



Fidelity of implementation of differentiated service delivery models for HIV treatment in Mozambique in 2021

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Presentation Content



Background & Aim



Methods



Results



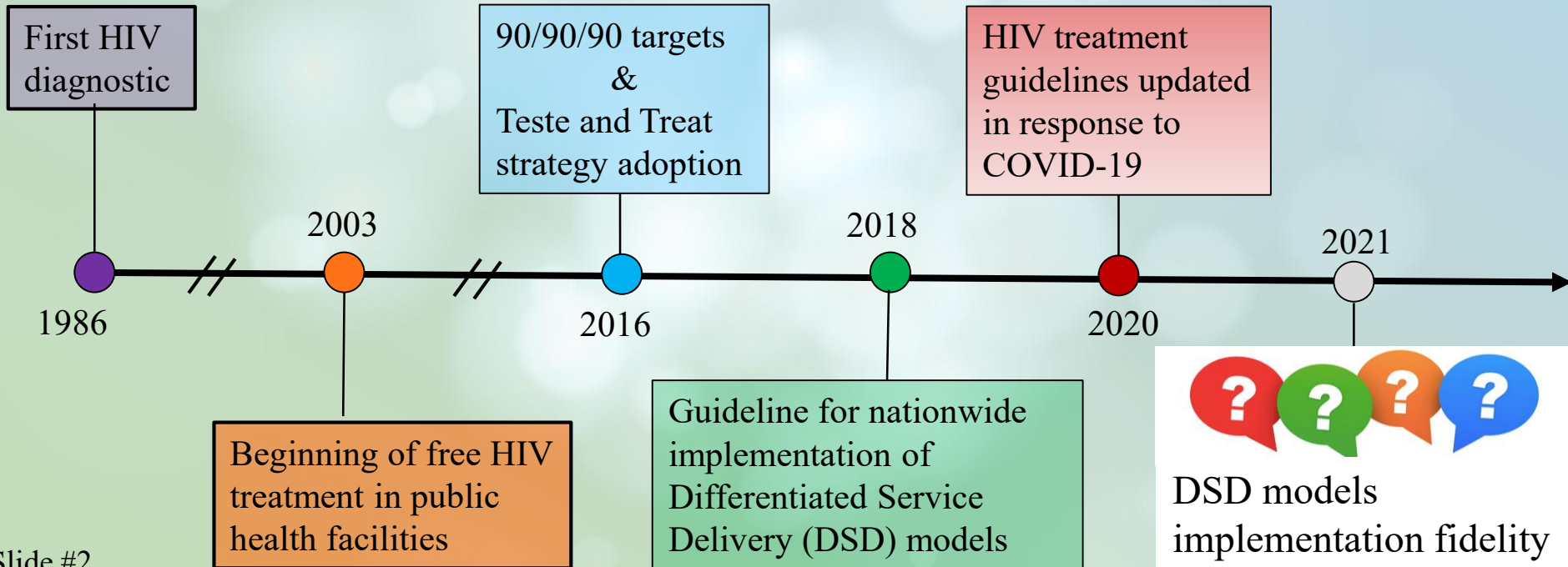
Discussion & Conclusion

BACKGROUND & AIM

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- National prevalence of HIV in adults = 13.2%
- Key HIV treatment landmarks
- Study aim



METHODS

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Study design and period

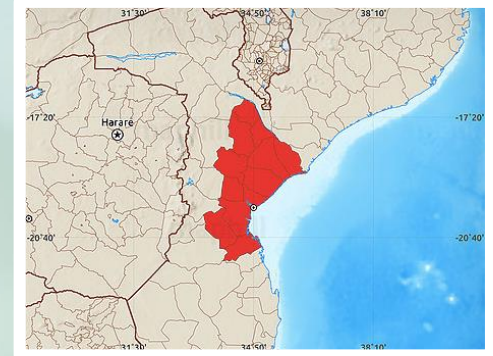
- Qualitative study implemented in June 2021

Study setting

- Sofala province in central Mozambique
 - Two districts and two health facilities (HF) in each district

Data collection methods

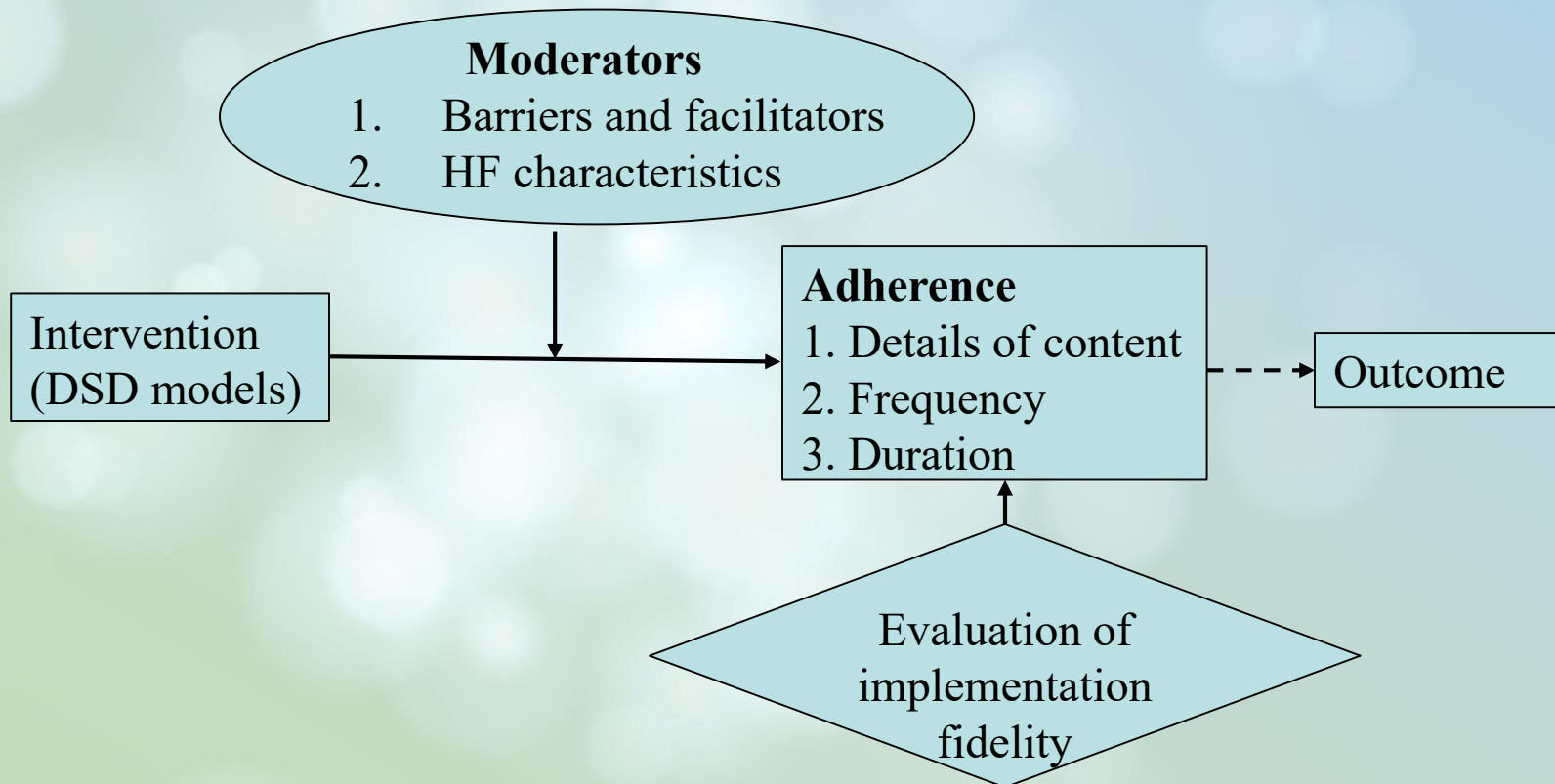
- In-dept interviews (8 - district and HF managers)
- Focus group discussion (8 - 2 in each HF)
- Direct and indirect observation (1 week in each HF)



Sofala province in the world map

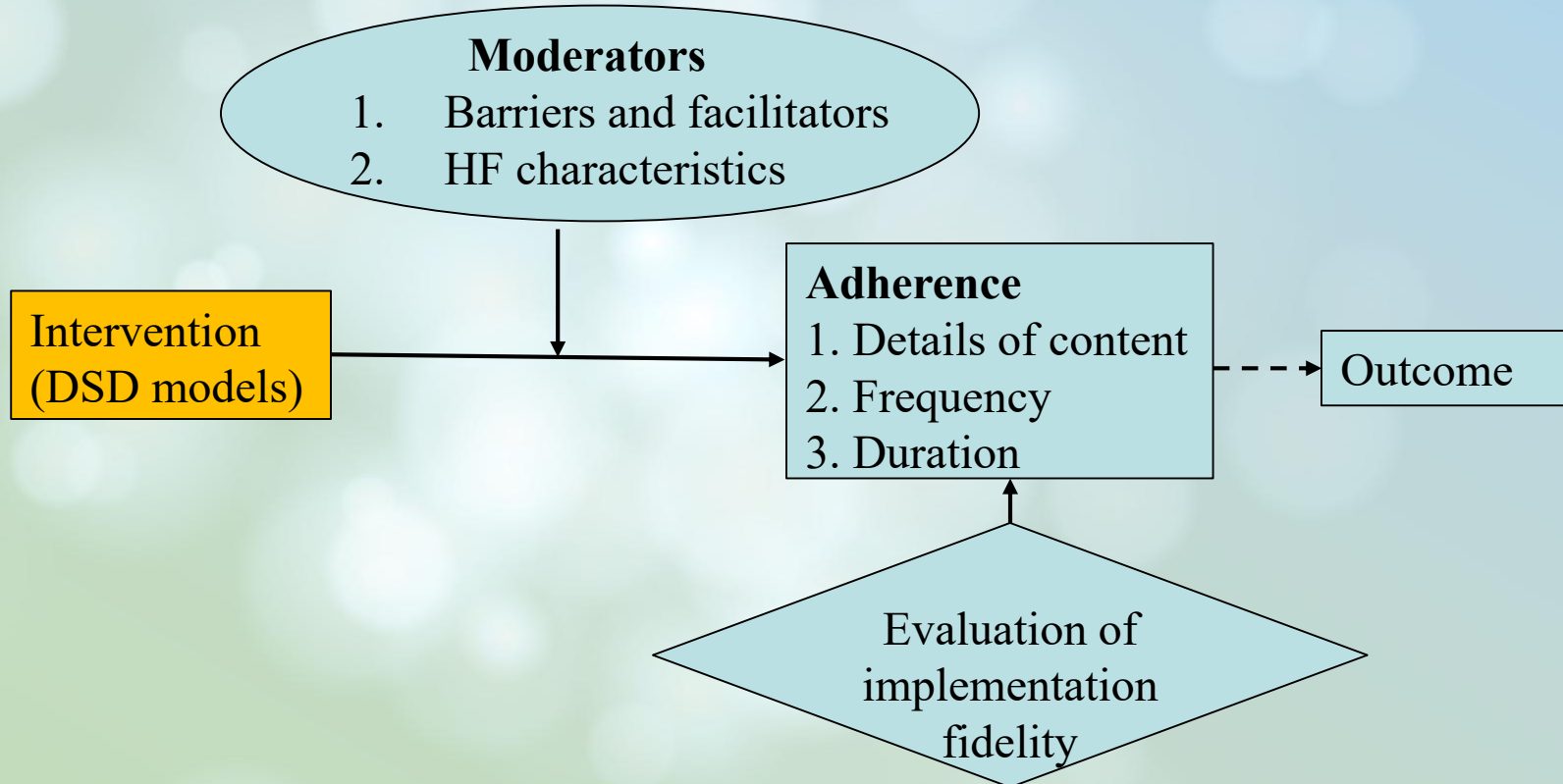


Conceptual framework





The intervention



METHODS

The DSD models



Source: <https://differentiatedservicedelivery.org>

Definition of stable clients

1. More than 6 months on ART;
2. Virologically suppressed;
3. Without opportunistic infections

Implemented DSD models for stable clients

1. ART Adherence Clubs
2. Community Adherence Support Group (CASG)
3. Fast Flow (FF)
4. Three-monthly dispensing of Antiretrovirals (3M)

Implemented DSD models for unstable clients

1. Family Approach (FA)
2. One-stop in Adolescent and Youth Friendly Services (YAFS)
3. One-stop in Maternal and Child Health (MCH) services
4. One-stop in Tuberculosis (TB) services



The models for stable clients

MODEL	WHAT	WHO	WHEN	WHERE	CLIENT
AC	1- ART support, 2- clinical observation, 3- ARVs pick-up, 4- sample collection	1- Counselor/ peer educator/ CHW, 2-4 - nurse	1- Quarterly, 2- semi-annually, 3- quarterly, 4- semi-annually	Health facility (HF) - AC meeting place	Group(15-30). Cannot be combined with other models.
CASG	1- ART support, 2- clinical observation, 3- ARVs pick-up, 4- sample collection	1- Peer, 2- clinician, 3- pharmacist, 4- lab technician	1- Monthly, 2- variable, 3- monthly, 4- semi-annually	1- Community, 2-4 – HF - respective sectors	Group (3-6). Clients take turns to visit the HF. Cannot be combined with other models.
FF	1- Clinical observation, 2- ARVs pick-up, 3- sample collection	1- clinician, 2- pharmacist, 3- lab technician	1- Semi-annually, 3- varies 4- semi-annually	HF - respective sectors	Individual. Can be implemented alone or combined with 3M
3M	ARVs pick-up	Pharmacist	Quarterly	HF - Pharmacy	Only implemented in combination with FF

Legend: AC - ART Adherence Clubs, CASG - Community Adherence Support Group, FF- Fast Flow, 3M - Three-monthly dispensing of Antiretrovirals, CHW- Community Health Worker

METHODS

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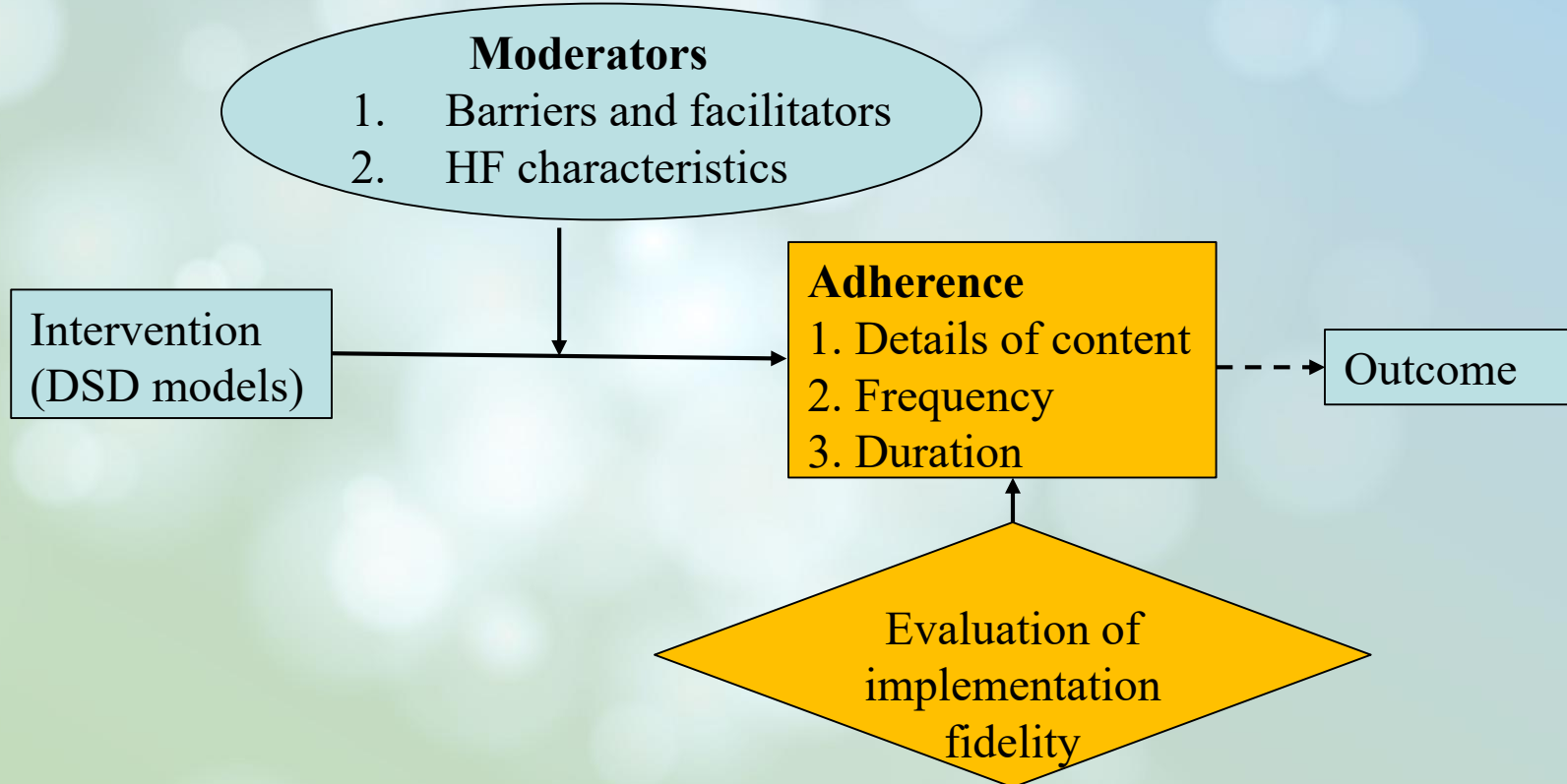
The models for unstable clients

MODEL	WHAT	WHO	WHEN	WHERE	CLIENT
FA	1- Clinical observation, 2- ARVs pick-up, 3- sample collection	1- Clinician, 2- pharmacist, 3- lab technician	1, 2- varies, 3- semi- annually	HF - respective sectors	Group (family members). Can be combined (FF, 3M)
1-stop AYFS	1- ART support, 2- clinical observation, 3- ARVs pick-up, 4- sample collection	1- Counselor/ peer educator/nurse 2-4 – AYFS sector nurse	1-3- Quarterly, 4- semi- annually	HF – AYFS sector	Individual & Group. Can be combined (FF, 3M)
1-stop MCH	1- Clinical observation, 2- ARVs pick-up, 3- sample collection	MCH nurse	Monthly	HF – MCH sector	Individual. Cannot be combined with other models
1-stop TB	1- Clinical observation, 2- ARVs pick-up, 3- sample collection	TB sector nurse	Monthly	HF -TB sector	Individual. Cannot be combined with other models

Legend: FA - Family Approach, YAFS - Adolescent and Youth Friendly Services, MCH - Maternal and Child Health,
TB - Tuberculosis



Fidelity measurement



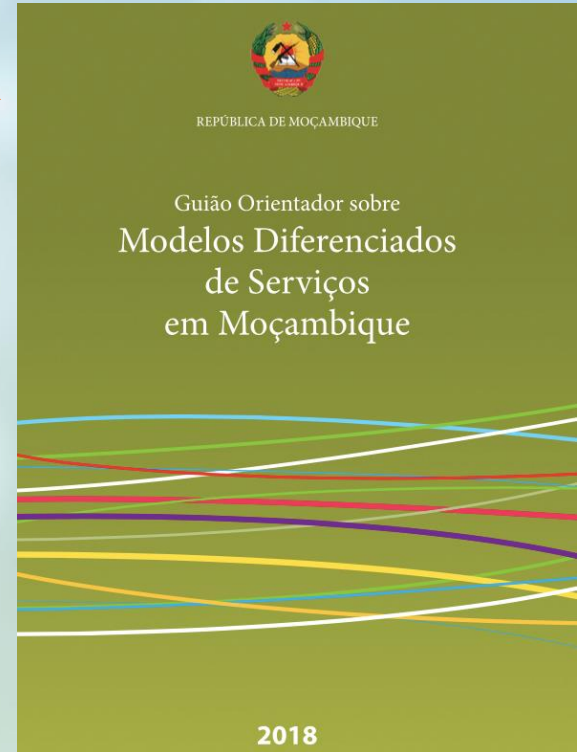
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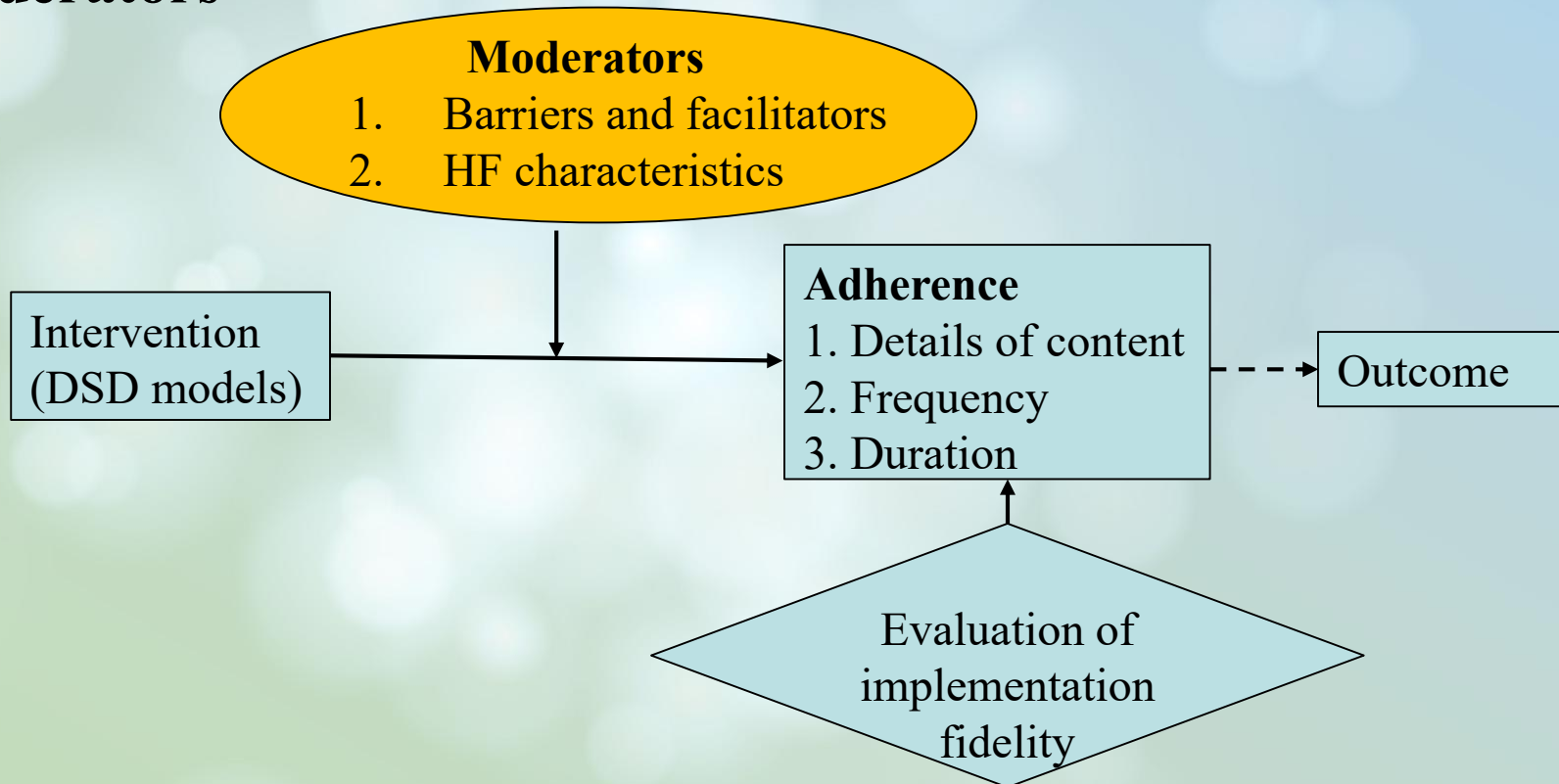
Fidelity measurement

- Fidelity was measured against the national guideline. →
- Measurement was done for each DSD model in each HF and summarized by model.
- Fidelity (adherence) = Details of content + Frequency + Duration.
- Details of content DSD = The building blocks (WHAT, WHO, WHEN, and WHERE).
- Frequency = How often the DSD models were offered.
- Duration = How long the DSD models are being offered.





The moderators





The moderators

Providers' perspectives on barriers and facilitators for implementation of differentiated service delivery models for HIV treatment in Beira city, Mozambique

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Abstract # EPE177

We don't have a physical space neither staff for AYFS...

The [DSD] models are easy to implement

The team that is here at the health facility was not trained on differentiated service delivery models.

We stopped CASGs and adherence clubs due to COVID.



Findings on content of DSD models for stable clients

MODEL	WHAT	WHO	WHEN	WHERE	CLIENT
AC	1- ART support, 2- clinical observation, 3- ARVs pick-up, 4- sample collection	1- Counselor/ peer educator/ CHW, 2-4 - nurse	1- Quarterly, 2- semi-annually, 3- quarterly, 4- semi-annually	Health facility (HF) - AC meeting place	Group(15-30). Cannot be combined with other models.
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3M	ARVs pick-up	Pharmacist	Quarterly	HF - Pharmacy	Only implemented in combination with FF

Legend: AC - ART Adherence Clubs, CASG - Community Adherence Support Group, FF- Fast Flow, 3M - Three-monthly dispensing of Antiretrovirals, CHW- Community Health Worker

RESULTS

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Legend: FA - Family Approach, YAFS - Adolescent and Youth Friendly Services, MCH - Maternal and Child Health, TB - Tuberculosis

RESULTS

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Findings on frequency and duration of all DSD models

MODEL	FREQUENCY	DURATION
AC	1% of enrolled on ART	Not being offered at the study period
CASG	8% of enrolled on ART	Not being offered at the study period
FF	34% of enrolled on ART	Consistent since the beginning
3M	41% of enrolled on ART	Consistent since the beginning
FA	4% of enrolled on ART	Consistent since the beginning
1-stop AYFS	Not estimated	Offered inconsistently
1-stop MCH	100% of MCH clients	Consistent since the beginning
1-stop TB	100% of MCH clients	Consistent since the beginning

DISCUSSION & CONCLUSION

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- 1-stop at MCH services was being implemented as indented, despite the work overload for the MCH nurses.
- For all other models, limited resources and/or lack of training were identified as negative influence for the implementation fidelity.
- It was not possible to assess the fidelity of AC and CASGs as indented, as they were temporarily interrupted as part of MoH response to COVID-19 pandemic.
- COVID-19 influenced negatively AC and CASG, and positively FF and 3M.
- However, AC and CASG models were already not thriving before COVID-19.
- The identified modifiable negative moderators need to be addressed for an ideal implementation of the DSD models

Acknowledgments

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Co-authors

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