



PEPFAR

# PEPFAR Quarterly Results Overview Jan – March 2017

## Kazakhstan

June 16, 2017

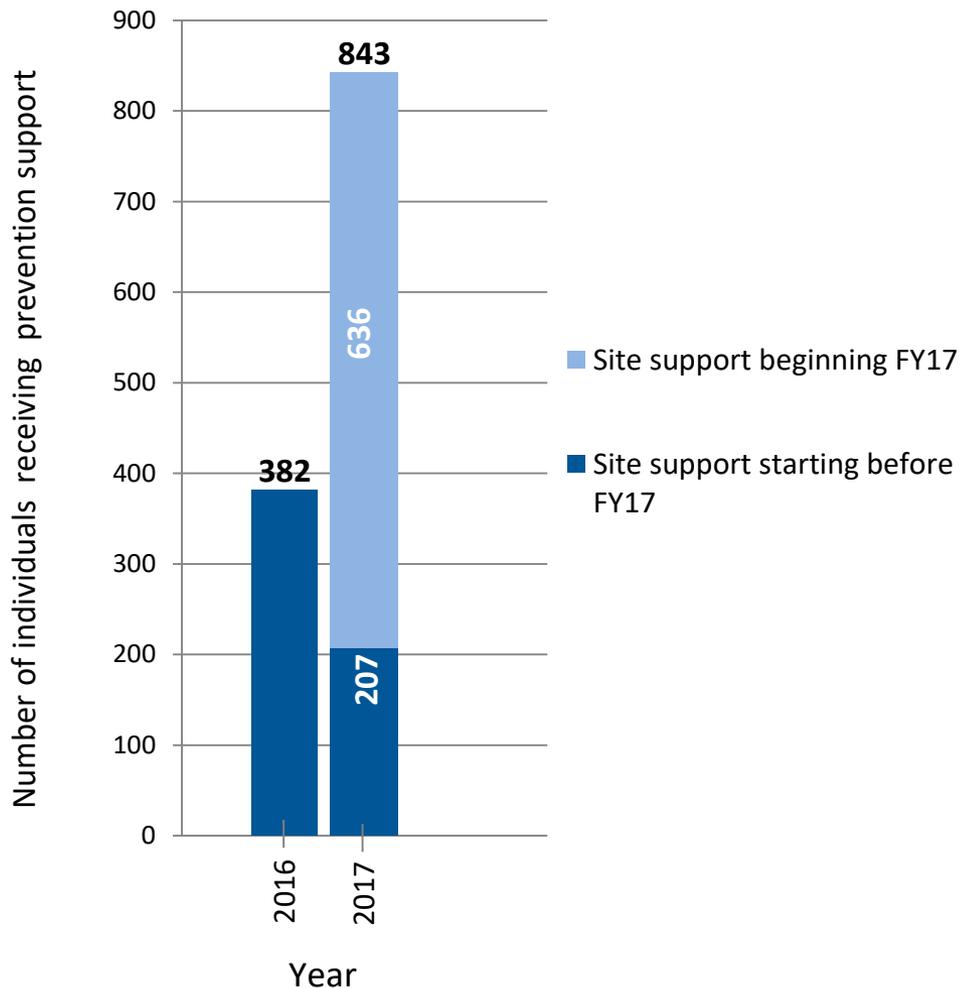




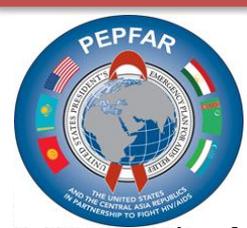
# Key Population Prevention

## Key Population Prevention

Jan-March 2016 (Q2 FY16) vs Jan-March 2017 (Q2 FY17)



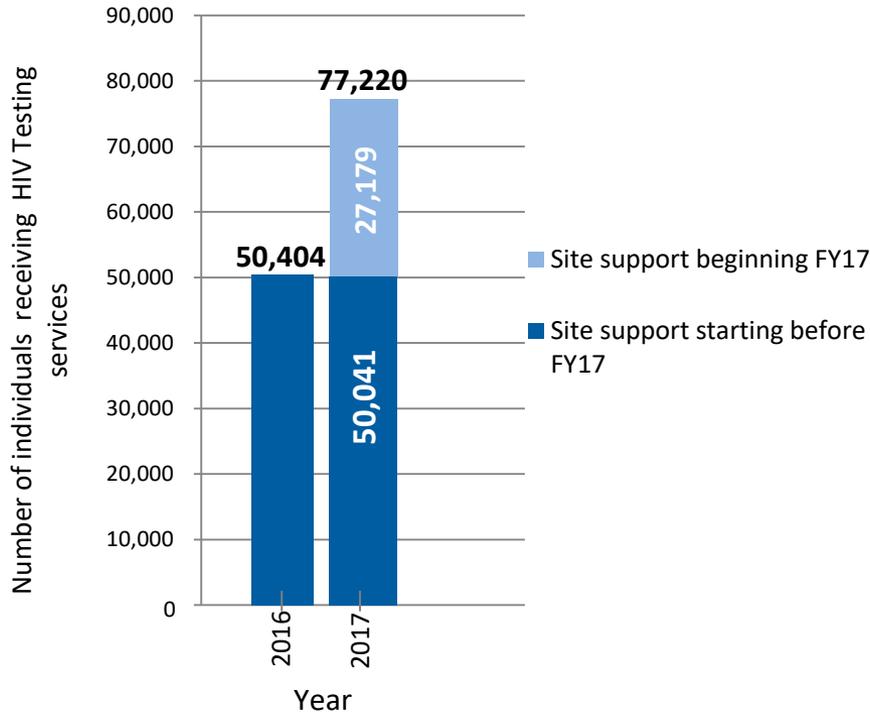
- **Definition:** Number of Key Population (KP) members reached with HIV prevention interventions
- **Sites:** Increased from 1 prison site (Q2FY16) to 9 prisons plus 4 narcology centers (Q2FY17)
- **Prevention services to KPs** increased 121% (from 382 in Q2FY16 to 843 in Q2FY17) due to more sites being served/expanded target population coverage.
  - **HIV REACT:** Continued outreach activities to KPs/PWID, e.g. individual and/or small group outreach, education sessions and entertainment events, referrals to HIV testing
  - **ICAP:** Provided enhanced Technical Assistance (TA), quarterly mentoring visits, and support of co-located integrated care delivery systems at MAT sites



# HIV Testing Services

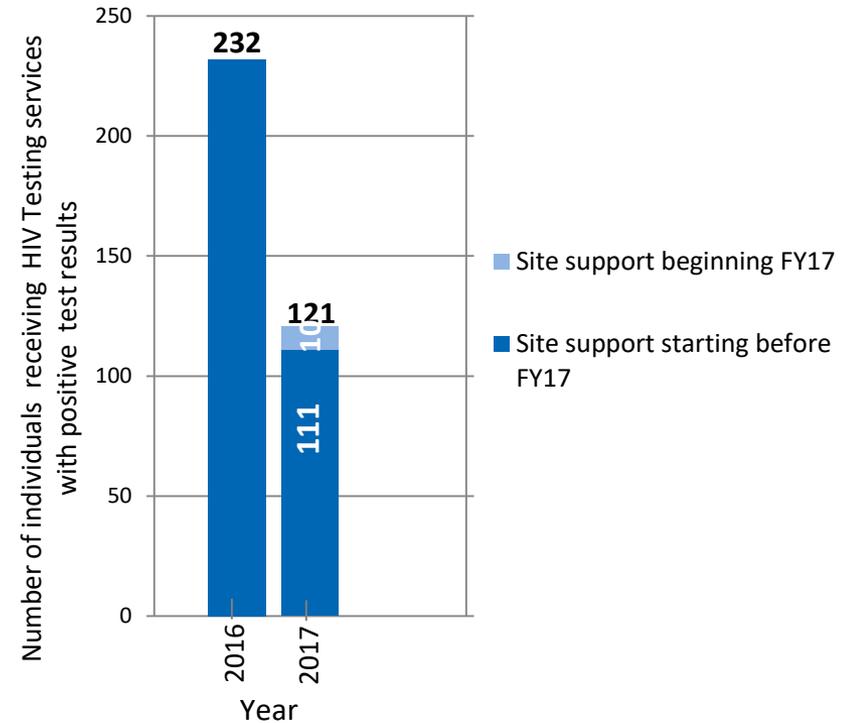
## HIV Testing Services

Jan-March 2016 (Q2 FY16) vs Jan-March 2017 (Q2 FY17)



## HIV Testing Services (Positive results)

Jan-March 2016 (Q2 FY16) vs Jan-March 2017 (Q2 FY17)



**Definition:** Number of individuals who received HIV testing and counseling and their results

**Sites:** In FY17 transitioned from 2 Narcology Centers to 2 higher volume AIDS Centers (total 4 facility sites); added 3 community testing sites in FY17

**HIV Testing Services** increased 53% (from 50,404 in Q2FY16 to 77,220 in Q2FY17) due to transition from lower volume drug treatment centers to higher volume AIDS Centers.

**ICAP:** Provided TA, including training and mentoring incl index testing, salaries of staff responsible for HTS data, support of HTS M&E and reporting, financial incentives for some HCW serving KPs.

**PSI:** 1/17–3/17, referred 703 clients to clinical facilities for HIV Testing Services. 32 positive cases identified (according to the 1<sup>st</sup> test/not confirmed).

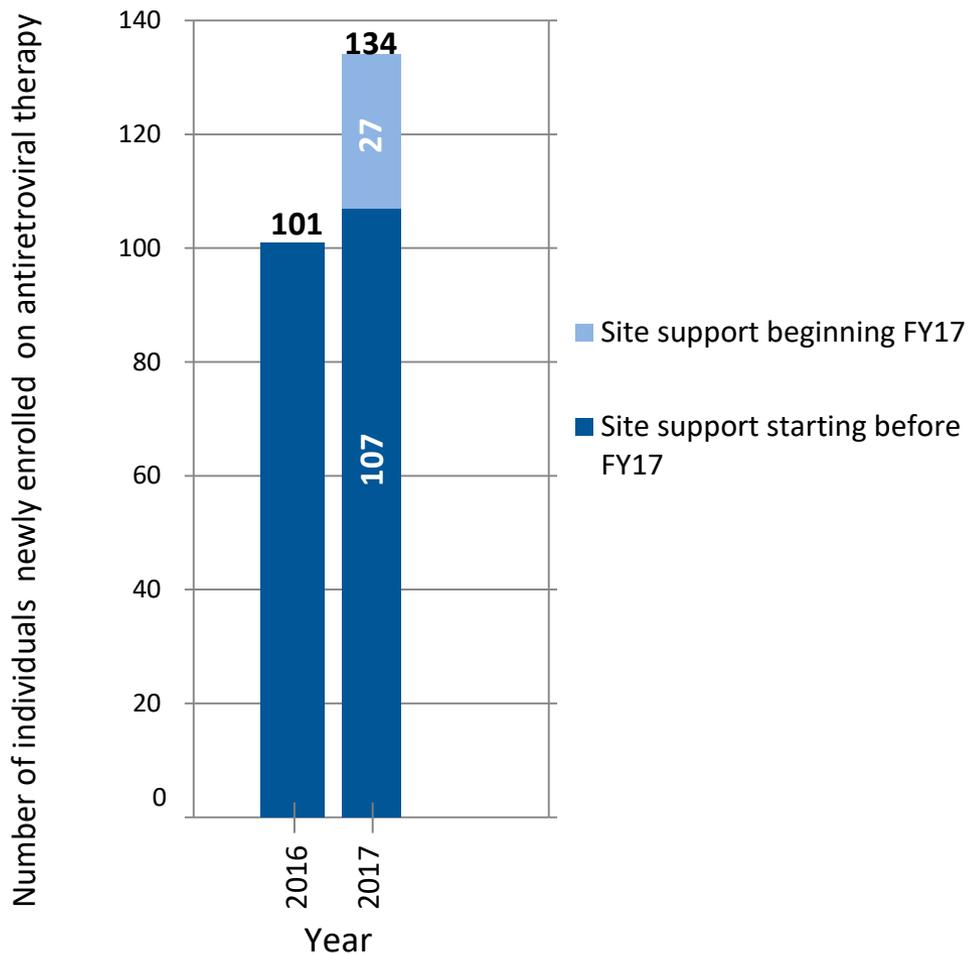
**Number of positive HIV test results** decreased by 48% (from 232 to 121) over the period.



# Newly on Treatment

## Newly on Treatment

Jan-March 2016 (Q2 FY16) vs Jan-March 2017 (Q2 FY17)



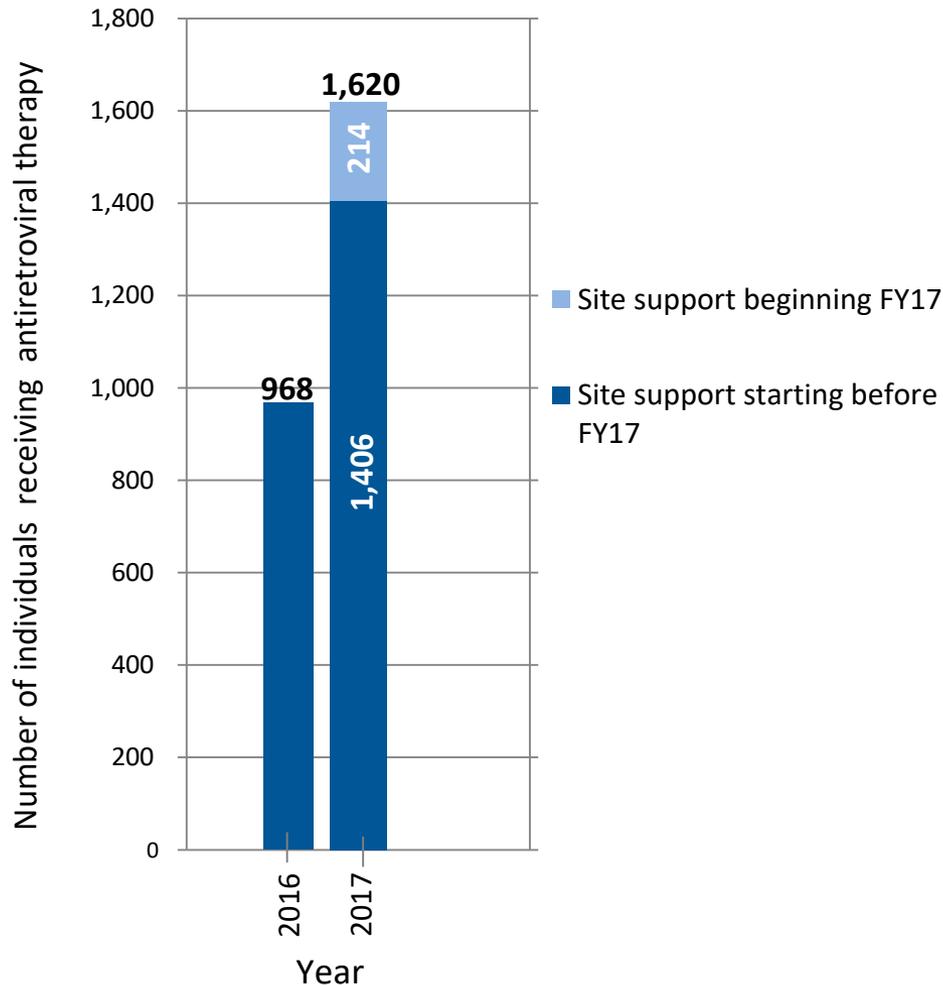
- **Definition:** Number of adults enrolled on ART in reporting quarter
- **Sites:** Increased from 2 to 5 AIDS Centers (from Q2FY16 to Q2FY17)
- **Number of adults initiating ART** increased by 33% (from 101 to 134) over the period.
  - **ICAP:** AIDS Centers prioritized ART for PLHIV already on treatment or with CD4 <350 to avoid treatment interruption, due to ARV shortage (being remedied), thus this quarter's growth in new ART starts is modest. 72% of patients initiated on ART were from KPs, with 79 out of 97 being PWID.



# Currently on Treatment

## Currently on Treatment

Jan-March 2016 (Q2 FY16) vs Jan-March 2017 (Q2 FY17)



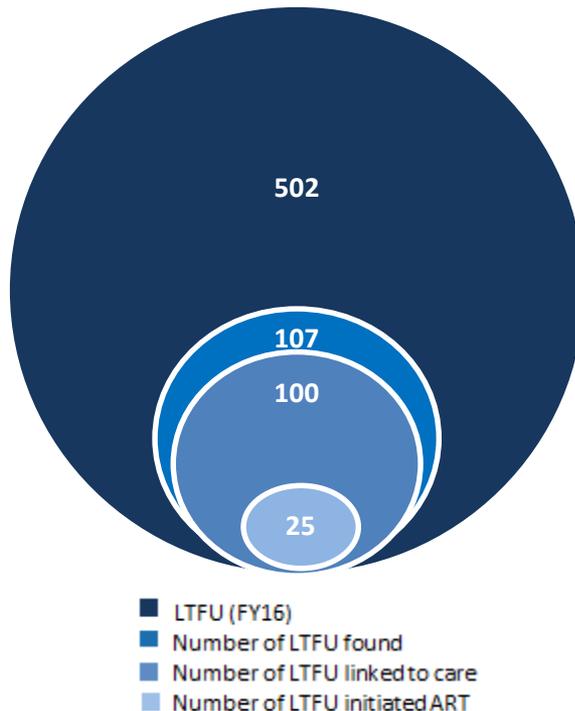
- **Definition:** Number of adults currently receiving ART
- **Sites:** Increased from 2 to 5 AIDS Centers (from Q2FY16 to Q2FY17)
- **Number of adults on treatment** increased 67% over the period (from 968 to 1,620). Fewer patients newly initiating ART in recent quarters impacts number currently on treatment.
  - **ICAP:** Provided mentoring and supervision, QI, financial, technical and data support, TA on commodities forecasting/mgmt. Supported TWG to update national guidelines for “Test and Start” and ART HCW capacity building through ECHO Project.
  - **PSI:** 1/17–3/17, Re-engagement of LTFU also enabled 25 PLHIV to start or re-start ART.





# Engaging Lost to Follow UP Patients

## Engaging Lost to Follow Up (LTFU) Patients Jan-March 2017 (Q2 FY17)



- **Definition:** Number of LTFU who were found, linked to care, and started ART
- **Sites:** All new sites (program started in Q3FY16)
- **107 LTFU were found** (from Jan – March 2017) and 100 of these were **linked to care** (escorted to AIDS Centers, received medical counselling, tested for CD4 and/or viral load). 25 LTFU PLHIV reinitiated or newly **started ART** treatment.
  - **PSI:** Peer navigators provide ART education, motivate PLHIV to initiate/re-initiate treatment, and support adherence, regular visits to AIDS Centers for doctor’s exams, CD4 and viral load testing, and referral for services (e.g. TB and STI screening, MAT), collaborate with AIDS Center staff to ensure regular visits and communication between clients and medical staff.

