



# Zimbabwe DSD Progress Updates

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HIV LEARNING NETWORK  
The CQUIN Project for Differentiated Service Delivery

# Outline

- CQUIN Dashboard results
- Successes and challenges
- Targets and monitoring
- DSD Review Meetings

# Zimbabwe Dashboard Results – 1

Policies

Guidelines

Diversity

Scale-Up Plan

Coordination

Community Engagement

Training

SOPs

M&E System

Facility Coverage

Patient Coverage

Quality

Impact



# Zimbabwe Dashboard Results – 3

## Policies & Guidelines

- Guidelines are available for DSD through the OSDM & ARV guidelines, includes model description and SOPs
- Multi- month scripting implemented as policy since 2015

## Diversity

- Guidance on DSD across the entire HIV cascade
- Guidance on Differentiated HIV testing; Differentiated ART initiation and Differentiated ART delivery with 5 recognized models (Family Refills, Clubs, CARGs, outreach and Fast Track )

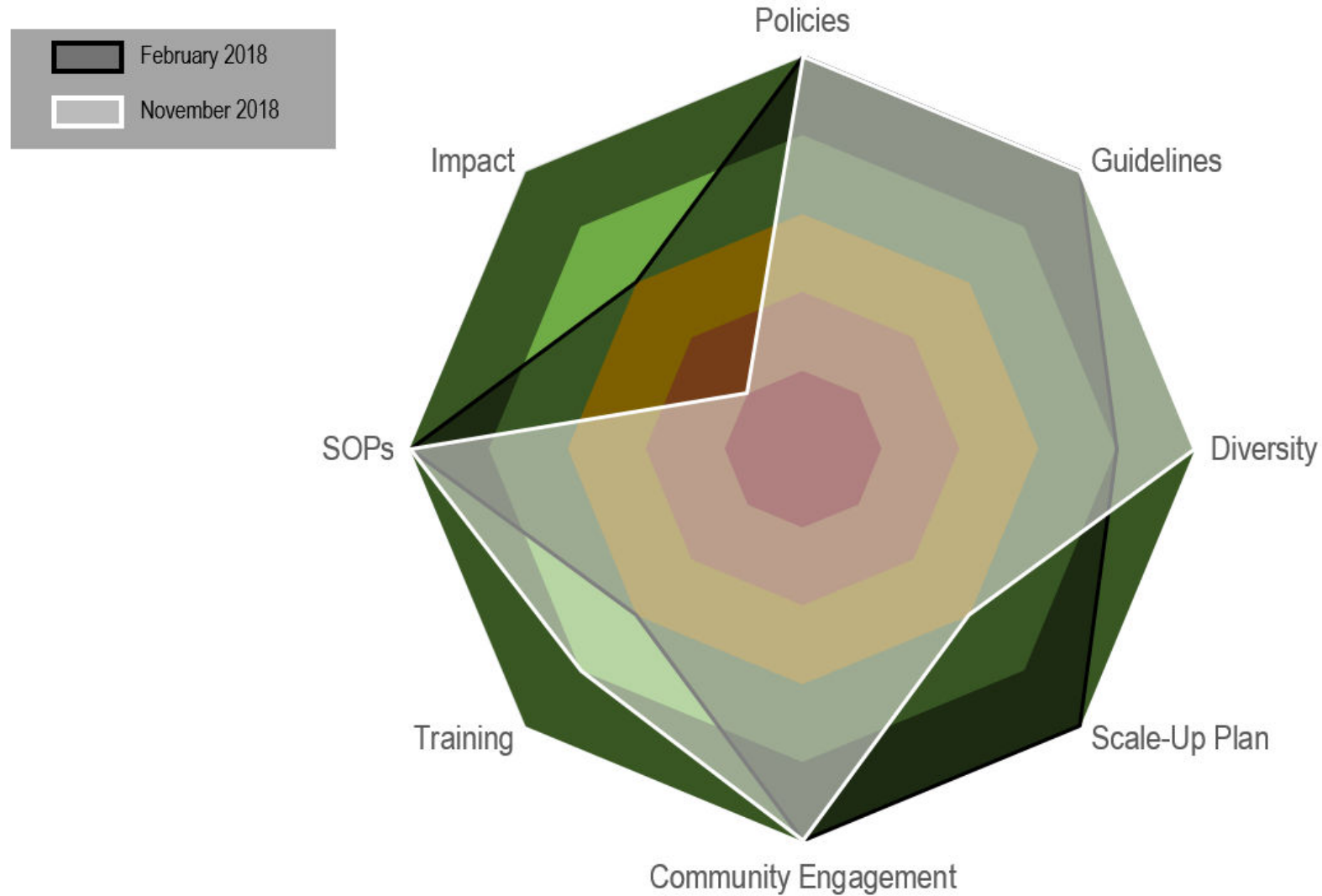
## Coordination

- DSD coordinator in place;
- Functional TWG that meets quarterly

## Community Engagement

- Participation of PLHIV at planning stages, development of tools and guidelines
- HIV Treatment Literacy manual updated to include DSD information

# Zimbabwe Dashboard Results – 3



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# DSD Scale-up Success: Institutionalization of DSD approaches

Strong ownership of the Operational and Service Delivery Manual by diverse stakeholders to aid implementation of DSDs

- Standardization of practice
- Leverage of resources to support DSD scale up

Finalized the inclusion of DSD materials in the MOH Integrated HIV Training Package using the 'Blended Learning approach'

- Tablet-based self-learning approaches with minimum class-room based training
- Cost-efficient capacity building strategy
- Pilot training conducted and 180 health workers targeted by end of 2018

Adapted the M and E system to meet DSD data needs

- Changes to the Patient HIV Care Booklet and electronic Patient Management System to capture client model of care
- CARGs Registers in place



# DSD Scale-up Challenge: Change management and task-shifting

Resistance to change by some HIV care providers

- Pharmacists were not keen to take additional tasks in supporting the 'fast track ART refill' model.
- Lay providers unclear of their roles
- Unwillingness of some stable clients to join community ARV refill groups especially in urban areas

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# DSD Targets and Monitoring

**Goal:** To increase the proportion of clients enrolled in DSD models to 45% by the end of 2019

## DSD Indicators on uptake, coverage and outcomes

Uptake of DSD for ART among HIV patients	Viral load uptake and suppression
Facility uptake of DSD for ART	Total on 1st, 2nd or 3rd line
Coverage of DSD for ART among HIV patients	Died
Facility coverage of DSD for ART	LTFU
KAP of community around DSD	Stopped treatment
Average weekly case load	Transferred out whilst in DSD models

***-Client Uptake indicators will be analysed semi- annually and facility coverage indicators annually***

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# DSD Review Meetings

**DSD Reviews  
Integrated with QI  
quarterly Review  
meetings, Oct 2017**

**National Annual  
Planning & Review  
for HIV and TB,  
Bulawayo- Nov,  
2017**

**Combined Review  
Meeting for Quality  
Improvement,  
Mentorship and  
DSD - Feb, 2018**

**Provincial DSD  
Review Meeting,  
Kadoma - May,  
2018**

**National  
Dissemination  
Meeting for  
findings from DSD  
Learning sites,  
Kadoma, August,  
2018**

# National DSD M and E Plan

Simple collection done through provincial representatives: Q1 2018

Sampling method for client uptake and coverage: Q2 2018

Comprehensive collection for Facility and Client Uptake and Coverage: Q4 2018

Electronic system for collection of Uptake, Coverage and Outcome Indicators: Q2 2019

National Baseline Survey for DSDM District and Facility Coverage

Simple Stratified Sampling Method for collection of data especially in districts without implementing partners (IPs)

Data Collection from 40 districts with partner support through Implementing Partners structures

Electronic Patient Monitoring System will give information on Facility and Client uptake and coverage

**This plan has been designed as a practical and Innovative way to ensure that there is DSD data to inform programming as scale up progresses**

# Acknowledgements

- All levels of health care delivery systems
- ICAP Team
- NAC
- Global Fund
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- Civil Society and communities at large