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Leveraging community systems strengthening to increase HIV client enrolment into Differentiated Service Delivery (DSD) Models in Western Zimbabwe, 2023-2024

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Background

- Differentiated Service Delivery (DSD) models are integral to achieving universal health care, particularly in the context of chronic disease management for people living with HIV (PLHIV).
- These models have been developed to provide tailored care based on a client's specific health status, social situation, and treatment goals, yet client enrolment in these models remains a challenge in rural Zimbabwe.

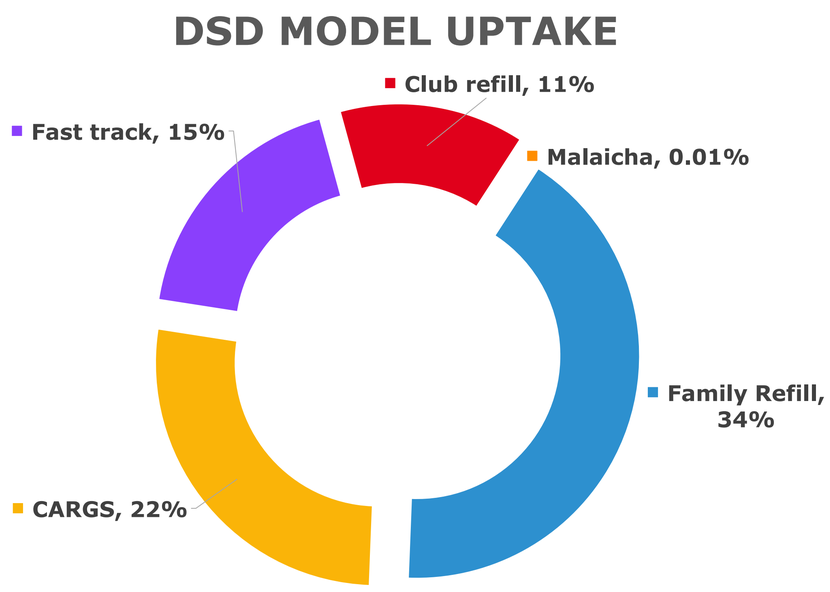
Description

- To increase enrolment in anti retroviral therapy (ART) DSD in rural Mashonaland West province, 90 Community Health Advocates (CHAs) were recruited.
- Between January and August 2024, 18 community consultative dialogues (CCDs) were conducted. These feedback sessions with PLHIV, health care workers and local leadership helped to identify current barriers to DSD enrolment.
- After the CCDs, CHAs served as mobilisers and facilitators to improve linkages between health facilities and the community, conducting outreach activities, providing education on barriers identified, and assisting clients in navigating the DSD enrolment process through home visits.
- Enrolment data collected using Commcare and validated by clinical referral booklets.

Community Consultative Dialogue at Padre Pio clinic in Norton ,Zimbabwe

Lessons Learnt

- CCDs identified internalised stigma and discrimination as major barriers to DSD enrolment. Community engagements improved client understanding and acceptance of DSD, reducing stigma associated with enrolment.
- In the first 6 months of implementation, 1,336 clients were referred for DSD enrolment, with a 91% uptake (1,213 clients). This reflects a 622% increase from the previous six-month period, which saw only 185 referrals.
- DSD enrolment data indicated a strong preference for flexible service delivery options such as family refill (34%), community-based ART refill groups (22%) and fast track (15%) where clients collect ART every 3-6 months and attend clinical visits every 6 months.
- Also used by clients were club refill groups (11%) and the Malaicha model (0.01%), a new DSD model adapted for anti retroviral therapy refills for migrant PLHIV living outside Zimbabwe, hence promoting effective avenues for ART medication collection for migrant PLHIV.



Conclusions

- DSD enrolment improved highlighting the valuable role of CCDs in adapting enrolment strategies to align with community needs and preferences.
- CCDs helped address systemic barriers to DSD enrolment, such as stigma and ensuring community members possess adequate knowledge about DSD.
- Emphasizing this approach not only can enhance enrolment outcomes but also reduces some barriers to accessing HIV services.

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