



Taking Differentiated Service Delivery to Scale in Kenya: Improving HIV Service Delivery for All

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BACKGROUND

The Kenya Ministry of Health through the National AIDS and STI Control Program (NAS COP), provided guidance for the national implementation of differentiated service delivery (DSD) in July 2016. Populations prioritized to receive DSD models of care include adult patients on antiretroviral therapy (ART); stable children; and adolescents.

NAS COP has invested heavily in training health care providers on DSD and leading discussion of DSD activities during regional technical working group meetings and facility multi-disciplinary team meetings. NAS COP also hosts annual DSD experience sharing fora and a DSD symposium at the Kenya annual HIV scientific conference. In addition to government engagement in the DSD program, there is active involvement of the community of people living with HIV (PLHIV) under the National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK). Community representatives are involved in the design, implementation and monitoring of DSD.

DSD demand creation hinges on the health care provider providing the necessary information and guidance to the patients. Ongoing capacity-building activities for lay health care providers take place during scheduled ART refill appointments and also serve as the link between the facility and community.

DSD MODELS OFFERED

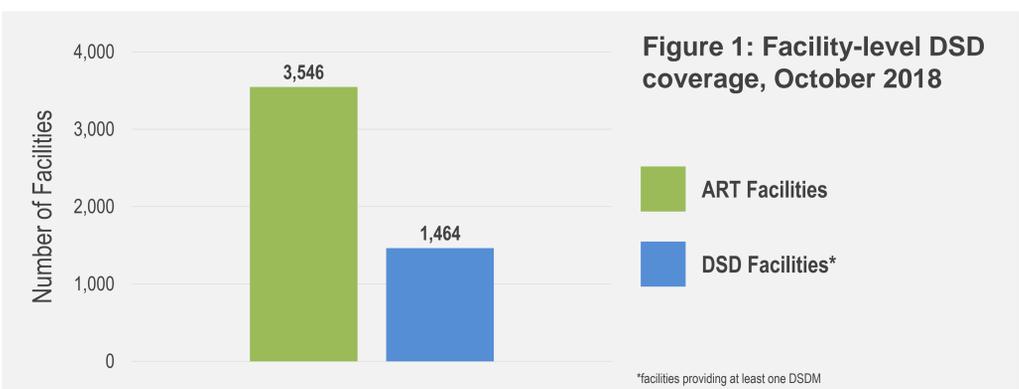
Kenya currently recommends a total of four national-approved DSD models (DSDM) including **Fast Track**, which features reduced waiting times to pick up ART refills and only two clinical consultations per year, and **Six Monthly Appointments (SMA)**, which spaces out both ART pickups and clinical visits. There are also two group models, **Facility ART Groups (FAG)**, led by a health care provider, and **Community ART Groups (CAGs)**, which can be led by a peer or a health care provider.

DSD COVERAGE

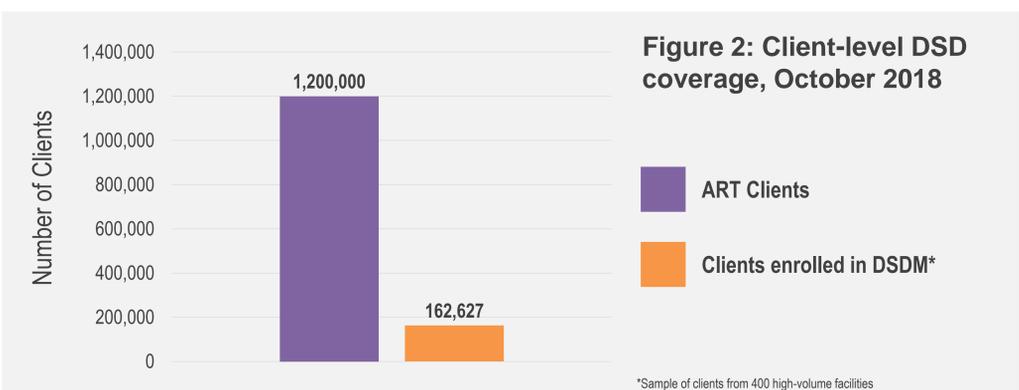
The Kenya health management information system (HMIS) supports both paper and electronic tools to help measure DSD uptake, coverage, outcomes, and impact. These systems have been adapted to include DSD variables and work to improve the electronic medical record (EMR) is aimed at obtaining more granular DSD data.

Kenya has 47 semi-autonomous counties, all of which (100%) have support for DSD. With an average of four implementing partners (IP) per county, an estimated two IPs per county (50%) support the implementation of DSD at the health facility (HF) level.

There are a total of 3,546 HF providing ART services in Kenya. Of these, 1,464 (41%) offer at least one model of DSD for ART (Figure 1). As part of Kenya's DSD scale-up plan, models will be rolled out to all facilities providing ART June 2019.



There are about 1.2M PLHIV in Kenya receiving ART services (Figure 2). While an exact estimate of the number of clients enrolled in DSD nationwide is not available, in a survey of 400 high-volume HF, 162,627 (14%) clients were found to be receiving ART services through a DSDM.



DSD DASHBOARD

The CQUIN DSD Dashboard was used by Kenya to monitor the country's maturing DSD program. Across 13 domains, a five-step color scale was used to rank progress and performance—from red, indicating no activity, to dark green, indicating significant and robust implementation.

In a systematic, inclusive staging process undertaken in October 2018, Kenya was found to meet the standards for the highest-possible ranking, dark green, in five of the 13 domains (Figure 3) and light green in an additional three domains.

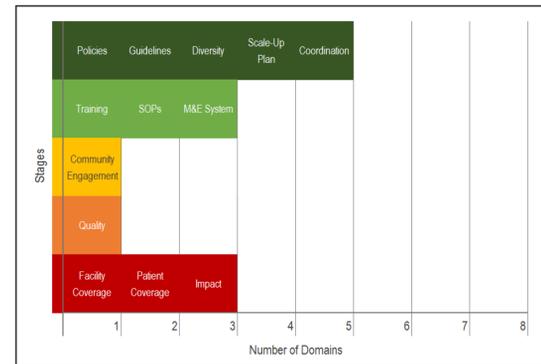


Figure 3. Kenya DSD Dashboard staging domains by stage, October 2018

While Kenya has identified four domains that have yet to be addressed or are still in the early stages of scale-up (red and orange), progress has been made in the eight months since the DSD Dashboard staging was last completed. Figure 4 describes the staging of eight key domains in February and October, 2018. Progress in the Scale-Up Plan has resulted in that domain having achieved the level of dark green and the country has increased the level to which community members are engaged, moving from orange to yellow in this domain.

While it appears that the staging has regressed in the domain of SOPs, this discrepancy is an artifact of improvements in the process used to complete the staging and is not indicative of an actual reduction in the staging of the country in this domain.

As Kenya continues to make progress in scaling up DSD and improving the national DSD program, regular assessments using the DSD Dashboard will provide valuable information on achievements reached and highlight areas where challenges may require targeted attention.

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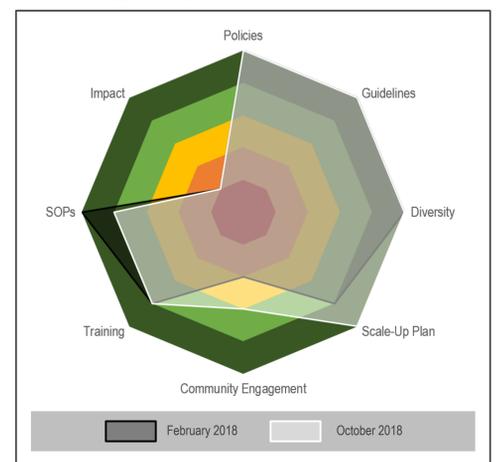


Figure 4. Radar chart of Kenya DSD Dashboard staging, February and October 2018

CHALLENGES AND SUCCESSES

Kenya has faced a number of challenges in sustaining the pace of DSD scale-up, some of which have required the formulation of novel approaches and targeted interventions.

One challenge, which is common to many countries, is a shortage of trained health care workers. Kenya found that rapid DSD scale-up was being thwarted by staff turnover and lack of staff skilled in DSD implementation. Onsite staff training and mentorship has been employed and, once a critical number of health care providers are trained and skilled in provision of DSD, this challenge will diminish.

Low demand for DSD among clients due to lack of knowledge was another challenge Kenya has recently addressed. Through NAS COP support for capacity building, clear information is provided to patients on DSD options and associated benefits. Thereafter, the patient is empowered to make a voluntary choice of models.

NEXT STEPS/WAY FORWARD

With the 2018 national ART guidelines, which highlight DSD as integral to routine HIV care and treatment, ongoing DSD implementation will focus on scaling up client-focused demand creation activities as well as national- and facility-level data collection and analysis. Continuous mentorship to health care workers is critical.

In addition, a DSD costing study and a patient and provider satisfaction survey are planned to launch in early 2019 with the aim of understanding the economic and programmatic efficiencies gained when DSD is implemented through a quality improvement collaborative vs routine DSD implementation approach.

