

Implementing Differentiated Services Delivery: Differentiated Monitoring & Evaluation

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care



Background/Context

- Countries are rapidly adopting diverse differentiated service delivery models (DSDM)
 - eligibility criteria and DSD models vary
- Monitoring and evaluation systems (tools, reporting, databases) are often not tailored to these new models
 - New data elements may be needed
 - Some current data no longer applicable at visits
 - Data may be collected in the community, by patients
 - Flexible DSDM vs. standardized M&E

Outline

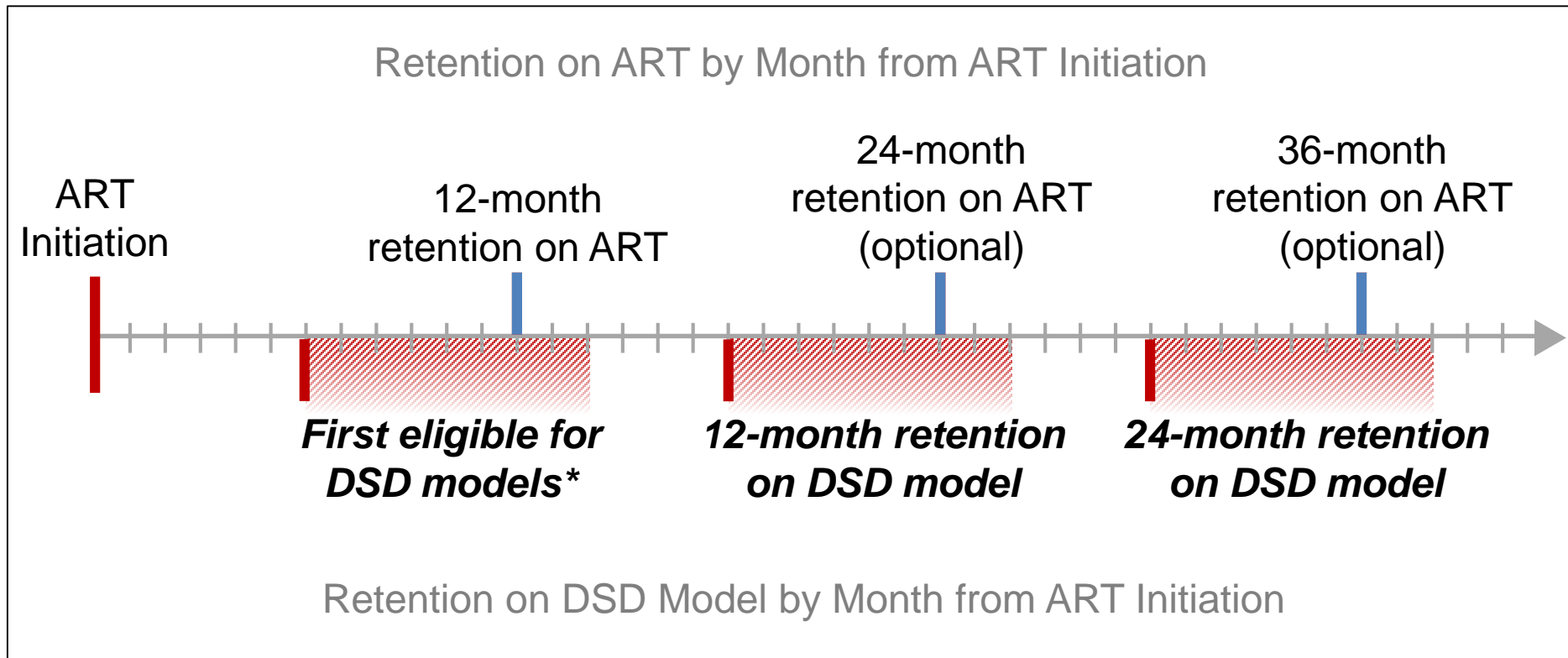
The challenges:

- Changes in program design associated with DSDM may cause problems for existing M&E systems
- Existing M&E systems may not capture the information needed to monitor and evaluate DSDM

The solution: Differentiated M&E?

- Harmonizing and streamlining systems
- Updating patient and program level data
- Performance assessment

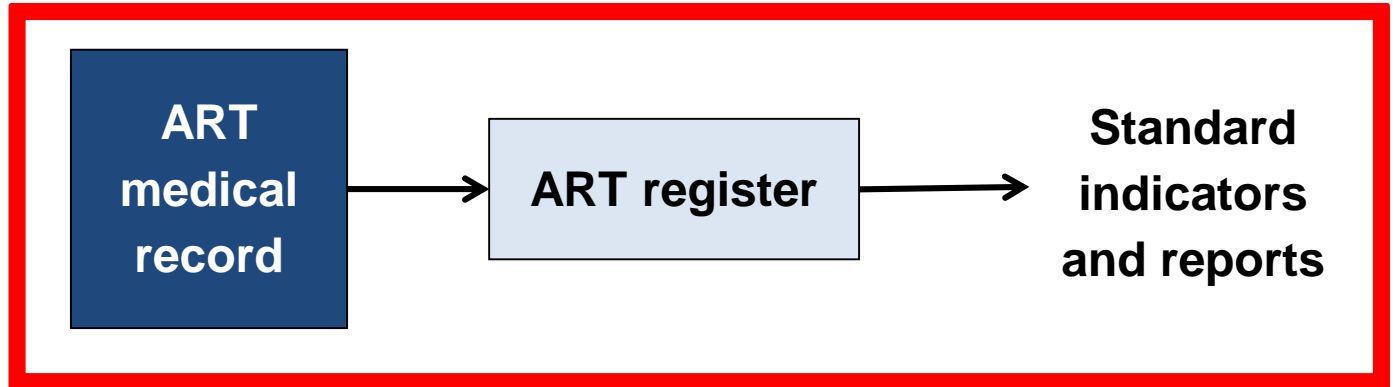
Mismatch between Existing Indicators and Some DSD Models



* timing of eligibility differs based on model

Parallel M&E Systems are Proliferating

1. Traditional M&E

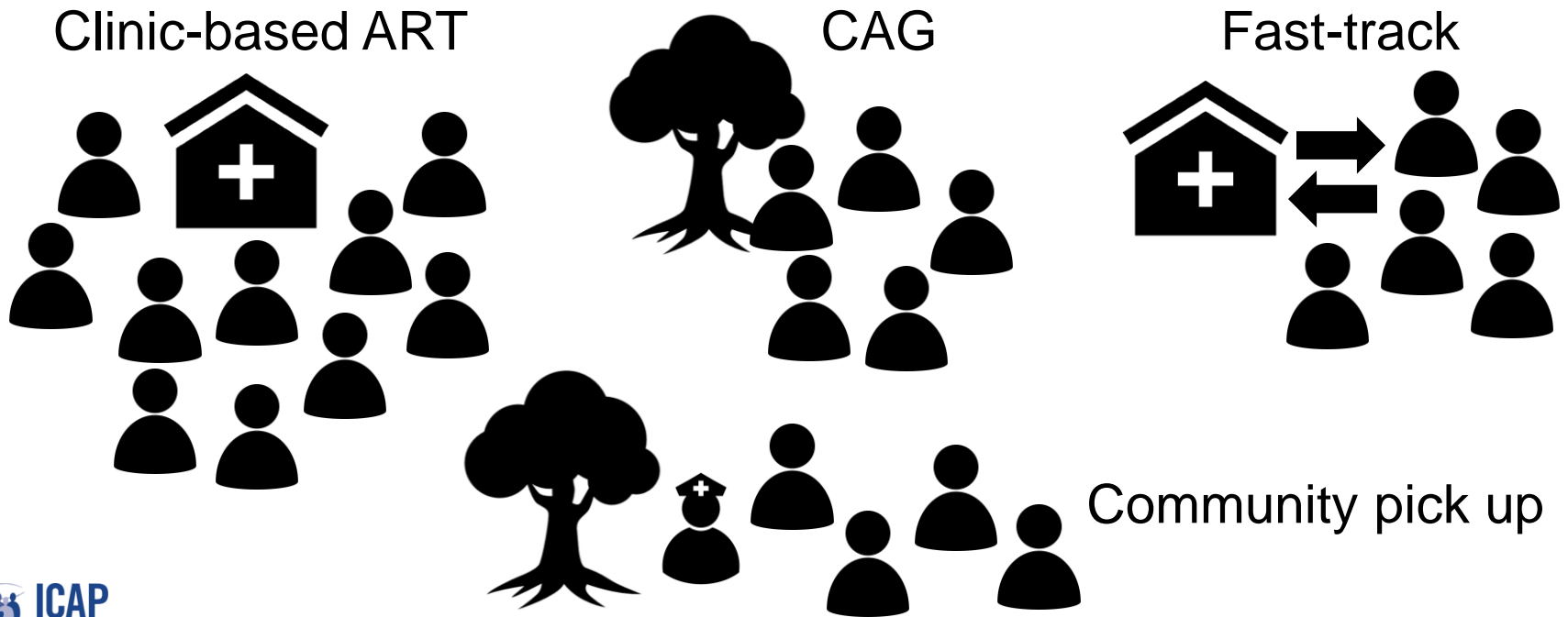


2. DSDM M&E



Rationale for integrated M&E

- As ART models diversify and additional patients move to DSD models, ensure information is accessible to HCW



CQUIN: The HIV Learning Network

Documentation is Insufficiently Streamlined

Standard ART visit:

- Weight / height
- WHO stage
- Pregnancy
- OIs
- TB status and treatment
- IPT
- Adherence
- Side effects
- Lab test & results
- ART refill
- Next appointment date

Fast-track visit:

- TB screening
- ART refill

CAG “visit”:

- Adherence self-assessment
- TB screening self assessment
- ART refill

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Illustrative DSDM Treatment Indicators

UPTAKE

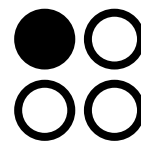


percentage of newly eligible patients receiving DSDM

COVERAGE



percentage of sites offering DSDM



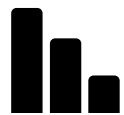
percentage of all eligible patients receiving DSDM

QUALITY & OUTCOMES



percentage of patients retained

- percentage maintaining DSDM



percentage receiving VL test

- percentage suppressed

Outline

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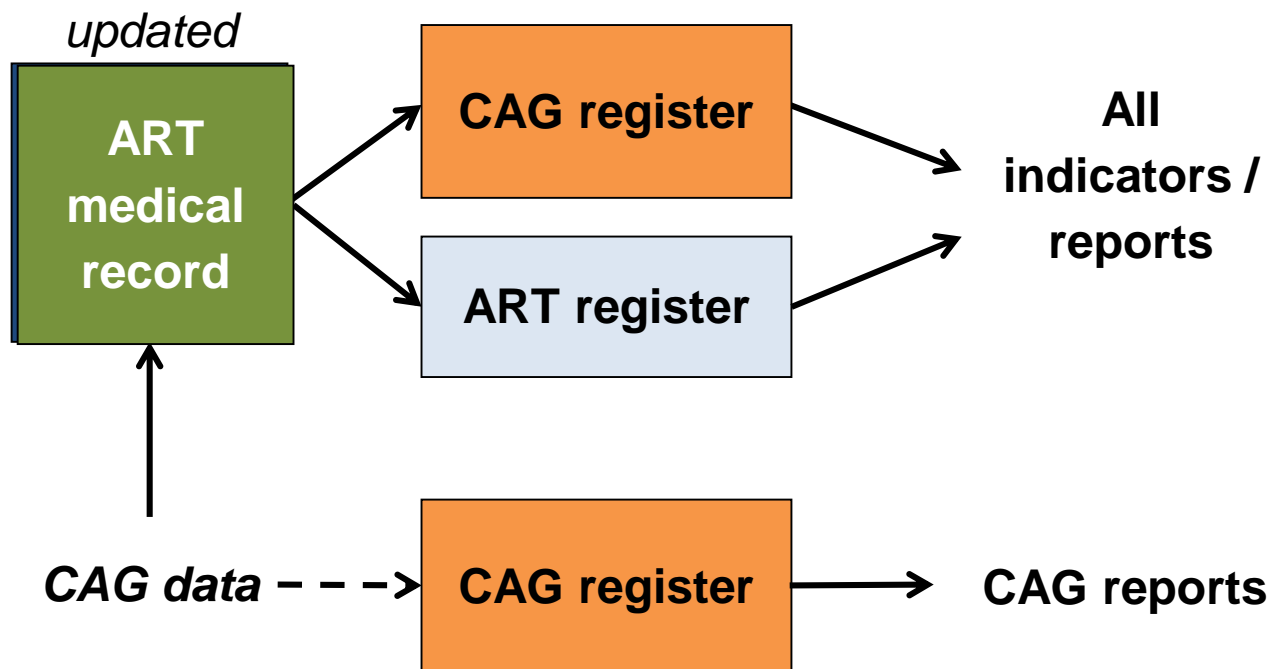
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Integrated M&E Systems

Incorporate all information into one record
(paper or electronic)

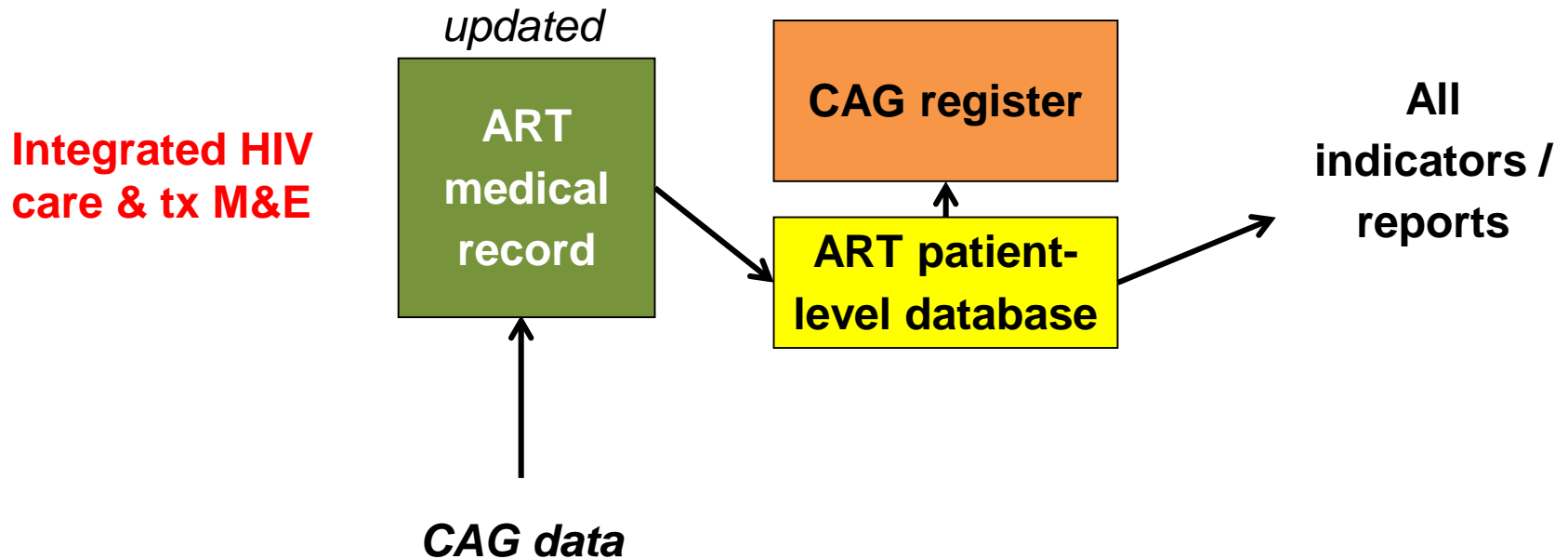
**Integrated HIV
care & tx M&E**



**2. DSD model
M&E**

Integrated M&E Systems

Incorporate all information into one record
(paper or electronic)





Patient-Level Tools to Document DSD

1. Adapted patient ART medical record
2. Adapted pharmacy tools and systems
3. New tools to document DSD services

Updating Patient ART Medical Record: Is the patient eligible for specific DSD models?

Annex 6: Patient Categorization Checklist after 12 Months in Care

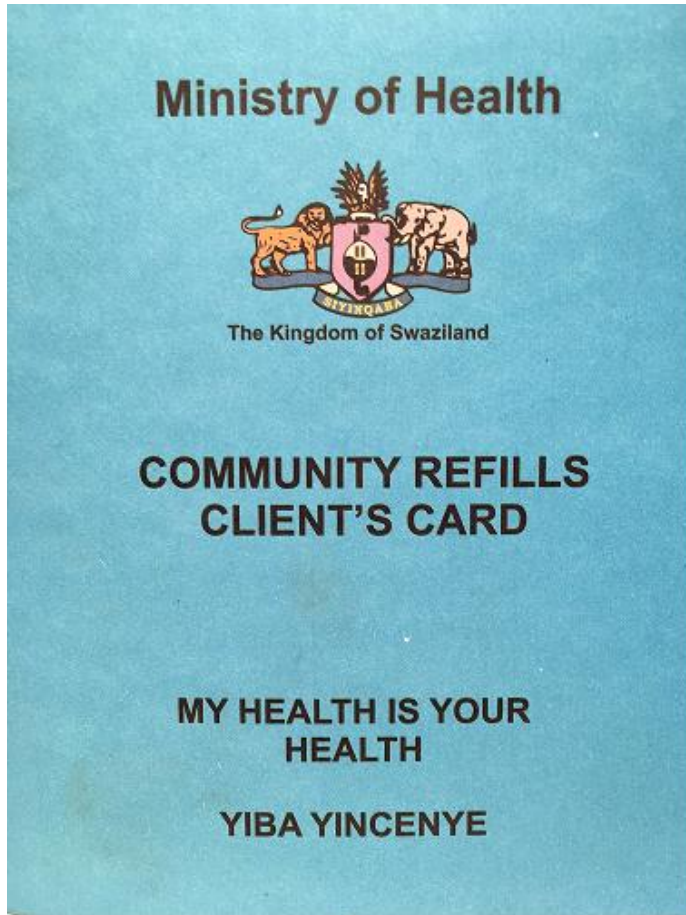
Date of Visit	Stable (Use Codes Below) 	Unstable (Tick if appropriate) 	Comments
	<p><i>A patient is considered stable if they meet all of the following criteria:</i></p> <ul style="list-style-type: none"> • On their current ART regimen for ≥ 12 months • No active OIs (including TB) in the previous 6 months • Adherent to scheduled clinic visits for the previous 6 months • Most recent VL < 1,000 copies/ml • Has completed 6 months of IPT • BMI ≥ 18.5 • Age ≥ 20 years • Healthcare team does not have concerns about providing longer follow-up intervals for the patient 	<p><i>A patient is considered unstable if they have any of the following:</i></p> <ul style="list-style-type: none"> • On their current ART regimen for < 12 months • Any active OIs (including TB) in the previous 6 months 	

Eligible **Not eligible**
 In DSDM **Not in DSDM**

DSD Model: _____

Source: Kenya MOH

New Tools – Documentation of services in community



(Source: Swaziland MOH)

ART No.: ID No:

Surname: Name:

D.O.B: Age: Sex:

..... Treatment group number:

..... ART No.s):

(1).....

(4).....

The owner of this card is:

COMMUNITY REFILLS - CLIENT'S CARD

Date of visit (Lusuku Iwekuta)	For client to fill (Kugcwaliaa ngulane)		Adherence assessment (Kutsatse emaphilisi kahte)		Client's signature (Kusayina siguiane)	For the health care worker to fill (Kugcwalisa Umgcuguteli)	
	TB screening (Kuhlola sifuba sengati)	LMP date (Lusuku Iwekugcina kuya esikhatsini)	Adh to treatment (Uwatsatse njani emaphilisi)	Pill count (Linani lemaphilisi lasale)		Date (Lusuku)	Type of visit (Luhkabo Iwekuya esibhedlela)
	P N / /		Y N				C PU
							C PU

Patient self assessments recorded:

TB screening

Last menstrual period

Adherence and pill count

ART distributed

New Tools: Registries of CAG/club patients

Clinic register of patients in CAGs (Source: MSF)

Facility name:

Focal person name:

Meeting area:

CAG number:

Focal person contact number:

CAG member number	ART number	First name	Surname	Sex	DOB	Mobile number	Date ART initiation	Date joined CAG	Date permanently left CAG
1					.J..l....		.J..l....	.J..l....	.J..l....
2					.J..l....		.J..l....	.J..l....	.J..l....
3					.J..l....		.J..l....	.J..l....	.J..l....

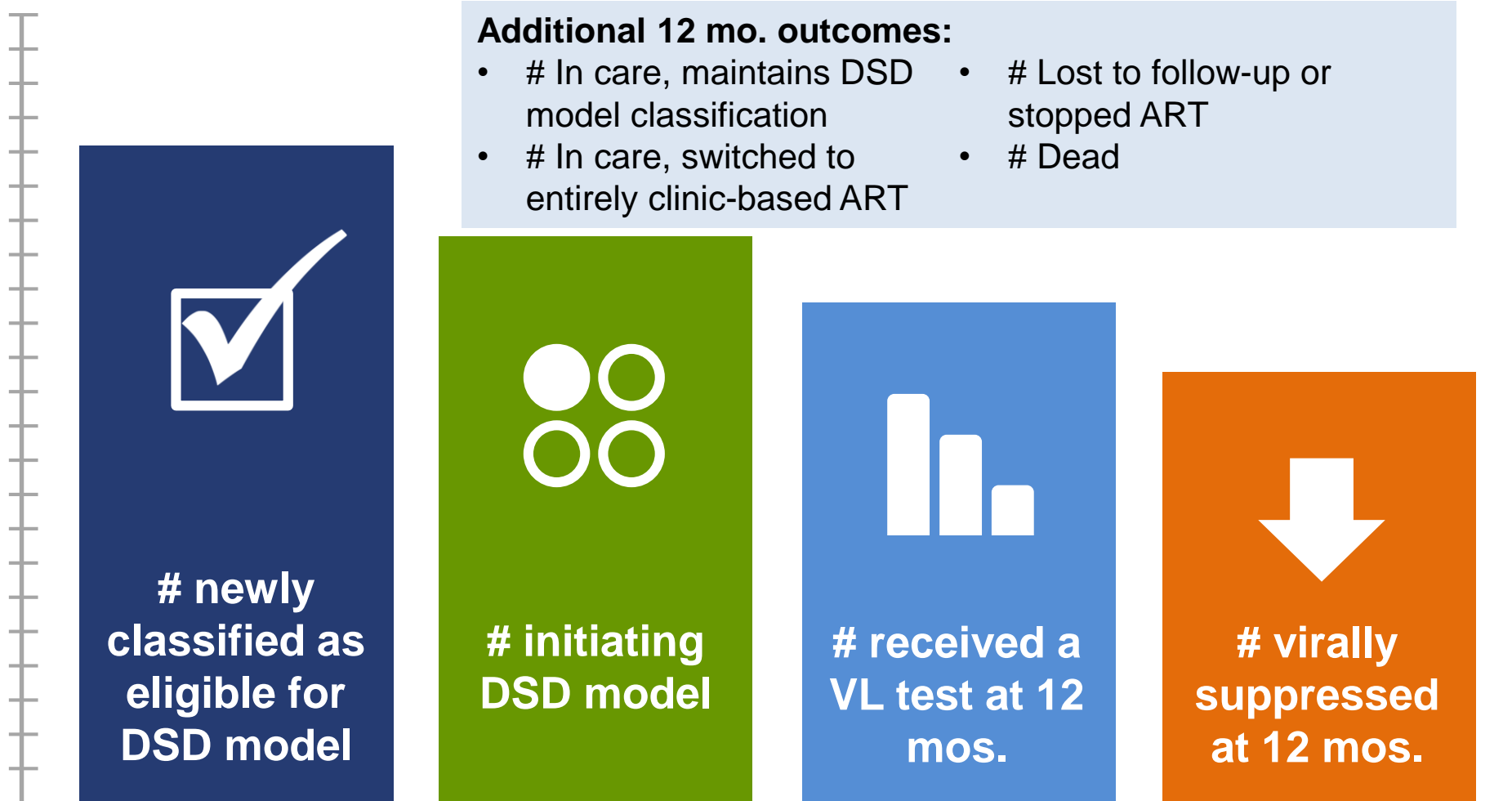
*Reason for leaving CAG: 1.TFO 2.Moved to other CAG 3.Permanently returned to Clinic Care 4.LTFU 5.Died 6.Other

Program-Level Tools to Document DSD

1. Identify program-level indicators
2. New systems for aggregation

Illustrative DSD performance indicator cascade

Cohort of patients newly-eligible for DSD



Tools and Systems to Generate Aggregate Reports for DSD

- Standard ART registers cannot calculate DSD indicator cascade
 - Eligibility classification, DSD model, and services not documented
 - Timeframe oriented around ART initiation
- New systems for aggregation of relevant data may be necessary
 - Electronic database systems
 - Paper-based tools: DSD ART registers, facility reports

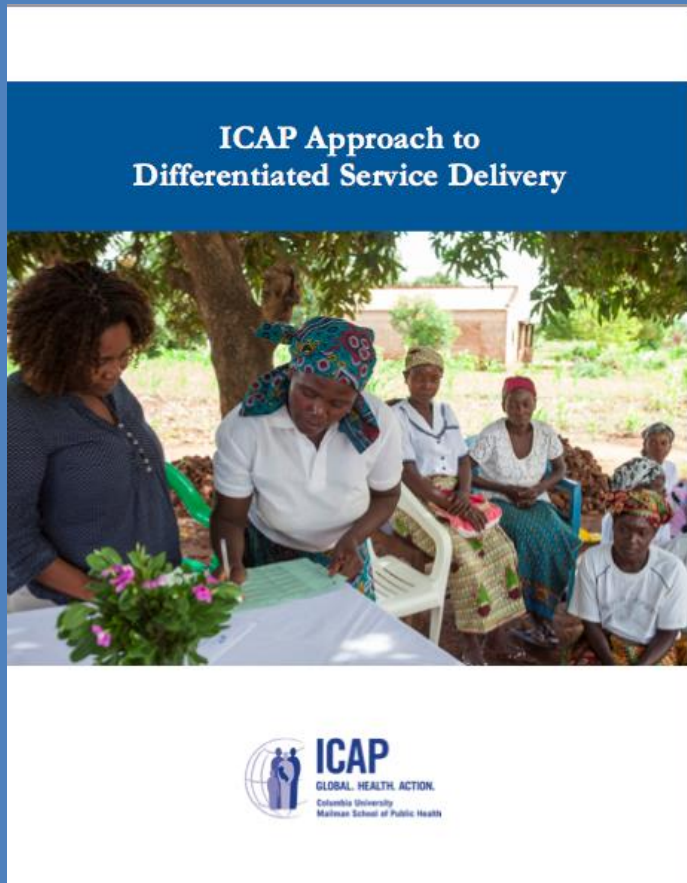
Measuring Performance of DSDM

- Evaluations of impact of DSD model on patient outcomes
 - Plan ahead to ensure necessary routine data will be available
- Periodic assessments of facility adoption of DSD
- Surveys of patient and provider satisfaction
- Provider-patient load and productivity
- Cost-effectiveness

Summary

- DSDM may require changes to M&E systems
 - M&E systems should be tailored to context
 - Patient-level tools and methods for aggregation may need to be adapted
- DSDM may be monitored using a unique cascade of indicators
- The ART medical record is the optimal “home” of all patient-related information
- Plan ahead; measure performance of DSDM using various approaches

Additional Resources



Learn more about ICAP's CQUIN learning network for differentiated service delivery at: cquin.icap.columbia.edu

Download the *ICAP Approach to DSD* at: bit.ly/ICAPDSD

Acknowledgements

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