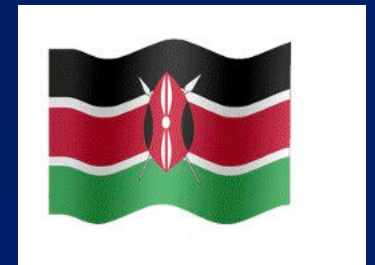


Differentiated Services for Key and Vulnerable Populations in Kenya



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Background

- Tailoring HIV service delivery to suit client needs is an integral part of the response to HIV epidemic control.
- Several studies conducted prior to and after large scale implementation of DSD suggested better or comparable retention and suppression outcomes for clients on a DSD model compared to those on standard care
- Kenya Key Population Program has been implementing DSD models for both stable (established) and unstable (non established) clients since 2020 during the wake of the COVID-19 pandemic.
- Other than Facility Fast Track models that were implemented in the drop-in-centers (DiCEs), there was great demand for community ART distribution models through Community ART Groups (CAGs).

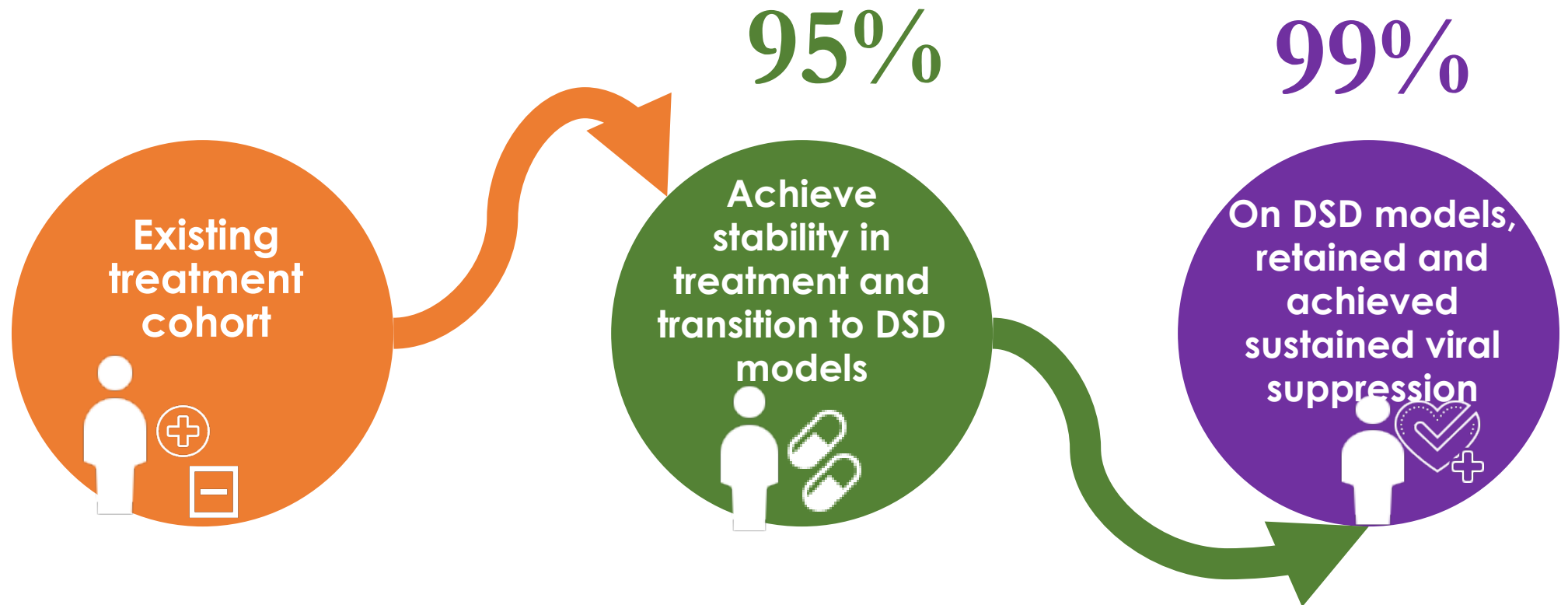
Why is retention so important for KP living with HIV?

Retention in care is strongly correlated with health outcomes.

Clients who are poorly-retained in care are:

- More likely to have detectable viremia.
- More likely to have prolonged viral burden.
- Less likely to maintain access to ART.
- More likely to have AIDS-defining opportunistic infections (Ois).
- At higher risk of mortality.

Expected DSD outcomes



Scaling up community-based models

Strategies used:

- Sensitization of service providers and KP clients on DSD models
- Continued client categorization at every clinical visit including mapping of clients per geographical location
- Client-led community empowerment
- HCW-led CAGs were formed in the initial phase as there were trust issues among KP peers.
- Second phase involved formation of peer-led groups led by Peer Navigators
- Community ART pick up points at beach fronts targeting fisher folk were also established

How does community ART work?

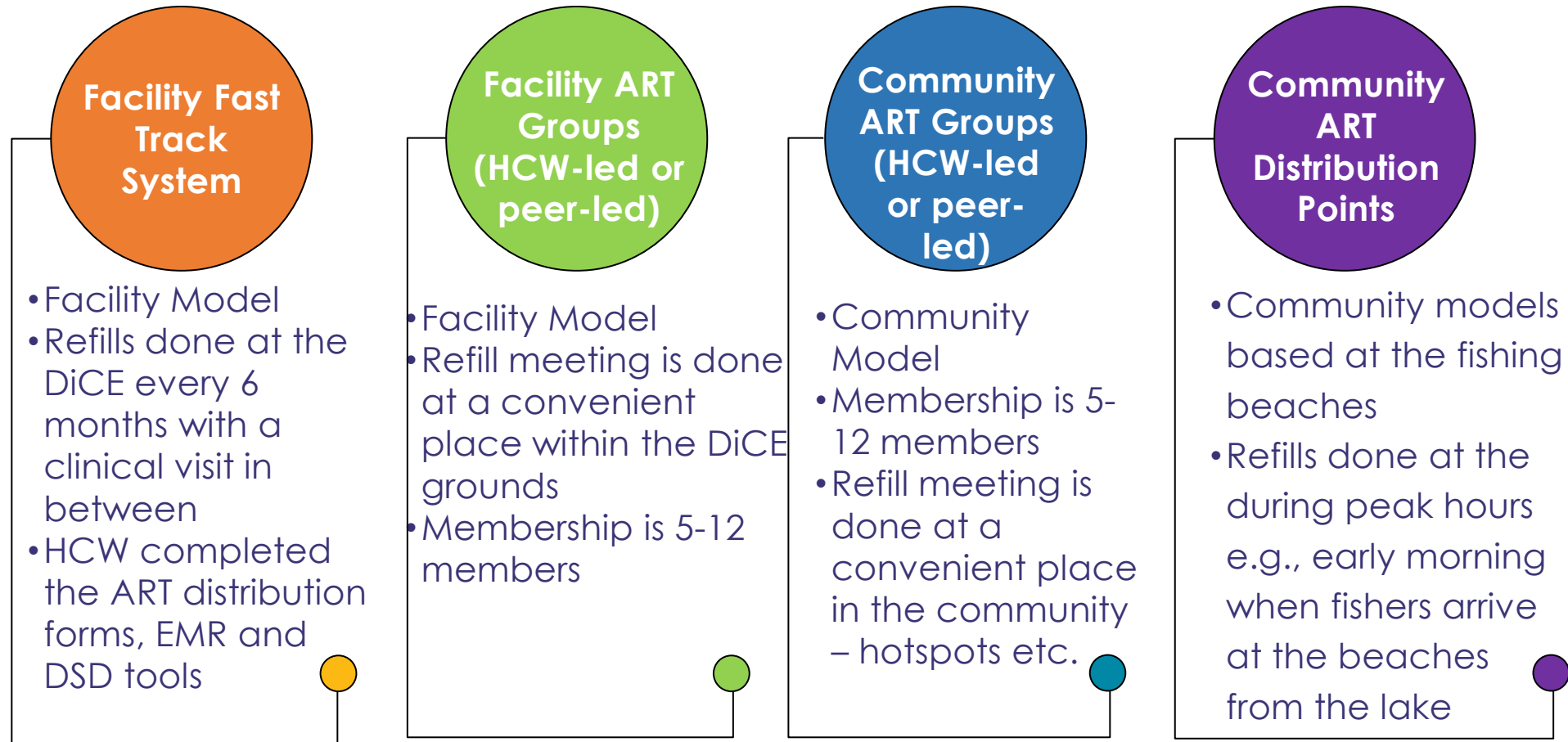
- Stable/established KP living with HIV (KP_LWHIV) Clients can get 3 months of ART at a time
- Stable/established KP_LWHIV clients only need to see a clinician twice a year for **ART services only** (every 6 months)
 - **Note: All KPs in Kenya are supposed to received a clinical visit quarterly for other prevention services like STI screening, TB screening etc.**
- They can be seen by a clinician more frequently if they want to, or if they have any additional concerns like STIs etc.
- Between appointments with a clinician, stable/established KP_LHIV clients can get their ART through a refill system in the community at month 3 post clinical visit. This is a top up of 3 months of drugs with quick symptomatic screen.

Implementation of beach ART distribution points

- Seasonal migration of fishermen based on fish volumes leading to missed clinic appointments, missed VL uptake, missed refills.
- Conflicts between clinic hours, fishing hours and fish market hours.
- Both stable/established and unstable/unestablished fisher folk enrolled to encourage continuity of care and return to treatment
- Comprehensive services offered at the beach fronts – clinical visits, phlebotomy for VL and refills for DSD clients
- Established in Migori and Siaya county



Models implemented



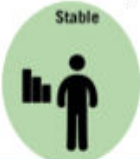

Some of the tools in use

Form B: Patient Categorization Checklist after 12 Months on ART

CCC No:

Patient Name:

Date of ART initiation:

Date of Visit	Stable (Use Codes Below)	Unstable (Tick if appropriate)	Comments
	 Stable	 Unstable on ART	
	<p><i>A patient is considered stable if they meet all of the following criteria:</i></p> <ul style="list-style-type: none"> On their current ART regimen for ≥ 12 months No active OIs (including TB) in the previous 6 months Adherent to scheduled clinic visits for the previous 6 months Most recent VL < 400 copies/ml Has completed 6 months of IPT BMI ≥ 18.5 Age ≥ 20 years Healthcare team does not have concerns about providing longer follow-up intervals for the patient 	<p><i>A patient is considered unstable if they have any of the following:</i></p> <ul style="list-style-type: none"> On their current ART regimen for < 12 months Any active OIs (including TB) in the previous 6 months Poor or questionable adherence to scheduled clinic visits in the previous 6 months Most recent VL ≥ 400 copies/ml Has not completed 6 months of IPT Pregnant or breastfeeding BMI < 18.5 Age < 20 years Healthcare team has concerns about providing longer follow-up intervals for the patient 	

Key Population Peer Navigators Community ART refills Template		
DICE Name		
Period of Activity		
Name of Peer Navigator		
Expected Output		
Number of KPs targeted for ART refills	FSW:	
	MSM	
	PWID	
Number of KPs provided with ART refills	FSW:	
	MSM	
	PWID	
Confirmed By:		
Name	Date	Signature & Stamp
Peer Navigator		
DICE In charge		
KP Team Lead		

Part A of the ART Distribution Form must be completed at the time of pre-packing ART for refills for stable clients, whether it is being distributed through a facility-based fast track system or being distributed in the community

A. ART Distribution Form for Stable Patients	
Client Name: _____ Client Unique No: _____	
Date of ARV Distribution: DD _____ MM _____ YYYY _____	
ART Refill Model: _____	
Patient Phone No: _____	Treatment Supporter Phone No: _____
ARVs regimen being distributed: _____	Quantity (mths): _____
Other drugs/supplies being distributed and quantity	
<input type="checkbox"/> CPT / Dapsone, quantity (mths): _____ <input type="checkbox"/> Oral Contraception, quantity (mths): _____ <input type="checkbox"/> Condoms (yes/no): _____	
<input type="checkbox"/> Other: _____, quantity (days): _____	<input type="checkbox"/> Other: _____, quantity (days): _____
Name of pharmacist/person dispensing: _____	Name of ART distributor: _____
Signature: _____	Signature: _____

Complete at time of dispensing

Part B of the ART Distribution Form must be completed at the time of distributing an ART refill to a stable client, whether it is being distributed through a facility-based fast track system or being distributed in the community

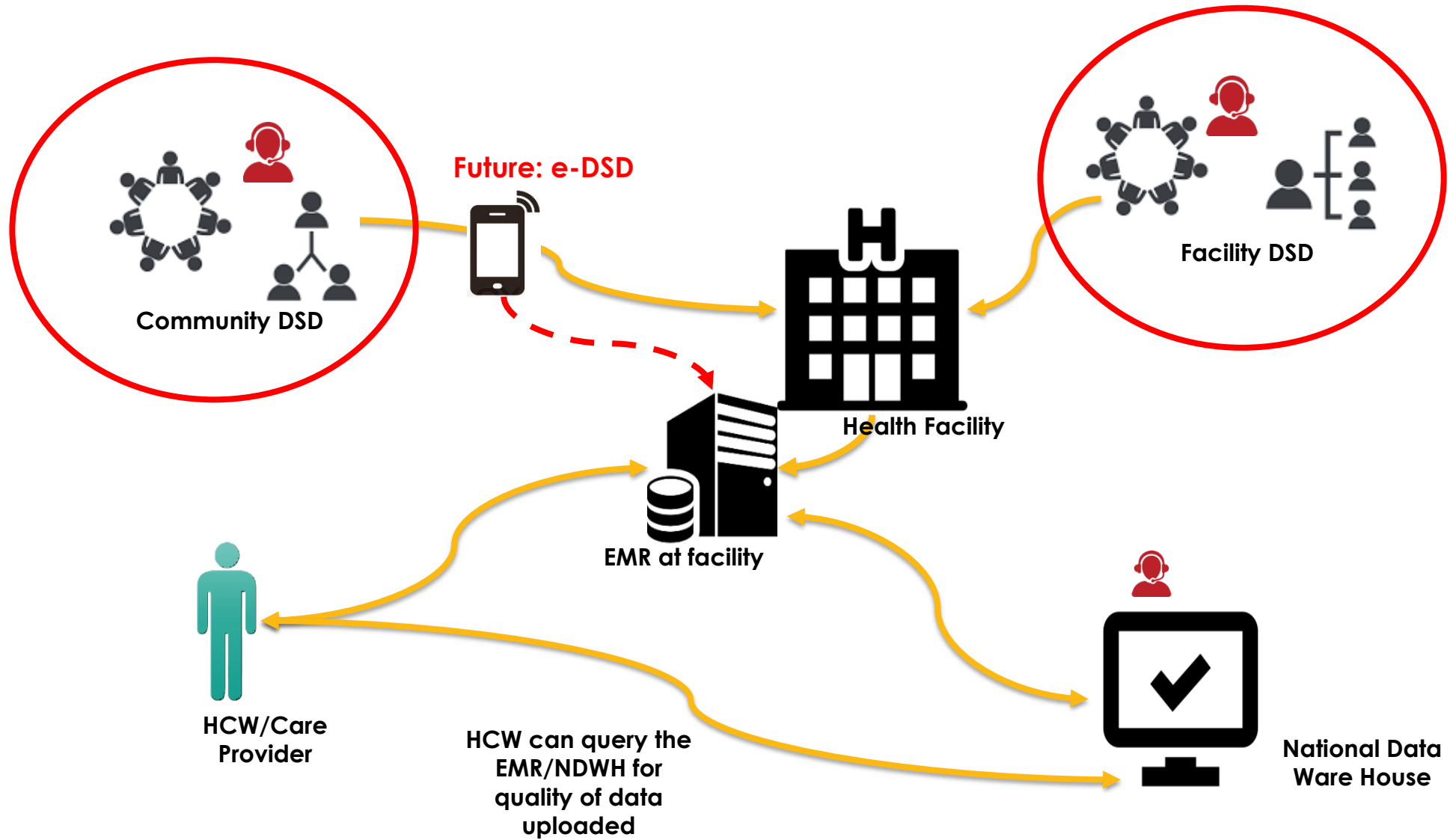
B. Patient review checklist <i>(if yes to any of the questions below, confirm they have enough ART until they can reach the clinic and refer back to clinic for further evaluation; book appointment and notify clinic)</i>			
Any missed doses of ARVs since last clinic visit: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many missed doses: _____			
Any current/worsening symptoms:			
Fatigue: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea/vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rash: <input type="checkbox"/> Yes <input type="checkbox"/> No	Genital sore/discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
Any new medications prescribed from outside of the HIV clinic: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:			
Family planning: <input type="checkbox"/> Yes <input type="checkbox"/> No Method used:		Pregnancy status: <input type="checkbox"/> Pregnant <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Not Sure	
Referred to clinic: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, appointment date: DD____ MM____ YYYY_____			
Signature of patient upon receipt of the ART:			

Complete at time of distribution

Community ART distribution principles

- Group distribution of medications is provided at the community level for stable clients who are on ART.
- Group adherence counseling support is provided by HCW or peer navigator when medication is distributed.
- Clinical consultation and blood drawing is done at the clinic when a member is due.
- HCW or Peer Navigators dispense medications and conduct symptom-based general health assessments
- Clients have to sign the distribution form upon receiving medication

Data flow

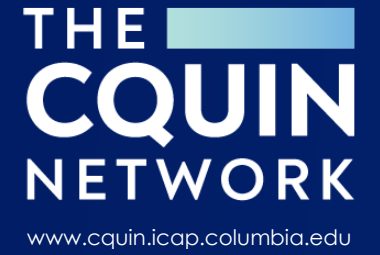


Lessons Learnt

- Continued client education – key messaging as KPs have trust issues with peers
- KPs with community stigma issues can comfortably receive ART at facility-based ART groups.
- Two levels of sensitization for KP clients helps to keep the members engaged and reduces risks of group collapse due to group dynamics
- Use of experienced and respected Peer Navigators brings in comfort and acceptance by clients on CAGs.



**Thank you for
your attention**



Thank you!

