



# CQUIN 5<sup>th</sup> Annual Meeting

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Differentiated services for MSM in Kenya  
Community led research

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HIV Learning Network  
The CQUIN Project for Differentiated Service Delivery

# Study Aim

To generate evidence on the HIV differentiated service delivery for MSM in Kenya.

## **Study Questions:**

- How are HIV services on prevention, testing, treatment and care for MSM being delivered?
- What are the experiences with differentiated HIV service among MSM with men in Kenya?
- What are the facilitators and barriers to access and uptake of HIV differentiated services among MSM in Kenya?

# Study Objectives

The study was guided by the following objectives;

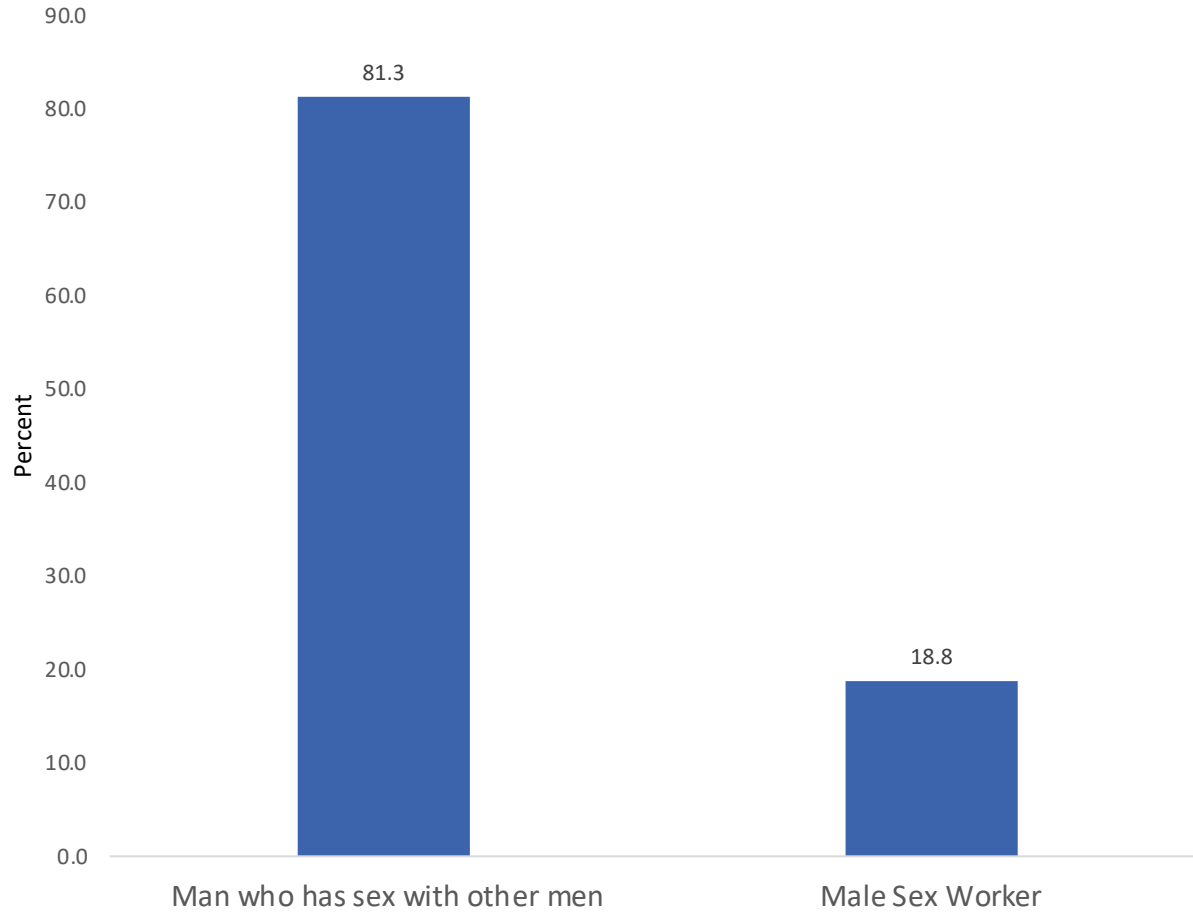
- To understand current HIV service delivery models for MSM in Kenya
- To explore MSM experiences with HIV services access and uptake within MSM and MSM facilities in Kenya.
- To explore opportunities and barriers for HIV differentiated services delivery among MSM in Kenya.

# Methodology

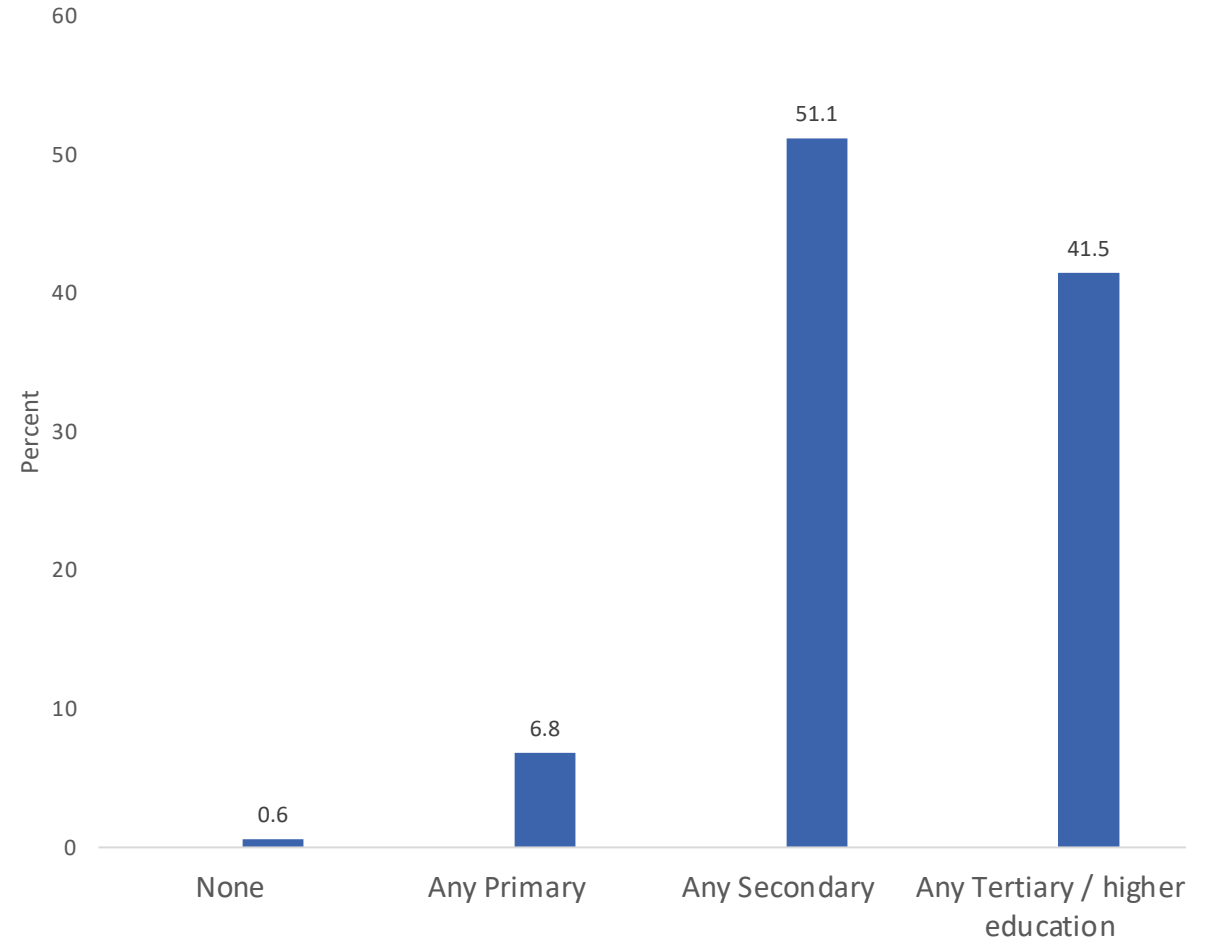
- Cross-sectional Mixed Methods study
- 3 Counties in Kenya- Kisumu Nairobi and Mombasa
- Sampled 332 MSM accessing DSD services
- 156 on ART and 173 on PrEP
- Cities and Clinics
- HAPA Kenya, ISHTAR, HOYMAS & MAYGO

# Demographic characteristics

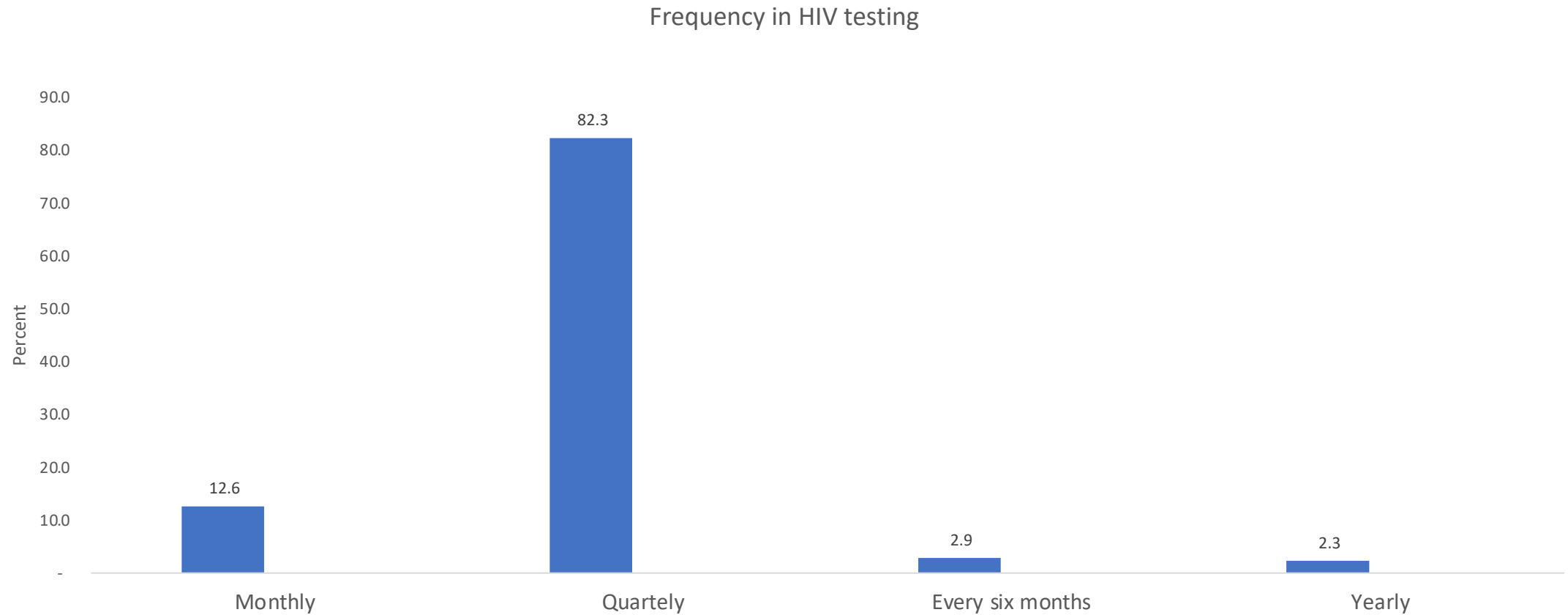
## What do you identify as?



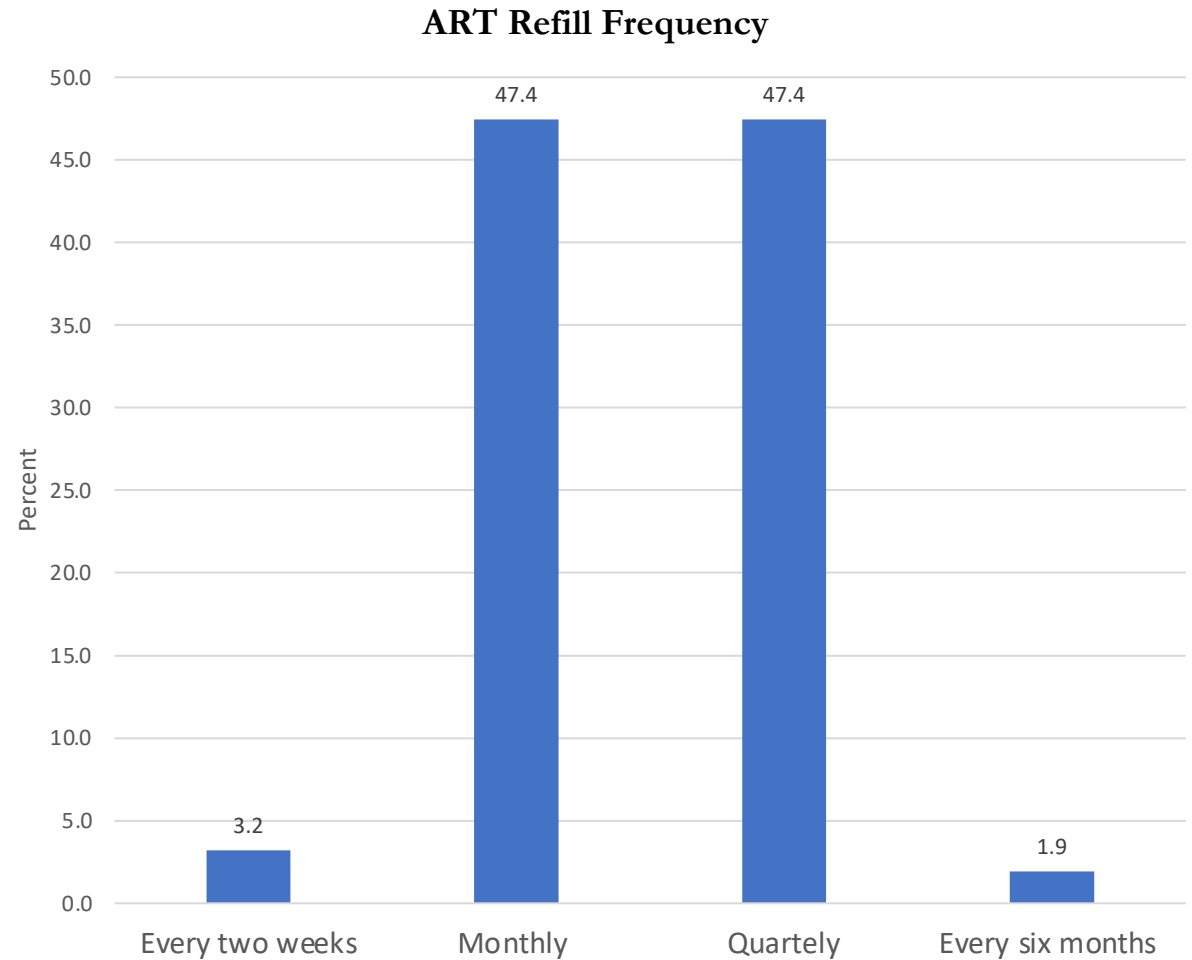
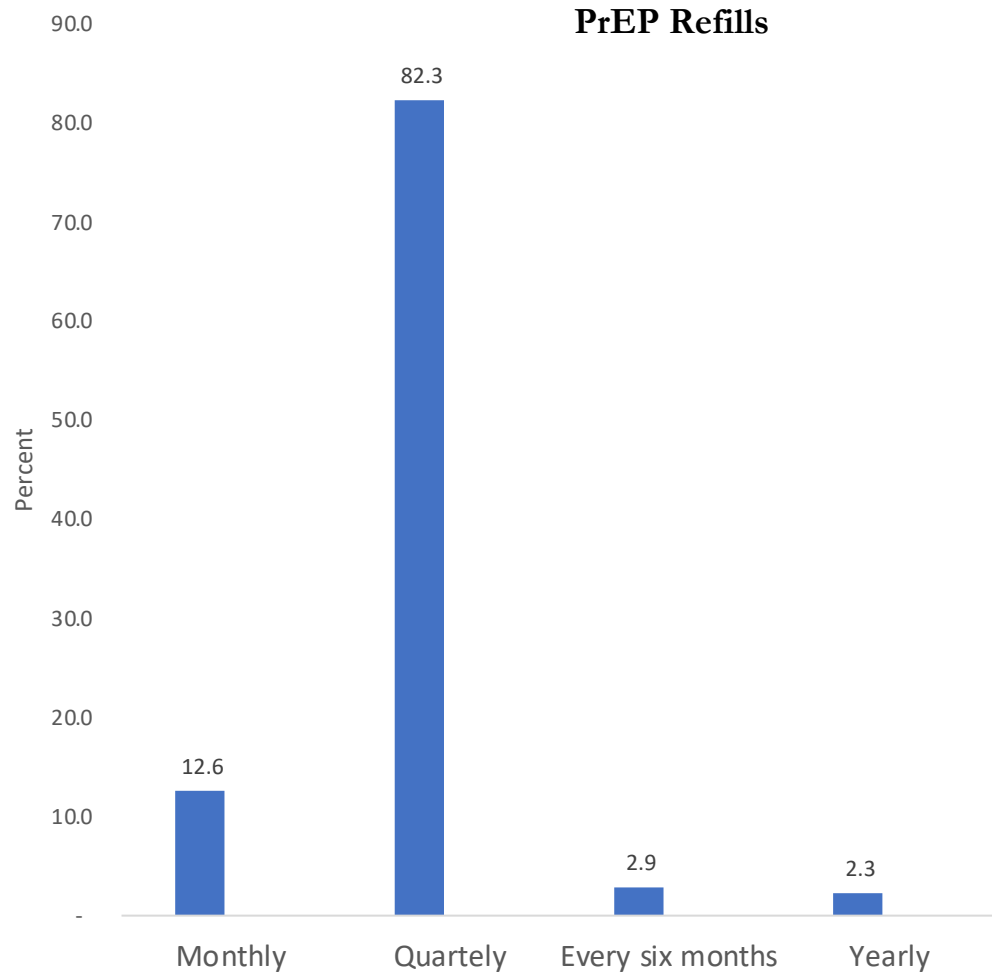
## Highest level of education



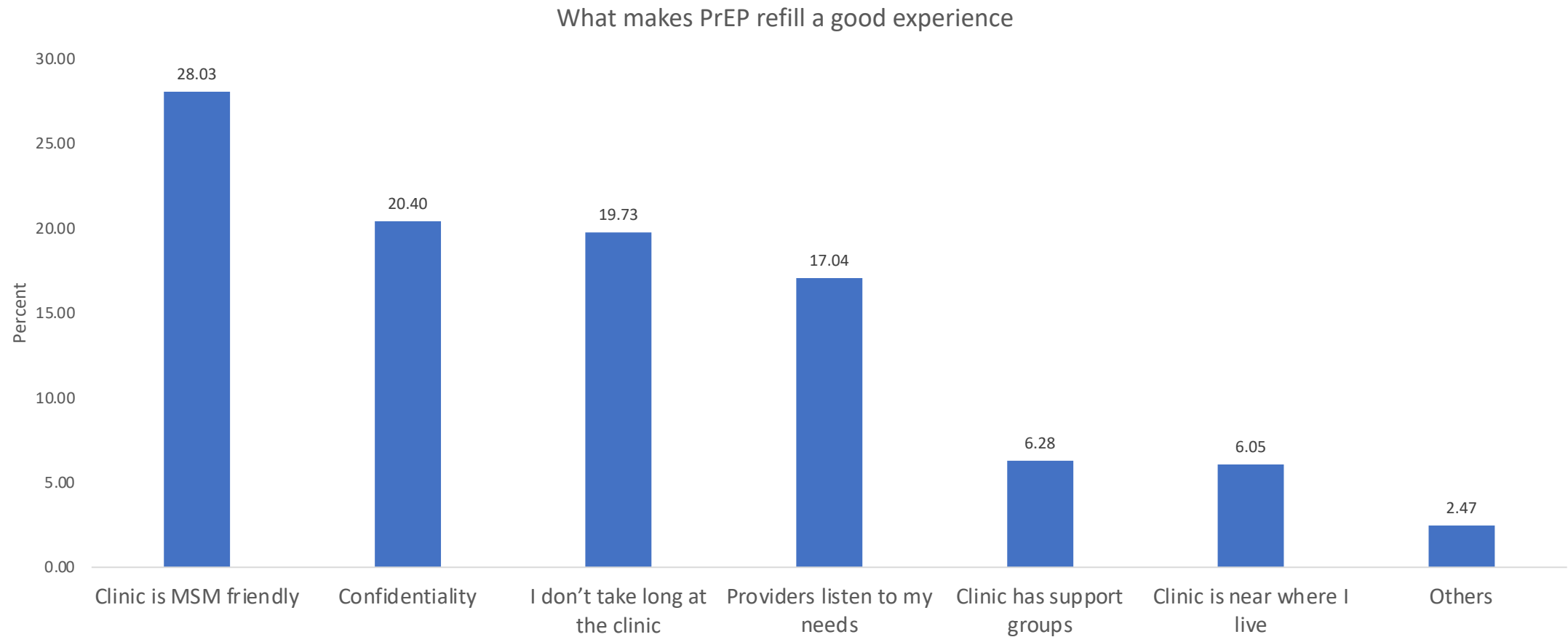
# Frequency in HIV Testing



# Refills for both ART and PrEP

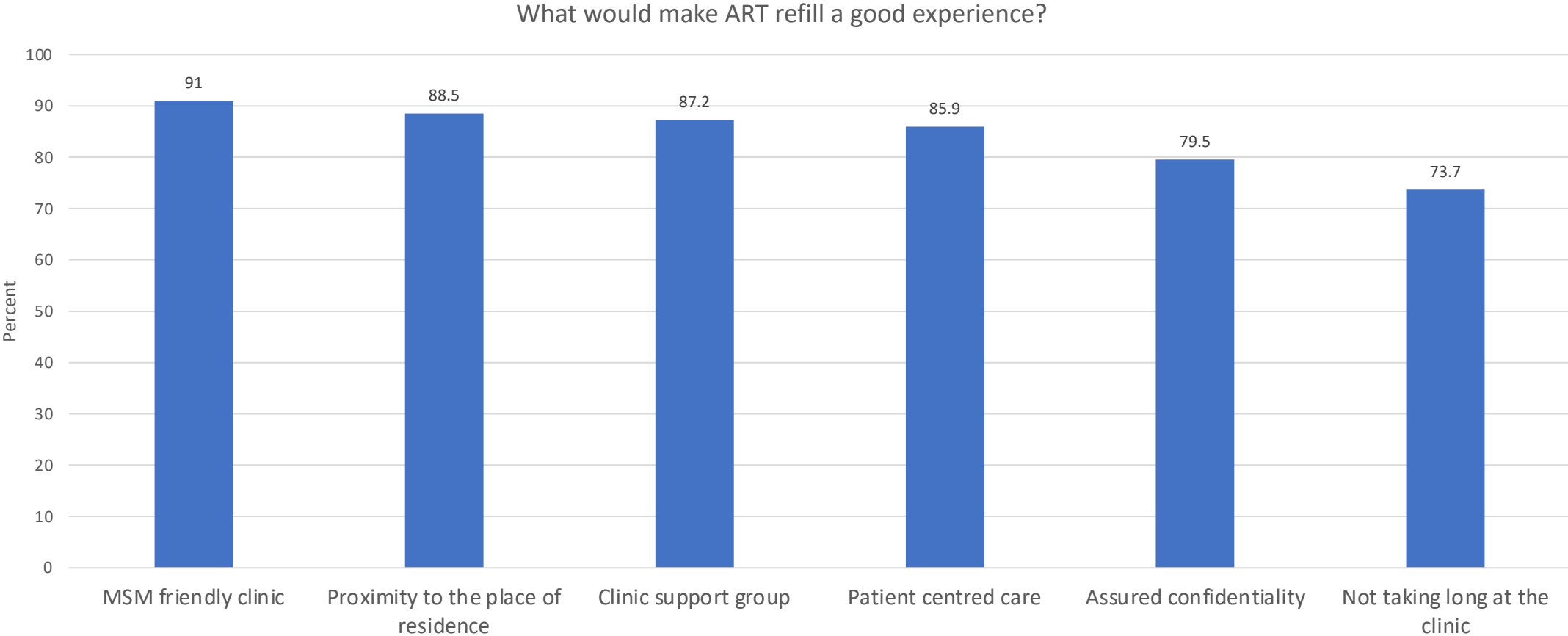


# PrEP refill experience



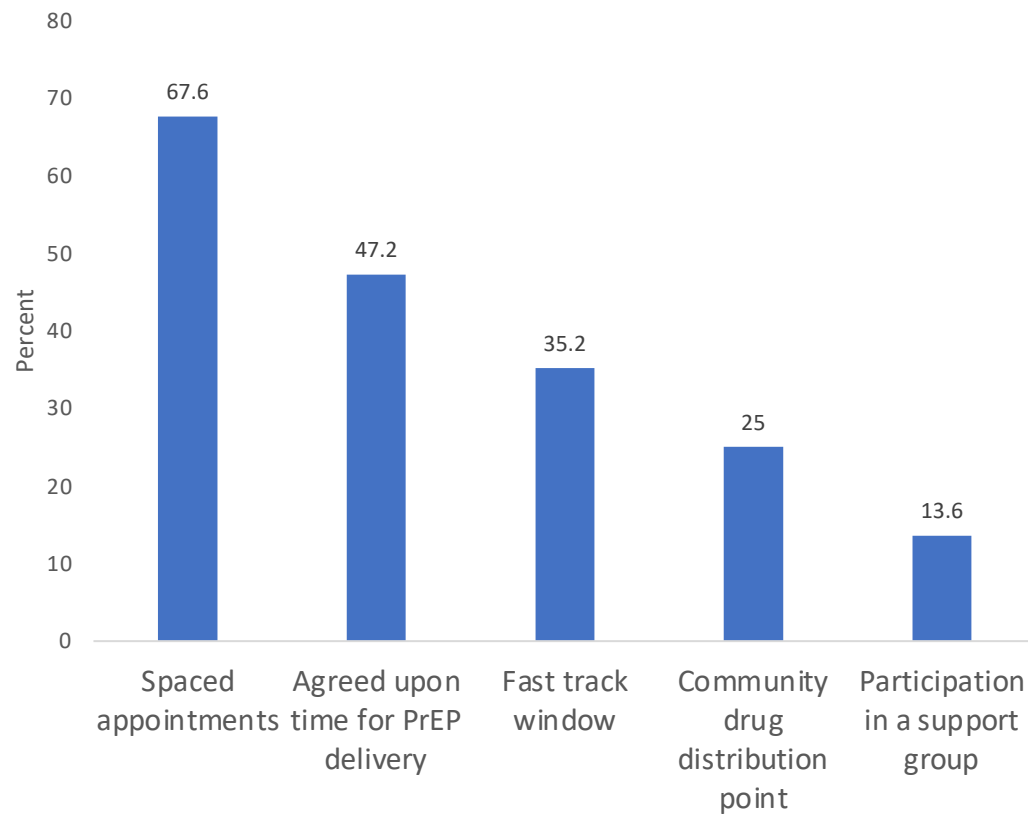


# What would make ART refill a good experience

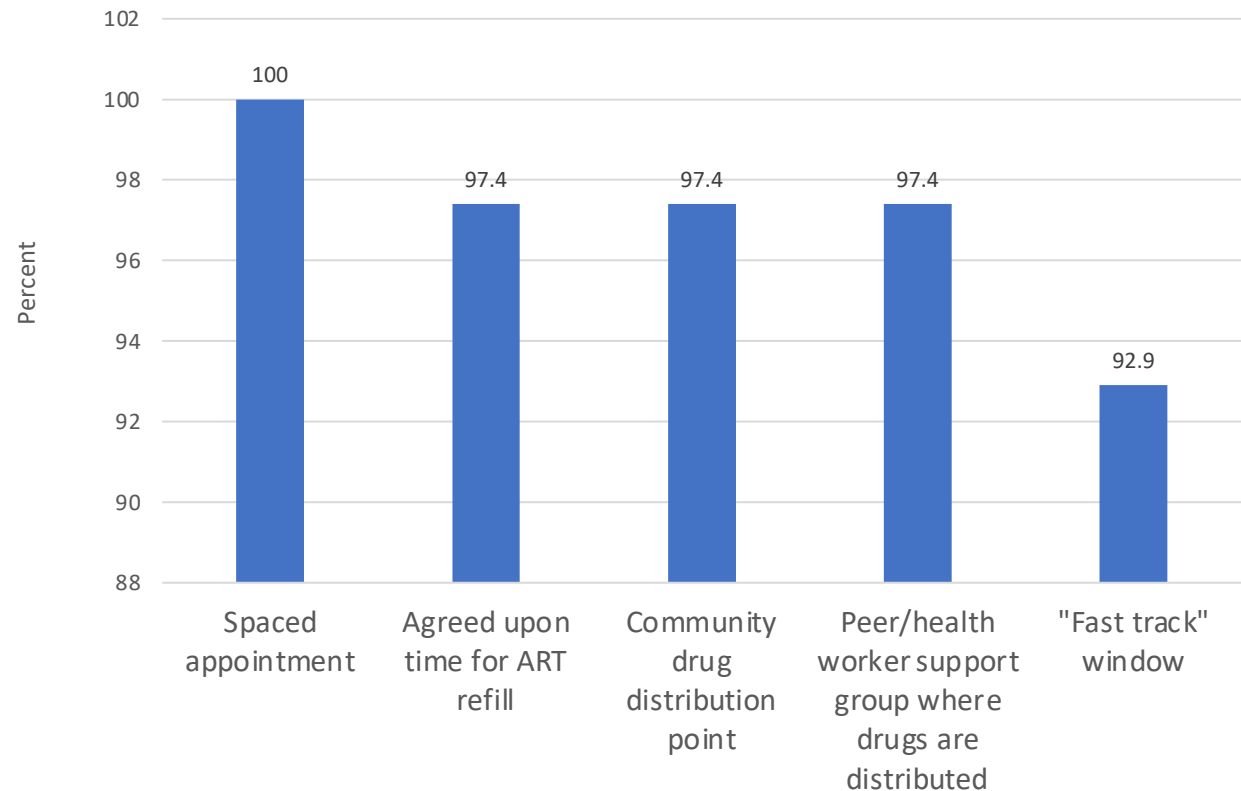


# What would make it easier to regularly obtain PrEP & ART refill

What would make it easier to regularly obtain PrEP refill



What would make it easier to regularly obtain ARVs?



# Missed appointments

## ART

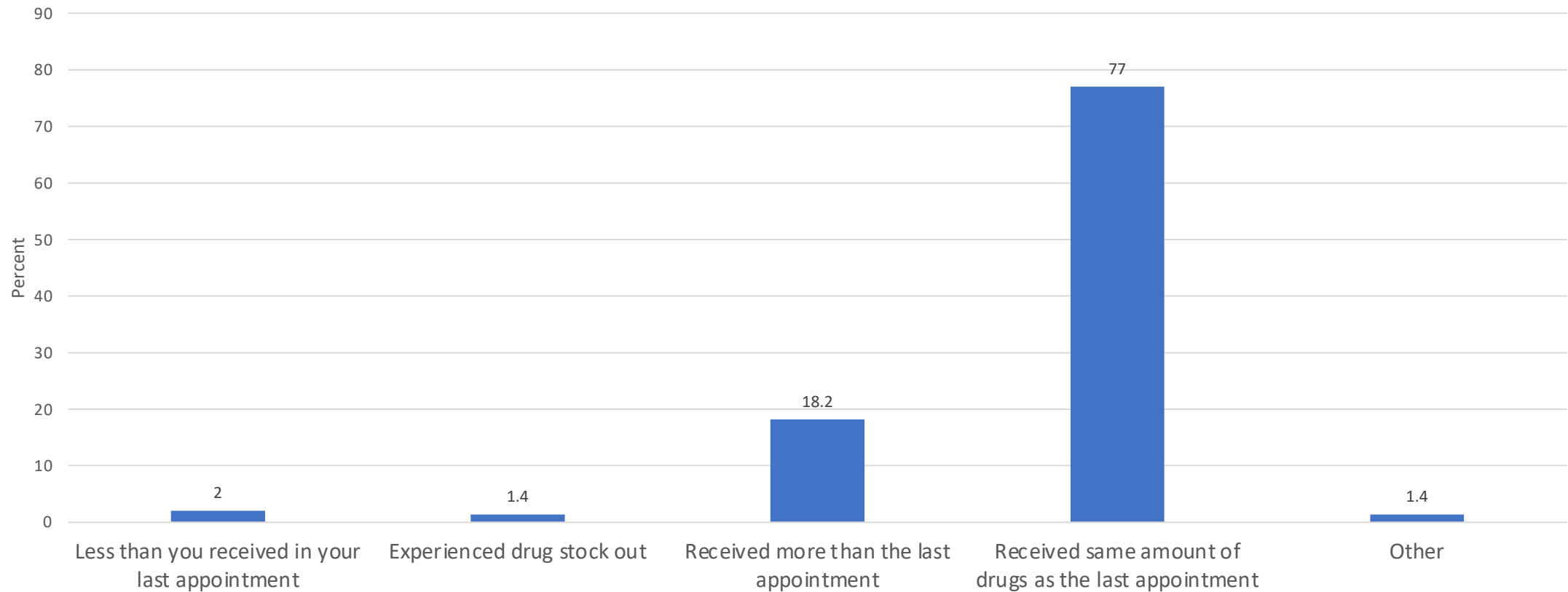
Characteristics	Frequency	Percent
<b>Missed appointment (n=154)</b>		
Never	122	79.2
1-3 times	29	18.8
More than 3 times	3	1.9
<b>Reasons for missed appointment</b>		
Lack of transport	11	32.4
Unwell/family member unwell	6	17.6
Forgot	5	14.7
Didn't have time	5	14.7
Could not take day off work	3	8.8
Others	4	11.8
Total	34	100.0

## PrEP

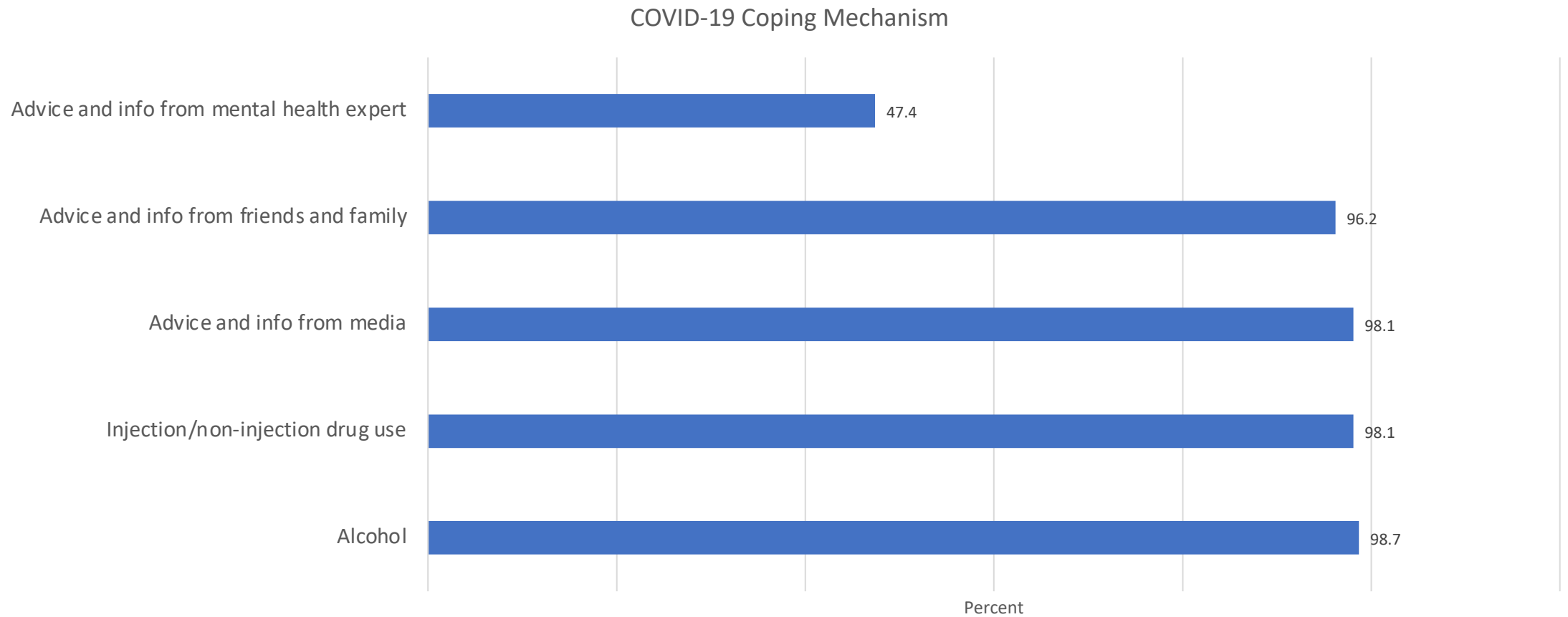
Characteristics	Frequency	Percent
<b>Missed appointment (n=171)</b>		
Never	105	61.4
1-3 times	57	33.3
More than 3 times	9	5.3
<b>Reasons for missed appointment (n=89)</b>		
Lack of transport	29	32.58
Had travelled	16	17.98
Forgot	13	14.61
Didn't have time	11	12.36
Could not take day off work	9	10.11
Unwell/family member unwell	6	6.74
Others	5	5.62

# Experiences during COVID-19

The supply of ARVs received during the lock down



# COVID-19 Coping Mechanism



# Quotes

*“I have a...before I enrolled at the current clinic where I was accessing services at a certain public hospital. All I can say that the challenge I had most was waiting so much on the queue or when you book an appointment, you still find the clinician you booked is not around, he went away. So you have to reschedule your appointment or you will have to wait for someone else to come and serve you. **DNHIM 004** ( a recipient of care )*

# Quotes

*They should be able to deliver the best services to the MSM. First, there needs to be a lot of sensitization of healthcare workers especially those in government facilities. I know most of the KP programs, where we have stand-alone or drop-in centers, there is a lot of work that has been done in terms of building their capacity. Some workers will also go on to build the capacity of other healthcare workers but it needs to be strengthened to be able to provide services to the MSM. Also, looking into sustainability because right now, we are moving into being self-reliance. We also understand that donor funding is dwindling so we need to ensure that there is more of integration, in terms of other government facilities providing services to MSM so that when the MSM goes to a government facility, they are able to access condoms, lubricants and anal examination amongst others. **DKIC001** (Program)*

# Quotes

*Because follow up especially for PrEP, for HIV, its easy. We do viral load. But for PrEP it's not easy. So when we do differentiated services for PrEP, it will be easier because at least someone from the community and the fellow peer who will support them who is initiated for PrEP. **DMIP 004** (Clinical team)*



# Conclusions and Recommendations

- Psychosocial support
- Peer engagement
- Integration of sexual and reproductive health services
- Health provider sensitization and training on delivering GBMSM-friendly services
- Transport and incentives to improve uptake of services

# Conclusion

- Scaling up DSD will require engagement and coordination by the ministry of health, with strategic input from GBMSM communities, and strong partnerships with programme implementers also a coordinated effort from donors/ Funders
- Strengthen partnerships, linkages and referrals between health facilities and community structures such as community-based organizations (DICs) for continuity of care and programme sustainability
- Build the capacity of health providers, providing ongoing training and sensitization on DSD, GBMSM-friendly health services and psychosocial support
- We need to innovate and support incentives (transport) for people on ART and PrEP for retention and follow-up

# Acknowledgement

- IAS- Support community Consultation in 2019
- ICAP- for the opportunity to learn and engage in DSD convenings
- NASCOP- For their support and leadership
- GBMSM HIV prevention Kenya- for partnerships and implementation of the research
- Ishtar- for hosting and leading the study