



# Differentiated HIV Service Delivery in Rwanda: Optimizing Person-Centered HIV Services

## 2022-2023 DSD Implementation Updates

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### BACKGROUND

Rwanda launched DSD in 2016 and joined the CQUIN learning network in August 2020 to support the scale-up of high-quality DSD services. The HIV program has since been committed to enhancing DSD models through action plans developed annually to meet every client's needs. The care and treatment sub-technical working group coordinates DSD activities and recipients-of-care are well represented at policy, implementation, and monitoring levels. Current program priorities to take DSD to scale include, strengthening the supply chain to sustain MMD, as well as offering other integrated services, early detection and management of AHD to reduce HIV-related death and comorbidities to achieve UNAIDS 95-95-95 targets. Advancing electronic monitoring and evaluation (M&E) of clients has also been one of the key priorities despite minimal achievement due to evolving robust systems at play. National DSD quality standards are monitored in pilot facilities.

### DSD IMPLEMENTATION

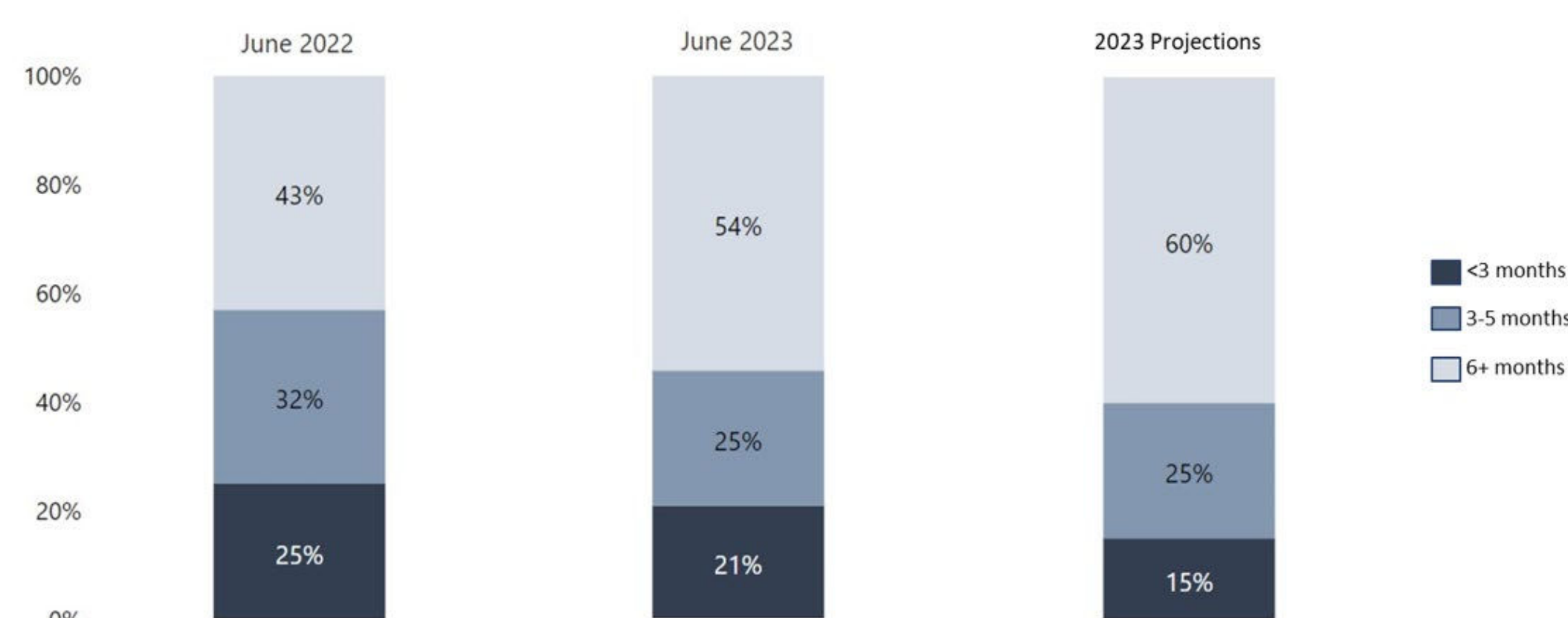
Figure 1: DSD Model Mix: Results vs. Projections



New HIV Guidelines 2022 have adopted global guidance on standard DSD nomenclature. There are 3 DSD models that any ROC can opt-in:

- FBI:** Tailored for all ROC on ART where 54% being ROC well-established on ART while 21% ROC are in a more intensive model (standard of care/conventional)
- FBG:** Tailored for adolescent support groups (7%), controlled NCDs and other groups with shared characteristics account for 18%
- CBI:** a new home delivery model for disabled, old age, unattended children, and established KPs
- 584 facilities provide ART, 79% of RoC are offered less-intensive services close to 80% target set for end 2022. Strategies put in place and interventions supported by PEPFAR and GF helped achieve set targets.
- FBI model account for 54%, FBG tailored for adolescents in support groups (7%), and 18% of RoC in other groups with shared comorbidity such as NCD, PBW.
- 21% of ROC receive more intensive services (conventional standard care) while, CBI is a considerably new model but will serve disabled, unattended children, and established KPs.
- 6MMD has been increasing gradually over time however the projected achievement of 60% has not yet been achieved

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



### CQUIN ENGAGEMENT AND ACHIEVEMENTS

- Rwanda participates in six CoPs: TB, MCH, NCDs, QM, AHD, FP
- Rwanda hosted two enhanced country-to-country learning exchange visits on FP/HIV integration (Eswatini, Nigeria, Cameroun, and Kenya)
- Adapted the mentor-mother model framework in pilot facilities
- Trained an additional 29 facilities on DSD Quality assessment and application of QI methods to established QI projects
- Finalized new HIV prevention and treatment guidelines-2022, now in effect.
- Conducted bi-annual progress review in March 2023, convened 13 District hospitals, and August convened all to assess the status of service delivery.
- Ongoing DSD CE monitoring tool 2.0 to assess community engagement at the policy, program, and community levels
- Administered RoC satisfaction tool in 182 health facilities
- Resources adopted: Situation Analysis for Integration of hypertension into DSD for ART and facility assessment tool for clinical readiness

### DART CAPABILITY MATURITY MODEL TRENDS (2022-2023)

Figure 3: DART CMM Trends (2022-2023)

	Rwanda	
	2022	2023
Policies	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green
Diversity	Light Green	Light Green
Scale-up Plan	Yellow	Yellow
Coordination	Light Green	Light Green
Community Engagement	Dark Green	Dark Green
Training	Yellow	Light Green
M&E System	Yellow	Yellow
Facility Coverage	Dark Green	Dark Green
Client Coverage	Dark Green	Dark Green
Quality	Yellow	Yellow
Impact	Red	Red
P&SM	Dark Green	Dark Green
AHD	Red	Red
KP	Red	Red
TB/HIV	Dark Green	Dark Green
MCH	Red	Red
FP	Yellow	Yellow
HTN	Red	Red

Figure 3: Results of the country team's recent self-assessment using the CQUIN DART capability maturity model for years 2022, 2023.

In 2023, Rwanda achieved the most mature stage (dark green) in **six domains**, while **two domains** remained in the least mature (red) stage.

Improvements were primarily due to national strategies and country action plans developed over previous years to advance the domains in the ART CMM and to sustaining the gains, however evolving needs and diversity of ROC pose a challenge in achieving optimal results.

Remarkable achievements have been observed in increased capacity of HCPs to support diverse DSD models and assess quality standards, improved TPT coverage and offering less-intensive DART services to PBW.

### AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD CMM Results, 2023

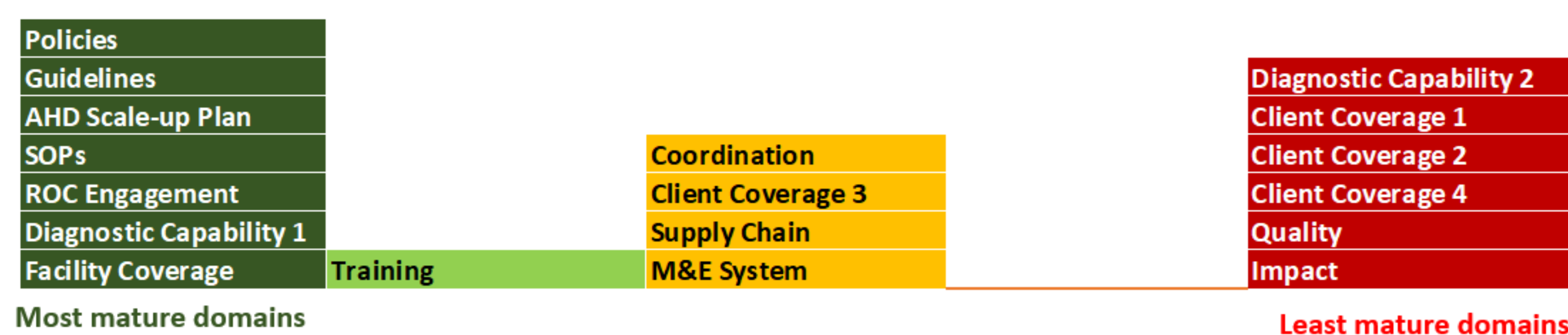


Figure 4: Results of the country team's recent self-assessment using the CQUIN AHD capability maturity model.

In 2023, Rwanda achieved the most mature stage (dark green) in **seven domains**, while **six domains** were in the least mature (red) stage. The gaps were mainly due to a lack of sufficient program data to support the outcome and impact domains of the AHD CMM.

### dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS CMM Results, 2023

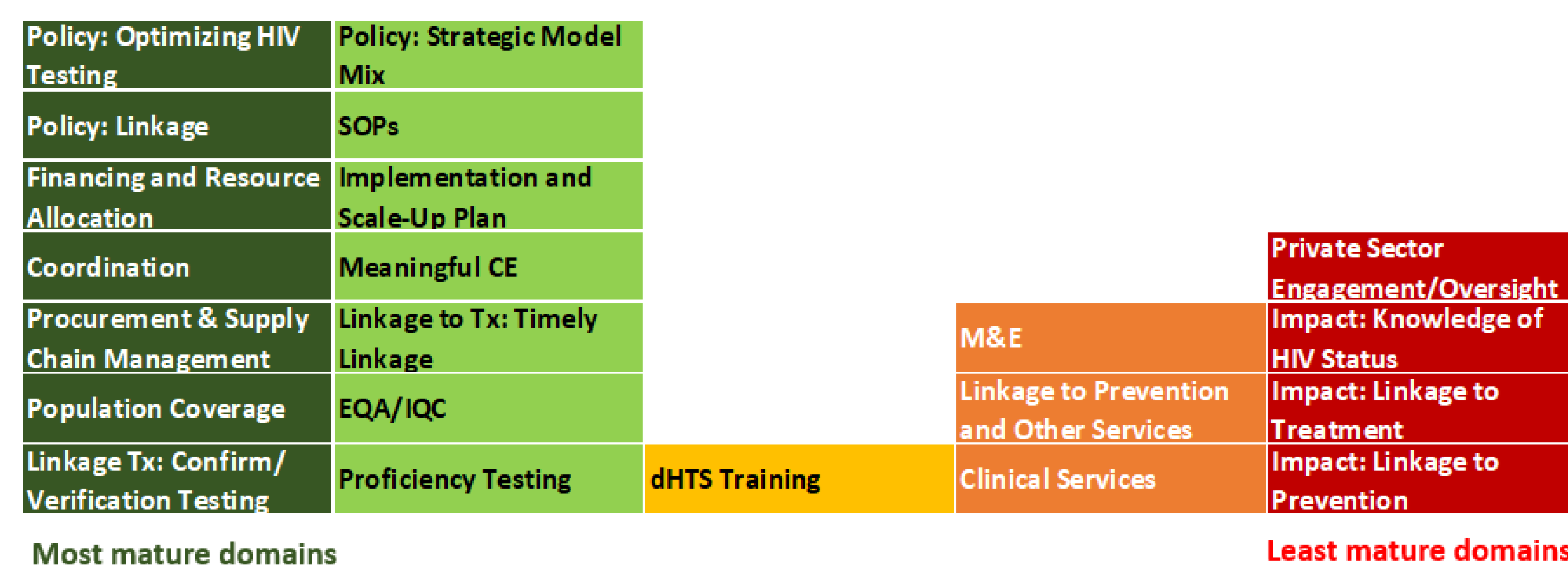


Figure 5: Results of the country team's recent self-assessment using the CQUIN dHTS capability maturity model.

In 2023, Rwanda achieved the most mature stage (dark green) in **seven domains**, while **four domains** remained in the least mature (red) stage.

### NEXT STEPS / WAY FORWARD

- Integration of other services in DSD delivery models to comprehensively manage NCD-particularly HTN, improve access to SRH services-FP and TPT/HIV.
- Continuously strengthen M&E system to effectively inform DSD program priorities
- Expansion of the context-specific quality assessment to in support of the delivery of high-quality DSD services
- Enhance pediatric and adolescent DSD models that effectively improve linkage to prevention and treatment- As well as conduct the LIFT-UP study that will support surge case finding and linkage activities among CLHIV.
- Enhance AHD service delivery- support implementation, resource mobilization for training HCP, supply chain management as well as the developments in M&E systems for AHD.
- Reinforce CLM to effectively engage communities in design, implementation and M&E