

Early Lessons From Kenya on Using CQUIN's Key Population Friendly Service Quality Assessment (SQA) Tool in Public Health Facilities

John Mbau, Key and Vulnerable Population Program Manager

NASCOP, Kenya

Session 9a | Wednesday, 19th November 2025



Outline

- Key populations and Kenya's epidemic
- Impact of funding cuts on key population services in Kenya
- Process for adapting and using CQUIN's Key Population SQA tool
- Findings from initial assessments
- Next steps

Key Populations and the HIV Epidemic in Kenya

Key populations (KPs) account for 14% of all new HIV infections in the country

-Kenya modes of transmission 2024 report

KP Typology	Size Estimate 2024	HIV Prevalence 2010	HIV Prevalence 2024
Female sex workers (FSW)	285,505	29.3%	27.5%
Men who have sex with men (MSM)	164,722	18.2%	19.1%
People who inject drugs (PWID)	30,641	18.7%	9.1%
Transgender people (TG)	7,521	No data	22.0%

KP HIV Prevalence Age distribution



Impact of Funding Cuts in 2025

- Recipients of care from 26 stand-alone Drop-in Centers (DiCEs) were transitioned to Public Health Facilities (co-located DiCEs, one-stop-shop outpatient models, comprehensive care centre models).
 - 5 in Nairobi, 2 in Busia, 2 in Bungoma, 2 in Machakos, 1 in Makueni, 4 in Kisumu, 5 in Migori, 4 in Siaya, and 1 in Murang'a counties
- Cohorts were lost from 2 DiCEs that closed (1 in Kakamega and 1 in Kisumu)
- **Transition process challenges**
 - No transition guidance was available to guide the process
 - Most who underwent structured transitioning out of the closing stand-alone DiCEs were KPs living with HIV
 - Cohort losses were noted in large numbers, especially among HIV-negative cohorts
 - Some counties transitioned without undertaking facility assessments and capacity building of health care workers (HCWs) on KP-friendly services and prevention of stigma and discrimination among KPs

Efforts to Improve The Quality of Services for Key Populations

- Decision made to adapt and utilize CQUIN's Key Population Friendly Services Quality Assessment (KP SQA) tool at public facilities in South Rift Valley.

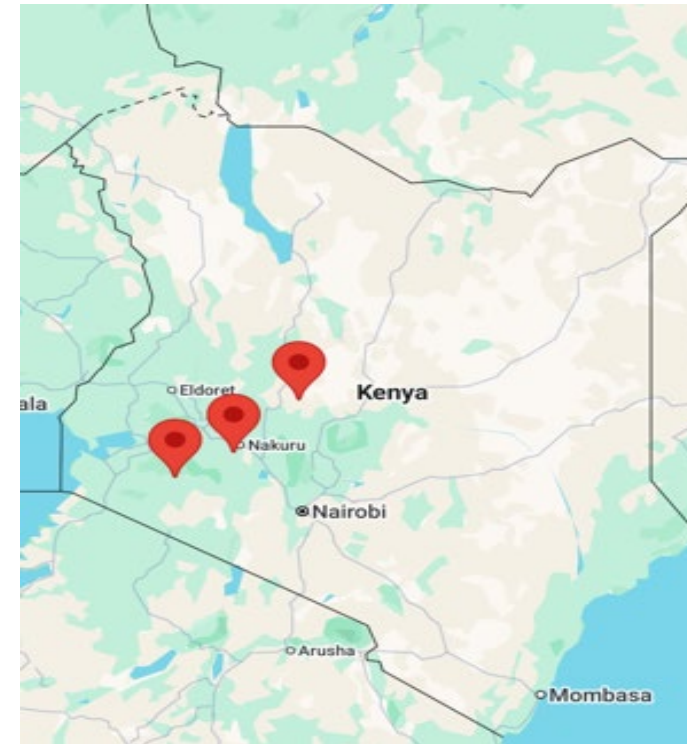
Assessment Purpose:

- Evaluate quality, accessibility, and integration of **KP-friendly HIV services**
- Identify strengths, gaps, and best practices for sustainability after the Stop-Work Order

Assessment Period: 22nd–24th October 2025

Assessment Sites:

- Laikipia: Nanyuki Teaching & Referral Hospital (Level 5), Nyahururu Sub-County Hospital (Level 4)
- Nakuru: Bondeni Sub-County Hospital (Level 4), Bondeni Dispensary (Level 2)
- Bomet: Longisa County Referral Hospital (Level 4), Bomet Health Centre (Level 3)



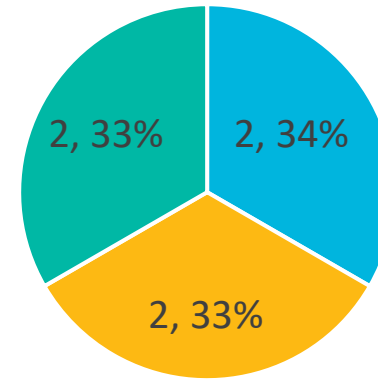
Process for Adapting and Using CQUIN's KP SQA Tool

- 1. Tool Adaptation:** SQA tool customized through consultations with NASCOP, CQUIN, South Rift Valley Regional Technical Working Group, Counties, and Key Population representatives.
- 2. County & Facility Selection:** Six facilities across Laikipia, Nakuru, and Bomet purposively sampled; representing Levels 2–5 and rural–urban contexts.
- 3. Sensitization:** 3-hour online orientation on the KP SQA tool for county teams by NASCOP/SRVR TWG.
- 4. Data Collection:** Conducted by county officers using ODK-enabled devices; ODK server hosted at NASCOP with oversight from Regional and National NASCOP teams.
- 5. Methods:** Structured observations, interviews, and document reviews.
- 6. Data Analysis:** Standardized templates used to identify trends, gaps, and best practices.



Facility KP-friendly services assessment session

Facility Mode of KP Service Integration



- Integrated in OPD
- Facility Co-Located DICE
- Integrated in OPD HIV and HIV Clinic

Key Population Estimates by County

County	FSW	MSM	PWID	TG	Total KP
Bomet	449	85	33	0	567
Laikipia	1,141	298	85	185	1,709
Nakuru	1,464	471	0	0	1,935
Total	3,054	854	118	185	4,211

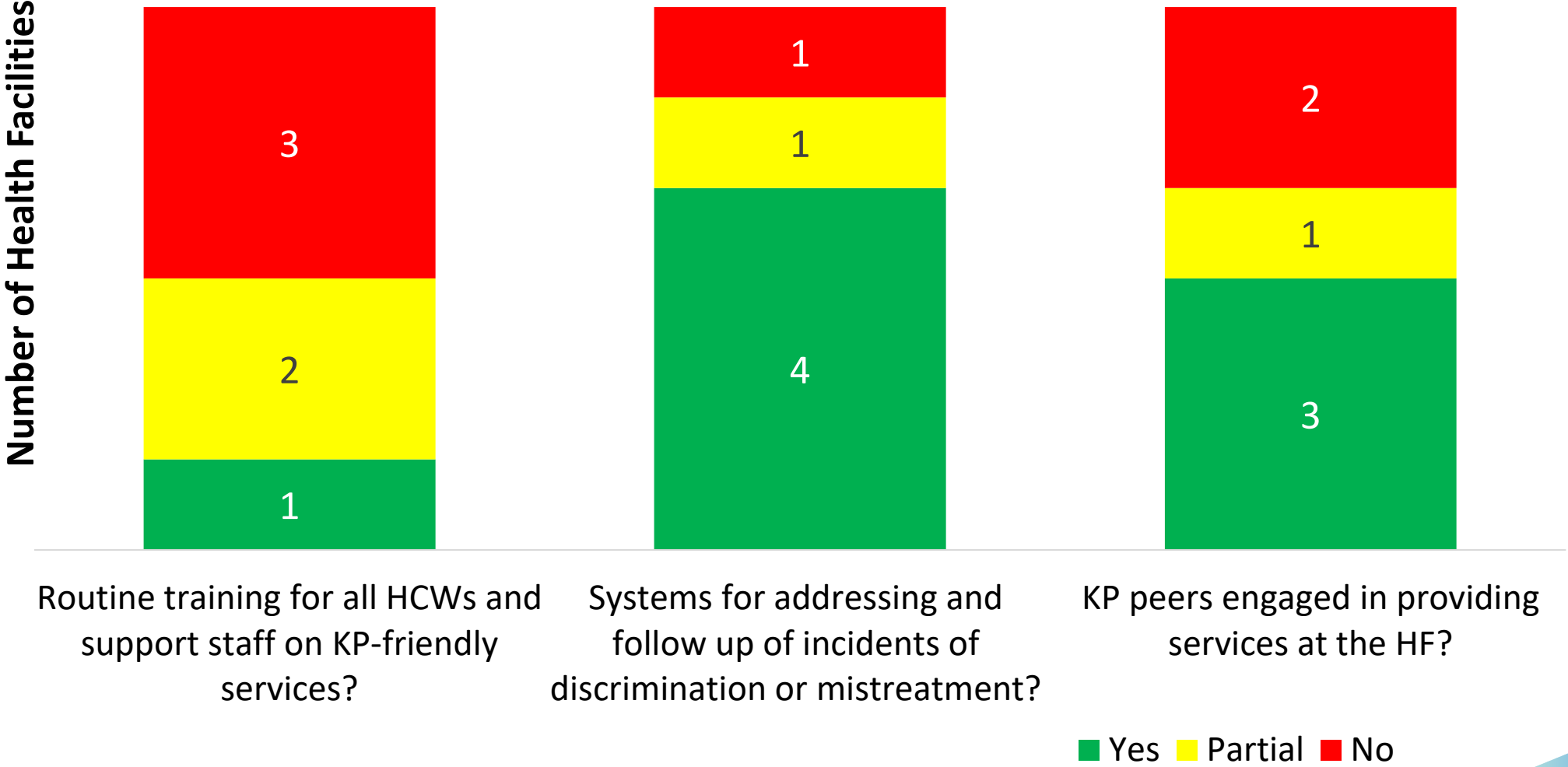
Results Non-Discrimination Policies – By Facility

Existence and Enforcement of Non-Discrimination Policies in Assessed Facilities		
Name of Health Facility	Facility Policy/Charter on Right to Healthcare for All (Including KPs)	Documented Staff Orientation and Enforcement Procedures (e.g., Code of Conduct)
Bondeni SCH	Yes	Yes
Nanyuki TRH - DICE	Partial	Partial
Bondeni Dispensary	Yes	Yes
Longisa CRH	Yes	Partial
Bomet HC	Yes	Yes
Nyahururu CRH	No	No

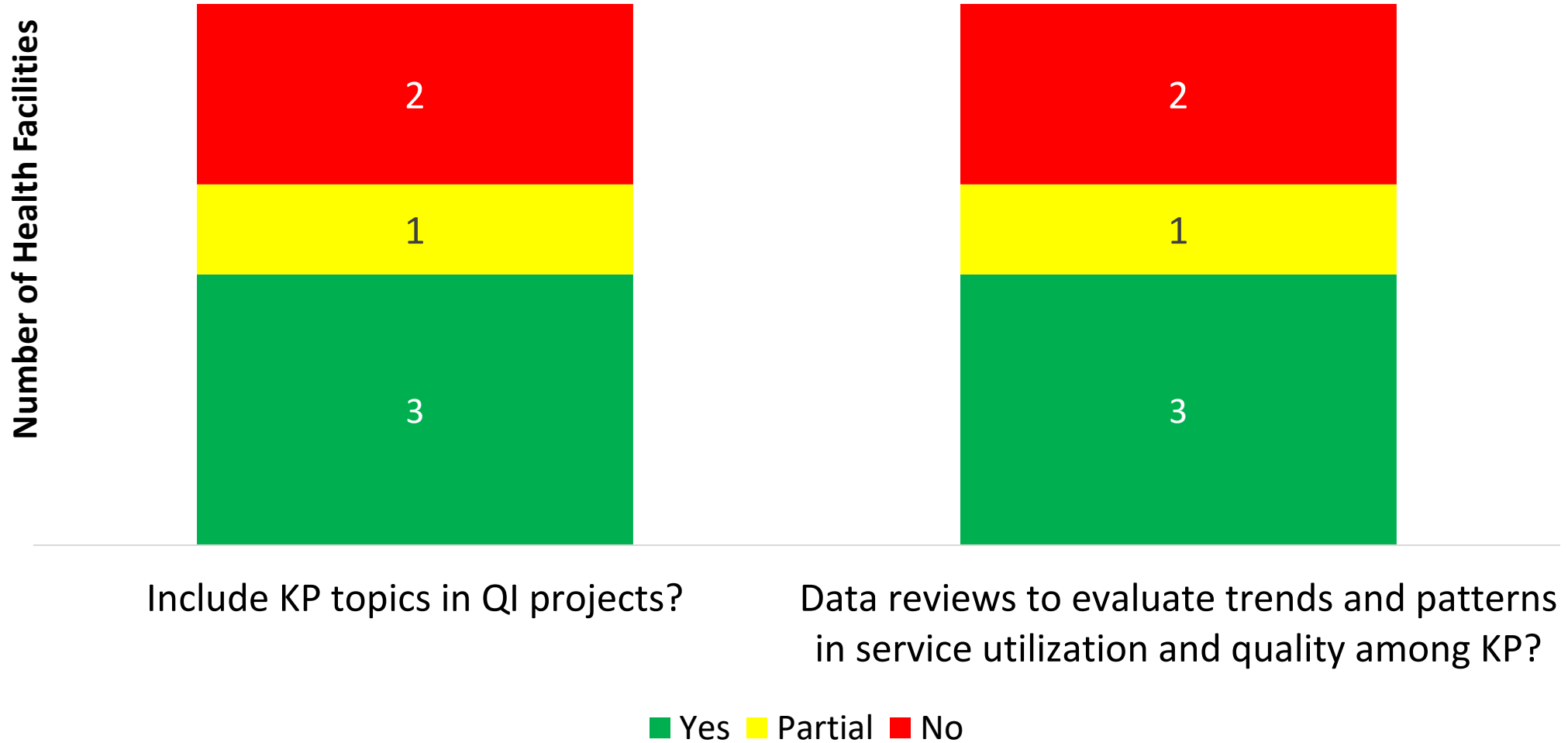
Results on KP Involvement, Affordability and Access to Services – By Facility

Name of Health Facility	KP community M&E through CLM approaches	System to integrate community feedback into QI	System to ensure KP know their rights and available services	Targeted KP information campaigns/ educational initiatives	Routine & KP-specific services free or affordable?	Flexible service hours (before 8am, after 5pm, weekends)
Bondeni SCH	No	Yes	Yes	Yes	Yes	No
Nanyuki TRH - DiCE	Partial	Partial	Partial	Partial	Yes	Yes
Bondeni Dispensary	Yes	Yes	Yes	Yes	Yes	No
Longisa CRH	No	Yes	Partial	No	Yes	Yes
Bomet HC	No	Yes	Partial	No	Yes	Yes
Nyahururu CRH	Partial	Yes	Yes	Partial	Partial	Partial

Key Results – Training, Redress Processes & Peers



Key Results – Quality Improvement & Data Use



Summary of Key Findings From KP SQA Use

Key Findings Based on Quality Domains

- i. **Equitable:** Most facilities had non-discrimination policies; only 67% linked them to staff training
- ii. **Accessible:** ~80% of services available during regular hours; hours inconsistent; stock-outs common
- iii. **Acceptable:** <60% staff trained; stigma and discrimination issues reported
- iv. **Appropriate:** HIV services available; limited mental health support; limited patient education
- v. **Effective:** ~33% had QI projects; staff training coverage below 60%
- vi. **Accountable:** 67% had reporting mechanisms; follow-up inconsistent; strong KP involvement in some sites



Facility KP-friendly services assessment session

Next Steps for Strengthening KP Services

1. National Level

- Adapt and institutionalize the KP SQA tool as the National KP SQA.
- Strengthen enforcement of non-discrimination policies and staff orientation.
- Enhance QI processes to include KP indicators.

2. County Level

- Expand flexible hours and maintain free or low-cost KP services.
- Strengthen KP involvement in governance and monitoring.

3. Facility Level

- Increase stigma-reduction and confidentiality training.
- Integrate mental health support and strengthen psychosocial assessments.

4. Community Level

- Promote community awareness of KP rights and available services.

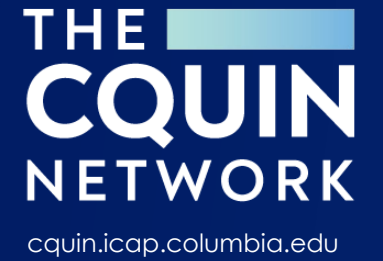
Acknowledgements

- [] MOH NASCOP
- [] South Rift Technical Working Group
- [] County Govts of Laikipia, Bomet, Nakuru
- [] Kenya KP Consortium
- [] CQUIN Network
- [] Global Fund KP Partners



QR Code for the Kenya KP SQA tool





Thank You!

