

# USAID AMPATH UZIMA



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## CLARIFICATIONS ABOUT DIFFERENTIATED SERVICE DELIVERY (DSD/DC)

PLHIV should receive differentiated care based on initial evaluation (advanced vs. well) and follow up (unstable vs. stable)

After at least 12 months on ART, PLHIV are categorized as being either stable or unstable (clinically, virologically and psychosocially). Unstable clients continue with routine clinic monitoring

According to the 2018 NASCOP guidelines, stable clients meet the following criteria:

1. On their current regimen for at least 12 months
2. No active OIs in the previous 6 months
3. Adherent to scheduled clinic visits for the previous 6 months
4. Most recent VL undetectable
5. Completed TPT (*Supplies have hindered strict adherence to this aspect*)
6. Not PMTCT
7. BMI at least 18.5
8. Age at least 20 years

**Note:** Some patients may not meet all eligibility criteria but could benefit from specific aspects of the stable patient package of care. This includes multi-months dispensing and community ART distribution

### Important notes

1. All clients who are categorized as stable should be enrolled into stable clients DSD.
2. Clients enrolled in Stable patients DSD continue to be counted as stable patients in DSD as long as they remain stable. They only get disenrolled when they fail to meet the criteria for stability, for example a VL test is done and they are unsuppressed, or they are not keeping appointments.
3. Clients do not get disengaged from DSD when there is drug shortage and they are given less than three months of medication. A client in DSD who receives 1 month of medication because the pharmacy did not have enough stock continues to be counted as stable and in on DSD
4. Clients in DSD for stable patients do not need to come to clinic frequently. They therefore get many months of medication at a time (multi-months dispensing, MMD). They greatly benefit from the various forms of community ART distribution

### Apart from stable patients, Who else can benefit from multi-months dispensing?

If they are 'stable', the following can benefit from MMD

1. Children age 2 years and above. *Their weights are not changing too quickly. Can do family bookings for clinic visits.*
2. Adolescents. *Clinic visits to coincide with school holidays*
3. PMTCT mothers. *Clinic visits to coincide with visits for other services (ANC, CWC, FP etc)*
4. Other PLHIV not categorized as stable using the criteria above but can benefit from MMD. This could include clients travelling and will be away for many months, clients among the nomadic population (Phone contact or other communication needs to be maintained with these clients as much as possible)

### Is there a connection between Stable patients DSD and MMD?

1. Clients in stable patients DSD receive MMD
2. Clients receiving MMD may not necessarily be classified as stable using the NASCOP criteria
3. Clients in stable patients' DSD will therefore form a fraction of clients receiving MMD

### Questions? Comments?

Please do not keep them. Ask. Through the usual channels

