



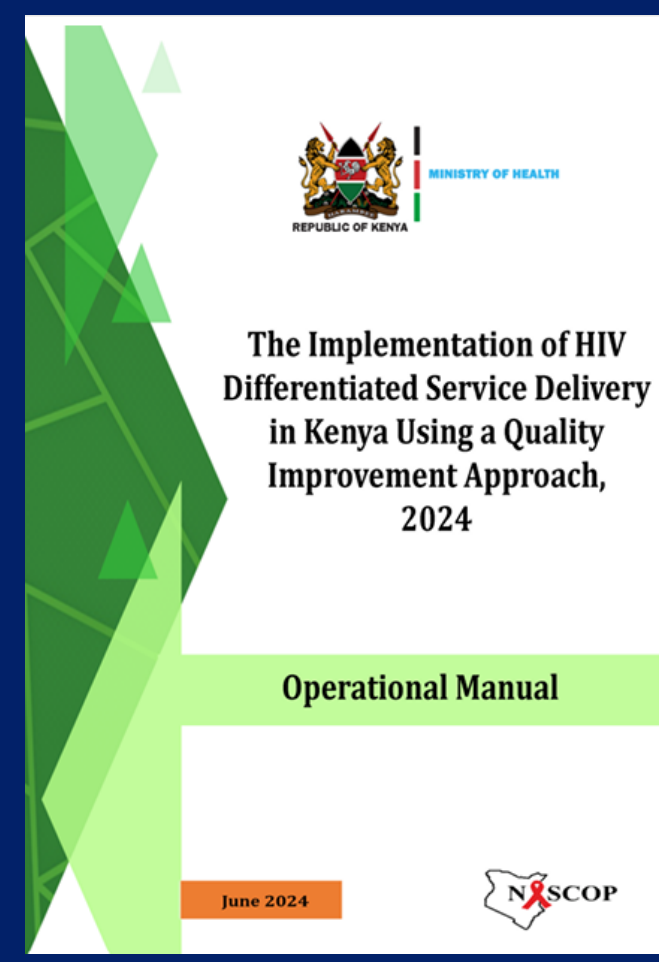
# Differentiated HIV Service Delivery: Optimizing Person-Centered HIV Services in Kenya

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## BACKGROUND

Kenya joined the CQUIN network in 2016. In 2024, the key priorities for Kenya were optimizing services for advanced HIV disease (AHD) and integration of services. During the year, the program has been able to finalize key policy documents including the Kenya differentiated service delivery (DSD) operational manual and the AHD implementation guidance. HIV services are coordinated through the national technical working group (TWG) with focal person from tuberculosis (TB), non-communicable diseases (NCDs) and sexual reproductive health (SRH) represented.



Following the integration meeting in Apr 2024, a national integration summit was held in June 2024. An Integration and Health Systems Strengthening Committee that coordinates integration above the Divisions of NASCO, NCDs, TB was formed. Counties share best practices on integration models in national learning forums. National quality standards for DSD have been adopted into the DSD manual and integrated into annual service quality assessments (SQA).

Communities of people living with HIV (PLHIV) are involved at all levels of HIV services planning, policy design, implementation, and monitoring. PLHIV are members of national TWGs and sub-committees and regularly provide feedback from community led monitoring.

## DSD IMPLEMENTATION

Figure 1: DSD Model Mix: Trend Over Time, 2022-2024

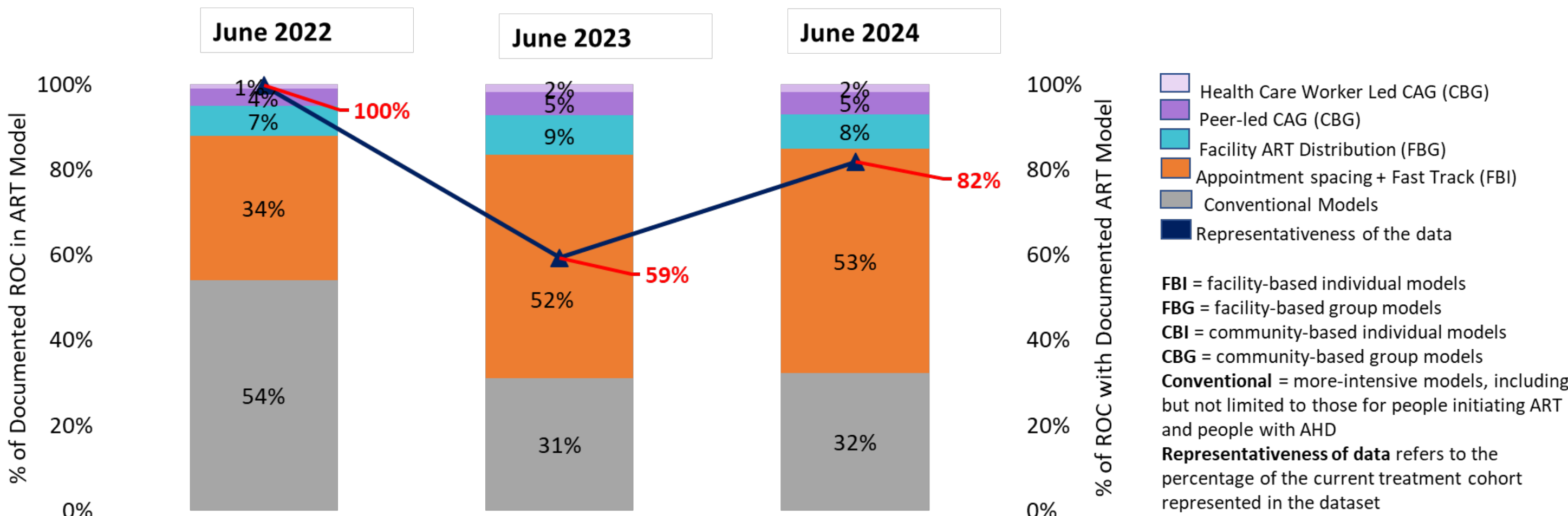
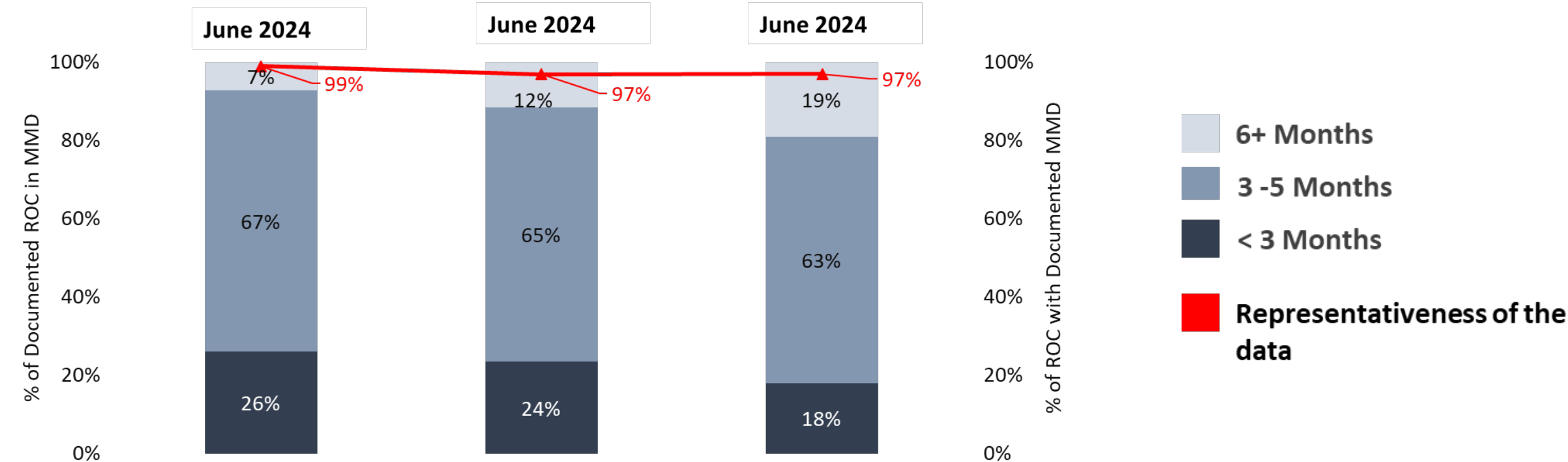


Figure 2: Multi-month Dispensing (MMD): Trend Over Time, 2022-2024



The 2022 Kenya Guidelines for Prevention and Treatment of HIV and the 2024 Kenya DSD Operational Manual recommend scale-up of person-centered differentiated models across the continuum of HIV services for all populations.

Less intense models offered in Kenya include facility fast track, facility ART distribution groups, adolescent and young persons Operation Triple Zero clubs, community peer- and healthcare worker-led ART groups, and community pharmacy model. More intense models are offered for people with AHD, unsuppressed viral loads, and those with uncontrolled morbidities.

Currently, over 87% of the facilities provide less intense DSD models with 68% of recipients of care (ROC) transitioned to these models.

Over time, there has been a steady increase of ROC on less intense models; the proportion of those on >3 multi-month dispensing (MMD) increased from 76% to 82% in the last year.

## CQUIN ENGAGEMENT AND ACHIEVEMENTS

Kenya is currently part of several CQUIN communities of practice including community engagement, M&E, dHTS, quality management, differentiated MCH and DSD for PLHIV with NCDs. In April 2024, Kenya hosted the CQUIN integration meeting in Nairobi; following this meeting, Kenya convened the first national integration summit where a coordination structure for integration was set up and sharing and mapping of HIV and other services integration models was initiated. Key action plans developed from the CQUIN annual and integration meetings are being used to scale respective services.

Lessons learnt from CQUIN countries on implementation of AHD using the hub-spoke model have been pivotal for implementation in Kenya including the finalization of Kenya's first AHD implementation plan/guidance.

## DART CAPABILITY MATURITY MODEL TRENDS (2022-2024)

Figure 3: DART CMM trends (2022-2024)

Domains	2022	2023	2024
Policies	Dark Green	Dark Green	Dark Green
Guidelines	Dark Green	Dark Green	Dark Green
Diversity	Light Green	Light Green	Dark Green
Scale Up Plan	Light Green	Light Green	Dark Green
Coordination	Light Green	Light Green	Dark Green
Community	Light Green	Light Green	Dark Green
Training	Light Green	Light Green	Dark Green
M&E System	Light Green	Light Green	Dark Green
Procurement	Light Green	Light Green	Dark Green
Facility Coverage	Light Green	Light Green	Dark Green
Client Coverage	Light Green	Light Green	Dark Green
AHD	Light Green	Light Green	Dark Green
Key Populations	Light Green	Light Green	Dark Green
TB/HIV	Light Green	Light Green	Dark Green
MCH	Light Green	Light Green	Dark Green
NCD/HIV	Light Green	Light Green	Dark Green
Family Planning	Light Green	Light Green	Dark Green
Quality	Light Green	Light Green	Dark Green
Impact	Light Green	Light Green	Dark Green

Figure 3 shows the results of the country team's recent self-assessment using the CQUIN DART capability maturity model for years 2022, 2023 and 2024.

Overall, there has been significant improvement in the diversity and coverage of DSD models over the years. A total of 12/19 domains (63%) achieved maturity of light and dark green in 2024 compared to 8/12 (42%) in 2022.

In the last year, there has been increased prioritization of AHD and integration of NCD, SRH and other non-HIV services. This is expected to translate into results in the coming years.

## AHD CAPABILITY MATURITY MODEL SELF-STAGING

Figure 4: AHD CMM results, 2024

Policies	Dark Green
Guidelines	Dark Green
Coordination	Dark Green
ROC Engagement	Dark Green
Diagnostic Capability 1	Dark Green
Client Coverage 4	Dark Green
Most mature	
SOPs	Light Green
Training	Light Green
Diagnostic Capability 2	Light Green
Facility Coverage	Light Green
Client Coverage 1	Light Green
Quality	Light Green
Client Coverage 3	Light Green
Supply Chain	Light Green
M&E System	Light Green
AHD Scale-up Plan	Light Green
Client Coverage 2	Light Green
Impact	Light Green
Least mature	

Figure 4 shows the results of the country team's recent self-assessment using the CQUIN AHD capability maturity model. Overall: 6/18 domains achieved dark green while 1/18 remained in the least mature red domain. This is an improvement from the previous year.

Through AHD sub-committee regular bi-weekly meetings this year, the AHD implementation plan and AHD/opportunistic infections (OI) manual has been finalized, updating of training of HCWs, set up of AHD hub-spoke/Centers of Excellence. Kenya has also set up an AHD M&E dashboard which is critical in measuring AHD performance and impact. AHD quality indicators have been included integrated national SQA.

## dHTS CAPABILITY MATURITY MODEL SELF-STAGING

Figure 5: dHTS CMM results, 2024

Policy: Strategic Model Mix	Community Engagement	Scale-up Plan	Private Sector Engagement
Policy: Optimizing HIV Testing	Procurement/supply chain	dHTS Training	Impact: Knowledge of Status
Policy: Linkage	Population Coverage	M&E	Impact: Linkage to Tx
Finance/resource allocation	Linkage to Tx: Timely Linkage	Linkage to Tx: Verification	Impact: Linkage to Prevention
Coordination	Linkage to Prevention	SOPs	
Clinical Services	EQA/IQC		
	Proficiency Testing		
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 2024, Kenya achieved the most mature stage (dark green) in 6 domains, while 4 domains remained in the least mature (red) stage. This year, Kenya rolled out the 3-test WHO algorithm.

## NEXT STEPS / WAY FORWARD

Overall, Kenya has robust policy and guidance as well as coordination structures for DSD across the program areas. However, from the service delivery domain results, we do note specific programmatic gaps that need to be addressed to optimize quality of care and coverage of differentiated HIV services.

Kenya is now using an integrated program approach and working with all stakeholders to synergize program interventions for service delivery as outlines in the newly launched operational plan for enhancing country readiness to sustain a resilient HIV response beyond 2030. Kenya has initiated annual integrated SQAs and quarterly program review meetings that include DSD optimal integration of services and efficiency.

Equal focus remains on leveraging of electronic medical record systems to enhance data use for decision making and quality of services including AHD and NCDs.

