

# USAID AMPATH UZIMA



Telephone: (+254)532033471/2 | Postal Address: P.O. Box 4606-30100, Eldoret, Kenya | Email: [info@usaidampathuzima.or.ke](mailto:info@usaidampathuzima.or.ke)

## Standard Operating Procedure for Differentiated Service Delivery (DSD) for established patients in a HIV Care and Treatment Facility

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### 1. Objective

To describe the procedure for providing DSD in a health facility

### 2. Persons responsible

2.1 Staff in HIV care and treatment clinics

### 3. Tools needed

EMR – AMPATH MRS, Kenya EMR, ARV's Dispensing Tool (ADT)

Manual tools: Clinic DAR (MOH), Pharmacy DAR (MOH), Prescription form

### 4. Procedure

4.1 The clinical staff at the health facility to categorize every patient into established or not established, well or advanced beyond 6 months of ART as per MoH/NASCOP 2020 guidelines

4.1.1 Children, Adolescents, Pregnant and Breastfeeding women should benefit from Multi Month Dispensing (MMD)

4.1.2 Every facility to maintain a list of patients eligible for Differentiated Care (DC) at any one time

4.2 Stable patients to be given a maximum of six (6) months' clinical review appointment with, up to, three (3) month drug refills between the clinical appointments

4.3 Drug refills can be done at the health facility through facility fast track process or Community ART distribution

4.4 The facility to clearly define its fast-track process ensuring that all the applicable tools and registers are updated

4.4.1 All facilities using manual registers should have the DARs in the clinics and the pharmacy updated within 24 hours

4.4.2 All facilities using AMPATH MRS, or Kenya EMR will identify designated clinical staff to update the systems real time before the patient proceeds to the pharmacy for drug pick up

4.4.3 The pharmacy updates the ADT or the DAR (MOH) within 24 hours

4.5 Each facility to enroll at least, 30% of stable patients in facility fast track model in a Community ART Model. Out of which 10% should preferably be healthcare worker led and 20% Peer led.

4.5.1 The facility to clearly define its community ART distribution model



- 4.5.2 ART distribution forms / prescriptions must be issued by a health care professional
- 4.5.3 Health care professional to label and prepack ARVs, condoms, Cotrimoxazole for distribution by a trained lay worker
- 4.5.4 ART distribution forms should be brought back to the health facility within 24 hours for updating of all clinic and pharmacy tools / registers
- 4.6 Facility in charge or designee ensures that DC and MM progress is reviewed during the data review meetings weekly/monthly.

**PS:**

- Established clients should be educated on DSD models that are available and allowed to enroll in less intense models, that limit frequent facility visits.
- Clients in community-based models should benefit from other services such as family planning, NCD care and phlebotomy for VL as part of decentralizing services to the community.

