



Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services Across the HIV Cascade in Zimbabwe

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BACKGROUND

Zimbabwe joined the CQUIN network at its launch in 2017. At the time, Zimbabwe had just revised its operational and service delivery manual, expanding guidance on differentiated service delivery (DSD). Significant progress has been made scaling up DSD for ART models in Zimbabwe, with an estimated 400,000 people living with HIV (PLHIV) enrolled in DSD models. More than 70% of recipients of care (RoCs) receive 3 - 6 months of ART refills.

A key priority for DSD implementation is enhancing the quality-of-service provision, which will ensure retention in DSD models and that RoCs remain virally suppressed. Zimbabwe will also focus on strengthening DSD for the sub-populations lagging behind, including children, pregnant and breastfeeding women, and key populations (KP). Efforts to build the capacity of health care workers is ongoing.

Zimbabwe has a stand-alone DSD technical working group comprising the Ministry of Health and Child Care (MoHCC), implementing partners, CSOs, RoCs, and funders; and there is a DSD focal person within the national HIV programme. RoCs can choose the DSD model they prefer after receiving education on the advantages of DSD.

DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Results vs. Projections

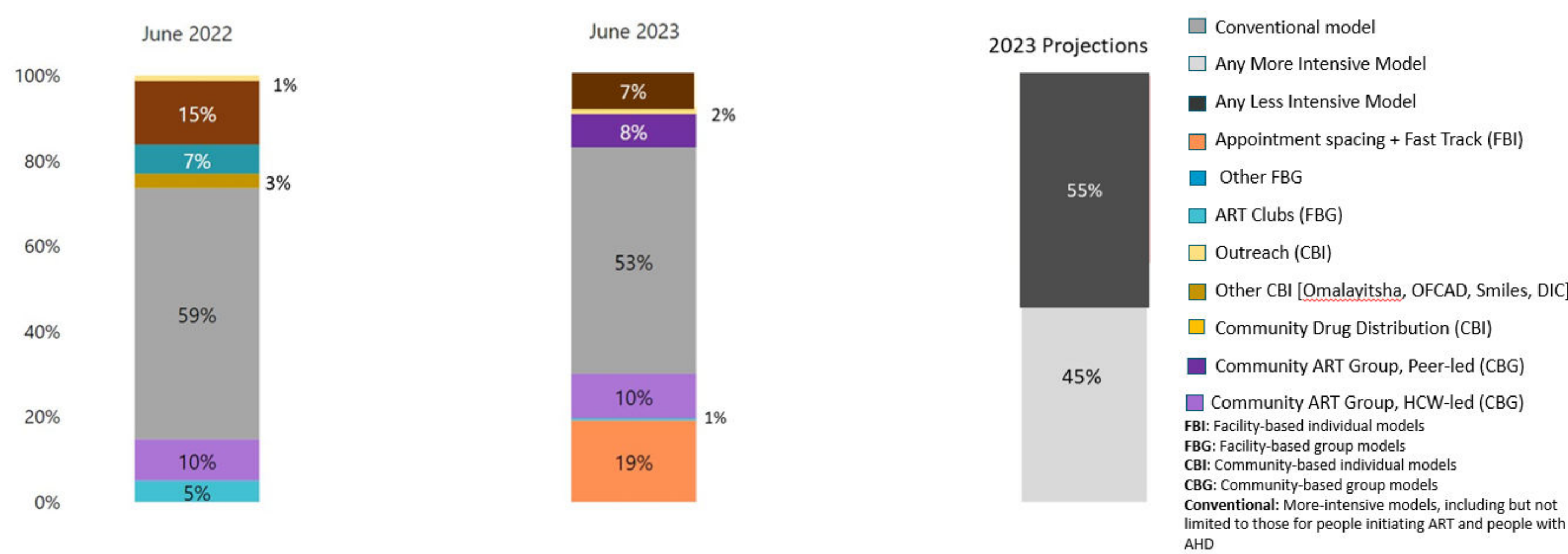
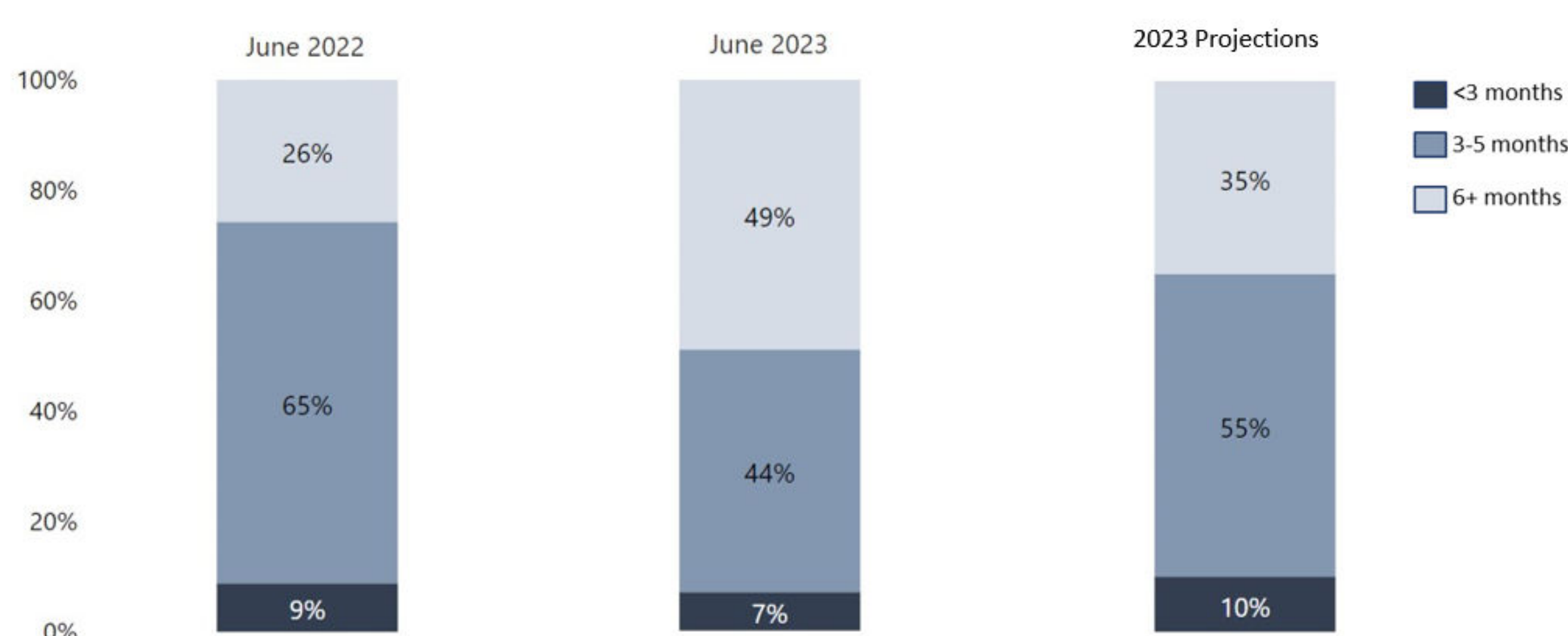


Figure 2: Multi-Month Dispensing (MMD): Results vs. Projections



The primary DSD models for ART offered in Zimbabwe are the Fast Track Refill, Facility Club Refill, CARG, Family Refill, and Outreach models. Revised national guidance has increased the number of available DSD models to include the Omalayitsha model, Drop-in-Centers, and the Community ART Distribution Model. RoCs not enrolled in DSD models for ART remain in conventional care, in which AHD management is offered for those with advanced HIV disease (AHD). Less-intensive DSD models are available for all sub-populations, including pregnant and breastfeeding women, children 0-9 years old, adolescents and young people, and KP. Coverage is calculated from data submitted by a nationally representative sample of 1,167 facilities covering approximately 80% of PLHIV on ART in Zimbabwe. As of June 2023, 47% (472,104/1,006,831) of PLHIV on ART were enrolled in DSD models, compared to the 55% projection; and 93% of PLHIV were receiving 3+ months of ART, surpassing the 2023 MMD projection of 90%.

CQUIN ENGAGEMENT AND ACHIEVEMENTS

Zimbabwe participates in five communities of practice: TB/HIV, DSD Coordinators, QI for DSD, Mobile and displaced populations, M&E, KP, AHD, NCD and dHTS. This year, Zimbabwe adjusted the structure of DSD reviews to address capacity needs for low-performing districts. Reviews were conducted for 16 districts in six provinces: Mashonaland Central, Mashonaland West, Masvingo, Mashonaland East, Matabeleland North, and Midlands. Having DSD implementation plans made within the networks ensures that countries focus on implementation and can closely track their progress and adjust as needed, enabling them to achieve their goals faster in the end.

DART CAPABILITY MATURITY MODEL TRENDS (2022-2023)

Figure 3: DART Capability Maturity Model Trends (2022-2023)

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

Figure 3 shows the results of the country team's self-assessment using the CQUIN DART capability maturity model in 2022 and 2023. In 2023, Zimbabwe achieved maturity (dark green and green) in nine domains, while **one domain** remained in the least mature (red) stage.

Revised national guidance, which expanded the DSD models available for specific sub-populations and made better data available for 2023 staging, led to many of the improvements observed.

Community engagement, impact, and AHD domains regressed, as stakeholders applied more rigor during the 2023 staging in order to identify domains needing urgent remediation.

AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD Capability Maturity Model Results, 2023

Guidelines	Policies	Facility Coverage	AHD Scale-up Plan	Client Coverage 3
SOPs	Training	Supply Chain	Client Coverage 1	Client Coverage 4
Coordination	Client Coverage 2	M&E System	Quality	Impact
ROC Engagement				

Most mature domains: Diagnostic Capability 1, Diagnostic Capability 2, Facility Coverage, Supply Chain, Client Coverage 1, Client Coverage 2, Client Coverage 3, Client Coverage 4, Quality, Impact.

Least mature domains: AHD Scale-up Plan, Client Coverage 1, Client Coverage 4, Impact.

Figure 4 shows the results of the country team's recent self-assessment using the CQUIN AHD capability maturity model. In 2023, Zimbabwe achieved maturity (dark green and green) in seven domains, while **three domains** remained in the least mature (red) stage. Data unavailability hindered the objective assessment of the less mature domains; as such, the MoHCC strategic information unit has revised its program tools to include AHD data points and indicators that will facilitate more accurate assessment and staging of these domains in the future.

dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS Capability Maturity Model Results, 2023

Policy: Strategic Model Mix					
Policy: Optimizing HIV Testing					
SOPs					
Implementation and Scale-Up Plan					Private Sector Engagement/Oversight
dHTS Training	Policy: Linkage			Population Coverage	
M&E	Financing and Resource Allocation		Linkage to Prevention and Other Services	Impact: Knowledge of HIV Status	
Linkage to Tx: Timely Linkage	Meaningful CE	Coordination	EQA/IQC	Impact: Linkage to Treatment	
Linkage Tx: Confirm/Verification Testing	Procurement & Supply Chain Management	Proficiency Testing	Clinical Services	Impact: Linkage to Prevention	

Most mature domains: Policy: Strategic Model Mix, Policy: Optimizing HIV Testing, SOPs, Implementation and Scale-Up Plan, dHTS Training, M&E, Linkage to Tx: Timely Linkage, Linkage Tx: Confirm/Verification Testing.

Least mature domains: Private Sector Engagement/Oversight, Population Coverage, Impact: Knowledge of HIV Status, Impact: Linkage to Treatment, Impact: Linkage to Prevention.

Figure 5 shows the results of the country team's recent self-assessment using the CQUIN dHTS capability maturity model. In 2023, Zimbabwe achieved the most mature stage (dark green) in **eight domains**, while **five domains** remained in the least mature (red) stage. Factors hindering maturity in the impact, population coverage, and private sector engagement/oversight domains include:

- Lack of a framework for PPP collaboration. This was signed off in Q2 of year 2023
- Limited data to objectively assess the least mature domains

NEXT STEPS / WAY FORWARD

The Zimbabwe MoHCC is proud of the progress that has been made to date in differentiating services for RoCs established on ART. Further growth and strengthening of the program is expected as new DSD models for special sub-populations are scaled up. Quality improvement will continue to be a pillar within programming to ensure implementation with fidelity. We also intend to continue strengthening the electronic systems for the M&E of DSD. Integration of other non-HIV services within DSD is also a major focus area for Zimbabwe as we continue to differentiate services for PLHIV.