

# Differentiated Testing and Linkage: The Blind Spot

Jeffrey Walimbwa Wambaya and Kennedy Otieno

**Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services**

March 13-16, 2023 | Nairobi, Kenya



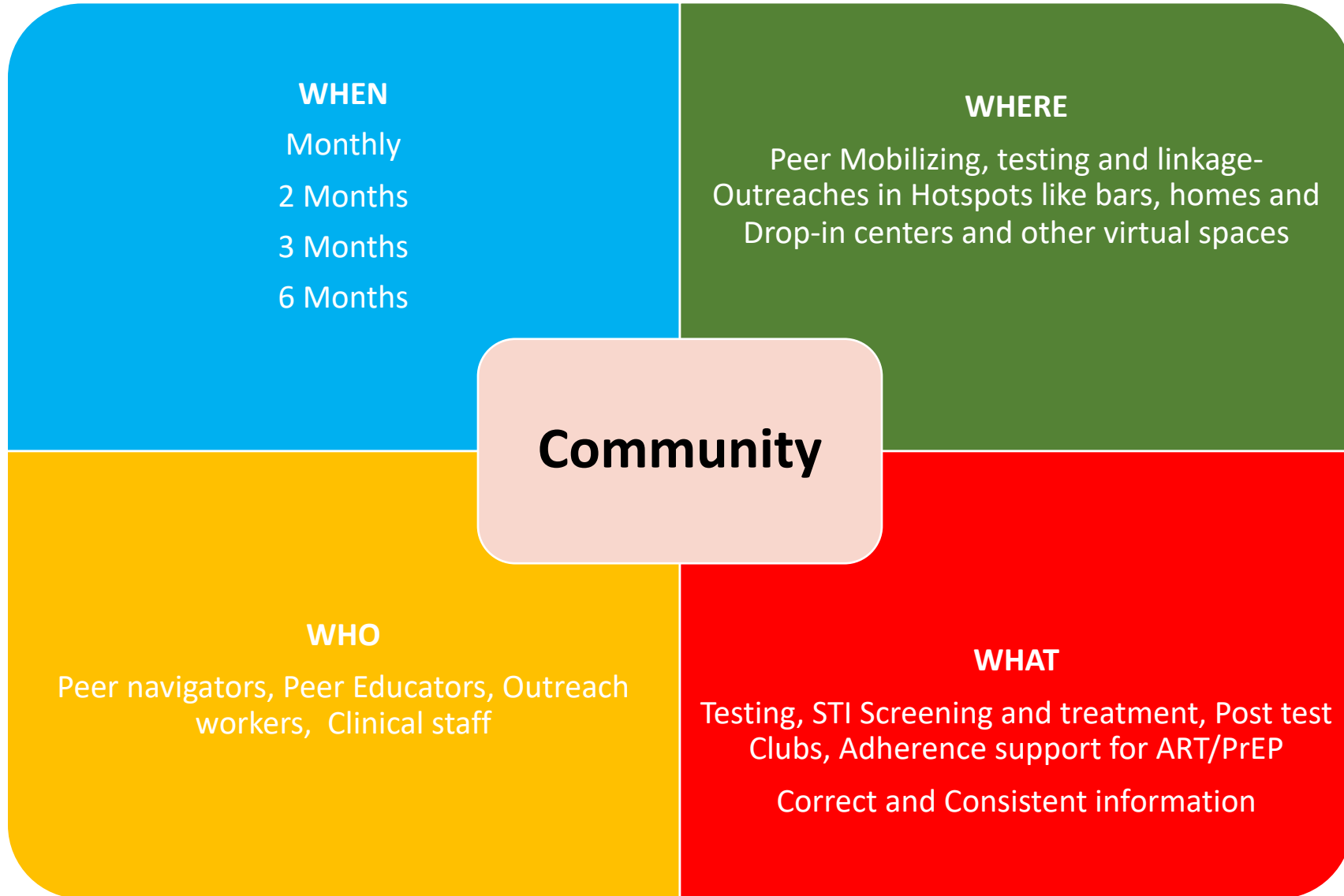
# Introduction: Key strategies used by communities to support testing and linkage



## Introduction

- Community engagement helps in improving **Coverage, Quality, Utilization, Innovation**
- Community engagement helps build **Networks** which move interventions for **General to Specific**, addressing the key issues that affect and address their specific needs
- Community engagement brings out **Empathy** a component forgotten in many programs, and which affects testing, linkage, treatment and care – especially for key populations and recipients of care
- We cannot complete the building Blocks in DSD without community **Peer to Peer Models**

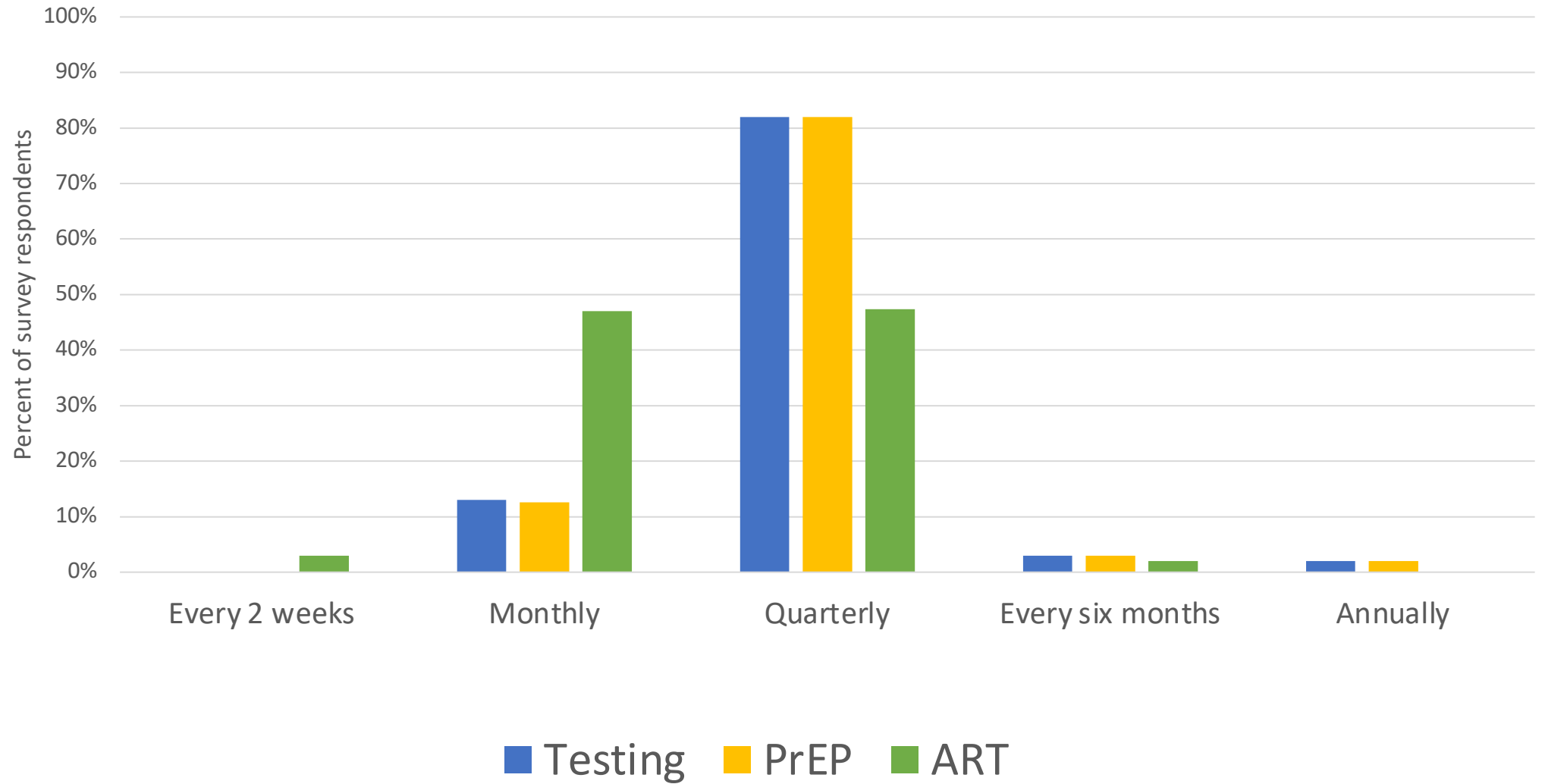
# How we do it



## Client Survey

- Part of a cross-sectional mixed-methods study conducted in 2020
- Survey respondents = 330 MSM and MSW on either PrEP or ART at clinics in Nairobi, Mombasa, and Kisumu, Kenya
- Explored experience receiving HIV testing, prevention and treatment services as well as barriers and facilitators of service uptake

# Frequency of HIV testing, PrEP refills, and ART refills





## What makes HIV testing a good experience?

- Stigma free services: Health care providers are sensitized
- Peer support network
- Available information on testing
- Services availed near you: Outreaches and Hotspots

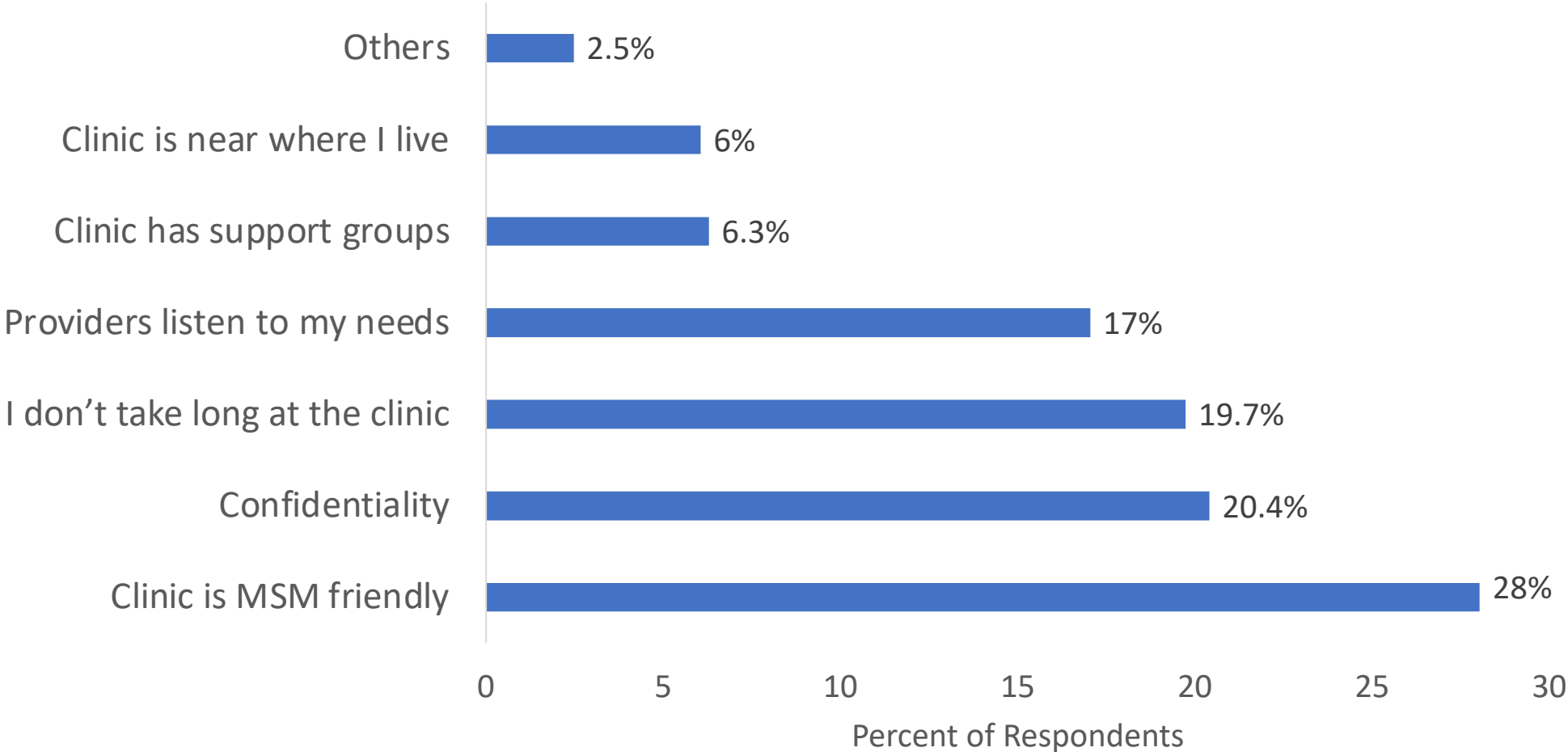
***"As an MSM, I think receiving services at XXXXX is a good thing because as an MSM, this place is stigma free and friendly to KP, so it makes it easy for me to access any services I need." DMIM 001 Mombasa***

# Outreach in Hotspot Bar and a Mobile Van

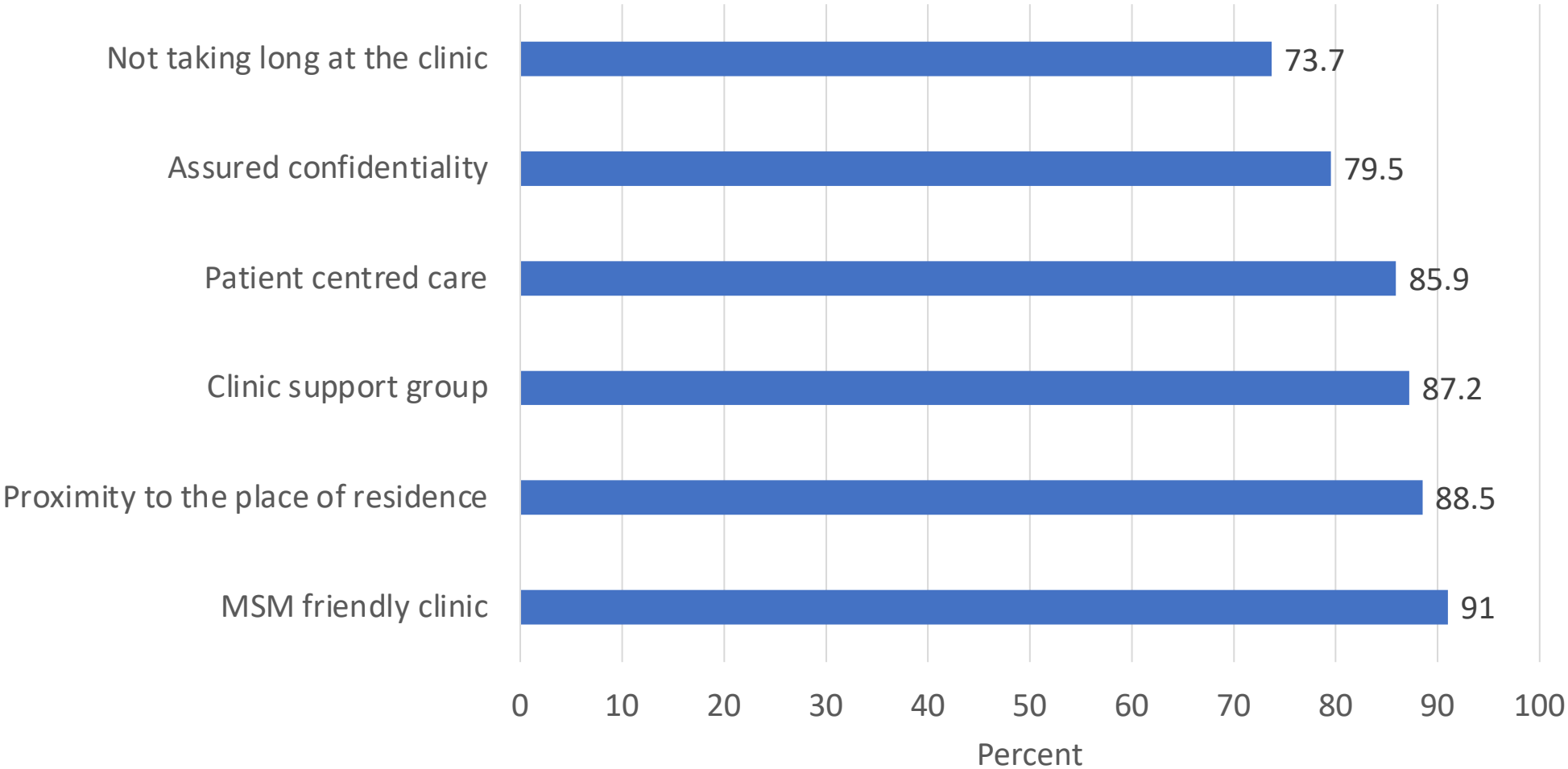




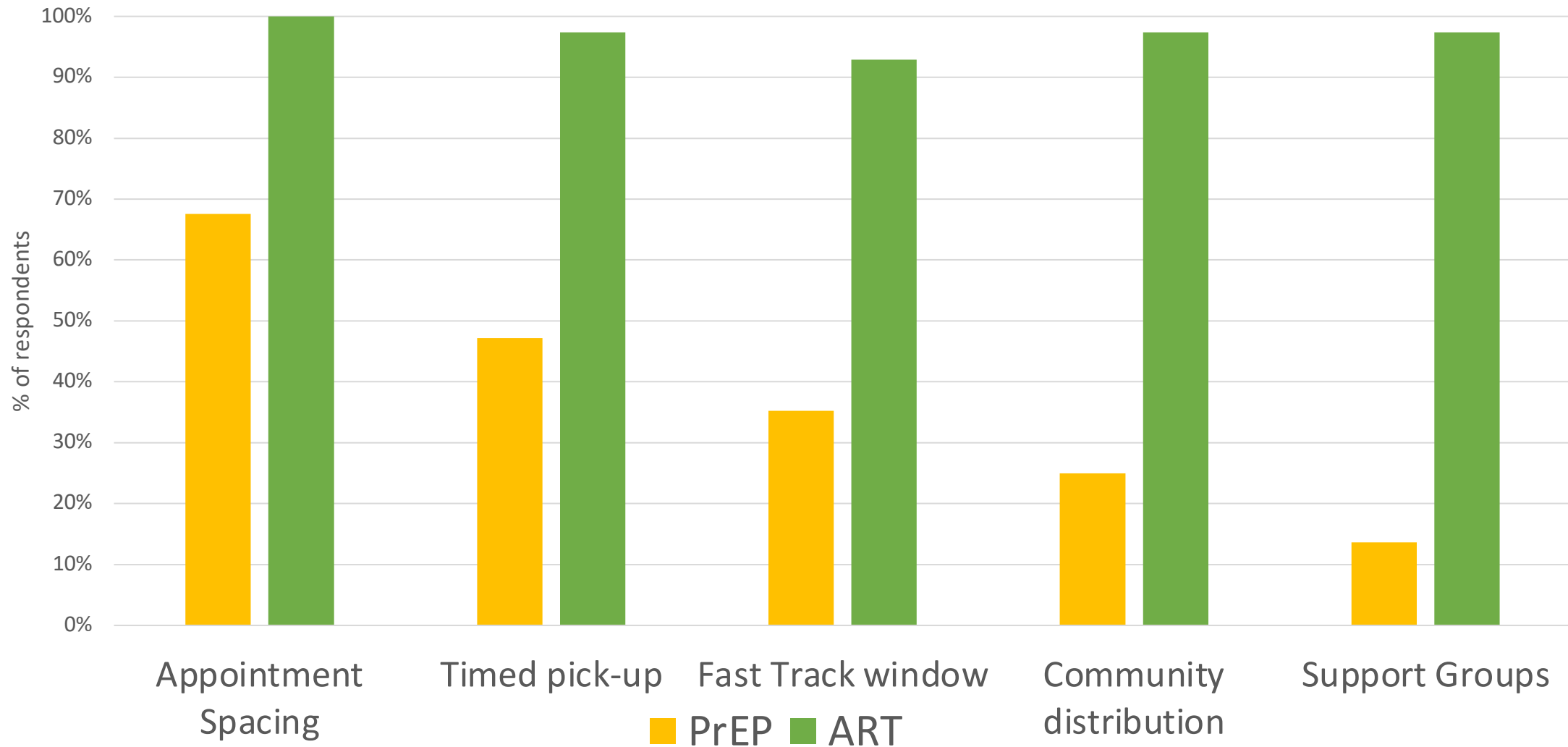
# What makes a PrEP refill a good experience?



# What makes an ART refill a good experience?



# What would make it easier to refill PrEP and ART?



# Common Themes: Client Experience – 1

- ✓ MSM friendly staff and space
- ✓ Confidentiality
- ✓ Person-centered care
- ✓ Support groups
- ✓ Convenience



# Common Themes: Client Experience – 2

*"The motivation they give us when we come for refill. They will laugh and make sure that we are very comfortable. It is a safe space. It is so cozy where everybody is welcomed to sit down. We always feel like 'I wish tomorrow I can be coming back for my refill'. That is what motivates me..."*  
– MSM Client, ART

*"First and foremost, where I am accessing services, they are friendly, secure, the information I give out is very confidential. So, I feel very okay and free to air out my issues. I don't see any hindrance when speaking to them... I know my information is safe and confidential, I will not hear it anywhere else." - MSM client, PrEP*



# Community-led strategies to optimize testing, linkages and retention: MAAYGO Drop-in Center

Kennedy Olango

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# Introduction

- MAAYGO was founded in 2008 as the Men Against AIDS Youth Group
- It has since transitioned to a local community-based NGO and is now called “Mission for Advocacy and Advisory for Young Generation Organization”
- MAAYGO works to increase access to holistic health and rights-based services tailored to the needs of the marginalized and vulnerable through:
  - ✓ Comprehensive health and mental health services
  - ✓ Access to justice
  - ✓ Economic empowerment
  - ✓ Policy advocacy
- Target population is GB/MSM, TG, SW and PWUD
- Location: Kisumu, Vihiga, Kakamega, Siaya, Homabay, and Busia Counties

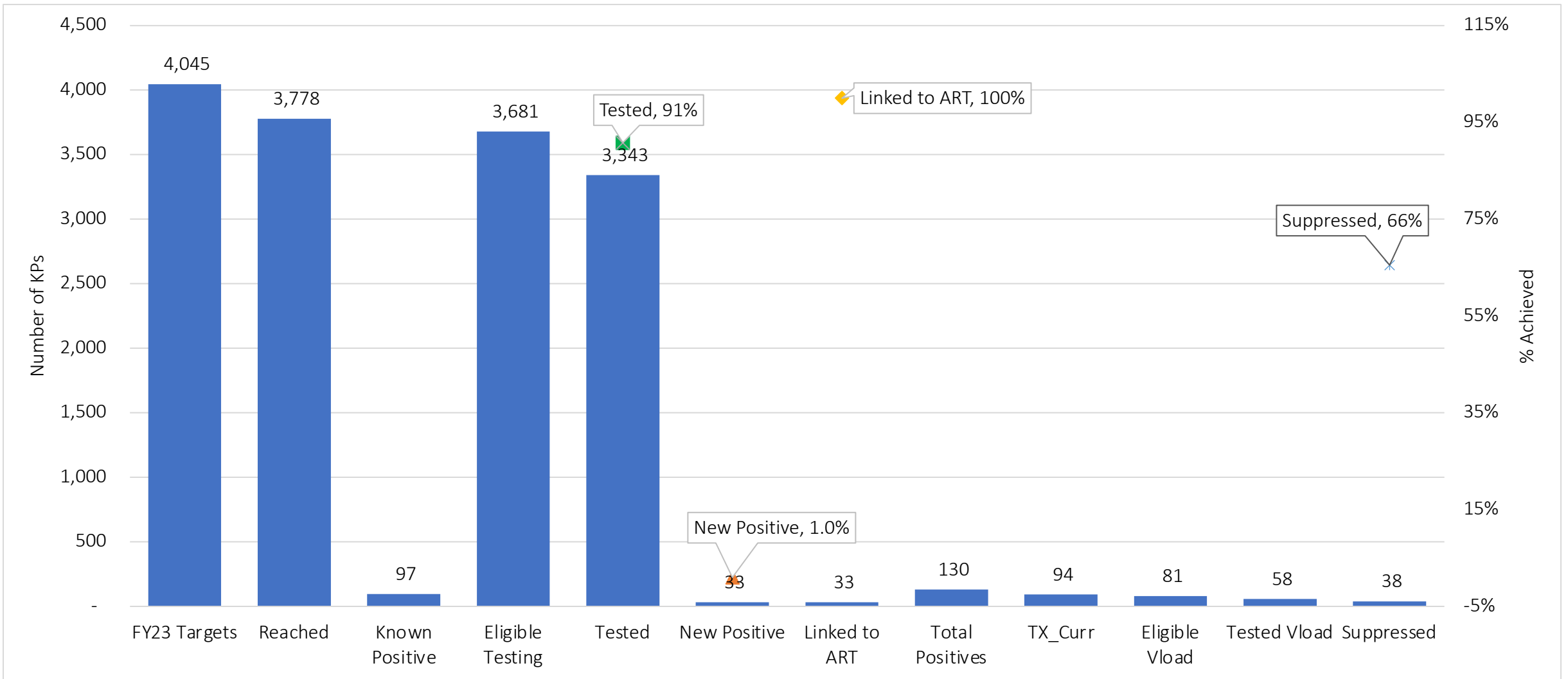
Overall Target: 4,045 Reached through the program: 3,778

Number of Outreach Workers: 10

Number of Peer Educators: 104



# FY22 MAAYGO MSM Prevention and Treatment Cascade



# Strategies Used

- Buddy support system
- Clinical appointment management: Timely reminder calls for clients before their TCA and a week before they come for their refills
- Integration of mental health screening and counselling to reduce self-stigma (PHQ9 screening tool)
- Visits at their comfort zones
- Adherence screening using Morisky Medication Adherence scale (MMAS-4 and MMAS-8)
  - Follow up with Booster adherence counselling
- Open chats and experience sharing through safe WhatsApp platforms
- Linkage to PSSG meetings that are PLHIV community-led to keep clients at per with the benefits of ART
- Continuous treatment literacy
- Defaulter tracing by peer navigators and social workers

## Lessons learnt

- Meaningful involvement of GB/MSM in peer education, programme design, implementation and monitoring processes ensures programme performance is optimised in the local context.
- Incorporating microplanning in the M&E documentation supports increased efficiency in service delivery and strengthen programming.
- Dice model is less stigmatizing hence GB/MSM-PLHIVs do come for refills with ease. This has boosted adherence and has made some offsite peers to transfer in to our facility.
- There is notably reduced vertical transmission of HIV amongst partners of perfectly adhering MSM



## Challenges

- Stock outs leading to ARVs rationing
- Mental health stressors leading to self-stigma and poor adherence
- Insufficient resources to manage HIV and its related co-morbidities
- Face off CTX has made most clients feel that HIV medication is not complete

## Recommendations

- Peer educators needs continuous empowerment for continuous reach to the GB/MSM communities and should continue to ne supported
- Continuous advocacy at global and national level for inclusion of key populations in the national response
- National plans need to diversify and accommodate tailored needs of sub-typology within KP programming

Thank you!

