HIV Services Inventory Final Report

Sociobehavioral Research & Community Planning

to Develop Site-Specific Pilot Intervention Plans for PrEP Rollout

FEM-PrEP

BONDO AND RARIEDA
NYANZA PROVINCE, KENYA
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ACRONYMS

ARV	**Antiretroviral (therapy as part of HIV care and treatment)**
CBO	**Community-based organization**
CEIO	**Community Education, Information, and Outreach**
DOT	**Directly observed therapy (for taking ARVs)**
FP	**Family planning**
HBC	**Home-based HIV care**
HSG	**HIV support groups**
HTC	**HIV testing and counseling**
MBT	**Mobile HIV testing**
MC	**Male circumcision**
NGO	**Non-governmental organization**
NHLS	**National Health Laboratory Service**
OI	**Opportunistic infection**
PEPFAR	**President's Emergency Plan for AIDS Relief**
PITC	**Provider-initiated testing and counseling**
PrEP	**Pre-exposure prophylaxis**
PMTCT	**Prevention of mother-to-child transmission**
STI	**Sexually transmitted infections**
USAID	**U.S. Agency for International Development**
VCT	**Voluntary counseling and testing**

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Executive Summary

FHI 360, in collaboration with in-country investigators, conducted a Phase III clinical trial called FEM-PrEP to assess the effectiveness and safety of oral Truvada for the prevention of HIV through pre-exposure prophylaxis (PrEP). A social marketing intervention planning study — called Sociobehavioral Research and Community Planning to Develop Site-specific Pilot Intervention Plans for PrEP Rollout — was conducted in association with the FEM-PrEP clinical trial in the districts of Bondo and Rarieda, within Nyanza province, Kenya.

One component of the planning study involved an HIV services inventory. The purpose of the inventory was to collect information about the services and the staff at facilities that offered HIV-related services. The results of this inventory can be used by public health stakeholders to determine which facilities may be ready for the provision of HIV PrEP, once a safe and effective product is identified.

Of the 29 facilities that were inventoried, 25 offered some form of HIV testing, and 8 of these were considered to be comprehensive — meaning they had HIV testing, pharmacy and laboratory services onsite. Based on our assessment, 16 of the 29 facilities would be prepared to offer onsite PrEP services. Fifteen of these sites offer antiretroviral (ARV) drugs for HIV care and treatment (and all of these sites had HIV testing capabilities). One additional site was considered to be comprehensive, even though it does not offer ARVs (all other comprehensive sites offer ARVs).

Another 12 facilities could be made ready for PrEP provision with additional training and resources. These 12 facilities did not offer ARV-based HIV care and treatment, but they did offer family planning (FP) or STI services, both of which indicate the presence of clinical staff and the capacity to distribute drugs.

It should be noted that 25 of the 29 facilities offered HIV testing — voluntary counseling and testing (VCT), provider-initiated testing and counseling (PITC), or mobile testing. Of those that did not offer HIV testing, 3 were pharmacies. Any facility with HIV testing services could potentially serve as an

entry point for PrEP if it had guidelines for screening potential PrEP candidates. The screening could be accomplished with a short questionnaire to identify high-risk individuals after they were determined to be HIV-negative. These facilities must also be prepared to refer clients for follow-up at another facility that offers PrEP.

Given the necessary elements for PrEP provision and the distribution of services offered by the inventoried facilities, we suggest that 16 facilities are ready for PrEP provision and an additional 12 could be ready as potential entry points into care with additional training and capacity building and a strong referral system in place. These results are intended to provide public health stakeholders planning for PrEP implementation with a snapshot of where key requisite services for a PrEP intervention are offered in Bondo and Rarieda, assisting them in decision-making about which facilities may be ready for PrEP provision.

Introduction

Introduction

FHI 360, in collaboration with in-country investigators, conducted a Phase III clinical trial called FEM-PrEP to assess the effectiveness and safety of oral Truvada taken daily by women at risk of HIV infection as pre-exposure prophylaxis (PrEP) to prevent HIV acquisition. FEM-PrEP was a multi-centered, double-blind, randomized, parallel, placebo-controlled effectiveness and extended safety trial jointly funded by USAID and the Bill & Melinda Gates Foundation. Additionally, a social marketing intervention planning study entitled, Sociobehavioral Research and Community Planning to Develop Site-specific Pilot Intervention Plans for PrEP Rollout, was implemented in association with the FEM-PrEP clinical trial, as preparation for rollout of a PrEP method shown safe and efficacious.

The study aims included the implementation of formative research for the development of a pilot intervention, facilitating a process of community planning for a local pilot intervention, and developing a social marketing plan based on the qualitative research results and community planning process with site-specific recommendations for a pilot intervention. The site for the rollout planning study was Bondo and Rarieda districts, Nyanza province, Kenya.

One component of the pilot intervention planning study involved an HIV services inventory. The purpose of the inventory was to document facility-specific information on services and staffing that could inform public health stakeholders' eventual selection of local facilities in which to roll out a potential HIV prevention product. The inventory assessed services related to HIV diagnosis, prevention, treatment, and community education, as well as reproductive health. Information about staffing and stock outs was also collected. The inventory was not intended as a quality assessment of the facilities. Instead, the results were intended to provide a snapshot of where key services for a PrEP intervention were offered in Bondo and Rarieda. The information could be used by public health stakeholders once the need arises to integrate PrEP.

Organization of Results

First, we summarize the services that were offered at the local facilities. We asked specifically about services that:

- Might serve as logical entry points into a PrEP program (e.g., HIV testing and counseling [HTC], sexually transmitted infection [STI] testing and treatment, family planning [FP])
- Have potential baseline service or infrastructural components of a PrEP program (e.g., HTC, provision of ARV drugs, pharmacy, laboratory, adherence support, condom distribution, and community education)
- May provide natural linkages either with HIV-negative clients accessing other services (e.g., STI testing and treatment, voluntary male circumcision [MC], FP) or with the HIV-negative partners of seropositive clients accessing the services (e.g., PMTCT, HIV care and treatment, HIV support groups)

We also summarize the referral practices the facilities reported, and we report on the number and types of staff members the facilities employed at the time of the inventory, particularly focusing on the types of staff members who may fulfill key roles in a PrEP program. We also provide reports of stock outs in the previous six months of male and female condoms, HIV test kits, and ARVs. The stock outs can help to identify potential supply chain issues that may need to be addressed in the context of a PrEP program. Lastly, we summarize the sources and uses of funding in the facilities.

In addition to the aggregate results, we also provide a snapshot of each facility, focusing on key variables that are relevant to PrEP implementation using maps that highlight facility locations and the distribution of key services.

Methods

Methods

FHI 360's Protection of Human Subjects Committee (PHSC) did not consider the HIV services inventory to be research because it consisted of collecting data in the public domain. Nonetheless, the activity and instrument were included in a study protocol that the PHSC approved in December 2008. We also obtained local approval of the study protocol from Kenyatta National Hospital Ethics and Research Committee in April 2009.

The study research team at FHI 360 developed a structured data-collection instrument to systematically document the information about each facility. Site staff members provided feedback on the draft instrument and pre-tested it locally prior to finalization.

The site study team identified organizations, facilities, and programs where the HIV services inventory could be conducted. The identification was based on community engagement activities of the affiliated FEM-PrEP clinical trial and through referrals from local contacts. The study team conducted HIV services inventories at 29 facilities in and around Bondo, Kenya from July 2009 through July 2010.

All health facilities in the Bondo and Rarieda districts were approached for participation in the inventory. Of these, 29 facilities had in-charges/managers that were available and who agreed to be inventoried. No facility declined to participate. Three facilities did not take part because an in-charge/manager was not available. Seventeen facilities were government health services, representing level 2 (dispensaries), level 3 (health centers) and level 4 (district and sub-district hospitals) services. The other 12 facilities were private or community-based services — nongovernmental organization (NGO), community-based organization (CBO) or religious organization. All 3 pharmacies in Bondo town agreed to participate in the inventory; there were no pharmacies in Rarieda at the time of the survey. Geographic information system (GIS) coordinates were collected for each facility to construct maps. Site staff members entered the collected data into an Access database. The database was loaded into ArcGIS v10 (ESRI, Redlands, CA) and the coordinates were displayed. Catchment areas for each comprehensive facility was generated in ArcGIS by drawing catchment area boundaries around villages that each health facility listed as an area where clients predominantly came from.

Results

Staff

Participants from 29 health facilities throughout Bondo and Rarieda, Kenya reported on the number and types of staff members employed at their respective facility (Table 1). Few facilities reported having directors or manager or doctors, but most had nurses (median of 2) and volunteers. “Other” staff members included: administrators, accountants, security officers, and support staff.

Table 1. Staff distribution at facilities

Type of staff	# of facilities with at least one person in staff category (N=29)	Median # of staff in category among all facilities (and range)
Director / manager	6	0 (0-1)
Doctor	4	0 (0-5)
Nurse / Nurse’s Aide	25	2 (0-57)
Medical Assistants	13	0 (0-6)
Counselors	10	0 (0-10)
Public health educators	5	0 (0-8)
Lab technicians	11	0 (0-4)
Pharmacists	7	0 (0-3)
Receptionists	7	0 (0-2)
Volunteers	23	2 (0-46)
Other	22	1 (0-192)

Outreach Workers

Community outreach workers could play an important role in programs for ARV-based HIV prevention. Potential responsibilities could include community education, recruitment, initial and periodic HIV testing, adherence support, and appointment reminders. Twenty-one of the 29 participating facilities reported having community outreach workers associated with their facility. Of these 21 facilities, there were, on average, 16 outreach workers per facility (range: 1 to 50 per facility). Cumulatively, facilities with outreach workers reported reaching about 1,246 households per month.

Of the 21 facilities that reported the use of community outreach workers, 6 reported that their outreach workers provide directly observed therapy (DOT) for antiretroviral therapy (ART), 7 facilities reported that their outreach workers were paid, and 14 reported having volunteer outreach workers.

Services Offered

A summary of the main services offered by the participating facilities is listed below (Table 2).

Table 2. Services offered by inventoried facilities and organizations

Type of service	Number of facilities offering this service (n=29)
Voluntary counseling & testing (VCT)	15
Provider-initiated testing & counseling (PITC)	24
Mobile HIV testing (MBT)	10
STI testing & treatment (STI)	23
HIV care & treatment (ARVs)	15
Family planning (FP)	24
Prevention of Mother to Child Transmission (PMTCT)	21
Home-based HIV care (HBC)	13
Directly-observed therapy (DOT) for ART	9
HIV support groups (HSG)	17
Male circumcision (MC)	9
Community Education, Information, and Outreach (CEIO)*	18

*Table 4 gives more detail on topics covered

Table 3 shows a more detailed breakdown of services offered by each individual facility. All but one of the facilities that offered HIV testing (VCT and/or PITC) also offered some type of clinical services (STI testing and treatment, MC, and/or ARV-based HIV care and treatment). Three of the 4 private pharmacies do not offer HIV testing services; however, many if not most of the government facilities included onsite pharmacies.

Table 3. Services offered by inventoried facilities

ID	Name	Facility type	VCT	PITC	MBT	STI	MC	FP	PMTCT	ARVs	HBC	DOT	HSG	CEIO
1	BONDO DISTRICT HOSPITAL	Govt hosp	X	X	X	X	X	X	X	X	X	X	X	X
2	MATANGWE COMMUNITY HEALTH & DEV PROGRAM	CBO		X		X		X	X	X	X		X	X
3	ST. ELIZABETH LWAK HOSPITAL	Private hosp	X	X	X	X	X		X	X	X	X	X	X
4	MADIANY DISTRICT HOSPITAL	Govt hosp	X	X		X	X	X	X	X	X	X	X	X
5	GOT AGULU SUB DISTRICT HOSPITAL	Govt hosp	X	X		X	X	X	X	X	X	X	X	X
6	UYAWI HEALTH CENTRE	Govt HS	X	X		X		X	X	X	X	X	X	X
7	ST. ANNE'S DIPSENSARY & MCH CLINIC (NYANG'OMA)	P Disp	X		X		X		X	X	X		X	X
8	(no permission to name)	P Pharm	X	X		X			X					
9	GOBEI DISPENSARY	Govt HS		X		X		X	X					
10	(no permission to name)	Govt HS	X	X	X			X	X					X
11	(no permission to name)	Govt HS		X		X	X	X	X	X	X	X	X	X
12	RUMA WOMEN DEVELOPMENT	CBO	X	X	X						X		X	X
13	USIGU DISPENSARY	Govt HS	X	X	X	X		X	X	X	X	X	X	X

ID	Name	Facility type	VCT	PITC	MBT	STI	MC	FP	PMTCT	ARVs	HBC	DOT	HSG	CEIO
14	(no permission to name)	Govt HS						X	X					
15	TUUNGANE YOUTH PROJECT (BONDO)	Project	X	X	X	X	X							X
16	TUUNGANE YOUTH PROJECT (RARIEDA)	Project	X	X	X	X		X					X	X
17	ONGI'ELO DISPENSARY	Govt HS	X	X	X	X	X	X	X	X			X	X
18	SARADIDI DISPENSARY	Govt HS		X		X		X	X	X			X	
19	NDORI DISPENSARY	Govt HS		X		X		X	X	X		X	X	X
20	MANYUANDA HEALTH CENTRE	Govt HS		X		X		X	X	X			X	X
21	ST. FRANCIS COMMUNITY DEVELOPMENT PROGRAM	CBO	X	X		X		X		X	X	X	X	X
22	MASALA DISPENSARY	Govt HS		X		X		X	X					
23	ANYUONGI DISPENSARY	Govt HS		X		X		X	X					
24	KUNYA DISPENSARY	Govt HS		X		X		X	X	X	X		X	
25	USENGE COMMUNITY DISPENSARY	Govt HS	X	X		X	X	X	X					
26	PHERY PHARMACY	P Pharm				X		X						
27	(no permission to name)	P Pharm						X						
28	ST. TERESA'S COMMUNITY HEALTH SERVICES	CBO		X	X			X			X			X
29	KOBALA PHARMACY	P Pharm				X		X						

Govt hosp: Government hospital
Govt HS: Government health service (includes dispensaries, health centers and sub-district hospitals)
CBO: Health program supported by a community-based organization, includes religious groups
Project: Health program supported by an NGO as a project
P Disp: Private pharmacy
P Pharm: Private pharmacy

Services for HIV testing and counseling (HTC) will likely be an entry point into a PrEP program and will also be needed at regular intervals for the sustained use of PrEP.

Voluntary Counseling and Testing (VCT)

Of the 29 health facilities that took part in the HIV services inventory, 15 facilities reported offering VCT. Most offered VCT 5 days per week on average, but this ranged from 4 to 7 days among the facilities. The number of clients served varied widely, with a range of 2 to 500 clients served on an average day among the facilities. All of the facilities with VCT (n=15) offered these services free of charge and all reported that they followed national policies and guidelines. Staff members identified the following training needs:

- General VCT training in order to increase the number of trained counselors (n=11)
- Home-based counseling and testing (n=2)
- HIV care (n=1)
- Data management (n=1)
- Prevention with positives (n=1)

Provider-Initiated Testing and Counseling (PITC)

Of the 29 health facilities that took part in the HIV services inventory, 24 reported offering PITC. On average, PITC was offered 5 days per week, ranging from 3 to 7 days per week, and serving from 2 to 500 clients on an average day. All but one of the facilities (n=23) offered PITC for free. Nineteen facilities reported that they followed national policies and guidelines. Staff members identified the following training needs:

- General and refresher PITC training, largely to increase the number of qualified staff who can offer the services (n=18)

Mobile HIV Testing (MBT)

Ten facilities reported offering mobile testing services, from 1 to 6 days per week, and serving from 6 to 500 clients on a typical day. All of these facilities offered their services free of charge and seven followed national policies and guidelines. Staff members identified the following training needs:

- General counseling (n=4)
- Community mobilization (n=1)
- Infant testing (n=1)

Testing and Treatment of Sexually Transmitted Infections (STIs)

The testing and treatment of STIs is another client entry point into a PrEP program; it is also an option for ongoing PrEP services. Of 29 facilities, 23 reported offering STI testing and treatment. These services were offered an average of 5 days per week (range: 1 to 7 days) and served from 1 to 35 clients on an average day, depending on the facility. Only 5 facilities offered free services, while 11 cost-shared the services fee and the remaining 4 facilities required full payment for services. The majority of the facilities (n=19) followed national policies and guidelines. Staff members identified the following training needs:

- General and refresher trainings on STIs and their management (n=13)

Male Circumcision (MC)

Clients seeking MC services could be informed about and/or referred for PrEP. Nine of the 29 facilities offered MC; most of these facilities offered the service 5 days per week (range: 1 to 7). An average of 1 to 25 clients (varying with facility) were served per day. Seven facilities offered MC free of charge and 2 facilities cost-shared the fee with clients. All 9 facilities followed national policies and guidelines. Staff members identified the following training needs:

- General MC training (n=3)
- Community education and mobilization (n=2)
  Infant circumcision (n=1)

Family Planning (FP)

Pre-exposure prophylaixs (PrEP) could be integrated into FP services for initial and sustained use. Family planning was offered at 24 of the 29 health facilities included in the HIV services inventory. These facilities offered their services an average of 5 days per week (range: 3 to 7), and served an average of 1 to 90 clients on a typical day, depending on the facility. Notably, one facility reported offering FP services specifically for men (as well as women). Fourteen facilities offered services for free, 3 facilities charged full cost, and 5 offered services by cost-sharing. The majority of the facilities (n=15) reported following national policies and guidelines. Staff members identified the following training needs:

- FP updates, including training on intrauterine devices or implants (n=15)

Prevention of Mother-to-Child Transmission (PMTCT)

Pre-exposure prophylaxis (PrEP) could be offered at PMTCT clinics as these clinics have the capacity to dispense ARVs. PMTCT clinics serve a high-risk population and it may be possible to reach uninfected male partners with PrEP services. In addition, HIV testing of pregnant women is integrated into antenatal care services for all women. Seropositive pregnant women would be referred to PMTCT services, whereas seronegative women could be offered information about PrEP. Services for the prevention of mother-to-child transmission of HIV were offered at 21 of 29 health facilities. Most facilities offered this service 5 days per week (range: 1 to 7); the average number of clients served per day, varied from 2 to 30. Most facilities (n=16) offered the services for free, while three facilities cost-shared with clients. Seventeen facilities reported that they follow national policies and guidelines. Staff members reported the following training needs:

- General and refresher training on PMTCT (n=10)

HIV Care and Treatment (ARVs)

HIV care and treatment services may be appropriate for the integration of PrEP services, particularly for discordant couples. Services for HIV care and treatment were offered at 15 of the 29 facilities, with most offering services 5 days per week (range: 1 to 7). The average number of clients served on a typical varied widely, from 2 to 200 depending on the facility. Fourteen facilities offered services for free and 1 facility reported cost-sharing the price of services. Fourteen facilities reported following national policies and guidelines. Staff members identified the following training needs:

- ARV or ART management, including pediatric treatment (n=10)

Home-based HIV Care (HBC)

Home-based service delivery could be important for PrEP in terms of adherence support and client follow-up. In addition, home-based services offer an opportunity to reach other family members and caretakers with information about PrEP. Services for HBC were offered by 13 of the 29 facilities, from 1 to 7 days per week, to 2 to 50 clients per typical day. Twelve facilities offered services for free, while one facility cost-shared with its clients. Eleven facilities reported that they follow national policies and guidelines. Staff members identified the following training needs:

- General home-based care (n=8)
- Stigma and self-disclosure (n=1)

Directly Observed Therapy (DOT) for ART

Facilities with experience in DOT for ART may be able to share some lessons regarding adherence to ARVs. Nine of 29 facilities reported offering DOT for ART. Seven facilities offered services 5 or 7 days per week (range: 1 to 7), and served from 2 to 75 per typical day depending on the facility. Eight facilities offered services for free and 6 facilities reported that they followed national policies and guidelines. Staff members reported the following training needs:

- General DOT training (n=4)

HIV Support Groups (HSG)

Support groups have been suggested as possible adherence support for PrEP users. Support groups were offered at 17 of 29 facilities, with most facilities offering groups once a week (range: 1 to 5), and the average number of clients served ranging from 4 to 86. Thirteen facilities offered support groups for free, 2 cost-shared and 2 facilities did not specify their costs. Eight facilities reported following national policies and guidelines. Staff members reported the following training needs:

- General issues (n=6))
- Adherence (n=2)
- Nutrition (n=2)
- Funds management (n=1)

Community Education, Information, and Outreach (CEIO)

Community education will be an essential component of a campaign to encourage uptake and community acceptance of PrEP. Services for CEIO were offered by 18 of the 29 facilities. Most of these facilities (n=9) offered this education once a week (range: 1 to 7 days). The typical number of people reached per day per facility varied widely, from 15 to 300. All but 2 facilities (missing data) offered community education and information services for free. Staff members identified the following training needs:

- Home-based counseling and testing (n=1)
- General community health education topics (e.g., cholera) (n=3)
- Infectious diseases management (STIs, tuberculosis (TB), opportunistic infections (OIs) (n=1)
- Community mobilization (n=1)
- Stigma and adherence (n=1)
- Sanitary pads for the girl child (n=1)

The facilities were asked about the nature and format of the CEIO services they provided (see Table 4 below). Based on the facilities' reports, the majority offered community education on HIV prevention (n=16), followed by HBCC (n=12) and VCT (n=10).

Table 4. Community education topics offered by facilities

Facility offers community education on following topics:	OFFERED (N=29)	Presentations	Trainings	Community Meetings	Workshops	Special Events	Health fairs	CAB Orientations	Theatre	Posters	Videos	Brochures
	N (%)	N	N	N	N	N	N	N	N	N	N	N
VCT	10	6	2	8	4	9	1	2	5	3	1	5
PITC	4	1	0	4	2	2	1	0	1	1	0	1
STI testing & treatment	6	1	2	5	1	2	0	0	2	1	0	2
MC	4	1	1	4	1	1	1	1	1	1	0	1
HIV care & treatment	8	6	2	8	3	3	1	1	2	0	2	2
Home-based HIV care	12	4	5	11	2	2	2	1	2	1	2	2
FP	5	0	0	3	1	1	0	0	0	0	0	0
Antenatal care/ PMTCT	4	1	0	4	0	1	1	0	0	0	0	0
HIV support groups	8	4	4	5	1	4	1	2	2	2	2	2
HIV prevention education	16	8	6	13	6	8	3	4	5	5	2	4

Referrals

Health facilities were asked to describe their referral networks with other facilities. They identified organizations to whom they referred clients (outbound) and the services for which other organizations referred clients to them (inbound). Many facilities referred clients for non-HIV related specialized care (e.g., surgeries, complicated deliveries, emergency care, blood transfusions, x-rays) or more specialized care for HIV-related illnesses that often required higher level laboratory tests (e.g., CD4 testing and TB confirmation). They received referrals for a wide range of services, which were not necessarily related to HIV. These services included maternity care, malaria testing, ARV provision, general lab tests, and others.

Pharmacy

Pharmacies will be an important service in PrEP delivery. Each of the 29 health facilities interviewed for the HIV services inventory was asked about the presence of a pharmacy facility. Of these, 23 facilities reported having a pharmacy. Facilities with pharmacies reported that the pharmacies were generally open 5 to 7 days per week. Medication was dispensed by a pharmacist (n=2), a pharmacy technician (n=8), a nurse (n=13), or a clinical officer (n=3). (Note: The total does not equal 23 because a few facilities listed multiple providers instead of just one primary dispensing provider.) Eleven facilities mentioned that volunteers or community health workers (CHWs) helped to dispense medication. Eleven facilities reported that different people dispensed the medications depending on the product that was dispensed. For example, only nurses could provide injectable medications, while community health workers (CHWs) could provide oral medications.

The facilities reported that the following individuals were in charge of monitoring stock supplies (e.g., inventory, reordering, etc.):

- Pharmacist (n=3)
- Pharmacy technician (n=5)
- Nurse (n=12)
- Clinical officer (n=4)

In case of a stock out, 13 facilities contacted the District Pharmacist. One facility reported that they contacted an administrator and 5 facilities contacted a medical supplier.

Condom Distribution

Clinical trials have shown that ARV drugs are only partially effective as PrEP for HIV prevention, so condoms would need to be used to maximize the client's protection against an HIV infection. Twenty-six facilities reported that they distribute male condoms to clients. Nearly 59,618 male condoms were distributed in the past month, with as few as 24 and as many as 17,000 per facility. Five organizations had stock outs of male condoms in the past 6 months. Male condoms were offered for free to clients at 23 facilities.

Female condoms are considered a woman-controlled method. However, only 3 facilities distributed female condoms (all for free), and only 1 facility had distributed any in the previous month.

Voluntary Counseling and Testing/Provider-Initiated HIV Testing and Counseling (VCT/PITC)

Initial and ongoing HIV testing will be an important component of PrEP service delivery and use. Health facilities were asked to report where they acquired HIV test kits. The government supplied 23 facilities with tests. In the past 6 months, 8 facilities were unable to offer HIV tests or tie-breaker HIV tests because of stock outs or unavailability. Only one facility required a payment from clients.

Antiretroviral Drugs

Truvada, the drug tested in clinical trials as PrEP for HIV prevention, is currently available in Kenya for HIV treatment. Among the 15 facilities that offered ARV-based treatment, 4 had ever experienced ARV drug stock outs. The main supplier of ARVs was the government (n=12) and 3 facilities received ARVs from the U.S. Centers for Disease Control and Prevention (CDC). None of the facilities required clients to pay for these drugs.

Counseling and Support Groups

Risk reduction and adherence counseling would be an essential part of PrEP service delivery; support groups have been suggested as a possible source of adherence support for PrEP users. Fourteen facilities reported having counseling rooms and 11 had group meeting rooms. Eighteen facilities offered support groups. The facilities offered the following types of support groups:

- Living with HIV (n=17)
- Emotional and psychosocial support (n=2)
- Substance abuse and HIV (n=2)
- Protecting self from HIV infection (n=2)
- Protecting self from STIs (n=4)
- Protecting negative partners from HIV infection (n=3)
- PMTCT support for mothers (n=1)

Eight facilities reported that support groups met monthly, 4 reported that groups met twice per week, and 5 reported that groups met once per week.

Funding

Facilities reported on their funding sources, the proportion of the annual budget that each source, and whether that funding covered staff salaries, medications, individual projects, other commodities, administration, volunteer incentives, staff training, transport, and client subsidies.

Government

Of the 29 health facilities, 19 received funds from the government. Of these 19 facilities, the funding covered from 3% to 98% of their annual budgets, although only 12 facilities reported this information. Government funding was used for the following:

- Staff salaries (n=14)
- Medication (n=16)
- Individual projects (n=1)
- Other commodities (n=5)
- Administration (n=12)
- Volunteer incentives (n=1)
- Staff training (n=12)
- Transport (n=3)
- Client subsidies (n=5)

PEPFAR

Of the 29 health facilities, 3 received funding from the President's Emergency Plan for AIDS Relief (PEPFAR). These facilities reported that they respectively received 10%, 98% and 100% of their funding from PEPFAR. The PEPFAR funds were used for the following needs:

- Staff salaries (n=3)
- Medication (n=2)
- Individual projects (n=2)
- Other commodities (n=2)
- Administration (n=3)
- Volunteer incentives (n=2)
- Staff training (n=2)
- Transport (n=2)
- Client subsidies (n=1)

Client Payments

Seventeen of the 29 health facilities received funds from client payments. These payments accounted for anywhere from 1% to 100% of their annual budget. These funds were used for the following needs:

- Staff salaries (n=16)
- Medication (n=10)
- Individual projects (n=3)
- Other commodities (n=9)
- Administration (n=11)
- Volunteer incentives (n=4)
- Staff training (n=3)
- Transport (n=10)
- Client subsidies (n=4)

International Organizations

Eleven of the 29 health facilities received funds from international organizations — 8 mentioned the CDC and 2 listed the African Medical and Research Foundation (AMREF). Funding from an international organization accounted for anywhere from 1% to 65% of a facility's budget, but most said these sources accounted for 20% or less of their budges. These funds were used for the following needs:

- Staff salaries (n=6)
- Medication (n=7)
- Individual projects (n=9)
- Other commodities (n=5)
- Administration (n=4)
- Volunteer incentives (n=4)
- Staff training (n=4)
- Transport (n=3)
- Client subsidies (n=3)

Other Financial Resources

Of the 29 health facilities, only one received funding from the Global Fund (5% of their budget), 2 received funds from performance-based financing, 1 received funds from a local NGO, and 8 received funding from other sources — such as the Local Authority Transfer Fund (LATF), well wishers, local sources, Constituency Development Fund (CDF) — all 15% or less of their budget. Two facilities received most of their funds from their owners and both were private pharmacies.

Maps

It seems likely that a PrEP distribution site would need to include 3 essential components: HIV testing and counseling (HTC), a laboratory, and a pharmacy. Among the 29 inventoried facilities, 8 had all 3 components — these sites were considered to be comprehensive. However, after collecting the data, we determined that many of the government health facilities had strong outsourcing systems for laboratory testing (utilizing district and sub-district hospitals), so these facilities could also be described as comprehensive sites. Unfortunately, we did not collect this information for all sites, so we did not include sites that outsourced laboratory testing on our map. Catchment areas were drawn on the map only for the facilities that were classified as comprehensive (Figure 1).

Figure 1. Map of comprehensive facilities

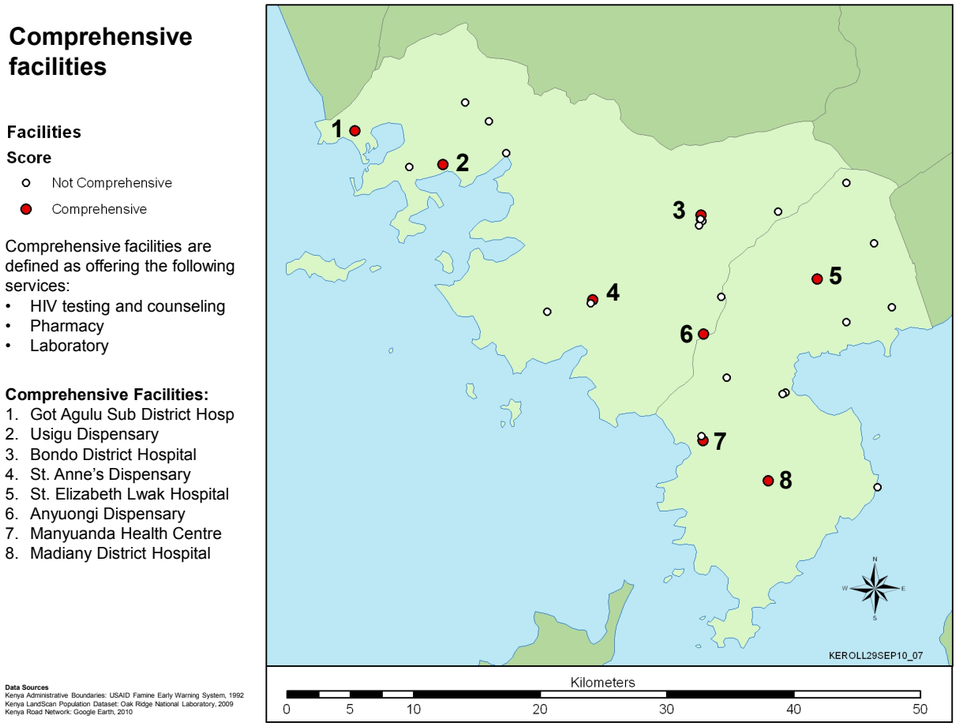
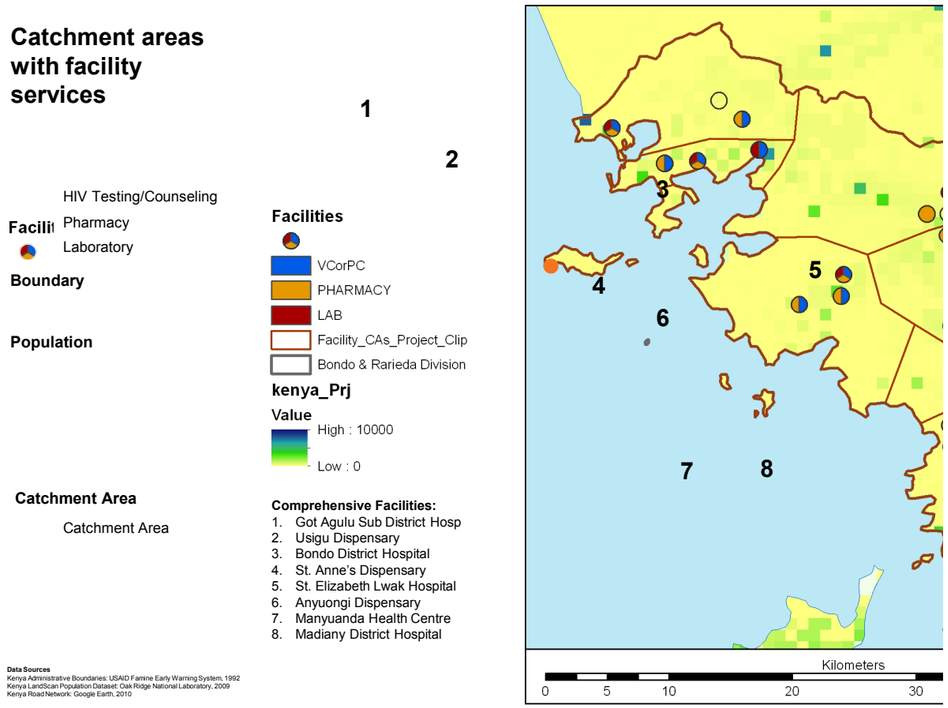


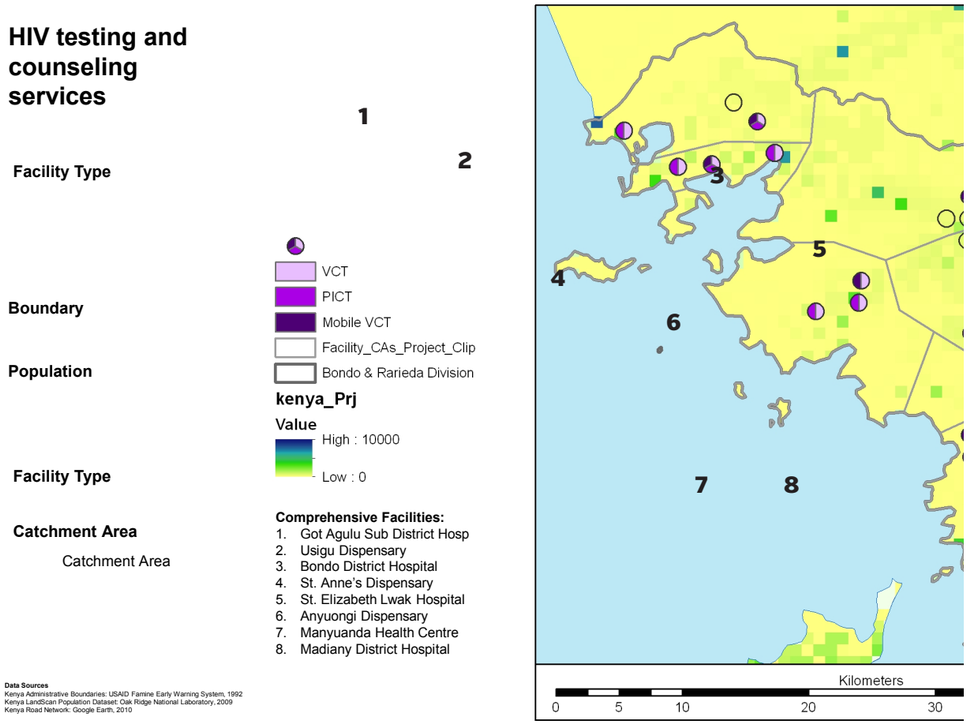
Figure 2 illustrates the locations of facilities with the three key services across the area, as well as their catchment area. The population per square kilometer is shown in the background. Other facilities are presented showing if any of the three key services are offered.

Figure 2. Distribution of three essential components across facilities and catchment areas



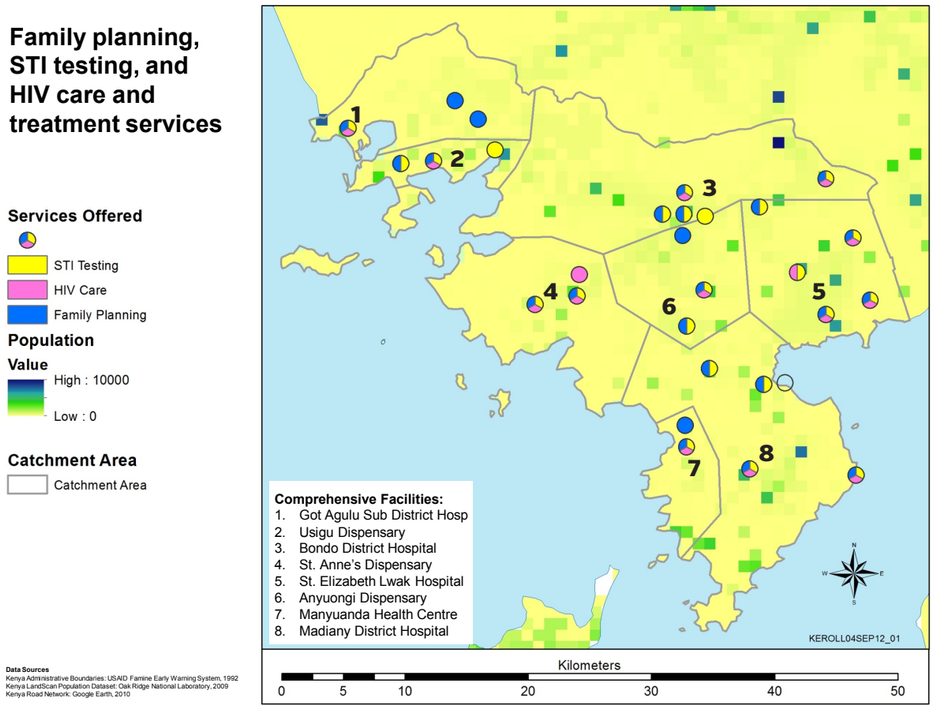
Among the facilities that offered HTC services, the services could be provided as part of VCT, PITC, or mobile VCT. Figure 3 illustrates the distribution of HTC services across the 29 facilities. All but 4 of the facilities offered some form of HTC service.

Figure 3. Distribution of facilities according to HIV testing and counseling services



An important part of preparing for the distribution of PrEP is to identify potential entry points for services. Family planning or STI testing and treatment services would be feasible points of entry for potential PrEP clients. Clinics for HIV care and treatment could also be an appropriate entry point for negative partners in discordant couples. Sites that offer services for FP, STIs, and HIV could also distribute PrEP because they have a trained clinical staff and these services are important secondary services for clients who are taking PrEP. Figure 4 illustrates the distribution of these 3 services across the 29 inventoried facilities.

Figure 4. Availability of FP, STI, and HIV services at the facilities



Discussion

When program planners consider where and how to roll out ARV-based HIV prevention, the integration of new methods into existing service delivery channels will be an important option. Our inventory of health facilities and organizations in Bondo and Rarieda revealed varying levels of readiness for the incorporation of ARV-based HIV-prevention services. Comprehensive global guidelines do not exist for the provision of PrEP outside of demonstration projects (WHO, 2012; CDC, 2012), However, at a minimum, facilities would need to offer (1) HTC; (2) laboratory services, (on-site or off-site); and (3) a pharmacy for the distribution of PrEP to clients. The following service-provision elements are important, but not necessarily required: HIV prevention and adherence counseling and support, STI testing and treatment, FP, HIV care and treatment, and HIV prevention education on a variety of topics including MC.

In Kenya, ARV-based HIV care and treatment is based on a “one-stop-shop” model, where clients receive all the necessary services at a single facility. Client services include HTC, laboratory and CD4-count services (for the assessment of liver and renal function), and the provision of medications, including ARVs and other drugs for opportunistic infections. For facilities that do not have on-site laboratories, the client can still provide samples at that facility, which is responsible for sending and receiving laboratory test results to and from another location — usually an upper-level health facility.

Drawing parallels to the ARV-based HIV care-and-treatment model, we expect that the easiest service-provision model for PrEP would be the “one-stop-shop” model, where the clients would receive all the basic services within one clinic, and often by one provider. For example, a nurse or medical officer could be responsible for HIV testing and PrEP distribution. Facilities could have an onsite laboratory or a system of outsourcing services to a higher level facility. Facilities that provide ARV-based HIV care and treatment would already have those outsourcing mechanisms, but other facilities may not. For example, facilities that provide FP and STI services may need to establish or strengthen a referral system for laboratory tests, given that these services are often provided without an onsite lab (especially if the syndromic management of STIs is used).

Another model links services across clinics within a larger facility, such as a hospital (using intra-facility referrals) or across facilities (using inter-facility referrals) to obtain all of the necessary services. Potential PrEP clients could obtain their HIV test results at a variety of entry points (e.g., NGOs, pharmacies, and lower echelons of care). In this model, there would need to be a strong referral system in place for clients to receive follow-up care for PrEP.

Based on our assessment, 16 of the 29 facilities in our inventory are currently prepared to offer PrEP services on site. Fifteen of these sites offer ARV-based HIV care and treatment (all have HIV testing) and 1 site is considered to be comprehensive, even though it does not offer ARVs. Twelve other facilities could be ready for PrEP provision with additional training and resources. These 12 facilities do not offer ARV-based HIV care and treatment, but they do offer FP or STI services, meaning that there is some clinical staffing available as well as distribution of drugs.

It should be noted that 25 of the facilities offered HIV testing (VCT, PITC, or mobile testing) and of those that did not, 3 were pharmacies. Any facility with HIV testing services could potentially serve as an entry point for PrEP if it had guidelines for screening potential PrEP candidates. (The screening might include a short questionnaire to assess high-risk, HIV-negative individuals.) The facilities must also be adequately prepared to refer clients for follow-up at another facility that offers PrEP.

We believe that 16 facilities are prepared for PrEP provision and another 12 could be ready as potential entry points into care with additional training, capacity building and a strong referral system.

The FEM-PrEP clinical trial was stopped early for futility and the final results showed that Truvada did not significantly reduce the rate of HIV infection (Van Damme et al., 2012). However, Truvada was approved by the United States Food and Drug Administration in July 2012 as PrEP for HIV prevention (U.S. Food and Drug Administration, 2012) based on the results of two other clinical trials (Grant et al., 2010; Baeten et al., 2012). If policymakers in Kenya decide to approve Truvada for PrEP use, they will need to make decisions about where and how to implement PrEP. This case-study inventory in the Bondo and Rarieda districts may be of interest to policymakers as an indication of the potential readiness of these facilities to accommodate PrEP integration. It should be noted that the facilities in this inventory need further training for the services that they currently offer, not simply for new services.

The provision of PrEP could offer women, in particular, a female-controlled method of HIV prevention. The inventory results indicated that women may be currently unable to avail themselves of an approved female-controlled method—female condoms—as distribution and access is nearly non-existent in the area. This inventory suggests that, with the proper support, it could be possible to offer PrEP services at decentralized locations and in a variety of settings.

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