

Policies	National HIV treatment policies prohibit differentiated service delivery (DSD)	National policies are neutral on issue of DSD services	National policies include DSD services	National policies actively promote DSD services
Guidelines	National HIV treatment guidelines do not include differentiated care (DC)	National HIV treatment guidelines include DC treatment models	National HIV treatment guidelines provide detailed and specific guidance on implementation of DC for stable patients	National HIV treatment guidelines provide detailed and specific implementation guidance for DC models for diverse patient populations
National DSD Scale-up Plan	None	DSD scale-up plan discussions and meetings ongoing	DSD scale-up plan draft available	DSD scale-up plan developed and approved by Ministry of Health
Coordination	None	DSD progress update presented in other standing meetings (e.g., care and treatment technical working group)	Provincial/regional review meetings in place	Progress reported in annual program reports OR annual national review meetings in place
Community Engagement	None	Representatives of people living with HIV/AIDS (PLHIV) and/or civil society are engaged in DSD implementation	PLHIV and/or civil society representatives are engaged in both DSD implementation and design of DSD programs	PLHIV and civil society representatives are systematically engaged in DSD policy development, design of DSD programs, and DSD implementation
Training Materials	DSD training materials are not available	Some DSD training materials have been developed by organizations piloting DSD / implementing partners	National DSD in-service curricula available and in use	National DSD pre-service and in-service curricula available and in use
SOPs and Job Aides	None	Implementing organizations have piloted SOPs and job aides for stand-alone	Some national SOPs available	Step-by-step national algorithms and SOPs available for multiple DSD models (e.g., visit spacing, multi-month prescribing, clubs, community ART groups, and other models)
M&E System	No M&E system elements for DSD are in place or in development	Some new or adapted tools (e.g., registers, patient cards, monthly reports) and/or M&E guidelines are in development or have been implemented	A majority of M&E system elements are in place, but they are not comprehensive or fully integrated into routine M&E for HIV/ART	All elements of an M&E system for DSD are in place and integrated into one national M&E system for HIV care/ART
Coverage	None	Pilot programs only	District-level coverage	Nationwide DSD coverage
Depth/ Diversity of DSD services	None	Limited DSD models for stable patients only	Diverse DSD models for stable patients (e.g., visit spacing, fast-tracking, multi-month prescribing, community ART groups/community ART refill groups)	DSD for both stable and unstable patients, adolescents and young people, pregnant and breast-feeding women, key populations, men, migrants and mobile populations, and more
Quality of DSD Services	Unknown	Some pilot projects have been evaluated and meet quality standards	DSD programs have quality management protocols in place and ongoing quality improvement (QI) activities	Demonstrated, consistent, high-quality DSD services across sites
Impact of DSD Services	Unknown	Some pilot programs have been evaluated and show impact on process indicators (e.g., patient and/or provider satisfaction, wait times, retention in care)	Larger DSD programs have been evaluated and show impact on process and/or outcome indicators	Evaluation data show DSD impact on acceptability to clients and health workers, quality of care, patient outcomes, and efficiency