

Differentiated Service Delivery

The Siaya County Demonstration Project in Kenya



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BACKGROUND/INTRODUCTION

- ICAP in Kenya is partnering with the Ministry of Health through the National AIDS and STI Control Program (NASCOP) to support implementation of Differentiated Service Delivery (DSD) in Kenya
- In 2016, Kenya launched the *Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infection in Kenya* that recognizes the importance of DSD for patients with advanced disease and who present well at enrollment into care as well as DSD for PLHIV who are stable or unstable
- ICAP in Kenya subsequently supported the County Health Management Team (CHMT) in Siaya County to implement a DSD demonstration project targeting 25 high volume ART sites with an aim to establish health systems in support of DSD as a forerunner to the national DSD scale-up

Figure 1: DSD Models in Kenya

	Category	Definition	Location of DSD
Initiating Care	Well	 WHO stage I and II CD4 count > 200 cell/mm³ 	Facility-based care
	Advanced Disease	 WHO stage III and IV CD4 count < 200 cell/mm³ 	Facility-based care
Clients on Follow-up	Stable	 On current ART regimen ≥ 12 mo No active OIs (including TB) in previous 6 mo Adherent to scheduled clinic visits in previous 6 mo Most recent VL < 1,000 copies/ml Completed 6 mo of IPT BMI ≥ 18.5 Age ≥ 20 years No concerns on longer follow-up 	 Facility-based Fast Track System for ART Refills Community-based ART (CBART) Groups for ART Refills: Peer-led and Healthcare Worker-led CBART Groups Community ART Distribution Points Individual Patient ART Distribution in the Community
	Unstable	 On current ART regimen for < 12 mo Any active OI (including TB) in previous 6 mo Poor/questionable adherence to scheduled clinic visits in previous 6 mo Most recent VL ≥ 1,000 copies/ml Completed 6 mo of IPT Pregnant or breastfeeding BMI < 18.5 Age < 20 years Concerns on longer follow-up 	 Facility-based care Home visits

RESULTS, continued

Figure 7: On Time ARV Drug Refill on the Third Month



RESULTS: Cohort Analysis

Figure 8: Advanced HIV Disease: CD4 at Enrolment



METHODS

Figure 2: Training of CHMT and HCW in Siaya County





Roll out of facility fast track model began on 21 Feb 2017
The first ART refill at three months began in May 2017
Roll out of Community ART Groups began in Jun 2017

Figure 3: M&E Data Flow



Facility Level Support

Monthly DSD clinical systems mentorship: On job training On site mentorship Facility level CMEs



Figure 9: Advanced HIV Disease: Time to ART Initiation



DISCUSSION

Key Findings

- During the period under review, 16,461 out of 30,083 (55%) of PLHIV were categorized as well, advanced or stable, with the stable patients making up 48% of the total PLHIV.
- Of the 14,408 stable PLHIV identified, 72 % were on the fast track model of ARV Refill, 26 % were on the standard model of care allowing for multi-month prescription of up to three months and 2% were receiving ART through community-based ART groups.
 Advanced HIV disease (AHD) is an emerging area of concern as it is associated with increased morbidity and mortality. The proportion of PLHIV with CD4 Count at enrollment <200 cells/mm³ in the 2016 cohort was 36% compared to the 2017 cohort with 25% with CD4 count <200 cells/mm³. This is consistent with the global evidence that the proportion of people starting ART in low and middle income countries (LMIC) with CD4 count <200 cells/mm³ is falling.
 In the 2016 cohort, 53% of PLHIV with AHD initiated ART more than 2 weeks after enrollment into care with an improvement noted in the 2017 cohort after the introduction of test and start with 93% initiating ART within 2 weeks of enrollment into care.
 Generally, the health care workers reported a reduction in facility workload and improved clinical focus on patients with advanced disease.

*The facility EMR must be configured to capture all the variables in the clinical encounter green card (MOH 257) and the patient categorization checklist.

RESULTS: February 2017 to September 2017

Figure 4: DSD Coverage as at end of Sep 2017



Micro-teachings

- Monthly DSD data quality assessment
- Monthly DSD recording and reporting
- Monthly DSD data review
- Monthly DSD submission to CHMT

Data Analysis:

- Routine program data: Feb 2017 to Sep 2017
- 2016 and 2017 Cohort Analysis

Challenges and Lessons Learned

The implementation of differentiated service delivery has been faced with some challenges as enumerated below:

- There exists knowledge gaps due to recurrent staff turnover
- Implementation of DSD resulted in **new workload**, especially to the pharmacy staff due to the large number of PLHIV in the fast track model of care
- HCW apprehension and client issues such as stigma or non-disclosure led to slow uptake of community based ART refill model
- Underutilization of reminders for appointment keeping and patient tracing systems such as phone and physical tracing mechanisms for clients missing appointments
- There were initial challenges in documentation and data flow with the introduction of the revised data tools and systems, since facility data staff were not part of the training; there is need for focused M and E training for health record information officers
 There is need to adapt stable patient DSD models for adolescents, especially school going adolescents, with good adherence that could be classified as stable

Figure 5: Patient Categorization at Enrolment (Well versus Advanced)



Figure 6: Uptake of Stable Differentiated Service Delivery Models



NEXT STEPS/WAY FORWARD

- In collaboration with NASCOP, the project will continue to provide oversight technical support to the CHMT and the 25 targeted facilities in implementation of the DSD models in Siaya County
- The project will provide guidance on further modifications of the DSD models to adapt to the needs
 of special populations such as children, adolescents, pregnant and breastfeeding women, men and
 key populations
- There will be ongoing support to evaluate the DSD project in Siaya County
- The Siaya County CHMT will share the best practices on the implementation of DSD models to a national DSD best practice forum to be held in March 2018
- Refresher orientation of Health Care Workers at the facilities on DSD
- Scale up of DSD based on the evaluation findings from Siaya County







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