



WHAT WORKS FOR ME: A Community Perspective on Differentiated Service Delivery

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Differentiated service delivery, is a recipient of care-centered approach that simplifies and adapts HIV services across the cascade, in ways that both serve the needs of PLHIV better and reduce unnecessary burdens on the health system.



CASCADE

Differentiated care

PREVENTION

90%

DIAGNOSED

90%

ON TREATMENT

90%

VIRALLY
SUPPRESSED

Differentiated ART delivery

COMMUNITY PERSPECTIVES FROM:

- Rapid assessment on 'readiness' of patients and communities to advocate for differentiated models of ART delivery. [2016]
- Three (3)-day gathering, with nearly 70 participants from all nine CQUIN countries [2017]
- A five (5)-day intensive community workshop on DSD with 30 activists across 12 countries from seven (7) networks of people living with HIV in Africa and Asia. [2017]

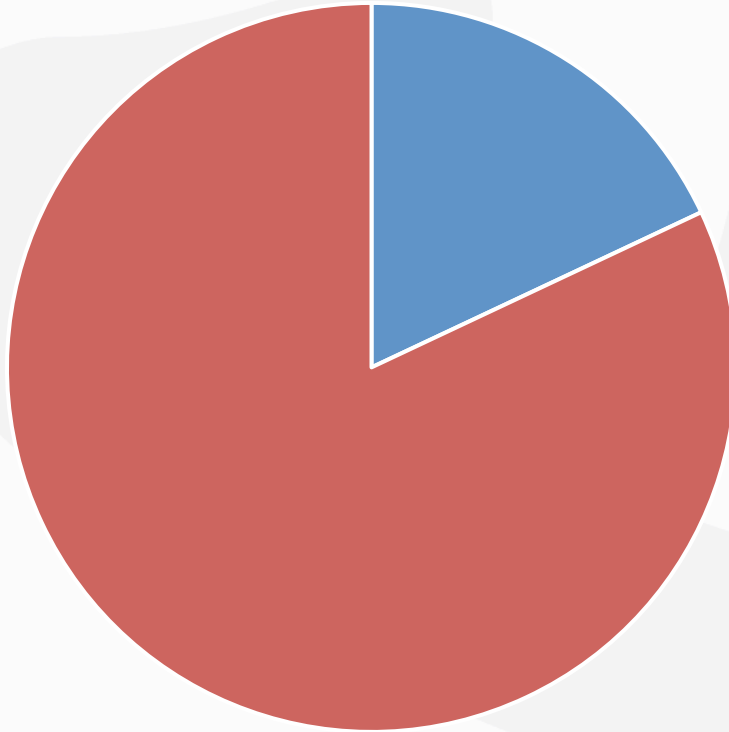
Rapid Assessment



- WHEN
 - May-July 2016
- WHAT:
 - Surveyed communities on existing perceptions on DSD (specially with respect to ART delivery)
 - 7 country teams administered the questionnaire to:
 - 35 to 50 respondents in each country, comprising mostly of recipients of treatment and care (PLHIV, including key populations, adolescents and others)
 - 5-10 health workers
 - 266 respondents (221 PLHIV and 45 HCW)
- WHERE:
 - Cameroon, Cote d'Ivoire, Kenya, Malawi, Morocco, Tanzania, Zambia

INSIGHTS

Knowledge about DSD

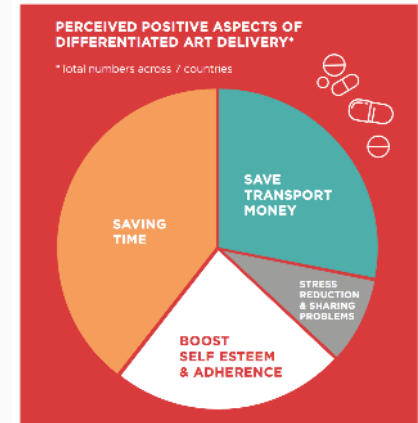


■ Know ■ Did not know

- **Communities don't know what DSD is**
 - Only 18% of all PLHIV interviewed had heard of differentiated ART
- **But they are open to it**

INSIGHTS

- Respondents said that:
 - DSD would make **collecting their ARVs easier**.
 - They like the option of **community drug distribution points (CDDPs)** and a **fast track window** within the clinic the most.
 - DSD would **save time and money**, specifically regarding transport costs.
- Potential negative impact - delivery of their ARVs closer to home would lead to **exposure of their status and consequent stigma and discrimination**.



INSIGHTS

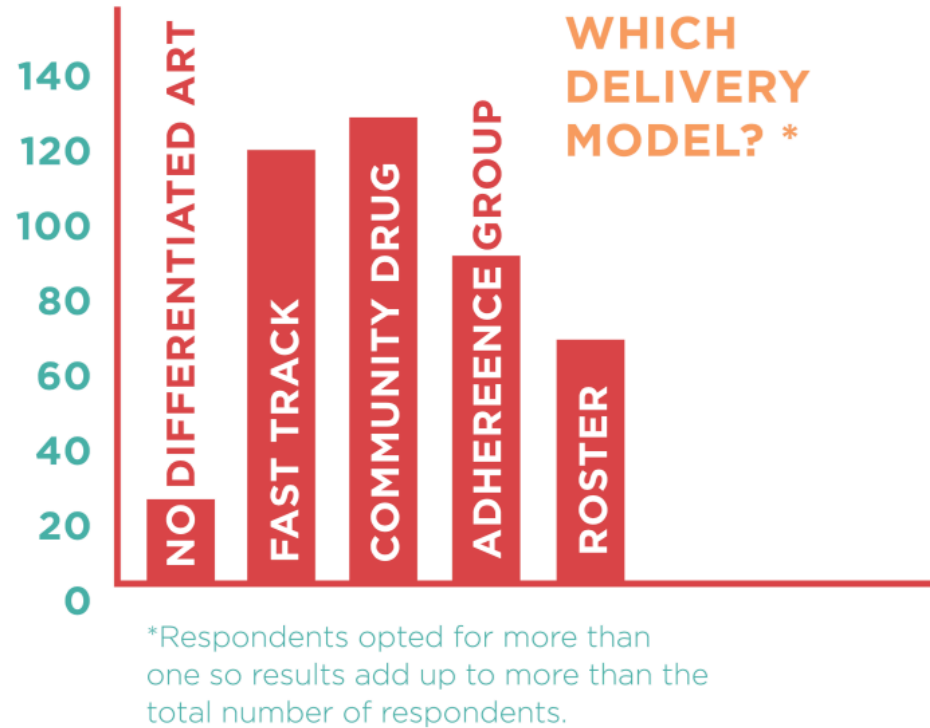
“The first (fast track) would be the best for me because it allows me to safeguard the secret of my disease which is very important to avoid the discrimination in our environment, and for the safeguarding of these secrets, only the doctor is able to do it better than anyone else.” (Online survey: Female respondent, 35-49)

“Most of us would not like other people to know their health status. AIDS is still perceived as a shameful disease. If people, especially my friends, know I am a victim, they might abandon me. (Girl, 15-20, Tanzania coastal District)

- **Healthcare worker** respondents expressed concern that:
 - **Adolescents and key populations would be particularly worried** about doing anything that might expose their status to their friends or broader community.
 - Roll-out of differentiated ART delivery models would need to be accompanied **by comprehensive training for health care workers (what will be different and lost)** and the implementation of **treatment literacy programs to educate communities** about differentiated ART delivery.

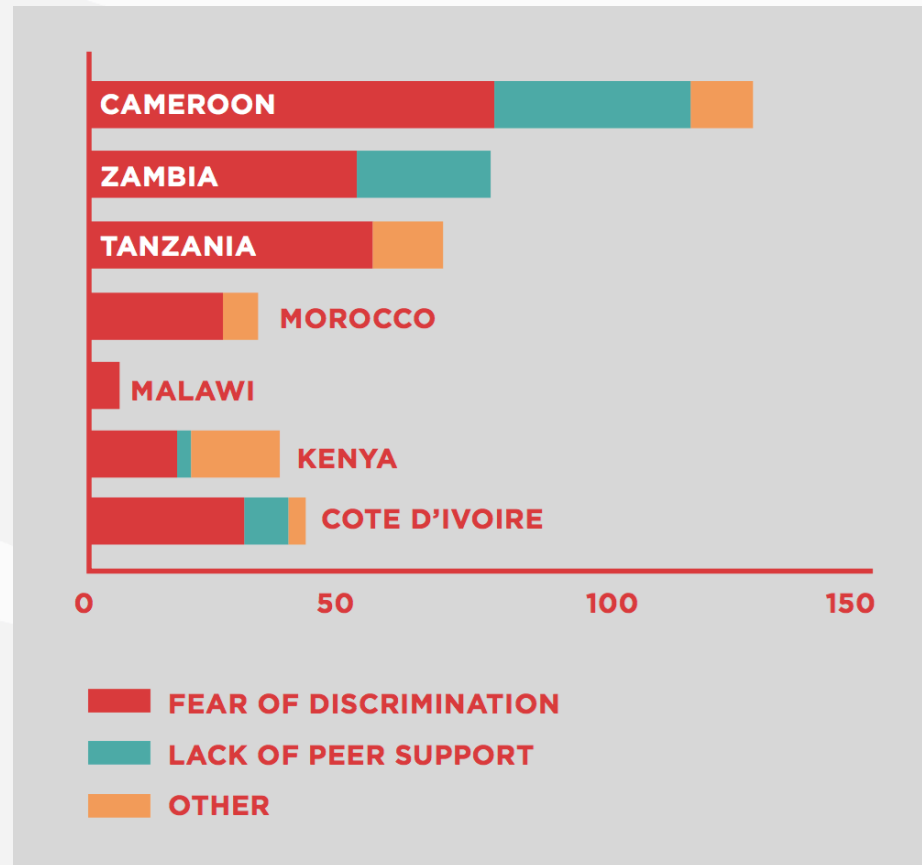
INSIGHTS

One size does not fit all
Results varied across countries in terms of the most popular options (e.g. community drug distribution points (CDDPs) vs. a fast track window within the clinic).



INSIGHTS

- **Potential negative impact of DSD models**
 - Fear of discrimination and avoidance of any model that involves drug collection closer to home
 - If it is not broken, don't fix it
 - Lack of peer support
 - Perception that tx and care would be compromised by less frequent visits

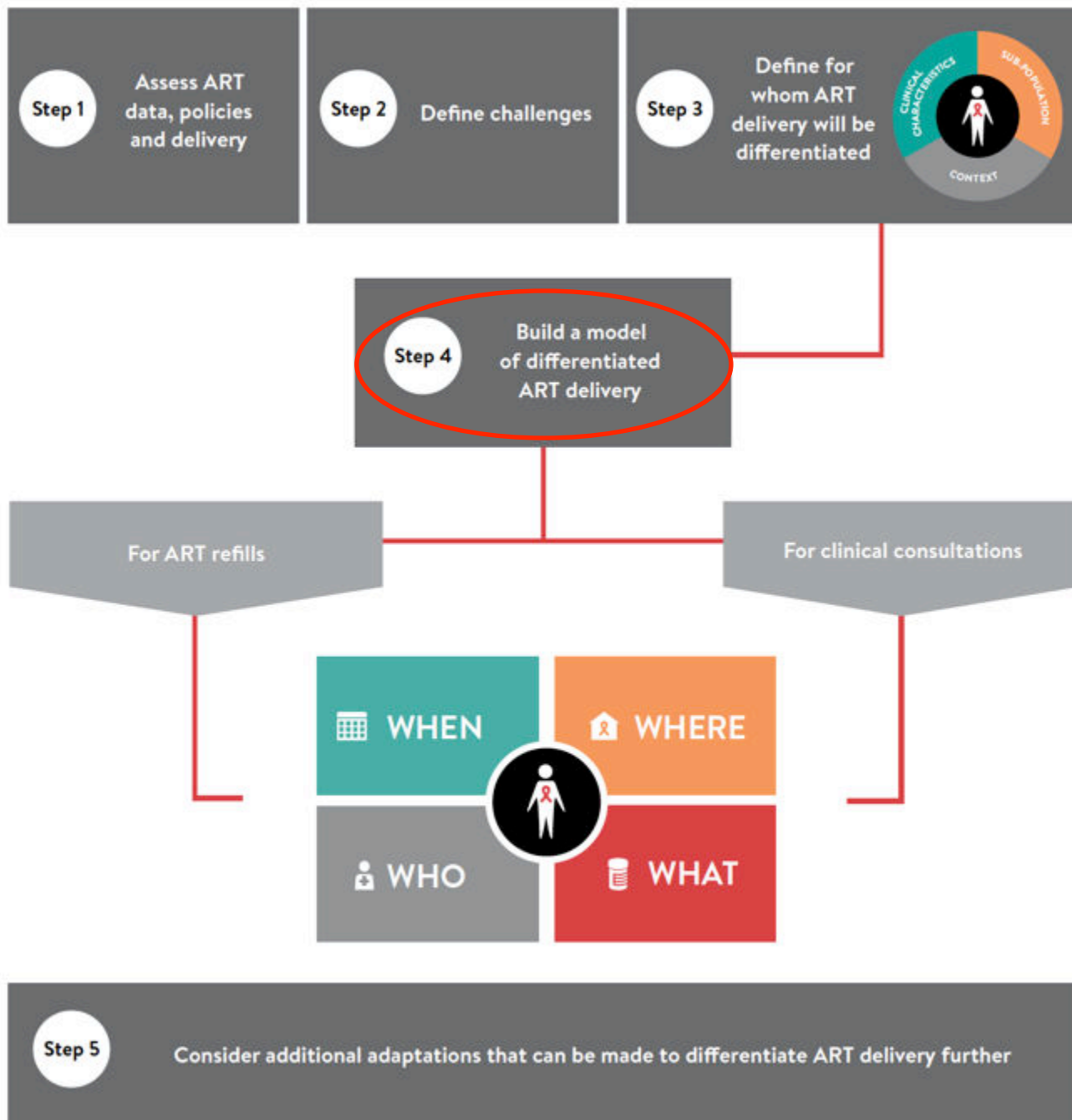


Communities on DSD Dashboard

- ICAP DSD Dashboard of 12 Metrics, one is on community engagement ranging from **none** to **PLHIV and/or civil society representatives are systematically engaged in DSD policy development, design, implementation, and evaluation**

Considerations:

- Not just about extending facility-based services into community but to ensure CSS to get communities to be part of service delivery (drop in centers, teen clubs etc.) especially for key and priority populations
- “Task shift, but don’t pay us, how is that going to work?”





Health care worker-managed group



Client-managed group



Facility-based individual




Out-of-facility individual

WHAT DSD IS NOT...

- Pick one of 4 models
- A substitute for good care/services
- Tailored/individualized care or services

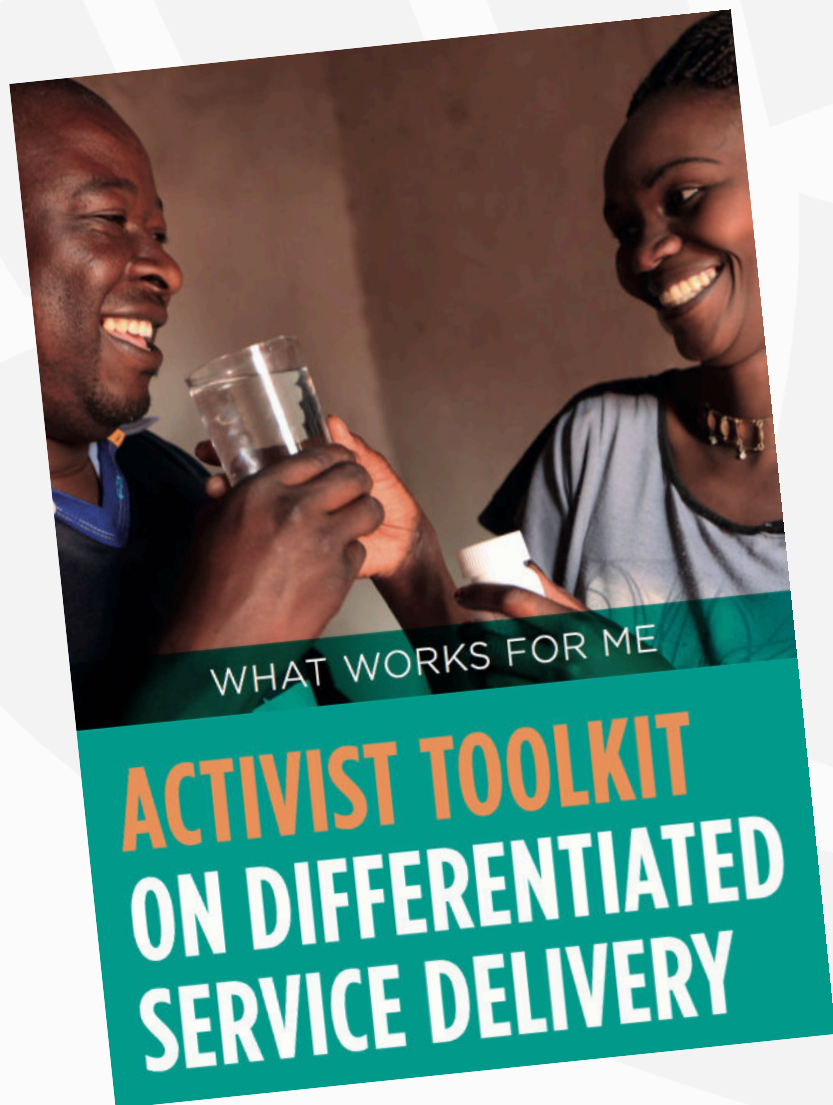
So...What now?

- Get serious about treatment education. Fund it! Education efforts to focus on the importance of HIV treatment and DSD for people living with HIV, and health care providers, including community actors (peer counselors).
- Support community-led demand creation and advocacy to increase utilization of different DSD models.
- Support communities to monitor the rollout/ scale-up of DSD at country-level



What Works for Me: Activist Toolkit on Differentiated Service Delivery

**Available in English & French,
Portuguese coming!**



Available for download at
www.itpcglobal.org/resources/what-works-for-me

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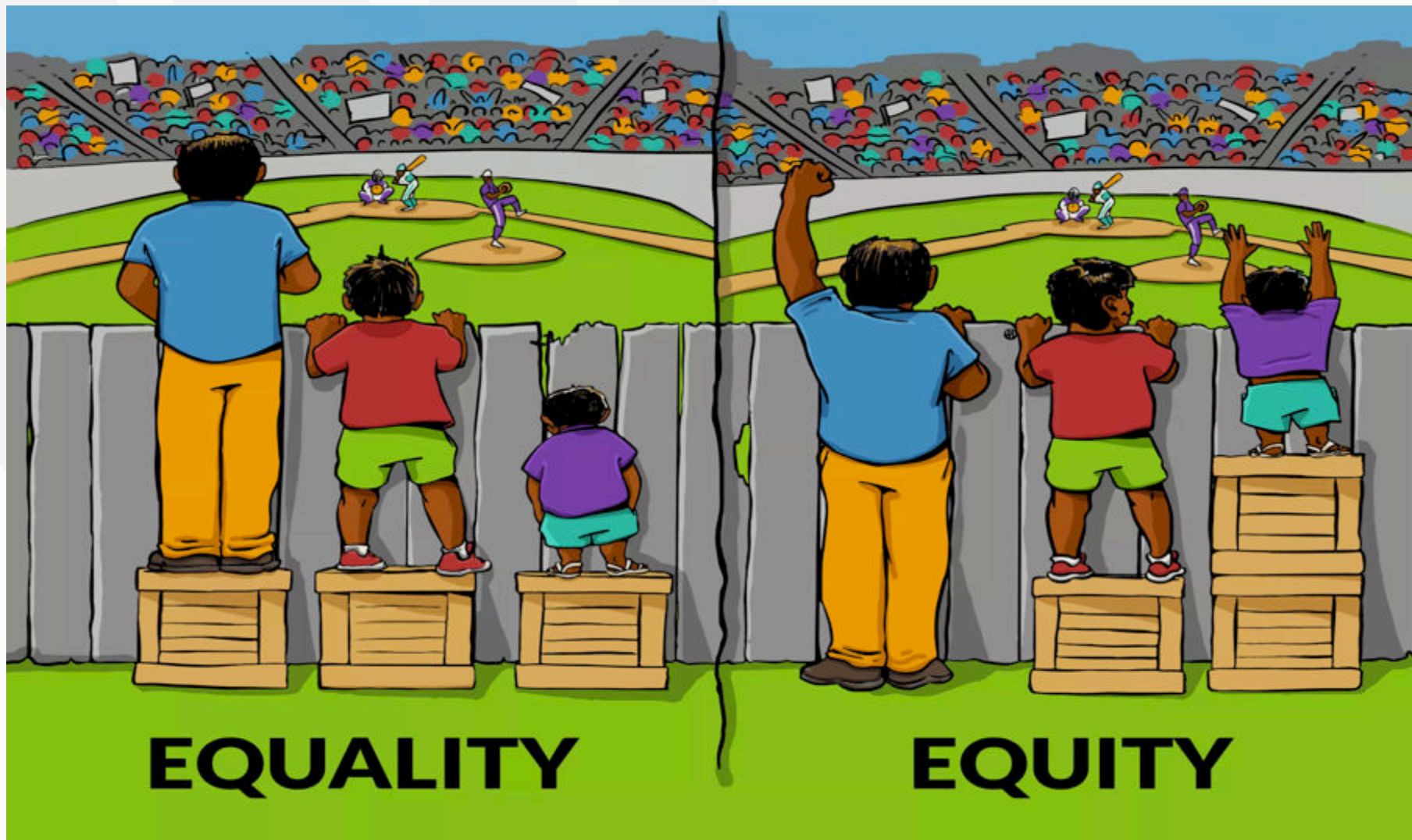
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