Resources						0	ganizational setting			People Involved										1		
Additional workload - Is there evidence that any additional work introduced by the DSD intervention is manageable and requiring special effort to staff involved	kload g no Resources - General - Is there evidence that resources needed to manage and maintain the DSD intervention are available	<u>Funding</u> - Is there evidence that adequate funds are available t implement and strategic funds planned to sustain the DSD intervention	o <u>Infrastructure</u> - Is there evidence that resources required to support the DSD intervention e.g. office space, materials, ar supplies are available	to and Staff - Is there evidence of sufficient staff in place to conduct sustain the DSD intervention	and Time - Is there evidence that adequate time was dedicated for DSD intervention in the routine daily schedule of the facility	Integration - Is there evidence that the DSD intervent embedded within the existing organizational structure Programme and policies	Adaptation - Is there evidence that the DSD intervention is flexible to respond, change, adapt and fit with local context requirement	Opposition - Is there evidence of any resistance due to other competing interests from stakeholders reported	Readiness - Is there evidence that health facilities have adequate capacity and readiness to undertake the DSD intervention i.e. in terms of materials and manpower	Organizational Value system and culture - Is there evidence that the values of the DSD intervention align with health system values, prevailing beliefs and culture and priorities support for	<u>ent support</u> - Is there evidence of facility management representation <u>Leade</u> result of the delivery and maintenance of the DSD intervention	lers/champions - Is there evidence of any influential persor up who advocates and supports the DSD intervention	on or Ownership - Is there evidence that stakeholders take ow support, embed and sustain the DSD intervention	Power - Is there evidence that stakeholders have the ability to their power to make decisions, advocate and support the DSI intervention	use Collaboration - Is there evidence of any collaborations and support networks to promote and sustain the DS	Satisfaction - Is there evidence of benefits and reward , partnerships stakeholders and staff for participation in the DSD intervention reported	enjoyed by Stakeholders participation - Is there evidence to stakeholders (those affected by the intervention engaged and participate in the DSD intervention	that key Community participation - Is there evidence of the participation community members in directing and shaping DSD interver goals and approaches to reflect their values and needs	pation of patient involvement - Is there evidence of the involvement patients in DSD intervention processes to understand patier perspectives, values and needs	of t's Staff involvement - Is there evidence of the involvement of staff the planning, design, delivery of the DSD intervention	in Challenges reported	Comments (Pros & Patients Staff Cons) perspective persu
	2 - Thous is sufficient quidones that all/most resources required to		2 - Those is sufficient suidence that all/most of the second						·	2 — There is sufficient outdoors that the health sustain and	2 - 7	There is quidance of an influential necess (shown in) and				·	2 - Thora is sufficient outdoors of the involvement	2 - There is sufficient outdoors of the neutrinotion of semantic		, <u> </u>		
	3 = There is sumicient evidence that all/most resources required to		3 = There is sufficient evidence that all/most of the resource	ces		2 There is a first of the control of the interest of				3 = There is sumicient evidence that the health system and	3 = 1	There is evidence of an influential person (champion) and		for effective	2 There is a first of the confirmation will be	The state of the s	3 = There is sufficient evidence of the involvem	lent and 3 = There is sufficient evidence of the participation of comm	nunity			
3 = There is sufficient evidence that any additional workload inti	roduced conduct and maintain the intervention are available and adequate	e 3 = There is sufficient evidence that adequate (all/most) funds	required to support the intervention such as buildings, office	ce space, $3 = 1$ here is sufficient evidence of sufficient number of staff, i	internal int	3 = There is sufficient evidence that the intervention	n was		3 = There is sufficient evidence of adequate capacity and	facility values, prevailing beliefs and culture and priorities 3 = There	is sufficient evidence of management total support of the	ip of people (patient pressure group) who have the ability	and 3 = There is sufficient evidence that the government, to	Tacilities,	3 = There is sufficient evidence of partnerships, collar	orations and 3 = There is sufficient evidence of acceptance, enjoyment	participation of stakeholders who are affected i	by the imembers to direct and snape the intervention to reflect the	ar 3 = There is sufficient evidence of the involvement of patier			
by the intervention is manageable and evenly divided among sta	and provided by the government i.e. more government less extern	required to implement and sustain the intervention are availal	materials and supplies are available and provided by the	and external (i.e. a team) in place to implement and sustain t	the 3 = There is sufficient evidence that adequate time was dedicated	ated to embedded within the existing organizational structure	res, $3 = $ There is sufficient evidence that the intervention respond	3 = There is sufficient evidence of no resistance from staker	iders readiness of facilities to conduct the intervention i.e. all	support the sustainability and strategic direction of the	on in the form of reminders, staff, technical and education skills	s to advocate, communicate and support the intervention (e.g. a communities and other stakeholders take ownership and	and responsibility 3 = There is sufficient evidence of the ability of stakeholders t	use networks to support and sustain the intervention e.g	reward among stakeholders from participating in inter	rention e.g. intervention e.g. Government, community, stat	t, values, expectations and needs e.g. involving community gi	oups and in the intervention's processes, to understand patient's	3 = There is sufficient evidence of the involvement of staff in the		
without requiring extra effort	donor	and provided by government	government	intervention employed by the government	the intervention activities in the routine daily schedule of the	facility programmes and policies of the health system and the	ne facility to changes and adapts to fit with local context and requireme	nts to the intervention due to other competing priorities	materials and staff needed are provided by government	intervention e.g. inclusion instragegic plan or guideline to enhance	e delivery promi	ninent community leader, a PLHIV group, NGO	to support the intervention	their power to make decisions, advocate and support initiative	government and other local stakeholders, patient gro	ups etc. Government, local partners, staff, patients etc.	patients	leaders	perspective i.e. in the design and process	planning, design, delivery and maintenance of the intervention		1 0 0 0
			2 - There is evidence that the resources required to suppo	ort the 2 - There is evidence that the number of internal staff in pla	ace to				2 = There is some evidence of capacity and readiness of	2 - There is some evidence that the health system and facility 2 - There	is some evidence of management support of the	There is some evidence of an influential person (champion)	a) and					2 - There is evidence of some level of participation of com-	nunity		Any shallonges	Any gains or flaws
2 - There is evidence that the additional workload introduced by	by the 2 - There is evidence that some resources required to conduct and	d 2 - There is evidence that most of the funds required to imple	ment intervention such as buildings office space materials and su	cumplies limplement and sustain the intervention is mostly adequate i	inc to	2 - There is evidence that the intervention was embe	pedded to		facilities to conduct the intervention i.e. most materials and	values prevailing beliefs and culture and priorities support the	on to a large extent in the form of reminders staff	un of nearle (nation) pressure group) who have the ability	y and 12 - There is some evidence that the facilities and other	ar stakeholders	2 - There is evidence of some level of partnerships of	allaborations 2 - There is evidence of some level of acceptance enion	ment and 2 - There is evidence of some level of involver	pent and members to direct and shape the intervention to reflect th	air 2 - There is evidence of some level of involvement of nation	te l	degraphed during	highlighted by staff
intervention is manageable to a some extent and evenly divided	d among Impintain the intervention are available and adequate i.e. less	and sustain the intervention are available as less government	are available i.e. less government support and more externs	nal donor leadre of staff needed is employed by government but naid w	ith 2 - There is evidence that time was dedicated to some of the	some extent within the existing organizational structu	tures 2 - There is some evidence that the intervention responds to	2 - There is evidence of some resistance from stakeholders	staff needed are provided by government with support from	1 custainability and strategic direction of the intervention e.g.	and education to enhance delivery i.e. in principle but it is	s to advocate communicate and support the intervention	e g	n and 2 - There is some evidence that stakeholders have the ability	to use I and networks to support and sustain the intervention	e g with	vention participation of stakeholders who are affected	by the walves expectations and needs involving community group	in the intervention's processes to understand nationt's	2 - There is evidence of some level of involvement of staff in the	implementation	or patients during
ctoff	gavernment and more external denor	funds and more outernal departureds	cupport	ovtornal denor funds	intervention activities in the routing daily schedule of the facil	ity programmes and policies of the facility	changes and adapts to fit with local context and requirements	intervention due to other competing priorities	external funder	sustainability and strategic direction of the intervention e.g. technical a	tal	s to advocate, communicate and support the intervention of	responsibility to support the intervention	their power to make decisions advected and support initiative	come local stakeholders	e.g. with	intervention of state notions	involving law workers from the community	norspective of a adapting the process	planning design delivery and maintenance of the intervention	implementation	implementation expressed by expresse
Stall	government and more external donor	iunas and more external donor lunas	Support	external donor funds	intervention activities in the routine daily scriedule of the ladi	programmes and pondes of the facility	changes and adapts to fit with local context and requirements	Intervention due to other competing priorities		Some government involvement with little commitment inon-comm	tai exper	ert patients nying openly with their status	responsibility to support the intervention	their power to make decisions, advocate and support initiativ	some local stakeholders	le.g. Among direct beneficiaries stall and patients	intervention e.g. stan, patients	Involving lay workers from the community	perspective e.g. adapting the process	planning, design, delivery and maintenance of the intervention		patients starr
					1 = There is evidence that time was dedicated to little or none	e of the				1 = There is little or no evidence that the health system and	1 = T	There is little or no evidence of an influential patient, or g	group					1 = There is little or no evidence of participation of commu	nity			1
	1 = There is evidence that little or none of the resources required	to $1 = There is evidence that little or none of the funds required to$	to 1 = There is evidence that the resources required to suppor	ort the 1 = There is evidence that the number of internal staff in pla	ace to intervention activities in the routine daily schedule of the facil	ity i.e. 1 = There is evidence that the intervention was embe	bedded to a		1 = There is evidence that capacity and readiness of facilities	es facility values, prevailing beliefs and culture and priorities	of pec	eople who have the ability and skills to advocate, commun	nicate		1 = There is little or no evidence of partnerships, coll	aborations and	1 = There is little or no evidence of the involve	ement membersto direct and shape the intervention to reflect the	ir 1 = There is little or no evidence of the involvement of			1
1 = There is little or no evidence that the additional workload in	ntroduced conduct and maintain the intervention are available and adequate	implement and sustain the intervention are available e.g.most	ly intervention such as buildings, office space, materials and su	supplies implement and sustain the intervention is somewhat adequa	ate i.e. project activities run within the facility but parallel to routine	facility little extent within the existing organizational structu	tures, 1 = There is little or no evidence that the intervention respon	ds 1 = There is evidence of resistance to a large extent from	to conduct the intervention is limited i.e. aii/most materials	support the sustainability and strategic direction of the 1 = There	is little or no evidence of management support of the and so	support other patients at the facility level during the	1 = There is little or no evidence that any stakeholder t	r take ownership 1 = There is little or no evidence of the ability of stakeholders	to use networks to support and sustain the intervention e.g	with the 1 = There is little or no evidence of acceptance, enjoys	ent and and participation of stakeholders who are affect	ted by values, expectations and needs involving community group	patients in the intervention's processes e.g. only as passive	1 = There is evidence of involvement of staff in the delivery and		
by the intervention is manageable to the staff involved	i e mostly provided by external donor	provided by external donor funds	are available and mostly naid by external funder	project staff are mainly employed and naid by external funde	or lactivities	programmes and policies of the facility	to changes and adapts to fit with local context and requireme	ats stakeholders to the intervention	and staff needed are provided by external funder	lintom continu	into m		Lead to the second selection of the second selection o		for all the committee at the committee of the committee o	and an analysis of the latest from a set in the latest from th	tomicantian the intervention of a notionte	community only involved as passive reginients	norticing ato	maintanance of the intervention		1