Implementing Differentiated Services Delivery:
Differentiated Monitoring & Evaluation

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care

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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  - Some current data no longer applicable at visits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

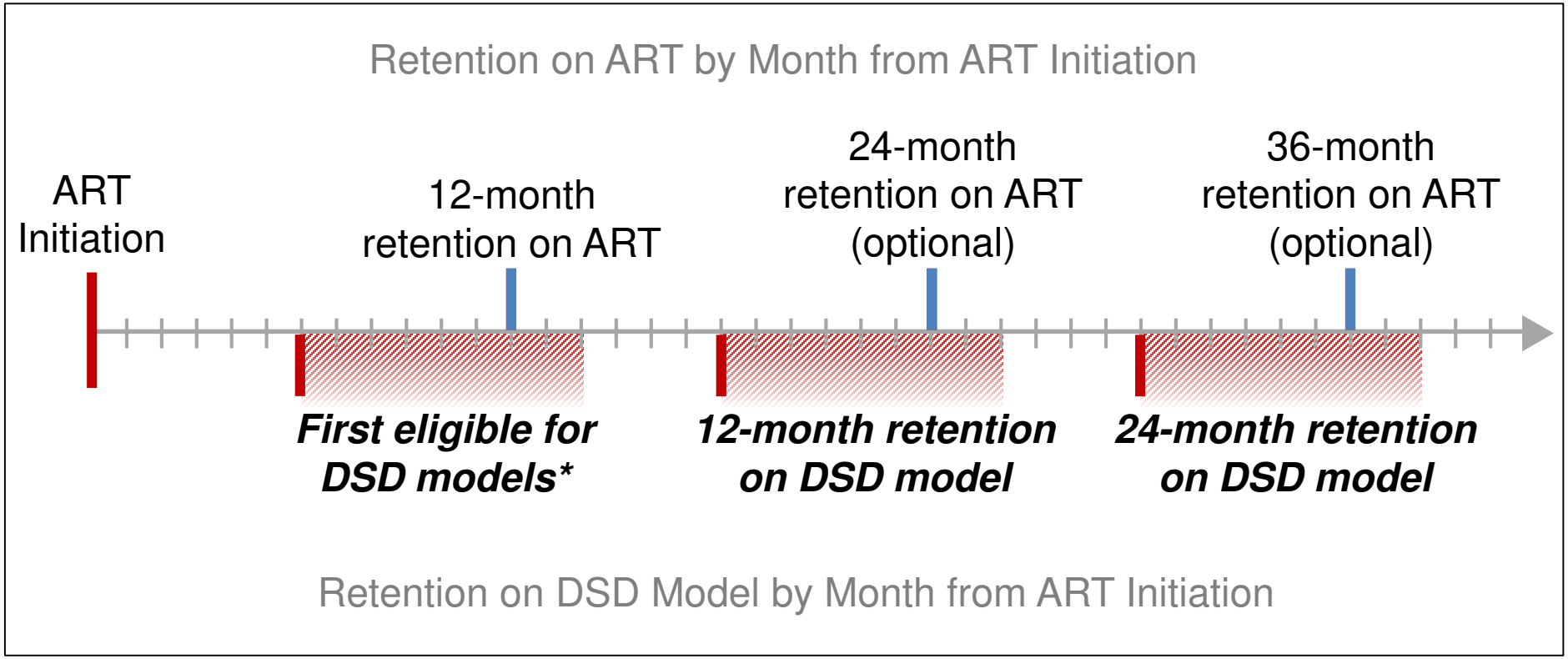
The challenges:

- 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

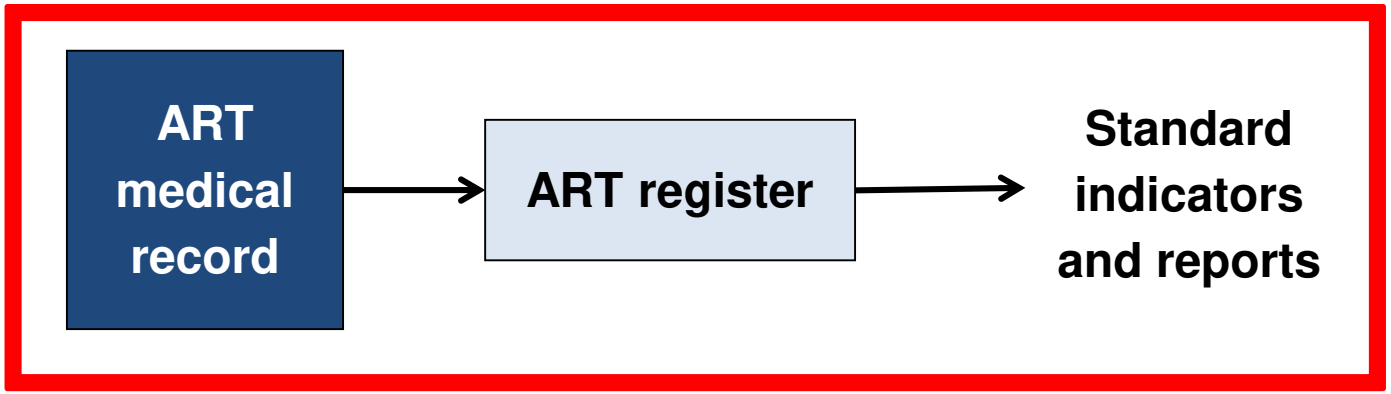
Mismatch between Existing Indicators and Some DSD Models



* timing of eligibility differs based on model

Parallel M&E Systems are Proliferating

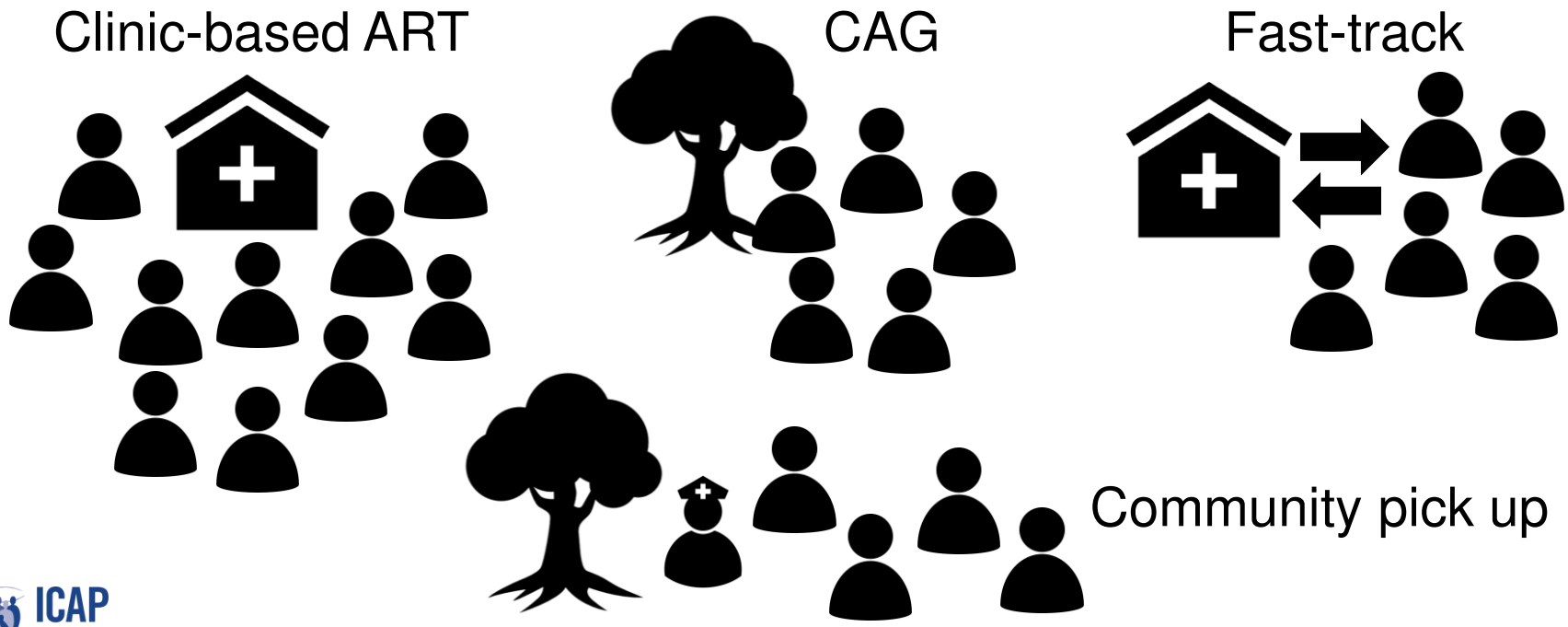
1. **Traditional M&E**



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



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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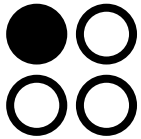
Illustrative DSDM Treatment Indicators

UPTAKE

percentage of newly eligible patients receiving DSDM

COVERAGE

percentage of sites offering DSDM

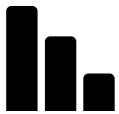


percentage of all eligible patients receiving DSDM

QUALITY & OUTCOMES

percentage of patients retained

- percentage maintaining DSDM



percentage receiving VL test

- percentage suppressed

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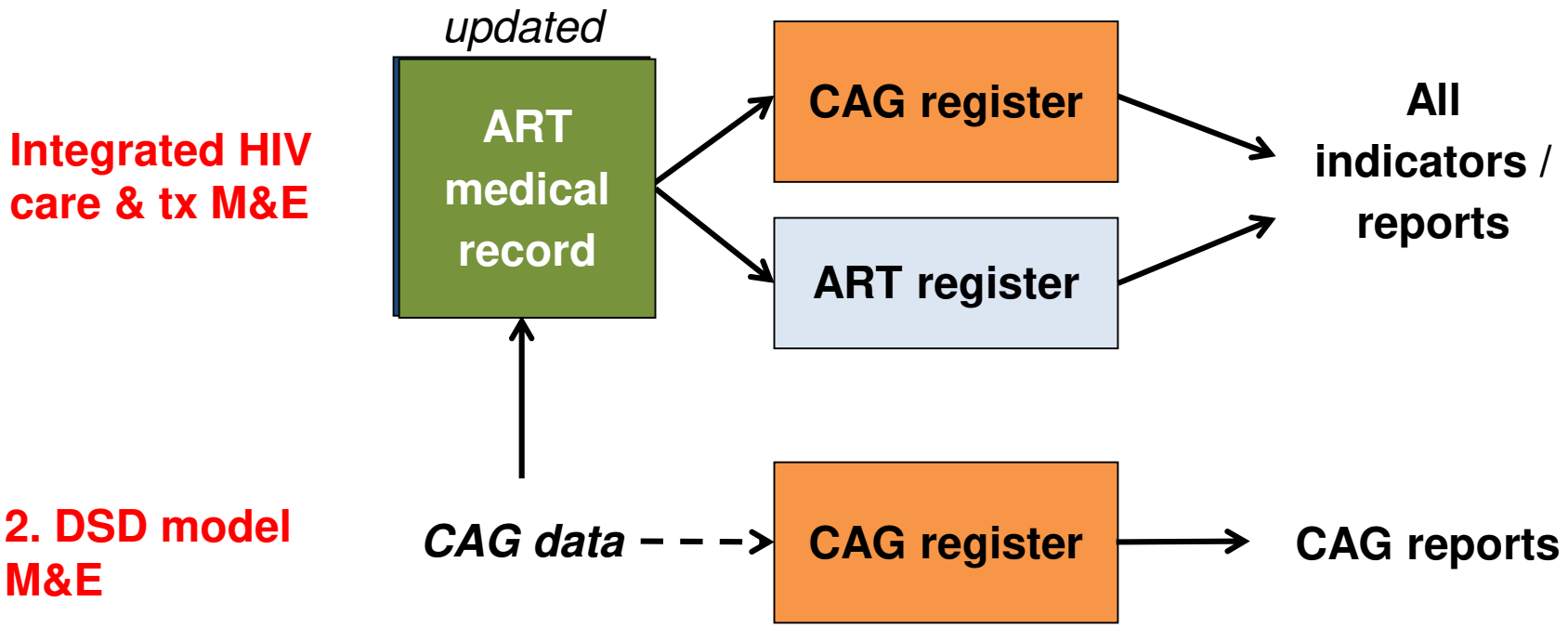
Integrated M&E Systems

Incorporate all information into one record (paper or electronic)



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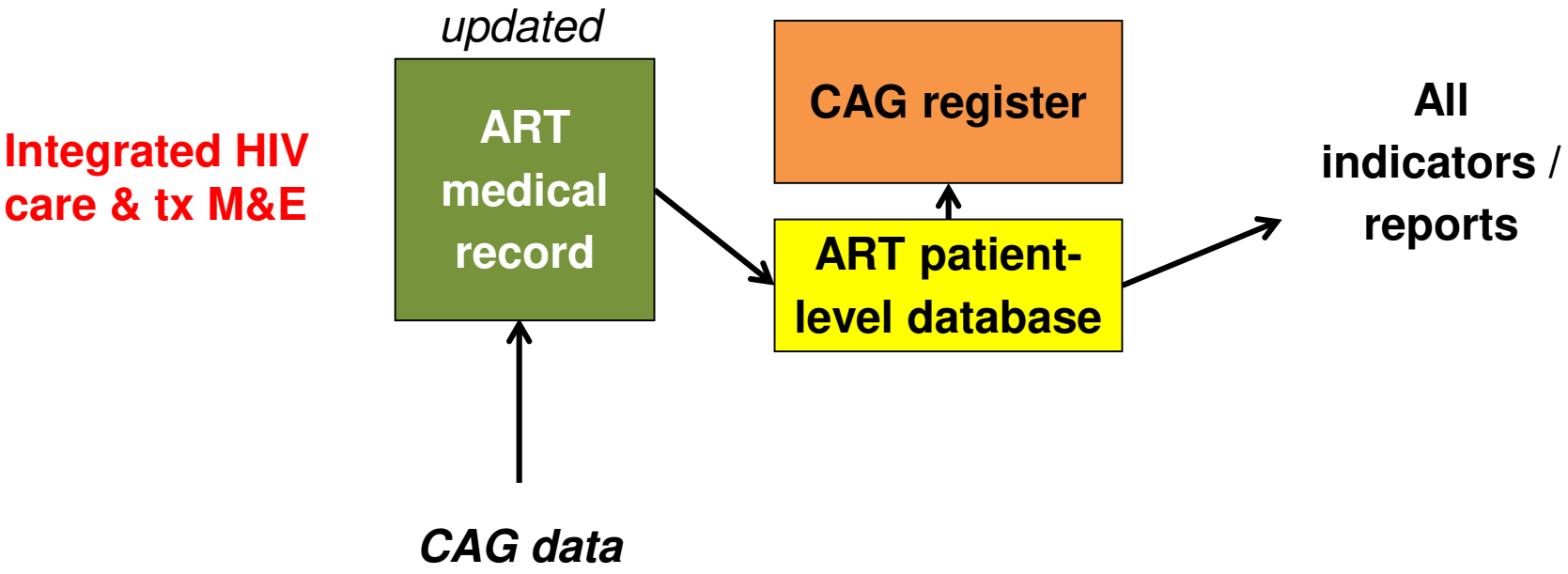


Patient-Level Tools to Document DSD

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
	A patient is considered stable if they meet all of the following criteria: • 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	*A patient is considered unstable if they have any of the following:* • On their current ART regimen for < 12 months • Any active OIs (including TB) in the previous 6 months	

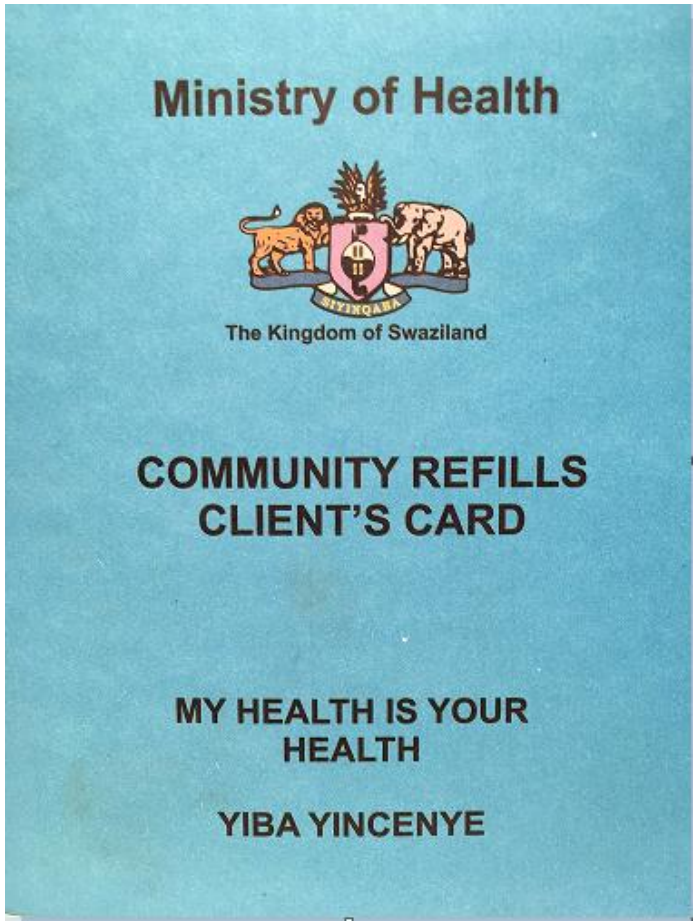
□Eligible □Not eligible

□In DSDM □Not in DSDM

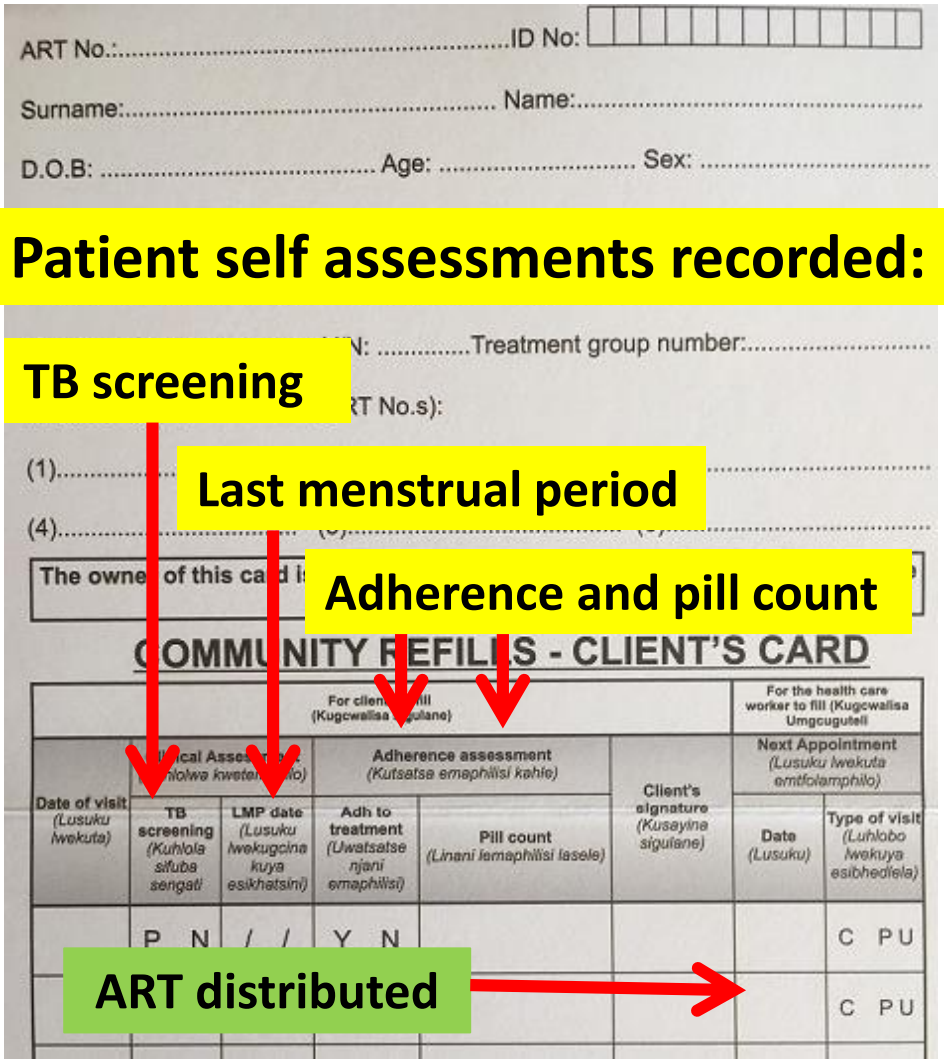
DSD Model: _____

Source: Kenya MOH

New Tools – Documentation of services in community



(Source: Swaziland MOH)



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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					../ .. /....		../ .. /....	../ .. /....	../ .. /....
2					../ .. /....		../ .. /....	../ .. /....	../ .. /....
3					../ .. /....		../ .. /....	../ .. /....	../ .. /....

**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

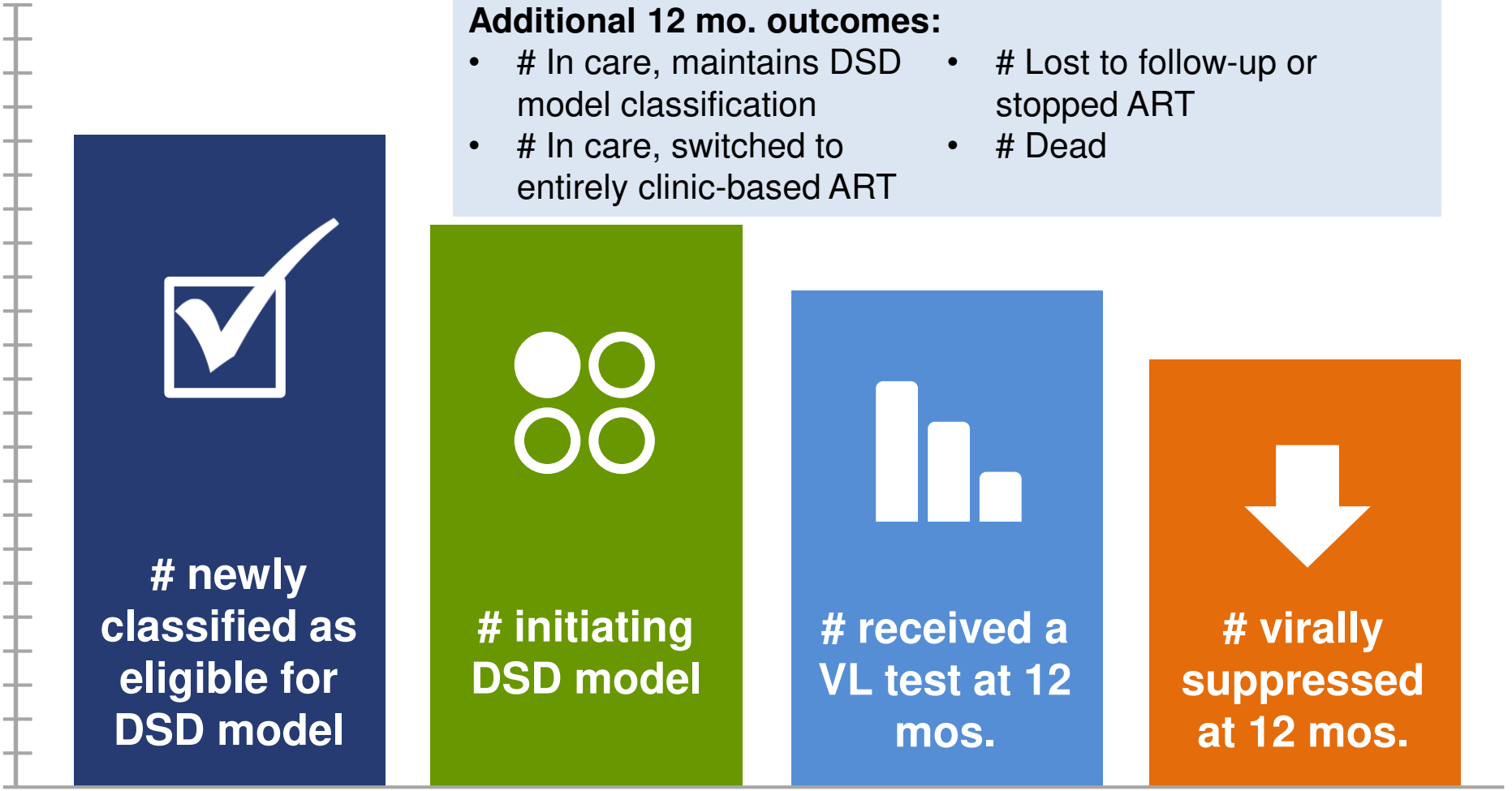
1. Identify program-level indicators
2. New systems for aggregation

Illustrative DSD performance indicator cascade

Cohort of patients newly-eligible for DSD

Additional 12 mo. outcomes:

- # In care, maintains DSD model classification
- # In care, switched to entirely clinic-based ART
- # Lost to follow-up or stopped ART
- # Dead



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

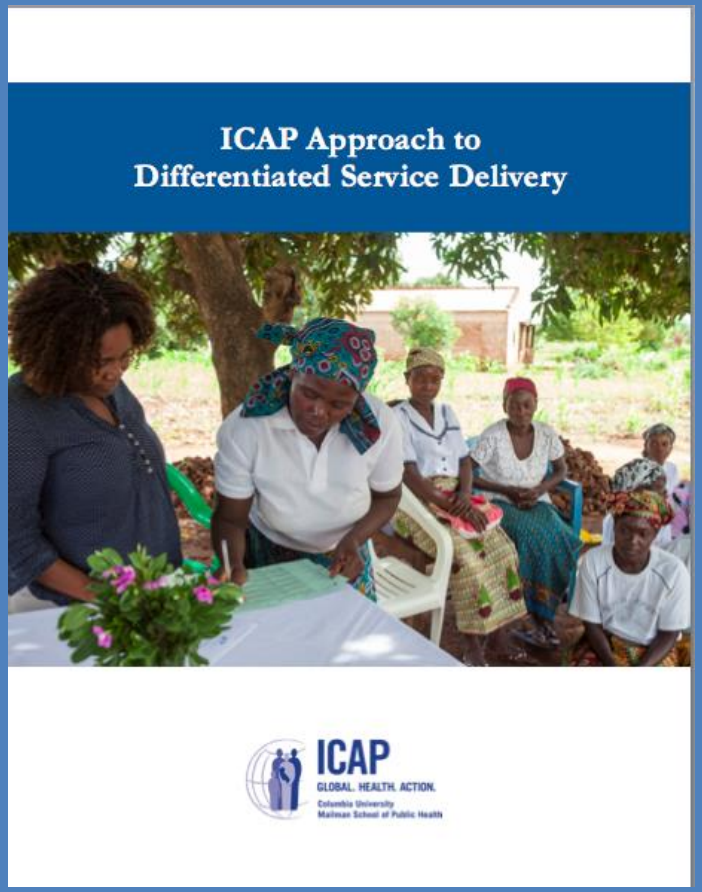
Measuring Performance of DSDM

- 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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