



# Taking Differentiated Service Delivery to Scale in Kenya: Progress, Lessons and Opportunities

Authors: Rose Wafula<sup>1</sup> Pius Mutuku<sup>1</sup>, Rose Ayugi<sup>1</sup>, Franklin Songok<sup>1</sup>, Maureen Inimah<sup>1</sup>, Lazarus Momanyi<sup>1</sup>, Abraham Katana<sup>2</sup>, Evelyn Ngugi<sup>2</sup>, Kenneth Masamaro<sup>2</sup>, Dennis Osiemo<sup>3</sup>, Nelson Otwoma<sup>4</sup>

Affiliations: 1. Kenya Ministry of Health NASCOP 2. CDC Kenya 3. USAID Kenya 4. NEPHAK



MINISTRY OF HEALTH

## Background

Kenya has been a member of the CQUIN network since 2016. Overall HIV prevalence is 4.3%, and there are an estimated 1.43 million people living with HIV (*HIV estimates 2021*) of whom 1.27 million (89%) are on ART and 1.21 million (95%) are virally suppressed. The *Kenya HIV Prevention and Treatment Guidelines 2022* and *DSD Operational Manual* provide guidance for DSD implementation. Coordination of implementation is done through the national DSD sub-committee, which is part of the national care and treatment technical working group (TWG). Recipients of care are part of the TWG and DSD sub-committee and are involved in design, implementation and monitoring of DSD activities.

Over the years, there has been successful scale up of both less-intensive and more-intensive DSD models at both facility and community levels. National priorities remain increasing the coverage and quality of DSD services.

## DSD Implementation

Kenya offers five less-intensive models: facility fast track (FT), facility ART distribution groups (FADG), peer led community ART groups (CAG), health care worker led community ART groups (CAG), and Community ART Distribution Groups. There are also three more-intensive models offered at the health facility level: standard track, viremia clinics, and advanced HIV disease. Additionally, Kenya has successfully scaled up models for children (PAMA) and adolescents (OTZ clubs).

Following revision of the *Kenya HIV Prevention and Treatment Guidelines* in 2022, all populations are eligible for DSD including children, adolescents, pregnant and breastfeeding women, key populations, etc. About 46% of people on ART are enrolled in a less-intensive models with 74% on >3 MMD of ART (Fig. 2).

Figure 1: DSD Model Mix: Results vs. Targets

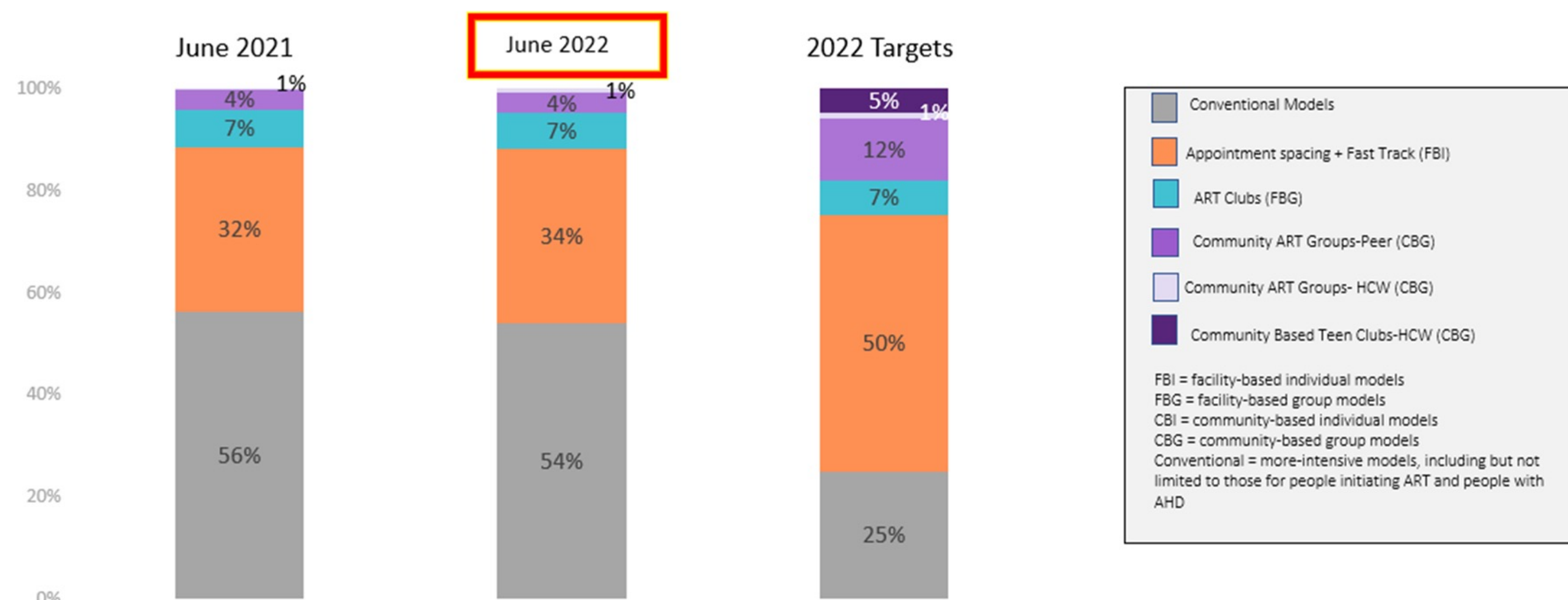
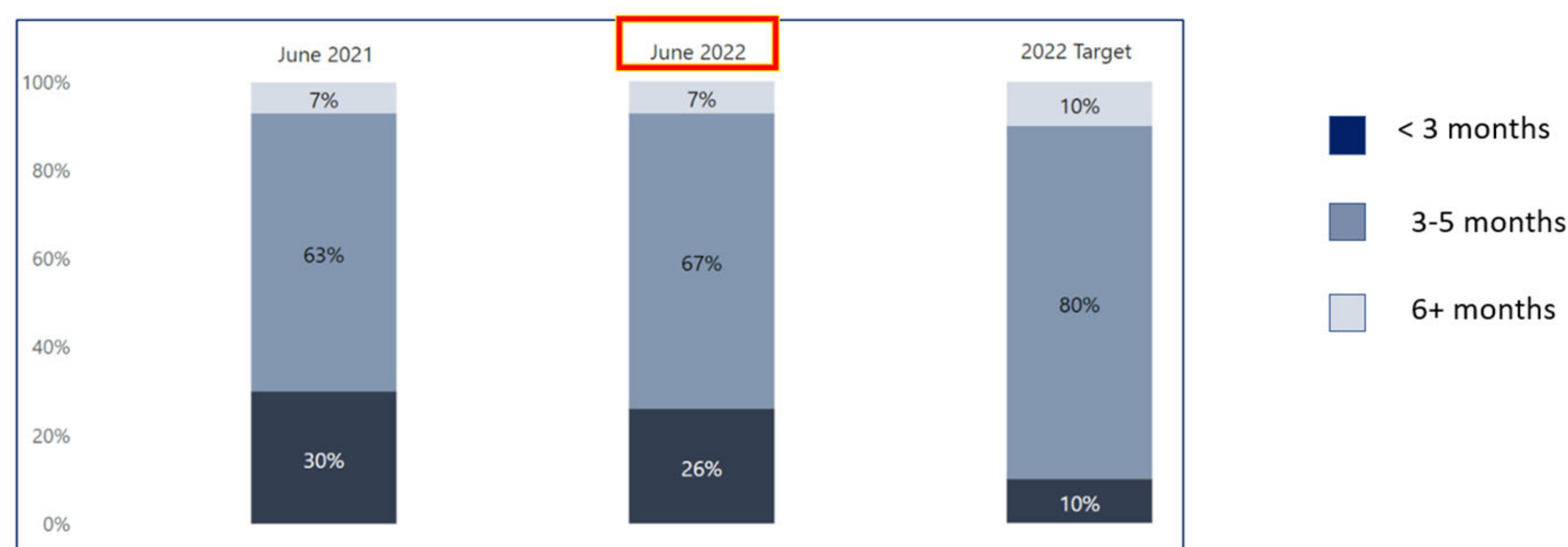


Figure 2: Multi-month Dispensing (MMD): Results vs. Targets



The facility fast track remains the most preferred less intense DSD model. There has been slow but steady uptake of community DSD models.

There has been a steady increment of number of people on ART receiving >3 MMD. This is expected to increase with recent revisions of the national HIV prevention and treatment guidelines that have expanded eligibility of MMD to other populations including children and pregnant and breastfeeding women and the stabilizing commodity supply chain. The current country policy space does not allow for 6-MMD dispensing of ART.

## DART Capability Maturity Model Self-Staging

Figure 3: Kenya DART Capability Maturity Model Dashboard Results 2022

Domain	Staging	Key Populations	Quality
Policies	Most mature domains	Client Coverage	Family Planning
Guidelines		Scale Up Plan	AHD
Diversity	Coordination	M&E System	MCH
Facility Coverage	Community		Impact
Procurement	Training		

Most mature domains (dark green) | Least mature domains (red)

Figure 3 shows the 2022 Kenya staging results using the CQUIN DART capability maturity model. Kenya achieved the most mature stage (dark green) in 5 domains, while 2 domains were in the least mature stage (red).

Figure 4 describes DART CMM's progress over time, and the results of the revised and expanded DART capability maturity model used in 2022.

Figure 4: DART CMM Dashboard 2018 – 2022

Domain	Kenya					
	2018	2019	2020	2021	CQUIN 2.0	2022
Policies	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green	Dark Green
Diversity	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Scale-up Plan	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Coordination	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Community Engagement	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Training	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
SOPs	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
M&E System	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Facility Coverage	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Client Coverage	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Quality	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
Impact	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
P&SM	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
AHD	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
KP	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
TB/HIV	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
MCH	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green
FP	Light Green	Light Green	Light Green	Light Green	Light Green	Light Green

Staging criteria changed (vertical label)

## CQUIN Engagement and Achievements



Kenya C2C visit to Nigeria, Dec 2021

Kenya has been actively engaged and benefited from the CQUIN network over the years. In the last year, Kenya has joined several communities of practice including MCH, KP, TB/HIV, AHD, M&E, HIV/NCD, QI, and HTS. In the last year, Kenya participated in a country-to-country (C2C) exchange to Nigeria to learn about 6-MMD and Community Pharmacy. The team also participated in a virtual C2C exchange on HIV/NCDs with Eswatini. Through lessons learned from the C2C visit to Nigeria, Kenya has finalized the private sector engagement framework and is ready to pilot the community pharmacy model. Kenya is developing the first AHD operational manual borrowing from documents developed by other CQUIN network countries e.g., Uganda, and Zambia. The CQUIN project funded the first (pilot) DSD performance review (DPR) in Kenya: counties developed action plans to address gaps and the DPR has now been scaled to additional counties with PEPFAR support. After the DSD quality meeting held in April 2022, Kenya adopted DSD quality standards in the national operational manual. From the CQUIN Cascade Meeting held in August 2022, the program is reviewing linkage and re-engagement SOPs. Kenya has successfully scaled up the child/caregiver models (PAMA) and the adolescent clubs (OTZ) – lessons can be shared with other countries.

## Next Steps/Way Forward

The following remain priority DSD activities in the coming year:

- Focus on strengthening the AHD package of care/model
- Increasing quality and coverage of less intensive DSD models
- Standardizing and scaling up of models for prevention including HTS and PrEP
- Dissemination of guidelines to health care workers and lay workers
- Expansion of decentralized ART through community pharmacy

