



CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

DSD Performance Review Case Study of Mozambique

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Outline

- Objectives
- Methodology
- Results
- Conclusion
- Acknowledgements

Objectives

- **Assess:**
 - HF Coverage
 - Patients coverage
 - Quality of Services provided to PLHIV enrolled on DSD
 - Impact of DSD on retention on care and viral suppression
 - Patient`s and provider`s perception

Methodology

Quantitative Component

- Availability of Job Aids
- Facility Coverage
- Patients coverage
- Quality of services
- Retention
- Viral Suppression
- ✓ **Data collection tools**
 - **Interview**
 - **Direct observation**
 - **Review of patient`s chart**

Qualitative Component

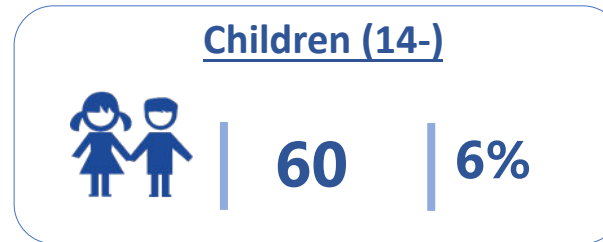
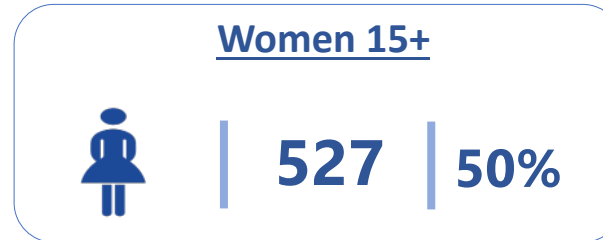
- Provider`s perception
- RoC perception
- ✓ **Interview guide:**
 - ✓ **RoC**
 - **Advantages of DSD**
 - **Disadvantages of DSD**
 - **Suggestions**
 - ✓ **Provider**
 - **DSD Advantages**
 - **DSD Disadvantages**
 - **Suggestions**



Sampling

Visited 17 Health Facilities
1047 clinical charts (2 cohorts)
12 Months – 450
24 Months – 597

Interviewed:
17 Providers
40 RoC enrolled on DSD

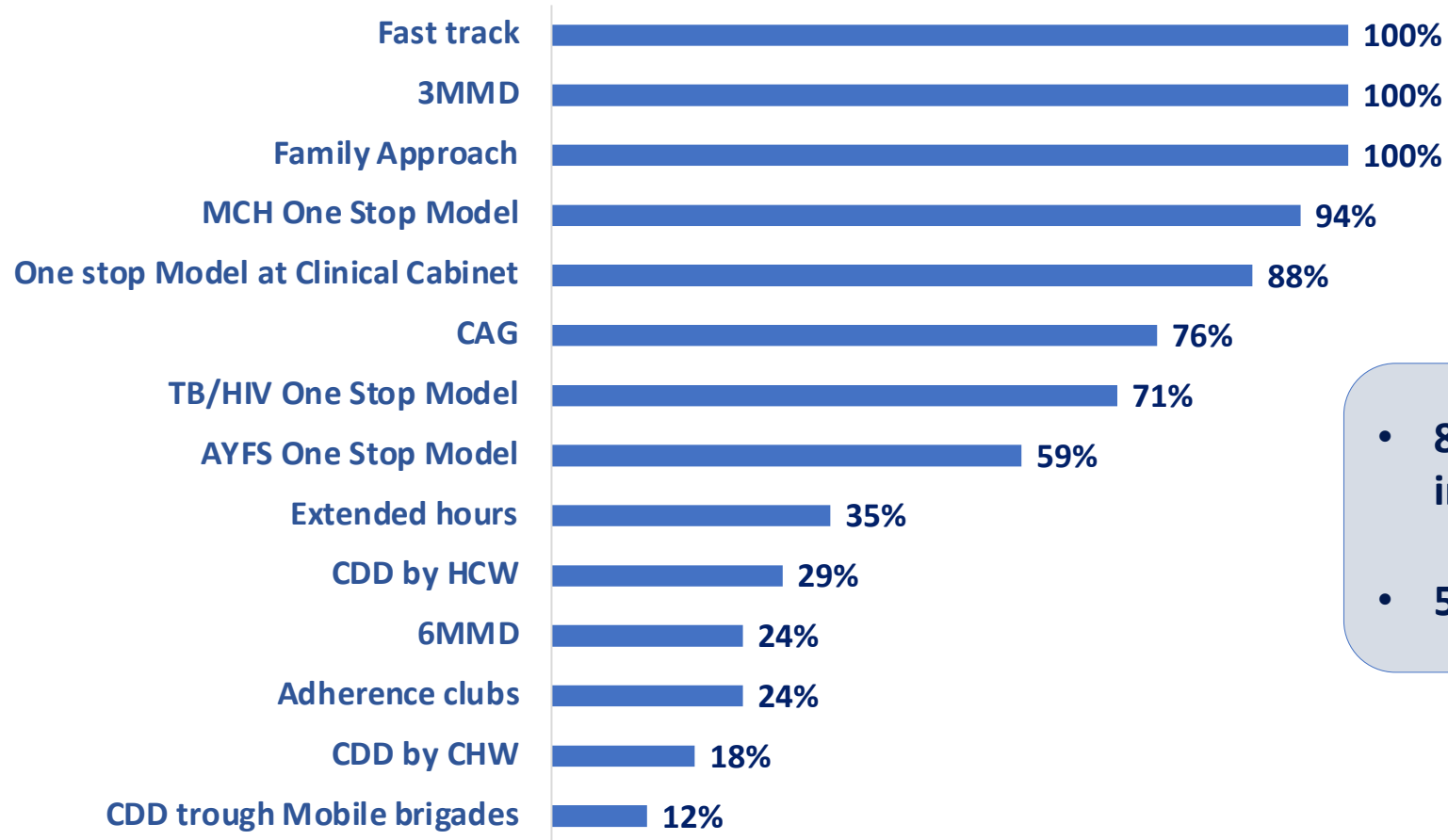


13% (137) No info about date of birth:

- 68% (93) Female
- 32% (44) Male

Health Facility Coverage

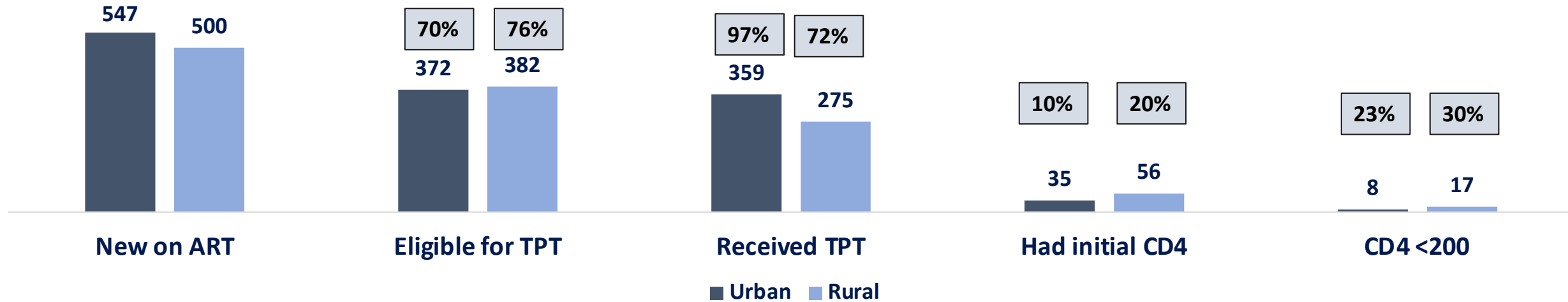
N=17



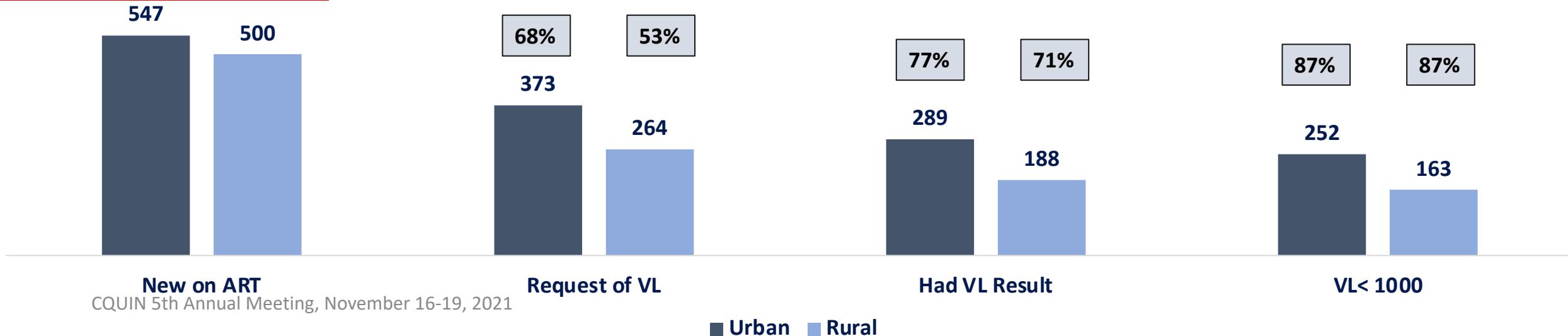
- 89% of the providers were trained on implementation of DSD
- 59% of the HF had DSD guide

Services provided at ART initiation and 6M after ART initiation

AT ART INITIATION



6M AFTER ART INITIATION



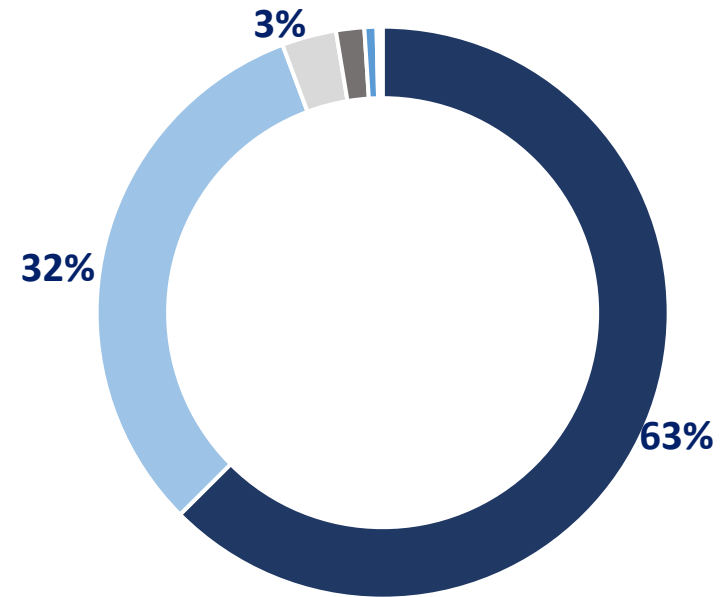
Patient's Coverage

12 MONTHS AFTER ART INITIATION, 85% OF PATIENTS WERE ENROLLED IN AT LEAST 1 DSD. 15% WERE ON SOC

MODEL	N	%
3MMD	549	63%
One Stop Model	279	32%
Fast Track	27	3%
Family Approach	14	2%
6MMD	6	1%
CAG	2	0%
Community DD	1	0%

LESS INTENSIVE MODELS

DISTRIBUTION OF PATIENTS ENROLLED ON DSD



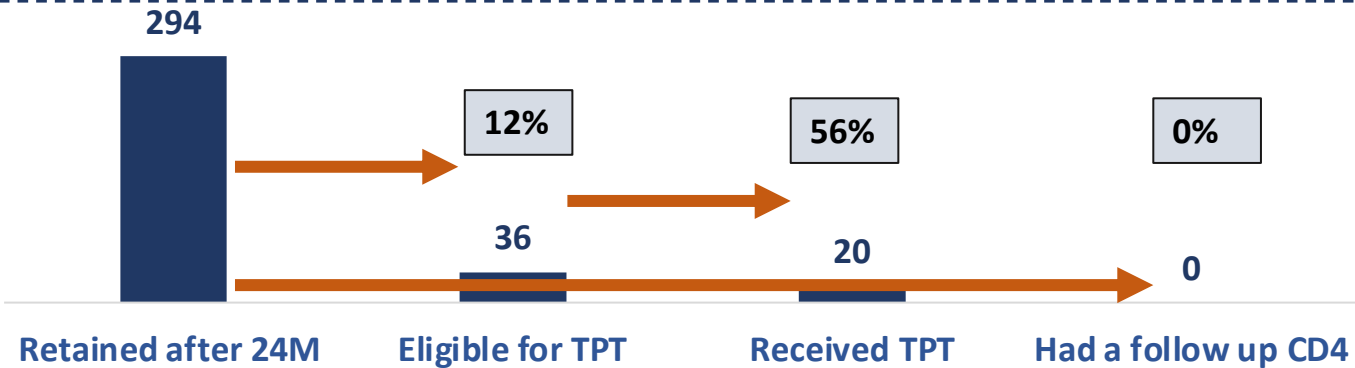
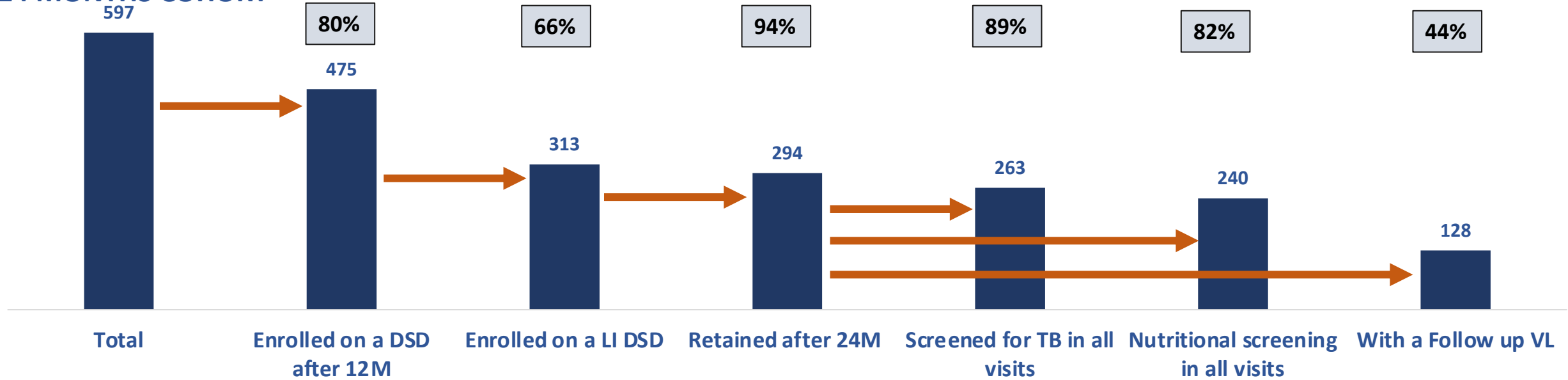
■ 3MMD ■ One Stop Model ■ Fast Track ■ Family Approach ■ 6MMD ■ CAG ■ Community DD

Less-intensive DSD model enrollment among ineligible patients

Condition	N° Patientes without criteria for less intensive DSD	% enrolled in less-intensive DSD model
Risk or Poor Adherence	50	33%
WHO stage III or IV	43	57%
VL>1000	34	43%
CD4<200	8	32%

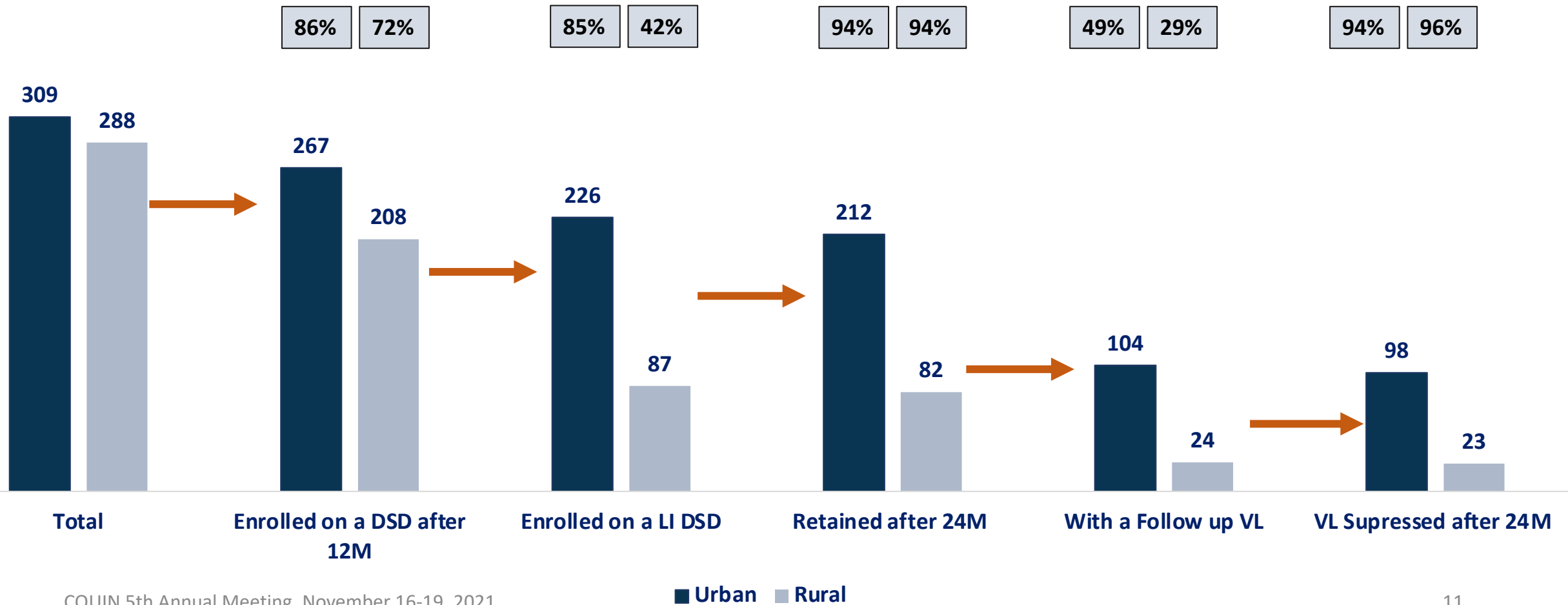
Quality of Services provided to PLHIV enrolled on a LI DSD

24 MONTHS COHORT



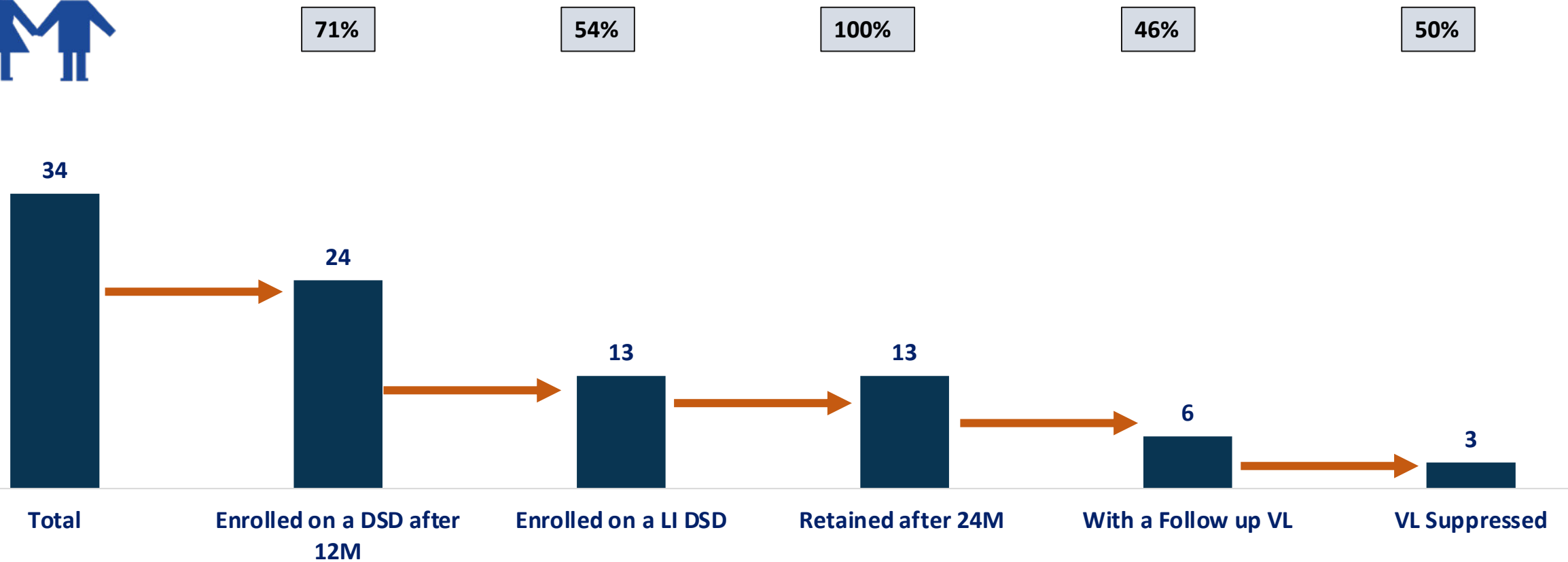
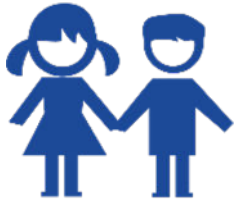
DSD model enrollment, retention, VL testing, and VLS by facility setting, 24M cohort

24 MONTHS COHORT



DSD model enrollment, retention, VL testing, and VLS by facility setting, 24M cohort - Children

24 MONTHS COHORT



Patient perceptions of DSD models

ADVANTAGES

- More time for other activities
- Reduced frequency of visits
- Reduced transportation costs
- Reduced waiting time
- Improved adherence

DISADVANTAGES

- It's difficult to store high quantities of medicines
- It's easy to forget date of next visits
- 3MMD is still intensive
- Risk of the medicines stolen

SUGGESTIONS:

- Implement 6MMD and 12MMD
- Reduce the waiting time
- Develop drugs that are taken less frequently
- Provide nutritional support
- Develop vaccine or cure for HIV

Provider perceptions of DSD

ADVANTAGES

- Reduced workload
- Improved quality of services
- More time for other activities
- Improved adherence

DISADVANTAGES

- Poor laboratory follow up
- Poor PSS follow-up
- Low perception about next visit date by the patients
- Loss of medicines

SUGGESTIONS:

- Scale up of 6 and 12 MMD
- Train providers on implementation of DSD
- Provide friendly pediatric formulations for MMD
- Scale up Community Drug Dispensation
- Provide job aids in A3 format

Conclusion 1/2

HF COVERAGE

- There is a good coverage of HF implementing 3MMD, Fast Track, One Stop Model and Family Approach

PATIENTS COVERAGE

- 12 months after ART initiation, 85% of the patients are enrolled on at least one DSD – almost entirely 3MMD and One Stop Model

QUALITY OF SERVICES

- Despite good patients and HF coverage, quality of services provided to the patients on DSD is still a challenge

Conclusion 2/2

IMPACT

- More than 90% of the patients enrolled on a less-intensive DSD model continue retained and are VL suppressed 24M after ART initiation

PATIENT PERCEPTIONS

- DSD models reduce the time and expenses related with treatment

PROVIDER PERCEPTIONS

- DSD models reduce their workload and improve the quality of services. But there are perceived risks associated with loss and medicines and sub-optimal quality of services

Acknowledgements

- CQUIN
- ICAP Mozambique
- WHO
- PEPFAR (USAID and CDC)
- Implementing partners



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