW
GMC: Group models managed by client
IMF: Individual models based at facilities
IMC: Individual model based in community

Approaches / Agree (A3)

1 = GMH-FBG	7 = GMC-CCLAD
2 = GMH-CDDP	8 = GMC-CLDDP
3 = GMH-FSG	9 = GMC- Others (Specify).....
4 = GMH-Viraemia Clinics	
5 = GMH-G-ANC / PNC	
6 = GMH- Others (Specify).....	14 = IMF- FTDR
	15 = IMF-FBIM
	16 = IMF-YAPS
10 = IMC-CRPDDP	17 = IMF-Adolescent centers
11 = IMC-Drop in centers	18 = IMF-Holiday treatment children
12 = IMC-Home ART delivery	19 = IMF- Others (Specify).....
13 = IMC- Others (Specify).....	

PSS4: Assist (A4)

ART preparation, readiness, initiation, Adherence support & monitoring

1. Pre-ART Counseling
2. ART literacy
3. Adherence preparation & plan
4. Ready to start & Initiate
5. Not ready to start
6. Ongoing Adherence counseling & support
7. Intensive Adherence counseling & support
8. Appointment tracking and followup of lost clients

PSS4: Assist (A4)

Intervention Approaches

1. Individual counseling
2. Group Counseling
3. Peer Psychosocial Support
 - 3a. Peer counseling
 - 3b. Peer Support Group
4. Linkages and Referrals
5. Mobilize for Index testing
6. Distribution of HIVST Kits

Linkages and Referrals

1. Mental health care/ Rehabilitation
2. Livelihood Support
3. GBV /NAC care
4. Legal support
5. Educational Support
6. OVC services (for all below 20 yrs)
7. Spiritual care
8. Community Support
9. Peer support
10. Counseling
11. Nutritional Support
12. Sexual and Reproductive Health services (SRH)
13. Others

PSS5: Arrange (A5)

P – Pharmacy	F – Health Facility	S – School (visit)
H – Home (visit)	C – Community	V – Virtual Support

Cadre

1 – Medical Officer/Specialist	2 – Clinical Officer
3 – Nurse	4 – Counselor/Social Worker
5 – Peer/Mentor Mother	6 – YAPs
7 – Linkage Facilitator	8 – Para Social Workers
9 – Others Specify.....	

Print Version March 2023

HIV Care Card-2023

HIV Care card – Codes to guide data capture in the Care Card

CA15: DSDM patient categorization / Assess (A1)

- 1 = PLHIV newly identified and or re-engaging in care when clinically well
- 2 = PLHIV newly identified and or re-engaging in care with advanced HIV disease
- 3 = PLHIV established on ART and or with controlled chronic illnesses / NCDs.
- 4 = PLHIV with uncontrolled chronic illness / NCDs, and any Drug limiting toxicities
- 5 = PLHIV with treatment failure

CA15: DSDM Models

GMH: Group models managed by HCW

IMF: Individual models based at facilities

GMC: Group models managed by client


IMC: Individual model based in community

CA15: Approaches / Agree (A4)

- | | | | |
|--------------------------|-----------------|----------------------------|--------------------------------|
| 1 = GMH-FBG | 6 = GMC-CCLAD | 9 = IMC-CRPDDP | 13 = IMF- FTDR |
| 2 = GMH-CDDP | 7 = GMC-CLDDP | 10 = IMC-Drop in centers | 14 = IMF-FBIM |
| 3 = GMH-FSG | 8 = GMC- Others | 11 = IMC-Home ART | 15 = IMF-YAPS |
| 4 = GMH-Viraemia Clinics | (Specify)..... | 12 = IMC-Home ART delivery | 16 = IMF-Adolescent centers |
| 5 = GMH- Others | (Specify)..... | 12 = IMC-Others children | 17 = IMF-Holiday treatment |
| | | (Specify)..... | 18 = IMF-Others (Specify)..... |



HIV Care card – Clinical card Section



.....

.. CARD No:.....

	CA15	CA16	CA17
itions	DSDM Model	Missed Appointment Tracking	Pill Balance
Date/Comorbidity Test			Name & Signature of Clinician
DDMM/YY HEP B	Patient categorisation	Follow-up date	Pill Balance
DDMM/YY HEP C			Follow-up Method
DDMM/YY RFTs	Approach	Reason for missed Appointment	Clinician's Name
DDMM/YY LFTs			Follow-up Outcome
DDMM/YY RBS/FBS			Signature
DDMM/YY CBC			
DDMM/YY Others			

Revised Quarterly Reporting Indicators – HMIS 106a



Register	#	Data Element	< 1yrs		1-4yrs		5 - 9yrs		10 – 14 yrs		15 - 19 yrs		20–24 yrs		25–29 yrs		30 – 34 yrs		35 – 39 yrs		40 – 44 yrs		45 - 49 yrs		50-54 yrs		55 - 59 yrs		60-64 yrs		65+yrs								
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F							
Differentiated Service Delivery Model (DSDM)																																							
ART REGISTER	HC46	No. of clients newly enrolled in each DSD model / approach during the reporting quarter	GMH	FBG																																			
				CDDP																																			
				Others																																			
			GMC	CCLAD																																			
				CLDDP																																			
				Others																																			
			IMF	FTDR																																			
				FBIM																																			
				Others																																			
			IMC	CRPDDP																																			
				DICs																																			
				Others																																			
	HC47	No. of active on ART in DSD model / approach	GMH	FBG																																			
				CDDP																																			
				Others																																			
			GMC	CCLAD																																			
				CLDDP																																			
				Others																																			
			IMF	FTDR																																			
				FBIM																																			
				Others																																			
			IMC	CRPDDP																																			
				DICs																																			
				Others																																			
HC48	No. active on ART achieving viral load suppression	GMH	FBG																																				
			CDDP																																				
			Others																																				
		GMC	CCLAD																																				
			CLDDP																																				
			Others																																				
		IMF	FTDR																																				
			FBIM																																				
			Others																																				

Challenges and Mitigation Mechanisms During Evolution of DSD in Uganda

SN	Challenge	Mitigation mechanism
1	Lack of a uniform mechanism to support client categorization for enrolment into DSD models	Introduction of client categorisation mechanisms to support classification and documentation of clients into the Stable and unstable clients
2	Non availability of clear data capture mechanisms for clients being provided services as per the DSD models	Supported the review of HMIS data tools to provide sections for tracking and documentation for DSD service provision
3	Irregular reviews of data for DSD	Supported the DPR process for the period 2018/2019/2021 and 2022

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Enhancing Patient Care, Data Accuracy, and Community Engagement

•Client Eligibility Criteria:

- Updated criteria allow RoC to choose any DSD model
- Enables personalized care based on individual needs and preferences

•National HMIS Tools Upgrade:

- Tools being updated to reflect current eligibility criteria
- Implementation begins in July 2024, ensuring accurate data capture

•Dedicated DSD Website:

- Provides "State of the ART" visualizations
- Monitors implementation progress, offering quick reference support

•Comprehensive ART Provision:

- All 2,039 ART sites in Uganda adopt the DSD approach

•M&E System Enhancement:

- The Division of Health Information (DHI) approved proposed M&E changes
- The EMR system will be updated post-pilot phase completion to ensure data accuracy

•Community Engagement Expansion:

- Community involvement extended to all facility and community ART points
- Strengthens patient outreach and support networks

•DSD Coordination TWG:

- Robust Technical Working Group (TWG) for DSD coordination
- Quarterly meetings facilitate strategic planning and collaborative efforts

Enhancing DSD Implementation and Collaboration in Uganda

•Training Progress:

- All ART facilities in Uganda have completed DSD training
- Training on the new 2022 guidelines ongoing (80% rollout)

•Inclusive Team Engagement:

- Human Resources for the DSD program has all facility teams in ART clinic expert clients and CSOs
- Tracking of capacity building under the roll-out of training in the regions ongoing for these cadres

•Funding and Coordination:

- DSD initiatives are funded by PEPFAR and GF
- A dedicated Technical Working Group (TWG) coordinates
- TWG includes key stakeholders and PLHIV network representatives

•Data Integration:

- Health Management Information System (HMIS) tools are integrated for DSD data capture
- Seamless service delivery through regular data collection, reporting, and analysis
- DART data reported quarterly at the national level

•Service Expansion:

- Integration of DSD models into community-based services: Family Planning; PrEP; Tuberculosis (TB); Non-Communicable Diseases (NCDs)
- Promoting comprehensive healthcare solutions for a broader population

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Vision for M&E for Sustainable DSD Implementation

Vision for M&E of DSD:

- Integrated electronic M&E system linking community and facility service delivery outputs
- Seamless data flow strategies from community/facility to national level through DHIS2 integration

•Enhancing Data Collection:

- Implementation of integrated electronic M&E system at facility level (ongoing) with plans for national rollout
- Feedback from RoCs and service providers utilized for continuous improvement, integrating findings into annual national surveys

•Capacity Building and Training:

- Training of facility and community healthcare providers during the 2022 guidelines rollout
- Follow-up mentorships planned to ensure sustained competence

•Sustainability Amidst Declining Donor Support:

- Creation of sustainable DSD approaches, ensuring implementation continuity even with reduced donor support

Challenges in DSD Implementation

Setting Targets for DSD Models:

- Difficulty in setting targets due to freely joining any DSD program as per revised guidelines
- Complexities in assessing model effectiveness without predefined targets

•Impact of Delayed HMIS Tools Approval:

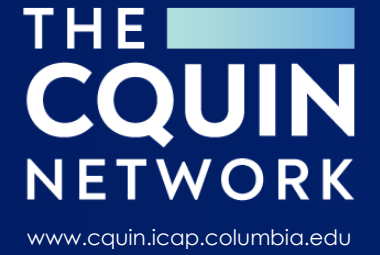
- Delayed approval of revised HMIS tools hampers implementation tracking during ongoing rollout
- The inability of current tools to capture new guidelines' data affects accurate assessment

•EMR System Obstacles:

- Outdated EMR systems hinder electronic reporting system utilization
- System update reliant on HMIS tools revision, creating a technological bottleneck

Acknowledgments

- 1) MINISTRY OF HEALTH UGANDA
- 2) PEPFAR
- 3) WHO
- 4) UNICEF
- 5) UNAIDS
- 6) CHAI
- 7) EGPAF
- 8) GLOBAL FUND
- 9) ICAP-CQUIN



Thank you!

