

# The CQUIN Learning Network

## Annual Meeting

### Kenya's Differentiated Care Scale up plan

Dr. Bartilol Kigen  
NASCOP

February 13-15  
Maputo, Mozambique



**HIV LEARNING NETWORK**  
The CQUIN Project for Differentiated Service Delivery



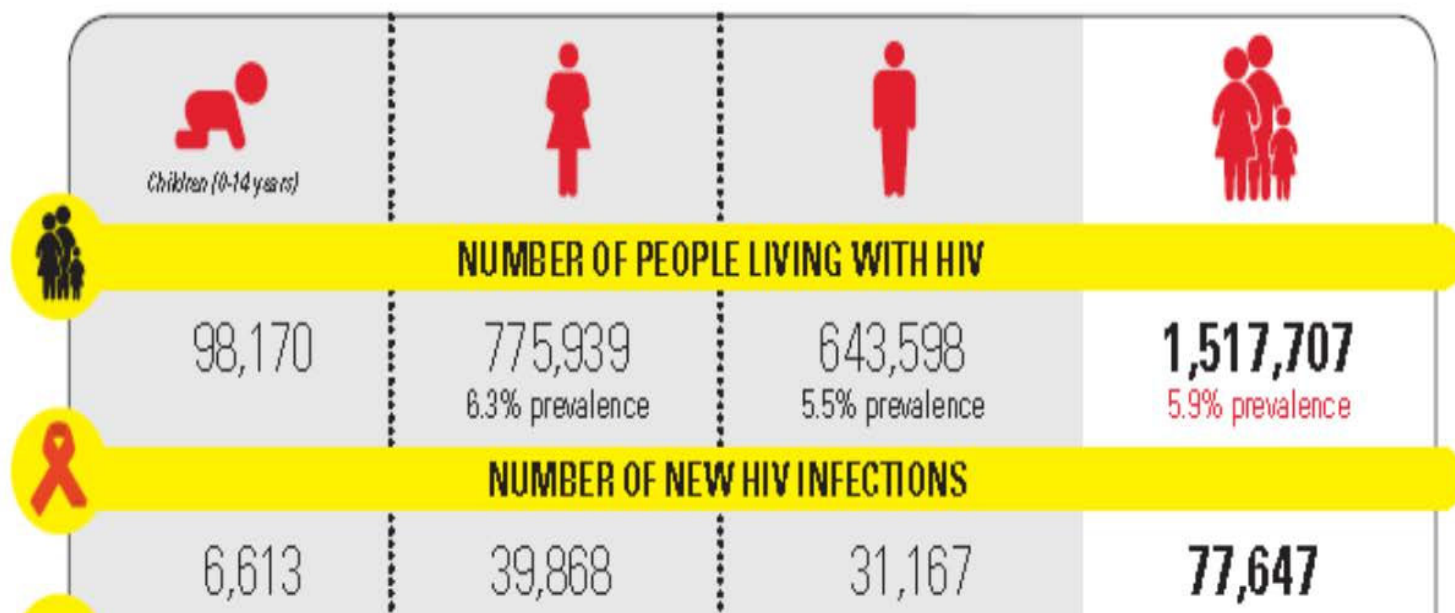
# Outline



- HIV epidemic in Kenya
- Treatment guidelines and operational guide/toolkit
- DC scale up plan
  - Mentorship cascade
  - PQE
  - Roll out M&E tools
  - Performance measures
- Opportunities

# HIV epidemic in Kenya

- Kenya has the 4<sup>th</sup> largest epidemic globally



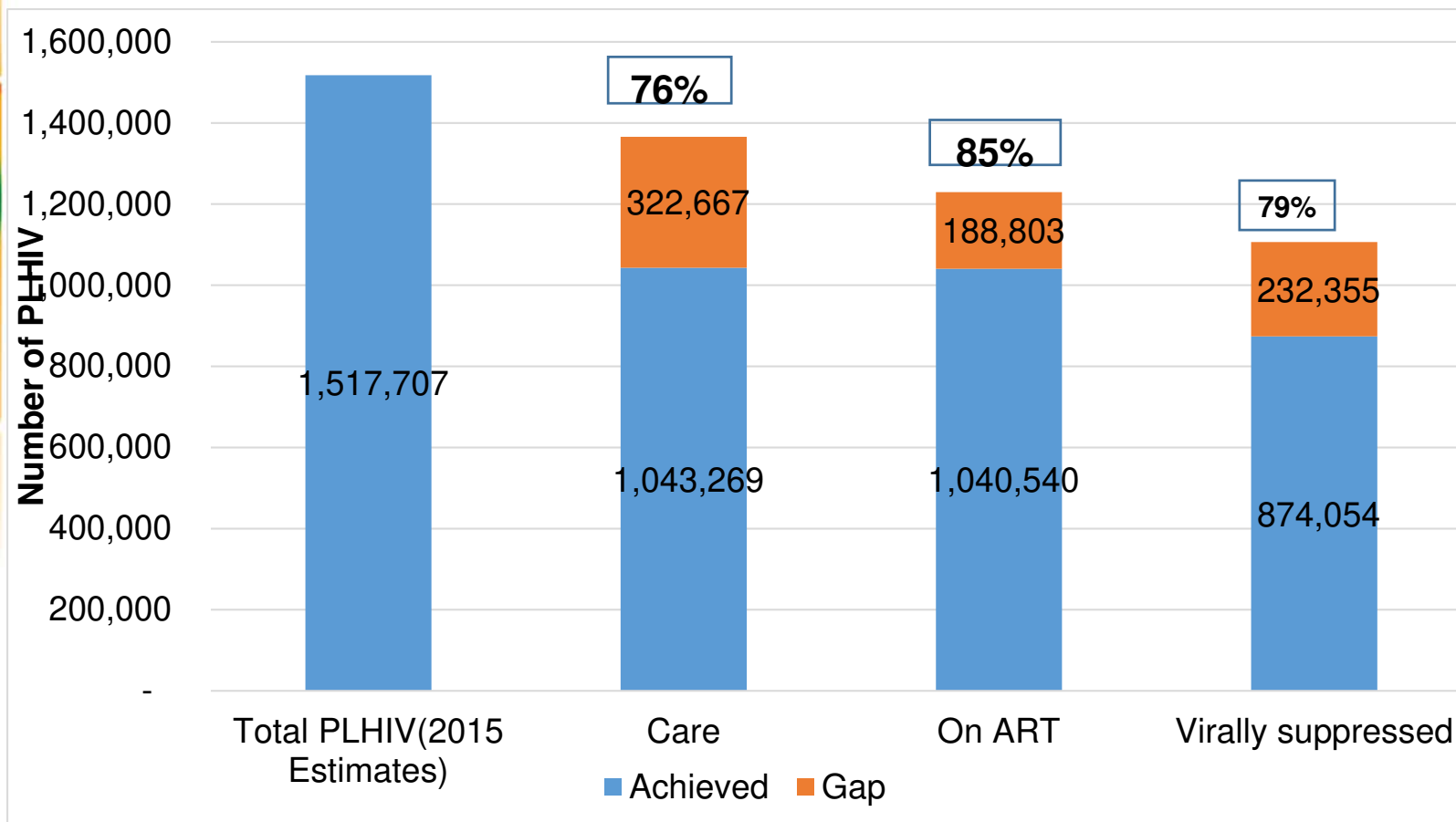
Source: Kenya HIV Estimates, 2015

## New HIV infections:

- 46% - Among young people(15 – 24 years)
- 30% - Attributed to Key Populations

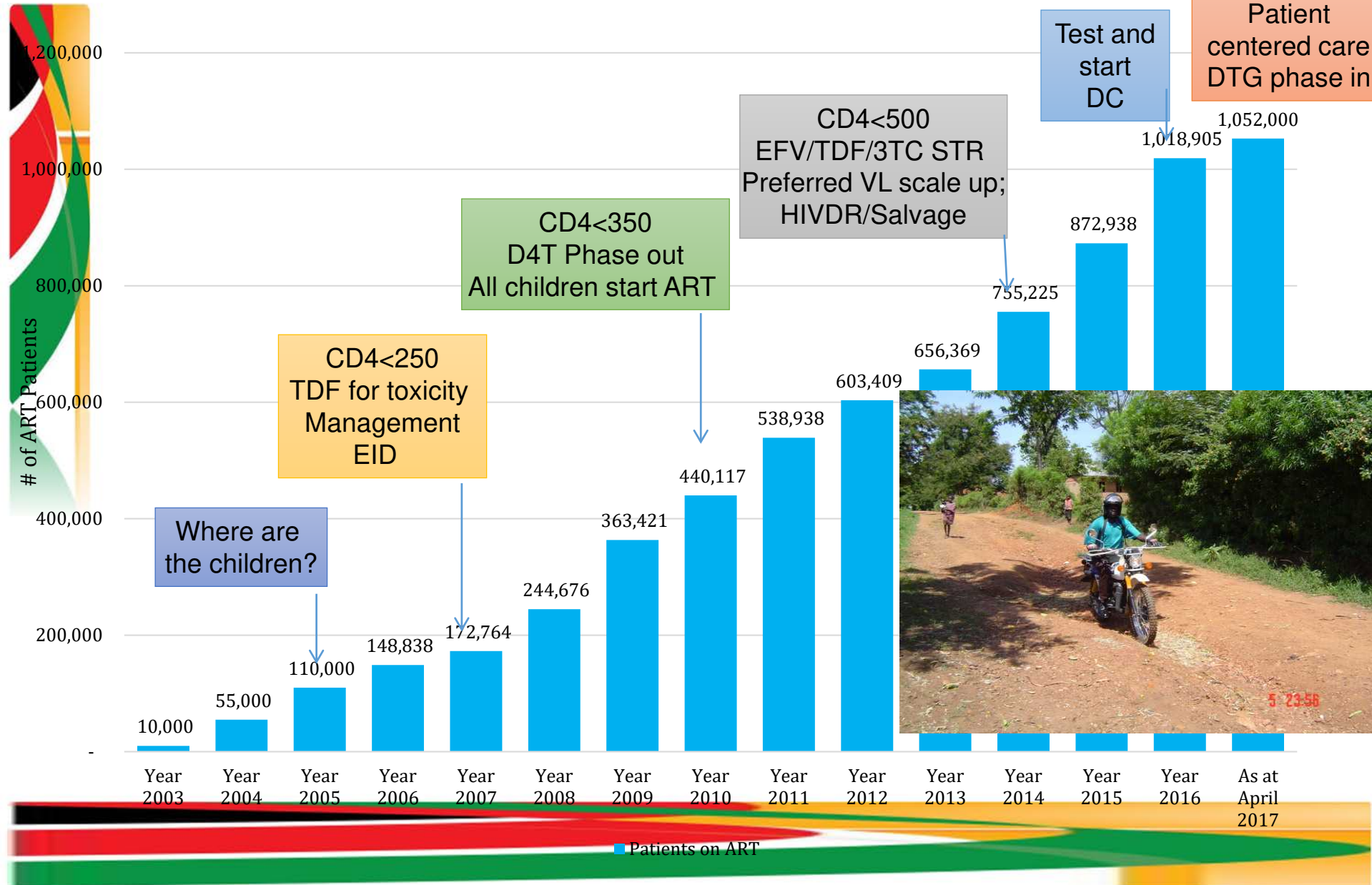
# Progress towards 90-90-90

(as at December 2017)



# Trends in ART Scale-up in Kenya

*(Period under Review: Year 2003 to April 2017)*



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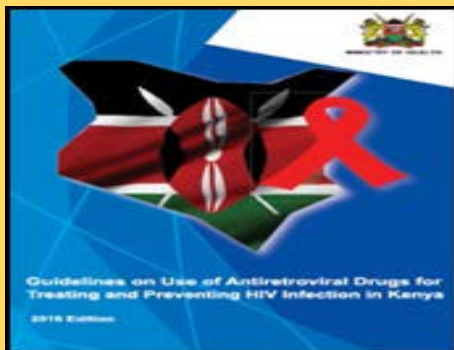


# Kenya's DC guidelines & Toolkit

1

## HIV TREATMENT GUIDELINES

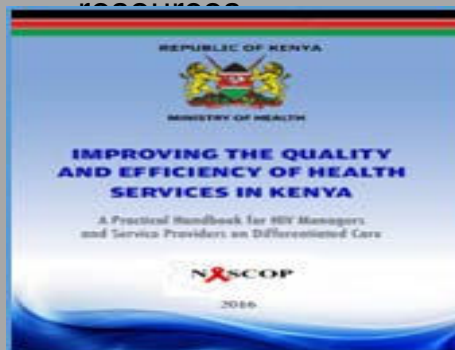
- Key guideline highlights include: test and start, differentiated care and PrEP
- Mentorship cascade



2

## DIFFERENTIATED CARE HANDBOOK

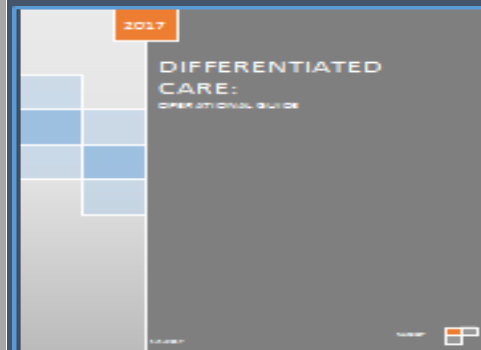
- Collection of practices on DSD approaches across the cascade of care
- Relies on using existing infrastructure and



3

## DIFFERENTIATED CARE TOOLKIT

- Provides step-by-step guidance on DSD
- Includes tools and job aids



# Models of ART Delivery for Stable Patients in Kenya



- Facility-based Fast Track System for ART Refills
- Community ART Groups for ART Refills
  - Peer-led Community ART Groups
  - Healthcare Worker-led Community ART Groups
- Facility ART groups
  - Peer led Facility ART groups
  - Healthcare worker led facility ART groups
- Community ART Distribution Points



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# DC roll out plan



Narrative	Timelines	Comments
Launch of HIV treatment guidelines which incorporated DC	July 2016	Implementation ongoing
Launch of DC handbook –collection of best practices in cascade of care	July 2016	Implementation ongoing
Development of DC operational guide	Jan 2017	Implementation underway
Training of health care workers using mentorship cascade model	May-December 2017	Completed
DC demonstration projects in 2 counties (Siaya and Kisumu)	2017	Ongoing
QI approach to DC implementation in 7 counties	June 2017	Implementation is ongoing
Revision and national roll out of M&E tools to capture DC data elements	November 2018	Completed
Reporting of DC data through national M&E systems	From April 2018	Implementation is ongoing
Performance measurement and progress review	Quarterly	Done during care and treatment TWGs

## Concept for The National Mentorship Cascade

### National Mentors

- Coordinated through NASCOP Training Office
- Comprise NASCOP team, Technical Teams from Implementing Partners (IP), University faculty, Professional Associations- e.g. KPA
- Trained in ITM or are faculty at Universities, participate in NASCOP TWGs, faculty in NAHCC or trained in NAHCC, QJ
- Role: developing guidelines, guidelines updates content, online platform for consult, National CMEs, providing NAHCC selection of national mentors, certification of mentors at county and facility, certification of HIV providers, quality assurance, database

### Regional or County Mentors

- Coordinated via County Training Office
- Comprise MoH and IP technical teams in the region
- Trained in ITM, NHITC (or previous HIV training), practicing clinicians, preferably trained in NAHCC, guidelines updates, QJ, Regional CMEs
- Located in county referral hospital or other hospitals or IP technical staff
- Role: training of other county and facility mentors

### Regional or County Mentors

County Y

### Facility Mentors- County Referral Hospital

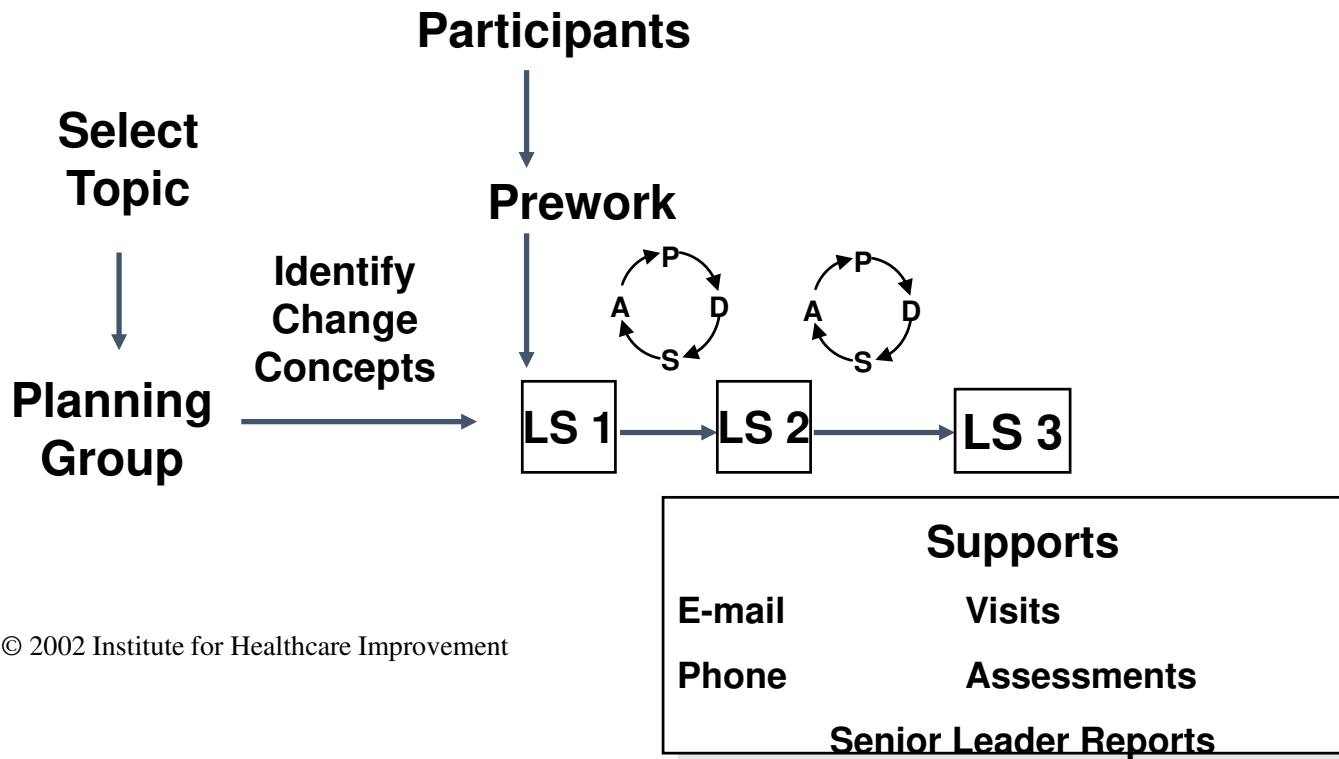
- Coordinated via site training coordinator or CME coordinator
- Trained in ITM, NHITC, Guidelines Updates, QJ, Facility CMEs
- Role participate in training and mentorship within the facility or at facilities supported by the county facilities

### Facility Mentors-Non-Referral Hospitals

- Coordinated via site training coordinator or CME coordinator
- Trained in ITM, NHITC, Guidelines Updates, QJ, CMEs
- Role participate in training and mentorship

# PQE Implementation Science: Collaborative Improvement

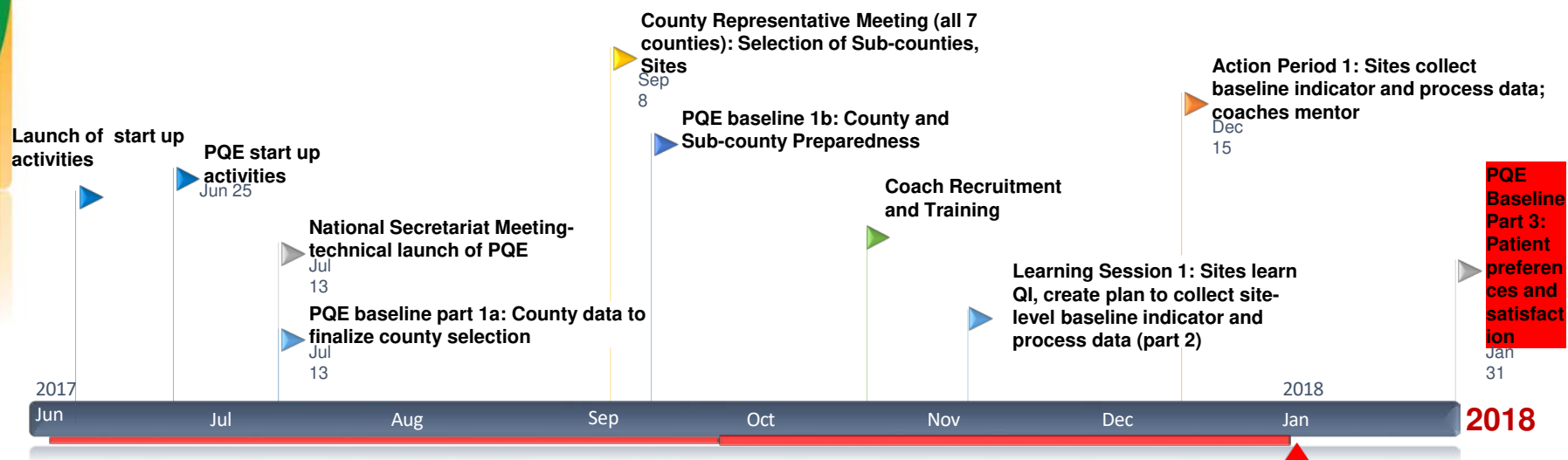
QI approach has been adopted in DC implementation in 7 counties to showcase program quality efficiency; costing studies are planned



# PQE Implementation Science: Collaborative Improvement




QI approach has been adopted in DC implementation in 7 counties to showcase program quality efficiency; costing studies are planned



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# Monitoring and Evaluation

## Patient Categorization tool

**Annex 5: Patient Categorization Checklist at Enrollment**

Date of Visit	Tick as appropriate		Comments
	Well Client	Advanced Disease	
	 <p>Early Disease</p> <ul style="list-style-type: none"> <li>WHO stage I or II, and</li> <li>CD4 &gt; 200 cells/mm<sup>3</sup> (or &gt; 25% for children ≤ 5 years old)</li> </ul>	 <p>Advanced Disease</p> <ul style="list-style-type: none"> <li>WHO stage III or IV, or</li> <li>CD4 ≤ 200 cells/mm<sup>3</sup> (or ≤ 25% for children ≤ 5 years old)</li> </ul>	

**Annex 6: Patient Categorization Checklist after 12 Months in Care**

Date of Visit	Stable (Use Codes Below)	Unstable (Tick if appropriate)	Comments
			
	<p>A patient is considered stable if they meet all of the following criteria:</p> <ul style="list-style-type: none"> <li>On their current ART regimen for ≥ 12 months</li> <li>No active OIs (including TB) in the previous 6 months</li> <li>Adherent to scheduled clinic visits for the previous 6 months</li> <li>Most recent VL &lt; 1,000 copies/ml</li> <li>Has completed 6 months of IPT</li> <li>BMI ≥ 18.5</li> <li>Age ≥ 10 years</li> <li>Healthcare team does not have concerns about providing longer follow-up intervals for the patient</li> </ul>	<p>A patient is considered unstable if they have any of the following:</p> <ul style="list-style-type: none"> <li>On their current ART regimen for &lt; 12 months</li> <li>Any active OI (including TB) in the previous 6 months</li> <li>Poor or questionable adherence to scheduled clinic visits in the previous 6 months</li> <li>Most recent VL ≥ 1,000 copies/ml</li> <li>Has not completed 6 months of IPT</li> <li>Pregnant or breastfeeding</li> <li>BMI &lt; 18.5</li> <li>Age &lt; 10 years</li> <li>Healthcare team has concerns about providing longer follow-up intervals for the patient</li> </ul>	

# Clinical encounter tools



File No: \_\_\_\_\_

MOH 257 Ver. Aug. 2016



## MINISTRY OF HEALTH Clinical Encounter Green Card

Name of Facility: _____				Tier: _____			
MFL code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Sub County: _____ County: _____			
Client Profile							
Unique Number (CCC No.): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Name (FIRST, MIDDLE, LAST): _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/>							
Social status: _____ Date of Birth DD / MM / YYYY Age _____ (If under 18yr) Orphan? Y <input type="checkbox"/> N <input type="checkbox"/> In school, Y <input type="checkbox"/> N <input type="checkbox"/>							
Child: Parent/Guardian name (FIRST/LAST): _____							
Adult: ID Number _____ <input type="checkbox"/> Single <input type="checkbox"/> Cohabiting							
<input type="checkbox"/> Married Monogamous <input type="checkbox"/> Married Polygamous <input type="checkbox"/> Separated/Divorced							
Pop. Type: <input type="checkbox"/> Gen Pop <input type="checkbox"/> Key Pop (Tick one) MSM _____ FSW _____ PWID _____							
Entry Point & Transfer status							
Referred from (Place of first diagnosis):				Transfer in: (Date TI) DD / MM / YYYY N/A: _____			
HBTC <input type="checkbox"/> VCT site <input type="checkbox"/> OPD <input type="checkbox"/> MCH <input type="checkbox"/>				ART start date: DD / MM / YYYY Regimen: _____			
TB clinic <input type="checkbox"/> IPD-Child <input type="checkbox"/> IPD-Adult <input type="checkbox"/> CCC <input type="checkbox"/>				Facility transferred from: _____			
Self-test <input type="checkbox"/> Other (eg STI) _____				MFL Code _____ County from _____			
Diagnosis & ARV history							
Date of HIV diagnosis: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				History of ART use: <input type="checkbox"/> Prep <input type="checkbox"/> PEP <input type="checkbox"/> PMTCT <input type="checkbox"/> None			
Date of enrollment: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Purpose _____ Regimen _____ Date last used _____			
WHO stage at enrollment: 1: <input type="checkbox"/> 2: <input type="checkbox"/> 3: <input type="checkbox"/> 4: <input type="checkbox"/>				a) _____ b) _____ c) _____			
Date of ART initiation: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Baseline assessment & Treatment Initiation (Tick as appropriate)							
HBV infected Y <input type="checkbox"/> N <input type="checkbox"/> Pregnant? Y <input type="checkbox"/> N <input type="checkbox"/>				Date started on 1 <sup>st</sup> line: DD / MM / YYYY			
TB Infected Y <input type="checkbox"/> N <input type="checkbox"/> Breastfeeding? Y <input type="checkbox"/> N <input type="checkbox"/>				ART Cohort _____ Regimen _____			
WHO stage _____ CD4 Count _____ MUAC _____				Baseline Viral load: _____ Date: DD / MM / YYYY			
Weight (Kgs) _____ Height (cm) _____ BMI _____				Exit: Transfer out (Date): DD / MM / YYYY Death: DD / MM / YYYY			
Viral Load and treatment changes tracker							
Viral load tracker	Sample date						
	VL reason						
Treatment interruptions	Date						
	Regimen						
Substitutions	Date						
	New drug						
Switch	Date						
	New regimen						

ANC/PNC profile	(l)							DD/MM/YYYY
On Family Planning	(m)							Referred for (ah)
Method	(n)							
CaCx screen	(o)							Clinicians Name & Signature (ai)
STI screen	(p)							
STI partner notification	(q)							

Visit date	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
MUAC								
BMI								
CaCx screen								
Differentiated care (S/U)								
Type of diff care (S/E/C)								

# Monitoring and Evaluation

## ART Distribution Form and Review Checklist

A. ART Distribution Form for Stable Patients			
Client Name: _____		Client Unique No: _____	
Date of ARV Distribution: DD _____ MM _____ YYYY _____			
ART Refill Model: _____			
Patient Phone No: _____		Treatment Supporter Phone No: _____	
ARVs regimen being distributed:		Quantity (mths):	
Other drugs/supplies being distributed and quantity			
<input type="checkbox"/> CPT / Dapsone, quantity (mths):		<input type="checkbox"/> Oral Contraception, quantity (mths):	
		<input type="checkbox"/> Condoms (yes/no):	
<input type="checkbox"/> Other: _____, quantity (days):		<input type="checkbox"/> Other: _____, quantity (days):	
Name of pharmacist/person dispensing:		Name of ART distributor:	
Signature:		Signature:	
B. Patient review checklist (if yes to any of the questions below, confirm they have enough ART until they can reach the clinic and refer back to clinic for further evaluation; book appointment and notify clinic)			
Any missed doses of ARVs since last clinic visit: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how many missed doses: _____			
Any current/worsening symptoms:			
Fatigue: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea/vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No

Complete at time of dispensing

Comp

# Monitoring and Evaluation

## ART Distribution Form and Review Checklist

<b>B. Patient review checklist</b> <i>(if yes to any of the questions below, confirm they have enough ART until they can reach the clinic and refer back to clinic for further evaluation; book appointment and notify clinic)</i>				Complete at time of distribution
Any missed doses of ARVs since last clinic visit: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how many missed doses: _____				
Any current/worsening symptoms:				
Fatigue: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea/vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rash: <input type="checkbox"/> Yes <input type="checkbox"/> No	Genital sore/discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	
Any new medications prescribed from outside of the HIV clinic: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, specify: _____				
Family planning: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pregnancy status: <input type="checkbox"/> Pregnant <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Not Sure		
Method used: _____				
Referred to clinic: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, appointment date: DD ____ MM ____ YYYY _____				
Signature of patient upon receipt of the ART: _____				



# Kenya's DC Performance Measures

## •Treatment outcomes:

- What are the treatment outcomes of patients on DC models?
- How will DC affect treatment outcomes in different population categories:
  - General population
  - Adolescent and young people

## •Quality:

- Will differentiated care improve the quality of care at facilities?
- Client satisfaction survey

## •Cost benefit analysis:

- Will implementation of DC lead to cost savings in HIV care programming and to the patient?



# Opportunities



- Ongoing mentorship to health care workers to support DC implementation
- National DC program data from April 2018
- Incorporate DC data elements
- Best Practices forum for DC implementation for all counties scheduled in **March 2018**
- Printing of DC Toolkit and IEC Materials in **Feb 2018**

# ASANTENI SANA