

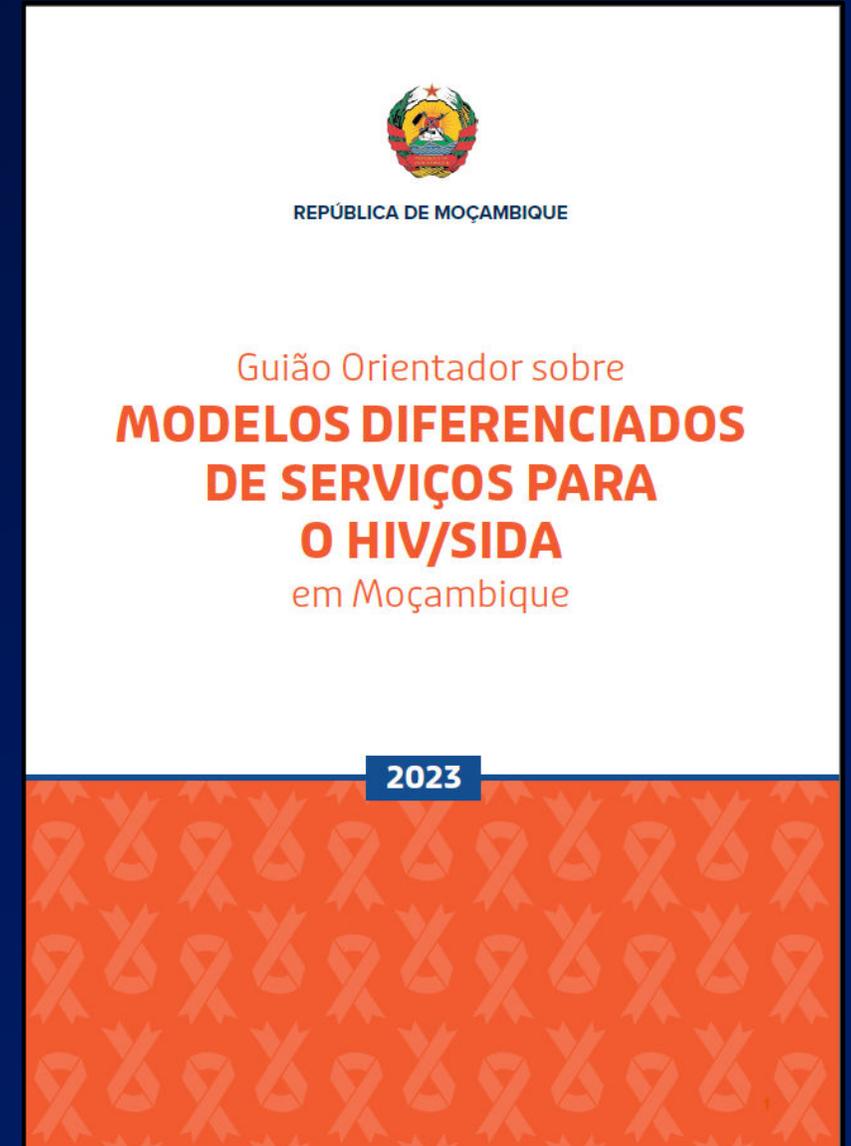
Optimizing Qualitative DSD Assessments on an Electronic Platform for Decision-Making: **Mozambique**

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MoH Mozambique

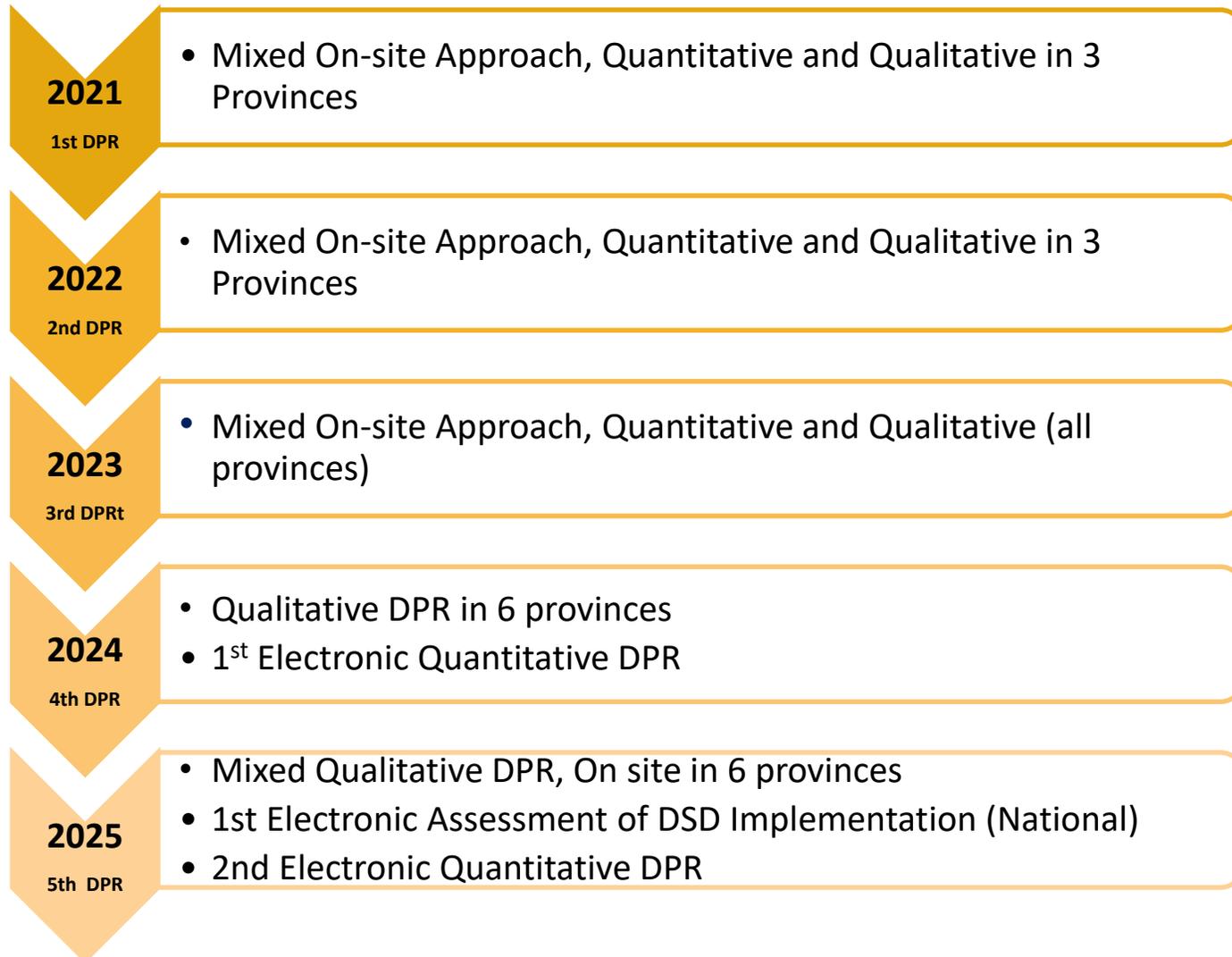


Differentiated Service Delivery Journey in Mozambique

- 🌐 **Global alignment:** Supporting progress toward 95-95-95 targets;
- 📄 **National update (2023):** MoH revised the Guideline on Differentiated Service Delivery (DSD) to enhance service quality and demand creation;
- 👤 **Client-centered design:** DSD models simplify and adapt HIV care to meet diverse client needs;
- 📊 **Continuous monitoring:** The National STI, HIV and AIDS Program, conducts regular DSD implementation assessments.
- 💻 **Innovation (2025):** Integration of qualitative assessments on an electronic platform or dashboard — promoting real-time insights and data-driven decision-making.



Key Milestones in the Implementation of the DSD Assessment in Mozambique



Understanding the Context

- M&E of HIV DSD in Mozambique
- Historically on-site assessments with limited coverage (~2%)
- Introduction of electronic qualitative assessment expanded coverage to over 72% of ART health facilities
- Process now faster, safer, and more efficient
- Provides reliable data for decision-making and continuous improvement

Quick Insights: Electronic Assessment of HIV DSD

- **Reach:** In just 10 days, the electronic assessment covered 1,331 of 1,838 health facilities (~72%), enhancing representativeness across urban, rural, and peri-urban settings nationwide.
- **Engagement:** Around 1,530 managers, technicians, and partners participated through interviews and electronic questionnaires.
- **Impact:** Identified challenges, best practices, and opportunities to strengthen and improve DSD implementation.



CQUIN 9th Annual Meeting
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Republic of Mozambique
Ministry of Health

Participate in the Assessment of the Implementation of DSD Differentiated Service Delivery Models for HIV

The National STI, HIV/AIDS Program (PNC [TS, HIV/AIDS]) invites all health facilities—represented by the DSD or HIV focal point, the clinical director, or the facility director—to complete the electronic DSD assessment form.



Objective: To assess the level of implementation of DSD models in order to improve the quality of HIV services in health facilities



Submission deadline: October 17, 2025 (Friday)



Note: The participation of all health facilities is essential to ensure a complete and representative assessment.

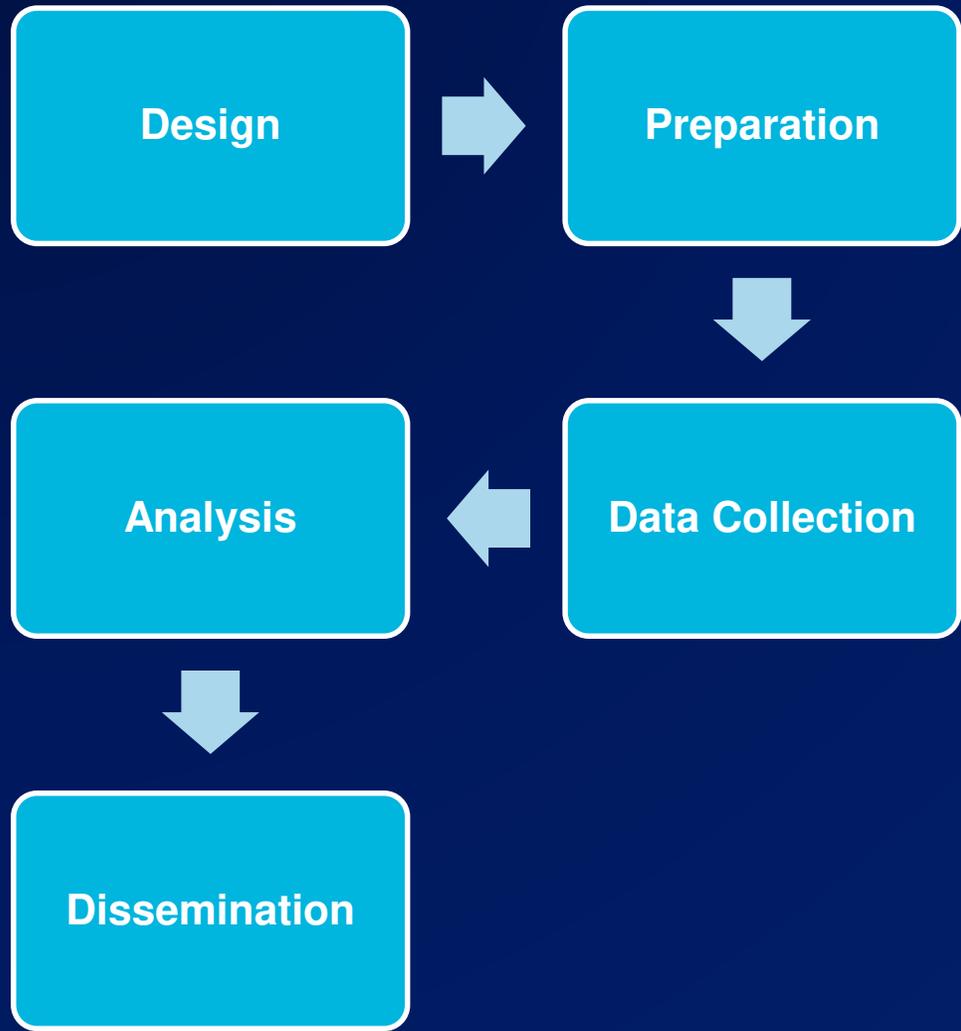
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Phone/WhatsApp: +258 880282051 or +259 843211450

Methodology



How was the 2025 Electronic Assessment of DSD conducted?

 **Design:** Defined objectives and electronic tool;

 **Preparation:** Instrument testing and validation;

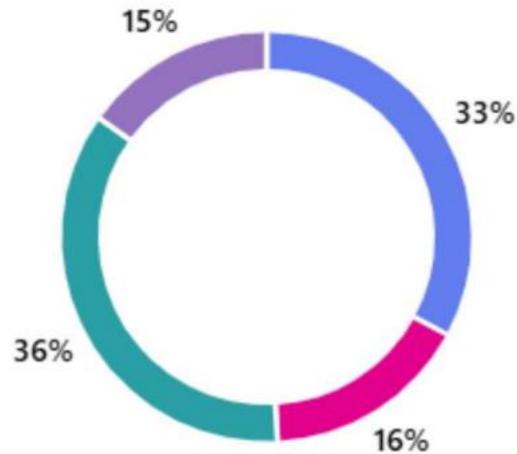
 **Data Collection:** Administered questionnaires and electronic interviews via tablet/phone;

 **Analysis:** Integration and interpretation of qualitative and quantitative data;

 **Dissemination:** Validation and sharing of results with national, provincial, district teams, health facilities and key stakeholders.

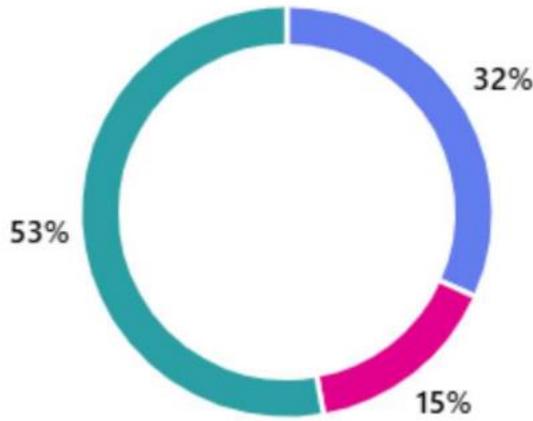
Results from the 2025 Electronic Assessment

Source of Support for the Health Facility



PEPFAR	465
Global Fund	229
Without Support	504
Other	214

Location of Health Facility

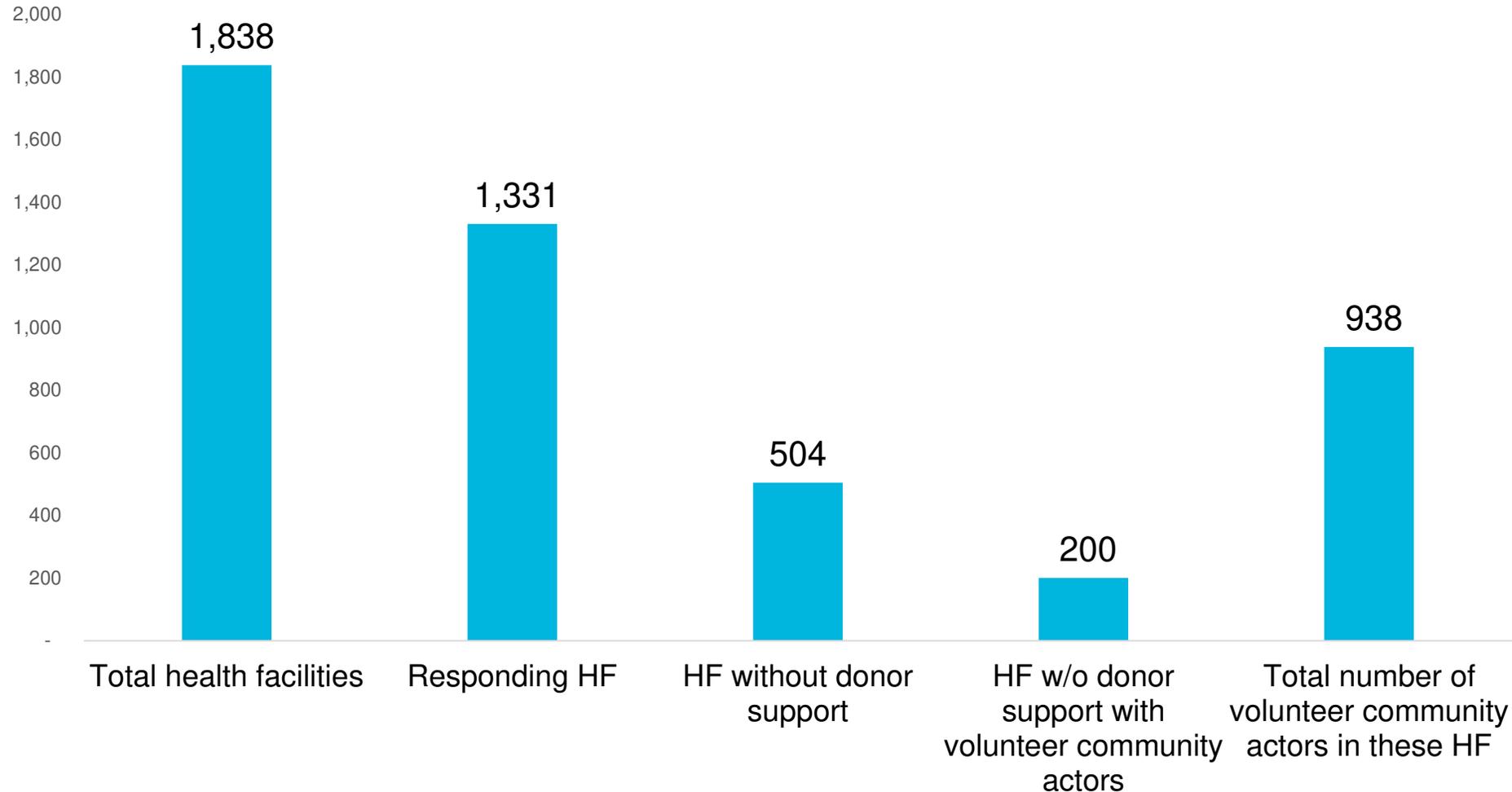


Urban	422
Peri-Urban	205
Rural	703

Expanded Reach of Electronic Assessment

- Reached health facilities typically underrepresented in PEPFAR-funded activities
- 36% of responding facilities participated without external support
- 53% of facilities were located in rural areas, expanding equity and inclusion in data collection

The Unsung Workforce: Community Actors Sustaining HIV Services Amid Funding Gaps



- Community Actors Bridging the HRH gap
- ~50% of health facilities without donor support engage volunteer community actors
- Average of 5 volunteers per facility, supporting HIV service delivery
- These actors fill critical HRH gaps, but lack of funding poses a risk of high turnover

Brief Guided Tour of the Tool Layout

Link here:

<https://forms.cloud.microsoft/e/ZNgimjdUtB>

Scan the QR or use link
to join



From Field Insights to Data-Driven Action

The Power of an Electronic Assessment

✓ Key Benefits of the Electronic Assessment

- **Fast & Efficient:** Real-time data submission and analysis.
- **Quality & Standardization:** Electronic forms minimize errors and data gaps.
- **Expanded Coverage:** Wider coverage including remote HFs
- **Immediate Insights:** Automated dashboards enable rapid interpretation and decision-making.
- **Transparency & Traceability:** Every submission digitally recorded for accountability.
- **Cost-Effective:** Reduced paper use, less manual data entry and improved productivity.
- **Government-Led & Owned:** Ensuring sustainability and national ownership.

⚠️ Key Implementation Challenges

- Limited connectivity and unstable power supply in rural areas.
- Technical capacity gaps hinder consistent and effective tool use.
- Data management and cleaning require ongoing technical support.
- Security and confidentiality measures need continuous reinforcement.
- System integration with platforms like DHIS2 still relies on manual processes.



Electronic assessments using tools like Microsoft Forms or Google Forms transform field data into instant insights, enabling faster decision-making and driving smarter, evidence-based program actions.”



How Other Programs Can Utilize the Electronic Assessment Tool

Leveraging Electronic Assessment Across Programs

Key take Aways

- Rapid, standardized data collection nationwide.
- **Applications across programs:** TB, MCH, PMTCT, Nutrition, Malaria (coverage & quality).
- **Real-time supervision:** Use of tablets/phones for immediate data capture.
- **Rapid surveys:** Track supplies, staffing, and client satisfaction efficiently.
- **Community engagement:** Collect data via local activists and partners.
- **Annual planning & reviews:** Electronic data informs evidence-based decisions.

Outcome: An integrated, agile, decision-oriented monitoring system that supports multiple health programs.



Thank you
Obirgado!

