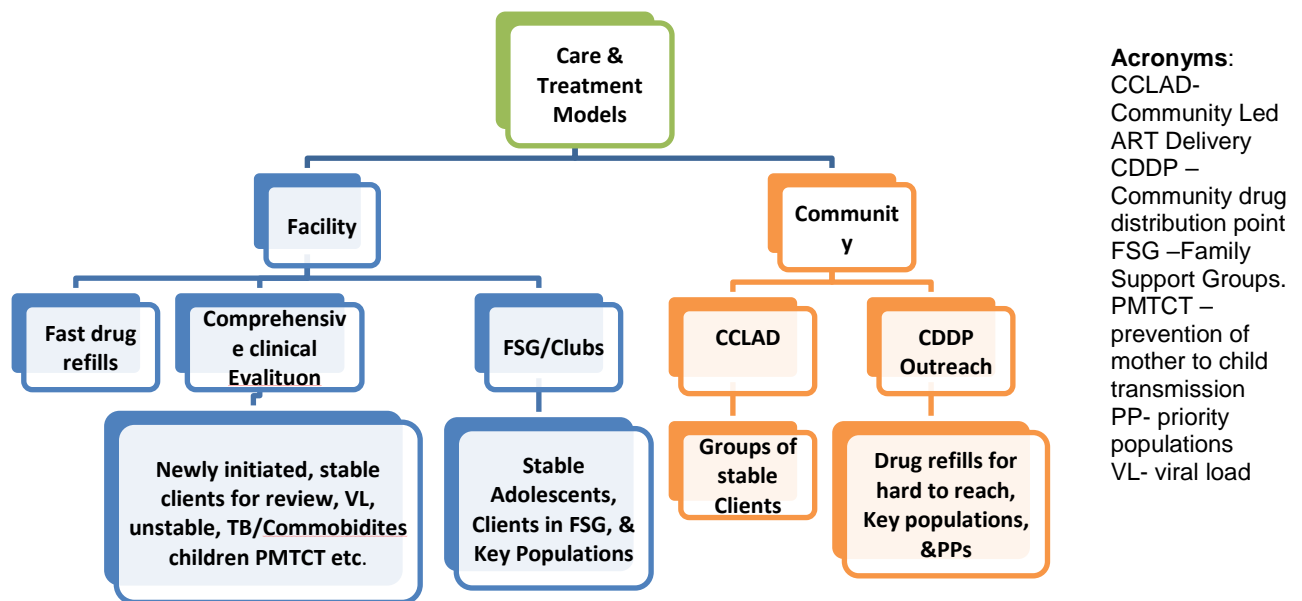


Guide to Onsite Preparation for Differentiated HIV Care and Treatment Services Using the Community Client Led ART Delivery Model: Experience from Seven Public Health Facilities in Uganda

Introduction

Achieving the UNAIDS 90–90–90 targets calls for the adoption of innovative and efficient strategies for delivering HIV and prevention, care, and treatment services that address the needs of different sub-populations of clients under HIV care. Programmatic adaptations for delivering HIV and TB prevention and care services based on patients’ needs are referred to as differentiated HIV and TB service delivery models’. Differentiated HIV care and treatment involves modifications of client flow, schedules, and location of services to adjust to the different needs of groups of clients, which result in improved access, coverage, and quality of care. According to the Ministry of Health Uganda (MOH), care is clustered in two arms of implementation: facility-based and community-based approaches (see Figure 1).

Figure 1. Ministry of Health Uganda differentiated service delivery model for HIV care and treatment (adapted)



Acronyms:
CCLAD- Community Led ART Delivery
CDDP – Community drug distribution point
FSG –Family Support Groups.
PMTCT – prevention of mother to child transmission
PP- priority populations
VL- viral load

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One differentiated care model developed by the MOH, the Community Client Led ART Delivery (CCLAD) model, ensures that ART services are accessible to clients within the community setting to improve access and retention in care. The CCLAD model offers an opportunity for stable clients to access care in the same community/village where they live. The model involves the creation of client groups from the same village/location, who provide peer support to each other and alternate picking up drug refills for the entire group from the facility. All members are encouraged to attend the HIV clinic in person at least once every 6 months, at which time they receive clinical assessment.

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) project, in collaboration with RHITES-EC and the district health offices, established an improvement collaborative to demonstrate implementation of the CCLADs model to generate knowledge and experience that will guide country-wide implementation of differentiated HIV care in Uganda. Specifically, this guide documents the learning and experience on how to prepare of health workers and patients to begin implementation of the CCLAD model.

Intervention

The Intervention involved two key activities to prepare for implementation of the CCLAD model: an assessment of support for the CCLAD model and a review of all clients to determine those who are eligible to participate in the client groups.

USAID ASSIST conducted an assessment to understand the existing support for implementation of the CCLAD model. The assessment team interviewed District HIV focal persons, ART clinic staff, and ART clients using a structured questionnaire to better understand existing supply chain, stock level management practices, and clients' attitudes towards CCLAD. This was also meant to highlight the anticipated challenges and possible solutions during the implementation of the new proposed model for HIV care and treatment. The assessment found that health workers had concerns about possible ART stock outs at the public health facilities and also about possible problems with clients effectively handling information flow to and from the health facilities. However, during the assessment discussions these fears were addressed.

Using the findings in the assessment, ASSIST worked closely with the regional implementing partners (IPs) RHITES-EC and ASSIST North to select seven health facilities for the first phase of providing differentiated care. USAID ASSIST, together with the IPs, provided technical support to the health service providers at the seven selected sites through monthly onsite coaching. The seven participating facility teams profiled all the clients in care and documented all the stable clients. This guide provides a step-by-step process for profiling clients.

Steps to Profile Stable ART Clients



Following the client profiling, USAID ASSIST conducted a two-day meeting with representatives from the seven health facilities to learn from them and synthesize the steps taken to identify clients eligible for the CCLAD model.

Table 1 below summarizes the learning of these seven health facilities on the best approach to profile stable clients. **Figure 2** shows a sample stable client tracker form.

Table 1. Steps to profile stable ART clients

Introduce the Differentiated Services Delivery and CCLADS model and allocate roles among the facility staff	
<i>Orient health workers on the differentiated care model (DCM)</i>	<ul style="list-style-type: none"> • Conduct a CME to all the staff working in the ART clinic on the following: <ul style="list-style-type: none"> ○ Updates from MOH on test and treat policy ○ Meaning of DCM ○ Types of DCM commonly used (CCLAD in the community and fast drug refills at the facility) ○ Eligible clients ○ Group formation criteria ○ Benefits of DCM to both health worker and clients assigned ask
<i>Develop action plan and allocate roles for preparation of CCLAD model implementation</i>	<ul style="list-style-type: none"> • Choose one focal person to oversee DCM. • Develop action plan with clear indication of allocated DCM roles and responsibilities with time lines which include ensuring that the client tracker list is filled.
Identify clients eligible for CLLAD Model	
<i>Review all files of active clients in care</i>	<ul style="list-style-type: none"> • Assign team of health workers. • Determine dates for file reviews. • Ascertain those active in care by reviewing the ART register and Client HIV care cards. • Separate files of active clients and tag with stickers • Identify and separate files of adults with suppressed viral load <1000 copies
<i>Sort stable clients files by a defined criteria</i>	<ul style="list-style-type: none"> • Sort client files to identify those that meet the criteria for stable clients listed below: <ul style="list-style-type: none"> ○ Clients above 18 years; ○ At least 12 months on ART and more than 3 months on current regimen; ○ Adherence of 95% and above; ○ viral load <1000 copies; ○ No TB and other OIs; and ○ Not pregnant.
<i>Tag unique identifiers on files of clients eligible for CCLAD</i>	<ul style="list-style-type: none"> • Label all files of stable clients using masking tape, writing the word stable client (SC) or creating color codes for easy identification and development of final lists of stable clients.
<i>Generate list of stable clients based on agreed parameters</i>	<ul style="list-style-type: none"> • Agree on specific days to conduct review of stable clients. • Use the client tracker form to document the stable clients. • ART staff agreed on specific days for going through the files of stable clients. <p style="color: #0070C0; margin-top: 10px;">Create list of stable clients (</p> <ul style="list-style-type: none"> • Figure 2Error! Reference source not found.) • Utilize linkage facilitators to retrieve files and documenting lists (under supervision of a health worker).

Figure 2: Example of the Stable Client Tracker form

													
Stable clients tracker													
Name of health facility: _____													
DEFINITION: A stable client is the one who is enrolled on ART for more than a year, with an adherence score of 95% or above, , VL<1000 copies/ml, no TB/OI,													
1	2	3	4	5	6	7	8	9	10	11	12	13	14
No.	Date	ART No.	Client Name	Age	Sex	Patient/treatment supporter Contact	parish	Village	ART>1 yr (Y/N)	ADH≥95% in the last 3 months (Y/N)	VL<1000 copies/ml (Y/N)	OI (Y/N)	Next appointment date

Challenges and Solutions

The health facility staff faced several challenges for which they developed solutions. For example, some viral load results were not appropriately attached to the clients' files. The team assigned linkage facilitators to fix this problem. In some facilities, the ART registers were not updated, so they were unreliable sources for identifying stable clients. The teams therefore used the registers and ART cards next to each other to verify information and also update the ART registers. For some high volume facilities, the number of files made it difficult to sort out the stable clients so they brought in linkage facilitators to assist them.