

Zimbabwe DSD Update

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Zimbabwe Ministry of Health and Child Care

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ICAP

Columbia University
Mailman School
of Public Health

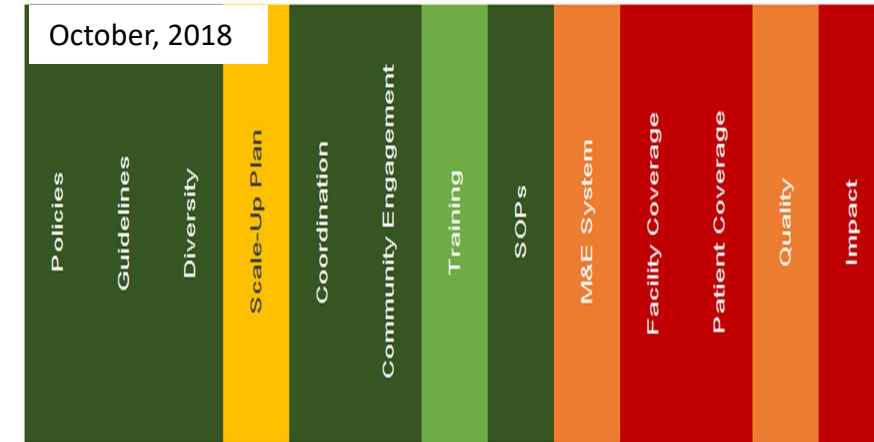
HIV LEARNING NETWORK

The CQUIN Project for Differentiated Service Delivery

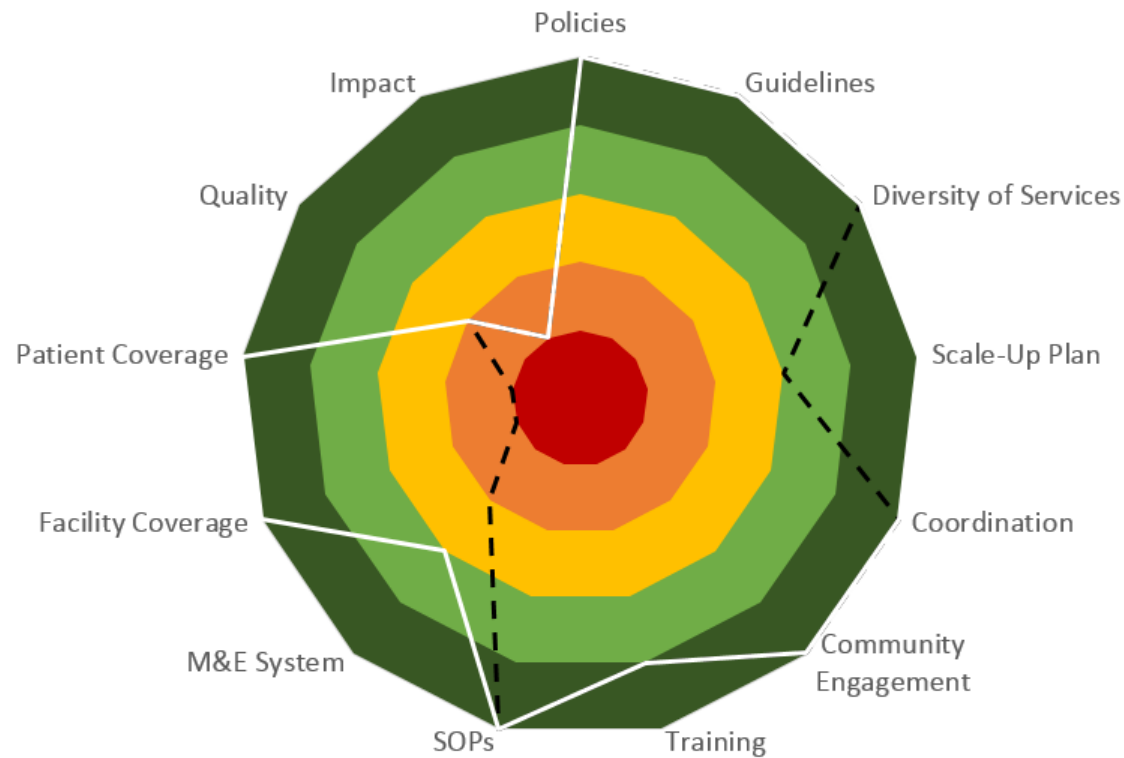
Outline

- Where are we now?
 - CQUIN Dashboard Results
 - DART Model Mix
- How did we get here?
 - Update on CQUIN Action Plan
 - Successes and Challenges
- 2020 goals and targets

CQUIN Dashboard Results



Change in Dashboard Domains since 2018



October 2018 October 2019

Significant Improvements in:

- Scale-up plan
- M&E systems
- Patient-level coverage
- Facility Coverage

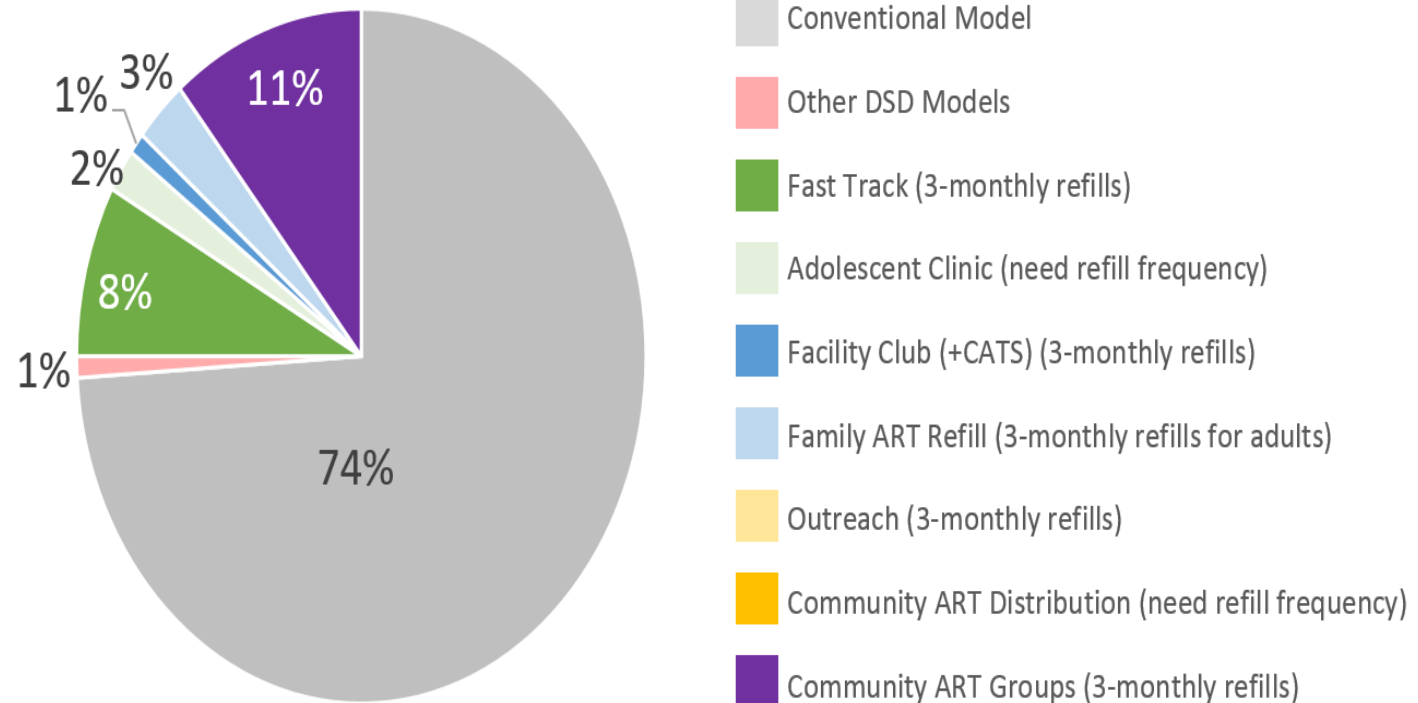
Zimbabwe DSD Model Mix, DSD Report, April – June, 2019

Data collected and reported from 41/63 districts in all the 10 provinces in the country

Clients on ART – 814,822 which approx. 80% of all clients on ART

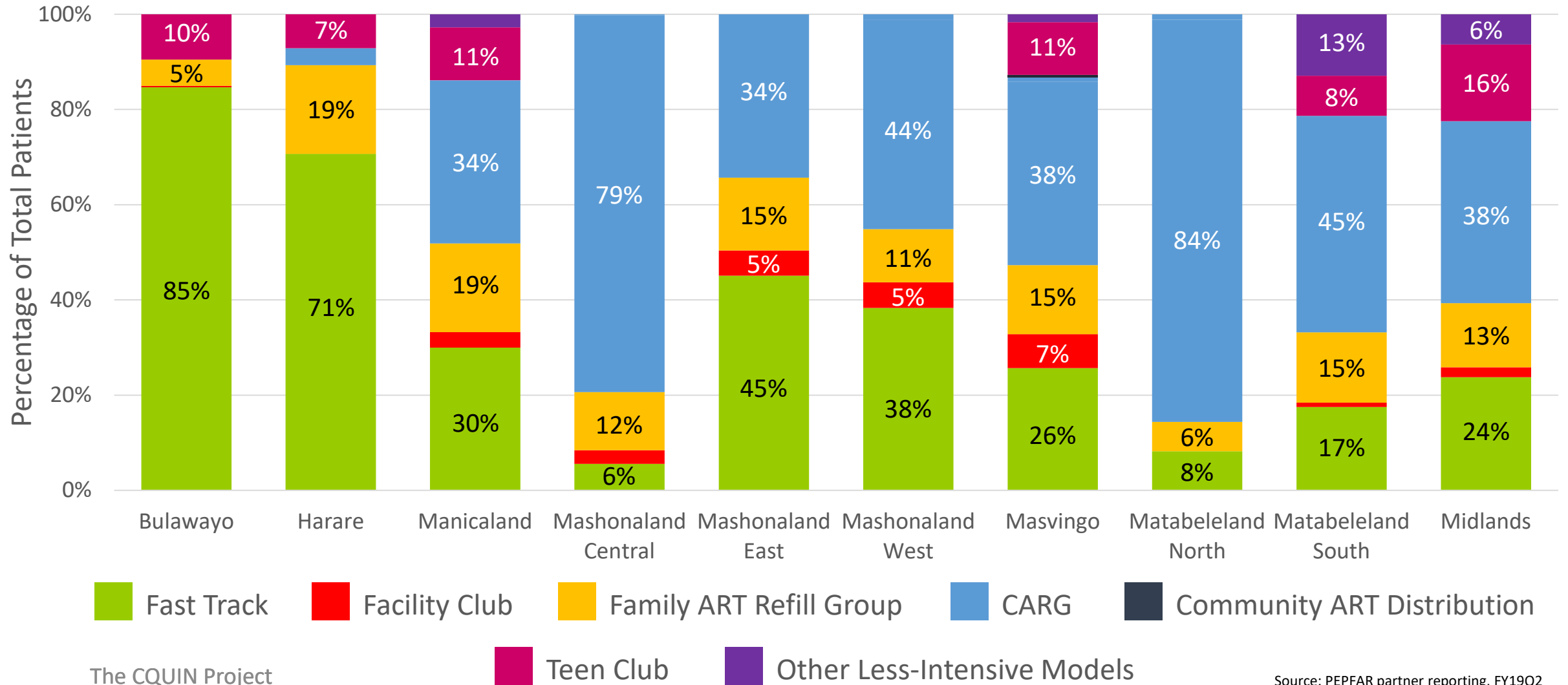
Total number of clients enrolled in the 5 DSD models – 213,388

DSD patient coverage – 26% (excludes MMD)



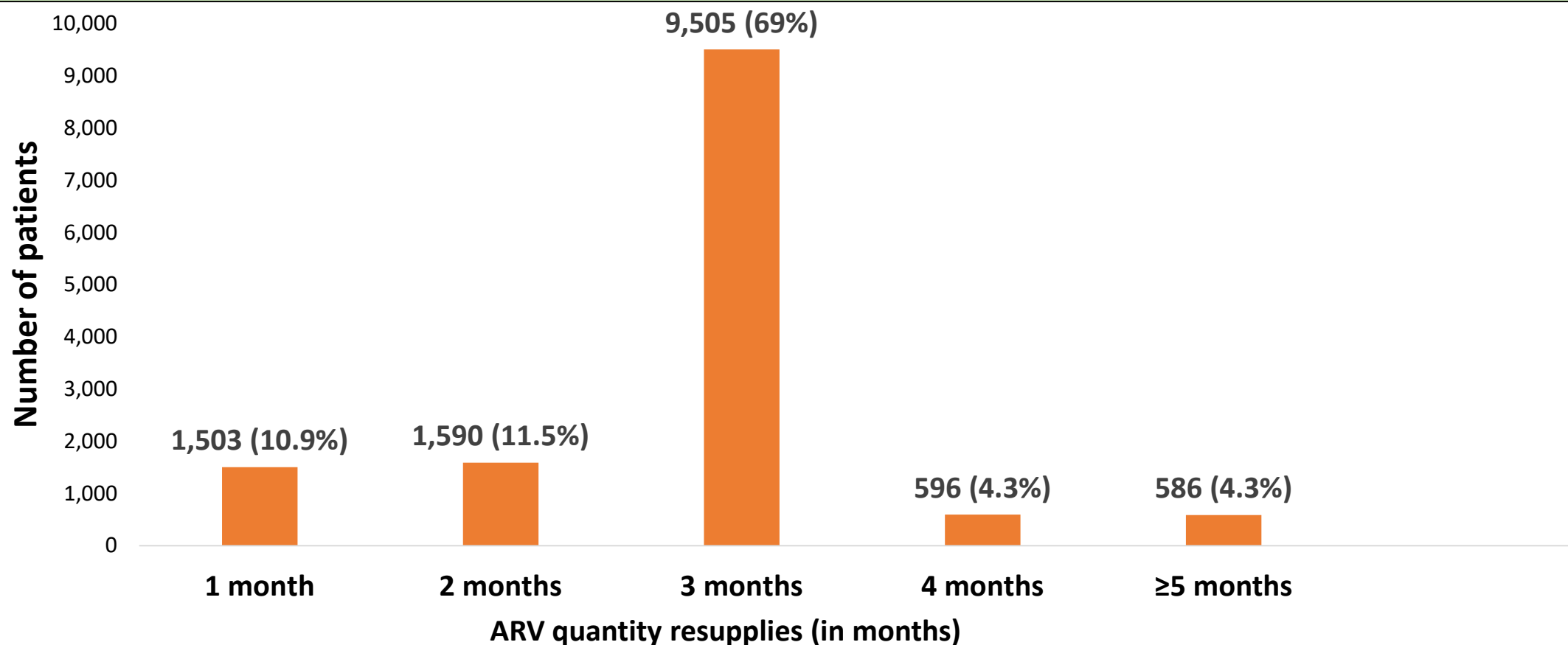
DSD coverage for the 5 main DSD models exclusive of MMD is 26% with the majority of clients being enrolled in Community ART Refill Groups (CARGs)

Less-Intensive Model Coverage by Province

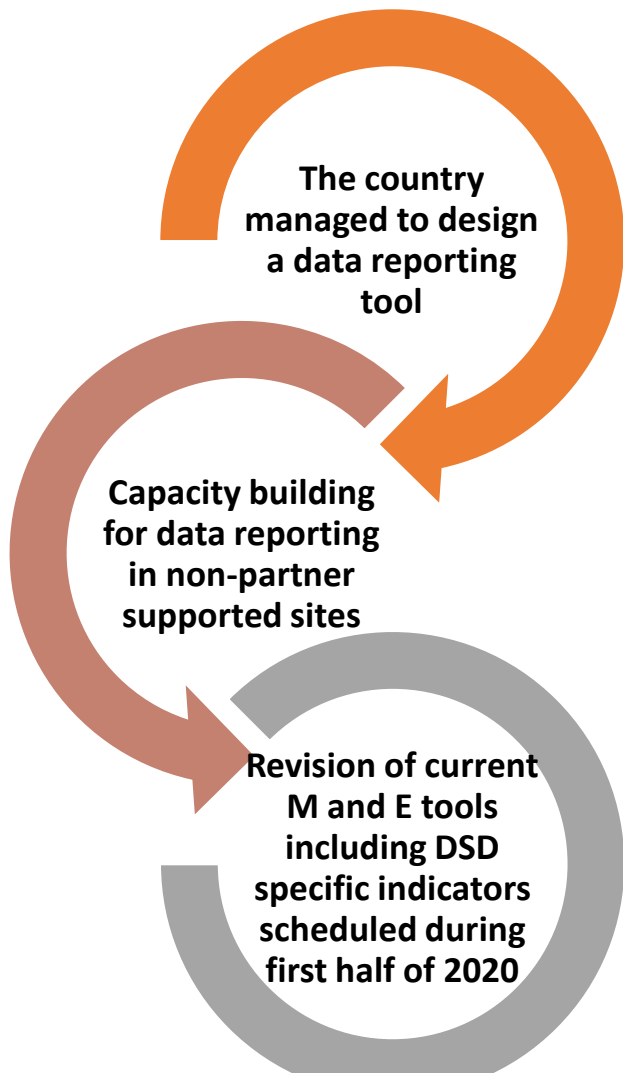


Quantity of ARVs dispensed at the last clinic visit among patients on ART for at least 6 months, Zimbabwe, 2019 (N=13,780)

Among all PLHIV in ART care at 30 randomly selected health facilities from all 10 provinces, 77% of clients received MMD of at least 3 months including 69% for 3 months and 8.3% for over 3 months



Strengthening of DSD data generation: Implementation of the M and E Plan



- DSD data reporting by implementing partners
- Has enabled data reporting for 41 of the 63 districts in the country, with approx. 80% of clients on ART in the country
- Current coverage of the 5 DSD models is at 26% of all clients on ART

Province	District	Health Facility	Fast track				Facility clubs					
			# of clients newly enrolled this quarter		Cumulative # of clients at the facility		# of clubs formed this		Cumulative # of Clubs at the			
			M	F	M	F	M	F	M	F		
		Facility 1										
		Facility 2										
		Facility 3										
		Facility 4										
		Facility 5										
		Facility 6										
		Facility 7										
		Facility 8										
		Facility 9										
		Facility 10										
		Facility 11										
		Facility 12										
		Facility 13										
		Facility 14										
		Grand total										

DSD Review Meeting held for 4 Provinces: Key Lessons Learnt and Recommendations

- *Data provided helpful insights on DSD implementation*
 - Extensive participation in discussions by facility and district teams
 - Data closely mirrored the picture seen in the quarterly DSD reporting
- *Support for DSD scale-up can be targeted using these findings*
 - Increase uptake and coverage in priority DSD models
 - Improve VL testing coverage and fidelity of implementation
 - Eligibility/enrollment, and appointment/ART pickup spacing
 - Monitor and manage DSD model switch
- *Steps can be taken to improve data review process as well as data quality*



Update and Dissemination of the HIV Treatment Literacy Manual



A MANUAL TO SUPPORT COMMUNITY HIV AND TUBERCULOSIS TREATMENT LITERACY IN ZIMBABWE

December
2018

ISBN: 978-0-7974-7540-3

HIV Treatment Literacy Manual was updated

The manual contains:

- clear descriptions of differentiated service delivery models offered in the country
- The role of communities in demand creation

Twenty two representatives from 17 Civil Society Organisations (CSOs) participated in the national TOT

Six (6) cascade meetings planned to be conducted for 6 priority districts by the end of 2019

Pamphlets and Wall Poster SOPs were Developed for DSD Demand Creation

What are the benefits of DSD?



- Reduces the time and money you spend traveling to clinic for appointments and drug refills.
- Provides important support from healthcare workers and fellow clients, thereby improving adherence to medication.
- Reduces the number of clients coming to the clinic therefore your health care workers will not be overloaded with work.

Are you interested?

Ask your healthcare worker for more information on the DSD models available at your facility and enroll into the DSD model of YOUR choice! Start getting your medications at a time and place convenient to YOU today!

Your Time IS Precious! ...and so is your Health!

We would like to help you spend less time at the health facility - but still receive quality health care that you deserve

Your Time IS Precious! ...and so is your Health!

Client Education on Models of ART Delivery

What is Differentiated Service Delivery?
Differentiated Service Delivery Models mean that you can CHOOSE different ways of receiving your ongoing HIV Care.

PASSIVE ENROLMENT: Client expresses interest in particular DSD care for ART

ACTIVE ENROLMENT: Identify clients who qualify for DSD

IS THE CLIENT ELIGIBLE FOR DSD CARE FOR ART?

- Has the client been on same ART regimen for at least 6 months?
- Has the viral load been undetectable (VL = 1000 copies/ml) OR a CD4 count = 300 cells/mm3 in settings where VL is unavailable AND
- The client currently does not have any opportunistic infections

NO → **STEPS TO TAKE:**

- Explain why the client is not eligible
- Address barriers to eligibility (adherence counselling)
- Take client through enhanced adherence counselling and manage accordingly as guided in the OSDH

Client becomes eligible





YES → **ENGAGE CLIENT, RECOMMEND POSSIBLE MODELS FOR WHICH CLIENT IS ELIGIBLE:**

DSD Type	Fast track	Facility based Club refills	Outreach	Community ART group	Family member refills
Recruitment	Patient self referral choosing the model or identified by clinician	Club members are facilitated by the nurse or primary counsellor	Patient self referral. Patients are notified prior to the date of the outreach dates	Self formed by individuals from the same geographic area with the support from a health care worker	Self formed by members of the same family with the support from a health care worker
ART refills	Collects directly from pharmacy	Allocated room for the group meeting	At fixed mobile outreach site	One member collects for others	One member collects for others
When	Every 3 months and anytime during clinic opening hours	Every 3 months at fixed group meeting times	Every 3 months at fixed at a fixed mobile outreach site	Every 3 months at fixed at an agreed time in community and appointed date at facility	Every 3 months
Size	Individual	Between 10-20 people	Individual	Between 4-12 people	Family Members

Conduct health education session on selected model:

- Enroll in selected DSD model
- Assure adherence to the model SOP in OSDH
- Assure clinical visits once a year

If client becomes ineligible as per the SOP, return to mainstream care

Developed the following IEC materials for DSD:

- Pamphlets and wall posters targeting clients and for use at patient waiting areas
- Health workers' Job aides for quick reference

Challenges

Inadequate reporting of DSD activities in districts with less partner support

Some health workers are reluctant to release clients from conventional HIV care to community-based DSDM

Stigma and discrimination remains a concern in some communities discouraging participation in CARGs.

2020 Goals and Targets

Plans for Model Mix

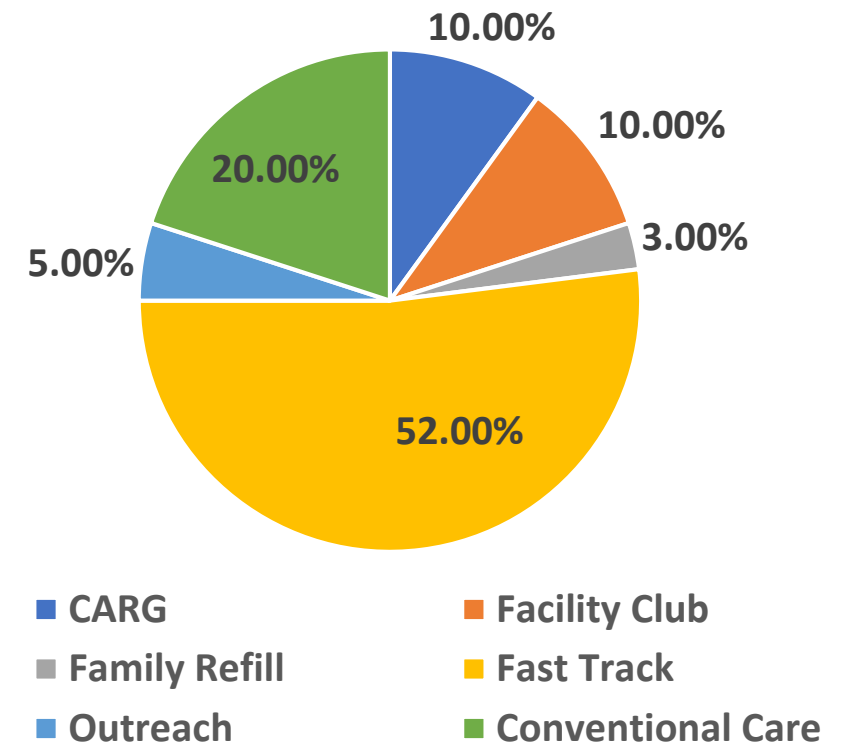
- Promote individual facility models in urban settings
- Establish (new) DSD models for the mobile and diaspora populations

Develop and implement a DSD Quality Monitoring plan to include Client Satisfaction Surveys

Exploration on the feasibility of TPT provision in the context of DSDM

National DSD implementation Review (to address the quality and impact domains performance)

2020 Targets: Increase the proportion of stable adolescent and adult clients in DSD models for ART to 80% of stable eligible clients by Dec 2020



Acknowledgements



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GLOBAL. HEALTH. ACTION.
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