CQUIN DSD PERFORMANCE REVIEW

TOOLKIT

HIV Learning Network
The **CQUIN** Project for Differentiated Service Delivery

icap Global Health

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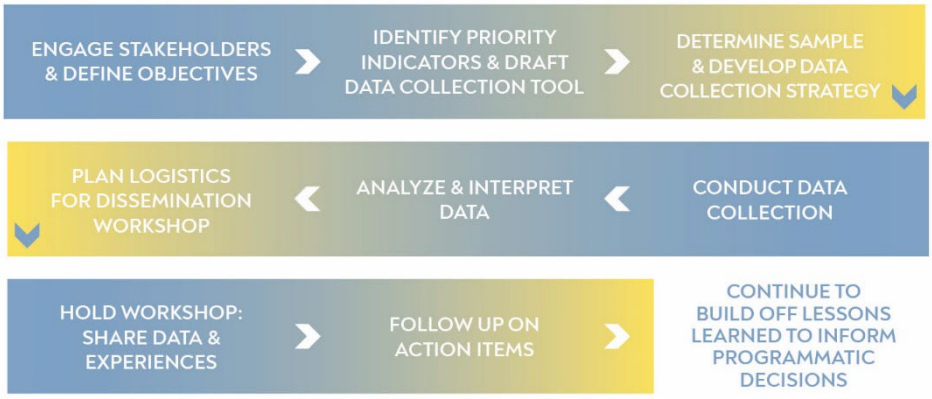
INTRODUCTION TO CQUIN DSD PERFORMANCE REVIEWS

FIGURE 1. THE CQUIN DSD PERFORMANCE REVIEW PROCESS



Rationale

Since the HIV Coverage, Quality and Impact Network (CQUIN) project launched in 2017, network member countries have made significant progress in identifying key priorities for monitoring and evaluation (M&E) of differentiated antiretroviral therapy (ART) services. However, most network countries continue to experience limited ability to measure DSD coverage, outcomes, or basic measures of quality of implementation at scale using national M&E systems. In fact, many countries have found that significant adjustments to existing M&E systems will be necessary for routine monitoring of DSD programs to be possible and, while efforts are underway to plan and implement these adjustments, the demand for DSD data only continues to grow. While there may not currently be robust, standardized M&E systems in place for reporting on a comprehensive set of DSD indicators, many countries are collecting DSD data in a variety of forms at the health facility level.

As an interim solution for monitoring DSD program performance and a strategy to facilitate in-country DSD learning exchange to promote scale up of quality DSD, the CQUIN team at ICAP at Columbia University (ICAP) began supporting network countries to conduct DSD performance reviews (DPR) in 2018. The DPR process involves primary data collection from patient records at a sample of facilities, analysis of these data and development of data visualizations, and presentation of the results at an in-person workshop where stakeholders discuss the findings and develop action plans. The DPR approach offers benefits in accessing facility-held data that is not reported in a systematic way and brings together representatives from ministry of health (MOH), donors such as the United States President's Emergency Plan for AIDS Relief (PEPFAR), civil society, care providers and implementing partners (IP) to share experiences and determine priorities. Box 1 details some other main benefits of using the DPR model to access DSD data for decision-making.

BOX 1. BENEFITS OF THE DPR MODEL

The performance review involves a targeted collection and analysis of routine, existing patient-level information; this enables organizers to assess DSD program implementation in ways that are not otherwise possible. Particularly if the ministry of health in your country faces challenges in monitoring the scale-up of DSD—or if there are concerns about the quality or consistency of implementation—an initiative of this type offers many benefits.

One benefit of starting the DPR approach on a small scale is that it provides an opportunity to get a snapshot of DSD program performance, learn lessons as the process is gradually expanded nation-wide and national M&E systems are updated to support the activity.

This toolkit was developed to systematize the process that ICAP-CQUIN has used in previous DPRs and to allow others to implement this approach. Included in this package are step-by-step instructions for planning a DPR, carrying out data collection and analysis, and planning and conducting the dissemination and best practice exchange workshop. Country-level examples have been included to illustrate how the process can be customized to any country's needs. In addition, sample slide decks, data collection tools, and planning documents are included for adaptation and use by anyone implementing a DPR.

Methodology Overview

There are similarities between this model and a traditional data review; however, this process includes additional activities—such as the identification of indicators and design of a data collection tool—that are not necessary when routinely-collected data are being reviewed. Box 2 outlines the process of conducting a DPR, as defined in this toolkit.

BOX 2. DPR PROCESS

1. Engage stakeholders and plan performance review
2. Identify priority indicators and develop data collection tools
3. Determine sampling strategy and plan for data collection, management, and analysis
4. Perform data collection and analysis
5. Interpret results and develop data visualizations
6. Plan for logistics of DPR results dissemination and learning exchange workshop
7. Conduct workshop and develop action plans

This toolkit is designed to be applicable to a wide range of situations and needs—adaptable to incorporate any type of routine data needed for review. As DSD scale-up advances and priorities change, the focus of performance reviews can shift—from coverage and retention in DSD models to fidelity of implementation, to healthcare worker (HCW) and patient satisfaction, for example. The DPR can also be integrated into a national ART program data

review. Thus, while this toolkit includes illustrative examples of data collection forms and data visualizations, you will not find recommendations here for specific data elements to include in abstraction forms or analyses that should be performed. These decisions should be made thoughtfully by those utilizing the toolkit at the country level, in collaboration and consultation with MOH staff from the sub-national unit (SNU) and facility level, as well as members of the recipient of care community, IPs, and other stakeholders.

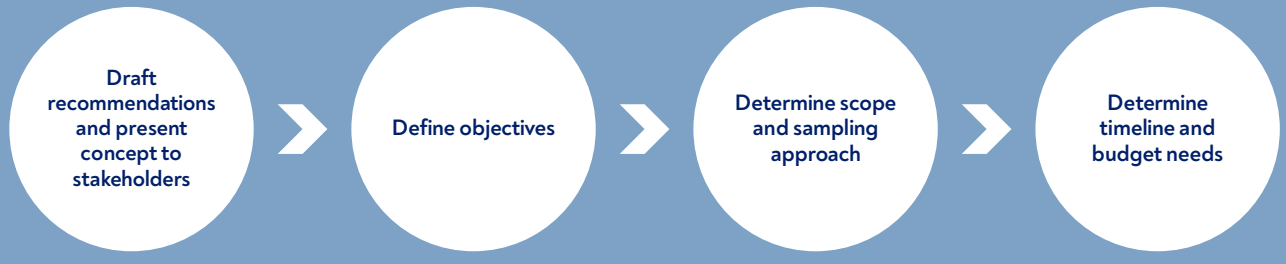
Core Implementation Team

One important first step in planning for a DPR is identifying the members of your core implementation team. These are the leaders of the DPR who will direct and supervise others who are engaged for specific tasks. Identifying a team of core collaborators to lead the DPR implementation will reduce the individual effort needed and will encourage collaboration for a higher-quality result. The table below outlines the roles of core implementation team members.

POSITION		ROLE
STEERING COMMITTEE	**Team Lead**	Provides high-level guidance on the direction of the DPR and oversees workplan progress. The best candidate for this role is someone at a high level of authority within the national HIV program, e.g., the National ART Coordinator.
	Coordinator	Works closely with the Team Lead (TL) and M&E Advisor to provide leadership to collaborators and stakeholders in the planning and conduct of all aspects of the DPR, particularly in managing teams and ensuring transparency and collaboration with stakeholders. Typically, the person filling this role has been the national DSD coordinator.
	M&E Advisor	Works closely with the TL and Coordinator in the planning and conduct of the DPR, providing technical assistance in the identification of indicators, design of the data collection tool, data collection, and data analysis and interpretation. An MOH or IP M&E advisor would be in a good position to fill this role.
Finance Manager		Works with Logistics Manager and sponsor organizations to ensure funding is available and coordinates payments to hired staff and vendors. A financial officer working at the MOH or an ICAP office (if CQUIN is providing support) would be needed for this role.
Logistics Manager		Provides support to the Coordinator by serving as the primary interface between implementation team and vendors for venue selection and other activities (e.g., ground transportation for data collection, preparing printed materials and supplies for the meeting). A logistics advisor or program assistant with experience coordinating

	transportation and working with vendors would be ideal for this role.

PHASE 1:
PLANNING FOR THE DPR



A. Introduction

The first, and possibly the most crucial stage of a DPR, is the initial planning phase. The planning phase defines the objectives—or the questions stakeholders hope to answer about the performance of the DSD program—for conducting the review, builds buy-in of stakeholders, and determines the timeline and budget. A well-executed DPR is a larger undertaking than it may seem at first glance. When planning a DPR for the first time, it is advisable to start small in scope, as it is better to have a limited set of high-quality data than a larger amount of data of limited interpretability.

BOX 3. SAMPLE QUESTIONS TO HELP DEFINE DPR OBJECTIVES

- What are the highest priority questions about DSD implementation that cannot be answered with existing M&E reports?
- What variations in DSD implementation exist in the country?
- Where are there quality gaps in the DSD program?
- What data are needed to answer these questions?
- Do existing documents (i.e., patient files) contain documentation of these data?
- Is conducting a targeted data abstraction a feasible way to access these data?

B. Roles and Responsibilities

POSITION	ROLE
Team Lead	Responsible for providing high-level guidance on potential objectives, outputs, and impacts of a DSD performance review. Works with Coordinator and M&E Advisor to make recommendations on the initial conceptualization of the review.
Coordinator	Works with M&E Advisor to develop sensitization presentation for stakeholders and leads stakeholder discussions during the meeting
M&E Advisor	Contributes technical expertise during discussions with the TL and Coordinator
Stakeholders	Participate in the initial sensitization meeting, contributing expertise to refinements to different aspects of the plan and potentially volunteering to join the Advisory group
Advisory Group	Stakeholders who have committed to working with DPR leaders to advise on elements of the DPR planning. Should include stakeholders from a variety of roles and affiliations, including ministry, community representatives, recipients of care, implementing partners, and USG.

C. Objectives and Outputs

Objectives of Phase 1 include:

- Determining roles and responsibilities
- Gaining the support and buy-in of stakeholders
- Defining the primary outcomes of interest
- Defining the limits of the scope of the DPR
- Planning for data dissemination and use

Related outputs to develop during Phase 1:

- Concept note
- Gantt chart
- Budget

BOX 4. DEVELOPING A CONCEPT NOTE

It is good practice to develop a concept note (Appendix C) prior to planning for assessments, as it sets the goals and expectations for the review and can be a helpful reference document when planning activities. A well-developed concept note will include details such as the justification for the review as well as the objectives, methodology, and expected outputs. Some concept notes may also include details on the sampling strategy and Gantt chart, and requirements (including budget) for holding the review meeting.

FOR COUNTRIES ENGAGED IN THE CQUIN NETWORK: If support from the CQUIN project for holding a DPR will be requested, there is a specific process that should be followed. The ICAP-CQUIN team will work with the team leading the performance review in the development and approval of a concept note and partnership agreement. This process should be initiated during the planning phase. To learn more and obtain the necessary forms, contact Dr. Peter Preko at pp2332@cumc.columbia.edu.

D. Process

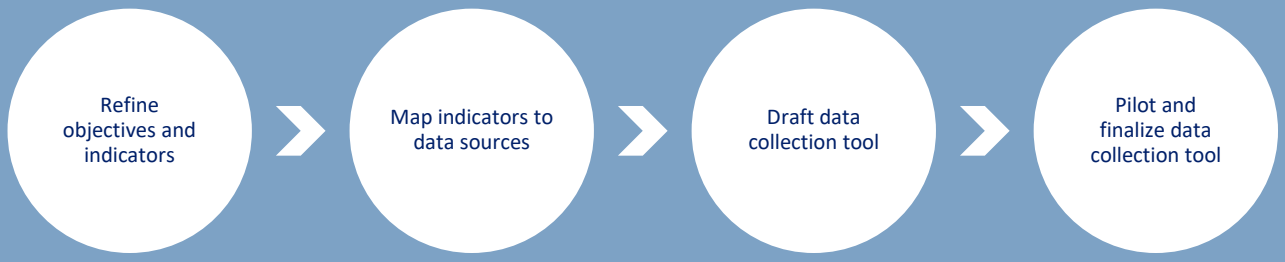
STEP	PROCEDURE	REFERENCE DOCUMENTS
1. Determine approach to conducting a DPR and build buy-in from stakeholders		
1.1	**Steering committee** (TL, Coordinator and M&E Advisor) discuss need for a DPR, potential priority indicators, and data necessary to calculate indicators. Review CQUIN concept note template if requesting CQUIN support for DPR.	Appendix A. Intro to DPR slide deck Appendix B. CQUIN M&E Framework for DSD Appendix C. Concept note template
1.2	**Steering committee** determines whether IRB review and approval would be necessary or beneficial and proceeds accordingly	
1.3	**Steering committee** drafts suggestions for the geographic area of focus, approach for selecting samples of health facilities and patient cohorts, and an optimal timeline	Appendix D. Sample Gantt chart
1.4	**Coordinator** and **M&E Advisor** refine recommendations for DPR	
1.5	**Coordinator** and **M&E Advisor** plan meeting to introduce DPR concept to stakeholders, focusing on the need for the review, what the process entails, and expected outputs and impacts of the review	Appendix A. Intro to DPR slide deck
1.6	**Coordinator** convenes a meeting of stakeholders (e.g., a DSD technical working group or task force or other appropriately comprehensive group of DSD experts from MOH, civil society, recipients of care, international agencies, IPs, etc.)	
1.7	**Coordinator** provides stakeholders with overview of the DPR concept and leads group discussion with the aim of reaching a decision about whether to pursue this approach or not	
2. Identify objectives and implementation team members		
2.1	Stakeholders agree to conduct a DSD performance review	

2.2	Stakeholders provide input on refinements to the draft list of objectives, suggested target area(s) for implementation, and details on sampling strategy	
2.3	**Coordinator** requests volunteers to join the **Advisory group** and work closely with the Coordinator and the M&E Advisor throughout the process of conducting the review	
2.4	Steering committee and Advisory group discuss goals for dissemination of results, considering implications of any ethical reviews and approvals that may be necessary	
3. Determine geographic scope and draft sampling approach		
3.1	**Steering committee** and **Advisory group** discuss potential avenues for obtaining financial and/or in-kind support (e.g., MOH, donors, implementing partners), ICAP's CQUIN project and review CQUIN concept note template, if requesting CQUIN support	Appendix C. Concept note template
3.2	**M&E Advisor** and **Advisory group** identify geographic area of focus for DPR and facilities included in data collection. *Note: Facilities should be chosen to ensure representation from sites with varying levels of patient volume, implementing partner support, or urban/rural location. Another consideration would be whether facilities have QI teams and whether those teams are already engaged in DSD QI activities, as this may influence results but also the facility's ability to take action based on the results. The geographic scope and number of facilities is also largely influenced by the available resources, including budget.*	
3.3	**M&E Advisor** and **Advisory group** determine how patients will be selected for inclusion in data collection. *Note: It is recommended that patients are selected as ART cohorts—for example, those who had initiated ART 24 months prior to data collection—which enables easy identification of a limited cross-section of patients.*	
3.4	**M&E Advisor** and **Advisory group** determine the size and scope of the sample—this includes how many cohorts or individuals to sample, how many facilities to sample, and how many geographic regions to include in the review. *Note: Considerations involved in making this decision include how generalizable the team expects the results to be, what the overall objectives are, and if there are any time, staffing, and/or budget constraints. If this is the first time your country is conducting a DSD performance review, starting with a smaller sample is recommended until the team is more experienced.*	
4. Draft timeline and budget		
4.1	**Coordinator** leads **Core implementation team** and **Advisory group** to set time-bound project deliverables (e.g., finalizing the data collection tool by *XX date,* completing data collection by *YY date,* holding the dissemination workshop on *ZZ date,* etc.)	Appendix D. Sample Gantt chart

4.2	**Steering committee** and **Advisory group** estimate the required budget amount based on current known elements about the DPR plan, including initial thoughts on workshop details such as the duration and number of attendees, and adjust decisions about project scope as needed based on available funding	Appendix H. Budget template

PHASE 2.

IDENTIFYING INDICATORS AND DESIGNING DATA COLLECTION TOOLS



A. Introduction

Phase 2 involves identifying indicators and designing and piloting data collection tools. When designing a data collection tool, it is helpful to work backwards from the national priorities identified in the planning phase and resist the temptation to add data that is not related to DSD. By staying focused on *only* the indicators necessary, the work of data collection and analysis will be much easier managed. At this phase, it will be crucial to involve M&E and QI experts from the sub-national units (SNU) and facilities where data collection is expected to take place, as they may be able to provide important information on how HIV and DSD services are documented in practice. Having this knowledge at the outset will aid in the design of data collection tools that are easy to use and implementation of data abstraction procedures that are simple and straightforward for field supervisors and data collectors.

When implementing the DPR process for the first time, it is highly recommended to focus data collection on only a sample of facilities and specified cohorts of patients within these facilities. As is the case throughout this toolkit, the scope of your country's implementation of these suggestions is completely customizable; however, you may consider the benefits of utilizing a sampling strategy before beginning the data collection plan. Regarding selection of facilities, if this is your country's first DSD performance review, you may follow the example of Zimbabwe (Box 5) and focus on a single province/region.

BOX 5. LESSONS FROM ZIMBABWE

In 2018, Zimbabwe conducted the country's first DPR by collecting data from a sample of five facilities per district in six districts in Mashonaland West Province. These 30 facilities were carefully selected to aim for generalizability to the province and the limited scope allowed the country to pilot their procedures before expanding to a wider geographic area.

Within these facilities, two cohorts of ART patients were selected, based on the month of ART initiation: namely all patients initiating ART 12 and 24 months prior to data collection, respectively, for a total of 1,104 patients. These retrospective cohorts were selected to provide a "snapshot" of current DSD model enrollment and to allow for DSD cascade indicators to be presented. The country identified a number of lessons learned and areas for improvement during that pilot and, in 2019, expanded to collect data from 70 facilities in three provinces using an improved data collection tool.

B. Roles and Responsibilities

POSITION	ROLE
Team Lead	Responsible for oversight of discussions related to indicators, data sources, and the design of the data collection tool
Coordinator	Leads discussions on indicators, data sources, and design of a data collection tool. Provides support to M&E Advisor during development of the data collection tool. Engages SNU leaders to introduce DPR process and build stakeholder buy-in.
M&E Advisor	Contributes technical expertise in determining priority indicators, developing indicators, identification of data sources, and design of the data collection tool. Works with SNU/facility experts in discussions of sampling and data collection.
Data Collection Supervisor	Participates in piloting of data collection tool by reviewing data abstracted by data collectors and feedback from field supervisors and data collectors. Provides feedback and advice on improvements to data collection tool and data collection process during pilot testing. Needs to be trained in responsible collection of data and data privacy and security, as per national standards.

Field Supervisors	Lead teams of data collectors during pilot data abstraction; facilitate data collector access to patient records and supervises data entry. Provide feedback on data collection tool and data collection procedures during pilot testing. Needs to be trained in responsible collection of data and data privacy and security, as per national standards.
Data Collectors	Use draft data collection tool to abstract data in pilot testing of tool. Provide feedback and advice on improvements to data collection tool and data collection process. Needs to be trained in responsible collection of data and data privacy and security, as per national standards.

C. Objectives and Outputs

Objectives of Phase 2 include:

- Further refining outcomes of interest and objectives of DPR
- Further refining priority indicators
- Ensuring that the data collection tool reflects the format of source data
- Ensuring anonymity of patient-level data
- Obtaining feedback on data collection tool from those who will use it

Related outputs to develop during Phase 2:

- Indicator codebook
- Data collection tool
- Master facility list

D. Process

STEP	PROCEDURE	REFERENCE DOCUMENTS
1. Refine objectives and indicators		
1.1	**Steering committee** reviews and confirms the roles and responsibilities of those involved in design of data collection tool	
1.2	**Steering committee** and **Advisory group** review and refine draft objectives and develop outcomes of interest and primary indicators for the DPR	
1.3	**M&E team** (M&E Advisor and M&E experts in the Advisory group) refines the primary indicators based on these objectives. The team specifies numerators, denominators, and disaggregations.	Appendix B. CQUIN M&E Framework for DSD Appendix E. Sample data collection tool Appendix F. Indicator codebook template Appendix J. Sample data visualizations
2. Map indicators to data sources		

2.1	**M&E team** ensures that the indicators are clearly defined, as specified in step 1.3 above	Appendix F. Indicator codebook template
2.2	**M&E team** determines which data elements will be needed to calculate each indicator and which data sources will be used to obtain these data. If more than one source includes this data, the team determines which source should be used as primary and whether an alternate source will be acceptable in cases of missing data.	
2.3	**Coordinator** engages SNU leadership on behalf of the TL, sharing terms of reference letter and introducing plans for sampling and data collection to build buy-in	
2.4	**M&E Advisor** consults with M&E representatives from relevant districts and from IPs to confirm that data sources specified are in use at supported facilities and data is expected to be available	
2.5	**M&E team** drafts indicator codebook to document all pertinent details of each indicator, specifying associated data sources and data elements, with considerations for how the data will be collected (see next step)	
3. Draft data collection tool		
3.1	**M&E team** determines the method of data collection. *Note: Excel is recommended because it offers the ability to build data checks into the form through the use of drop-downs (see Figure 2), is readily available, and tool development turnaround time is very fast. Availability of resources (e.g., laptops, tablets, etc.) must be taken into consideration when determining a data collection method. If equipment needs to be procured for the DPR, the necessary process for obtaining these items will be guided by local requirements and are not detailed in this toolkit.*	Appendix E. Sample data collection tool
3.2	**M&E team** references the indicator codebook and drafts data collection tool, ensuring all data elements needed to calculate each indicator are included	
3.3	**M&E team** defines the response rules (see Box 6) for data collection tool fields (numeric, text, single choice, multiple choice, etc.) and develops choice options as necessary	
3.4	**M&E team** updates indicator codebook with information on related data collection tool fields, response rules, and choice options, as appropriate	
3.5	**M&E team** tests data collection tool to ensure data validation features, such as drop-down menus or skip patterns, function correctly	
4. Pilot and finalize data collection tool		
4.1	It is recommended that the data collection tool allows facility lists to be filtered by district to ease the process of data collection. Based on decisions made about sampling strategy above, **M&E Advisor** updates data collection tool to include appropriate district names and names of associated facilities.	
4.2	**TL** and **M&E Advisor** determine where piloting will take place, which patient records (e.g., a specific ART cohort, identified by month and year of ART initiation) will be drawn from for the pilot, and communicate any logistics needs to the **Coordinator** and **Logistics Manager**	
4.3	**M&E Advisor** provides orientation and training on data collection tool and responsible collection of data and data privacy and security to **Data Collection Supervisor, Field**	

	Supervisors, and **Data Collectors** from the district or facility where piloting will take place, and provides guidance on selection of patient sample(s)
4.4	**Field Supervisors** facilitate access to facility-held patient records and **Data Collectors** use the tool to abstract data on a test sample of patient records based on the sampling strategy
4.5	**Field Supervisors** complete data collection report for data collected during the pilot
4.6	**Data Collection Supervisor** reviews data collection reports and data submission
4.7	**M&E Advisor** conducts sample analyses of priority indicators using pilot data, noting any apparent difficulties (e.g., errors or missing data) in data collection
4.8	**M&E Advisor** holds a debrief with **Data Collection Supervisor, Field Supervisors,** and **Data Collectors** to review pilot data and discuss experience with the process, obtain feedback and recommendations to inform improvements, and gain insight into challenges that may be addressed in training
4.9	**M&E Advisor** refines and finalizes data collection tool (and indicator definitions, if necessary) based on results of pilot

FIGURE 2. DATA COLLECTION TOOL EXAMPLE

Excerpt from Zimbabwe 2019 DPR data collection tool, demonstrating use of drop-down menus

Periodic DSD M&E data abstraction tool

		Demographic Information							
Patient	Province	District	Facility	Cohort	Gender	Age group	Current ART model	Duration of Enrollment in Current ART Model	Ac Any Re
1	MashWest	Kariba	Kanyati Clinic	ART 24 months	Female	25+ years	Fast Track		
2									
3									
4									
5									
6									
7									
8									
9									
10									

Conventional Care
Fast Track
Family Refill
CARG
Facility Club (incl CATS model)
Outreach
Documentation Issue (please explain in notes)

BOX 6. RESPONSE OPTION EXAMPLES

- **Dates**
  Example:
  Date of last clinical visit
  Option: dd/mm/yyyy
- **Categorical Values**
  Example: Clinical visit in past 3 months?
  Option: yes/no
- **Numerical Entry**
  Example: Days since last clinical visit
  Open numerical entry

PHASE 3.

PLANNING SAMPLING STRATEGY AND DATA COLLECTION & ANALYSIS

A. Introduction

During Phase 3, you should begin discussing plans for data management and analysis while finalizing the scope of your data collection. If you are expecting a large dataset, you may need to plan extra time for data management and cleaning. Create a data analysis plan, draft table shells, and sketch out visualizations to summarize planned indicators and disaggregations, and be sure to refine the data collection tool and update the Gantt chart as needed throughout this process. From the experience of countries that have conducted DPRs, the data analysis phase always takes longer than expected and one to two weeks should be added to any estimate of the data collection and data cleaning phase to accommodate unforeseen challenges.

BOX 7. LESSONS FROM UGANDA

In October 2019, Uganda held its first DPR. The workshop provided valuable lessons learned, including the importance of presenting results in a way that is interpretable by broad audiences. When describing analyses conducted, identifying priority indicators, and presenting data visualizations, it is important to clearly explain:

- **Who would be included in the analysis:** depending on the indicator, this may be all those included in the sample, only those active on ART at the time of data collection, or only those enrolled in DSD—it will likely change, but it helps to specify this in the presentation and on any visualizations
- **What would be the relevant time period:** this is especially important if you are comparing two different cohorts or analyzing change in ART model over time
- **Why this is a priority:** it may not be immediately clear why the performance review prioritized this indicator, particularly for indicators that may be specific to DSD programs; for example, analyses of the number of ART pickups and clinical visits is important for DSD data analysis because these can be proxies for efficiency, coverage, and fidelity to guidelines—but these may be new concepts to some members of the audience, and even some presenters of the data
- **What would be the programmatic implications:** this is the most important for most audiences—knowing what these results can mean for the program enables workshop participants to use the data to identify best practices or areas in need of improvement

B. Roles and Responsibilities

POSITION	ROLE
Team Lead	Responsible for oversight in discussions of sampling strategy, ensuring high-quality data collection, and data visualization approaches
Coordinator	Provides support to M&E Advisor during finalization of sampling strategy, data collection and management, and data visualization plans
M&E Advisor	Contributes technical expertise in discussion of sampling strategy and plans for data collection and management, data cleaning, and data visualization. Responsible for development of training, including SOPs/job aids and PowerPoint slides.
Data Collection Supervisor	Supports M&E Advisor in development of data collection training materials, steps for reviewing and signing off on data collected, submission of data, and process of data cleaning

C. Objectives and Outputs

Objectives of Phase 3 include:

- Finalizing sampling strategy
- Planning for how data will be collected, transmitted, cleaned, managed, analyzed, and presented

Related outputs to develop during Phase 3:

- Sampling strategy
- Data management and analysis plan
- Data collection and oversight training materials and a standard operating procedures (SOP) document
- Table shells
- Draft data visualizations
- Dissemination strategy

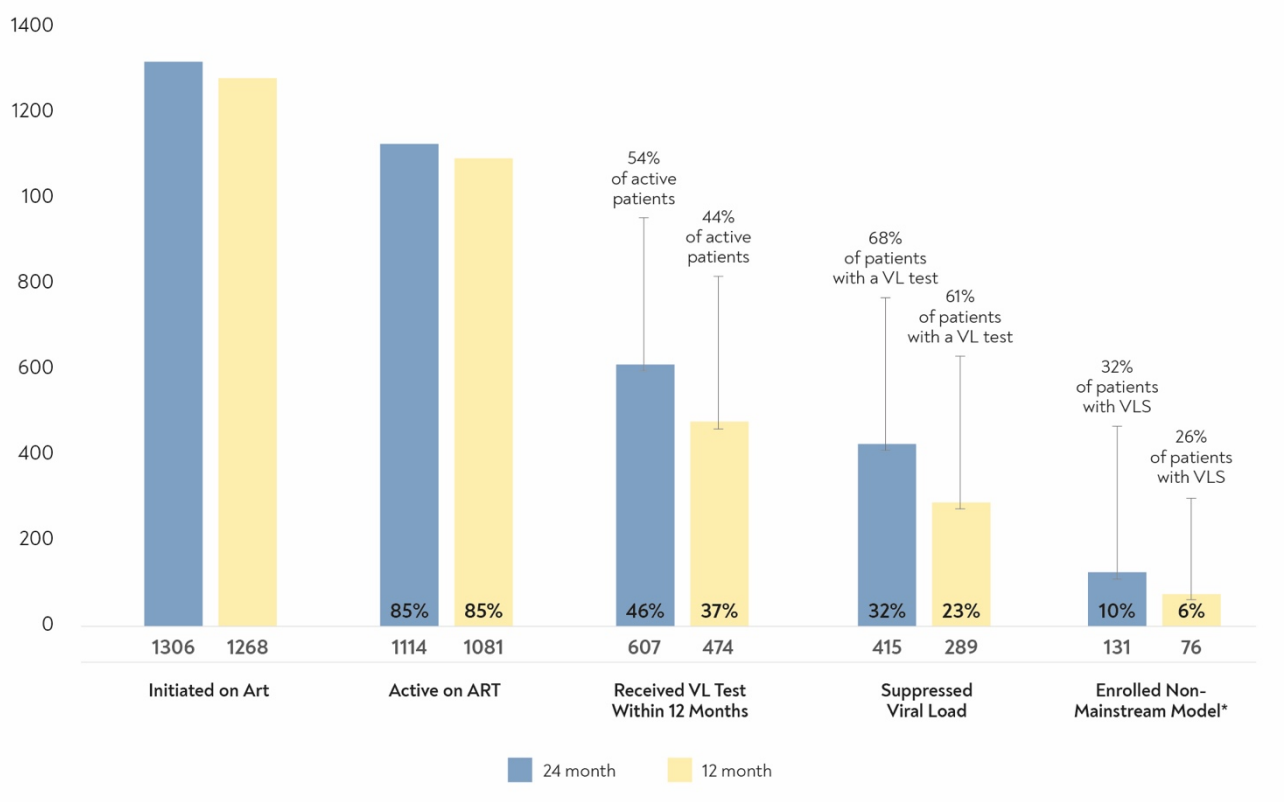
D. Process

STEP	PROCEDURE	REFERENCE DOCUMENTS
1. Refine sampling strategy		
1.1	**Steering committee** and **Advisory group** review initial concept for sampling strategy and make any revisions necessary due to changes in priorities or lessons learned during data collection pilot	
1.2	**Coordinator** and **M&E Advisor** liaise with district and facility leads of areas/sites included in sample to communicate plans for data collection	
1.3	**Steering committee** determines how patients will be selected for inclusion in data collection *Note: It is recommended that patients are selected by ART cohorts—for example, two cohorts made up of patients who had initiated ART 12 and 24 months prior to data collection—which enables easy identification of patients and limits the sample size to a manageable number.*	
1.4	**Steering committee** determines the size and scope of the sample—this includes how many cohorts or individuals to sample, how many facilities to sample, and how many geographic regions to include in the review. *Note: Considerations involved in making this decision include how generalizable the team expects the results to be, what the overall objectives are, and if there are any time and budget constraints. If this is the first time your country is conducting a DSD performance review, it is recommended to start with a smaller sample until the team is more experienced.*	
2. Draft data collection & monitoring plan and training materials		
2.1	**Steering committee** confirms roles and responsibilities of those involved in data collection, including district-level Field Supervisors responsible for oversight of data collection at facilities	

2.2	**Steering committee** reviews data collection tool(s), data sources, and indicators and agrees on plan for data collection process, including data monitoring, and data security	
2.3	**Steering committee** confirms availability of any supplies and equipment necessary for data collection	
2.4	**M&E Advisor** outlines data collection and monitoring plan and develops SOPs and job aids for Data Collectors, Field Supervisors, and the Data Collection Supervisor	
2.5	**M&E Advisor** and **Data Collection Supervisor** design competency-based training and evaluation activities to emulate real-world situations Data Collectors and Field Supervisors will face	
2.6	**M&E Advisor** develops PowerPoint slides to support the training, ensuring that content includes training on responsible collection of data and data privacy and security, as per national standards	
3. Develop data analysis plan		
3.1	**Steering committee** determine priorities for data checks and/or data cleaning and data analyses	
3.2	**M&E Advisor** drafts list of priority analyses and presents plan to **Advisory group**	
3.3	Based on feedback and recommendations of Advisory group, **M&E Advisor** finalizes priority analyses, including relevant disaggregations	
3.4	**M&E Advisor** drafts cleaning and analysis plan	
4	Draft table shells and data visualization plan	
4.1	**M&E Advisor** drafts table shells for expected overall results from priority analyses, including relevant disaggregations	
4.2	**M&E Advisor** makes plans for any sub-national analyses expected, determining which of the priority analyses will be presented as visualizations at the district and provincial/regional levels.	Appendix J. Sample data visualizations
4.3	**Coordinator** and **M&E Advisor** make plans for data visualizations based on table shells and discuss additional analyses that may be possible with the data being collected.	

FIGURE 3. SAMPLE DATA VISUALIZATION

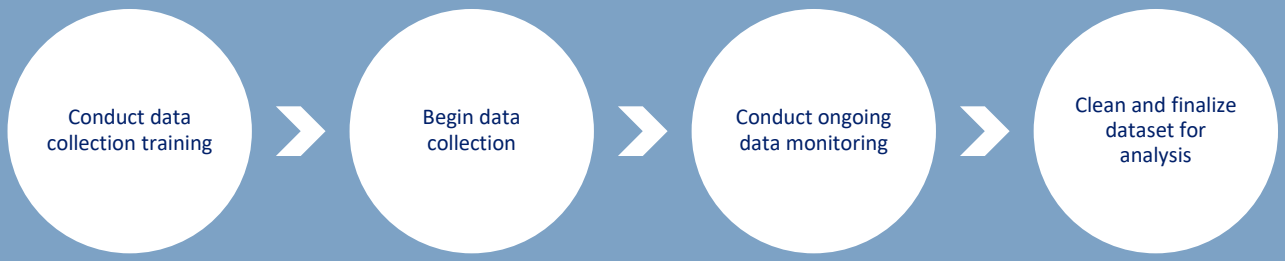
Modified HIV care cascade, with 12-month and 24-month ART cohorts



**For all clients active on ART and with documented VLS*

PHASE 4.

CONDUCTING DATA COLLECTION AND ANALYZING DATA



A. Introduction

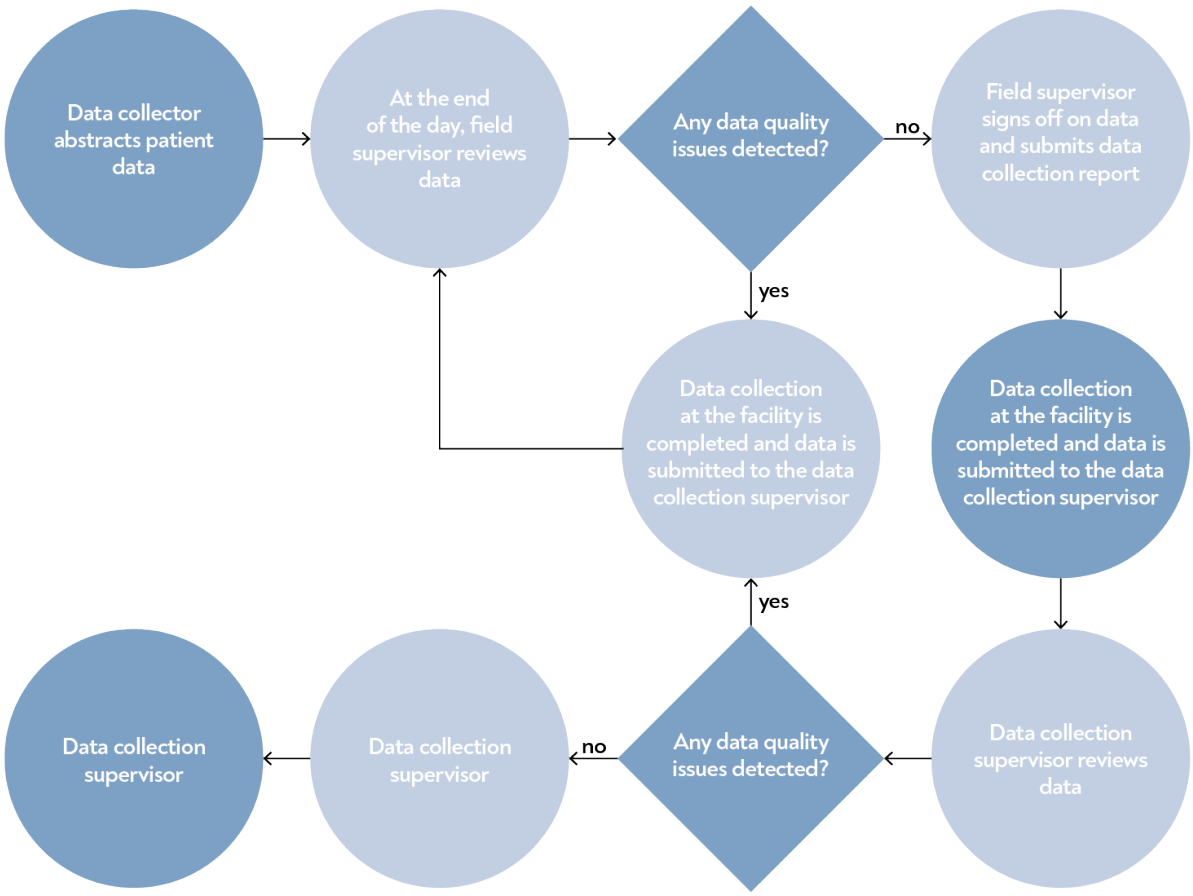
The most important activities during Phase 4 will be conducted by the Data Collectors, Field Supervisors, and the Data Collection Supervisor, but other members of the team will play crucial roles in the development of training materials, provision of training, monitoring of data collection, and cleaning and analysis of the data.

Trainings of Data Collectors and Field Supervisors should include the definition and source of variables and ensure that they are well-understood, thus development of the training materials can begin during the design of the data collection tool. At this time, you may wish to create PowerPoint slides and job aids to support the trainees.

As data collection commences, a process of data verification as it is collected and transmitted should be put into place to monitor the performance of Data Collectors and ensure high quality raw data is available for analysis.

FIGURE 4. SAMPLE PROCESS FLOWCHART

Collection and monitoring of data



B. Roles and Responsibilities

POSITION	ROLE
Team Lead	Responsible for oversight of data collection roles and the data collection, oversight, and cleaning process, and in decisions about the final data set. Responsible for sending information letters to the head of Province/Region, districts and facilities involved in the DPR, according to the country procedures
Coordinator	Leads discussions on data collection roles and data collection process. Provides support to M&E Advisor during development of training and throughout data cleaning and finalization of analysis dataset. Works with Logistics Manager in preparations for conducting the training.
M&E Advisor	Contributes technical expertise in discussion of data collection roles and the data collection process. Leads the training of data collection teams. Provides support to Data Collection Supervisor during data collection and leads process of data cleaning and finalization of analysis data set.
Logistics Manager	Provides support to Coordinator in securing venue for training, arranging refreshments, procuring any supplies needed, and preparing printed training materials.
Data Collection Supervisor	Attends data collector training and provides support to Coordinator and M&E Advisor. Provides oversight of data collection by reviewing reports from Field Supervisors and checking expected data submissions against actual data received. Maintains frequent contact with and facilitates communication between M&E Advisor and data collection teams. When alterations to data collection plan occur, updates master facility list at the end of data collection.
Field Supervisors	Attend and participate in data collector training. Lead data collection teams during site visits for data abstraction. Facilitate Data Collectors' access to patient records and supervise data entry. Review daily data submissions, submit regular data collection reports and resolve issues that may be identified by data quality checks performed by Data Collection Supervisor.
Data Collectors	Attend and participate in data collector training. Responsible for preparing supplies for each day of data collection and reviewing patient records and abstracting data to the provided data collection tool according to training. Submit data daily and have frequent contact with assigned Field Supervisor.

C. Objectives and Outputs

Objectives of Phase 4 include:

- Collecting data and ensuring data quality

Related outputs to develop during Phase 4:

- Training slides, tools, and SOPs
- Updated master facility list (if revisions made since Phase 2)
- Raw data and final dataset
- Data collection report
- Completed table shells, with disaggregations

D. Process

STEP	PROCEDURE	REFERENCE DOCUMENTS
1. Conduct Data Collection Training		
1.1	**Coordinator** and **Logistics Manager** confirm training venue, print materials and assign facilitators	Appendix G. Meeting logistics checklist
1.2	Coordinator, M&E Advisor, and Data Collection Supervisor conduct the training	
2. Begin data collection		
2.1	**Data Collectors** begin data collection *Note: This should start immediately following conclusion of the training.*	
2.2	**Data Collectors** abstract data from data sources and submit data per the data collection plan	
2.3	**Field Supervisors** review daily data submissions and check for discrepancies, as specified in the data collection plan	
2.3	**Data Collectors** work with **Field Supervisors** to resolve any potential issues or apparent discrepancies in data collection	
3. Conduct ongoing data monitoring		
3.1	**Field Supervisors** submit regular data collection reports, per the schedule defined in the data collection plan	
3.2	**Data Collection Supervisor** reviews data submissions and data collection reports to check for discrepancies	
3.3	**Data Collection Supervisor** follows up with **Field Supervisors** in the case of any potential issues or apparent discrepancies in data collection	
3.4	After data collection at all facilities is complete, **Data Collection Supervisor** and **M&E Advisor** debrief to ensure that all expected facilities have data submitted and all submitted data have been reviewed against data collection reports	
3.5	**Data Collections Supervisor** updates the master facility list, as needed	
4. Clean and finalize dataset for analysis		
4.1	**Coordinator** and **M&E Advisor** verify that all documentation from data collection has been completed and expected data are available	
4.2	**M&E Advisor** conducts data checks and develops summary report on missing, incomplete, or potentially inaccurate data or any other data issues *Note: This may be done concurrently with data collection and monitoring if data is submitted frequently, e.g., several times per week. This would allow data collection teams to investigate any problems with the data while still in the field.*	

4.3	**Steering committee** determines plan for addressing each data element with issues
4.4	**M&E Advisor** addresses data issues according to the agreed-upon plan and finalizes the analysis data set.

PHASE 5.

INTERPRETING RESULTS

A. Introduction

Phase 5 focuses on interpretation of the results, including populating table shells, generating draft data visualizations, and sharing preliminary results with SNUs and facilities for feedback. You may also begin to think about who will present the results for each area and how best to support them to understand the data. Remember: what may seem straightforward to the data analysis team or MOH staff who work extensively in DSD may not be immediately apparent to stakeholders who may not have as much experience in DSD-related issues. As plans are made for the dissemination workshop, also remember to consider your audience and draft any necessary slides to explain the rationale behind each outcome of interest and the programmatic implications of the results.

B. Roles and Responsibilities

POSITION	ROLE
Team Lead	Responsible for oversight in data analysis
Coordinator	Leads discussions on data analysis and determine priorities for data visualization
M&E Advisor	Contributes technical expertise in data analysis and data visualization
SNU representatives	Provide additional contextual information if needed for data interpretation

C. Objectives and Outputs

Objectives of Phase 5 include:

- Developing and interpreting results to ease understanding of more general audiences
    - Identify performance gaps
    - Highlight good performance
- Ensuring SNUs have opportunity to explain context behind results
- Ensuring those who will present the data understand and can interpret the results

Related outputs to develop during Phase 5:

- Preliminary results and final results
- Preliminary slides and final slides

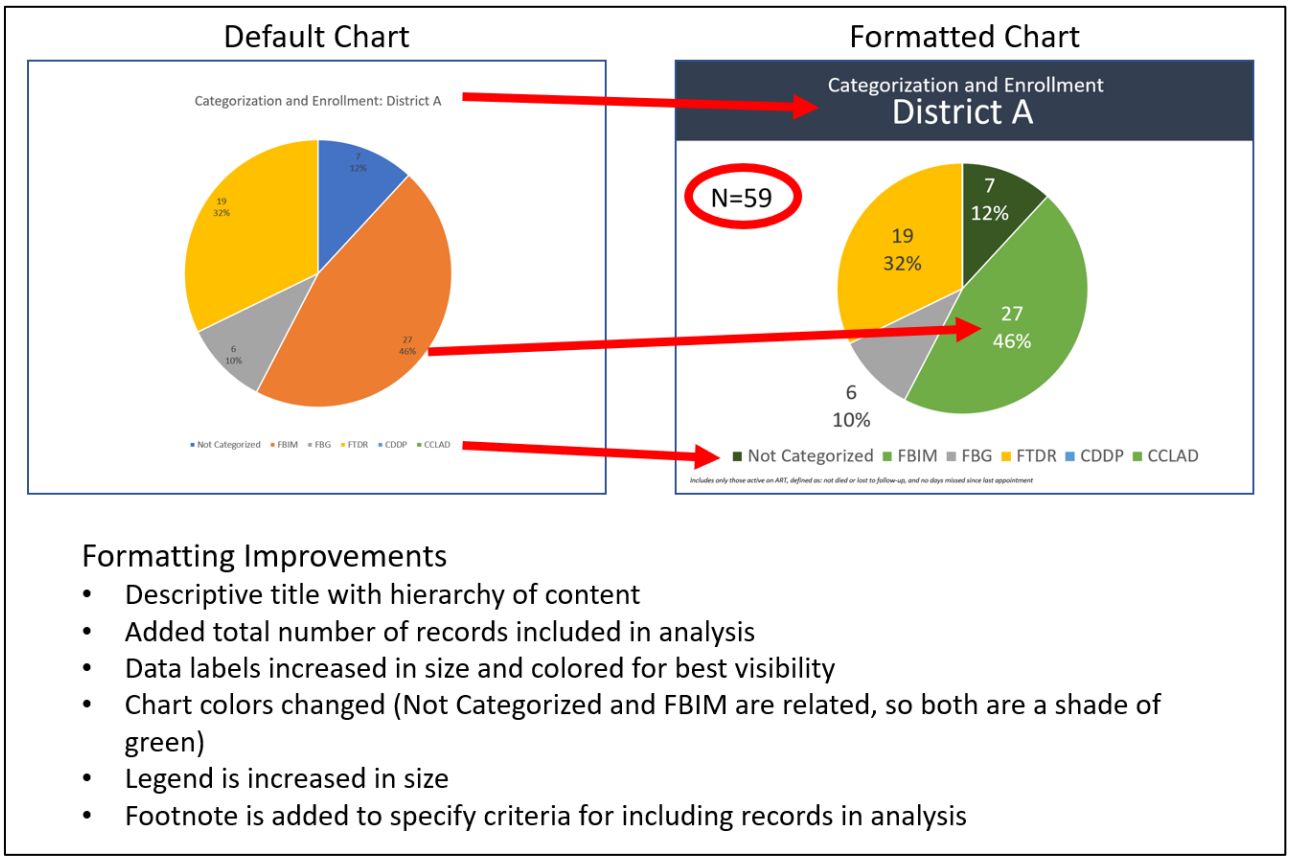
D. Process

STEP	PROCEDURE	REFERENCE DOCUMENTS
1. Conduct data analysis and populate table shells		
1.1	**M&E Advisor** conducts overall data analysis using the finalized and cleaned dataset and adhering as closely as possible to the data analysis plan *Note: If issues are encountered, these should be noted for discussion amongst stakeholders at the workshop.*	
1.2	**M&E Advisor** completes additional analyses as desired based on data availability, changing interests and bandwidth/resources	
1.3	**M&E Advisor** populates tables shells with results and develops new tables, as necessary, for additional analyses	
1.4	**M&E Advisor** repeats above steps for sub-national units, as planned.	
2. Develop data visualizations		
2.1	**Steering committee** reviews results and determines priorities for data visualizations.	Appendix J. Sample data visualizations
2.2	**M&E Advisor** develops data visualizations for presentation at the workshop	
3. SNUs provide context to improve data interpretation		
3.1	**Coordinator** and **M&E Advisor** orient **Advisory group** to results, highlighting any questions on the results that may require information from SNUs	
3.2	**Coordinator** disseminates preliminary results and data visualizations to SNUs	
3.3	**SNUs** provide contextual information to explain factors that may have contributed to poorer than expected results or provide details on strategies that may have resulted in better than expected performance	
3.4	**Coordinator** passes responses on to **M&E Advisor** for integration into draft presentations/reports on results	
4. Finalize data visualization slides		
4.1	**M&E Advisor** edits data visualizations as necessary	
4.2	**Coordinator** and **M&E Advisor** meet to develop speaker notes explaining contextual factors, data limitations, and other aspects of data interpretation	

4.3	**Steering committee** reviews updated results slides and discusses main takeaway points and highlight issues for discussion at the workshop, refining agenda as necessary	

FIGURE 5. SIMPLE FORMATTING TIPS

How to improve data visualizations in PowerPoint

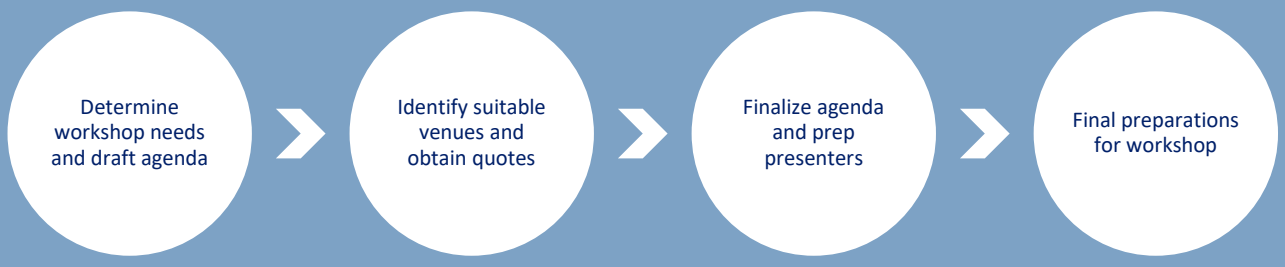


Formatting Improvements

- Descriptive title with hierarchy of content
- Added total number of records included in analysis
- Data labels increased in size and colored for best visibility
- Chart colors changed (Not Categorized and FBIM are related, so both are a shade of green)
- Legend is increased in size
- Footnote is added to specify criteria for including records in analysis

PHASE 6.

SELECTING WORKSHOP VENUE AND MAKING FINAL PREPARATIONS



A. Introduction

Planning the workshop logistics is a critical, yet deceptively difficult activity. The workshop venue should be carefully chosen to provide a comfortable environment with quality audio-visual equipment so participants can focus on the presentations and discussion. Supplies will depend on your workshop plans, but you may want some printed materials, note-taking supplies, and flip charts and markers. *Note: If some, or all, workshop participants will attend virtually, a separate set of activities will be required. We hope to describe best practices for a virtual data review meeting in a future version of this document.*

Other preparations to make during this time—whether an in-person or virtual meeting is planned and whether the workshop should be one day or multiple days—include finalizing the agenda, participants list, presenters, ensuring all necessary slides are final, and developing a meeting evaluation questionnaire. The more preparation work you can complete in advance, the more organized the workshop will be, even in the face of unexpected challenges.

BOX 8. LESSONS FROM CÔTE D'IVOIRE

From November 25-27, 2019, Côte d'Ivoire held its first DSD performance review workshop. The core implementation team had taken a number of lessons from the Zimbabwe and Uganda experience, as well as from CQUIN meetings, and built on those examples to make improvements. Some unique aspects of the Côte d'Ivoire workshop included:

- Scheduling a pre-meeting the night before the opening of the workshop to ensure all participants had arrived on time and were briefed on their role and the expectations of the performance review organizers.
- Presenting slides on the rationale for conducting a performance review during the workshop to ensure all participants were aware of the need for this type of data review and had sufficient context to understand and interpret the data to be presented.
- Holding data sensitization meetings in advance with those in charge of making presentations to brief them on the results, answer questions, and ensure the programmatic implications of the analyses were clear.
- Creating group cohesion and focus through consistent use of periodic energizers.
- Using group breakout sessions to complete a sub-national DSD dashboard and creating another source of data by which to triangulate information on DSD scale-up.

B. Roles and Responsibilities

POSITION	ROLE
Team Lead	Responsible for oversight in selection of workshop venues, agenda and key national level participants
Coordinator	Advises Logistics Manager on expectations for venue selection and outside vendor needs, including need for printed materials
M&E Advisor	Works with Coordinator to finalize agenda. Provides Presenters with briefing on results of data analysis during pre-meeting.
Finance Manager	Facilitates payment to vendors
Logistics Manager	Liaises with venue management and outside vendors to ensure expectations are met and bookings are correctly made
Presenters	SNU representatives selected to present results from data collection and analysis attend pre-meeting led by the M&E Advisor

C. Objectives and Outputs

Objectives of Phase 6 include:

- Making plans for holding DPR dissemination workshop
- Reserving facilities *(as applicable)*
- Contracting with outside vendors as necessary

Related outputs to develop during Phase 6:

- Agenda
- Introductory slides
- Participant list
- Invitation letters

D. Process

STEP	PROCEDURE	REFERENCE DOCUMENTS
1. Determine workshop venue needs		
1.1	**Steering committee** determines roles and responsibilities for this phase, draft invitation list, and priorities for venue selection	Appendix G. Sample meeting logistics checklist
1.2	**Project Coordinator** and **Logistics Manager** prepare final invitation list and send invitation letters	
1.3	**Project Coordinator** and **Logistics Manager** prepare specifications for workshop venue and/or lodging needs based on priorities and expected number of participants	Appendix I. Venue scoping checklist
1.4	**Project Coordinator** and **Logistics Manager** develop shortlist of venue options based on priorities and expected number of participants	
1.5	**Project Coordinator** and **Logistics Manager** identify other services necessary for hosting the workshop (e.g., audio/visual, catering, printing, transportation) and prepare draft specifications for obtaining quotes	
2. Identify suitable venues and obtain quotes		
2.1	**Logistics Manager** visits potential venue and/or lodging locations to tour facilities and obtain information on services available	Appendix I. Venue scoping checklist
2.2	**Logistics Manager** obtains itemized quotes from venues	

2.3	If necessary (in case venue does not provide services in-house), **Logistics Manager** obtains quotes from outside vendors for additional services as referenced in 1.4	
2.4	**Steering committee** reviews quotes and selects venue and, as necessary, selects providers for lodging and outside services	
3. Finalize agenda and prepare presenters *Note: Step 3 can be completed while work on Steps 1 and 2 is ongoing*		
3.1	**Steering committee** draft outline of agenda based on expected outputs of the workshop.	
3.2	**Steering committee** and **Advisory group** finalize agenda, specifying allotted times for each topic/activity and identifying potential moderators, presenters, and panelists, as necessary	
3.3	**Coordinator** and **M&E Advisor** follow up with individuals identified and finalize agenda with moderators, presenters, and panelists confirmed	
3.4	**M&E Advisor** holds pre-meeting with **Presenters** to provide brief on results. Ensures presenters are familiar with rationale for analyses conducted and interpretation of visualizations. Pre-meeting participants discuss programmatic implications of results that can help inform action plans.	
4. Final preparations		
4.1	**Coordinator, M&E Advisor,** and **Logistics Manager** develop final list of printed materials needed	
4.2	**Coordinator** and **M&E Advisor** provide files for printing	
4.3	**Logistics Manager** coordinates in-house printing or liaises with outside vendors, as necessary, to ensure that all materials are available in advance of the workshop start time	Appendix G. Sample meeting logistics checklist
4.4	**Logistics Manager** prepares other supplies as necessary (pens, name badges, notepads, etc.)	
4.5	**Logistics Manager** performs walk-through of agenda, venue and/or lodging with vendors and necessary representatives (venue event staff, audio visual, catering) to ensure all expectations are met, ideally a few days before the opening session	Appendix G. Sample meeting logistics checklist
4.6	**Logistics Manager** conducts sound and projection test with audio/visual team to ensure all equipment is working, prior to workshop opening session	

PHASE 7.

LEADING WORKSHOP DISCUSSION AND FOLLOWING UP ON ACTION ITEMS

A. Introduction

Phase 7 is where all previous steps come together—at the DPR dissemination and learning exchange workshop itself. In this phase, members of the core implementation team will serve as hosts of this event that brings together stakeholders from all levels to share data and ideas and make plans for improvements to the DSD program. The most important work for those leading the workshop will be to keep the discussion on-topic and productive, making sure to ask questions to elicit information on best practices, lessons learned and challenges, and to ensure that concrete plans are made, in consultation with the Quality Improvement (QI) Lead, to address identified gaps through action plans. It is important to identify SNUs and/or facilities that have excelled in DSD scale-up and adherence to guidelines and provide the opportunity for them to explain how they achieved that performance. This is critical both for providing encouragement and boosting morale for high-achievers and for providing others the opportunity to learn from their peers. It is also important to provide an opportunity for SNUs not performing well to share their challenges so that other SNUs can provide information on how they overcame similar challenges, and for national or SNU health management teams to discuss any supportive supervision needs.

B. Roles and Responsibilities

POSITION	ROLE
Team Lead	Responsible for providing high-level feedback and guidance on action plan development and identification of best practices and opportunities for improvement
Coordinator	With M&E Advisor, serves as leader of workshop and facilitates active engagement and discussions to ensure there is vibrant exchange of best practices
M&E Advisor	Serves as leader of workshop (along with Coordinator) and technical lead in discussions involving data and M&E
Logistics Manager	Maintains communication with venue and vendors to ensure smooth conduct of workshop
Finance Manager	Coordinates with Logistics Manager to ensure relevant payments are made to vendors
Presenters	Present relevant SNU results to participants, provide contextual information to aid in interpretation of results, and highlight important take-away messages that can help inform action plans
SNU Representatives	Participate in the discussions, providing valuable information to help interpret the results. Contribute to the development of action plans, including setting realistic timeline and following up on implementation.
QI Lead	Establishes solid measures of facility level QI plans based on the reviewed data and provides technical assistance in the development of priorities based on the identified gaps
Advisory group and Core Implementation Team Members	Ask relevant questions to facilitate active engagement and discussions to ensure there is vibrant exchange of best practices

C. Objectives and Outputs

Objectives of Phase 7 include:

- Holding a productive workshop
- Developing action plans, keeping QI methods in mind
- Ensuring plans for follow-up on action items are clearly defined

Related outputs to develop during Phase 7:

- Facility/District/Provincial action plans
- DPR report
- Attendance List with participants' contact information
- Meeting Evaluation
- Financial Report (evidence of all payments)

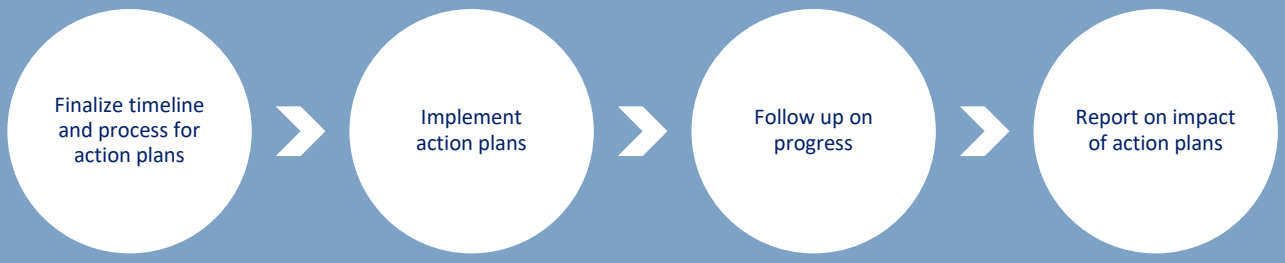
D. Process

STEP	PROCEDURE	REFERENCE DOCUMENTS
1. Conduct workshop and guide discussion		
1.1	**TL** and high-level guests open the workshop	
1.2	**Coordinator** and **M&E Advisor**, TL, Advisory group, speakers, panelists, and other stakeholders and participants in activities set forth on the agenda, ensuring discussion is on-topic and productive, participants share floor time equally, and time limits are adhered to	
1.3	**Coordinator** develops recaps of each day's activities to present at the opening of workshop on the following morning	
1.4	**Coordinator** and **M&E Advisor** facilitate the development of district action plans by district leaders and representatives based on the results presented at the workshop	Appendix K. Sample action plan
1.5	**Coordinator, SNU representatives** and **QI Lead** set timeline for follow-up on action plans, including plans for site-level support for activity implementation using QI approaches *Note: If sites are not trained in QI and have no QI team then a half a day QI orientation should be planned, and a QI team formed the same day*	
1.6	Workshop participants complete a post-workshop evaluation	
2. Hold internal debrief to feedback on process		
2.1	**M&E Advisor** analyzes evaluation data and develops participant feedback report	
2.2	**Core implementation team** debrief on the DPR planning and preparations process, data collection and analysis, and the dissemination workshop, including the participant feedback report	

2.3	**Core implementation team** identifies best practices and areas for improvement and develop plans for implementing improvements for the next DPR
3. Develop DPR report	
3.1	**Coordinator** and **M&E Advisor** draft report summarizing the process and results, outlining action plans and follow-up schedule, and detailing feedback from participants and leaders
3.2	**Coordinator** distributes report to stakeholders, including ICAP-CQUIN if funding support came from CQUIN
3.3	**Coordinator** presents report on DPR at meeting of the DSD TWG or other group of stakeholders

PHASE 8.

FOLLOWING UP ON ACTION PLANS



A. Introduction

The eighth and final phase of the DPR is the implementation and follow up of the action plans drafted during the dissemination workshop. This phase turns the lessons learned from the entire DPR process into actions aimed at making targeted improvements to the national DSD program. Having a clearly defined process to achieve the goals of the action plans and a timeline that includes incremental benchmarks will be key to their success. Following a period of implementation and follow-up to check on progress, the achievements of the action plans should be reported to stakeholders and included as an addendum to the DPR report.

B. Roles and Responsibilities

POSITION	ROLE
Team Lead	Provides guidance and oversight in refinements to action plans and advises on follow up as necessary
Coordinator	Follows up with SNU representatives periodically to assess progress and guide adjustments to process in order to achieve goals
M&E Advisor	Provides technical assistance to SNU representatives, as needed
SNU Representatives	Guide implementation of action plans, working in collaboration with other stakeholders as necessary, according to the process
QI Lead	Establishes effective oversight of action plans at the highest levels of governance and leadership

C. Objectives and Outputs

Objectives of Phase 8 include:

- Ensuring action plans address gaps identified during the dissemination workshop and are feasible and actionable
- Defining process to implement action plans
- Implementing action plans and ensuring goals are achieved

Related outputs to develop during Phase 8:

- Updated DPR report with final results of action plan implementation
- Presentation to DSD TWG

D. Process

1. FINALIZE TIMELINE AND PROCESS FOR ACTION PLANS	
1.1	**Steering committee** and **QI Lead** review action plans with SNU representatives and make adjustments as necessary
1.2	**Steering committee** and **QI Lead work with SNU representatives** to determine process for implementing action plans set deadlines for achieving benchmarks
2. IMPLEMENT ACTION PLANS	
2.1	SNU representatives work with all stakeholders at the local level, as necessary, following the process to implement action plans
2.2	SNU representatives update steering committee members or QI Lead, as necessary, on progress or challenges
3. FOLLOW UP ON ACTION PLANS	
3.1	**Coordinator** periodically follows up with SNU representatives on progress towards action plan implementation
3.2	**QI Lead** provides routine and ongoing QI mentorship and coaching during the implementation of action plans to ensure activities are implemented systematically using the QI approach (using Plan-Do-Study-Act cycle)
3.3	**Coordinator** and **M&E Advisor** provide technical assistance, with CQUIN support as necessary, to SNU representatives in support of action plan achievement
3.4	**Steering committee** develop plans to support SNU representatives facing challenges in achieving goals, including plans for possible in-country learning exchange visits
4. REPORT ON IMPACT OF ACTION PLANS	
4.1	**SNU representatives** update Steering committee and QI Lead on achievement of action plan goals
4.2	**Steering committee** and **QI Lead** provide feedback as necessary
4.3	**Coordinator** updates DPR report with impact of action plan implementation
4.4	**Coordinator** presents action plan achievements at a meeting of the DSD TWG or other group of stakeholders

APPENDICES