

Policies	National HIV treatment policies prohibit or impede differentiated service delivery models (DSDM)	National policies do not mention DSDM	National policies include DSDM but do not actively promote these models of care	National policies actively promote the use of DSDM for stable patients	National policies actively promote the use of DSDM for diverse patient groups ¹
Guidelines	National HIV treatment guidelines do not include DSDM		National HIV treatment guidelines include DSDM but do not provide detailed and specific implementation guidance		National HIV treatment guidelines provide detailed and specific guidance on implementation of DSDM
Diversity of DSDM services	No DSDM services have been implemented	DSDM are available for stable adult patients only ¹	DSDM are available for stable adult and eligible adolescent patients only	DSDM are available for stable adult and adolescent patients and one additional patient group ² (e.g., patients with HIV and NCDs, patients at high risk of disease progression, key and priority populations, etc.)	DSDM are available for stable adult and adolescent patients and two or more additional patient groups
National DSD Scale-up Plan	No DSD scale-up plan is currently in place and development has not begun	The national DSD scale-up plan is in development, with discussions and meetings ongoing	The DSD scale-up plan is available in draft form	The DSD scale-up plan has been developed and approved by the Ministry of Health	The DSD scale-up plan is being actively implemented and monitored
Coordination	Coordination for national-level DSD activities has not been addressed	Coordination for national-level DSD activities is being planned or discussions and meetings are ongoing	DSD activities fall under the scope of existing groups; progress updates are presented in standing meetings not focused on DSDM (e.g., a care and treatment TWG)	DSD activities are coordinated by a dedicated group (e.g., a DSD-focused sub-group of the Care and Treatment Technical Working Group)	National DSD Focal Person spearheads DSD planning and coordination
Community Engagement	Representatives from the community of people living with HIV (PLHIV) and civil society organizations (CSO) are not involved in any activities related to DSD and there are currently no plans to engage these groups	PLHIV and CSO are not currently engaged in DSD activities, but engagement is planned or meetings and discussions are ongoing	PLHIV and CSO are meaningfully engaged in DSD implementation	PLHIV and CSO are meaningfully engaged in implementation and evaluation of DSDM	PLHIV and CSO are meaningfully engaged in implementation and evaluation of DSD, as well as oversight of DSD policy (e.g., through inclusion in DSD task force or other group)

¹ DSDM for stable patients include but are not limited to: appointment spacing with multi-month dispensing, fast track refill visits, facility-based clubs, community ART groups, community ART pickup (“PODI”)

² Additional patient groups may include unstable patients, patients at high risk of disease progression, pregnant and breast-feeding women, key and vulnerable populations, migrants and mobile populations, men, etc.

Training	DSD training materials are not in place and are not currently in development	National DSD training materials have not been developed, but materials originally developed by organizations piloting DSD / implementing partners with stand-alone DSDM projects are currently in use	National DSD curricula have been finalized but are not yet in use -or- National DSD curricula are currently in development	National DSD in-service curricula have been developed and are in use by professional health workers and/or lay health workers (as applicable according to country guidelines)	National DSD pre-service <i>and</i> in-service curricula have been developed and are in use by both professional health workers and lay workers (as applicable according to country guidelines)
Standard Operating Protocols (SOPs)	SOPs are not yet in use and are not currently in development	National SOPs have not been developed, but materials originally developed by implementing partners or for stand-alone DSDM projects are currently in use	National SOPs are in development -or- National SOPs have been developed but are not yet in use	National SOPs have been developed—and are in use—for some (but not all) DSD models implemented in the country	National SOPs have been developed—and are in use—for all DSD models implemented in the country
M&E System	No elements of a national system for M&E of DSD are implemented, nor are any currently in development	Elements of a national system for M&E of DSD (e.g., registers, facility reports, guidelines, etc.) are in development but not yet implemented	At least one element of a national system for M&E of DSD has been implemented, but elements are not comprehensive (e.g., not all DSDM are included) and/or are not fully integrated into national HMIS	All elements of an M&E system for DSD are implemented and integrated into one national HMIS for HIV/ART services; however, refinements will be needed	All elements of an M&E system for DSD are in place and are integrated into one national HMIS for HIV/ART services, which is highly functional and providing policy-relevant data
Facility Coverage	National DSD implementation is planned but has not yet begun -or- Insufficient information is available to estimate the proportion of facilities with ≥10% of eligible patients in a DSDM	Fewer than 25% of health facilities providing ART have enrolled ≥10% of eligible patients in a DSDM	25-49% of health facilities providing ART have enrolled ≥10% of eligible patients in a DSDM	50-75% of health facilities providing ART have enrolled ≥10% of eligible patients in a DSDM	Over 75% of health facilities providing ART have enrolled ≥10% of eligible patients in a DSDM
Patient Coverage	National DSD implementation is planned but has not yet begun -or- Insufficient information is available to estimate the proportion of eligible patients enrolled in a DSDM	Fewer than 25% of eligible patients have enrolled in a DSDM	25-49% of eligible patients have enrolled in a DSDM	50-75% of eligible patients have enrolled in a DSDM	Over 75% of eligible patients have enrolled in a DSDM

Quality of DSD Services	Quality standards for DSDM have not been defined and are not currently in development	National quality standards for DSD programs are in development or have been defined, but no evaluations of quality using national standards have been completed	At least one evaluation of DSD program quality has been conducted using the national quality standards, but the results do not indicate that standards have been met	At least one evaluation of DSD program quality has found that the program meets established national quality standards	Repeated evaluations of DSD program quality have found that the program meets established national quality standards
Impact of DSD Services	No evaluations of national DSD programs have been completed and no evidence of impact is available at this time	National DSD programs have been evaluated, using either process (e.g., patient and/or provider satisfaction, wait times, retention in care, etc.) or outcome (e.g., viral suppression, morbidity, mortality, efficiency, etc.) indicators, but no evidence of impact is available at this time	At least one evaluation of national DSD programs has been conducted, with evidence indicating impact in either process or outcome indicators	At least one evaluation of national DSD programs has been conducted, with evidence indicating impact in both process and outcome indicators	Repeated evaluations of DSDM programs have been conducted, with evidence indicating ongoing impact in both process and outcome indicators