Session 9b: Differentiated Treatment Models for KP
Questions and Answers

1. It seems the proportion of those accepting the CCLAD group is lower, was that the target or there are challenges in the implementation?
   Response: To join CCLAD there is a criteria that must be stable on ART for at least 6 months, good adherence, not on intensive TB treatment on same regimen for 6 months and not pregnant and virally suppressed. so not all of them fulfill these criteria. But as soon as one gets all that and is willing, she joins

2. Thank you for the presentation. What is the eligibility criteria used for the SWs who are enrolled in the CCLAD model?
   Response: Must be stable on ART for 6 months, adherence at 95%, not on intensive TB treatment, same regimen for 6 months, not pregnant and virally suppressed

3. If we select those who are adherent already etc. does that not skew/bring in bias to the outcomes shared?
   Response: No, it does not. In fact it encourages the others because they always want to join because its very convenient for them and it gives them freedom since they come to facility twice a year for RVLM only.

4. Do you do TB/COVID screening?
   Response: Yes, all health facilities in Uganda with the MOH guidance do COVID screening at the gates of the Facilities. TB screening is done to all Clients and all patients at OPD for presumptive TB

5. Bientôt au Burundi on va introduire le programme méthadone pour la réduction des risques liés à l'usage des drogues; juste pour vous demander si on a besoin tout d'abord de la politique nationale de substitution?Nous sommes aussi face aux intersectionnalités des populations clés, quelle est la place de MAT program avec le reste des populations clés?
   Response: Oui, il doit y avoir une politique nationale de substitution avant l'introduction de la méthadone. D'autre part, il demande si les DIU peuvent faire partie des DIC... car ils ne sont pas intégrés dans les DIC. Oui, vous devez impliquer la politique nationale en raison de la restriction sur le médicament /Méthadone.

   Soon in Burundi we are going to introduce the methadone program for the reduction of risks related to drug use; just to ask you if we need first of all the national substitution policy... We are also facing the intersectionalities of the key populations, what is the place of MAT program with the rest of the key populations...
   Yes, there must be a national substitution policy before the introduction of methadone. On the other hand, he asks if IDU can be part of DIC ... because they are not integrated in DIC. Yes, you need to involve national policy due to the restriction on Drug / Methadone.

6. Je voulais savoir sur les 12 qui ont refusés le traitement es ce qu'ils ont donnés leurs arguments pour pouvoir les convaincre a l'avenir oi les suivre de près en cas d'urgence
   Pour les 12 personnes qui ont refusé le traitement, nous avons exploré et identifié les problèmes clés suivants : pression des pairs, environnement de travail, moment choisi et divulgation/stigmatisation.

I wanted to know about the 12 who refused the treatment, did they give their arguments to be able to convince them in the future or to follow them closely in case of emergency
Response: Betty says: The 12 who refused treatment, we explored and identified key issues as: peer pressure, work environment, timing and disclosure/stigma.

7. In a situation where the organization do not have urine screening at the DIC and the facility they do referrals are not doing such service, what will be done to attend such client? Please share your experience @bettyonyanyo
   Response:

8. Quels sont les services de proximité créés au Kenya pour faciliter et maintenir la rétenttion aux traitements parmi les Key pop
   Response: 1. Sensibilisation individuelle des familles et réintégration des familles pour les soutenir dans leur traitement; 2. Visites aux sports Hot PWID pour le suivi et l'éducation des clients; 3. Visite des prisons et des unités de police pour la sensibilisation et la fourniture de matériel TIC.

   What outreach services have been established in Kenya to facilitate and sustain treatment retention among Key Pop
   Response:
   1. Individual Family outreach and family reintegration to support in treatment
   2. Visitation to the Hot PWID sports for follow up and client education
   3. Visiting Prisons and police units for sensitization and provision of ICT Materials

9. '@David and @Betty: Retention seems to be an issue for KP program. What is your view on biometric capture in services delivery?
   Response:

10. What are your experiences in effectively reaching KP sub populations types in the same drop in centres ? do you think having separate arrangements for PWID and TGs will improve their reach ? do you have examples of outcomes or programs that serve TGs, PWIDs, MSMs and FSWs with the same DIC and the effect on sub-populations outcomes ?
    Response: