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| **Guidelines** | Physical copies of the National HIV treatment guidelines that include DSDM are not available in the SNU**[[1]](#footnote-1)** (region/ province/district)  | Physical copies of the National HIV treatment guidelines that include DSDM are available in <25% of health facilities in the SNU  | Physical copies of the National HIV treatment guidelines that include DSDM are available in 25-49% of health facilities in the SNU | Physical copies of the National HIV treatment guidelines that include DSDM are available in 50-75% of health facilities in the SNU | Physical copies of the National HIV treatment guidelines that include DSDM are available in >75% of health facilities in the SNU |
| **Diversity of DSDM services in the SNU**1 | No DSDM services are being implemented in the SNU |   | DSD is available for stable adult and adolescent recipients of care only[[2]](#footnote-2) |  | DSD is available for diverse groups of recipients of care[[3]](#footnote-3) |
| **Provincial or District DSD Scale-up Plan** | No subnational (e.g., provincial or district) DSD scale-up plan is currently in place and development has not begun  | A sub-national DSD scale-up plan is in development, with discussions and meetings ongoing | A subnational DSD scale-up plan draft is available | A subnational DSD scale-up plan has been developed and approved by the appropriate subnational health management | A subnational DSD scale-up plan is being actively implemented and monitored |
| **Coordination** | Coordination for subnational DSD activities has not been addressed |  | Coordination for subnational DSD activities is being planned or discussions and meetings are ongoing  |  | DSD activities are coordinated by a dedicated group (e.g., a sub-TWG or equivalent) at the subnational level ORDSD activities fall under the purview of existing groups; progress updates are presented in standing meetings not focused on DSDM (e.g., a care and treatment TWG) |
| **Community Engagement**  | Representatives from the community of PLHIV and/or civil society are not involved in any activities related to DSD at the sub-national level | PLHIV and/or civil society are not currently engaged in DSD activities, but engagement is planned or meetings and discussions are ongoing | PLHIV and/or civil society are meaningfully engaged in DSD implementation at the sub-national level  | PLHIV and/or civil society are meaningfully engaged in implementation and evaluation of DSDM at the sub-national level  | PLHIV and/or civil society 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) |
| **Training Materials and Training**  | National DSD in-service training materials are not available in the SNU | National DSD in-service training materials are available but trainings have not started in the SNU | Staff at <50% of health facilities in the SNU have been trained in DSD using standardized national training materials | Staff at 50-75% of health facilities in the SNU have been trained in DSD using standardized national training materials | Staff at >75% of health facilities in the SNU have been trained in DSD using standardized national training materials |
| **SOPs and Job Aids** | No job aids and SOPs on approved DSDM are available in the SNU |  DSD SOPs and job aids are available and in use in <25% of health facilities in the SNU | DSD SOPs and job aides are available and in use in 25-49% of health facilities in the SNU | DSD SOPs and job aides are available and in use in 50-75% of health facilities in the SNU | DSD SOPs and job aides are available and in use in > 75% of health facilities in the SNU |
| **M&E System** | Updated M&E tools that capture and report DSD data not available in the SNU-or-Updated M&E tools are available but not being used in the SNU | Updated M&E tools are being used to capture and report DSD data in <25% of health facilities in the SNU | Updated M&E tools are being used to capture and report DSD data in 25-49% of health facilities in the SNU | Updated M&E tools are being used to capture and report DSD data in 50-75% of health facilities in the SNU | Updated M&E tools are being used to capture and report DSD data in >75% of health facilities in the SNU |
| **Facility Coverage** | Implementation of DSD has not yet begun in the SNU-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 in the SNU that provide ART have enrolled ≥10% of eligible clients in DSDM | 25-49% of health facilities in the SNU that provide ART have enrolled ≥10% of eligible clients in DSDM | 50-75% of health facilities in the SNU that provide ART have enrolled ≥10% of eligible clients in DSDM | Over 75% of health facilities in the SNU that provide ART have enrolled ≥10% of eligible clients in DSDM |
| **Patient Coverage** | Implementation of DSD has not yet begun in the SNU-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** | No evaluations of the quality of DSD programs using national quality standards have been completed and there are no DSD-specific quality improvement activities underway in the SNU | At least one assessment of DSD programs has found that programs in the SNU meet established national quality standards-and-National DSD quality management protocols are available in the SNU but no ongoing quality improvement (QI) activities are underway | At least one assessment of DSD programs has found that programs in the SNU meet established national quality standards-and-National DSD quality management protocols are available in the SNU and quality improvement activities for DSD are ongoing in <50% of health facilities  | At least one assessment of DSD programs has found that programs in the SNU meet established national quality standards-and-National DSD quality management protocols available are in the SNU and quality improvement activities for DSD are ongoing in 50-75% of health facilities | Repeated assessment have found that DSD programs in the SNU meet established national quality standards-and-National DSD quality management protocols are available in the SNU and quality improvement activities for DSD are ongoing in >75% of health facilities |
| **Outcome/Impact of DSD Services** | No evaluations of DSD programs have been completed and no evidence for impact is available at this time  | DSDM programs have been evaluated in <25% of health facilities in the SNU and impact has been shown in either process indicators (e.g., recipient of care and/or provider satisfaction, wait times, retention in care) or outcome indicators (e.g., viral suppression, morbidity, mortality) | DSDM programs have been evaluated in 25-49% of health facilities in the SNU and impact has been shown in process and/or outcome indicators | DSDM programs have been evaluated in 50-75% of health facilities in the SNU and impact has been shown in process and/or outcome indicators | DSDM programs have been evaluated in >75% of health facilities in the SNU and impact has been shown in both process indicators (e.g., acceptability to clients and health care workers, quality of care, etc.) and outcome indicators (e.g., patient outcomes, efficiency, etc.) |

**CQUIN Subnational DSD Dashboard: Standard Operating Procedures for Completing Country Staging Using Qualtrics**

Introduction

The CQUIN Subnational Differentiated Service Delivery Dashboard (SNDD) is a self-staging tool that is designed for implementation by ministries of health (MOH) to monitor the scale-up of differentiated service delivery (DSD) in the subnational units of the country. The SNDD is intended to be adapted to suit the needs of the MOH and the DSD program, with the inclusion of any suggested domains and definition of stages up to the discretion of those using the Dashboard.

This SOP guides users through a review of the Dashboard and provides some guidance on modifying and implementing its use. The ICAP-CQUIN team are happy to answer any specific questions you may have.

Thank you!

–CQUIN Management Team

Part A: Review of Subnational Dashboard Purpose and Contents

There are 12 domains in the CQUIN SNDD. The recommended domains were selected due to their potential to be directed at the subnational level; however, which domains are applicable can vary by country and subnational unit (SNU). One of the first considerations for an MOH planning to implement a subnational dashboard will be which domains to include and which, if any, do not apply. This list of each domain and an explanation of the stages, as defined in the general SNDD recommendations, can help countries understand the domains and decide which to include and how to define them.

1. **Guidelines:** This domain is staged depending on the availability in national ART facilities of physical copies of the national HIV treatment guidelines describing DSD models (DSDM). The percentage thresholds for each stage can be altered by countries based on their needs.
2. **Diversity of DSDM services in the SNU:** The SNDD is focused on assessing scale-up progress of DSD for ART, so the definition of the Diversity domain is limited to which groups are eligible for differentiated ART services. Ministries will need to decide what the national goals for diversity are before defining subnational stages (i.e., if there is no national plan to include diverse population groups in the eligibility criteria for DSDM, it would not be possible to expect SNUs to reach the dark green stage, as defined in the general SNDD).
3. **Provincial or District DSD Scale-Up Plan:** This domain is defined by the extent to which a sub-national DSD scale-up plan has been developed and put into place. This domain would be particularly relevant in countries where SNU-specific DSD scale-up plans will be used.
4. **Coordination:** The stages of this domain are reduced to only three steps: SNUs where responsibility for coordinating DSD scale-up activities have not been addressed; those where coordination is being negotiated; and those where responsibility has been determined. In countries where SNU-based coordination has been established or is planned, ministries can customize the stages of this domain to fit local priorities.
5. **Community Engagement:** This domain is crucial to measuring the progress of DSD scale-up because the meaningful involvement of members of the community of people living with HIV is essential to successful DSD program design and implementation. Regardless of the methods by which the country determines SNDD staging, involvement of local community representatives is necessary for assessing community engagement.
6. **Training Materials and Training:** This domain is concerned with the development and availability of training materials for DSD. Like the Guidelines domain, the exact percentage thresholds for each scale can be adjusted to reflect national priorities and the current training coverage (e.g., where training coverage is already high, thresholds may be increased).
7. **SOPs and Job Aids:** The relevance of this domain and the definition of its stages will likely be tied to how the Training Materials and Training domain is defined.
8. **M&E System:** The inclusion of this domain in the SNDD will depend on the extent to which the national system of M&E for DSD has been developed and implemented, and which can be assessed using the CQUIN DSD Dashboard. The recommended staging of the general SNDD assumes that national tools have been developed and are being rolled out nationally. If comprehensive national M&E tools have not been established or rolled out nationally, staging may be modified to reflect an agreed-upon strategy to conduct effective M&E within the subnational unit in absence of national tools.
9. **Facility Coverage:** It is important to assess facility coverage in a way that captures the true availability of DSDM at ART facilities in the SNU. In SNUs where routine reporting of data on DSD enrollment is not possible, it is best to not assume that all facilities that have been capacitated to provide DSDM are enrolling patients in differentiated models for ART. For this reason, the staging in the general SNDD specify that at least 10% of eligible ART patients must be enrolled for a facility to be considered in the calculation of facility coverage. For this domain, the thresholds for each stage as well as the definitions of both the numerator and denominator can be customized for the national context.
10. **Patient Coverage:** As with the Facility Coverage domain, the staging of patient coverage depends on data availability. Ministries implementing the SNDD should consider how patient coverage can be measured or how to determine an estimate of patient coverage.
11. **Quality of DSD Services:** The staging of this domain in the SNDD is dependent on the establishment of national quality standards; these must be in place before assessments at the subnational level can be carried out.
12. **Outcome/Impact of DSD Services:** This domain is concerned with whether the DSD program is meeting SNU targets for process and outcome indicators. The ability to stage this domain will be dependent on how widely DSD has been evaluated across facilities and whether targets for evidence of impact have been identified. The percentage thresholds for facilities meeting targets delineate most of the stages and these can be customized by countries as needed.

Within each domain, scale-up progress is assessed using a maturity model that is represented by a five-step color scale. The stages range from Red—indicating no progress has been made—to Dark Green—indicating highly-mature and robust implementation of DSD program components. In the general SNDD, care has been taken to define the stages of each domain in a way that the progression is smooth, and the change documented between each stage is equal.

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| **RED** | **ORANGE** | **YELLOW** | **LIGHT GREEN** | **DARK GREEN** |
| Early or preliminary stages of planning and development; useful in identifying next steps to take in the scale-up process | Work has begunand the initial efforts are ongoing; highlights areas that can prioritized for improvement | Efforts have resulted in measurable progress, such as a draft for review or achievement of more than 25% progress to a target | Considerable progress has been made, resulting in over 50% progress to a target or working systems only in need of finalization | Achievement of a highly-evolved implementation of the domain; Further improvements and refinements can be made as needed |

Part B: Guidance for Adapting and Implementing the Subnational Dashboard

This section outlines recommendations for adapting the SNDD to your country setting. To successfully introduce the SNDD as a tool to monitor DSD scale-up, we recommend navigating the following steps with any key stakeholders.

Strategic Decision 1: Steps for Adapting the Subnational Dashboard

The first step to implementing a subnational dashboard in your country is adapting the general SNDD to match your priorities. To streamline this process, the national DSD coordinator or other responsible group may want to convene a meeting of stakeholders like the one used to conduct the national DSD Dashboard staging.

1. **Decide at which level the SNDD will be used**
**First, determine at which subnational level the SNDD will be used. If the SNDD will be used at multiple levels, the team may want to consider developing separate dashboards for each level.**
2. **Determine which domains are relevant**
**Review the domains of the SNDD, consulting the descriptions** above and the most recent results of the national-level DSD Dashboard staging. Determine which domains are relevant based on the responsibilities that have been delegated to the SNU and the current staging of the DSD Dashboard at the national level. The national-level results are pertinent to this discussion because the reasonable expectation of progress in domains at the subnational level will depend on the maturity of the domain at the national level.
3. **Adjust the definitions of the domain stages as needed**
**Once the domains have been decided, review the stages of each domain. Determine what would mean** highly-evolved and robust implementation of that domain. Then, knowing that the red stage is always defined by no current progress, define the remaining stages in a way that ensures the steps between each are equal.

Strategic Decision 2: Steps for Implementing the Subnational Dashboard

The second type of decision your group will have to make is how the SNDD will be implemented—if it will be used by subnational staff as a self-staging tool or if national-level staff will administer the tool to track subnational DSD scale-up. The accuracy of the SNDD staging will depend on how opportunities for subjectivity and loose interpretations of the domain definitions are mitigated.

1. **Determine Roles and Responsibilities**
**Determine who will be using the SNDD and in what capacity. Having roles and responsibilities clearly defined will make the process of designing support materials and usage guidelines easier because the audience is already set.**
2. **Training and Guidance**
**Consider what guidance will be provided to explain and interpret the** Dashboard. A review of the SNDD document is unlikely to be sufficient for someone to fully understand the domains and stages of the Dashboard. Documentation to support the SNDD may include SOPs, a training curricula, or other materials, depending on how the ministry plans to implement the SNDD and conduct the staging.
3. **Data Quality**
**It is recommended that your team develop a strategy** to ensure the dashboard staging is completed with objectivity and the results can be backed up by evidence and data. Additionally, if repeated assessments using the SNDD are planned to track DSD scale-up over time, your team will also need to consider how consistently the staging process is conducted in order to ensure comparability of results over time.

One approach that has been used to standardize staging for national DSD Dashboards is establishment of a questionnaire with simple questions to determine the staging for each domain, and a reporting of the specific documentation or data served as the evidence for the staging result. A similar approach may be developed for staging the SNDD using relevant criteria.
1. SNU = sub-national unit, referring to geographic unit (region, province, district, etc.) [↑](#footnote-ref-1)
2. DSDM for those stable on ART 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”) [↑](#footnote-ref-2)
3. “Diverse groups of recipients of care” includes DSDM for those stable on ART + at least one additional group (unstable patients, patients at high risk of disease progression, pregnant and breast-feeding women, key and vulnerable populations, migrants and mobile populations, men, etc.) [↑](#footnote-ref-3)