

Taking Differentiated Service Delivery to Scale in Kenya: Moving to Scale

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BACKGROUND

Kenya has made significant progress towards HIV epidemic control, with 89% of people living with HIV aware of their status and 68% of people living with HIV on antiretroviral therapy (ART) in 2018 (UNAIDS 2019). The Kenya Ministry of Health through the National AIDS and STI Control Program (NASCOP), provides guidance on implementation of differentiated service delivery (DSD).

The current focus of the 2019 DSD Scale-Up Plan is on incorporating a quality improvement (QI) approach to DSD and the prioritization of the Community ART Refill Groups (CARGs) Model.

Recipients of care have an integral role in the scale-up and implementation of DSD in Kenya. They are involved in policy revision and guideline development. As a policy, health education is provided to everyone receiving ART to facilitate their informed choice of DSD models. The DSD Guide includes an exit survey questionnaire to assess the level of client satisfaction, however, there is currently limited data on the extent to which it has been utilized.

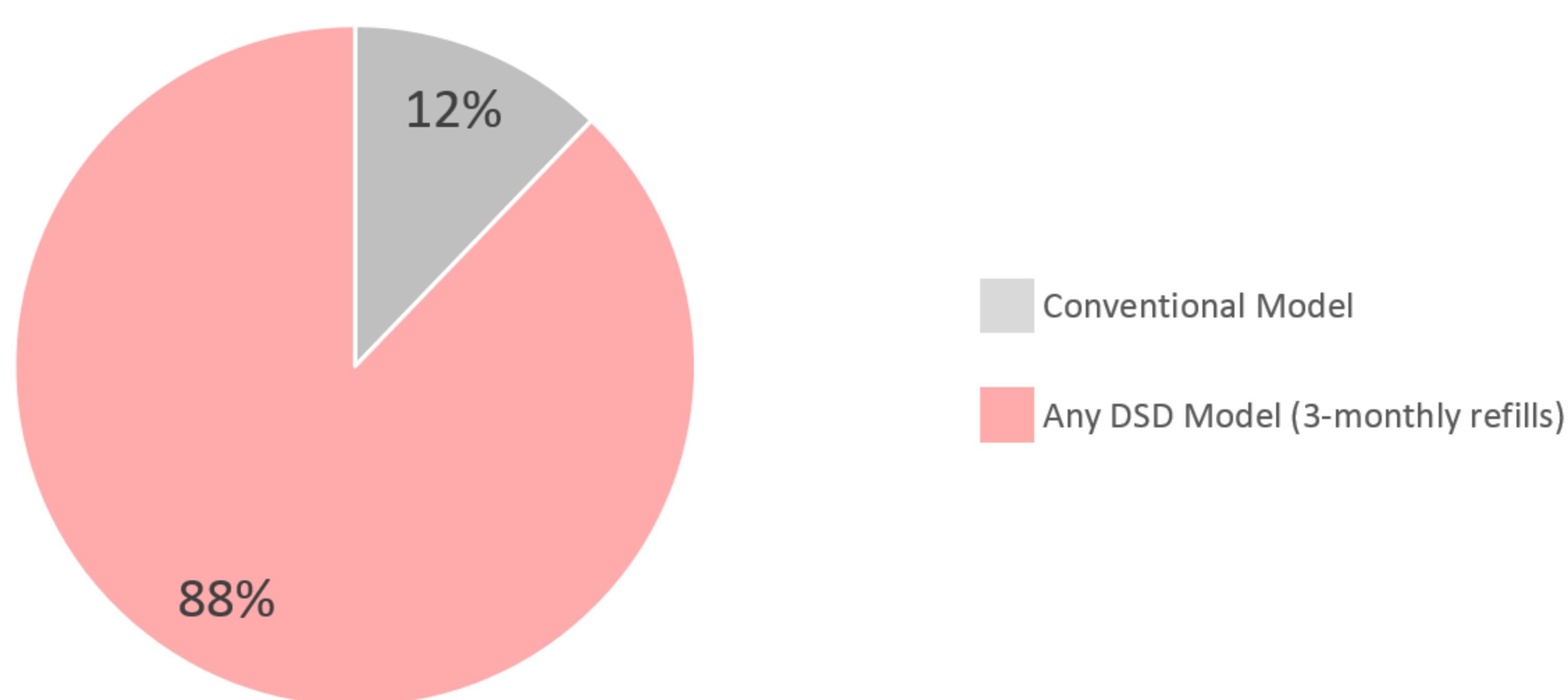
DSD IMPLEMENTATION

In 2019, NASCOP continued to put policies and tools in place to facilitate the implementation and scale-up of DSD. In September, the Differentiated Care Operational Guide was revised to align with 2018 ART Guidelines, incorporate quality standards for DSD, and support diverse DSD models.

Currently, Kenya offers six different models of ART service delivery, including five less-intensive DSD models and the more-intensive conventional model, called Standard Track. The less-intensive models include three facility-based models—**Fast Track**, **Family Centered Model**, and **Facility Community ART Group Distribution**; and two community-based models—**Peer-Led Community ART Distribution** and **Health Care Worker-Led Community ART Distribution**. All five less-intensive models include 3-monthly ART refills (3-MMD).

As of the October 2019 CQUIN DSD Dashboard staging, there were 3,548 ART facilities in Kenya, 1,464 of which (41%) offered at least one less-intensive DSDM. According to July 2019 data from the national health information system and the data warehouse, NASCOP estimates that 88% of people on ART are enrolled in a less-intensive DSD model vs. 12% in the more-intensive Standard Track.

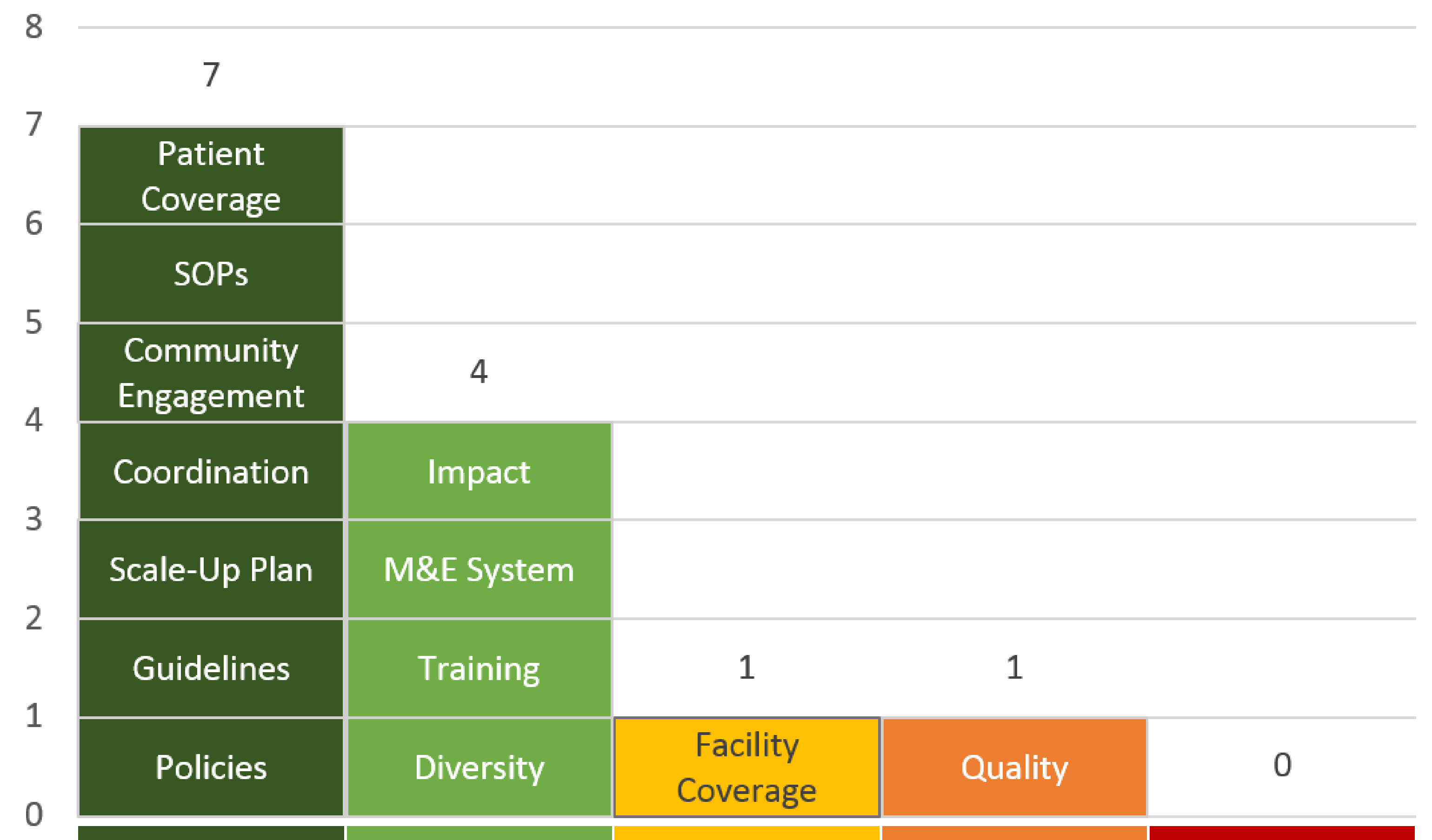
Figure 1: DSD Model Mix, July 2019



Of note, Kenya is not currently able to estimate the percentage of people in each of the five less-intensive DSD models. NASCOP is revising HIV monitoring and evaluation (M&E) tools to capture more indicators on DSD for upward reporting. Data on the uptake of Fast Track and Community Dispensing Models are being reported to capture implementation, but there are persistent challenges in M&E of DSD, such as incompleteness of reports, varied understanding of DSD indicators, lack of standardization of tools or tools that are inadequate to capture DSD data, and lack of operationalization of tools. An inadequate EMR system and lack of completeness of data in the data warehouse also contribute to challenges with M&E for DSD. In 2020, CQUIN will provide technical assistance to refine the M&E of DSD in Kenya.

DSD DASHBOARD

Figure 2: Dashboard Results 2019

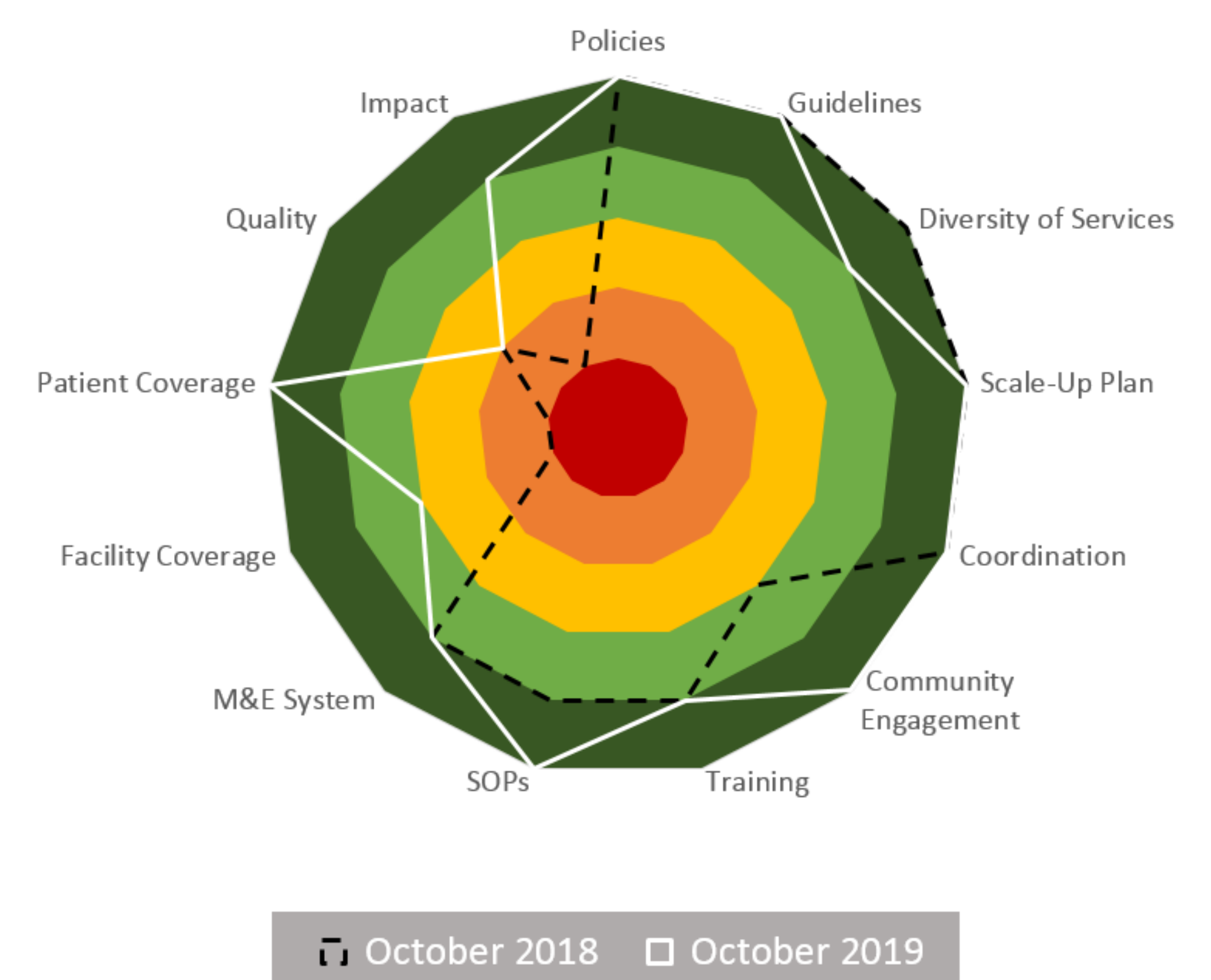


In October 2019, a multi-disciplinary team of stakeholders met to conduct a systematic self-assessment of DSD program maturity using the CQUIN DSD Dashboard (Figure 2). The program reached the highest-possible level of maturity in seven of the 13 domains—Policies, Guidelines, Scale-Up Plan, Coordination, Community Engagement, SOPs, and Patient Coverage—and had reached the light-green stage in four others—Diversity, Training, M&E System, and Impact.

Figure 3 describes Kenya's progress from October 2018 to October 2019. Two domains: Facility Coverage and Impact stand out as areas where the DSD program has made particular progress in the past 12 months.

Although performance in the Diversity domain appears to have regressed since 2018, this is attributable to better understanding of the staging criteria and more accurate staging in 2019.

Figure 3: Dashboard Results 2018 vs. 2019



RESEARCH & EVALUATION

NASCOP conducted a study on DSD implementation with support from the Global Fund between June to August 2019, comparing implementation of DSD services with and without simultaneous QI interventions. 15 health facilities from seven counties implementing DSD with QI were compared to 15 health facilities from five counties implementing DSD without QI; the study assessed provider experiences, patient satisfaction, health outcomes and cost. The results of the study are forthcoming. Based on the results, NASCOP plans to revise DSD policy documents to guide the implementation and scale up of DSD. NASCOP will mainstream QI funding support based on the gaps identified and recommendations from the research.

NEXT STEPS/WAY FORWARD

To continue efforts to scale-up and strengthen DSD in Kenya, NASCOP will focus on enhancing M&E of DSD and strengthening community ART distribution. Quality Assurance tools for DSD will be standardized for use across the country and integrated in ongoing QI projects.