

# Differentiated Service Delivery in Uganda: A Person-Centered Approach

## Session 9A: Facilitating return to care and transfers of care [in the context of M&E]



**Luwunzu Moses**  
(MoH/ ACP, PO – M&E)

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# Outline

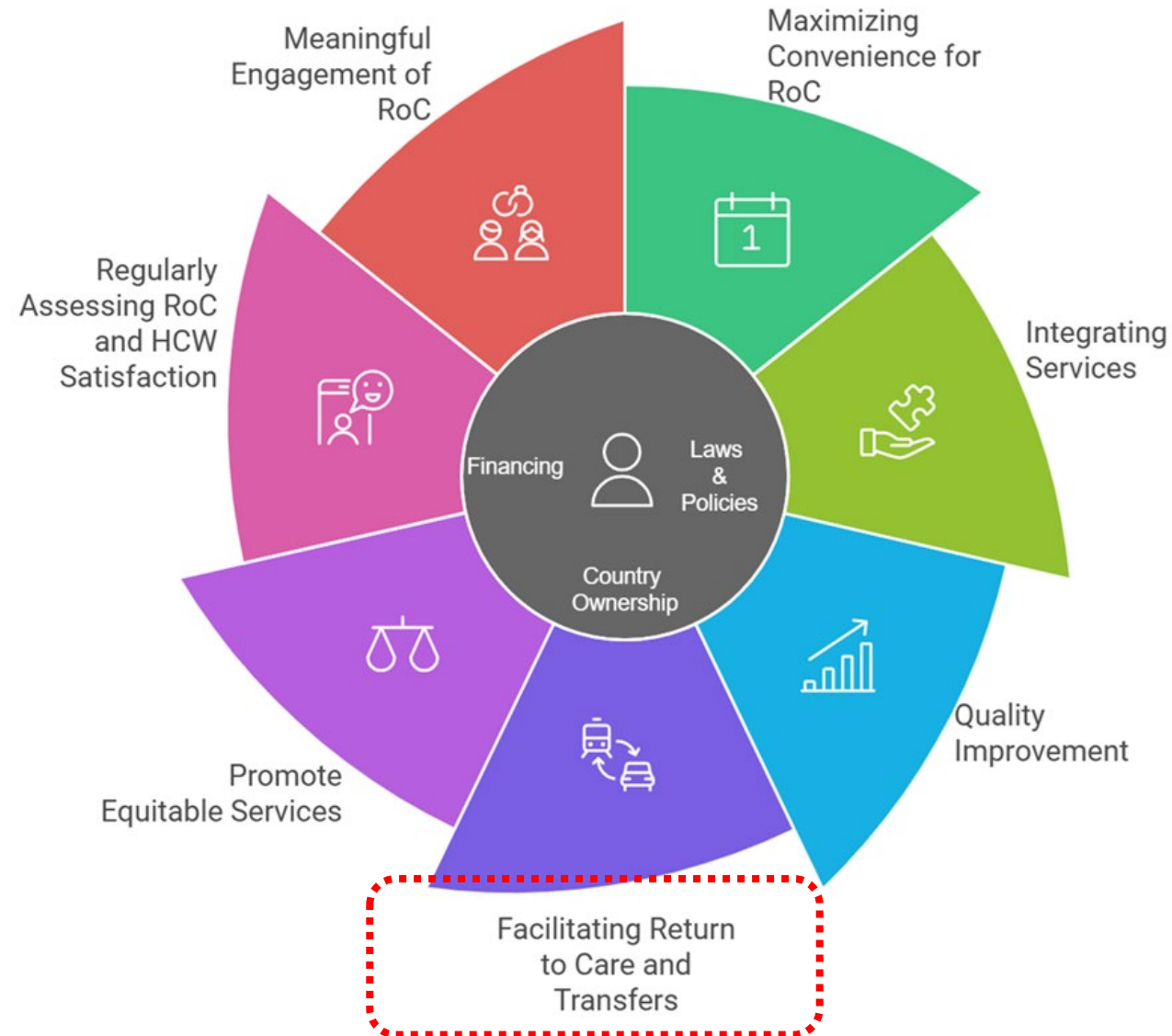
- Introduction
- Key Components of Person-Centered Service Delivery (PCS)
- Monitoring & Evaluation (M&E) Strategies for Tracking Return to Care
- Current Status of Choice-Based Models in Uganda
- M&E Challenges
- Lessons Learned

# Introduction

- Uganda has been implementing person-centered DSD for RoC and launched new guidelines on that factor choice-based models in 2022/2023 with the aim of enhancing retention to care
- **Goal in Uganda for DSD :**
  - Improve health outcomes, retention in care, and viral suppression rates
  - Enhance the quality of life for RoC by addressing individual needs
- **Key Pillars of Person-Centered DSD in Uganda include:**
  - Choice and flexibility for maximizing convenience for ROC
  - Integrated, efficient, and high-quality services

# Key Components of Person-Centered Services (PCS)

7 interrelated, mutually-reinforcing components of PCS

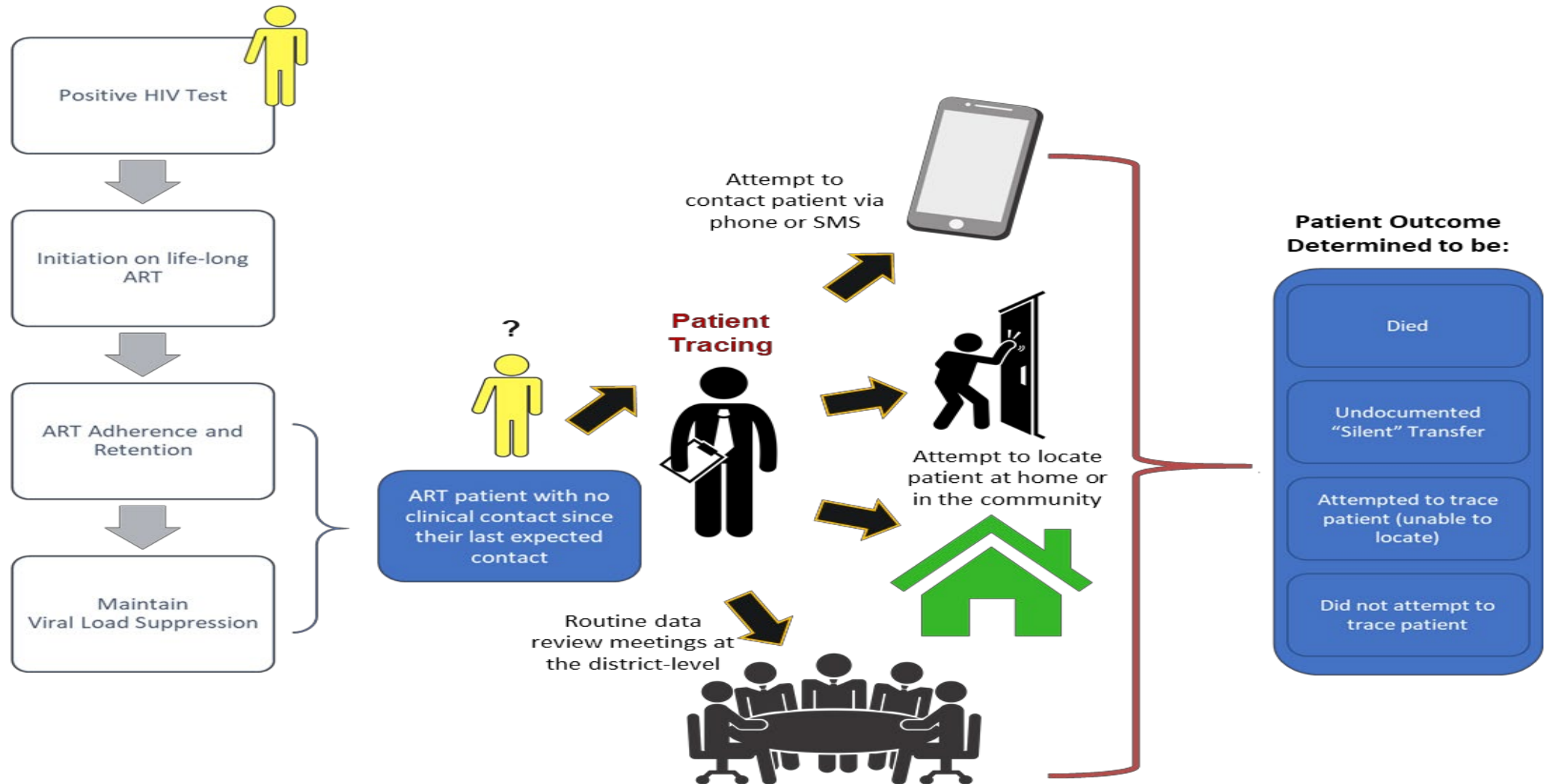


# Common Programmatic Question for RoCs Lost to Follow Up

Are ROC actually lost, or they are just not being followed up?



# Summary flowchart for Patient Tracking aimed at Facilitating Return to care



# Documentation for Patient Tracking aimed at Facilitating Return to care



## HMIS ACP 007: PATIENT APPOINTMENT AND TRACKING REGISTER

NAME OF HEALTH FACILITY: .....CODE:.....LEVEL.....  
SUBCOUNTY/DIVISION: .....  
HSD: .....



# Documentation for Patient Tracking aimed at Facilitating Return to care

## HMIS ACP 007: PATIENT APPOINTMENT AND TRACKING REGISTER



YEAR _____ MONTH _____		Registration and Personal Information							Appointment Information		Tracking Information												
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(18) (19) (20) (21)												
Patient appointment date (DD/MM/YY)	Service Point <i>(Tick appropriate)</i>	Reason for Appointment	Name of Client	Age <i>(Record completed months &lt;2 years)</i>	Sex <i>(M/F)</i>	Patient's Clinic ID, NIN, or Other Unique #	DSDM Approach 1. GMH 2. GMC 3. IMF 4. IMC	Telephone #	Patient Attended?	If No, Patient Followed Up?	Follow-up Attempts <i>(Aim to return client to care within 4 weeks of missed appointment)</i>						Outcome by end of quarter when patient missed appointment <b>FOR REPORTING</b>	Outcome Date	Cause of Death <i>(if outcome is died)</i>	Comment			
											(12)	(13)	(14)	(15)	(16)	(17)							
											Week 1	Week 2	Week 3	Week 4	Month 2	Month 3							
ART Clinic TB Clinic Pregnant MCH/MBCP Breastfeeding Infant (Exposed) Infant (Infected) PrEP MAT Prevention Services Other prevention Other Service Delivery Point (Specify)	Surname	Given name	Maiden name	Patient's Clinic ID	Sex	Other Unique #	DSDM Approach	Telephone #	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Date	Date	Date	Date	Date	Date							
									Follow up action (1-5)	Follow up action (1-5)	Follow up action (1-5)	Follow up action (1-5)	Follow up action (1-5)	Follow up action (1-5)									
									Outcome (1-5)	Outcome (1-5)	Outcome (1-5)	Outcome (1-5)	Outcome (1-5)	Outcome (1-5)									
									No <input type="checkbox"/>	No <input type="checkbox"/>	Outcome (1-5)	Outcome (1-5)	Outcome (1-5)	Outcome (1-5)									
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# Reporting for Patient Tracking and Return to care

HMIS 106a: HEALTH UNIT QUARTERLY REPORT Page 2



Register	#	Data Element	< 5yrs		5- 9yrs		10 - 14 yrs		15 – 19 yrs		20 - 24 yrs		25–29 yrs		30 - 39 yrs		40 - 49 yrs		50+ yrs			
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
				HC13	No. active on ART with confirmed Advanced HIV Disease with suppressed viral Load by the end of the reporting quarter																	
	HC14	No. of ART clients with no clinical contact or ARV pick-up since their last expected clinical contact or ARV pick-up during the reporting quarter	Transferred out																			
Stopped ARVs																						
Lost to follow up																						
Died																						

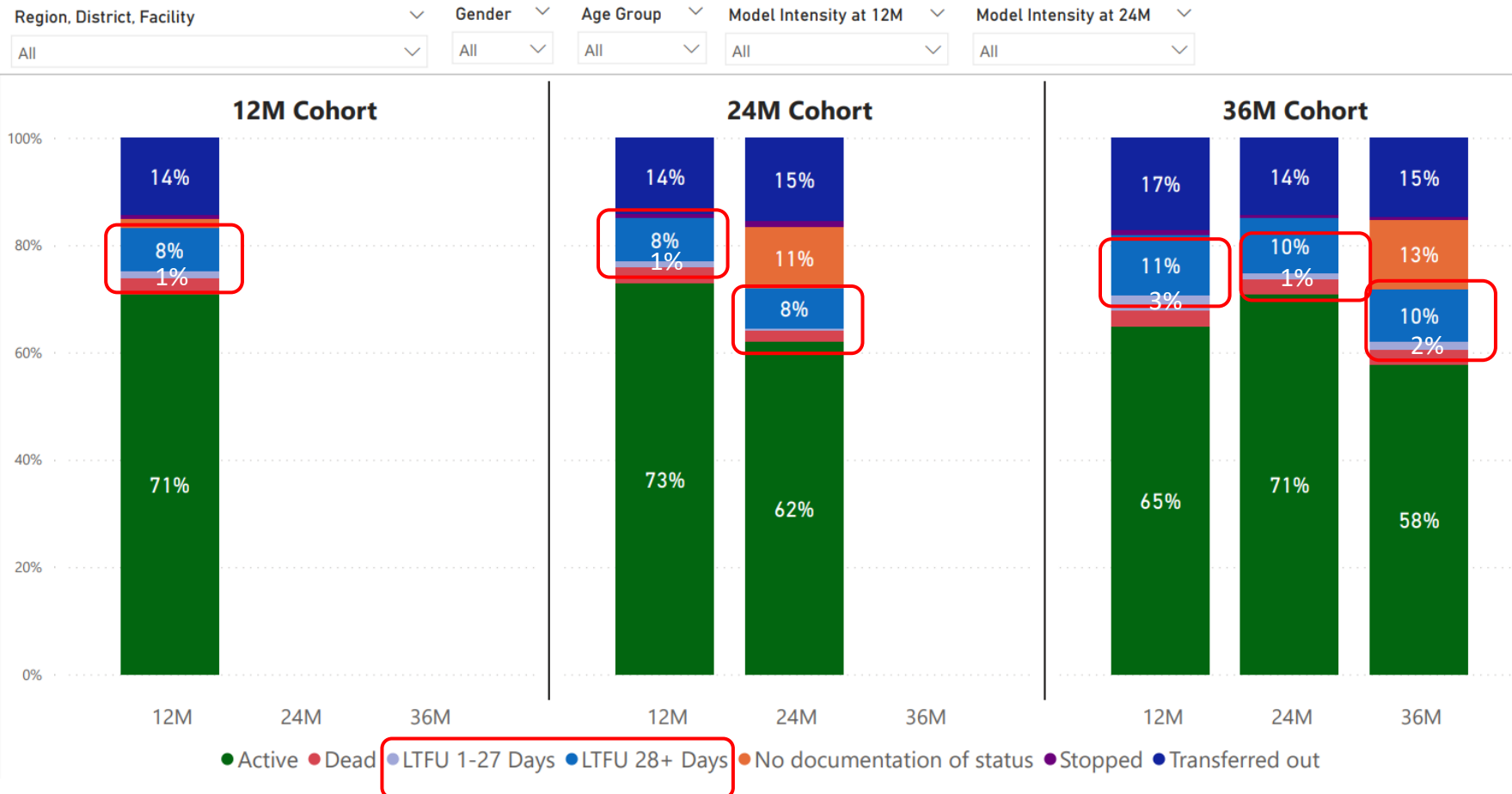
# Reporting for Patient Tracking and Return to care

## FY2024Q4: Continuity to care Analysis by IM

IM Name	TX_CURR FY24Q3	TX_NEW (FY24Q4)	RTT (FY24Q4)	SITE ADD	EXP_TX_C		Loss/Gain	Proportion of (TX_NEW + RTT) Lost	Overall Program Loss	SITE DROP	Dead	IIT (On ART < 3 Months)	IIT (on 3+ Months)	Transfer	Stopped	FY24Q4 Un Explained Loss/Gain
					URR FY24Q4	TX_CURR FY24Q4										
MoH_G2G_RRH Strategy	56,486	677	1,283	0	58,446	55,604	-2,842	-145%	-4.9%	0	41	108	1,719	173	0	-801
UEC	77,741	1,417	947	156	80,261	78,654	-1,607	-68%	-2.0%	0	117	174	996	285	2	-33
Baylor_Hoima Region	69,947	2,212	567	0	72,726	71,546	-1,180	-42%	-1.6%	0	136	88	530	1,370	9	953
UPS	10,496	572	2	174	11,244	10,894	-350	-61%	-3.1%	0	8	0	2	618	1	279
UPMB	44,317	862	879	0	46,058	44,688	-1,370	-79%	-3.0%	0	72	47	810	403	13	-25
IDI_West Nile Region	32,647	857	423	0	33,927	33,061	-866	-68%	-2.6%	0	116	86	391	618	8	353
IDI_Masaka_Wakiso Region	179,421	4,241	3,578	0	187,240	181,851	-5,389	-69%	-2.9%	0	312	777	4,298	831	11	840
Baylor_Fort Portal_Mubende Region	136,295	3,621	1,285	0	141,201	138,820	-2,381	-49%	-1.7%	0	243	159	1,311	1,897	3	1,232
ROM_Kampala Region	115,658	1,831	1,609	0	119,098	115,991	-3,107	-90%	-2.6%	0	123	167	1,810	287	12	-708
AIC_Soroti Region	39,100	785	745	0	40,630	39,426	-1,204	-79%	-3.0%	0	67	22	640	354	4	-117
<b>CDC Total</b>	<b>762,108</b>	<b>17,075</b>	<b>11,318</b>	<b>330</b>	<b>790,831</b>	<b>770,535</b>	<b>-20,296</b>	<b>-71%</b>	<b>-2.6%</b>	<b>0</b>	<b>1,235</b>	<b>1,628</b>	<b>12,507</b>	<b>6,836</b>	<b>63</b>	<b>1,973</b>
URC_DOD_UPDF	21,600	399	222	0	22,221	21,712	-509	-82%	-2.3%	0	40	9	230	463	0	233
WALTER REED_MUWRP	92,895	2,287	1,021	0	96,203	93,752	-2,451	-74%	-2.5%	0	177	266	2,013	1,202	42	1,249
<b>DOD Total</b>	<b>114,495</b>	<b>2,686</b>	<b>1,243</b>	<b>0</b>	<b>118,424</b>	<b>115,464</b>	<b>-2,960</b>	<b>-75%</b>	<b>-2.5%</b>	<b>0</b>	<b>217</b>	<b>275</b>	<b>2,243</b>	<b>1,665</b>	<b>42</b>	<b>1,482</b>
<b>STATE_UNHCR</b>	<b>7,125</b>	<b>194</b>	<b>360</b>	<b>0</b>	<b>7,679</b>	<b>7,001</b>	<b>-678</b>	<b>-122%</b>	<b>-8.8%</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>282</b>	<b>74</b>	<b>0</b>	<b>-315</b>
UPMB_LSD	133,227	1,830	1,806	0	136,863	133,761	-3,102	-85%	-2.3%	0	193	404	1,909	519	1	-76
JCRC-Kigezi Lango Region	104,381	2,196	318	0	106,895	105,677	-1,218	-48%	-1.1%	0	213	20	528	898	3	444
TASO_Ankole Acholi Region	135,728	3,337	1,765	37	140,867	137,779	-3,088	-61%	-2.2%	0	278	228	2,120	1,876	47	1,461
MJAP_East Central Region	71,686	2,090	581	728	75,085	72,691	-2,394	-90%	-3.2%	0	185	165	1,103	750	5	-186
Baylor_Eastern Region	47,157	1,310	843	0	49,310	47,886	-1,424	-66%	-2.9%	0	139	137	1,043	321	3	219
G2G Lira	11,009	202	243	0	11,454	11,029	-425	-96%	-3.7%	0	4	30	403	0	0	12
G2G Mbale	5,299	129	143	0	5,571	5,324	-247	-91%	-4.4%	0	2	9	187	23	0	-26
G2G Moroto	713	16	18	0	747	720	-27	-79%	-3.6%	0	3	2	10	7	0	-5
ANECCA_Karamoja Region	5,109	165	55	0	5,329	5,215	-114	-52%	-2.1%	0	17	13	50	71	0	37
G2G Gulu	5,895	88	151	0	6,134	5,959	-175	-73%	-2.9%	0	7	15	194	17	0	58
G2G Kabale	3,671	56	40	0	3,767	3,694	-73	-76%	-1.9%	0	7	2	60	13	0	9
G2G Mbarara	11,082	121	178	0	11,381	11,108	-273	-91%	-2.4%	0	3	19	62	41	0	-148
G2G Jinja	4,684	108	99	0	4,891	4,669	-222	-107%	-4.5%	0	7	0	117	17	0	-81
<b>USAID Total</b>	<b>539,641</b>	<b>11,648</b>	<b>6,240</b>	<b>765</b>	<b>558,294</b>	<b>545,512</b>	<b>-12,782</b>	<b>-71%</b>	<b>-2.3%</b>	<b>0</b>	<b>1,058</b>	<b>1,044</b>	<b>7,786</b>	<b>4,553</b>	<b>59</b>	<b>1,718</b>
<b>PEPFAR Overall</b>	<b>1,423,369</b>	<b>31,603</b>	<b>19,161</b>	<b>1,095</b>	<b>1,475,228</b>	<b>1,438,512</b>	<b>-36,716</b>	<b>-72%</b>	<b>-2%</b>	<b>0</b>	<b>2,514</b>	<b>2,950</b>	<b>22,818</b>	<b>13,128</b>	<b>164</b>	<b>4,858</b>

# Reporting for Patient Tracking and Return to care- 2023 DPR Results

## Recipient of care outcomes by cohort and time point



- DPR data collection conducted in December 2023
- Districts Covered: Kabale, Kayunga, and Mbale
- A total of 1,015 RoC files were abstracted.
- **Findings:** LTFU rates ranged between 8% and 14% across the three cohorts

# Key Components of Person-Centered Services (PCS)

7 interrelated, mutually-reinforcing components of PCS





MINISTRY OF HEALTH

CONSOLIDATED GUIDELINES FOR THE PREVENTION AND TREATMENT OF HIV AND AIDS IN UGANDA

NOVEMBER 2022



2022 Revised consolidated Guidelines for Prevention and Treatment of HIV in Uganda

TRAINING SLIDES



HIV PREVENTION & DIAGNOSIS

ADHERENCE PREP & SUPPORT

eMTCT & MNCAH

NUTRITION

HIV CARE & TREATMENT

SERVICE DELIVERY MODELS

CQI

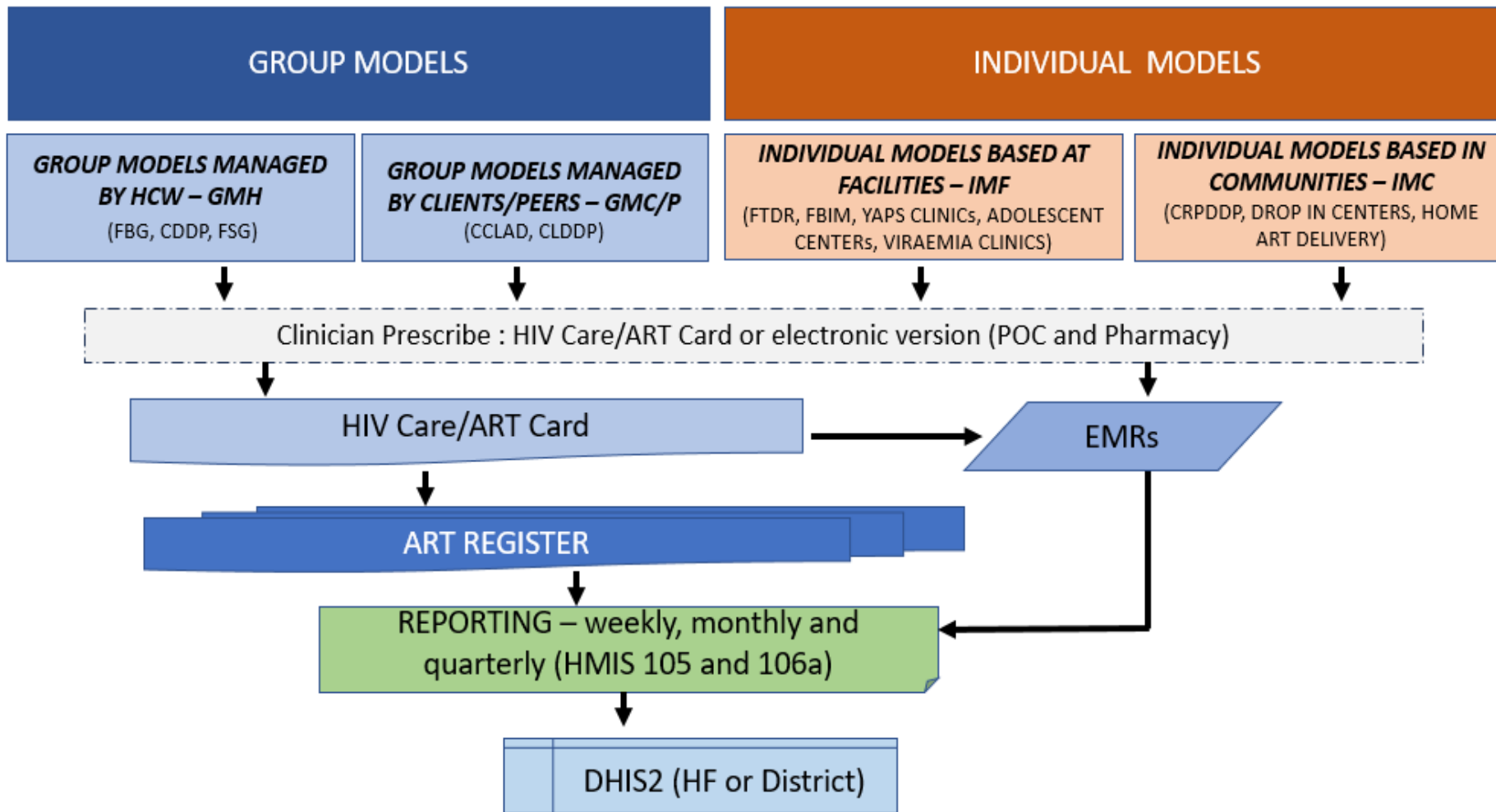
SUPPLY CHAIN MANAGEMENT AND DOSING CHARTS

CONSOLIDATED GUIDELINES FOR PREVENTION AND TREATMENT OF HIV IN UGANDA 2022

# CH. 7: Clients Receiving Differentiated HIV Treatment and Care Under the Facility & Community-Based Models (1)

ROC Categories	Group Model		Individual Model	
	Group Model managed by HCW	Group Model managed by client	Individual model based at facility	Individual model based in community
PLHIV newly identified and or re-engaging in care when clinically well	✓	✓	✓	✓
PLHIV newly identified and or re-engaging in care with advanced HIV disease	✓		✓	
PLHIV established on ART and or with Controlled chronic illness / NCDs	✓	✓	✓	✓
PLHIV with uncontrolled chronic illness / NCDs, and any Drug limiting toxicities	✓		✓	
PLHIV with treatment failure	✓		✓	

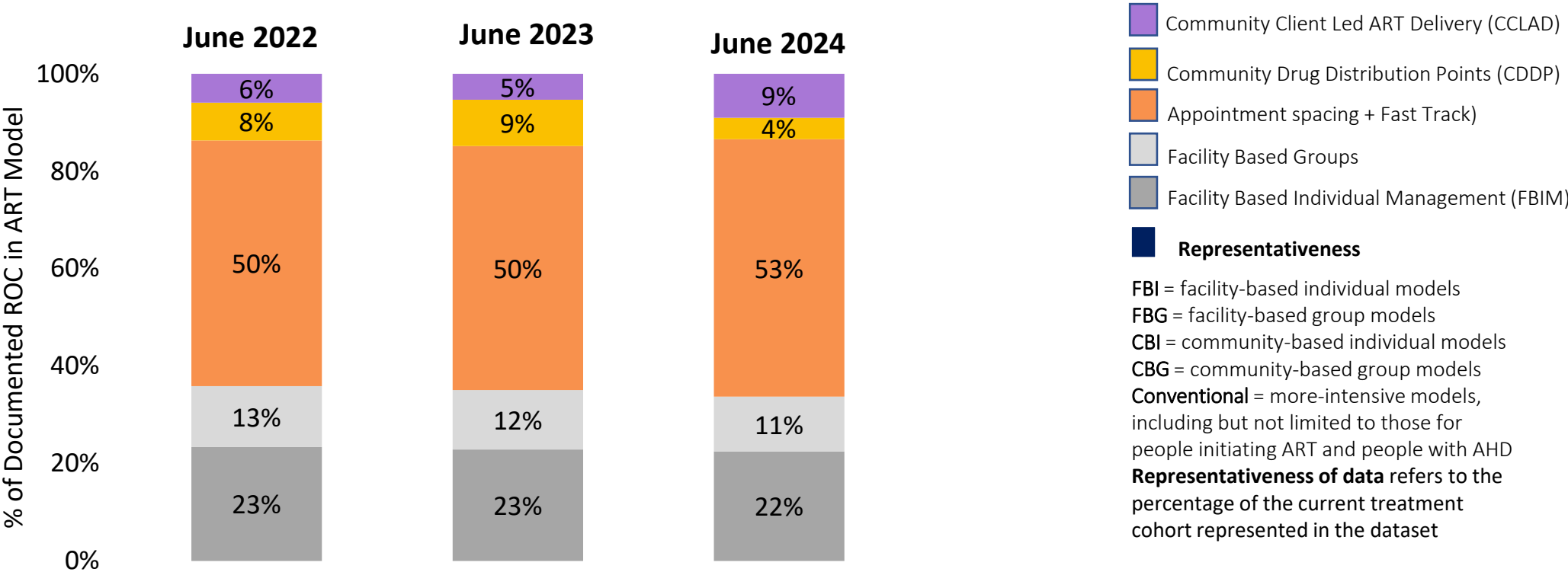
# Enhancing M&E of DART: Current System & DSD Data Flow (From October 2022 to Date)



- **Adopting a Patient-Centered Approach:** Elimination of Eligibility Criteria for DSD Model Enrollment as it is based on 5As Criteria
- **RoC are empowered to choose any model based on their preference, with guidance from healthcare workers (HCWs)**



# Current DSD Models Implemented in Uganda



- Community Client Led ART Delivery (CCLAD)
- Community Drug Distribution Points (CDDP)
- Appointment spacing + Fast Track)
- Facility Based Groups
- Facility Based Individual Management (FBIM)

**Representativeness**

FBI = facility-based individual models  
 FBG = facility-based group models  
 CBI = community-based individual models  
 CBG = community-based group models  
**Conventional** = more-intensive models, including but not limited to those for people initiating ART and people with AHD  
**Representativeness of data** refers to the percentage of the current treatment cohort represented in the dataset

The transition to Choice-based models will allow recipients of care to select the type and frequency of services that best suit their needs aimed at enabling continuity into care

# M&E Challenges in Uganda

## Components that are Difficult to Measure:

- Meaningful Client engagement levels are not be easily quantifiable
- Recipient of care satisfaction can be subjective and influenced by various factors

## Data Collection Challenges:

- Limited resources and capacity at the subnational level
- Potential data overload for healthcare providers
- Ensuring consistent data quality across facilities

## Addressing the Challenges:

- Simplify data collection tools, focus on priority indicators, and train staff on national reporting requirements

# Lessons Learned and Future Directions

## Key Lessons from Uganda's DSD Experience:

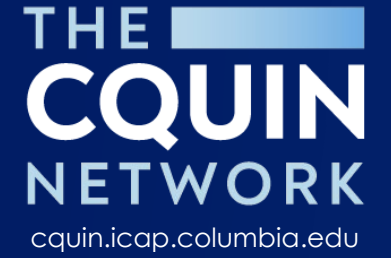
- Uganda's person-centered DSD models have shown promising results in improving health outcomes for PLHIV
- Importance of community involvement in designing and implementing PCS models
- Necessity of flexible, adaptable service options for different populations
- **Strengthening M&E capacities at all levels for more accurate data**

## Future Plans:

- Expanding choice-based models to more regions
- **Investing in digital solutions to ease data collection and analysis**
- Further integration with other health services (e.g., HTN,FP, TB/HIV etc )

# Acknowledgments

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



Thank You!

