Implementing and scaling-up Differentiated Service Delivery requires Multi-sectoral Coordination Approach involving Collaboration Among Various Stakeholders including the Ministry of Health, Civil Society, and Implementing Partners

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BACKGROUND/INTRODUCTION

The Kingdom of Eswatini is one of the few countries which has developed specific Guidelines and Standards Operating Procedures (SOPs) for Differentiated Service Delivery (DSD). Beside the fact that these specific documents are in place and used in health facilities, it has been observed through a baseline assessment conducted in December 2017 that clients are not actively enrolled into DSD, and a number of facilities preferred implementing only one DSD model, limiting or constraining clients to a particular DSD model. Scaling up DSD requires rigorous planning and innovative solutions to ensure high coverage and provision of high-quality services for people living with HIV (PLHIV). In October 2017, The Ministry of Health (MOH) recruited a focal person to coordinate the implementation and scale-up of DSD in Eswatini through a National DSD Sub-Technical Working Group drawn from the existing National Care and Treatment Technical Working Group (TWG), the team meets quarterly or as per request (refer to Figure 3). The DSD Sub-TWG had its first meeting in November 2017, and was tasked to conduct a baseline assessment to guide the design and implementation of a National DSD scale-up plan. The team included representatives from the following departments: Eswatini National AIDS Programme (SNAP), Pharmacy, Laboratory, PLHIV representatives, and Partners.

The figure below shows the proportion of DSD Sub-TWG members according to their institutions

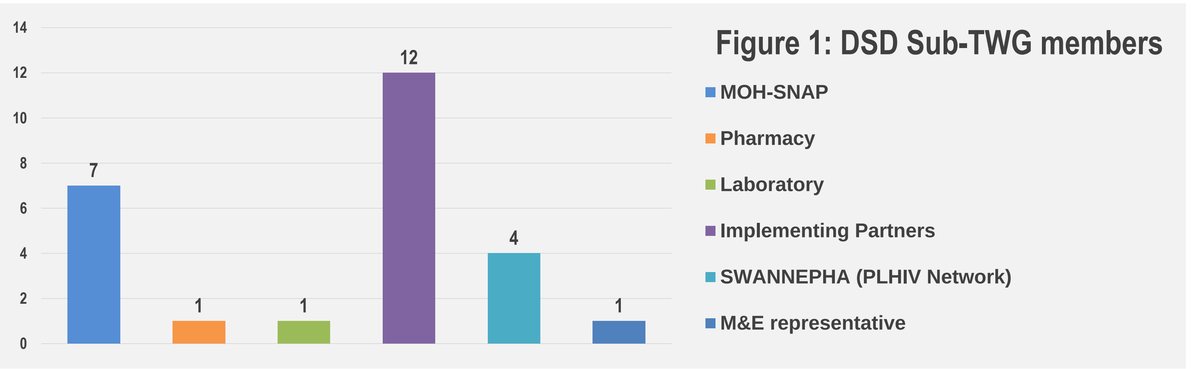


Figure 1: DSD Sub-TWG members

METHODS

Cross sectional review of existing DSD Sub-TWG meeting reports, and baseline assessment and follow-up programme data as of September 2018

RESULTS

Through the work of the DSD Sub-TWG the Eswatini ART Programme has achieved the following:

- Developed a national scale up plan with targets to be achieved by March 2019, including the Roll-out of four DSD models including specific models for Key populations, OVC and AGYM.
- Developed indicators to be used for routinely monitoring DSD coverage and patients outcomes twice a year.
- PLHIV network (Swannepha) have been included in DSD Sub-TWG and are actively engaged at all implementation phases including, policy development, design of models, design of IEC materials and training curriculum, community mobilization and dissemination, monitoring and evaluation.
- All key implementing partners (IPs) are actively involved in the Sub-TWG.
- Paper based DSD registers have been printed and distributed to all implementing Facilities and the Electronic System (CMIS) have been upgraded to include DSD models.

RESULTS, continued

- DSD indicators are routinely reported at regional and national data review meetings
- DSD modules have been included in Pre-service and in-service training curriculum
- DSD quality standards have been finalized and a pilot assessments have been conducted in selected facilities before roll-out

The Eswatini ART Programme has also initiated Quality Improvement initiatives consisting of In-country Learning Exchange to sites with high patient's coverage of DSD with good outcomes. This initiative is targeting sites with low coverage of DSD, and mentors from implementing Partners. The first learning exchange visit was conducted for FHI 360 mentors interested to learn how to conduct Outreach for KPs, and the second learning exchange targeted Doctors, Nurses, Pharmacists, and mentors from two ICAP supported sites interested to learn about integration of NCDs management into DSD. Details of the visits are provided in Table 1.

Table 1: In-country Learning Exchange site visit

Date	Visiting team	Host Site	# of Participants	Learning Goals	Outputs
13/06/2018	Doctor, Nurse, and HTS Counsellor from FHI 360, SNAP KP Unit	Mankayane Hospital	3	To learn how to conduct ART refills through Outreach model	Lessons learnt informed development of DSD for KPs SOPs
29/10/2018	Doctors, Nurses and Pharmacists from, RFM & Mankayane Hospitals, and ICAP mentors	Nhlangano Health Centre	13	To learn how to integrate NCDs and DSD	To develop facility specific SOPs to guide the integration of NCDs management in DSD models

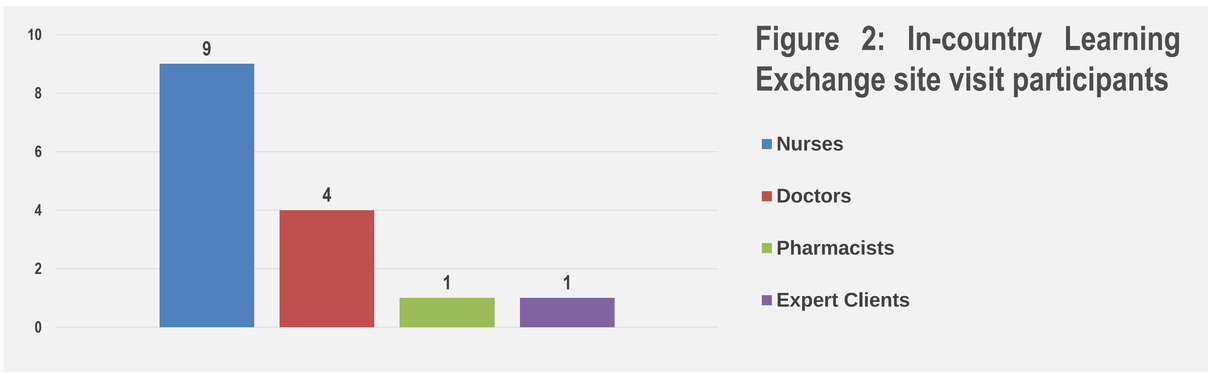


Figure 2: In-country Learning Exchange site visit participants

DISCUSSION

Implementation and scale-up of DSD models should be coordinated by a multi-sectoral team, the leadership role of the Ministry of Health is key in the process, but the involvement and engagement of implementing partners and PLHIV networks should also be considered as a priority .

NEXT STEPS/WAY FORWARD

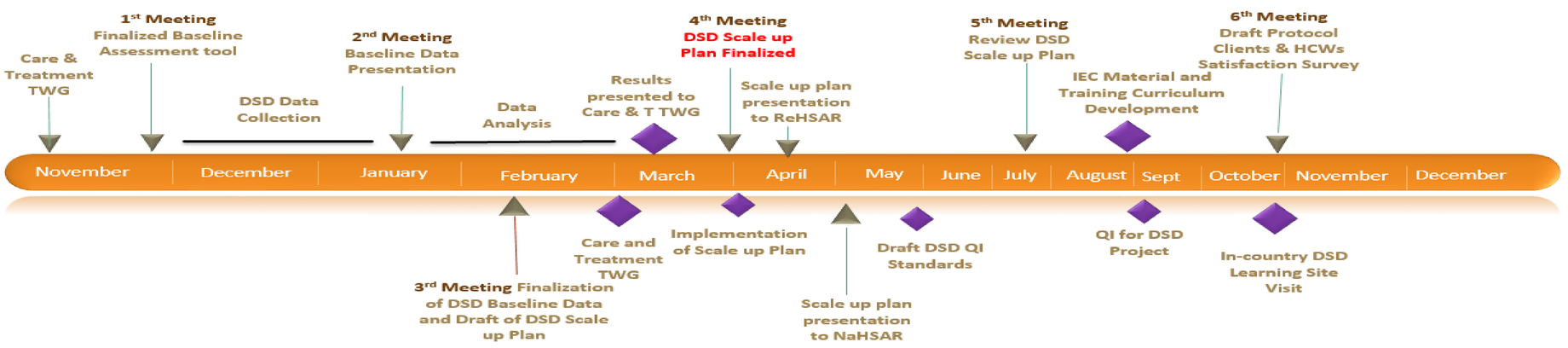
Eswatini through the DSD working group has planned to conduct a clients and HCWs satisfaction survey, this will include assessment of DSD cost vs mainstream care.

Scale up In-country DSD Learning Exchange site visit activities targeting low performing sites.

Sensitize Regional Health Management Teams and the four key regional partners on DSD

Expand QI for DSD project to all Hospitals and Health Centres, and two High volume Clinics

Figure 3: DSD Core Team Milestone Chart



November 2018