



Taking Differentiated Service Delivery to Scale in Eswatini: Towards 95:95:95

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BACKGROUND

Eswatini has been implementing differentiated service delivery (DSD) since 2014 and joined the CQUIN network in 2016. Key priorities for DSD scale-up in Eswatini include:

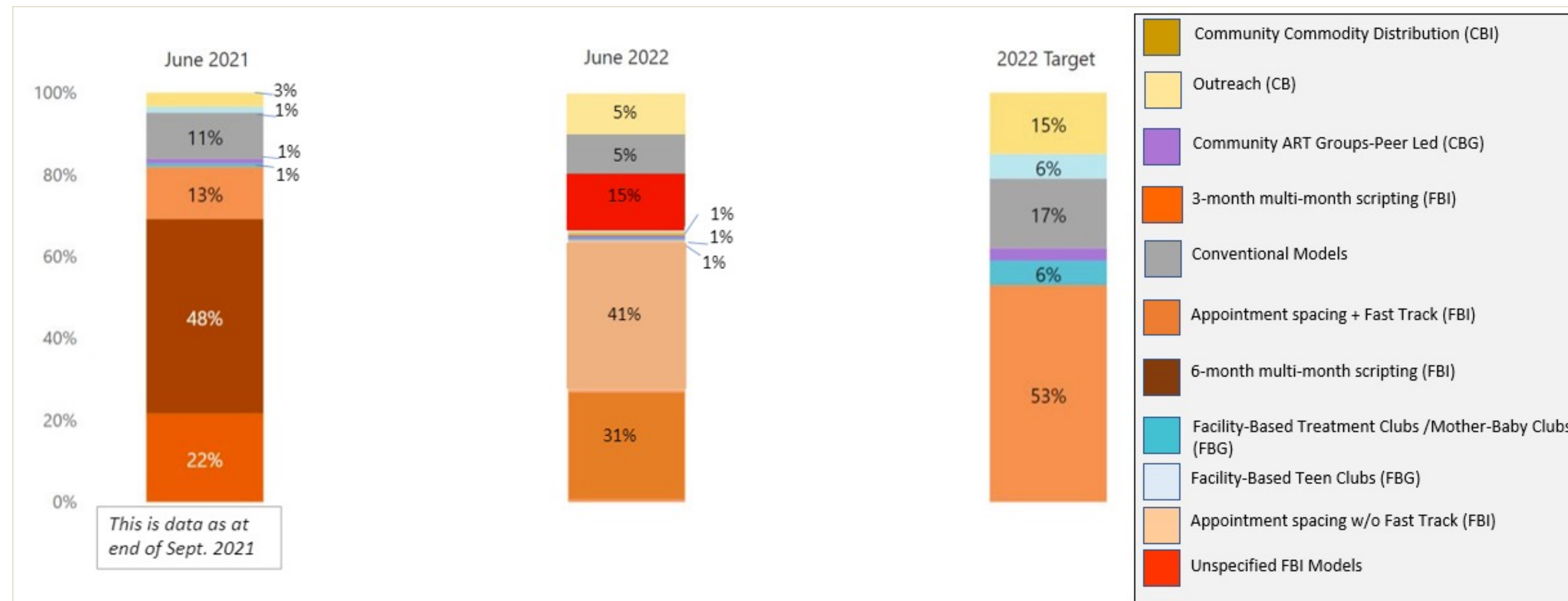
- ✓ Improving enrollment and coverage of recipients of care (ROC) into their preferred model of care by improving quality of service delivery and coordination of key stakeholders
- ✓ Decentralizing coordination of DSD services and building the capacity of health care workers to provide high-quality DSD services
- ✓ Training, facilitating, and empowering support groups to create and/or increase demand for less-intensive DSD services
- ✓ Increasing the scope of less-intensive DSD models to integrate services for non-communicable diseases (HTN, DM, and cancers), family planning, TB preventive treatment, and key populations (KP) into DSD models
- ✓ Strengthening recording and reporting of DSD indicators through CMIS
- ✓ Strengthening coordination and implementation of more-intensive DSD models
- ✓ Scaling up innovative DSD models

At the national level, DSD activities are coordinated by the DSD Coordinator, who convenes and supports quarterly TWG meetings. This year, the country developed and distributed new DSD guidelines and is in the process of incorporating DSD standards into the national HIV quality standards. ROC representatives are permanent members of the quarterly TWG meetings.

DSD IMPLEMENTATION

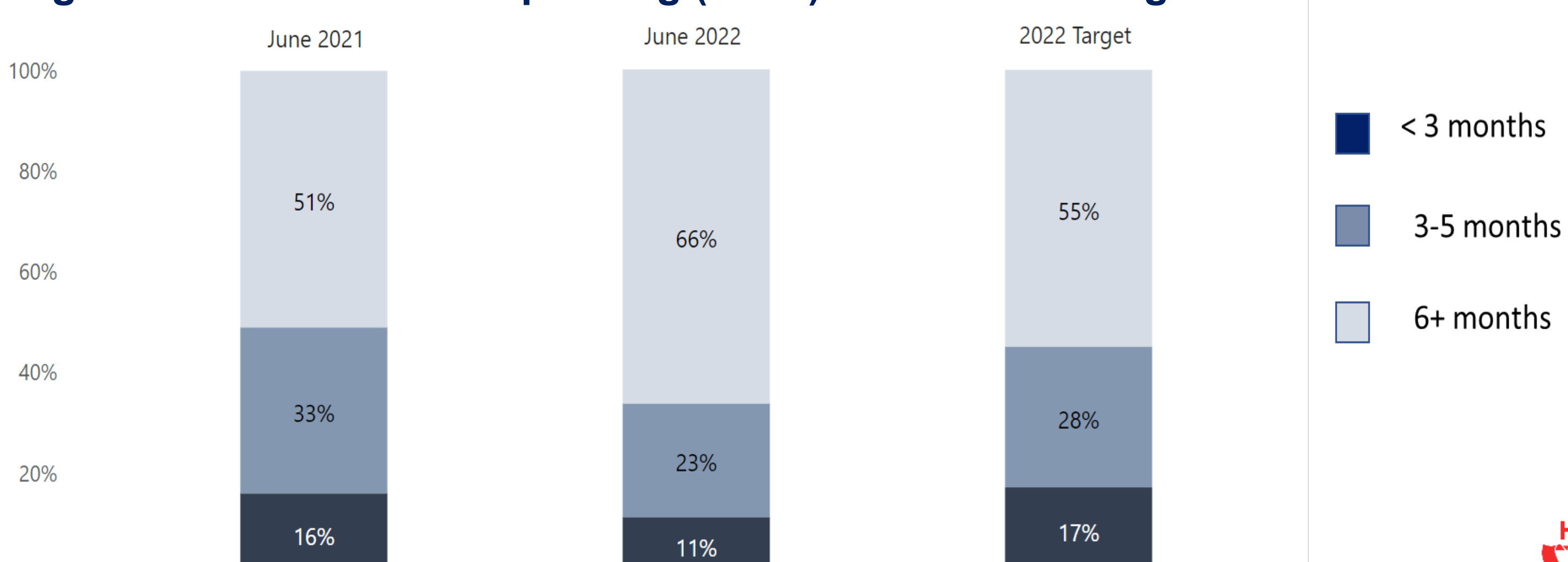
Current DSD models include facility-based (Mainstream [conventional], Fast Track, Appointment Spacing without Fast Track, Family-Centered Care, Treatment Clubs, Teen Clubs) and community-based models (Outreach, Community Drug Distribution, Community ART groups). Individuals with high viral load and/or advanced HIV are in more-intensive models. 203 facilities provide ART in Eswatini, all of which provide less-intensive DART. Approximately 85 percent of people on ART are in a less-intensive model.

Figure 1: DSD Model Mix: Results vs. Targets



As of June 2022, fewer people than expected were in conventional models (5% vs. 17%), but this may be due to miscategorization; some of the 15% of people on ART in “unspecified” facility-based individual models may in fact have been in conventional ones. The 2022 target for the Appointment Spacing + Fast Track model was 53%, but as of June 2022, only 31% were enrolled in this model. Of note, 41% of clients were in Appointment Spacing without Fast Track, meaning 72% of people on ART were in an Appointment Spacing model. Enrollment in the Outreach model (5%) was substantially lower than the target of 15%. As seen in Figure 2, enrollment in 6-MMD was substantially higher than our 2022 target (66% vs. 55%).

Figure 2: Multi-month Dispensing (MMD): Results vs. Targets



DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 3: DART Capability Maturity Model Dashboard Results 2022

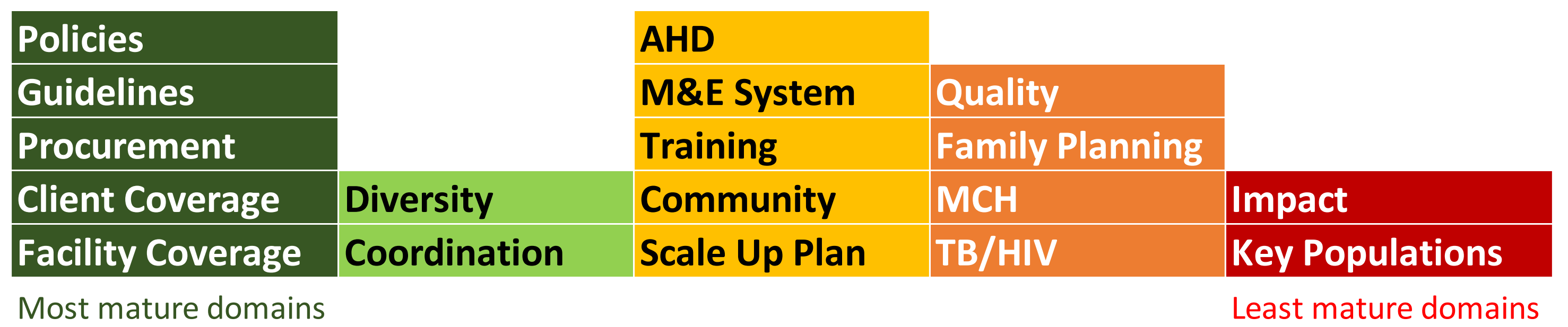
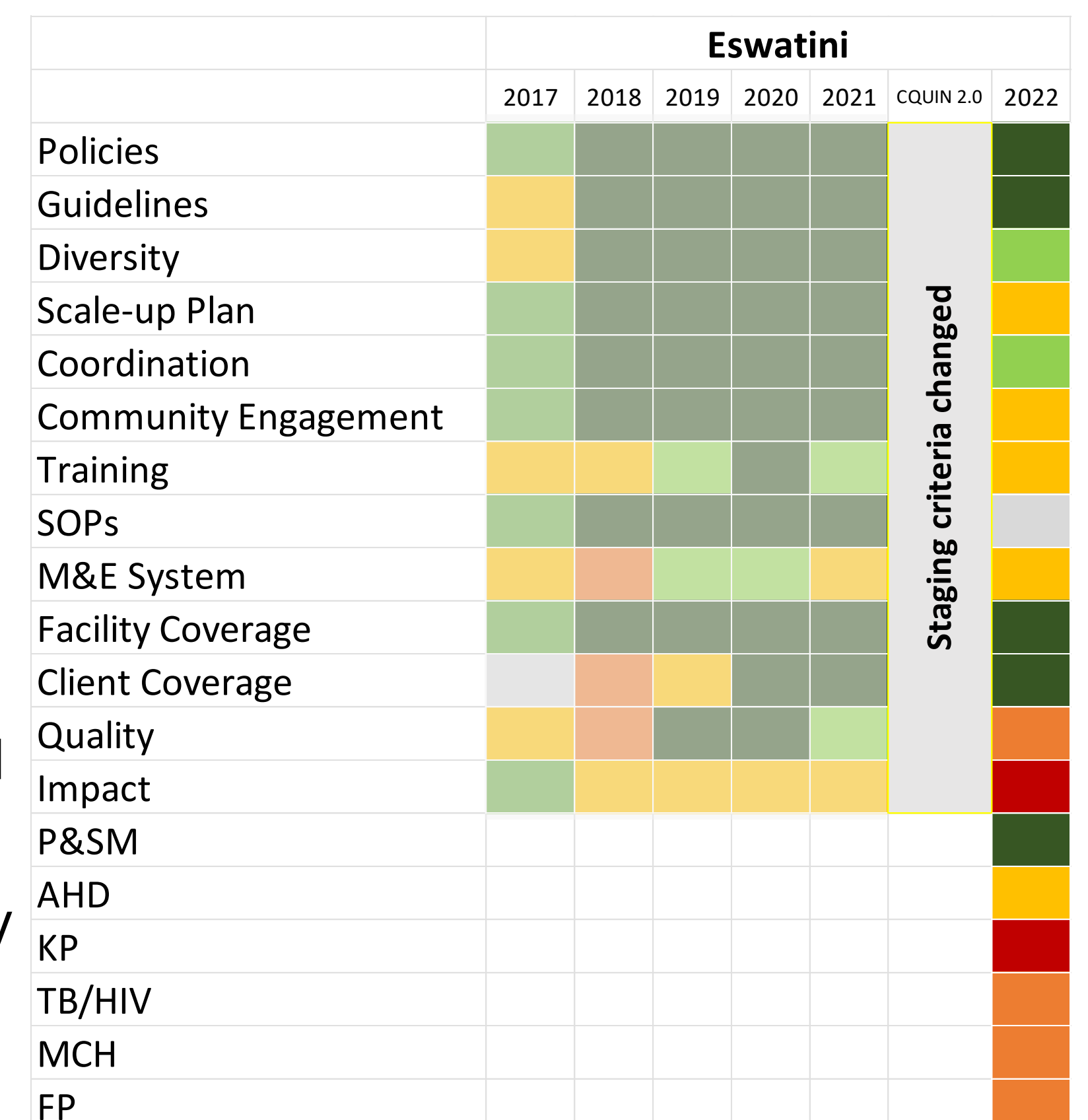


Figure 3 shows the results of the Eswatini country team’s recent self-assessment using the CQUIN DART capability maturity model.

In 2022, Eswatini achieved the most mature stage (dark green) in 5 domains, while 2 domains were in the least mature (red) stage.

Figure 4 describes DART dashboard progress over time, and results of the revised and expanded DART capability maturity model used in 2022.

Figure 4: DART Dashboard 2017 – 2022



CQUIN ENGAGEMENT AND ACHIEVEMENTS

Eswatini participates in the following communities of practice: Quality & QI, Advanced HIV disease (AHD), Differentiated TB/HIV, Differentiated MCH, Differentiated HIV/NCD services, and DSD for KP. Highlights from this year include:

- A team from Eswatini visited Tanzania on a country-to-country visit focused on DSD for KP. The team learned about differentiated HIV services offered to KP (specifically people who inject drugs), service delivery systems and structures, meaningful engagement of KP in national strategic planning and programs, and KP intervention packages and project targets. The team also obtained helpful tools, guiding documents, and messaging used with people who inject drugs in Tanzania.
- Eswatini hosted Ethiopia in a country-to-country learning exchange focused on AHD.
- Eswatini participated in a virtual country-to-country exchange with Kenya on HIV/NCD integration, which focused on facility-based HIV/NCD models in Eswatini and community-based HIV/NCD models in Kenya.

Meetings resulted in valuable experience- and information-sharing. The series of monthly webinars have been valuable in supporting the country team to address various thematic areas of DSD. Last year’s workshops—particularly those on MNCH and KP—resulted in the sharing of valuable experiences from the network as Eswatini continues to implement action plans that emerged after the workshops.

Key lessons learned from CQUIN meetings include the importance of coordination, teamwork, experience-sharing, and stakeholder involvement (particularly ROC at all levels). CQUIN country-to-country meetings and workshops have influenced activities in Eswatini through action plans developed after each meeting.

NEXT STEPS/WAY FORWARD

- Work on action plans to improve the least mature domains in the care and treatment capability maturity model dashboard
- Support meaningful engagement of ROC at all levels (from community to the national level)
- Continue to share experiences with and learn from other CQUIN countries, leveraging all possible lessons learned and innovations
- Implement our outlined priorities in the scale-up of DSD in Eswatini

