



# Taking Differentiated Service Delivery to Scale in Mozambique

## Evidence-Based Expansion of Community ART Groups

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### BACKGROUND

Mozambique's 2008 pilot of community-based services for people living with HIV (PLHIV) has become a foundational case example for the impact of differentiated service delivery. Recent data from Médecins Sans Frontières shows a high retention in care after patients (76.4%) were enrolled in community-based group models for 10 years (Halda, 2018). Mozambique's Ministry of Health (MoH) *National HIV and AIDS Response 2013-2017 Strategic Acceleration Plan* prioritizes enrollment of more people living with HIV (PLHIV) on antiretroviral therapy (ART).

The MoH has identified that insufficient health systems resources and infrastructure; weak monitoring systems; demand creation; stigma and discrimination; patient-flow organization; communication between health facilities and communities; and viral load monitoring and coverage are all challenges to the scale-up of DSD models (DSDM).

### DSD MODELS OFFERED

Mozambique currently offers both facility-based and community-based DSDM, with the national guidelines recognizing three distinct models: **Three-Month Drug Distribution**; **Six-Month Clinical Visit Spacing**; and **Community Adherence Support Groups**, also known by the Portuguese acronym, GAAC. The adoption of multiple models ensures each health facility can implement a suitable DSDM based on its resources and challenges. In addition, services tailored for specific patient populations—the **Family Approach** and **One-Stop** models—offer customized opportunities for picking up ART refills that reduce the burden of accessing care.

While Mozambique has long implemented some standard DSDM, the MoH is interested in the experience of other countries, such as Malawi in implementing diverse DSDM. To expand the understanding of models implemented by other countries, representatives from the MoH have taken advantage of south-to-south learning opportunities to meet with their counterparts in other countries to learn and share experiences.



Above: Representatives from the Mozambique MoH visit the Balaka District Hospital Teen Club in Malawi for a south-to-south exchange in June 2017.

### DSD COVERAGE

As of October 2018, provision of DSDM is supported in all 11 provinces of Mozambique (Figure 1). Additionally, 10 of the 12 (83%) implementing partners supporting ART services also support DSDM and 1,377 of the 1,407 (98%) ART facilities in the country provide at least one model of DSD.

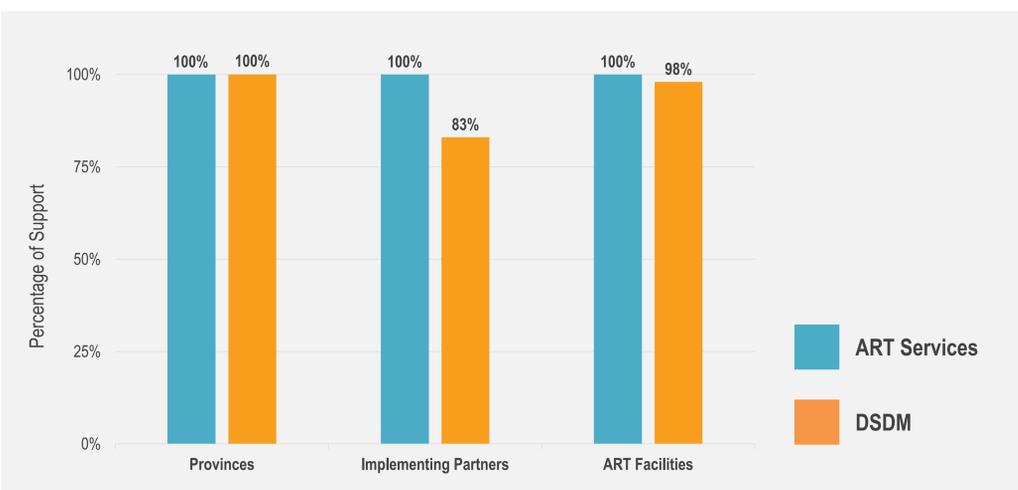


Figure 1: Support for ART Services and DSDM by percentage among Provinces, Implementing Partners, and ART Facilities

### DSD DASHBOARD

The CQUIN DSD Dashboard measures DSD scale-up across 13 domains, using a five-step color scale to rank progress and performance—from red, indicating no activity, to dark green, indicating significant and robust implementation.

In a staging process conducted by the MoH in October 2018, Mozambique was found to meet the standards for the highest-possible ranking, dark green, in four of the 13 domains (Figure 2) and light green in an additional two domains.

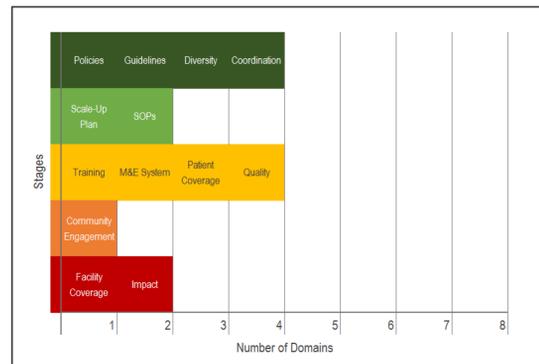


Figure 2. Mozambique DSD Dashboard staging domains by stage, October 2018

Guidelines, Scale-Up Plan, Community Engagement, and Training. While it appears that the staging has regressed in some domains, this is merely an artifact of improvements that have been made in the staging proves and the understanding of the staging criteria.

As Mozambique continues to make progress in scaling up DSD and improving the national DSD program, regular assessments using the DSD Dashboard will provide valuable information to the MoH on achievements reached and highlight areas where challenges may require targeted attention.

While Mozambique has identified three domains that have yet to be addressed or are still in the early stages of scale-up (Community Engagement, Facility Coverage, and Impact), progress has been made since February 2018 when the last DSD staging was completed. Figure 3 describes the staging of eight key domains from these two time periods, highlighting the progress made in the domains of National

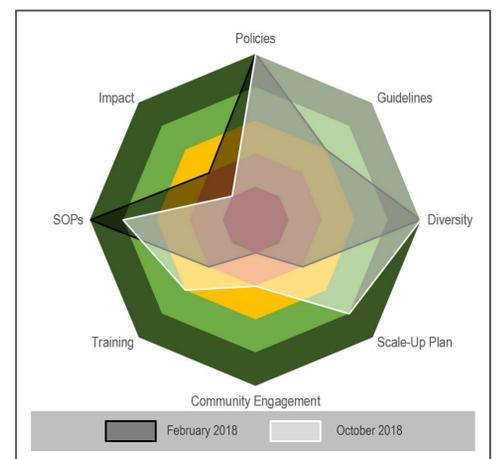


Figure 3. Radar chart of Mozambique DSD Dashboard staging, February and October 2018

### LESSONS LEARNED

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

One such lesson is the need for strengthening community capacity when implementing GAACs. Although GAACs have made an effective impact, communities are the key to achieving impacts. To meet this challenge, MoH is engaging recipients of care in the implementation of DSD, with plans to continue this engagement as DSD services are expanded to include peer support and delivery of medication by providing supportive supervision.

A second lesson involved M&E for DSD. Mozambique's M&E system did not allow for the collection of DSD-specific data. This is currently being addressed through a new M&E framework and updates to the electronic patient tracking system (EPTS) and program evaluation plans.

Finally, Mozambique has found that setting ambitious retention goals can help motivate scale-up of DSD, as demonstrated through the recent data showing long-term retention from GAACs. Mozambique will continue to set goals to improve patient outcomes through the monitoring of DSD coverage and impact.

### NEXT STEPS/WAY FORWARD

In the next 6-12 months, Mozambique will conduct a phased implementation of outreach with ART initiation. The Ministry also plans to identify data on DSDM on EPTS to closely follow implementation of DSDM. Other priorities include establishing targets for DSDM, investing in mentorship in health facilities, and launching and disseminating new DSDM guidelines. In addition, with the implementation of the new scale-up plan, Mozambique plans to establish minimum targets for the number of stable patients enrolled in DSDM, which may encourage higher uptake.