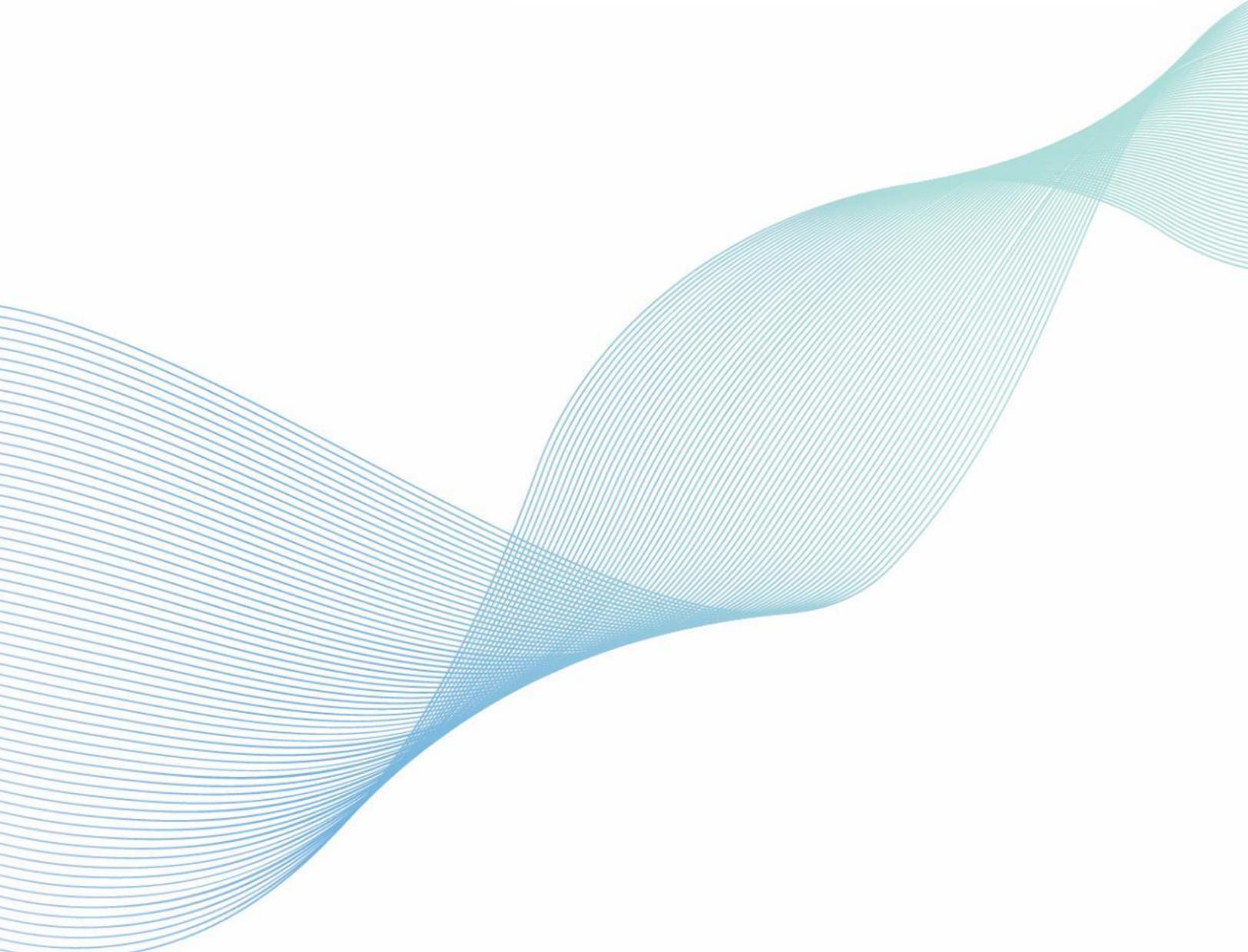




**HIV LEARNING NETWORK**  
The CQUIN Project for Differentiated Service Delivery



# LESS INTENSIVE DSD MODELS

A quality assessment tool

## OVERVIEW

Differentiated service delivery (DSD) is a client-centered approach that simplifies and adapts HIV services across the cascade to better serve individual needs and reduce unnecessary burdens on the health system. As countries scale up less-intensive differentiated ART (DART) models for people established on treatment, ensuring that DART services are delivered with quality and fidelity is a priority.

The [CQUIN Learning network](#)'s Quality and Quality Improvement (QI) Community of Practice has developed a [Quality Standards Framework](#) for DART with support from ICAP at Columbia University and input from diverse national, regional and global stakeholders. This Quality Standards Toolkit, developed and piloted by the Quality and QI Community of Practice, is intended to serve as a complementary resource for stakeholders to assess and improve DART quality. It is envisioned to be a living document and feedback and suggested edits or additions are always welcome. Each country should feel free to adapt the tool to the local context and DART models.

The tool includes cross-cutting standards and indicators for all DART models, as well as those specific to individual approaches, including facility- and community-based group and individual models.

### Quality Assessment Standard Operating Procedures

#### 1. Considerations for adaptation:

- Add or delete standards that are not relevant for your country's context.
- Update the language used throughout the tool based on your country's terminologies and definitions of DSD models.
- Update the timeframes and dates used throughout the standards based on your country's specific timeframes used as stipulated in your DSD guidelines and/or DSD operational manuals.

#### 2. Considerations for planning:

- Ensure that local/national protocols for site assessment visits are followed, including required permissions from MOH and facility leadership
- Balance rigor and practicality when planning site selection – more sites will give more generalizable information, but focusing on fewer high-volume sites with large numbers of people on ART will also be informative
- Consider how you want to collect and manage data obtained during the assessment.

## Quality Assessment for Differentiated Service Delivery Treatment Models

### Facility Information

Type of HF: *e.g., Hospital, Health Center, Clinic*

Total # of people on ART:

# of adults on ART:

# of DSD Models offered:

DSD models offered:

Facility-based Individual Models:

# of people enrolled:

Facility-based Group Models:

# of people enrolled:

Community-based Individual Models:

# of people enrolled:

Community-based Group models:

# of people enrolled:

### CROSS CUTTING STANDARDS & INDICATORS for ALL MODELS

**Quality Standard 1:** All recipients of care should be regularly assessed for DART eligibility and offered the choice to opt into a less-intensive model if eligible

#### Process Indicators

1.1	Does the facility have written SOPs to guide <b>assessment of eligibility</b> for all of the DART models currently being provided? <i>If a physical copy of SOPs is available on the day of visit, score = Y. If not, score = N.</i>	Y	N
		Yes = Dark green No = Red	
1.2	Does the facility have written SOPs to guide the <b>implementation</b> of all of the DART models currently being provided? <i>If a physical copy of SOPs is available on the day of visit, score = Y. If not, score = N.</i>	Y	N
		Yes = Dark green No = Red	
1.3	Are all providers involved in ART service delivery <b>trained</b> in differentiated ART services including all the DART models currently being provided? <i>Data source = Health facility records and/or key informants (e.g., ask facility manager if HCWs have been trained, ask providers present on day of visit if they have been trained on DART implementation)</i>	Y	N
		> 90% = Dark Green 80-90% = Light Green 60-80% = Yellow < 60% = Red	

#### Outcome Indicators

1.4	What % of adults on ART are assessed for DART eligibility? <i>Data source = chart review of at least 20 randomly selected files of adults who have been on ART for <math>\geq 12</math> months. Numerator = # of people assessed for DART eligibility; Denominator = # of charts reviewed.</i>	> 90% = Dark Green	80-90% = Light Green
		60-80% = Yellow < 60% or no data = Red	
1.5	What % of adults on ART are <b>correctly classified</b> as eligible vs. ineligible for less-intensive models? <i>Data source = chart review of at least 20 randomly selected files of adults who have been on ART for <math>\geq 12</math> months. Numerator = # of people whose DART eligibility is documented and consistent with national guidelines. Denominator = # of charts reviewed.</i>	> 90% = Dark Green	80-90% = Light Green
		60-80% = Yellow < 60% = Red	

1.6	<p>What % of adults on ART are <b>currently enrolled</b> in less-intensive DART models?  <i>Data source = clinic records. Numerator = all adults currently in a less-intensive DART model; Denominator = all adults currently on ART.</i></p>	<p>&gt; 75% = Dark Green  50-75% = Light Green  25-49% = Yellow  &lt;25% = Orange  Data not available = Red</p>
<p><b>Quality Standard 2:</b> Everyone enrolled in less-intensive DART models should receive systematic <b>laboratory</b> assessment to guide ongoing HIV management</p>		
<p><b>Process Indicators</b></p>		
2.1	<p>Does the facility have written SOPs to ensure that people in less-intensive DART models receive routine viral load testing (RVLT) at the interval recommended by national guidelines?  <i>If a physical copy of SOPs is available on the day of visit, score = Y. If not, score = N.</i></p>	<p>Y                      N  Yes = Dark green  No = Red</p>
2.2	<p>Is there a system in place to ensure viral load (VL) results for people in less-intensive DART models (including community-based models) are returned to the facility, documented in recipient of care files, reviewed promptly by health care workers, and acted upon appropriately?  <i>Check for the availability of a VL results tracker or equivalent system/SOPs: "Y" if available, "N" if not available</i></p>	<p>Y                      N  Yes = Dark green  No = Red</p>
2.3	<p>Is there a system in place to ensure people in less-intensive DART models receive their VL results promptly, e.g., within one week for people with unsuppressed VL and within one month for people with suppressed VL?  <i>Data source = facility SOPs, key informant interviews</i></p>	<p>Y                      N  Yes = Dark green  No = Red</p>
2.4	<p>Does the facility have a VL Focal Person who ensures that people in less-intensive DART models who are due for RVLT are not missed and all protocols for monitoring VL and returning results are followed?  <i>Data source = clinic supervisor, manager, or in-charge</i></p>	<p>Y                      N  Yes = Dark green  No = Yellow</p>
<p><b>Outcome Indicators</b></p>		
2.5	<p>What % of adults in less-intensive DART models had a VL test in the past 12 months?  <i>Data source will differ depending on clinic M&amp;E systems – see SOPs for details.</i></p>	<p>&gt; 90% = Dark Green  80-90% = Light Green  &lt; 80% = Yellow  Data not available = Red</p>
2.6	<p>What % of adults in less-intensive DART models who had RVLT received their VL results promptly, e.g., within one week for people with unsuppressed VL and within one month for people with suppressed VL?  <i>Data source = chart review of at least 20 randomly selected files of adults enrolled in less-intensive DART model who had RVLT during the past year with additional review of VL register as needed. Numerator = # of people documented to have received results within one month of the test; Denominator = # of charts reviewed</i></p>	<p>&gt; 90% = Dark Green  80-90% = Light Green  &lt; 80% = Yellow  Data not available = Red</p>

<b>Quality Standard 3:</b> Everyone enrolled in less-intensive DART models should receive systematic <b>clinical</b> assessment to guide ongoing HIV management		
<b>Process Indicators</b>		
<b>3.1</b>	Is there a system in place to ensure that people in less-intensive DART models receive clinical assessments at the interval recommended by national guidelines? <i>Data source = Check if the facility has SOPs in place for clinical assessment intervals as recommended by national guidelines. Score YES is SOP available</i>	Y            N Yes = Dark Green No = Red
<b>Outcome Indicator</b>		
<b>3.2</b>	What % of adults in less-intensive DART models received a routine clinical assessment in the past 12 months (or at the frequency recommended by national guidelines)? <i>Data source = chart review of at least 20 randomly selected files of adults enrolled in less-intensive DART model for ≥ 12 months. Numerator = # of people with documented clinical assessment in past 12 months; Denominator = # of charts reviewed</i>	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow Data not available = Red
<b>3.3</b>	What % of adults receiving routine clinical assessment in the past 12 months had documented re-assessment of DART eligibility? <i>Data source = chart review of at least 20 randomly selected files of adults enrolled in less-intensive DART model for ≥ 12 months. Numerator = # of people with documented DART eligibility assessment in past 12 months; Denominator = # of charts reviewed</i>	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow Data not available = Red
<b>3.4</b>	What % of Women Living with HIV (WLHIV) in less intensive DART models received routine screening for family planning, including screening for pregnancy status <i>Data source = chart review of at least 20 randomly selected files of WLHIV enrolled in less-intensive DART model for ≥ 12 months. Numerator = # of WLHIV with documented FP screening/pregnancy screening in past 12 months; Denominator = # of charts reviewed</i>	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow Data not available = Red
<b>Quality Standard 4:</b> Systems are in place to identify people in less-intensive DART models who miss appointments, track, and support them to return to care		
<b>Process Indicator</b>		
<b>4.1</b>	Does the facility have a system in place to identify people in less-intensive DART models who miss appointments, track, and support them to return to care? <i>Data source = Check if the facility has SOPs, appointment book/register to identify those who miss appointments. Score YES if any of these documents are available.</i>	Y            N Yes = Dark Green No = Red
<b>Outcome Indicators</b>		
<b>4.2</b>	What proportion of people in less-intensive DART models who missed appointments in the past 3 months have documented tracing efforts? <i>Data source = Appointment register. Numerator = # of people in a less-intensive DART who missed appointments and were traced; Denominator = # of people in a less-intensive DART who missed an appointment in the past 3 months</i>	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow Data not available = Red

4.3	<p>What proportion of people in less-intensive DART models who missed appointments in the past 3 months returned to care within 28 days?</p> <p><i>Data source = Appointment register. Numerator = # of people in a less-intensive DART who missed appointments and returned to care within 28 days; Denominator = # of people in a less-intensive DART who missed an appointment in the past 3 months</i></p>	<p>&gt; 90% = Dark Green 80-90% = Light Green &lt; 80% = Yellow Data not available = red</p>
<p><b>Quality Standard 5:</b> People enrolled in less-intensive DART models who require more intensive services should be identified, assessed, and transferred to more-intensive models as needed</p>		
<p><b>Process Indicators</b></p>		
5.1	<p>Is there a system in place to identify people in less-intensive DART models with unsuppressed VL (UVL), side effects/complications from ART, new opportunistic infections including TB, pregnancy, and/or other indications for more intensive services?</p> <p><i>Data source = Check if the facility has SOPs, VL registers, patient charts helping to identify patients who need more intensive services. Score YES if any of these documents are available.</i></p>	<p>Y                      N If "Yes" = Dark Green If "No" = Red</p>
5.2	<p>Does the facility have SOPs to guide management of people in less-intensive DART models who require more intensive services?</p> <p><i>If a physical copy of SOPs is available on the day of visit, score = Y. If not, score = N.</i></p>	<p>Y                      N If "Yes" = Dark Green If "No" = Red</p>
5.3	<p>Does the facility have a system in place to contact people in less-intensive DART models who have UVL (or are pregnant) so they can return to the facility before their next appointment date?</p> <p><i>Data source = facility SOPs, key informant interviews, VL register and appointment book/register</i></p>	<p>Y                      N If "Yes" = Dark Green If "No" = Yellow</p>
5.4	<p>Does the facility have a system in place to ensure and document that people in less-intensive DART models with UVL receive enhanced adherence counseling (EAC) as per national guidelines?</p> <p><i>If the HF has a UVL register, score = Y. If not, score = N.</i></p>	<p>Y                      N If "Yes" = Dark Green If "No" = Yellow</p>
5.5	<p>Does the facility have a system in place to ensure and document that people in less-intensive DART models receive repeat VL testing following completion of EAC?</p> <p><i>If this is documented in the UVL register (or elsewhere), score = Y. If not, score = N.</i></p>	<p>Y                      N If "Yes" = Dark Green If "No" = Yellow</p>
<p><b>Outcome Indicators</b></p>		
5.6	<p>What % of adults in less-intensive DART models who had RVLT in the past year had UVL?</p> <p><i>Data source = VL Register and patient charts. Numerator = # of people in a less-intensive DART who had UVL in the past 12 months; Denominator = # of people in a less-intensive DART model who had RVLT in the past year.</i></p>	<p>Record percentage If unavailable = Red</p>
5.7	<p>What % of adults in less-intensive DART models were diagnosed with TB disease in the past 12 months?</p> <p><i>Data source = TB Register and patient charts. Numerator = # of people in a less-intensive DART who had a TB diagnosis in the past 12 months; Denominator = # of people in a less-intensive DART model.</i></p>	<p>Record percentage If unavailable = Red</p>

5.8	<p>What % of adults in less-intensive DART models were diagnosed with opportunistic infections other than TB in the past 12 months?</p> <p><i>Data source = Patient charts. Numerator = # of people in a less-intensive DART who were diagnosed with an OI other than TB in the past 12 months; Denominator = # of people in a less-intensive DART model.</i></p>	Record percentage If unavailable = Red
5.9	<p>What % of women in less-intensive DART models became pregnant in the past 12 months?</p> <p><i>Data source = Patient charts. Numerator = # of women in a less-intensive DART who became pregnant in the past 12 months; Denominator = # of women in a less-intensive DART model.</i></p>	Record percentage If unavailable = Red
5.10	<p>What % of people in less-intensive DART models were switched to more-intensive models in the past 12 months?</p> <p><i>For facilities with electronic medical records (EMS), data source = clinic records</i></p> <p><i>For facilities without EMS, data source = chart review of at least 20 randomly selected files of adults enrolled in less-intensive DART model for ≥ 12 months with additional review of VL register as needed.</i></p>	Record percentage If unavailable = Red
<b>Quality Standard 6:</b> Data from both facility-based and community-based DART models are promptly entered into the facility M&E system		
<b>Process Indicators</b>		
6.1	<p>Is there a system in place for ensuring data from all less-intensive DART models are collected and entered in facility registers within a stipulated timeframe?</p> <p><i>Data source = facility SOPs, key informant interviews</i></p>	Y            N If "Yes" = Dark Green If "No" score Red
6.2	<p>Does the facility have standard national M&amp;E tools on site for documenting all less-intensive DART models offered (e.g., Fast Track registers, CAG registers, club registers, outreach team registers, community drug distribution records, etc.)?</p> <p><i>Check for the availability of M&amp;E tools, if available "Y", if not "N"</i></p>	Y            N If "Yes" = Dark Green If "No" score Red
6.3	<p>Does the facility routinely and systematically review the transfer of data from model-specific tools (e.g., Fast Track registers, CAG registers, club registers, outreach team registers, community drug distribution records, etc.) to the standard facility-based M&amp;E tools?</p> <p><i>Data source = facility SOPs, key informant interviews</i></p>	Y            N If "Yes" = Dark Green If "No" score Red
<b>Outcome Indicators</b>		
6.4	<p>Is there evidence that ALL data from community-based models are entered into the standard M&amp;E tools at the facility?</p> <p><i>Data source = Review data for at least 20 randomly selected people in community-based DART models, comparing their data in the facility ART register to the appropriate community-based DART tools (Outreach clinic register, CAG register, community drug distribution registers and/or others as appropriate). Numerator = # of people whose data in the Facility ART register match their data in the DART model tool; Denominator = # of people whose records were reviewed.</i></p>	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow Data not available = red
6.5	<p>Are data from all less-intensive DART models promptly entered in the facility M&amp;E tools (e.g., within one week or as stipulated in the SOPs) following service delivery?</p> <p><i>Data source = Review data for at least 20 randomly selected people in less-intensive DART models, comparing their data in the facility ART register to the appropriate model-specific DART tools (Fast Track Refill register, ART club register, Outreach clinic register, CAG register,</i></p>	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow Data not available = red

	<i>community drug distribution registers and/or others as appropriate). Numerator = # of people whose data in the Facility ART register were entered within one week of the service delivery; Denominator = # of people whose records were reviewed.</i>	
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**FAST TRACK REFILL (FTR) MODEL**  
*(These indicators are in addition to the cross-cutting indicators, not a replacement for them)*

**Quality Standard 7:** All recipients of care enrolled in the Fast-Track Refill (FTR) model should receive efficient visits with minimal wait time

**Process Indicators**

<b>7.1</b>	Does the facility have written SOPs to guide implementation of the Fast-Track model? <i>If a physical copy of SOPs is available on the day of visit, score = Y. If not, score = N.</i>	Y                      N If "Yes" = Dark Green If "No" score Red
<b>7.2</b>	Does the facility have an established patient flow system to allow for quick ART distribution for Fast Track clients that does not interrupt the pickup for other patients? <i>Data source = Facility in charge and direct observation of patient flow</i>	Y                      N If "Yes" = Dark Green If "No" score Red
<b>7.3</b>	Does the facility specify a maximum amount of time (e.g., 30-60 minutes) that people enrolled in the Fast-Track model should spend at the facility? <i>Data source = facility SOPs</i>	Y                      N If "Yes" = Dark Green If "No" score Red

**Outcome Indicators**

<b>7.4</b>	What percentage of recipients of care enrolled in the FTR model feel that services are efficient? <i>Data source will need to be tailored to the program and context. Examples include exit interviews, focus group discussions, information from a community advisory board/peer educator group, etc.</i>	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow
<b>7.5</b>	What percentage of recipients of care receive FTR services within the specified amount of time? <i>Data source will depend on resources and context. Examples include exit interviews, observations, time-motion studies, etc.</i>	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow If unavailable = Red

**FACILITY-BASED ART CLUBS**  
*(These indicators are in addition to the cross-cutting indicators, not a replacement for them)*

<b>Quality Standard 8:</b> In addition to the cross-cutting package of services received by all recipients of care, people in facility-based ART clubs should receive orientation to the roles and responsibilities of club members, including expectations about confidentiality and mutual/psychosocial support		
Process Indicators		
<b>8.1</b>	Does the facility have written SOPs to guide the implementation of ART clubs? <i>If a physical copy of SOPs is available on the day of visit, score = Y. If not, score = N.</i>	Y                      N If "Yes" = Dark Green If "No" score Red
<b>8.2</b>	Is there a system in place for orienting ART club members to their roles and responsibilities? <i>Data source = facility SOPs, key informant interviews</i>	Y                      N If "Yes" = Dark Green If "No" score Red
<b>Quality Standard 9:</b> Necessary model-specific health facility processes include: staff trained in group dynamics and club protocols; assigned space for club meetings; systems to ensure that records, drugs, and supplies (e.g., condoms) are assembled and in place before each meeting; and systems for referral to other departments		
Process Indicators		
<b>9.1</b>	Do ART Club meetings have trained staff assigned to provide clinical consultation/pharmacy/laboratory services, as needed according to the guidelines? <i>Data source = staff roster showing staff assigned to ART clubs, key informant interviews</i>	Y                      N If "Yes" = Dark Green If "No" score Yellow
<b>9.2</b>	Does the ART club meet at intervals prescribed by the guidelines? <i>Check if there is a schedule for ART Club meetings, if available and whether schedule adheres to guidelines "Y", if not "N"</i>	Y                      N If "Yes" = Dark Green If "No" score Yellow
<b>9.3</b>	Is the space used for ART club meetings adequate in terms of size, privacy, and convenience for members? <i>Data source = facility SOPs, key informant interviews</i>	Y                      N If "Yes" = Dark Green If "No" score Yellow
<b>9.4</b>	Does the club have the minimum and maximum number of group members, as per national guidelines? <i>Data source = Club membership registers</i>	Y                      N If "Yes" = Dark Green If "No" score Yellow

### COMMUNITY-BASED GROUP MODELS

*(These indicators are in addition to the cross-cutting indicators, not a replacement for them)*

**Quality Standard 10:** Systems are in place to refer recipients of care in community-based models, and facilitate up referrals to health facilities if needed

#### Process Indicators

<b>10.1</b>	Is there a system in place to ensure recipients of care in community-based models are tracked to ensure they receive timely clinical assessment according to national/international standards? <i>Data source = group logbooks, tracking tools, national guidelines, national specific forms</i>	Y	N If “No” score Red
<b>10.2</b>	Is there a reminder system in place for referral to facility for people enrolled in community-based models who are due for routine clinical assessment? <i>Data source = group logbooks, tracking tools, national guidelines, referral forms</i>	Y	N If “No” score Yellow
<b>10.3</b>	Is there a referral system (both a screening tool and referral form and follow up to confirm referrals are completed) in place for referral to facility for people in community-based group models who are demonstrating signs and/or symptoms that need a clinical assessment? <i>Data source = group logbooks, tracking tools, national guidelines, screening tools, referral forms</i>	Y	N If “No” score Red

#### Outcome Indicator

<b>10.4</b>	Percentage of completed referrals to the facility from community groups <i>Data source = group logbooks, tracking tools, national guidelines, screening tools, referral forms</i>		> 90% = Dark Green 80-90% = Light Green < 80% = Yellow If unavailable = Red
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### COMMUNITY ART GROUPS (CAGS)

*(These indicators are in addition to the cross-cutting indicators, not a replacement for them)*

**Quality Standard 11:** CAGS are self-formed by recipients of care, within the minimum and maximum number of group members per national guidelines. Adequate systems are in place to support ongoing training and other support for CAG leaders and CAG members. Standards for training and support include:

- Standard training of CAG leaders on their roles and responsibilities.
- CAG group members receive an orientation to roles and responsibilities.
- CAG leaders receive training and refresher training as needed.
- CAGs receive supportive supervision visits at least once per year.

Question	Scoring
<b>Process Indicators</b>	
<b>11.1</b> Are all CAGs associated with the facility within the minimum and maximum number of group members, as per national guidelines? <i>Data Source = CARGs membership registers</i>	Y            N If "No" score Red
<b>11.2</b> Do CAG members sign for their medications when they receive them in the community? <i>Data Source = Pick up signature form. Check for a signed copy (Select the last 20 pickups and calculate how many have signatures documented)</i>	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow If unavailable = Red
<b>11.2 a</b> Are CAG members receiving FP methods in their CAGs?	Y            N If "No" score Yellow
<b>11.3</b> Is there a standardized training guide for training of CAG leaders on their roles and responsibilities, managing group member confidentiality, conducting symptom screening, data collection and providing basic counseling support? <i>Data source = Check for the availability of a physical copy of a training guide (or slide deck) and any associated job aids or SOPs, if available "Y", if not "N"</i>	Y            N If "No" score Yellow
<b>11.4</b> Are CAG members provided with orientation on their roles and responsibilities, including expectations about group member confidentiality and mutual support? <i>Data source = Check for the availability of a physical copy of a training guide and any associated job aids or SOPs, if available "Y", if not "N"</i>	Y            N If "No" score Yellow
<b>11.5</b> Do CAG leaders receive training, including refresher training as needed (e.g., when a new group is formed or when guidelines and/or standard operating procedures change)? <i>Data source = Training logbook and training participant list</i>	Y            N If "No" score Yellow
<b>11.6</b> Did <b>ALL</b> CAGs receive routine supportive supervision visits in the past 12 months? <i>Data source = Supervision reports, site visitors' book and calculate percentages</i>	> 90% = Dark Green 80-90% = Light Green < 80% = Yellow If unavailable = Red

<b>Color Score</b>	<b>Description</b>
Dark Green	Exceeds Standards
Green	Meets Standards
Yellow	Needs Improvement
Red	Needs urgent Remediation

**Appendix 1: CQUIN DSD model definitions/categories - models for recipients of care who are established on treatment (“stable”)**

Category	Examples	Notes
<b>More-intensive models</b>		These are the models used for recipients of care who are: (a) not eligible for less-intensive differentiated service delivery models (DSDM); (b) have not yet been assessed for eligibility for less-intensive DSDM; or (c) who have chosen not to enroll immediately in a less-intensive DSDM. Uganda calls this the facility-based individual model (FBIM) and comprehensive clinical evaluation (CCE); Eswatini calls it “mainstream” ART; and Zimbabwe calls it the “conventional” model.
<b>Facility-based individual models</b>	Appointment spacing without fast track	For recipients of care who meet specified eligibility requirements, clinical visits are less frequent than in the undifferentiated model and recipients of care receive three to six months of ART at a time (multi-month scripting). Unlike the fast-track model, all appointments include a full clinical consultation. Examples: Ethiopia’s six-month appointment spacing model (ASM) and Malawi’s three-month appointment spacing model.  <i>Note that it is not the exact visit interval that defines this model, but that it is available only to people who have been determined to meet specific “stability” criteria.</i>
	Fast track + appointment spacing	These models combine appointment spacing (with one to two clinical visits per year) with interim, “fast-track” visits, which generally involve only ART pickup and brief screening questions about adherence and the presence/absence of new symptoms or issues. The visit is designed mainly for swift ART drug pickup at the health facility and includes ART pick-ups that occur only at the pharmacy and/or during extended hours (early mornings, evenings, weekends).  This is called “spaced and fast lane (SAFL)” in South Africa and “six monthly appointments (SMA)” in Kenya.
<b>Facility-based group models</b>	ART clubs	Health care worker-led ART distribution to multiple people at a group appointment. The groups meet at the facility either after hours or during clinic hours at a designated place where they receive group adherence counseling, psychosocial counseling, and other clinical services, and

Category	Examples	Notes
		then receive their ARVs. The groups can be diverse or gender-specific or designed with specific needs in mind, such as those with both HIV and non-communicable diseases.  This is called “facility adherence clubs” in Côte d’Ivoire and “urban adherence clubs” in Zambia.
	Facility-based teen clubs	Health care worker-led group ART distribution for adolescents living with HIV. Services often include group psychosocial support, adherence counseling, and ART refills, as well as sample blood draw/specimen collection for those who are due for routine viral load testing.
<b>Community-based individual models</b> (include clinical assessments every 6–12 months)	Outreach model	Health care worker-led community ART distribution + streamlined clinical services. For example, mobile ART distribution (Zambia), outreach ART (Eswatini), and outreach model (Zimbabwe).
	Community drug distribution	ART distribution only, no/minimal clinical services ( <i>e.g.</i> , limited to TB screening, adherence review, and pregnancy status).  Examples include: CCMDD <sup>1</sup> (South Africa and Zambia), CDDP <sup>2</sup> (Uganda), OFCAD <sup>3</sup> (Zimbabwe), Community retail pharmacy model (Zambia), Home ART delivery (Zambia), PODI ( <i>Postes de distribution communautaire d’ARV</i> ) model: Peer-led drop-in centers for ART distribution + adherence/symptom check.
<b>Community-based group models</b> (include clinic visits every 6–12 months)	Community ART groups (peer-led)	This is a peer-led model for small groups of individuals on ART (up to six in most cases), who meet regularly in the community every 1 to 3 months. One member of the group collects the drugs on behalf of the group from the health facility and the group members meet in the community to collect and sign for the ARVs.  This model is called “CAG” (community ART group) or “CARG” in Zimbabwe, “GAAC” in Mozambique, or “CCLAD” (community client-led ART delivery) in Uganda.
	Family model	Recipients of care pick up ART in facilities and distribute to family members.

<sup>1</sup> CCMDD = chronic centralized medication dispensing and distribution (South Africa and Zambia)

<sup>2</sup> CDDP = community drug distribution points (Uganda)

<sup>3</sup> OFCAD = out of facility community ART distribution (Zimbabwe)

Category	Examples	Notes
		This is called “family centered model” in Eswatini) and “family ART group refill” in Zimbabwe.
	Community-based teen clubs (HCW-led)	This is similar to facility-based teen clubs, except the meetings happen at a venue within the community.