



THE REPUBLIC OF UGANDA

Ministry of Health

DSD implementation updates DSD TWG meeting

30th June 2021



Presentation outline

- What is DSD data telling us
- ADDP implementation updates
- DSD implementation challenges
- Next steps



THE REPUBLIC OF UGANDA

Ministry of Health

What is DSD data telling us?

30th June 2021



Jan – Mar 2021 Model Mix Vs 2021 targets

Active ART Clients

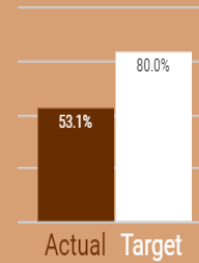
1,289,879

↑ 1.3%

Clients on Less Intensive (Stable) Models

684,949

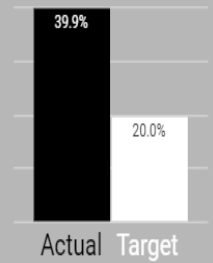
↑ 9.6%



Clients on More Intensive (Unstable) Models

514,497

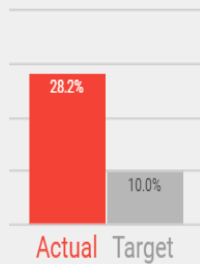
↓ -3.9%



FBIM Clients

364,347

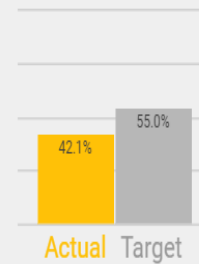
↓ -6.6%



FTDR Clients

543,117

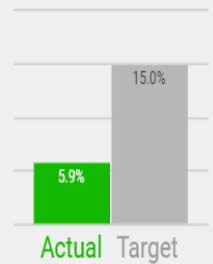
↑ 10.3%



CCLAD Clients

75,498

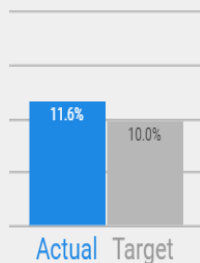
↑ 5.1%



FBG Clients

150,150

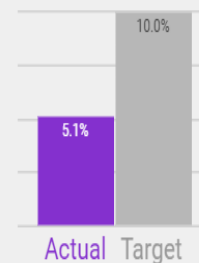
↑ 3.6%



CDDP Clients

66,334

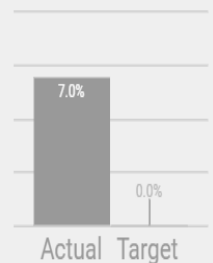
↑ 9.2%



Uncategorized Clients

90,433

↓ -20.0%





Trends of quarterly DSD performance

Less Intensive Models Vs More Intensive Models

Current Quarter

Active ART Clients

1,289,879

↑ 1.3%

Clients on Less Intensive Models

684,949

↑ 9.6%

53.1%

Target: 80%

Clients on More Intensive Models

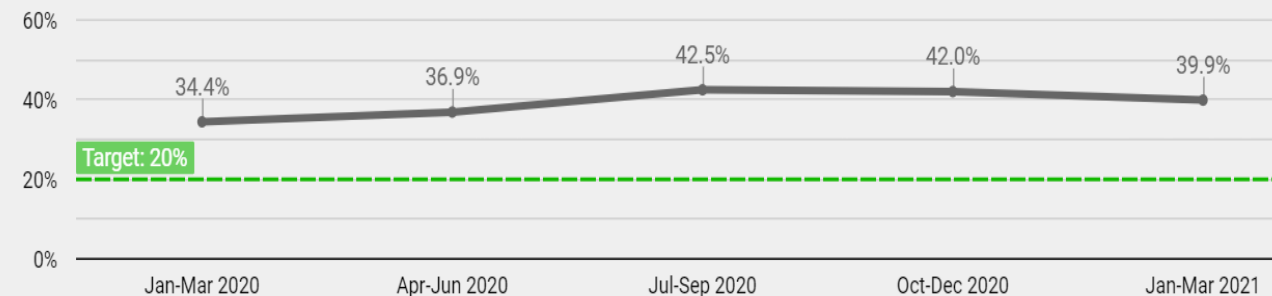
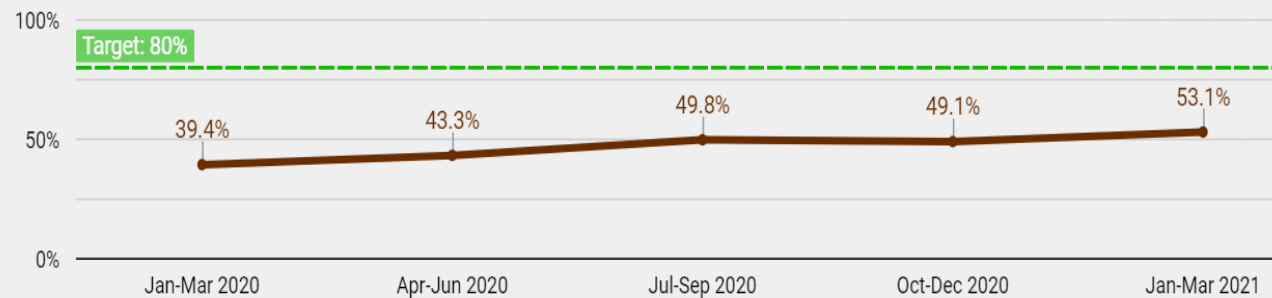
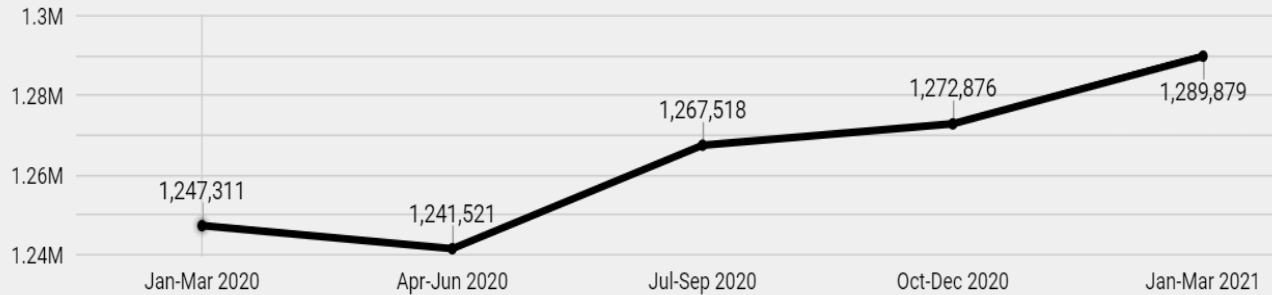
514,497

↓ -3.9%

39.9%

Target: 20%

Change over Time





Trends of quarterly DSD performance – Facility Model

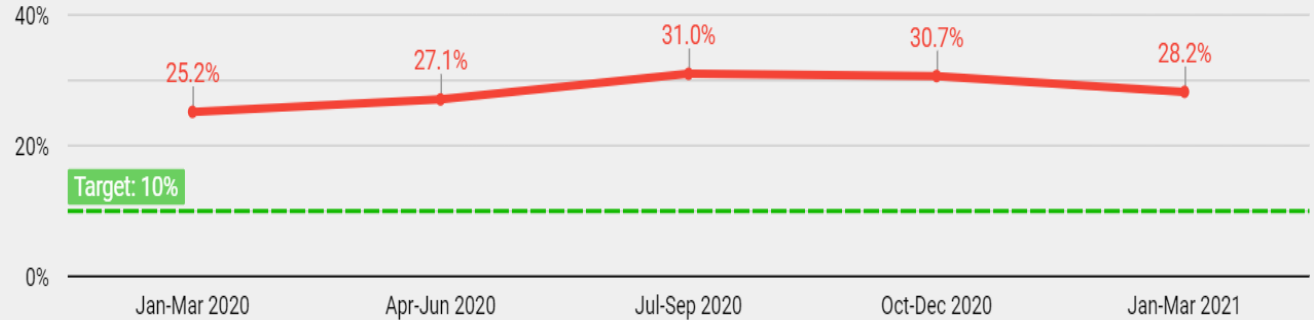
FBIM Clients

364,347

↓ -6.6%

28.2%

Target: 10%



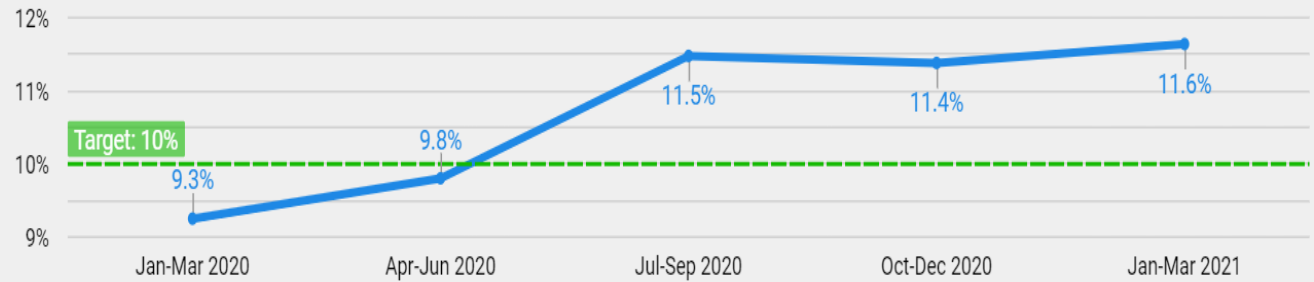
FBG Clients

150,150

↑ 3.6%

11.6%

Target: 10%



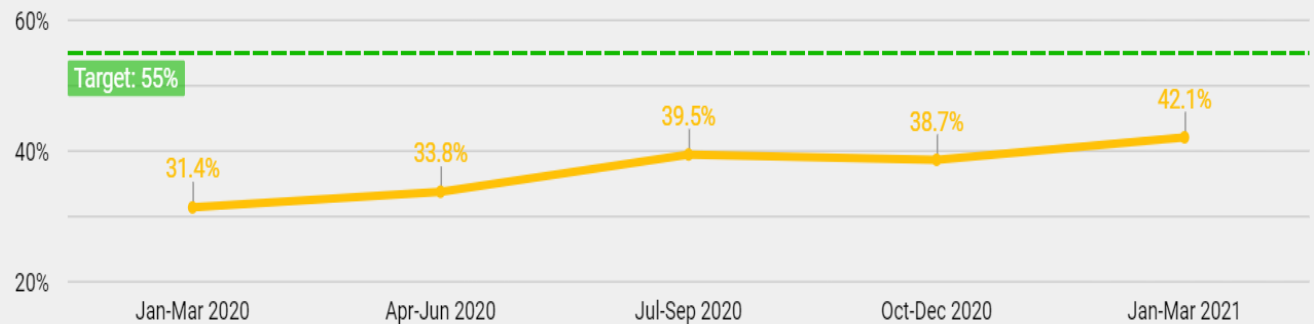
FTDR Clients

543,117

↑ 10.3%

42.1%

Target: 55%





Trends of quarterly DSD performance – Community Model & Uncategorized

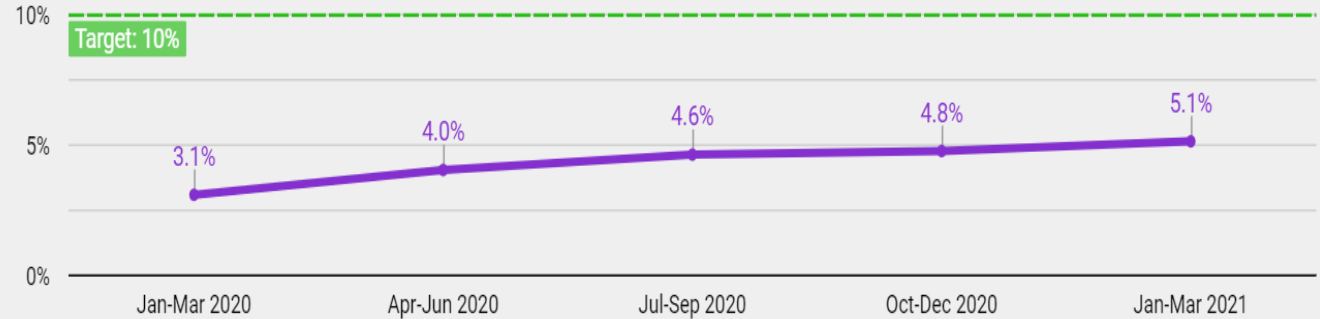
CDDP Clients

66,334

↑ 9.2%

5.1%

Target: 10%



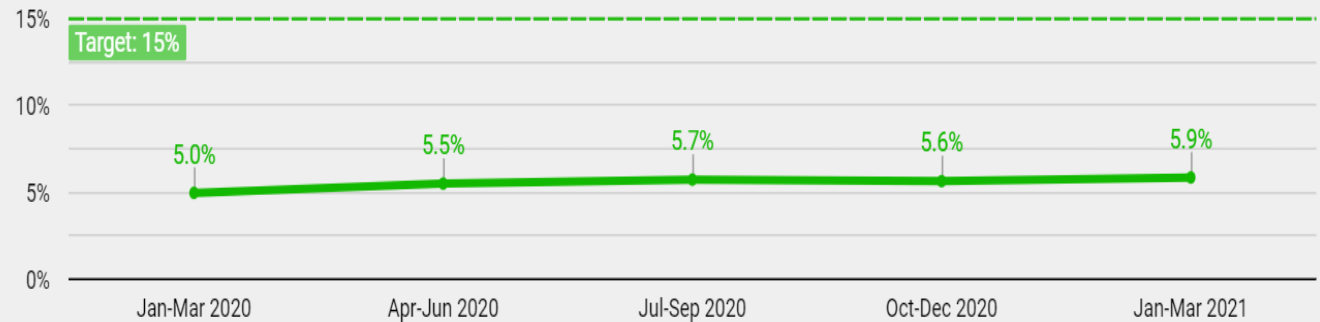
CCLAD Clients

75,498

↑ 5.1%

5.9%

Target: 15%



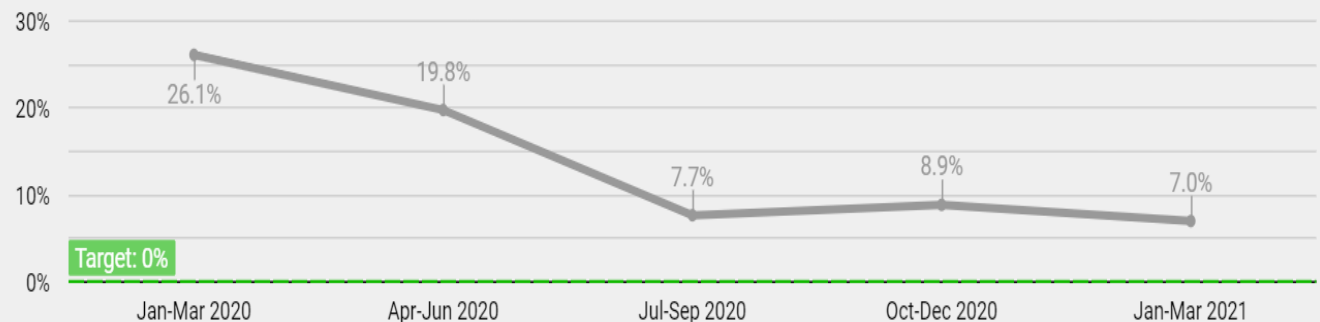
Uncategorized Clients

90,433

↓ -20.0%

7.0%

Target: 0%





Jan – Mar 2021 DSD C&T Model by Regional IP

Regional IP	Active on ART	FBIM ▾	FBG	FTDR	CDDP	CCLAD	Uncategorized
IntraHealth - RHIT...	4.8K	54%	5%	13%	4%	3%	20%
IntraHealth - RHIT...	32.8K	46%	9%	22%	2%	11%	10%
TASO -Ankole	128.5K	37%	11%	39%	3%	3%	7%
IDI-West Nile	42.3K	32%	14%	47%	3%	5%	+0%
JSI - RHITES Nort...	89.5K	31%	10%	40%	14%	4%	1%
Infectious Diseas...	80.1K	31%	10%	48%	3%	5%	3%
IntraHealth - RHIT...	39.5K	30%	8%	39%	2%	13%	7%
URC - CHS RHITE...	80.3K	29%	7%	47%	4%	9%	4%
IDI-Kampala	172.0K	29%	8%	44%	6%	3%	10%
Baylor Uganda-To...	99.3K	29%	19%	38%	3%	6%	5%
TASO-Teso	48.5K	28%	12%	29%	2%	11%	18%
Joint Clinical Rese...	45.4K	28%	11%	48%	4%	9%	+0%
Baylor Uganda-Bu...	66.6K	27%	16%	40%	4%	7%	7%
URC - RHITES Nor...	73.6K	27%	10%	29%	6%	2%	27%
Rakai Health Scie...	133.2K	21%	13%	48%	8%	5%	5%
Mildmay Uganda	95.6K	18%	15%	52%	8%	7%	+0%
Makerere Universi...	57.9K	16%	15%	48%	3%	8%	10%



Jan – Mar 2021 distribution by sex and age

Active on ART/LIM/MIM

Summary

Active ART Clients

1,289,879

↑ 1.3%

Clients on Less Intensive Models

684,949

↑ 9.6%

53.1%

Target: 80%

Clients on More Intensive Models

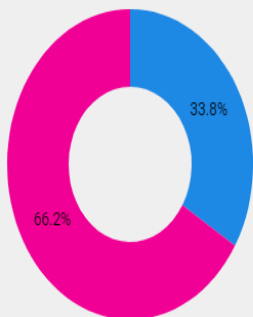
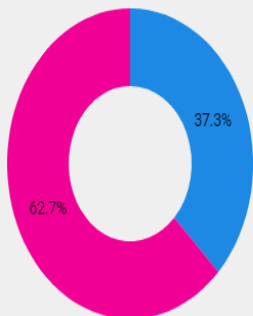
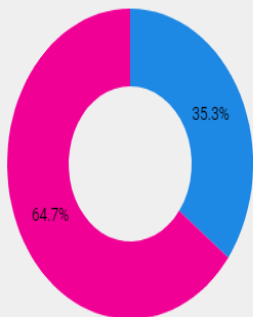
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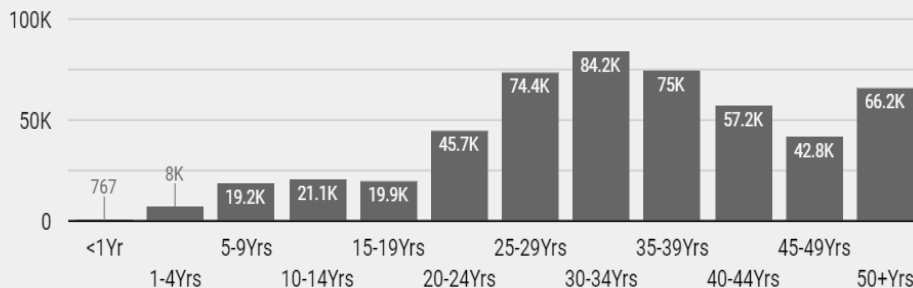
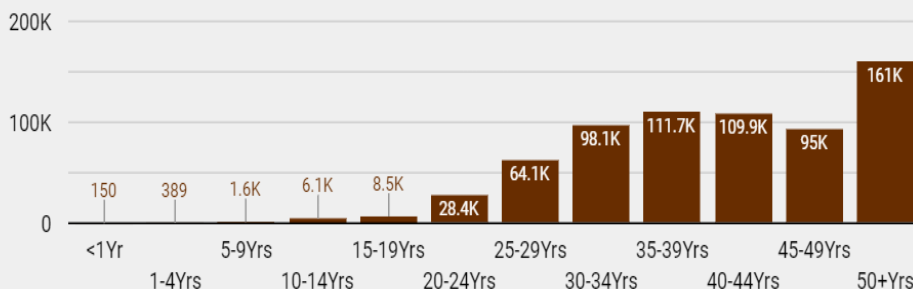
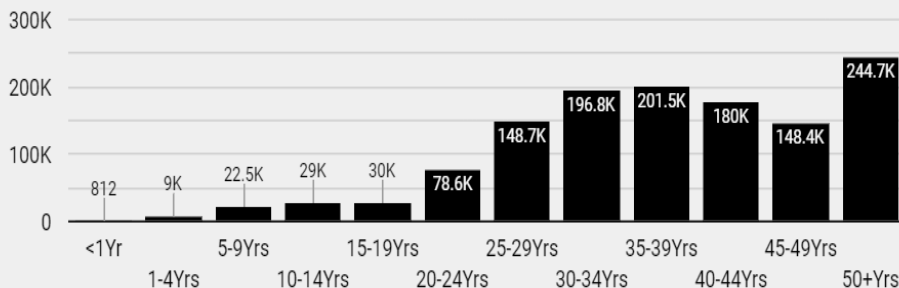
39.9%

Target: 20%

Sex



Age





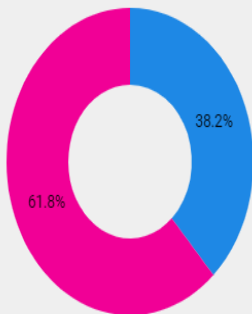
Jan – Mar 2021 RoC distribution by sex and age

Facility model

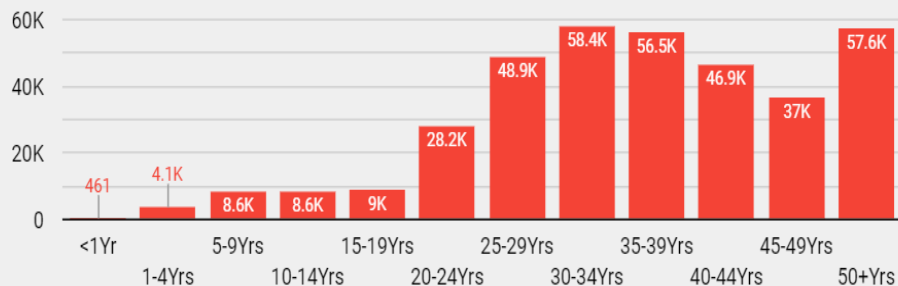
Summary

FBIM Clients
364,347
↓ -6.6%
28.2%
Target: 10%

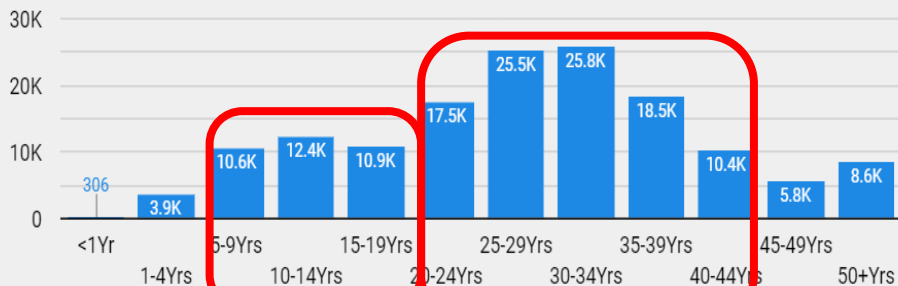
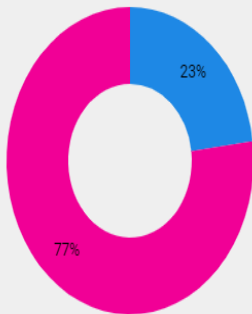
Sex



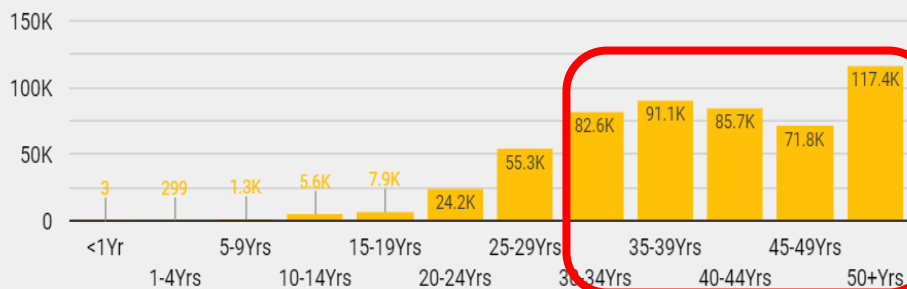
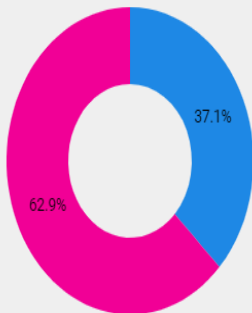
Age



FBG Clients
150,150
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11.6%
Target: 10%



FTDR Clients
543,117
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42.1%
Target: 55%





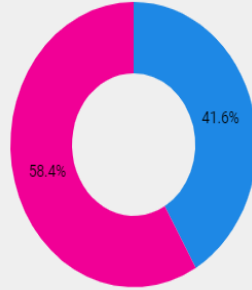
Jan – Mar 2021 RoC distribution by sex and age

Community model and uncategorized

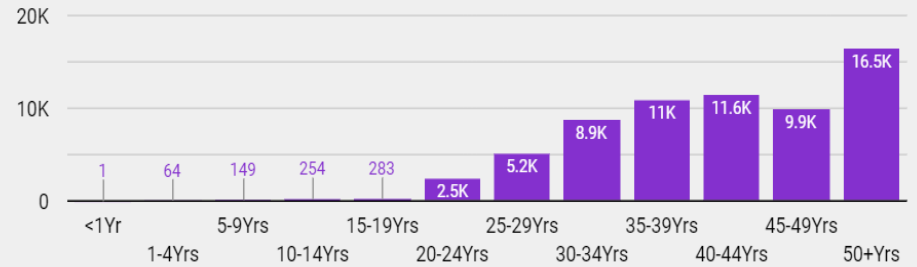
Summary

CDDP Clients
66,334
 ↑ 9.2%
 5.1%
 Target: 10%

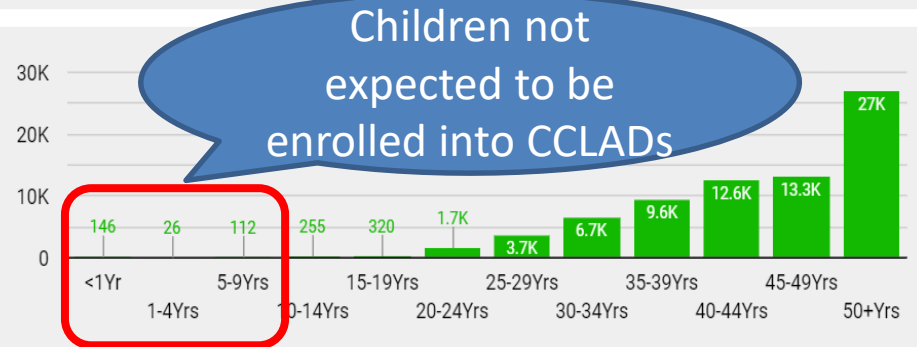
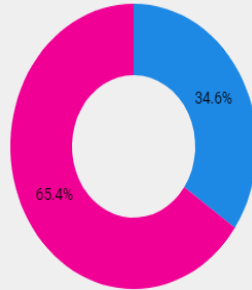
Sex



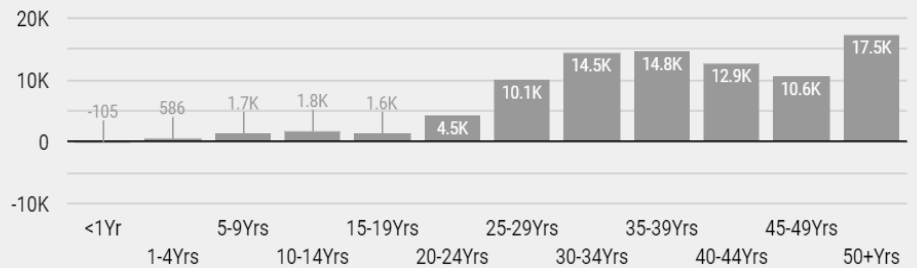
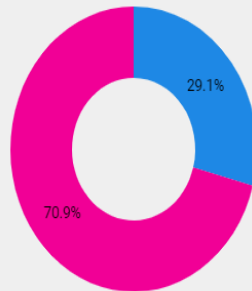
Age



CCLAD Clients
75,498
 ↑ 5.1%
 5.9%
 Target: 15%



Uncategorized Clients
90,433
 ↓ -20.0%
 7.0%
 Target: 0%





Key takeaways (1)

- ❑ We have made great progress over the years
 - 92.1% enrolled onto DSD by End Mar 2021
- ❑ Still have quality gaps
 - Congested health facilities
 - FBIM –28.2%, FBG – 11.6%, FTDR – 42.1%
 - Uncategorized – 7.0%
 - Assignment to wrong DSD approaches
 - 284 children enrolled onto CCLAD by end Mar 2021
 - Low enrolment to community
 - CDDP – 5.1% Vs target of 10%
 - CCLAD – 5.9% Vs target of 15%
 - Low DSD data quality
 - VLS



Key Takeaways (2)

- ❑ We have varying performance across regions, districts and facilities
- ❑ We have low DSD data utilization
- ❑ We need to support and strengthen DSD data utilization
 - Utilize the developed DSD dashboard
 - More to be shared later
 - Organize and Support DSD performance review meetings



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Ministry of Health

ADDP implementation updates

30th June 2021



ADDP overview (1)

□ CRPDDP

- Voluntary and free community-based drug distribution
- Recipients of Care (ROC)/clients collect their medicines at a nearby selected local pharmacy in their community

□ CLDDP

- An approach in which health care workers provide integrated health services (ART, HIV counselling and testing, TB services, and other primary health care services) in a community
- Community plays a role in mobilization and oversight.
- Wealth pooling targeting livelihood improvement for the PLHIV



ADDP overview (2)

☐ Justification

- ADDP have potential to address existing challenges
 - Decongest facilities
 - Address root causes of poor retention
 - Distance to facilities
 - Lack of transport
 - Provide client centered care
 - Flexible hours i.e. early morning or late evening and over weekends
 - Short waiting time
 - Non stigmatizing



ADDP implementation progress

Policy and guidelines review

- Developed policy and implementation documentation of ADDP models, including toolkits and implementation guidelines
- Developed training materials for the ADDP models, including training PowerPoint presentations and facilitator guides
- Developed criteria for the selection of participating pharmacies
- Developed stock management module for the electronic platform to monitor stock movement





ADDP implementation progress - Jun 21 (1)

- Held National stakeholders' meeting
- Regional stakeholders' meetings started
 - 9 out of 14 planned meetings conducted
 - Remaining
 - BCM – Fort, BCM – Hoima, RHITES – EC, MUWRP and TASO – TESO
- National ToT on ADDP conducted
 - Targeted MoH, National resource persons and IP staff
 - 50 ToTs trained
- National ToT on ART Access conducted
 - Targeted MoH, IP staff (ADDP technical lead and IT)
 - Virtual training
 - ALL IPs attended except (TASO Ankole and TASO Teso)





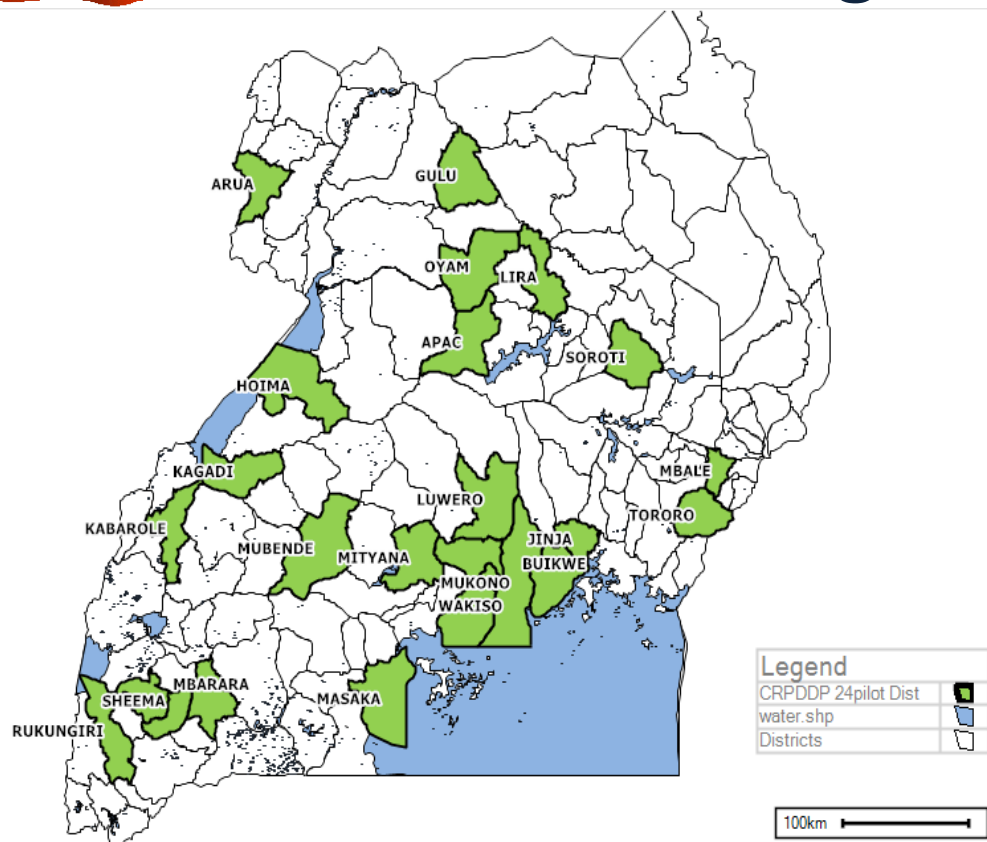
ADDP implementation progress Jun 21 (2)

- ❑ 5 out of the planned 6 Regional ToTs conducted
 - Conducted
 - Gulu (IDI – WNP, RNL, RNA, UPMB)
 - Ntungamo (RSW, TASO – Ankole, JCRC – Kigezi, UPMB)
 - Mbale (RE, REC, TASO – Teso, UPMB)
 - Entebbe A (IDI – KHP, MUWRP)
 - Entebbe B (RHSP, MUG, Uganda Cares)
 - Remaining
 - Fort Portal (BCM – Fort, BCM – Hoima)
- ❑ National meeting with Pharmacy owners and supervising pharmacists conducted
 - Facilitated by MOH (ACP & PNMD), PSU
 - Presented CRPDDP overview and requested for expression of interest
- ❑ Expression of Interest to participate in the CRPDDP extended pilot
 - 45 pharmacies have expressed interest
 - Planning to conduct readiness assessments
- ❑ Onsite trainings
 - COVID 19 challenges





Target - CRPDDP



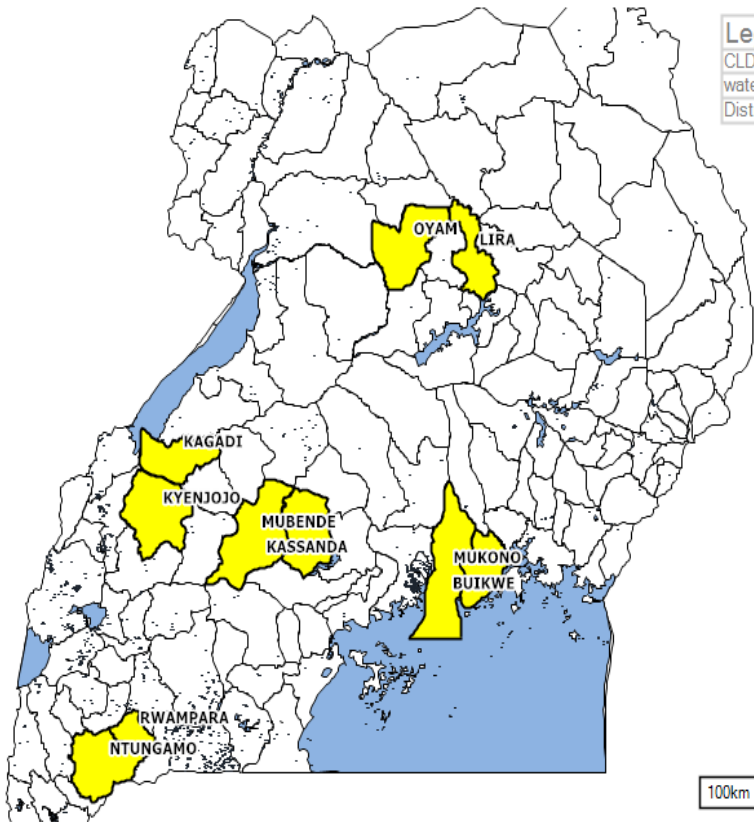
- 16 IPs
 - IDI – WNP, BCM – Fort, RNA, BCM – BHP, REC, JCRC – Kigezi, IDI – KHP, MUWRP, RNL, RHSP, RE, TASO – Ankole, MUG, TASO – TESO, UPMB and Uganda Cares

- 32 Districts
- 64 Health Facilities
- 90 Pharmacies

Districts	No HFs
Agago	1
Apac	1
Arua	1
Buikwe	1
Bushenyi	1
Gulu	3
Hoima	1
Iganga	1
Jinja	3
Kabale	1
Kabarole	2
Kagadi	1
Kampala	16
Kayunga	1
Kiboga	1
Kitgum	2
Kyenjojo	1
Lira	1
Luwero	2
Lyantonde	1
Masaka	2
Masindi	1
Mbale	2
Mbarara	4
Mityana	1
Mubende	1
Mukono	1
Rukungiri	1
Sheema	1
Soroti	2
Tororo	1
Wakiso	5
No HFs	64



Target - CLDDP



IP	District	Facility
TASO - Ankole	NTUNGAMO	Kitwe HC IV
TASO - Ankole	NTUNGAMO	Itojo Hospital
TASO - Ankole	RWAMPARA	Kinoni HC IV
TASO - Ankole	RWAMPARA	Bugamba HC IV
MUWRP	MUKONO	Kojja HC IV
MUWRP	MUKONO	Nakifuma HC III
MUWRP	BUIKWE	Kawolo Hospital
MUWRP	BUIKWE	Ngogwe HC III
BCM - Rwenzori	KYENJOJO	Kyenjojo Hospital
BCM - Rwenzori	KYENJOJO	Kyarusози HC IV
BCM - Rwenzori	KAGADI	Kagadi Hospital
BCM - Rwenzori	KAGADI	Kyaterekera HC III
Mildmay Uganda	KASSANDA	Kassanda HCIV
Mildmay Uganda	KASSANDA	Kiganda HCIV
Mildmay Uganda	MUBENDE	Mubende RRH
Mildmay Uganda	MUBENDE	Kasambya HCIII
JSI - RNL	OYAM	Otwal HC III
JSI - RNL	OYAM	Anyeke HC IV
JSI - RNL	LIRA	Lira RRH
JSI - RNL	LIRA	Amach HC IV

- 6 IPs
- 10 Districts
 - Identified 10 districts with highest concentration of PLHIV living more than 5kms from nearest facility
- 20 Health facilities



ADDP implementation

Next steps Jul – Sept 2021

- Complete Fort Portal regional TOT
 - ???? Virtual training
- Conduct Community Retail Pharmacy assessments to determine eligibility, score pharmacies as per audit form
- Sign service agreements with selected pharmacies.
- Complete development of demand generation materials for ADDP
- Conduct onsite trainings
 - CRPDDP
 - CLDDP
- Start implementation
 - CRPDDP
 - CLDDP
- Continuous capacity building
 - Mentorships and support supervision
- Stakeholder meetings



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DSD implementation challenges

30th June 2021



Challenges

1. DSD quality gaps

- ART access for 90% of RoC active still facility based
- Assignment to wrong DSD approaches
- Low enrolment to community
- Low DSD data quality

2. Limited availability of DSD HMIS tools

- Support supervision findings showed that 53% of visited ART sites missed at least one of the required DSD HMIS tools

3. Limited utilization of DSD data

4. Limited demand generation for DSD

5. COVID 19 related restrictions



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Next steps

June 2021



Next steps (1)

1. Focus on quality

- i. Improving quality of DSD implementation
 - Train untrained sites and DSD group leaders
 - Support CMEs
 - Mentorships and support supervision
 - DSD QI projects
- ii. Improving quality of submitted DSD data
 - Support utilization of revised HMIS tools
 - Address categorization gaps
 - Facility based data review
 - Support supervision (internal and External)
- iii. DSD performance reviews
 - ✓ Facility, district, regional and national levels
- iv. Conduct quarterly IP meetings
 - ✓ Selected IPs share DSD performance and plans



Next steps (2)

2. Implementation of Alternative Drug Distribution Points to decongest facilities
 - CRPDDP and CLDDP
 - Updates to be shared later
3. Lobby for printing and distribution of DSD HMIS tools
 - Request submitted to MoH CDC CoAg
4. Development DSD communication package
 - SBCA to take lead
5. Explore additional models
 - ART integration into DICs
 - Models for children above 2years
 - Assign task teams to develop SOPs
 - COVID 19 innovations



Next steps (3)

6. Integration

- NCD

7. Conduct DSD related studies

- DSD implementation science study – GF
 - Awaiting final report
- Understanding Factors Associated with IPT Completion among Recipients of Care on ART/IPT Aligned Multi-month
 - Funded by CQUIN and implemented by MoH and TASO



Acknowledgements

- MoH - ACP fraternity
- DSD TWG members
- PEPFAR
- Global Fund
- ARC
- IPs
- DHTs
- HCWs
- RoC
- Other contributors



THANKS FOR LISTENING



Questions
and
comments
are
welcome!!!