



Taking Differentiated Service Delivery to Scale in Mozambique

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BACKGROUND

Mozambique joined the CQUIN network in 2017. Currently, the main priority for the country is to improve the coverage and quality of services provided to recipients of care who are eligible for/enrolled in differentiated service delivery (DSD). To reach this goal, 2022 priorities included developing demand creation materials for DSD, updating the DSD guide and training package, and developing a DSD training package for lay providers.

DSD activities are led by the Ministry of Health (MOH) Care and Treatment Branch Chief and coordinated by the DSD Focal Person. The main DSD activities are discussed in the Care and Treatment Technical Working Group (TWG), which includes representatives from all implementing partners and civil society. The DSD subgroup (a small group of the Care and Treatment TWG) meets to discuss specific aspects of planned activities as needed.

DSD IMPLEMENTATION

More-Intensive Models: One-Stop Models, Family Approach, Extended Hours, Community Drug Dispensation by Clinical Providers, Advanced HIV Disease (AHD), Mobile Brigades, and Mobile Clinics

Less-Intensive Models: MMD, Community Adherence Groups, Community Drug Dispensation by Community Health Workers

DSD for Emergency Contexts: MMD, Mobile Brigades, and Community Drug Dispensation

All (100%) of health facilities providing antiretroviral therapy (ART) services provide at least one less-intensive DSD model. Currently, 89% of people on ART are enrolled in a less-intensive DSD model.

Figure 1: DSD Model Mix: Results vs. Targets

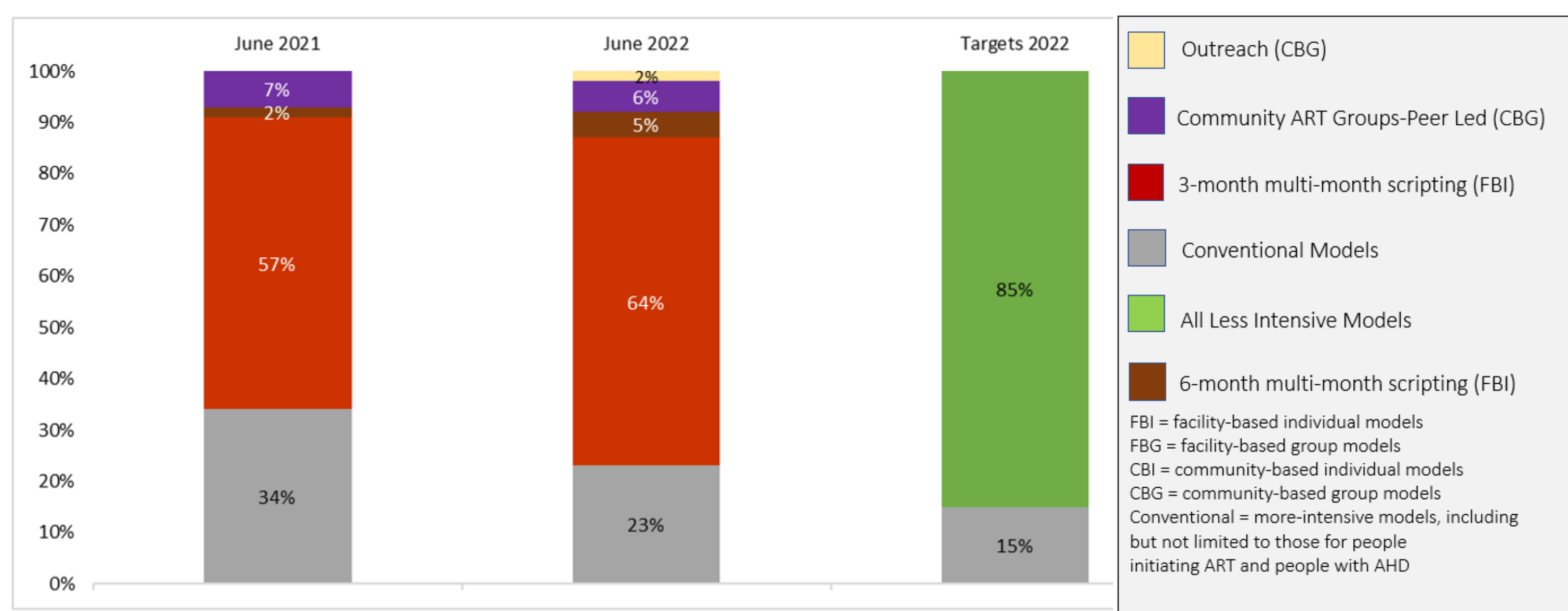
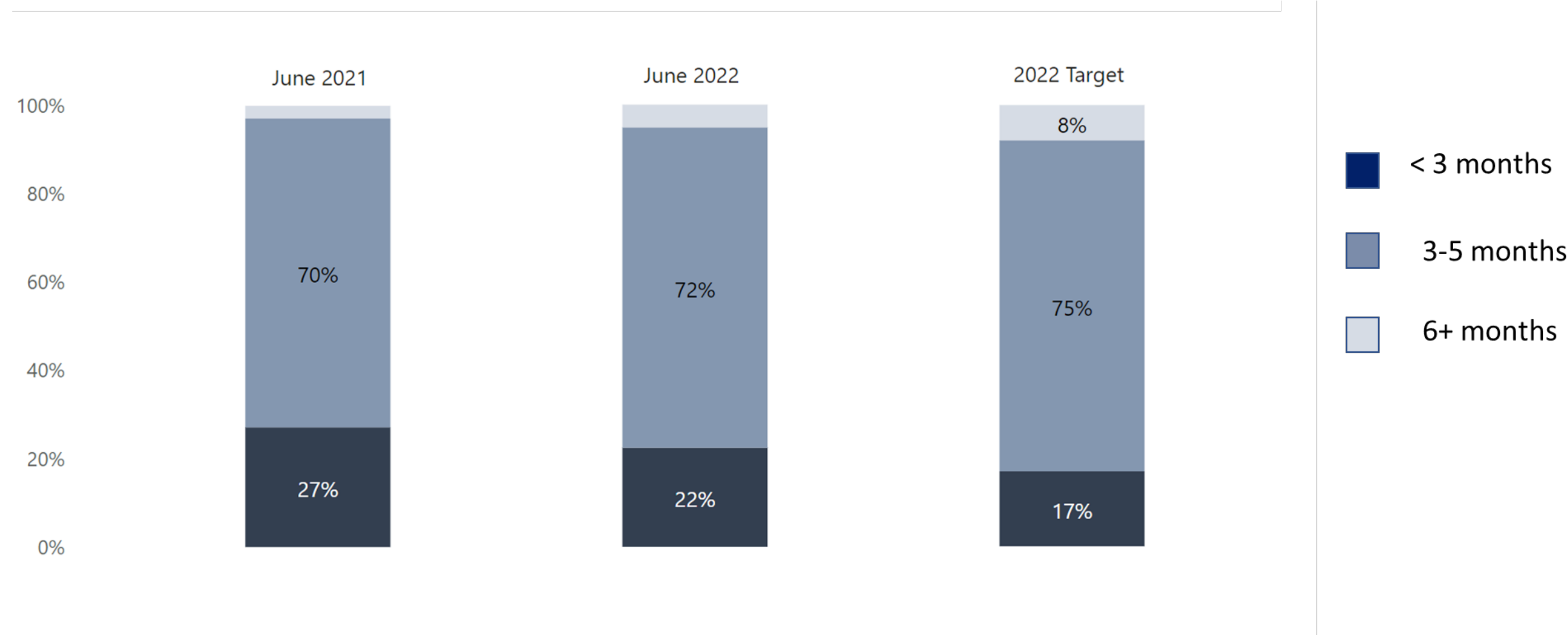


Figure 2: Multi-month Dispensing (MMD): Results vs. Targets



In Mozambique, DSD data are captured from the primary EMR tool (Mastercard), meaning that only health facilities with EMR (health facilities directly supported by PEPFAR) are currently able to report DSD data.

At the end of June 2022, the proportion of people on ART receiving ART for 3-5MMD was 3% below the 2022 target (72% vs. 75%). An influencing factor was that, under previous guidelines, people on ART with poor adherence were ineligible for MMD, regardless of the reason. The guidelines have since been updated, meaning that individuals with poor adherence caused by limited access to health services are now eligible for MMD if they meet all the other eligibility criteria.

DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 3: DART Capability Maturity Model Staging Results 2022

Client Coverage				Family Planning
Facility Coverage				MCH
Procurement				Key Populations
Coordination	Impact			M&E System
Guidelines	Training		TB/HIV	Community
Policies	Diversity	Quality	AHD	Scale Up Plan
Most mature domains			Least mature domains	

Figure 3 shows the results of the country team's recent self-assessment using the CQUIN DART capability maturity model. In 2022, Mozambique achieved the most mature stage (dark green) in six domains, while six domains were in the least mature (red) stage.

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

Figure 4: DART Dashboard 2017 – 2022

	Mozambique						
	2017	2018	2019	2020	2021	CQUIN 2.0	2022
Policies							
Guidelines							
Diversity							
Scale-up Plan							
Coordination							
Community Engagement							
Training							
SOPs							
M&E System							
Facility Coverage							
Client Coverage							
Quality							
Impact							
P&SM							
AHD							
KP							
TB/HIV							
MCH							
FP							

CQUIN ENGAGEMENT AND ACHIEVEMENTS

Mozambique participates in the following CQUIN communities of practice: Key Populations, Advanced HIV Disease, Quality Improvement, Monitoring and Evaluation, TB/HIV, Non-Communicable Diseases, Differentiated Maternal and Child Health, and Mobile and Displaced Populations.

In 2022, the country participated in a country-to-country visit to Tanzania to learn about DSD for key populations.

Key lessons learned from CQUIN meetings relate to:

- Engagement of recipients of care in DSD activities
- Implementation of ART multi-month dispensation for people facing barriers to health service access
- Integration of family planning into DSD models
- Cooperation with religious organizations to improve adherence, retention, and re-engagement
- Implementation of a welcome-back package for people re-engaging in care

Achievements, tools, and/or best practices include:

- DSD Performance Review data
- DSD in emergency contexts
- Booklet for mobile and displaced populations
- DSD eligibility table
- DSD data dashboard

NEXT STEPS/WAY FORWARD

- Train providers on the implementation of the new DSD package
- Finalize the development of the DSD package for lay providers
- Implement a DSD demand creation campaign
- Develop a Data Performance Review electronic report for health facilities with EMR
- Reinforce engagement with the private sector