

# Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services In Kenya



Caroline Mwangi<sup>1</sup>, Rose Wafula<sup>1</sup>, Evelyn Ngugi<sup>2</sup>, Kenneth Masamaro<sup>2</sup>, David Kimosop<sup>3</sup>, Elvis Oyugi<sup>1</sup>, Lilly Nyagah<sup>1</sup>, Nelson Otwoma<sup>4</sup>, Lazarus Momanyi<sup>1</sup>

(1) Ministry of Health NASCOP (2) Centers for Disease Control (3) USAID (4) NEPHAK

#### **BACKGROUND**

Kenya joined the CQUIN learning network in 2016. Kenya's Ministry of Health National AIDS and STI Control Program (NASCOP) provides policies and guidance on improving and expanding DSD models for ART. The National Care and Treatment Technical Working Group and its DSD sub-committee provide technical guidance on DSD implementation; and recipients of care (RoCs) are engaged at all levels of implementation, including policy and guideline development, planning, and monitoring. Implementation is guided by the Kenya HIV Prevention and Treatment Guidelines (2022) and the DSD operational manual (2017), which outlines standards of care. Key priorities for Kenya include expanding quality alternative ART pick-up models, optimizing the package of care for advanced HIV disease (AHD), and strengthening the integration of HIV and other services, including non-communicable diseases (NCDs) and reproductive health.

#### STATUS OF DSD IMPLEMENTATION IN KENYA

Figure 1: DSD Model Mix: Results vs. Projections

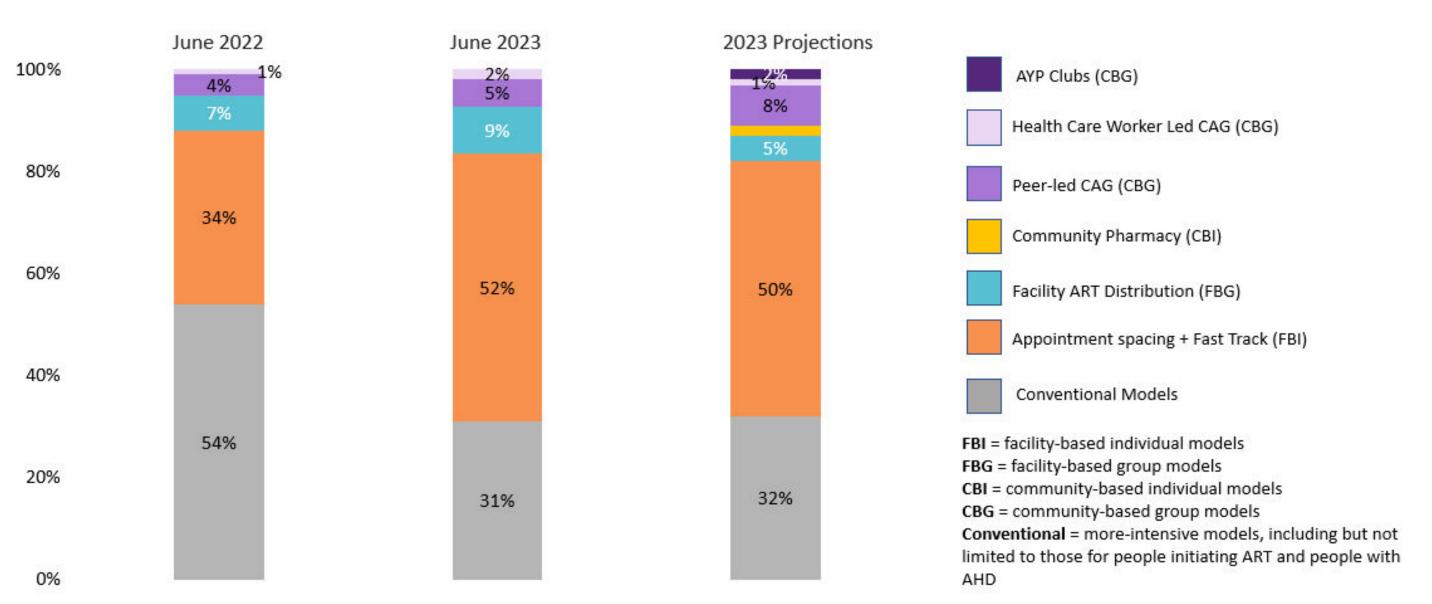
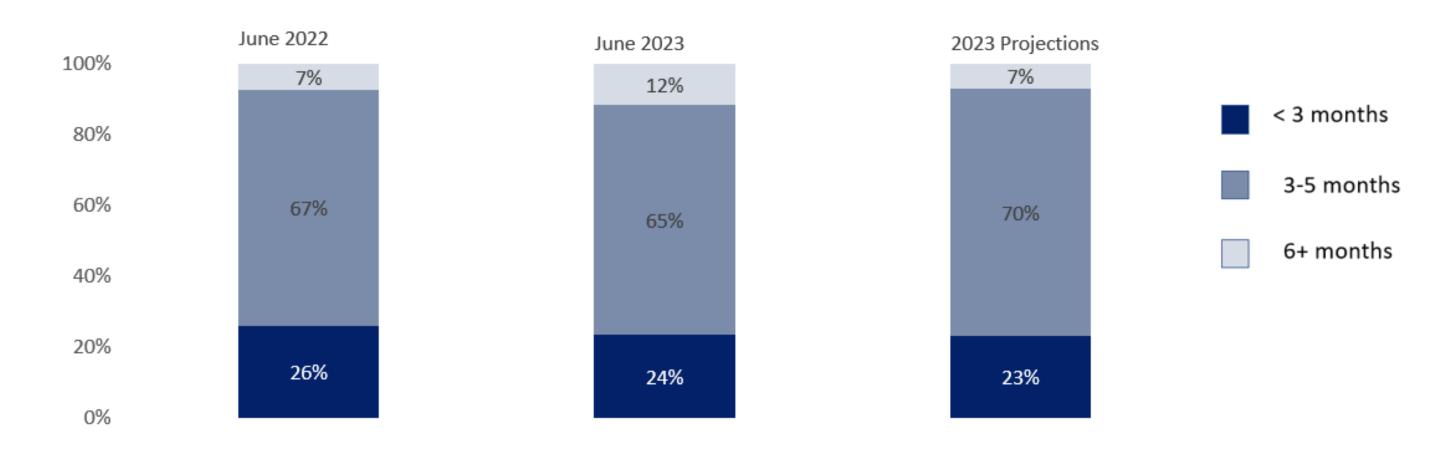


Figure 2: Multi-month Dispensing (MMD): Results vs. Projections



Kenya has continued to expand DSD model options for recipients of ART using a person-centered approach. The revised Kenya HIV prevention and treatment guidelines have expanded eligibility for less-intensive ART models to all populations of RoCs. Currently, Kenya offers eight different models of ART service delivery, including a more-intensive (conventional) model called "Standard Track" and seven less-intensive models:

- Three facility-based models: fast track, facility ART distribution groups, and adolescent and young person clubs
- Four community-based models: peer-led community ART groups, health care worker-led community ART groups, individual ART distribution, and the community pharmacy model

There are 3,848 facilities in Kenya that provide ART, with 69% of RoCs enrolled in less-intensive models by the end of June 2023, surpassing the 68% projection. RoCs on >3MMD increased from 74% to 76% from 2022 to 2023, just below the 77% projection.

# **CQUIN ENGAGEMENT AND ACTIVITIES**

 Kenya participates in nine communities of practice: M&E, Quality, TB/HIV, AHD, KP, MCH, HIV/NCDs, Community Engagement, and dHTS

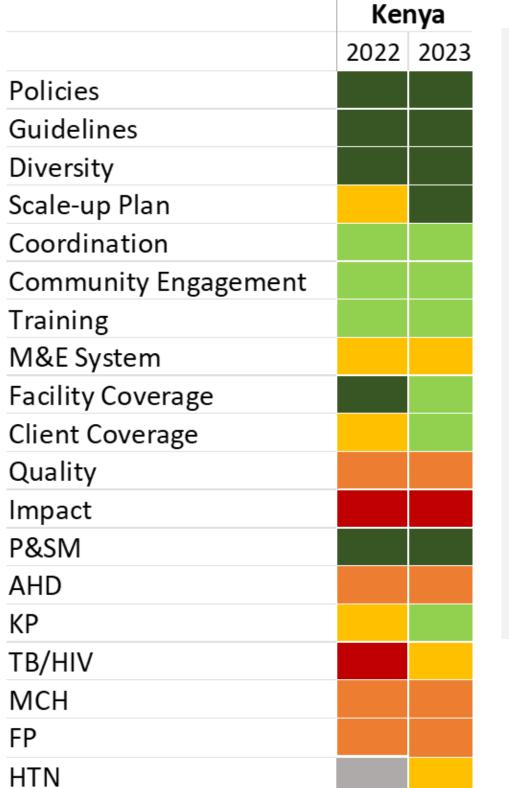
• In October 2023, Kenya and Cameroon participated in an enhanced country-to-country learning visit to Rwanda to learn about the integration of HIV with family planning (FP) services. Key lessons learned about the



integration of FP services in the community, as well as about coordination, documentation, and commodity management, have informed Kenya's action plan to strengthen the integration of HIV and FP services.

# DART CAPABILITY MATURITY MODEL TRENDS (2022-2023)

Figure 3: DART Capability Maturity Model Trends (2022-2023)



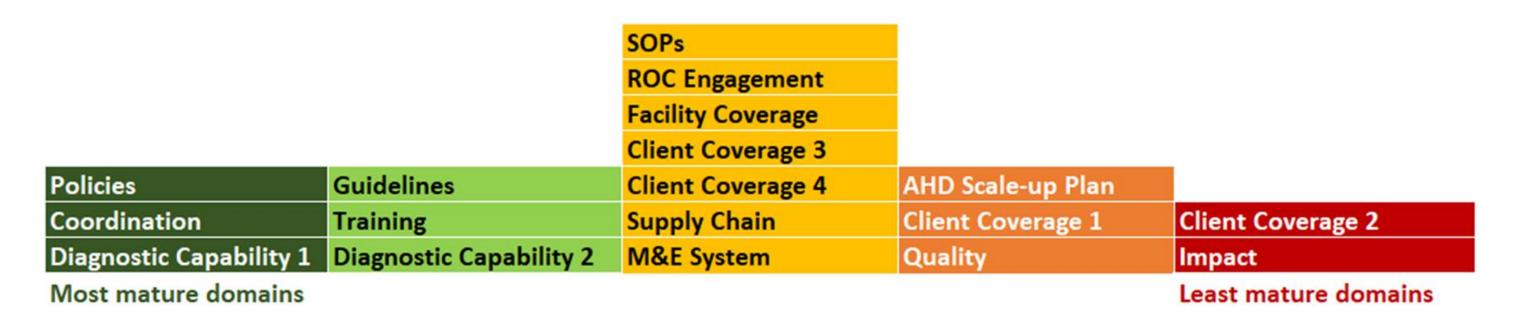
**Figure 3** shows the results of Kenya's self-assessment using the CQUIN DART capability maturity model in 2022 and 2023.

In 2023, Kenya achieved the most mature stage (dark green) in **five domains**, while **one domain** remained in the least mature (red) stage.

There have been in-country interventions to address the less mature domains, with a focus on AHD, HTN, and FP integration. The program will continue to prioritize less mature domains in the coming year, including M&E.

#### AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD Capability Maturity Model Results, 2023



**Figure 4** shows the results of the country team's recent self-assessment using the CQUIN AHD capability maturity model. In 2023, Kenya achieved the most mature stage (dark green) in 3 domains, while 2 domains remained in the least mature (red) stage.

# dhts capability maturity model self-staging

Figure 5: dHTS Capability Maturity Model Results, 2023)

Policy: Strategic Model		Policies 2. Optimizing	
Mix		HIV Testing	
Policy: Optimizing HIV	SOPs	Implementation and	Meaningful CE
Testing	JOPS	scale up plan	Wiedilligiui CL
Policy: Linkage	Coordination	M&E	Private Sector
		IVIOLE	Engagement/Oversight
Financing and Resource	Procurement & Sup	ply Linkage 1: Timely	Impact: Knowledge of
Allocation	<b>Chain Management</b>	Linkage	HIV Status
Proficiency Testing	Population Coverage	Linkage 2:	Impact: Linkage to
	Population Coverage	Confirmatory/	Treatment
Clinical Services	EQA/IQC	Linkage to prevention	Impact: Linkage to
		and other services	Prevention

Most mature domains

Least mature domains

**Figure 5:** shows the results of the country team's recent self-assessment using the CQUIN dHTS capability maturity model. In 2023, Kenya achieved the most mature stage (dark green) in 7 domains, while 6 domains remained in the least mature (red) stage. The Kenya dHTS action plan is prioritizing activities to address the poorly performing domains.

# **NEXT STEPS / WAY FORWARD**

In 2024, the Kenya MOH will work with in-country stakeholders and CQUIN to expand alternative ART models, including phased implementation of the community pharmacy model, following the launch of the Kenya Private Sector Engagement Framework. Additional priorities include:

- Integrating HIV with other services, including NCDs, mental health, and reproductive health, while leveraging Kenya's Universal Healthcare (UHC) and Primary Health Care (PHC) programs
- Strengthening health systems to support diagnostic and treatment services for AHD, leveraging in-country resources and lessons learned from other CQUIN countries that have taken AHD services scale
- Continuing to leverage EMR and digital systems to improve documentation of dART models, AHD, and other integrated services, including NCDs and reproductive health











