



Taking Differentiated Service Delivery to Scale in Rwanda: Annual DSD Implementation Updates

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Republic of Rwanda
Ministry of Health

BACKGROUND

In 2016, Rwanda adopted the “Treat all” strategy following World Health Organization recommendations. In principle, all clients who test HIV-positive are linked to care and enrolled and initiated on antiretroviral therapy (ART) on the same day (where feasible), regardless of CD4 count or disease stage. This strategy led to an increase in the number of people on ART in Rwanda, consequently overwhelming already strained health facilities.

In response, Rwanda adapted its national HIV treatment guidelines to include differentiated service delivery (DSD), a person-centered approach to HIV service delivery that simplifies and adapts HIV services to reflect client preferences and expectations while reducing unnecessary burdens on the health system. DSD allows health workers to spend more time with people who need more intensive services, increasing efficiency and improving the quality of care.

In order to strengthen the DSD program, Rwanda joined the CQUIN network in August 2020. The HIV program has since committed to enhancing DSD models through action plans set annually to meet every client’s needs.

DSD IMPLEMENTATION

- **Less-intensive models:** FBI (6MMD), FBG (3MMD)
- **More-intensive models:** conventional/standard model (1MMD)
- **Groups eligible for less-intensive models:** Adolescents, children, key populations, pregnant women
- **Facilities providing ART:** 583 facilities
- **% of facilities providing less-intensive DART:** 100%
- **% of people on ART enrolled in a less-intensive model:** 75%

Figure 1: DSD Model Mix: Results vs. Targets

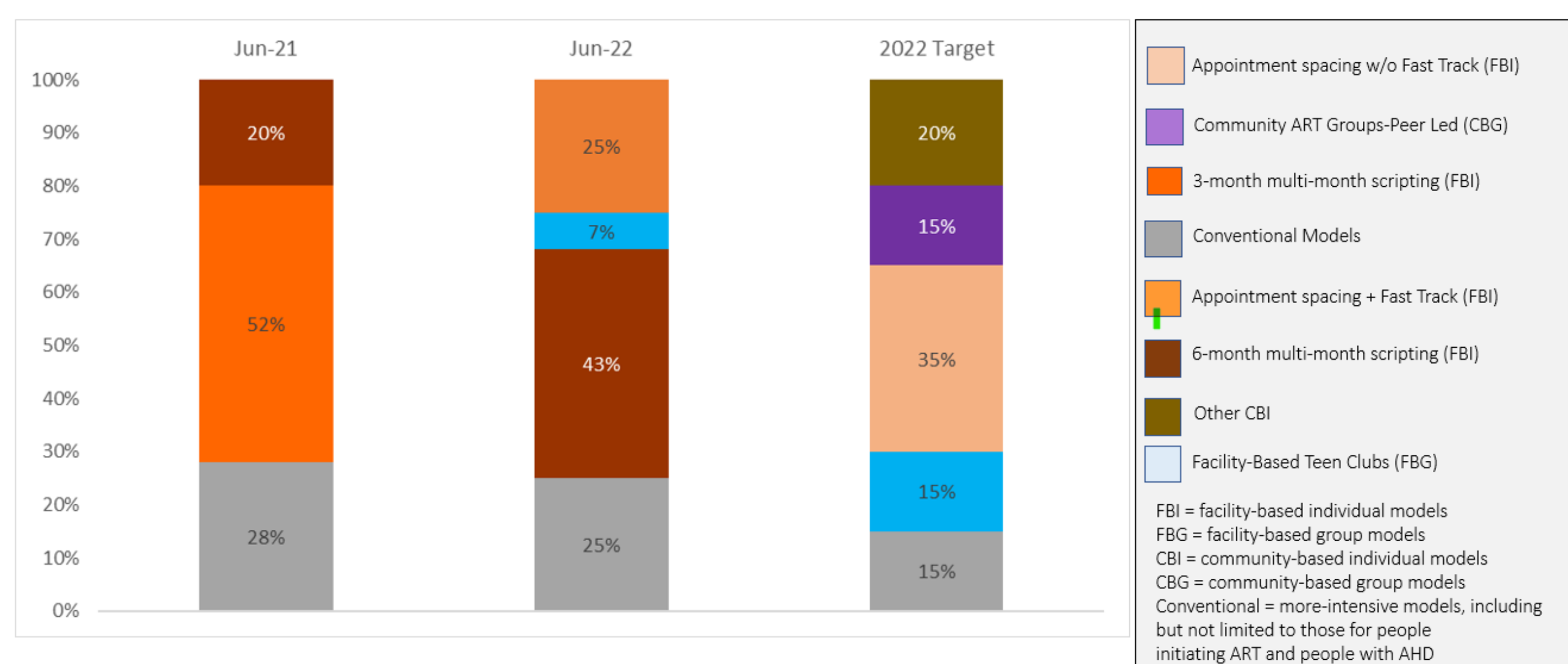
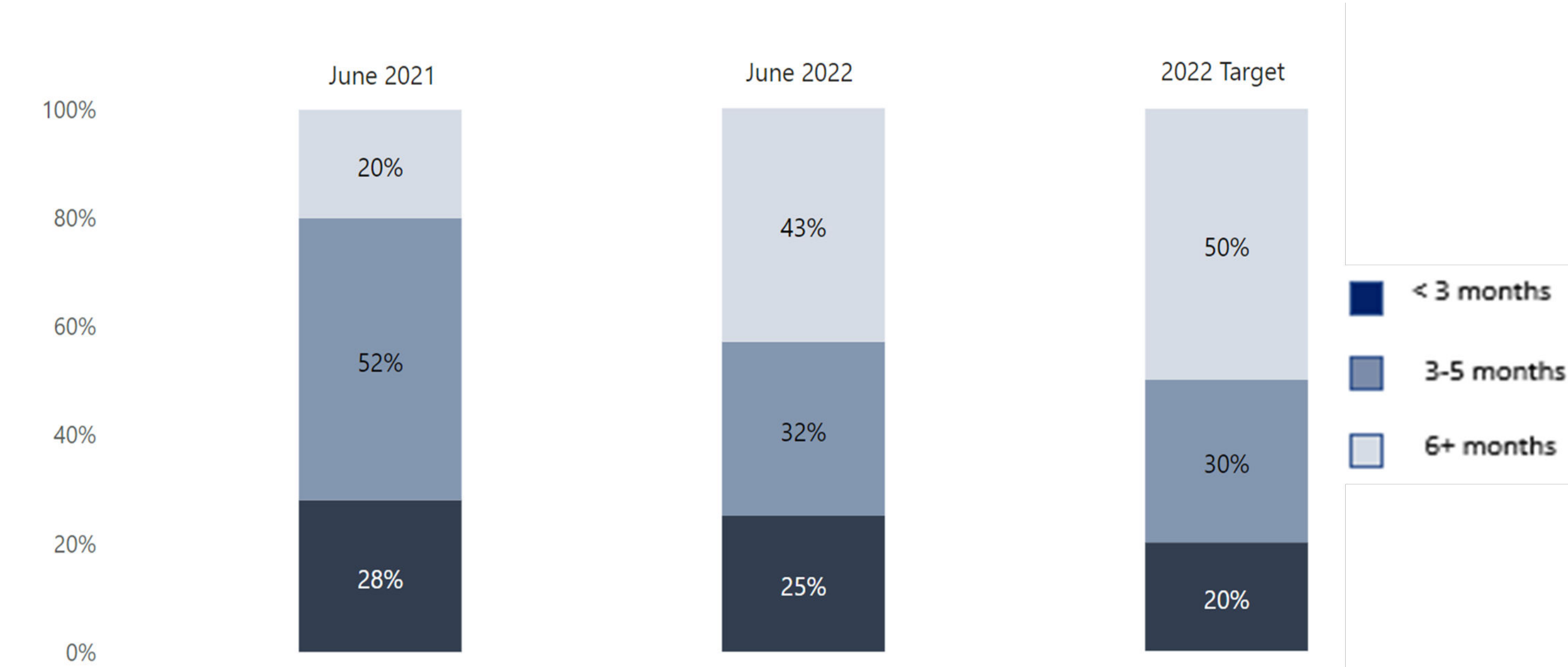


Figure 2: Multi-month Dispensing (MMD): Results vs. Targets



- Over the past year, 6MMD was scaled up from 20% to 43%. Targets were not met due to temporary stockouts of DTG, which was part of eligibility at the initial stage of 6MMD scale-up.
- 3MMD targets were almost met (32% vs. 30% target) by including all clients established on ART (with the exception of breastfeeding women) for the less-intensive model. This allowed clients to shift from 3MMD to 6MMD.
- Recipients of care offered 1MMD=25%, compared to 28% at baseline last year, indicating that we are on track to meet the 20% target.

DART CAPABILITY MATURITY MODEL SELF-STAGING

Figure 3: DART Capability Maturity Model Dashboard Results 2022

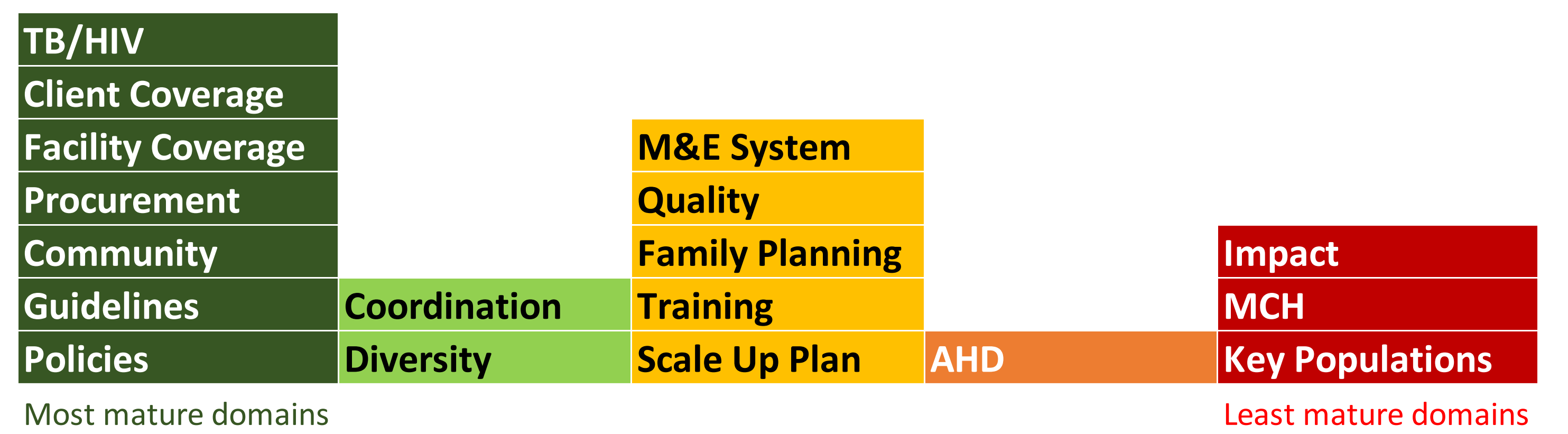
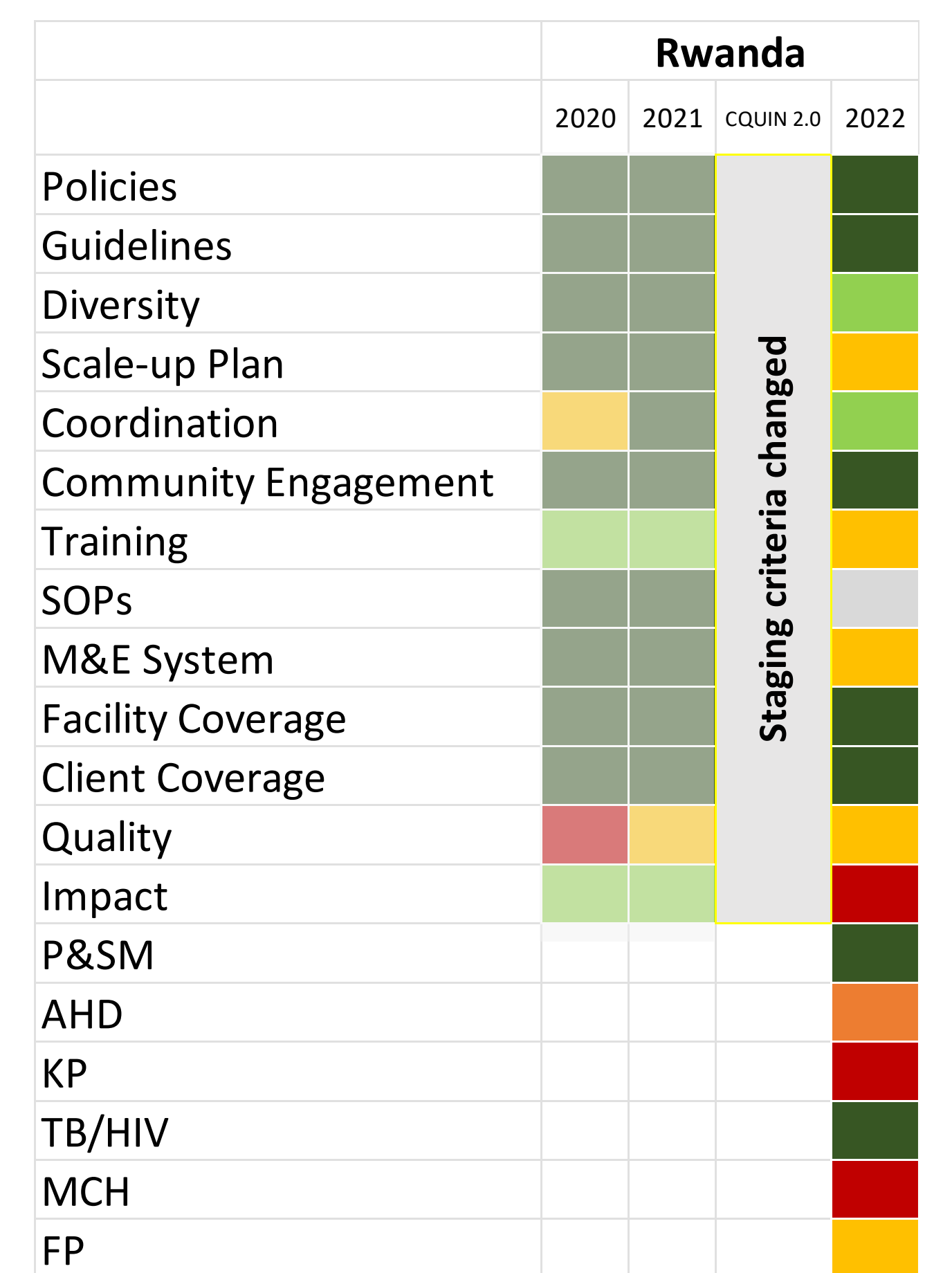


Figure 3 shows the results of the country team’s recent self-assessment using the CQUIN DART capability maturity model. In 2022, Rwanda achieved the most mature stage (dark green) in 7 domains, while 3 domains remained in the least mature (red) stage.

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 Dashboard 2020 – 2022



CQUIN ENGAGEMENT AND ACHIEVEMENTS

- ✓ pDTG optimization for children: Completed full scale-up of pDTG in 30 districts across the country
- ✓ Integrated family planning (FP) in 30 facilities; currently monitoring progress
- ✓ NCD integration is underway (developed HIV/NCD training manual; secured COP21-22 funds for training on HIV/NCD service integration)
- ✓ TPT implementation plan and progress: Current TPT coverage among PLHIV is >68.7% (145,692/212021) and is aligned with ART pick-up frequency for the models
- ✓ Sensitization training of HIV HCP on tailored KP-friendly services (Oct 2022)
- ✓ Bi-annual experience-sharing exercise and coordination meetings to review DSD progress
- ✓ Secured COP 21-22 funds: Piloting mentor mother model, extension of adolescent models, and HIV service performance reviews

CQUIN-supported quality assessment exercises

- ✓ Defined QI standards for DART; conducted quality assessments in 12 health facilities (April 2022)
- ✓ Trained 45 health facilities on CQI and facilitated development of DART-related QI projects (May and Aug 2022); carried out supervision at 21 sites (June-July 22); conducted re-assessments in 23 sites to monitor and document impact of the QI initiative (Oct 2022)

LESSONS LEARNED/WAY FORWARD

- The impact of CQUIN meetings/webinars/exchange platforms has led to increased donor buy-in, thereby securing more funds for DSD activities in 2021-22.
- Lessons learned from the scale-up of different DSD-related initiatives highlight the need to address issues of program sustainability.
- Commodities and HRH are major factors hindering integrated service provision, given increasing HCP-workload and growing needs of PLHIV.

Future priorities:

- Scale-up of integrated services (NCD, FP, AHD)
- Continuous Quality Improvement under DSD
- Updating/upgrading the M&E system to adequately inform DSD priorities
- CLHIV and adolescent models that address linkage and adherence