

# Taking Differentiated Service Delivery to Scale in Côte D'Ivoire: Phased Implementation to Achieve Impact

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## BACKGROUND

The national implementation of DSD in Côte d'Ivoire began in April 2017 following the completion of national guidance on differentiated service delivery (DSD) by le Programme National de la Lutte Contre le Sida (PNLS). The national guidelines currently recommend the implementation of facility based models, detailed below, for stable patients. The PNLS is supporting the implementation and scale-up of DSD through a phased implementation approach that is monitored through training and continuous medical education at the regional, district, and facility levels. To maximize the impact of national implementation, the PNLS has enabled recipients of care to actively engaged in the development of DSD guidelines, as well as in DSD demand creation, through participation in national and sub-national DSD meetings.

At the community level, recipients of care have been instrumental in conducting patient education initiatives, including sensitization on the availability of DSD models. At the facility level, patient education on availability of DSD models is routinely conducted following a positive HIV test or during routine clinic follow-up visit. The PNLS has developed and integrated DSD related information into the national HIV monitoring and evaluation paper-based system particularly in the clinical check-list, monthly patient follow-up tool, DSD register as well as in the supervision sheet. Côte d'Ivoire has 20 regions encompassing 86 districts which through support from PNLS and seven implementing partners have successfully began the nationwide implementation and scale-up of DSD. Non-standard approaches are undertaken to assess patient and provider satisfaction at the facility level.

## DSD MODELS OFFERED

The DSD models recommended by PNLS for implementation include the facility-based individual mode, **Dispensation Accélérée ARV** (Fast Track ART Refills). The features of this model include a reduction in the frequency of clinical visits to twice year, with shortened hospital waiting times for ART refill visits. The other model that has been adopted are the facility-based group model, **Club Observance** (Facility Adherence Clubs) where members attend health care worker-led group meetings at the health facility for ARV refill pickup, symptom screening, and psychosocial and adherence support. The PNLS is reviewing the feasibility of introducing community-based ART groups in Côte d'Ivoire .

## DSD COVERAGE

As of end of June 2018, 856 out of 1,7533 (49%) health facilities in Côte d'Ivoire were implementing DSD services.



Figure 1: Facility Coverage of DSD for ART

The Patients eligible to be enrolled in a DSD model were 41,071 and of these, 30,518 (74%) had been enrolled in either the facility fast track or adherence club DSD models of care.

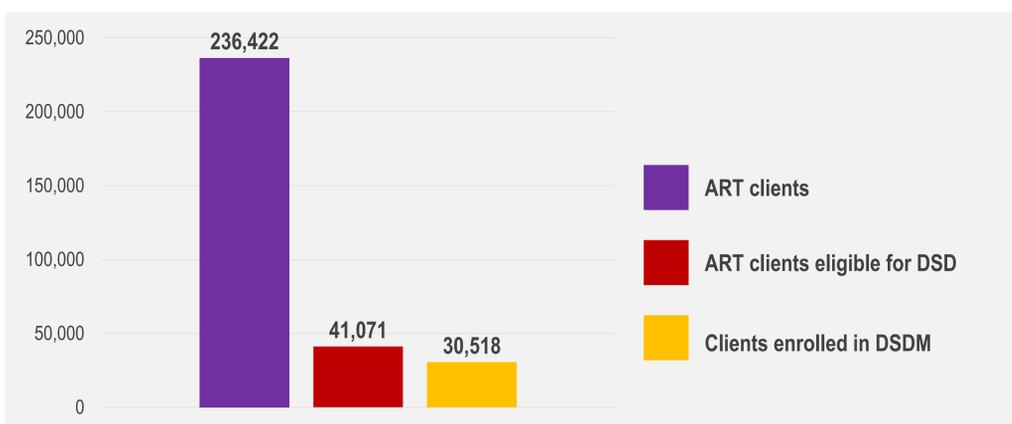


Figure 2: Patient Coverage of DSD for ART

## DSD DASHBOARD

The CQUIN DSD Dashboard was used by Côte d'Ivoire to monitor the country's maturing DSD program. Across 13 domains, a five-step color scale was used to rank progress and performance—from red, indicating no activity, to dark green, indicating significant and robust implementation.

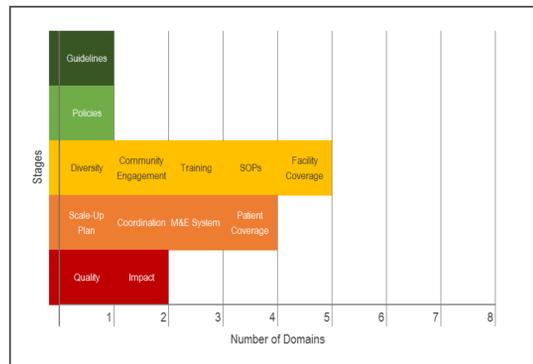


Figure 3: Côte d'Ivoire DSD Dashboard staging domains by stage, October 2018

recent months, as described in Figure 4, which shows the staging of eight key domains in November 2017 and October 2018. In the domains of National Guidelines, Diversity of DSD Services, and SOPs, the country advanced two stages, indicating advancement from very early stages of development to a high level of achievement. Additionally, in the Scale-Up Plan and Training domains, the country made progress by advancing one stage.

As Côte d'Ivoire continues to make progress, repeated assessments using the DSD Dashboard will provide valuable information on achievements reached and highlight areas where challenges may require targeted attention.

In a systematic, inclusive staging process undertaken in October 2018, Côte d'Ivoire was found to meet the standards for the highest-possible ranking, dark green, in 1 of the 13 domains (Figure 3) and light green in an additional domain.

While Côte d'Ivoire remains in the early stages of DSD program development and scale-up, the country has made great strides in

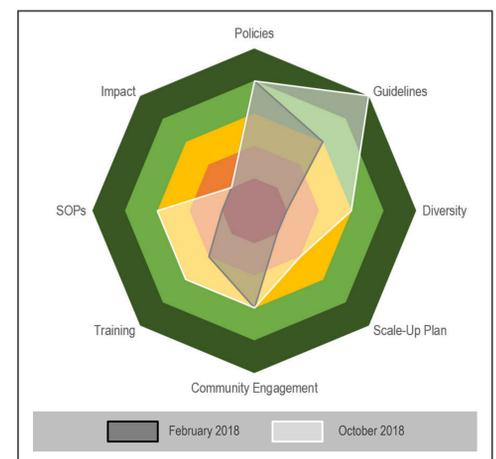


Figure 4: Radar chart of Côte d'Ivoire DSD Dashboard staging, November 2017 and October 2018

## LESSONS LEARNED

A number of lessons have been identified that PNLS believes could be of benefit to other countries just beginning to scale up DSD or those facing similar challenges.

Côte d'Ivoire found that the need for a structured approach to DSD implementation could not be overvalued. The country recently finalized the national DSD standard operating procedures (SOP) to support health care providers in the implementation of DSD, a process which was streamlined through a structured approach. As part of this strategy, upcoming capacity building activities for health care providers have been identified as necessary to be sustained to achieve the goals and objectives of DSD.

The need for a national scale-up plan is also demonstrated by the country's success. As of June 2018, 49% of the country's facilities were implementing the recommended DSD models according to the national DSD guidelines. These advances could not have been possible without scaling up the recommended models to additional facilities and patients.

Finally, while there has been active community participation in the development of policies, guidelines, and implementation, ongoing engagement is necessary. There are opportunities to expand engagement through involvement in community ART service delivery, regular assessment of the quality of care, and providing feedback at the national and sub-national levels.

## NEXT STEPS/WAY FORWARD

In coming months, PNLS is leading a review on the implementation of DSD through the engagement of stakeholders by reviewing the recommended DSD models and considering expansion to other models, especially community based models of DSD. A DSD orientation program in addition to the national training of trainers is in development and other next steps include the development of a DSD implementation strategy and national scale-up plan. Côte d'Ivoire will continue to engage in the CQUIN network, as it has a keen interest in learning best practices in the implementation of community DSD models and how other countries are undertaking M&E for DSD.