



# Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

## Integrated service delivery for people who inject drugs in Western Kenya:

### JOOTRH Wellness Centre

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HIV Learning Network  
The CQUIN Project for Differentiated Service Delivery



# Medically Assisted Therapy

Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.

# The Medication-Assisted Treatment (MAT) Clinic



JOOTRH main entrance



MAT clinic staff



# Background

- The clinic is based at JOOTRH in Kisumu and serves the western region of Kenya
- It is a government facility supported by ICAP Columbia and LVCT (the community partner)
- It became operational in January 2017
- The clinic offers integrated and comprehensive medical and psychosocial services for people who inject drugs (PWID)
- HIV prevention, testing and treatment services are available on site
- It is staffed by 18 healthcare workers and icap Technical advisor



# MAT staff cadre



**1 pharmacist, 2 pharmacy technologists, 2 Clinical officers, 3 nurses, 1 psychosocial counsellor and 1 laboratory technologist, 1 data clerk and 6 Volunteers and peer Educator**

**All staffs are trained on MAT Curriculum**

# Integrated Service Delivery

TB screening and treatment

Condom demonstration and distribution

Overdose management

Mental health services

Psychosocial interventions

Client education and empowerment / IEC

HIV treatment / ART

Hep B vaccination

Screening for HBV and HCV

HIV testing services

Opioid substitution treatment / Methadone Maintenance Therapy

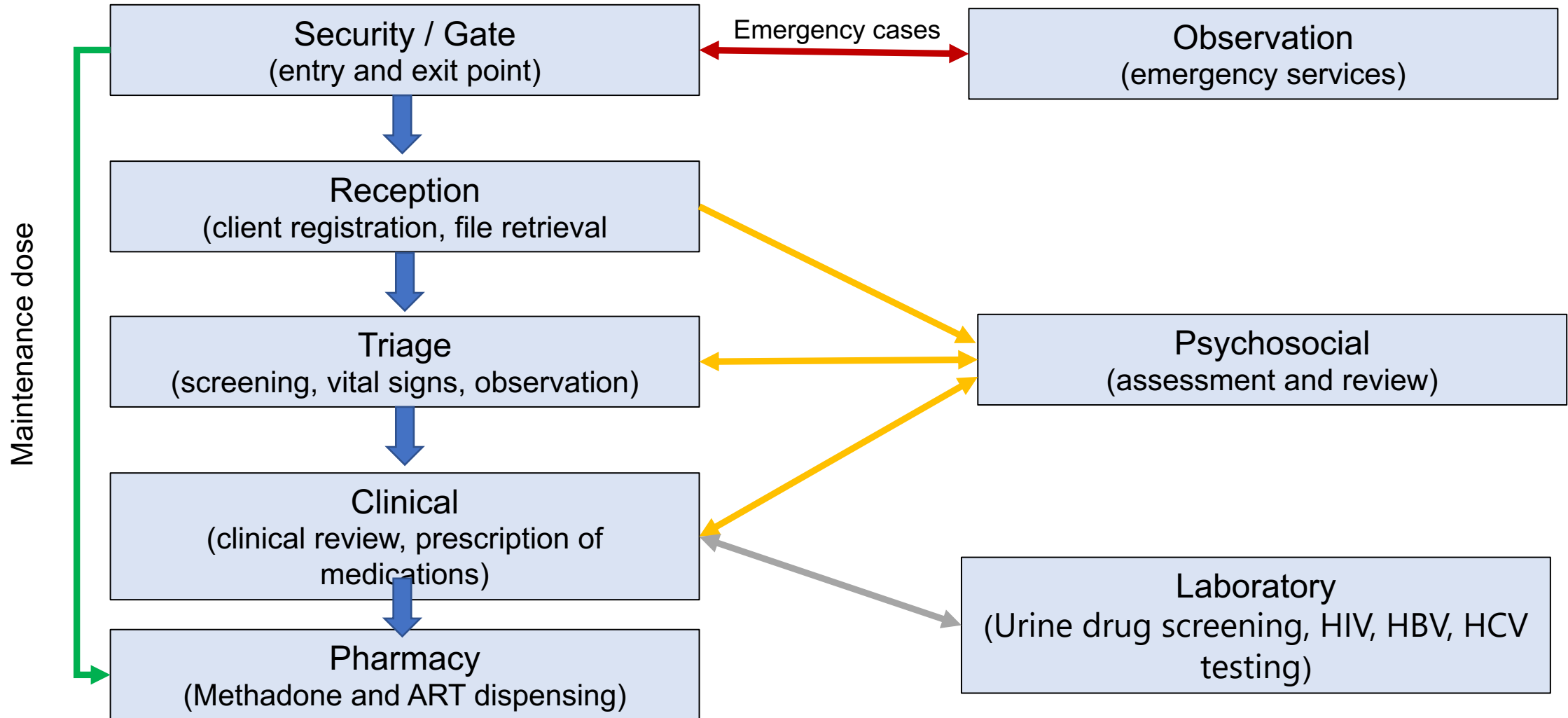
Wound care

Care for common ailments

# Clinic Vs Community Services

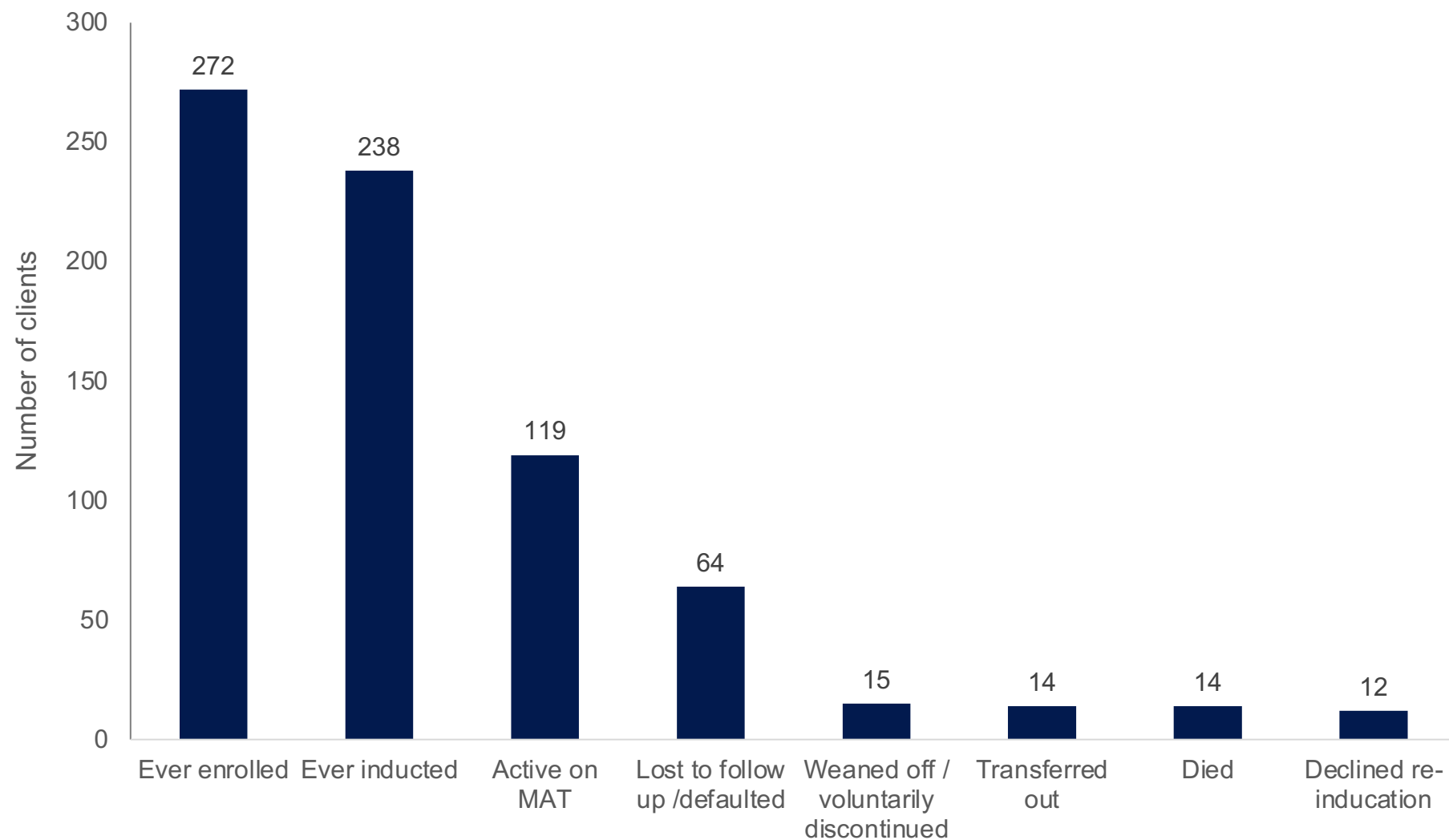
Clinic	Community
1. Induction	1. Identification and mobilization of clients
2. Triage	2. Psycho-Education and Client preparation
3. Laboratory investigations including Urine Drug Toxicology and HVI counseling and Testing	3. Addiction Counseling
4. Medical Interventions, ARV, TB and STI Interventions	4. Condom distribution
5. Dispensation of methadone and other medical drugs	5. Defaulter tracing and client follow up
6. Psychological interventions, condom demonstration and distribution	6. Referral and community linkage
7. Linkage and referral	

# Clinic flow / DSD model





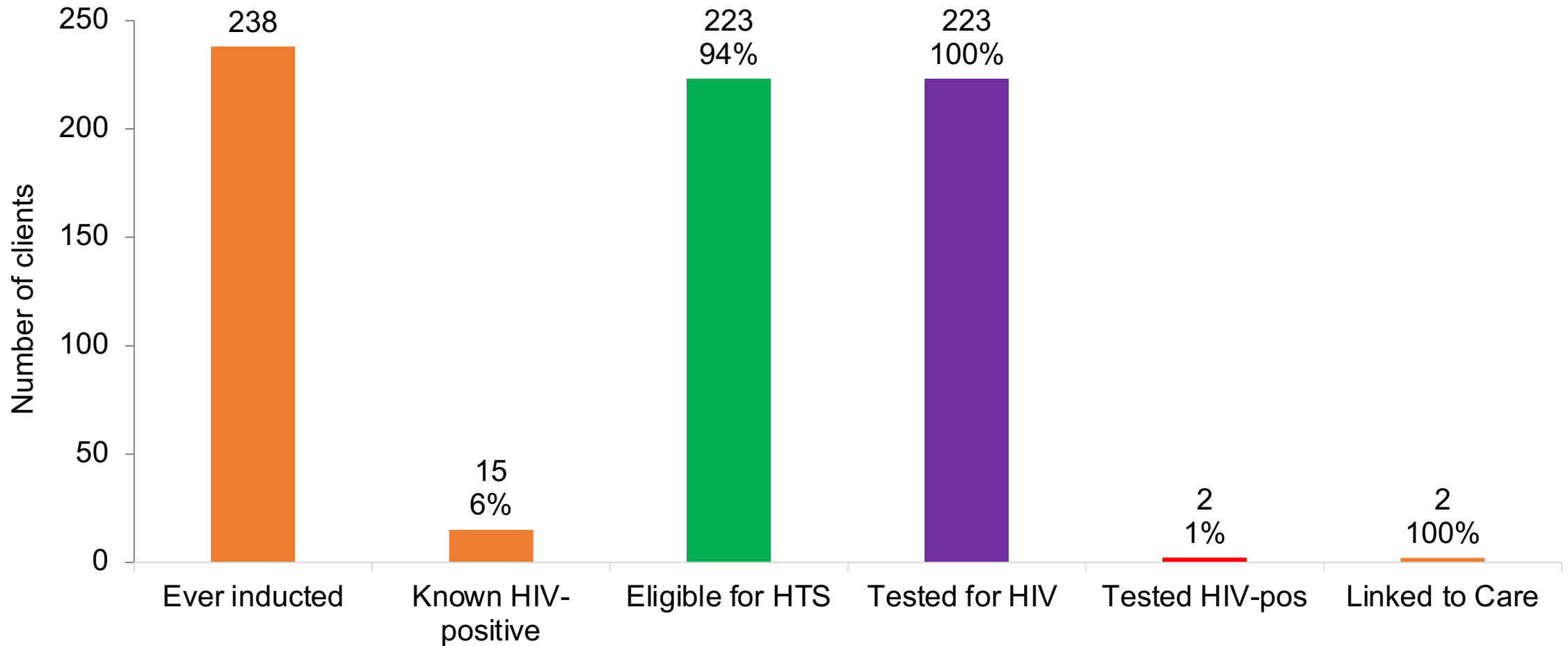
# MAT enrollment (2017 – 2021)



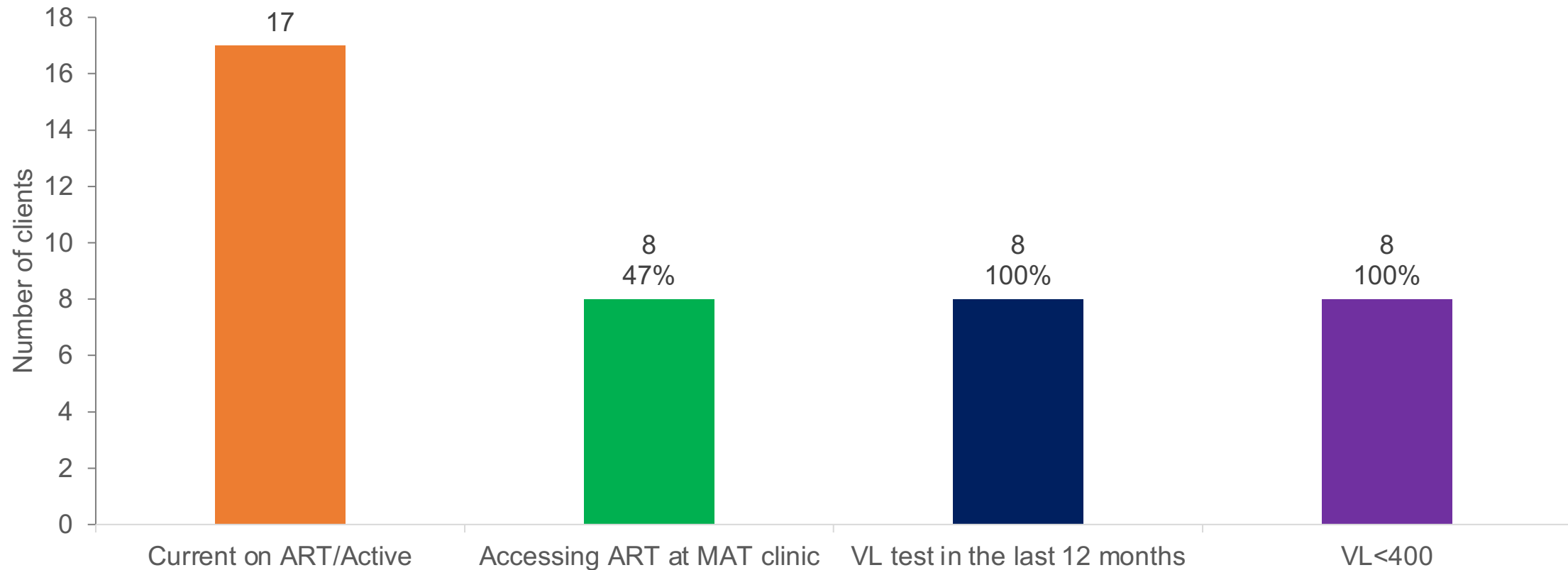
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# HIV Testing Cascade among MAT clients



# HIV Care Cascade among MAT clients



# MAT Program – Key strengths and challenges

Strengths	Challenges
<ul style="list-style-type: none"><li>▪ Robust referral system is in place to link PWID to MAT clinic at JOOTRH</li><li>▪ Recruited a psychosocial counsellor to support in retention of both new and old clients</li><li>▪ Able peers working hand in hand with staffs</li><li>▪ Intensified follow up in place for clients who miss clinic</li></ul>	<ul style="list-style-type: none"><li>▪ Low retention of MAT clients who are highly mobile</li><li>▪ Lack of sustainable livelihood programs</li><li>▪ Interruption from COVID 19 pandemic affecting active community mobilization</li></ul>

# Strategies to improve retention on MAT

IPC measures in place to prevent covid 19 infections

- Continued support of peer mobilizers to support in community mobilization.
- Strengthened mobilization and referral to MAT centre for individual clients identified at the dens.
- Use of case managers as support systems for peers to help clients with defaulting issues retained into care.
- Weekly community outreaches with Peer Mobilizers, follow up of missed doses by peers and phone tracing daily.
- Knowledge mobilization led by influential peers through peer support.
- Case files review for clients lost to follow up for more than two years to make a decision on transitioning to self discontinuation



# Strategies to improve retention on MAT

- Improved client preparation before and after induction to reduce cases defaulters and improve retention.
- Case management by client champions supported by health care workers and volunteers
- RRI on missed doses and defaulters weekly with daily tracking
- Encouraging and welcoming reminders given to clients to help them to keep coming for appointments.
- Building local partnerships, linking with relevant local strategic partnership groups
- Involvement of clients into IGA activities such as soap making, table banking, siri ya jikoni to improve their livelihood among clients
- Introduction of peer-to-peer support for retention of new clients to care
- Increased outreach services at the Dens /Community due to availability of peer mobilizers

**THANK YOU  
FOR  
ANY  
QUESTIONS ?**

