



<b>Training</b>	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)
<b>Standard Operating Protocols (SOPs)</b>	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
<b>M&amp;E System</b>	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
<b>Facility Coverage</b>	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
<b>Patient Coverage</b>	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

<b>Quality of DSD Services</b>	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
<b>Impact of DSD Services</b>	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