Guide to Using the Community Client Led ART Delivery Model in Uganda

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.

In Uganda, the MOH developed the Community Client Led ART Delivery (CCLAD) model. The 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.

ASSIST, 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.