



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

## Scaling Up the Integration of Non-HIV Services Within the National HIV Programme

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### BACKGROUND

Zimbabwe adopted DSD implementation in 2016 and scale-up began in 2017. In the same year, the country became a member of the CQUIN Learning Network. Differentiated service delivery (DSD) implementation is guided by standards within the Operational and Service Delivery Manual (OSDM) which has been revised once in 2022, since DSD scale-up began. Improving the quality and impact of DSD implementation remains a key priority for the nation. As of June 2024, DSD coverage reached about 47% of all people living with HIV (PLHIV) on ART, a significant milestone for the nation. Despite the model of care recipients of care (ROC) are enrolled in, they receive a multi-month supply of ART and more than 90% receive 3-6 months of ART refills. Integration efforts continue with bilateral engagements of the relevant MoHCC departments i.e., reproductive health, NCDs, and the mental health directorates. Shared platforms (technical working groups [TWGs]) are used to identify common challenges, explore solutions and build shared consensus on way forward. Funding for some integration resources such as medicines for management of non-communicable diseases (NCDs) was secured through the Global Fund. DSD quality standards are available for the country and a number of service quality assessment (SQA) tools are used to assess DSD quality with Ministry of Health using the integrated quality assessment tool that includes DSD. ROC are represented in national HIV programs and meetings and client satisfaction is assessment by ZNNP+ and through community-led monitoring by community-based organizations. Identified issues are mostly advocated for and solved at both the facility- and district-levels.

### DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Trend Over Time, 2022-2024

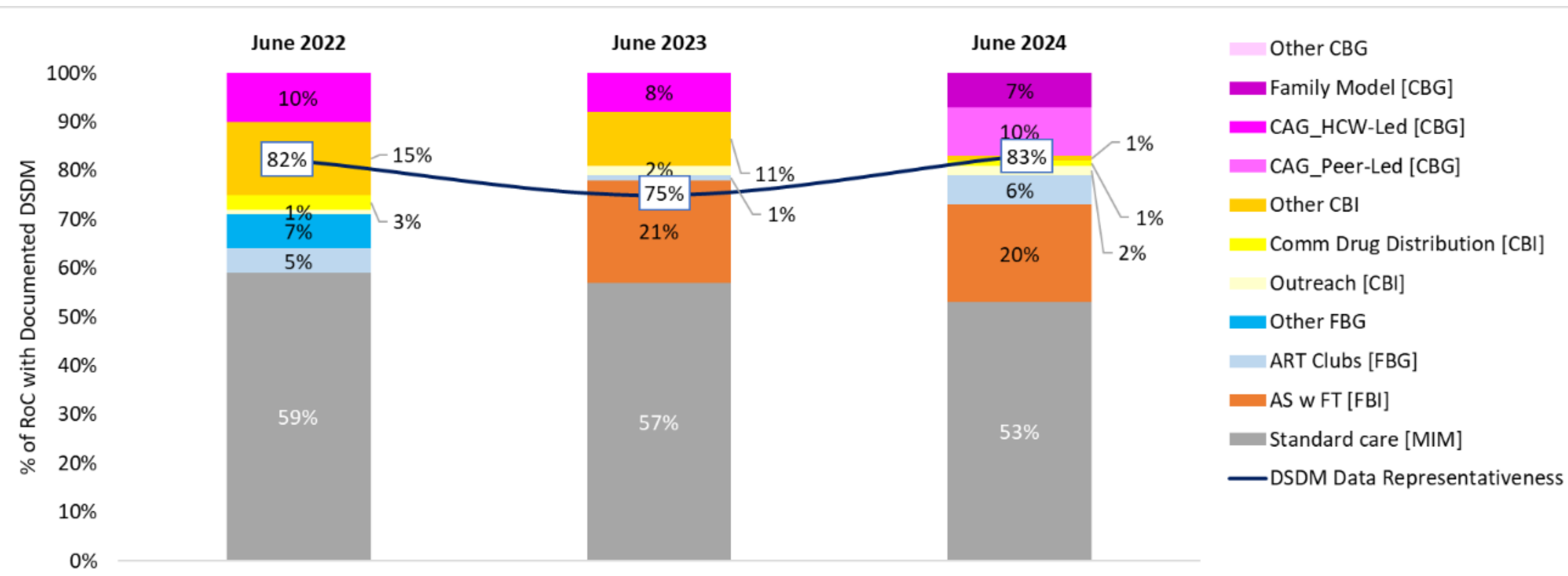
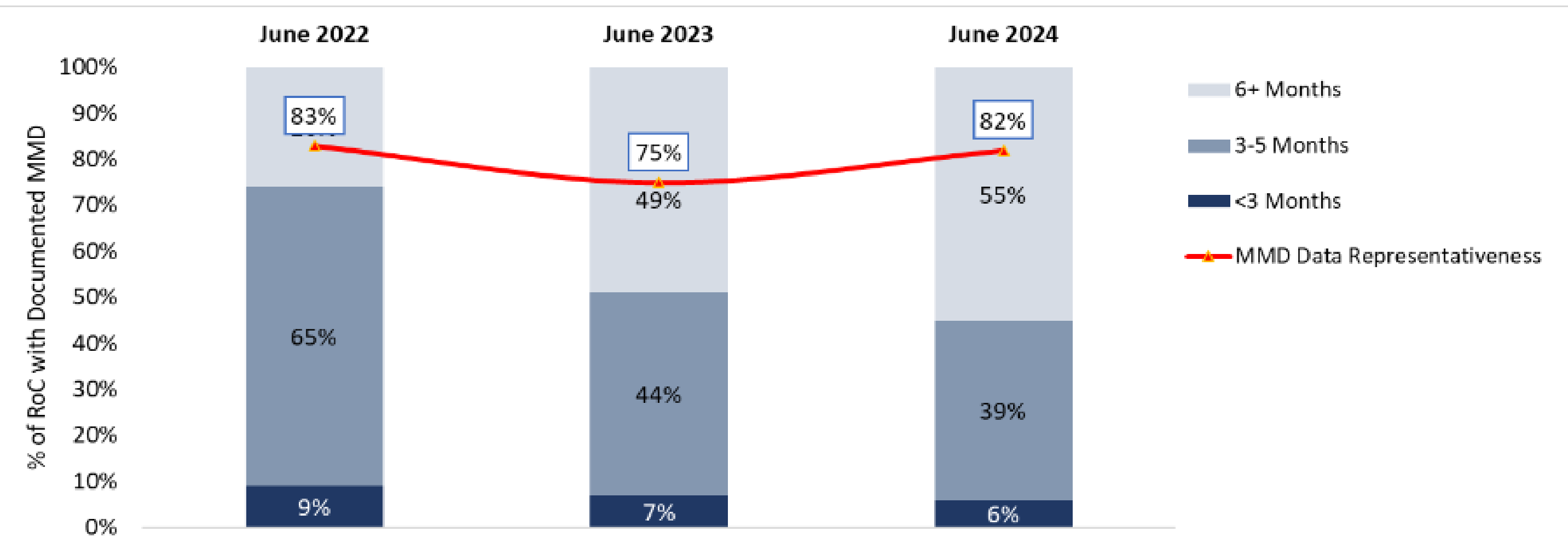


Figure 2: Multi-month Dispensing (MMD): Trend Over Time, 2022-2024



Zimbabwe revised the national guidance on DSD, adopting WHO's four DSD categories which expanded the number of DSD models to include models such as the Omalayitsha model, Drop-in-Centres and the Community ART Distribution Model. ROC not enrolled in DSD models for ART remain in conventional care in which advanced HIV disease (AHD) management is offered for those with AHD. Less intensive DSD models are available for all sub-populations including pregnant and breastfeeding women, children 0-9 yrs, adolescents, young people, as well as KP. DSD models for ART coverage is calculated from data submitted by a nationally representative sample of 1,201 HF covering approximately 80% of all PLHIV on ART. As at end of June 2024, 482,058/1,016,398 (47%) were enrolled in less intensive DART models. The proportion of individuals enrolled in 6+MMD increased to 94% of PLHIV.

### CQUIN ENGAGEMENT AND ACHIEVEMENTS

Zimbabwe participates in the TB/HIV, AHD, NCDs, DSD Coordinators, QI for DSD, M&E communities of practice where country-to-country (C2C) innovations improve policy and practice including the M&E framework which helped shape M&E for DSD in Zimbabwe.

Recent participation in a C2C visit to Malawi for knowledge exchange on non-judgmental re-engagement of ROC will inform development of the same adapted for implementation in Zimbabwe.

Participation in CQUIN catalyzes DSD implementation: DSD dashboard objectively assesses implementation allowing for easier and faster identification of gap areas that can then be focused on.

### DART CAPABILITY MATURITY MODEL TRENDS (2022-2024)

Figure 3: DART CMM Trends (2022-2024)

Domains	2022	2023	2024
Policies	Dark Green	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green	Dark Green
Diversity	Dark Green	Dark Green	Dark Green
Scale Up Plan	Dark Green	Dark Green	Dark Green
Coordination	Dark Green	Dark Green	Dark Green
Community	Dark Green	Dark Green	Dark Green
Training	Dark Green	Dark Green	Dark Green
M&E System	Dark Green	Dark Green	Dark Green
Procurement	Dark Green	Dark Green	Dark Green
Facility Coverage	Dark Green	Dark Green	Dark Green
Client Coverage	Dark Green	Dark Green	Dark Green
AHD	Dark Green	Dark Green	Dark Green
Key Populations	Dark Green	Dark Green	Dark Green
TB/HIV	Dark Green	Dark Green	Dark Green
MCH	Dark Green	Dark Green	Dark Green
NCD/HIV	Dark Green	Dark Green	Dark Green
Family Planning	Dark Green	Dark Green	Dark Green
Quality	Dark Green	Dark Green	Dark Green
Impact	Red	Red	Red

Figure 3 shows the results of the country's recent self-assessment using the CQUIN DART capability maturity model for years 2022, 2023 and 2024. In 2024, Zimbabwe achieved the most mature staging (dark green) in 7 domains, while the impact domain remained in the least mature (red) staging.

- Most of the domains had stagnated in maturity over the last 12 months
- One domain, client coverage, reduced in maturity from dark green to yellow
  - The country tightened the assessment for the domain by excluding MMD
  - This will allow the country to keep focusing on increasing DART coverage
  - Encourages country to develop ways of perfecting the denominator so that the true picture of PLHIV enrolled among the eligible may be seen

### AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD CMM Results, 2024

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

Figure 4 shows the results of the country's recent self-assessment using the CQUIN AHD capability maturity model. In 2024, Zimbabwe achieved the most mature staging (dark green) in 4 domains, while 2 domains remained in the least mature (red) staging. Three domains improved in maturity in the last 12 months (Diagnostic Capability 1, Facility Coverage and Client Coverage 3) mainly due to the identification of more reliable data sources for the staging.

### dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS CMM Results 2024

Policy: Strategic Model Mix	Policy: Optimizing HIV Testing	Policy: Linkage	Finance/Resource Allocation	Scale-up Plan	Community Engagement	Coordination	Linkage to Tx: Verification	Population Coverage	Private Sector Engagement
M&E	SOPs	Linkage to Prevention	Impact: Knowledge of Status	M&E	dHTS Training	Proficiency Testing	Impact: Linkage to Tx	Linkage to Prevention	Impact: Linkage to Prevention
Linkage to Tx: Timely Linkage	dHTS Training	Proficiency Testing	Impact: Linkage to Tx	EQA/IQC	Procurement/Supply Chain	Clinical Services	Impact: Linkage to Prevention	Linkage to Prevention	Impact: Linkage to Prevention

Figure 5 shows the results of the country's recent self-assessment using the CQUIN dHTS capability maturity model. In 2024, Zimbabwe achieved the most mature staging (dark green) in 8 domains, while 4 domains remained in the least mature (red) stage. The development and validation of the HTS TWG ToR led to the improvement in Coordination. Population Coverage and EQA/IQC improved due to the availability of better data. Improvement in data sources and understanding of the definitions and the staging process led to the regression of 4 domains compared to the 2023 results.

### NEXT STEPS/WAY FORWARD

- The country has policies and guidance for programme implementation with SOPs and training being provided to the implementers
- Services are being provided and monitored. However, the national M&E system is unable to track granular data that would address the CMM self-staging metrics.
- Some of those can be answered by electronic systems which are not well-established in Zimbabwe.
- Program areas needing prioritization to ensure the entire HIV program health systems are strengthened or reach maturity include:
  - M&E system – scale-up of the electronic system
  - Integration and private sector engagement
  - Quality and Impact - standardization
- The country will explore potential innovations to ensure outcome domains are addressed in an integrated manner.