

Delivering High-Quality DSD Services at Scale A CQUIN Learning Network Workshop

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Role of Community-led Organizations in Improving Quality for GBMSM

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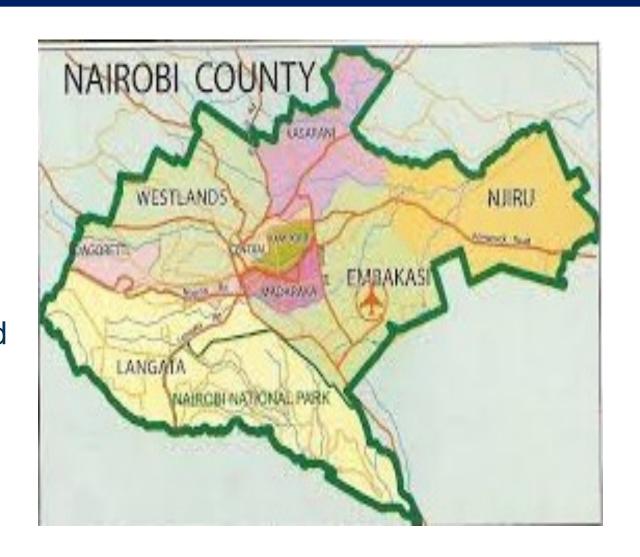


Introduction

We are a community organization working on MSM health and social well being in Kenya

Location: Nairobi County, expanding to Nyandarua

Populations served: gay, bisexual, and other men who have sex with men (GBMSM) and transgender people (TG)



Service Delivery Model

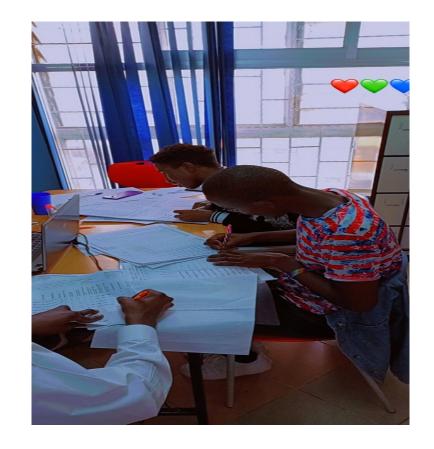


Introduction

Organization target to reach for services: 7300

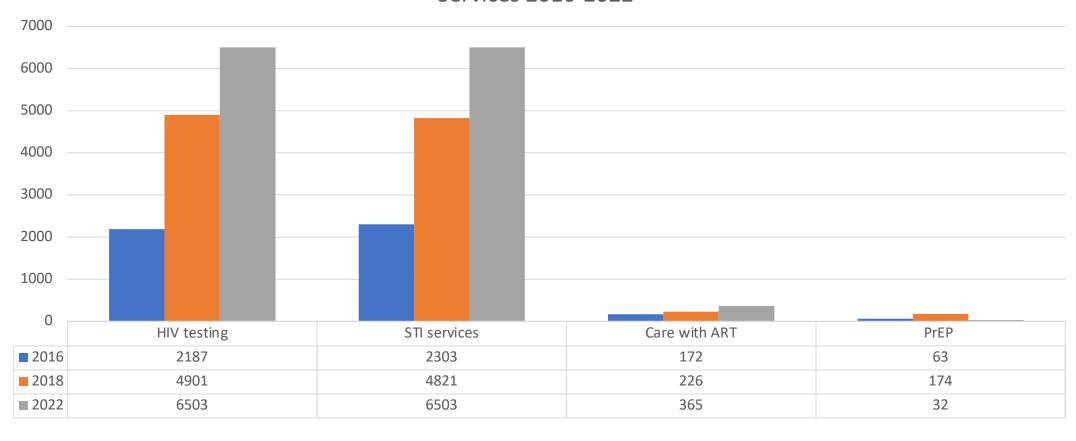
Target ratio of 1 peer to 40-60 clients

Current reach: 6503



Program growth





How we monitor quality

- Routine data quality assessments
- Client exit forms
 - Evaluation of the services offered to clients.
 - Filled out by the client after receiving services, either at the clinic, the CCC centre or at the reception.
 - Data is collected in hard copy and reviewed in monthly meetings or in the micro-planning sessions to address challenges raised by clients.



How we monitor quality

Micro-planning meetings

- Monthly review of the peers' work plan.
- Attended by Peer Educators, Outreach Workers, Programs Officers and Clinicians.

Support group meetings

- Each support group has at least 20-30 people.
- They meet in safe spaces that they identify.
- Issues raised around viral load and linkages are referred appropriately.
- Refills, adherence counselling and nutritional support are provided for members.
- Prevention is discussed for those in discordant relationships.



Role of Peers in Outreaches



- Peer-led projects make it easy to reach community members
- Partnerships help with response to violence, commodity supply and sustainability of the programs
- Community-led programs are a safe space for members and make it easy for service delivery

Challenges

- Too many data tools
- Peer attrition
- Very large numbers to maintain and follow up (50-60)
- Increase in payment for peers
- Follow-up and high transport costs
- Security

Thank You!