



‘We can offer the services, we simply need slight empowerment’: Experiences of oral PrEP service providers in Kenya

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BACKGROUND

- Countries planning to introduce or scale up oral pre-exposure prophylaxis (PrEP) services for HIV prevention can learn from those implementing PrEP services.
- Kenya scaled up PrEP service provision at the national level in 2017 targeting provision to men who have sex with men (MSM), female sex workers (FSW), people who inject drugs (PWID), serodiscordant couples (SDC), adolescent girls and young women (AGYW), fisherfolk and bridging populations.
- Approximately 22,800 people were on PrEP in Kenya as of October 2018.
- Kenya provides an opportunity to share experiences with PrEP implementation.

METHODS AND PARTICIPANTS

- Forty in-depth interviews (IDIs) were conducted with providers in 16 facilities providing PrEP (NGO, missionary and public facilities) between August and October 2018.
- IDI participants (N=40) included clinicians, nurses, adherence/retention counselors, laboratory technologists, pharmacists, community-based workers, and facility managers. Most IDI participants (n=38) were directly involved in PrEP service provision.
- IDIs were thematically analyzed using Nvivo 11.

STUDY PURPOSE

To identify successes and challenges in PrEP provision in order to inform improvement in the delivery of PrEP services.

CONCLUSION

- PrEP service providers in Kenya are implementing strategies that could address PrEP service delivery challenges. Successful implementation of PrEP services require consideration of client-centered approaches focusing on clients needs. Health managers in Kenya and other countries scaling up PrEP can utilize these findings for mobilization of potential PrEP users, supporting continued use of PrEP and training providers.
- Health service providers need training such as values clarification to enable positive attitudes in supporting PrEP use by key and priority populations.

RESULTS

Strategies for successful service provision

- Media campaigns reportedly led to an increase in uptake of PrEP due to their wide reach.

People hear about PrEP. It is everywhere on the TV, the radio. People come for PrEP. Even 20-years-old boy [...] he comes and tells you I don't want to get HIV, I need PrEP. (Counselor, Kisumu)

- Minimizing waiting time at facilities encouraged PrEP users to come back for services. Facilities did this by by fast-tracking PrEP clients and assigning staff to support those needing PrEP services.

We also have a good team that actually escort those patients to CCC, and also in CCC they don't wait in the queue, we give them priority. (Counselor, Kitui)

- To ensure effective support for PrEP users facilities entrusted PrEP service provision to providers according to their ability to support specific populations such as key populations and young people. The ones who were more skillful in supporting PrEP users were those who had received training in PrEP service provision.

Those who have been trained to give PrEP have very good positive attitude ...they are able to create a PR [public relations] with these clients such that they desire to come again. (Clinician, Nairobi)

- Integrating PrEP service provision with other health services in facilities promoted PrEP uptake and continued use. This made it easier to encourage users to access PrEP services since it made them feel that they had spent well the time taken at the facility.

...if she comes and you are just giving her PrEP service alone then she goes she just feels 'no, I'm just going to take medicine?' But if you provide these other services like you do free family planning, cervical cancer they will feel like I will go and get checked (Counselor, Kisumu)

Gaps in service provision

- Providers across all sites reported the need for training to deliver PrEP services and those who had received some training reported the need for updates. Some providers felt that lack of capacity in PrEP delivery resulted in a lack of skills to deal with populations such as young people.

There [are] some (providers) which [...] have a lot of (negative) attitudes. Like I have a young lady 15 years who was taking PrEP. When she went there she found another doctor who is not sensitized on that (PrEP) you know – 'Why are you taking that at this age? No, no I will not allow this, just consider using this, these drugs they will make your heart I don't know what' – so you see. (Counselor, Nairobi)

- Not all facilities were offering PrEP, resulting in some clients having to travel long distances to access PrEP especially in Kitui and Homabay, which are largely rural. Some PrEP users felt the need for support in meeting the transport costs they incurred from accessing PrEP.

Most of our clients are asking us maybe for fare, they are coming from far distant areas but we are pushing on with them. (Community-based worker, Homabay)

- Administration of PrEP in HIV Comprehensive Care Centers (CCC) resulted in low uptake and continued use as it made clients experience HIV-related stigma making them not want to go for PrEP.

...they know the room is for CCC so the medicine that is picked for CCC is for HIV. So they ask 'Are we being given HIV medicine?' By the time you tell her no that is not it but it is related to that, and it is supposed to be delivered there...it becomes too much issues. (Community-based worker, Nairobi)

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