Taking Differentiated Service Delivery to Scale in Tanzania

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BACKGROUND

Tanzania joined CQUIN in 2018. Currently, key priorities for DSD scale-up include intensifying differentiated HIV testing and linkage, decentralizing ART services, strengthening DSD model implementation at lower-level health facilities, and scaling up and fully utilizing community-led ART delivery. We also aim to strengthen the M&E system and scale up the Unified Community System. Unified Community System is an electronic recording and reporting digital health tool using tablets that collect, store, and analyze the performance of the community health service delivery and enable community- and facility-based providers to exchange health information.

DSD in Tanzania is coordinated through a national DSDM Taskforce, which is a multi-stakeholder team with representation from civil society, among others. Tanzania has developed national DSD Guidelines, Operational Guidance, job aids, and a DSD training curriculum. The country also developed demand-creation tools to increase awareness and coverage of DSD models. There are national DSD quality standards, with a focus on coverage and impact.

Recipients of care, through their National platform/NACOPHA, are engaged and participate in the planning and development of guidelines and are members of the national DSDM Taskforce.

DSD IMPLEMENTATION

Tanzania implements four less-intensive treatment models. These include a facility-based individual model (Fast Track), a facility-based group model (Healthcare worker managed groups), a community-based individual model (mobile outreach services/visits) and family member or treatment support refills. Eligibility criteria for less intensive models include age above five years, good adherence, suppressed VL and excludes pregnant and breast-feeding women, people who inject drugs, and people receiving TPT.

By the end of June 2022, a total of 7,021 health facilities including stand alone PMTCT facilities (3,636) offered ART services, however, less-intensive models are offered by 3,385 facilities (48%). PMTCT facilities provide ART services to pregnant, breastfeeding women and children under 2 years who are not eligible for less intensive models. 82% of people on ART are enrolled in a less-intensive treatment model.

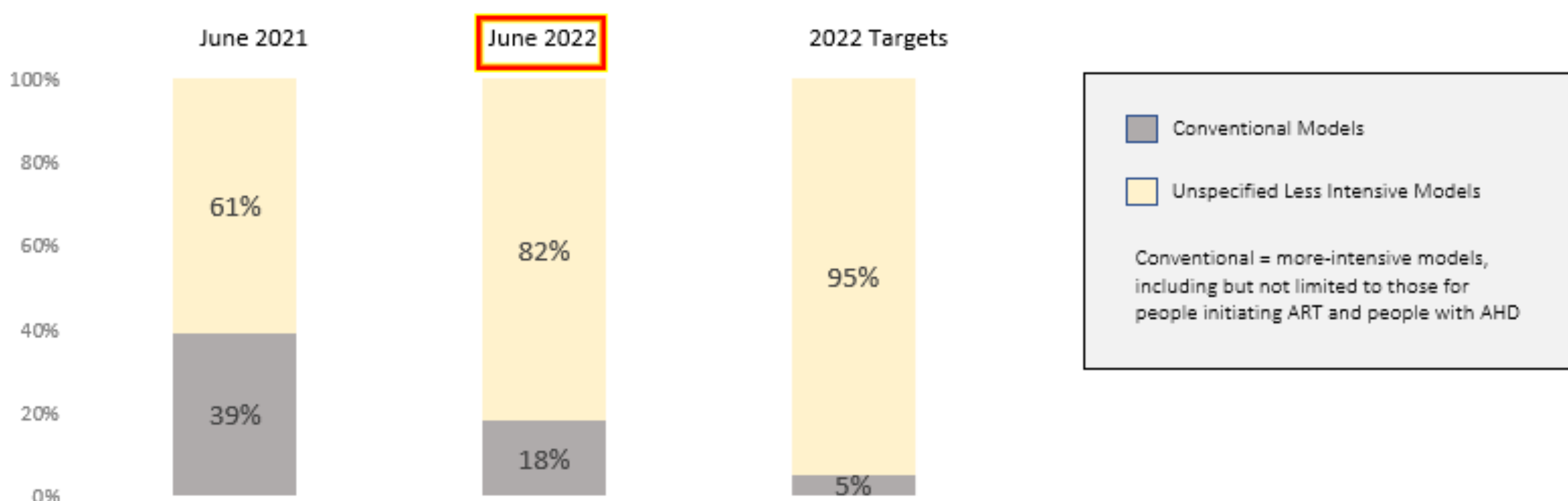### Figure 1: DSD Model Mix: Results *vs.* Targets

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

In June 2021, only 6% of people on ART were receiving 6MMD according to data derived from a MMD pilot in Dar es Salaam region. Currently, 6MMD is implemented countrywide. By June 2022, 82% of people on ART were receiving over 3 months MMD: 63% were on 6MMD and 19% were on 3-5MMD. The country's target is for 95% of eligible people on ART to receive MMD by the end of 2022. The high MMD coverage is attributed to improved mentorship and supportive supervision, DQA and improvement in data management (recording, reporting and usage) at all levels. Ministry of Health leadership on 6MMD has been pivotal; the top management team spearheaded monitoring and follow-up of key HIV indicators including MMD.

DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 3: DART Capability Maturity Model Dashboard Results 2022

Client Coverage	Impact
Procurement	Facility Coverage
Training	M&E System
Guidelines	Community
Policies	Diversity

Most mature domains

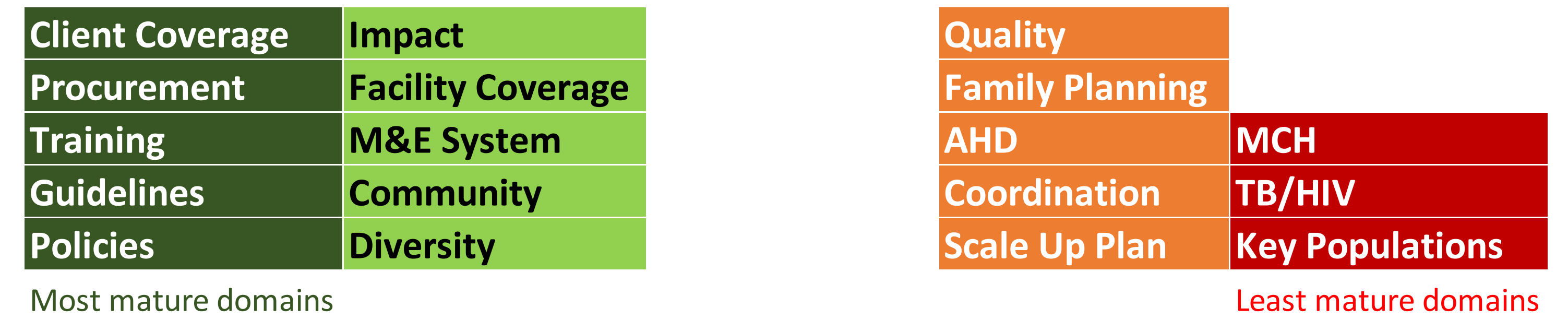| Quality	
Family Planning	
AHD	MCH
Coordination	TB/HIV
Scale Up Plan	Key Populations

Least mature domains

Figure 3 shows the results of the Tanzania country team's recent self-assessment using the CQUIN DART capability maturity model. In 2022, Tanzania achieved the most mature stage (dark green) in 5 domains, while 3 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 CMM Dashboard 2018 – 2022
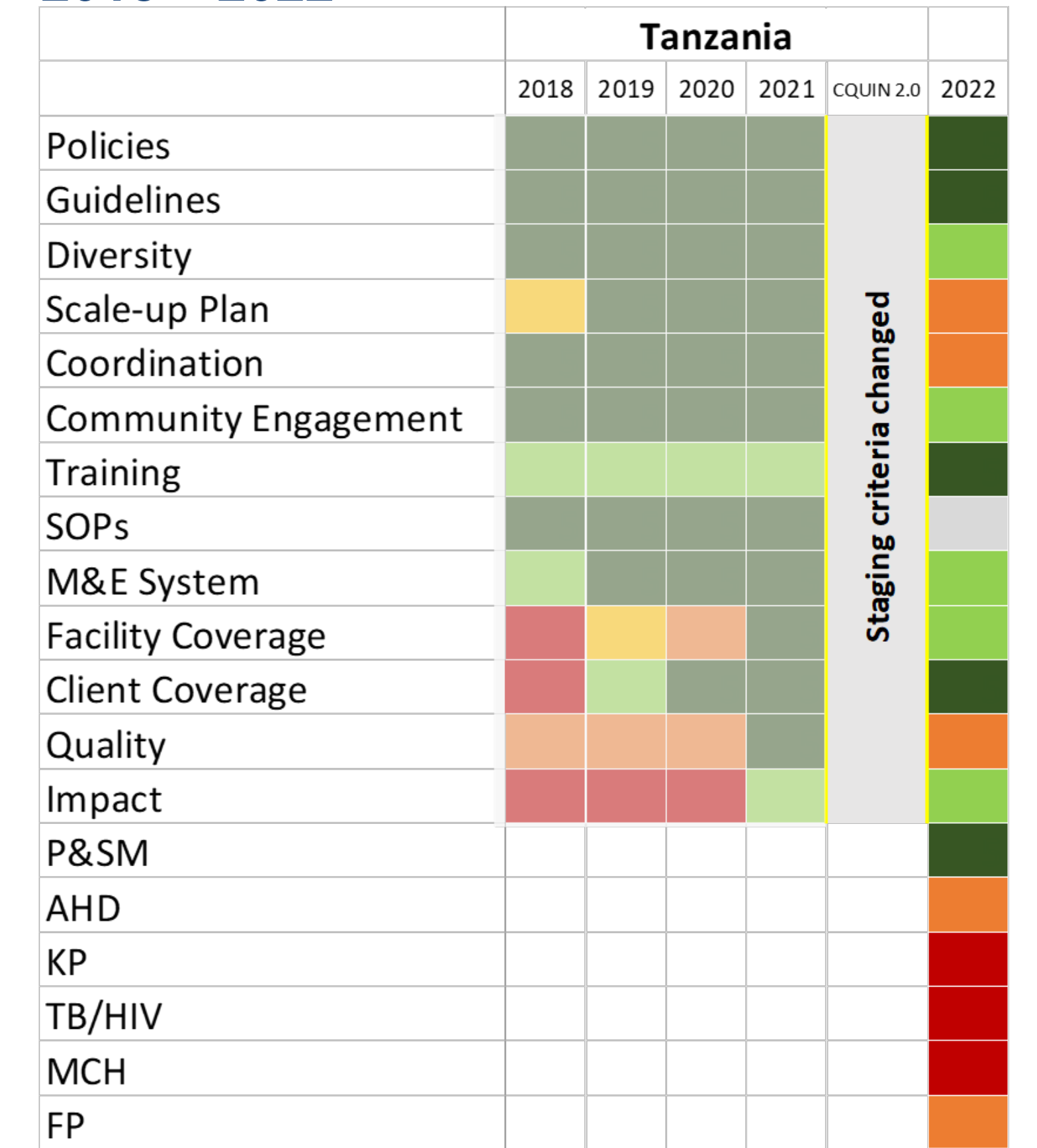
CQUIN ENGAGEMENT AND ACHIEVEMENTS

Tanzania joined CQUIN's communities of practice (CoP) in 2022. Task team members received orientation on CoP from CQUIN and prioritized participation in seven CoPs including M&E, KP/PP, QI, HTS, FP, AHD, and TB/HIV. In addition, Tanzania participated in a country-to-country visit to Nigeria to learn about decentralized drug distribution, including the Community Pharmacy refill model. The plan is to adopt/adapt the DDD models and integrate them during the revision of National guidelines for the Management of HIV and AIDS.

Key lessons learned from CQUIN meetings include knowledge and experience sharing on DSDM implementation and the importance of community engagement in planning and implementation of DSD. We learned that adaptation of DSDM can be done in a stepwise manner and requires an enabling environment (policies, commitment) at each of the implementation steps.

Implementation of Community-led ART refills promotes adherence, and continuity of treatment and reduces stigma. We plan to have specific DSD variables in the reporting tools and specific DSD indicators to monitor model uptake.

Key successes include:

- 82% of people on ART are on MMD
- 82% of people on ART are enrolled in less-intensive models.
- Development of the Unified Community System mobile app
- Development of guidelines/SOP to support the implementation of Family-centered models of care
- SOP on transitioning children living with HIV in Care and Treatment Clinics.

These documents will facilitate improved adherence and retention to care3030

NEXT STEPS/WAY FORWARD

- Development of a robust M&E system to enable data-driven DSD interventions
- Scale-up and fully utilize community-led ART services
- Revise the National guidelines for the Management of HIV and AIDS (2019)
- Dissemination of revised CTC2 card (RoC file) and CTC2 database with an integrated different model mix in HIV care
- Dissemination of DPR findings and use of QI approach to address the identified gaps
- Development of a national AHD scale-up plan, setting of AHD targets, and AHD capacity building