



# USAID | CENTRAL ASIAN REPUBLICS

## APPENDIX G: ARV ADHERENCE PLAN FOR KYRGYZSTAN LOGICAL FRAMEWORK

INDIVIDUAL and CLINICAL FACTORS					
Barrier	Proposed activity	Sub activity	Timelines	Prioritization scale (1= most important, 5= least important)	Responsible Agency & Implementing partners
Overemphasis on individual vs. structural barriers to adherence	Provide training to policy makers, clinicians and NGOs on social and structural barriers	Bring together PLHIV, clinicians and policy people for strategic planning and quality improvement, emphasize patient stories and patient voice Consider IHI Quality Improvement Method or LEAN Healthcare to do patient journey mapping through the system	2011	1	Quality Project, GFATM
Limited use of provider based adherence strategies	Implement tools and devices that clinicians can provide to support adherence	Implement devices to aid adherence -mobile phone alarms, wall charts, pagers or timers -train providers to proactively address side effects at each visit -Develop decision support tools to queue providers on key questions at each visit -Improve access to objective measures of adherence such as CD4 and VL monitoring	2012	2	Quality Project, CDC, WHO, GFATM, Dialogue Project
Lack of understanding among PLHIV re: the importance of treatment or how to manage treatment successfully	Develop Materials to Support Adherence adapted to the local context and in local languages	Translate or develop IEC materials on ARV treatment for: IDU/CSW/MSM, women & children, prisoners, migrants Provide adherence support materials in variety of languages and w/ a low lit level	2012	2 *quick win	UNDP, PLHIV, NGOs, GFATM, Quality Project, Soros Foundation Kyrgyzstan 1

		<p>Suggestions from PLHIV include:</p> <ul style="list-style-type: none"> <li>-videos of PLHIV on ARVs, cartoons for children, online modules on why take ARVs, health care diaries or log books to record CD4, meds, etc.</li> <li>Peer support curriculum of peer navigation or self-management of HIV</li> </ul>			
Barrier	Proposed activity	Sub activity	timelines	Prioritization scale	Responsible Agency & Implementing partners
Lack of involvement of peers in clinical services leading to mistrust of ARVs among PLHIV and poor uptake of ARVs among MARPs	Use peers on ARV treatment to provide peer counselling on ARV adherence	<ul style="list-style-type: none"> <li>-Create an RFP for a peer program tied to each National AIDS Centre</li> <li>-Complete best practice peer PLHIV guidelines (See Stanford Patient Self-Management Program)</li> <li>-Hire peers in collaboration with ASO and provide office space at each AIDS Centre</li> <li>-Evaluate uptake and impact on adherence</li> </ul>	2011/2012	1	PLHIV, UNDP, Ministry of Health, NGOs, Quality Project
Poor integration of case management and social supports/NGOs with AIDS Centres	Formalize support groups for PLHIV and integrate clinicians and peer education on ARV treatment	Introduce case management into AIDS Centres with clearly defined roles, scope and responsibilities	2012	1	Ministry of Health, NGOs, Donors, UNDP, QHCP, PLHIV, Quality Project, Global Health Research Center Kyrgyzstan
Poor implementation of 2010 WHO guidelines for ARV Treatment resulting in delayed access to care and increased lost to follow up	Clinical mentoring project	Planned by WHO/CDC	2012	2	WHO, CDC, GFATM
Absence of mental health services at the AIDS Centers	Skill conversion of the designated AIDS Center staff members to	Trainings for designated staff	2012-2013	3	Ministry of Health, GFATM, Institute of Chubakov

	provide psychological support to PLHIV				
Lack of peer consultants providing psychological support for PLHIV	Ensure paid positions within AIDS Centers for peer consultants	Training of peer consultants and follow-up mentoring	2012	2	GFATM, PLHIV, Quality Project
		Negotiating with donor agencies and AIDS Centers about paid positions for peer consultants at each AIDS Center. The peer consultants could work for NGOs and be based at the AIDS Centers on certain days, or be hired as staff member of the AIDS Center	2012-2013	2	GFATM, PLHIV, Ministry of Health, NGOs working with PLHIV
		Open a hotline for PLHIV	2012-2013	4	GFATM, Ministry of Health, NGOs working with PLHIV
Lack of adequate psychological support for pregnant IDU	Train the existing psychotherapists, narcologist, obstetrician-gynecologist		2012-2013	4	GFATM, Ministry of Health, Donors supporting harm reduction and HIV prevention services for drug users
	Build self-support groups of pregnant drug using women		2012-2013	4	NGOs working with drug users, donors funding harm reduction and HIV prevention services among drug users
Poor clinical management of ARV side effects for PLHIV	Improving training of medical staff and peers to proactively address side effects and provide supportive SE therapy especially during treatment initiation. Ensure physicians or	Enable narcologist to prescribe antidepressants for drug users starting ARV	2012	4	GFATM, donors funding harm reduction and HIV prevention services among drug users, Ministry of Health
		Provide medications and therapies to prevent side effects free to patients	2012-2013	3	AIDS Centre and NGOs/ MDTs

	nurses available 24/7 to answer questions about missed dosages or SE	Training of MAT specialists, AIDS Center doctors, TB specialists on drug interaction and ongoing clinical mentoring	2012-2013	3	GFATM, donors funding harm reduction and HIV prevention services among drug users
SOCIAL FACTORS					
Barrier	Proposed activity	Sub activity	timelines	Prioritization scale	Responsible Agency & Implementing partners
Fear of learning about HIV positive status among marginalized populations	Support access to testing for MARPs	Rapid HIV testing in NGOs and trusted/friendly locations for MARPs	2012-2013	2	GFATM, donors funding harm reduction and HIV prevention services among MARPs
		Improve privacy and confidentiality of patient data	2012-2013	4	GFATM, Ministry of Health, Ministry of Justice, UNDP, Soros Foundation Kyrgyzstan, Quality Project
Double stigma towards MAT patients, HIV positive MARPs	Awareness raising about MAT and HIV	Conducting MAT dialogues and support of MAT Advocacy group	2012-2013	4	Quality Project, GFATM, UNODC, Ministry of Health, WHO, Soros Foundation Kyrgyzstan, NGO "Alternativa narcologii", other stakeholders
		Raising awareness among general population about how HIV can and cannot be transmitted	2012-2013	4	GFATM, Village Health Communities, Quality Project, Dialogue Project
Domestic violence	Reducing the	Organizing special workshops for	2012-2013	3	GFATM, Women's

impacting access for women to HIV care, treatment and support services	vulnerability of HIV positive women and mothers of HIV positive children	spouses of HIV positive women and fathers of HIV positive children			movements, Quality Project, UNFPA, UNWomen, other stakeholders
		Working with mothers-in-law	2012-2013	4	GFATM, Women's movements, Quality Project, UNFPA, UNWomen, other stakeholders
		Opening shelters for women with HIV positive status or children\ training the staff of crisis centers on HIV/AIDS and treatment access	2012-2013	4	GFATM, Women's movements, NGOs providing services for IDU, SW, PLHIV and women, Family Support Centers

### STRUCTURAL FACTORS

Barrier	Proposed activity	Sub activity	timelines	Prioritization scale	Responsible Agency & Implementing partners
Vertical HIV services with little integration into TB, STIs, NSP or OST systems	One-stop shop	Directly observed treatment (DOTs) paired with existing DOT services such as MMT and TB Add MAT DOT or clinical services to existing drop in centres for MARPs	2013/2014	2	UNDP, Ministry of Health, NGOs
Major supply chain and procurement issues (infant formula, food packages, HIV tests, ARVs, OI drugs, SE drugs, etc.)	Major technical assistance required for PSM	In process	2011	1	UNDP/GFATM
AIDS Centre monopoly of immunological and virological tests (CD4 cell count and VL), patients have to travel long distances,	Strengthen labs and diagnostics, decentralize access to CD4 and VL	Immediately open access to CD4 and VL testing beyond AIDS Centre  Procure private, efficient system for transporting lab samples from NGOs,	2011/12	1	Ministry of Health, CDC, WHO, Quality Project, UNDP, NGOs with MDTs, Dialogue Project, Soros

supply chain issues, poor quality of tests	Clarify roles of FMC level infectious disease specialists and ensure ARVs are accessible at local level in consultation with National AIDS Centres	FMCs, prisons, OST sites, TB sites, etc. Improve quality of CD4 and VL laboratory system  Add resistance testing for treatment failure concerns  Improve procurement and supply management of lab tests including RPR, HCV, HIV monitoring and HIV testing including rapid testing Immediately open access to CD4 and VL testing beyond AIDS Centre			Foundation Kyrgyzstan
Frequent user pay models make services inaccessible for MARPs	Remove financial barriers to treatment for marginalized patients	Provide transportation subsidies to PLHIV and MARPs Provide food packages for MARPs Consider financial incentives for providers and patients	2013	4	
Major barriers to documentation/ID impacting access	Policy Review and Programing to address documentation barriers	Review documentation policies in legislation and convene special access for MARPs (expand prison example for civil health care system) Ensure advocates and lawyers available for MARPs at NGO level	2012	1	Ministry of Health and other government sectors, NGOs, UNODC, UNAIDS, UNDP
M&E system weak on outcomes & access for MARPs	Stratify national reporting on access to testing, care, treatment and support by MARPs risk group: IDU, MSM, CSW	Add UNAIDS target setting guide for IDUs indicators to National M&E framework	2012	2	GFATM UNDP office, Ministry of Health, QHCP

STRUCTURAL FACTORS					
Barrier	Proposed activity	Sub activity	timelines	Prioritization scale	Responsible Agency & Implementing partners
Poor access to HIV testing for MARPs	Re-orient VCT services to MARPs	Provide low threshold mobile and NGO based rapid testing paired with attractive services; abscess care, HCV testing, PDI, legal, dental, support services, vaccines, food, etc. Improve contact tracing and provide anonymous peer and online options Improve linkage to care after diagnosis and during monitoring by decentralizing CD4 and VL testing	2013	1	CDC, WHO, UNDP, PLHIV, NGOs
High threshold, high barriers services	Every door is the right door: NSP, TB, Prison, OST, STI, Hospital, Maternity Services, NGOs	Eliminate user fees for PLHIV for vaccines, HCV testing, labour and delivery services Ensure access to documentation and residency cards for PLHIV Use multidisciplinary teams to full scope by including functions on ARV prescribing and dispensing and enhancing comprehensive services including maximum assisted therapy (MAT)	2014	2	NGOs, PLHIV, Ministry of Health
AIDS Centre monopoly of key components of HIV/AIDS treatment and care. Only these centers can prescribe ART & give out medications to PLHIV,	Decentralize majority of HIV services to primary care level with shared care model and specialist support from AIDS Centre	Ensure FMCs, OST sites and TB sites are supported with resources, training, and ongoing specialist consult via telephone and internet Develop clinical mentoring program	2012	2	Ministry of Health, UNDP, WHO, GFATM, Quality Project

Accessibility issues: geography, culture, gender	Address immediate needs of PLHIV such as transportation, food security to draw them in	Provide incentives for engagement and adherence: -Vouchers or cash (instead of food packages) for IDU, CSW, women and families -Mobile phone cards for MSM	2011 (already budgeted)	2	UNDP, NGOs, GFATM
Weak linkages to care after diagnosis	Immediately adopt new WHO guidelines on treatment to limit lost to follow up	Clinical mentoring and technical assistance plan	2011	1	WHO, CDC, Quality Project, GFATM
Gender sensitive services lacking in most spheres including for women and LGBT communities	Apply a gender lens to ARV treatment services	Develop women only ARV treatment support services including women peer counselors and groups Develop IEC materials Offer childcare at AIDS Centres and FMC Offer outreach services to women at home with children including CD4, VL an ARV treatment renewal Develop ARV treatment supports for MSM including peer groups and IEC	2012	2	QHCP, NGOs, Asteria, UN agencies, Minsitry, UNDP GFATM
Lack of child and youth friendly services	Apply a child and youth lens to HIV treatment services including adherence support and medications	Develop child friendly adherence support materials and tools (cartoons, pictorial tools) Improve tolerability and quality of ARVs for children (tablets not just syrups) Create youth friendly HIV testing and ARV treatment services Create peer support programs for children and youth living with HIV Fund camps and outings for children and youth on treatment	2012	3	UNICEF, UNFPA, UNDP, NGOs
Limited linkages to public health and prevention benefits of treatment as prevention (TasP)	Consider adding treatment as prevention to National HIV/AIDS	Review national strategic documents and plans to incorporate TasP into all levels of HIV program for MARPs	2012	3	UNDP GFATM, QHCP, UNAIDS, WHO, MofHealth

	Strategy				
Stigma and discrimination of MARPs and PLHIV	Develop legal framework for MARPs	Fund lawyers and advocates for MDT and AIDS Centres Train police and health care providers on issues for MARPs and PLHIV	2012	2	NGOs, UNDP GFATM
Human rights abuses of MARPs	Increase access to legal services and ombudsmen	Fund legal services for MARPs Improve transparent complaints mechanism HIV/AIDS health sector and ensure MARPs can complain when mistreated	2012	2	GFATM UNDP, NGOs, UNAIDS