

Differentiated Service Delivery Scale-up in Senegal: Implementation Status and Perspectives



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BACKGROUND

- Senegal joined the CQUIN network in 2020. Following the appointment of a national differentiated service delivery (DSD) focal point, coordination of DSD is carried out by a DSD technical working group, inclusive and under the leadership of the Ministry of Health.
- The priority was the development of a national DSD guide and training modules, followed by cascade trainings of around 350 healthcare workers.
- The RNP+ (National Network of People Living with AIDS in Senegal) represents recipients of care (RoC) and actively participates in the whole DSD coordination, planning and implementation process in Senegal.
- Following a rapid scale-up, an action plan integrating quality into the DSD strategy was developed and validated by stakeholders through the quality department of the Ministry of Health.
- The main priorities for the DSD scale-up include completion of the trainings at the decentralized level, monitoring and evaluation (M&E) of DSD, dissemination of the guide and all the M&E tools at all the health system levels, and DSD quality-improvement in Senegal.

DSD IMPLEMENTATION

Figure 1a: Less-intensive DSD models for clients established on ART

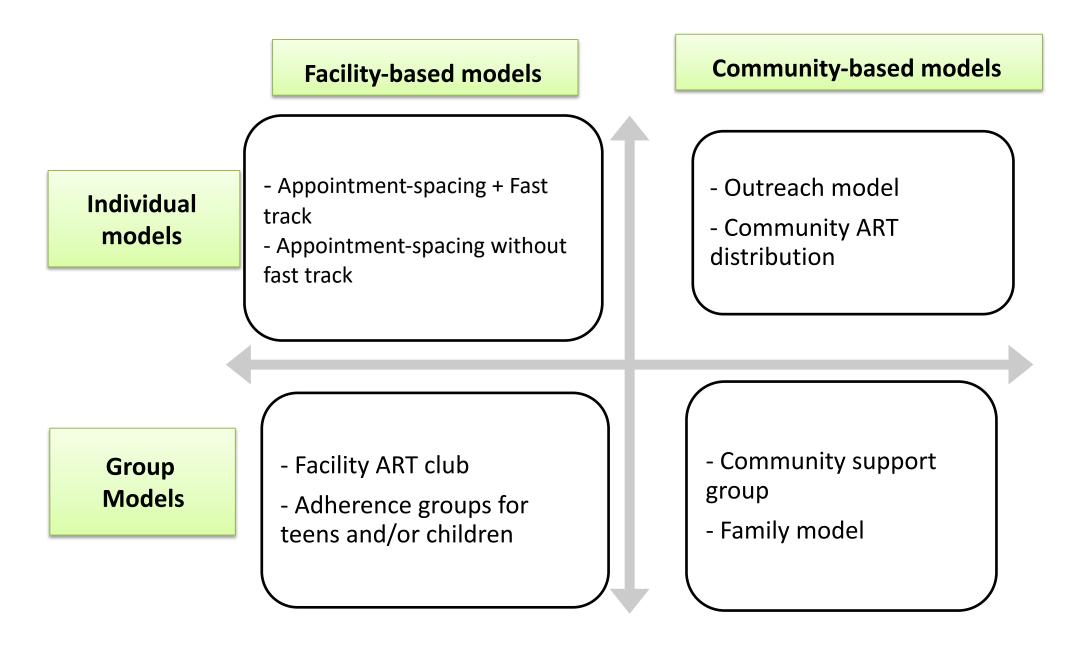


Figure 1b: More-intensive DSD models

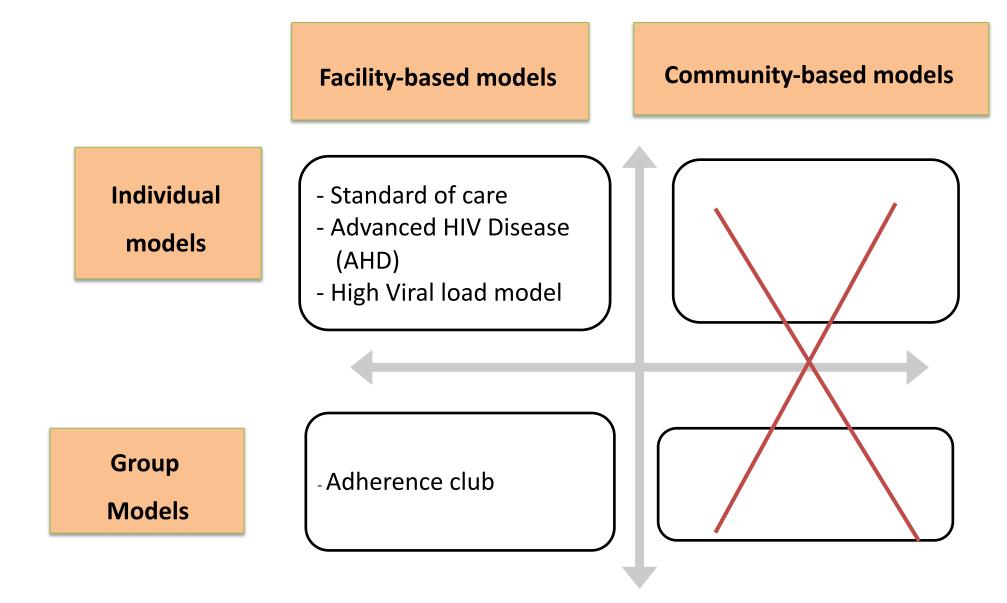
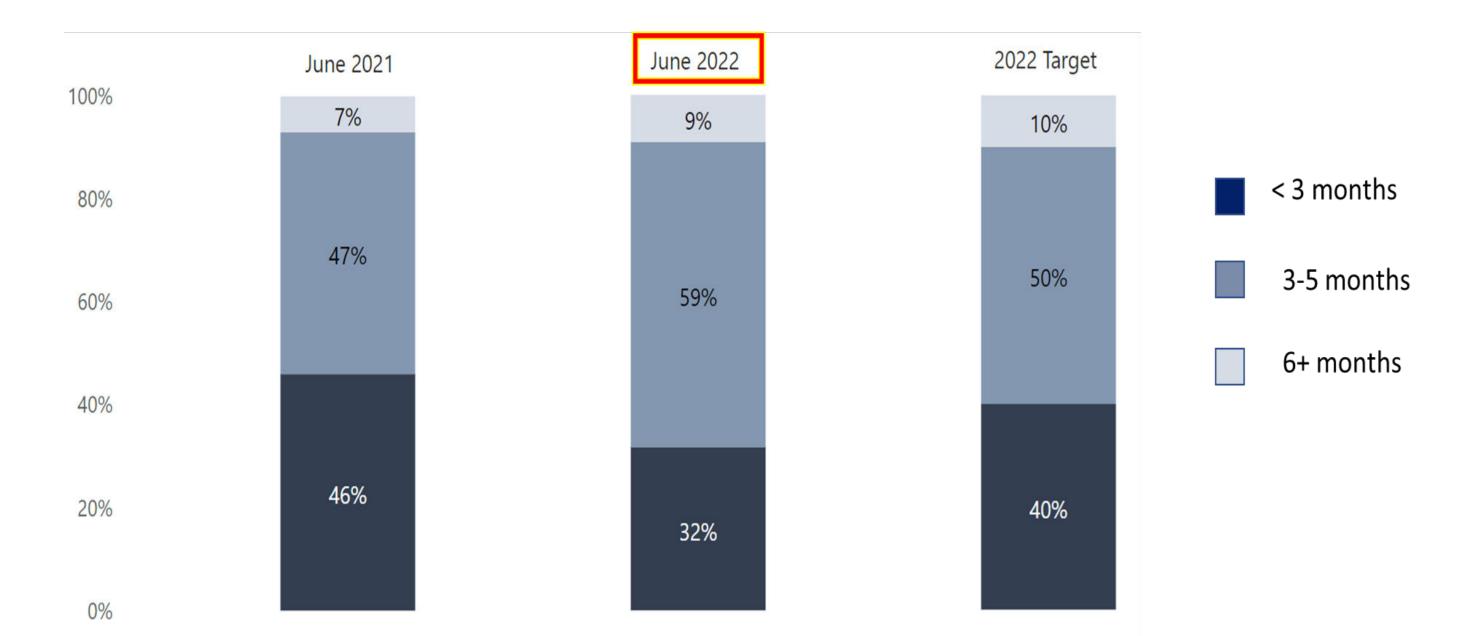


Figure 2: Multi-month Dispensing (MMD): Results vs. Targets



- 144 care & treatment sites (health facilities and hospitals) provide DART
- The MMD6 has increased by two points between 2021 and 2022: 9% in June 2022 (the target of 10% is reachable possible by December 2022).
- However, the available data does not provide information on all the DSD models (model mix) or the number of people on anti-retroviral treatment enrolled in a less-intensive model.

DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 3: CQUIN Treatment Capability Maturity Model Staging Results: 2022

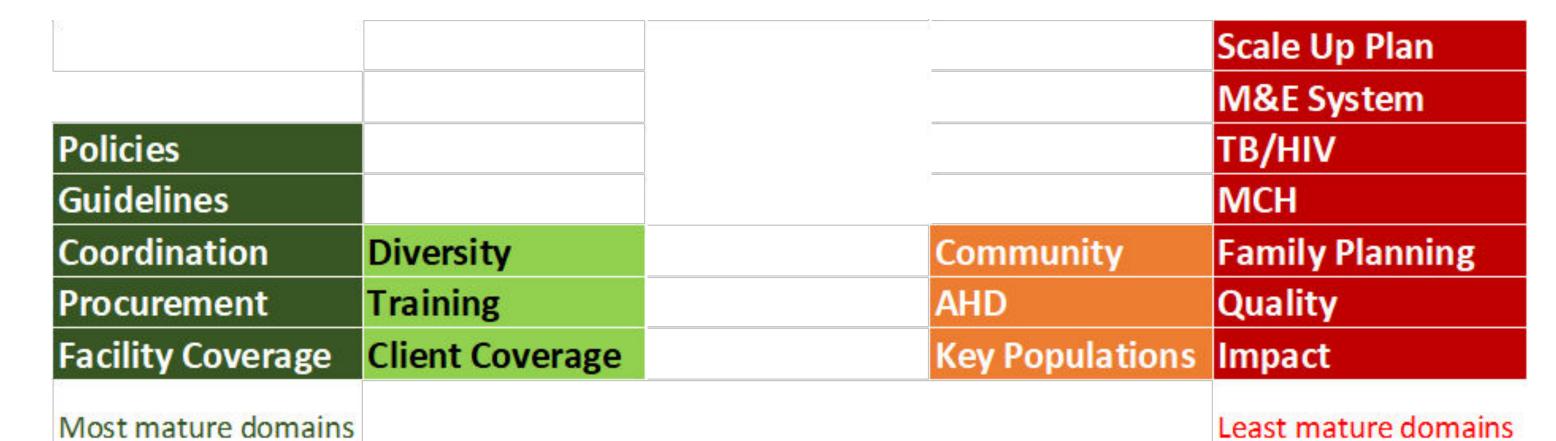


Figure 3 shows the results of the recent self-assessment using the CQUIN DART Capability Maturity Model. In 2022, Senegal reached the most mature stage (dark green) in 5 domains: Policies, Guidelines, Coordination, Facility Coverage and Procurement & Supply Chain, while 4 domains, namely Scale up plan, M&E, Quality and Impact remained at the least mature stage (red).

Figure 4 shows the progress of the DART Dashboard over time, as well as the results of the revised and expanded DART Capability Maturity Model used in 2022.

Figure 4: CQUIN Treatment Capability Maturity Model Staging- Results: Change Over Time: 2020-2022

	Senegal			
	2020	2021	CQUIN 2.0	2022
Policies				
Guidelines				
Diversity				
Scale-up Plan			ged	
Coordination			han	
Community Engagement			ng criteria changed	
Training			ter	
SOPs			CL	
M&E System			gin	
Facility Coverage			Stagin	
Client Coverage				
Quality				
Impact				
P&SM				
AHD				
KP				
TB/HIV				
MCH				
FP				

CQUIN ENGAGEMENT AND ACHIEVEMENTS

- The country participates in CoP (Communities of Practice), MCH (maternal and child health), TB-HIV, NCD (non-communicable diseases), M&E and key populations.
- The country welcomed teams from Cameroon and Cote d'Ivoire, to learn about Senegal's experience regarding HIV/Syphilis duo testing.
- Key takeaways:
- RoC involvement at all levels is the key to a successful DSD strategy.
- Countries best practices sharing made it possible to improve the interventions.
- Self-assessment through the use of CQUIN Capability Maturity Model is necessary for DSD M&E.
- Introducing quality into the DSD allows for increased effectiveness and efficiency of the interventions.

NEXT STEPS/WAY FORWARD

- Saturating of healthcare workers training
- Initiate the pilot project on the client unique identification code (UID) using fingerprints
- Initiate the pilot project on HIV test confirmation at healthcare posts
- Organizing a DSD Performance Review combined with DSD services quality assessment in 2023
- Implementing all the action plans for DSD developed in Senegal





















