Taking Differentiated Service Delivery to Scale in Tanzania
Diversifying DSD Models Leads to Increased Coverage

Mastidia Rutaihwa[1], Anath Rwebembera[1], Veryhe Sambu[1], Syliverster Kwilasa[1], Boniface Silvan[1], James Kamuga[1], Stella Chale[2] Angela Ramadhani[1]

1. National AIDS Control Program, Tanzania Ministry of Health 2. I -TECH Tanzania

BACKGROUND

Tanzania has made notable progress in addressing its HIV epidemic with an estimated 78% people living with HIV aware of their status; 71% of people living with HIV on antiretroviral therapy (ART); and 62% viral suppression among those on ART in 2018 (UNAIDS 2019). Recipients of care are involved at the national and facility levels. At the national level, they participate on technical working groups to inform policies, and are involved in the development of guidelines and implementation plans. At the facility level, recipients of care are part of the workplace improvement teams responsible for decision making, and support service delivery as peer educators/expert clients. Assessment of recipient of care satisfaction is obtained through suggestion boxes and exit interviews.

DSD IMPLEMENTATION

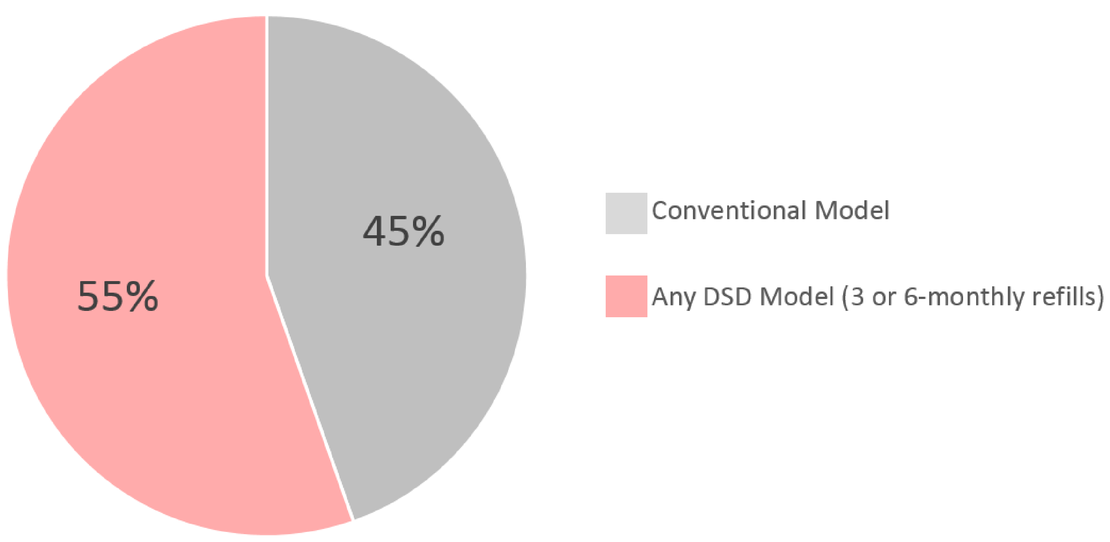
Currently, Tanzania offers four less-intensive DSD models (DSDM) and two more-intensive conventional models (standard of care with or without block appointments). The less-intensive models include one facility-based individual model—**Facility-Based Pharmacy Refill Model** (which offers 3-month and 6-month prescriptions and fast track pickups); one facility-based group model—**Teen Club/Facility-Based Refill Club** model; one community-based individual model—the **Mobile Outreach** model; and one community-based group model—the **Treatment Supporter Model** (a family model).

Recent efforts to further develop the DSD program include:

- Institutionalization of categorization of clients at the time of ART initiation (as early presenter or late presenters with and without advanced disease)
- Implementation of same-day ART initiation
- Launch of 6-month ART refills
- Added facility-led community ART and dispensation of one-month starter packs of ART for key and vulnerable populations
- Upgrade option B+ standalone facilities to provide care and treatment center including more ART refill center

Based on the CQUIN DSD Dashboard staging conducted in October 2019, there are 6,206 facilities in Tanzania that provide ART and, of those, 2,103 (34%) offer at least one DSDM. The country is in the process of rolling out the electronic database called CTC2 database that will enable monitoring and evaluation (M&E) of DSD. While the roll-out is underway, Tanzania is unable to report on DSD coverage by individual model; however, due to the existing system's ability to report on frequency of ART refills, the country can estimate the overall coverage of less-intensive vs. standard of care models (Figure 1).

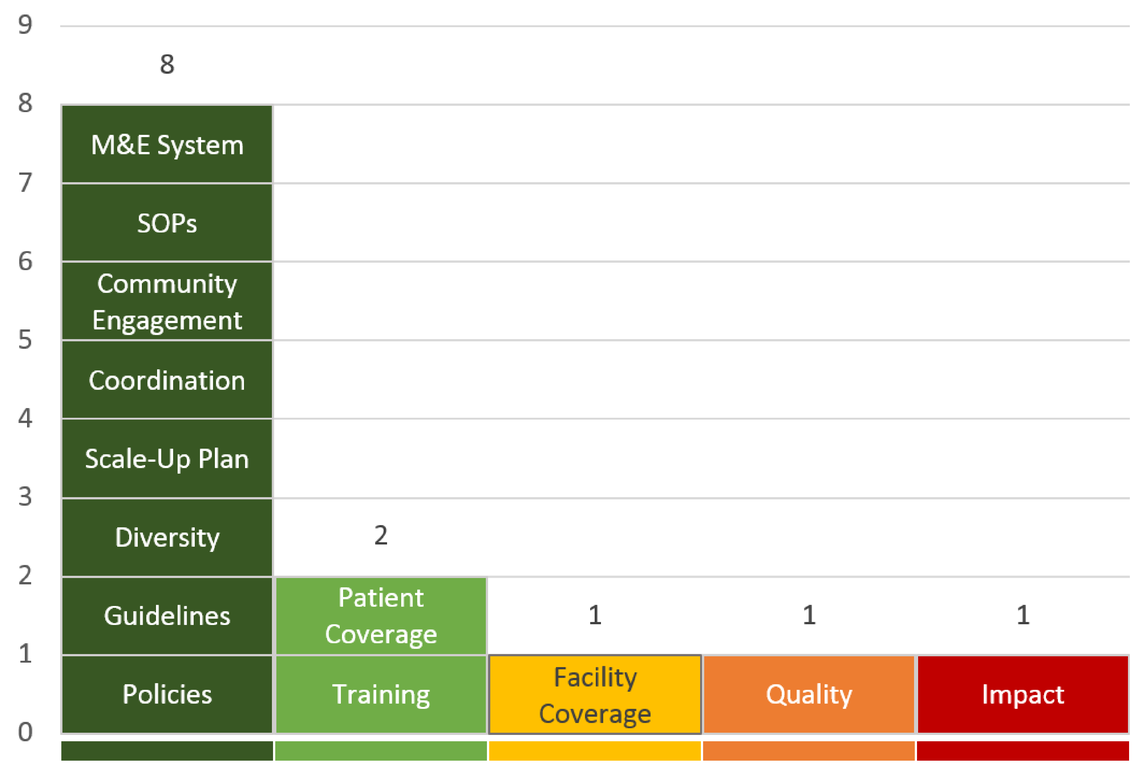
Figure 1: DSD Model Mix, June 2019



As of June 2019, Tanzania estimates that 55% of all those active on ART were enrolled in one of the country's four less-intensive DSDM. This estimate was derived from electronic database which covers 85% of data to all PLWH in the country.

DSD DASHBOARD

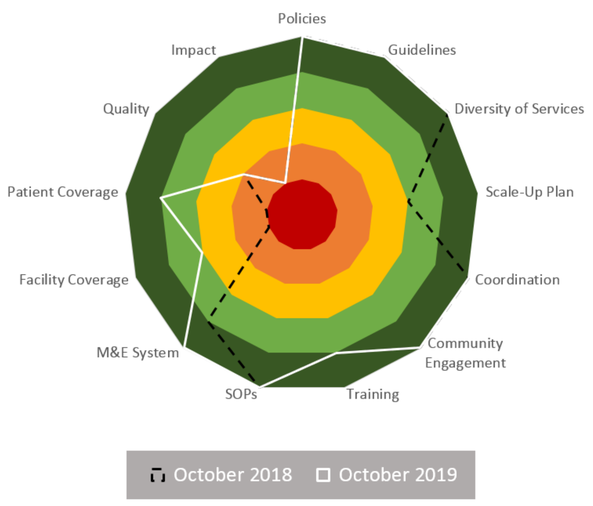
Figure 2: Dashboard Results 2019



In October 2019, stakeholders conducted a systematic self-assessment of DSD program maturity using the CQUIN DSD Dashboard (Figure 2). Tanzania found that it had reached the highest-possible level of maturity in eight of the 13 domains (Policies, Guidelines, Diversity, Scale-Up Plan, Coordination, Community Engagement, SOPs, and M&E System) and had reached the second-highest level of maturity in two others (Training and Patient Coverage).

Figure 3 describes the progress Tanzania has made in the development of the DSD program between the data reported in October 2018 and October 2019. Considerable progress has been made in the Scale-Up Plan, M&E System, and both Facility and Patient Coverage.

Figure 3: Dashboard Results 2018 *vs.* 2019



CASE STUDY/BEST PRACTICE

Prior to introducing DSD, Kyela District Hospital Care and Treatment Center (CTC) had 8 healthcare workers (HCW) who served approximately 300 clients per clinic, resulting in congestion and suboptimal quality of care. The National AIDS Control Program (NACP) and I-TECH, in collaboration with other stakeholders, introduced the less-intensive DSD models in September 2018, and sensitized Regional/Council Health Management Teams, facility in-charges and matrons, and HCW. The facility also received updated monitoring and evaluation tools to capture DSD indicators.

Currently, 78.7% of the 6,767 recipients of care served at the CTC are enrolled in less-intensive models, including MMS via fast track refill at the pharmacy during the early morning block appointments and monthly adolescent clinics where stable adolescents refill in groups. The CTC now sees 80-120 people clients per clinic and congestion at the pharmacy is reduced by task-sharing with peer educators and community-based health providers.

Successful implementation of DSD models in Kyela was facilitated by involvement and support from all stakeholders from the national level (NACP) to the facility level.

NEXT STEPS/WAY FORWARD

In the coming year NACP will strengthen M&E of DSD to make sure there are good data for progress monitoring; focus on scaling up mentorship to address gaps identified in DSD implementation; incorporate DSD quality standards in the DSD Operational Guide; and orient the mentors and quality teams on the updated content.