THE MSF KIAMBU PROJECT: **INSIGHTS ON SERVICE DELIVERY FOR PEOPLE WHO USE DRUGS (PWUD)**

Sharing key learnings, innovations, adaptations and achievements

MEDECINS SANS FRONTIERES

EXECUTIVE SUMMARY

Introduction

This report reflects on Médecins Sans Frontières (MSF)'s journey, implementing a comprehensive package of care, including medically assisted therapy (MAT) services for people who use drugs (PWUD) in Kiambu County, Kenya. Working in partnership with Kiambu County Ministry of Health (MoH), National AIDS and STI Control Programme (NASCOP), LVCT Health and Kenya Prison Services, MSF documented the experiences, best practices, and lessons learned.

Opioid dependence has a significant impact on global public health, with 296 million drug users worldwide, 69 million of whom use opioids. Injecting drug use, which contributes to about 10% of new HIV infections and 39.4% of HCV cases, is a major driver of morbidity and mortality, with over 70% of drug-related deaths in 2019 attributed to opioid overdoses. The World Health Organization (WHO) advocates for comprehensive care to reduce the harm associated with drug use, including combating HIV, HCV, and HBV transmission, and opioid overdoses.

Drug use, particularly opioid use, has been a significant concern in Kenya since the 1990s, with a study of 336 heroin users in Nairobi showing that 44.9% had a history of injecting, and among injectors, 52.5% were HIV positive. In 2013, there were an estimated 18,327 people who inject drugs (PWID), and by 2021, 26,673 individuals were reported to use opiates. Despite harm reduction programmes, including needle and syringe programmes (NSPs) and MAT clinics, PWID continue to face logistical barriers to healthcare access, stigma and legal constraints.

The objective of the Kiambu PWUD Project, therefore, was to reduce morbidity/mortality associated with illicit opioid drug use. Morbidity rates were high due to delayed treatment access in case of drug overdose, mob justice, and HIV, TB, HCV and other co-morbid conditions. The Kiambu Project aimed to increase access of PWUD to adequate health services, ensure a holistic approach for PWUD, and increase different models of care and innovative treatment for opioid substitution therapy (OST) and client support.

The Kiambu PWUD Project is therefore a story of adaptations, innovation, and dedication to improving healthcare access for PWUD. The insights gained from this project will serve as a valuable resource for stakeholders, policymakers, and healthcare providers looking to replicate or improve similar programmes.

Project background

Before the Kiambu PWUD Project, accessing MAT services in Kiambu County was a major challenge. PWUD faced significant barriers, including the absence of MAT clinics, social stigma, and logistical obstacles. Many individuals had to travel long distances to access treatment in MAT clinics in Nairobi, which often resulted in treatment interruptions. In response to these challenges – and also guided by an initial assessment of the needs of PWUD that MSF carried out in 2017 across harm reduction implementers in Nairobi and the coastal region – the project was designed to provide a holistic service model that integrated medical, psychological, and social support in a single framework.

The first MAT clinic opened in Karuri Level 4 hospital in September 2019 and rapidly developed a cohort of 924 individuals, with many initially transferring from other sites; most from the Nairobi MAT clinics.

In May 2021, a round table review discussion was held with key stakeholders including NASCOP, Kiambu County Health Management Team (CHMT), LVCT Health, and the PWUD community. The objective was to review lessons from the initial phase and to identify challenges to access and adapt the programme, with a particular focus on increasing community engagement. The reviewed strategy focused on:

- **decentralizing MAT services** through mini-MAT clinics
- **increasing Buprenorphine uptake as an alternative OST**
- **building the capacity of healthcare workers (HCWs) and peer educators on overdose management and mental healthcare**
- **enhancing the peer model in the MAT clinics**
- **constructing an empowerment centre** for PWUD
- **creating a client-led community-based organization (CBO)**
- **enhancing further the collaboration with LVCT Health** through an MoU to strengthen the provision of harm reduction services at the community level
- conducting an **anthropological study** to further assess the needs of PWUD, to inform programming

A holistic approach to medically assisted therapy

The Kiambu PWUD Project transformed the delivery of MAT services by addressing the complex needs of the target population. By integrating medical and mental health, nutritional needs, and social services under one roof, the project simplified access and reduced stigma for PWUD. clients no longer had to navigate fragmented systems; instead, they received OST; treatment for any other comorbidities, counselling; SRH services (STI screening and treatment, contraceptives, cervical cancer screening); HIV, HCV, HBV and TB care, nutritional support; and social reintegration services under one roof.

Geographical barriers were another challenge, so the project introduced decentralized MAT services through mini-MAT clinics (which also increased access to incarcerated PWUD as they were based in prison) and satellite dispensing sites, making treatment more accessible. This approach improved retention rates and ensured that more individuals could continue their treatment with fewer interruptions.

Peer educators played a pivotal role in the success of the project, providing health education, supporting treatment adherence, and bridging the gap between the healthcare system and the PWUD community. Their involvement fostered trust, which was essential in ensuring continuity of care.

The project also introduced flexible delivery mechanisms for OST to ensure a continuum of care for PWUD. These strategies included take-home doses (THDs), home deliveries, delivery of OST to prisons, and hospital-based OST, accommodating the diverse needs of individuals with mobility challenges, facing incarceration, hospitalized or balancing work or educational commitments.

One of the most notable innovations was the introduction of Buprenorphine tablets as an alternative to methadone syrup. This provided clients with a more flexible dosing regimen and fewer side effects, making MAT more accessible and client-friendly.

Additionally, the project established an Empowerment Centre to offer vocational training, social support, and wellness activities. This facility aimed to promote the long-term reintegration of PWUD into society by equipping them with skills for employment and self-sufficiency.

Project outcomes and impact

By June 2024, the Kiambu Project had enrolled 1,619 individuals across three MAT clinics. Of the 1,619, 81.5% were newly inducted and 18.5% transfer-ins, with a median age of 28 years, predominantly male (92%), and most referrals coming from LVCT Health (81.2%). Cumulative adjusted retention in care was >70%, 8.1% were lost to follow-up, 2.9% deceased, and 4.9% relapsed. The prevalence of key comorbidities was relatively low: HIV (1.5 %), HBV (0.2%), HCV (2.9%), and TB (2.5%). Of the cohort, 5% accessed pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) during follow-up.

This success is attributed to the project's client-centred approach and its ability to meet the diverse needs of PWUD. Notably, the project influenced national policy through:

- participating in the revision of national guidelines for harm reduction
- sharing experiences with county and national technical working groups for key populations
- contributing to increased awareness of the unique needs of PWUD through harm reduction, including the expansion of take-home dosing policies.

Through its comprehensive approach to client support and access to OST, the project helped reduce opioid-related deaths and medical complications, marking a significant public health impact.

Another milestone was the formation of a client-led CBO, which strengthened advocacy efforts and ensured that peer engagement continued beyond the project's initial phases.

The project was acknowledged by NASCOP as a centre of excellence due to its innovative strategies and adaptations. It became a key learning site for other countries, including South Africa and Burundi, among others, and served as a training resource for HCWs in non-MAT health facilities across the county on harm reduction. This contributed to a more supportive environment for PWUD and improved management of overdose cases within these facilities.

Challenges and lessons learned

Despite its successes, the project encountered several challenges. One major issue was the gender disparity in enrolment, with only 7.7% of participants being women. This highlighted the need for more gender-sensitive engagement strategies to address the unique challenges faced by women who use drugs (WWUD).

A significant challenge was recruiting counsellors with the appropriate qualifications for addiction counselling, as they needed six months of specialized training after recruitment, which MSF supported. This highlighted the importance of ensuring that MAT staff are adequately trained and equipped to handle addiction management.

Since harm reduction is a relatively new area for many HCWs, establishing such a programme required having a programme leader with prior experience in harm reduction from the onset and also ensuring continuous capacity building for all staff.

PWUD are a socially marginalized group, and many lack a steady income, which hampers their ability to access services. This highlights the need to offer free services and to include PWUD as a vulnerable population in various support programmes.

Resistance from HCWs to the introduction of new OST methods also posed a challenge. Extensive training, sensitization, and mentorship were required to overcome this initial reluctance and ensure that healthcare providers were equipped to deliver effective care.

Regulatory barriers, especially around the approval of THDs, required sustained advocacy efforts to streamline processes.

Community stigma against PWUD remained a significant challenge. Overcoming this societal bias required continuous community education and sensitization, which should have begun early, even before the project was launched. Engaging with stakeholders at all levels, from the county to the grassroots, is critical. Mapping these stakeholders and involving them from the very beginning ensures effective collaboration and a more supportive environment for PWUD. Ongoing sensitization efforts throughout the project's lifespan are essential for maintaining community support and addressing stigma.

The challenges faced by programmes reliant on external funding, as recently experienced with the USAID freeze, highlight the urgent need for greater government investment and support. This situation underscores the importance of building resilient systems that can sustain services for vulnerable populations without being overly dependent on financial aid.

While discussions about the handover began about a year and a half before the transition, it is essential to start the handover process earlier in the project cycle and implement it in phases to ensure continuous service delivery without disruption.

Strategic recommendations for future implementation

The lessons learned from the Kiambu PWUD Project have paved the way for several strategic recommendations for future harm reduction initiatives. Scaling up decentralized services through additional mini-MAT clinics and satellite dispensing sites would further reduce geographical barriers and improve treatment adherence. Additionally, decentralizing services to prison facilities would enhance access to MAT for incarcerated PWUD, ensuring they receive continuous care and treatment while serving their sentences.

Strengthening peer engagement by expanding the role of peer educators and supporting client-led organizations will enhance trust, encourage service uptake, and improve retention rates. Advocacy for regulatory reforms remains essential to streamline MAT processes, particularly for take-home dosing approvals.

Investing in digital health systems will also improve the efficiency of client tracking and service delivery, transitioning from paper-based records to electronic health information systems. Additionally, developing gender-specific interventions is crucial, particularly for addressing the unique challenges faced by WWUD. Strategies that include childcare support and gender-sensitive treatment models will ensure more inclusive care.

The anthropological study was conducted towards the end of the project cycle, which left insufficient time to fully implement its recommendations. Moving forward, it is essential to incorporate a midterm evaluation early in the project. This would allow for adjustments and improvements to service delivery, based on the findings, and help determine the most appropriate timing for project closure.

The last MAT clinic was initiated only 11 months prior to the project handover, which did not provide enough time to evaluate its stability. For future projects, it is advisable to plan for a 1 to 2-year period after the implementation of the strategy before considering the handover, ensuring that newly established activities are stable and operational.

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A client on take-home OST doses runs a small business near his home. This demonstrates how flexible MAT access supports socio-economic reintegration for MAT clients.

KEY RECOMMENDATIONS

The Kiambu PWUD Project, in partnership with Kiambu County MoH, NASCOP, LVCT Health and Kenya Prison Services, has set a strong foundation for delivering comprehensive,client-centred care for PWUD. Building on its successes, there are key steps to ensure sustainability, scalability, and adaptation to PWUD and other populations with similar needs. The way forward focuses on strengthening the existing model while exploring its applicability to broader groups facing health and social challenges.

1. Expand access and coverage

- **Overcome geographic barriers:** Despite decentralizing services, there are still geographic areas where MAT clinics and satellite dispensing sites are needed. Efforts must be made to reach remote and rural populations through partnerships with local health facilities.
- **Integrate services with existing health infrastructure:** Rather than starting from scratch, integrating the MAT services into existing clinics and hospitals will ensure better use of available resources, while promoting continuity of care.
- **Improve access for incarcerated PWUD**: Decentralizing services to prison facilities will enhance access to MAT for incarcerated PWUD, ensuring they receive continuous care and treatment while serving their sentences.

2. Broaden the scope of services for PWUD

Address poly-substance use: While OST has been a core component of MAT, the needs of PWUD who use other substances, such as alcohol, methamphetamines, benzodiazepines, etc, must also be addressed.

3. Increase Access to User-Friendly Naloxone

To effectively reduce opioid-related deaths, it is essential to make naloxone available in user-friendly formats—such as nasal sprays or prefilled syringes—that can be safely administered by peers, family members, police officers, and other first responders. These easy-to-use options ensure timely overdose intervention, especially in community settings where medical personnel may not be immediately available. Broad access to such formulations empowers communities to act quickly and save lives.

4. Include social reintegration support

Psychosocial support must be more deeply integrated into MAT services. The success of the Empowerment Centre model should be replicated in other regions to support the social reintegration of PWUD and provide them with opportunities for skills development, employment, and self-empowerment while collaborating with the right stakeholders. It also creates a safe space for holding the PWUD support groups.

5. Strengthen gender-sensitive approaches

- **Focus on WWUD:** Despite efforts to engage WWUD, their participation remains low. More targeted outreach and gender-sensitive programmes are required to ensure that women have equal access to care. This may include creating gender-specific safe spaces, offering or led by female peer educators, and addressing specific barriers that women face, such as caregiving responsibilities and social stigma.

- **Address gender-based violence and intersectionality:** A deeper understanding of the intersectionality of gender, substance use, and violence is needed to tailor services more effectively. Expanding outreach to address the unique experiences of women and marginalized groups will be essential to improving engagement and retention in MAT services.

6. Improve data collection and research

- **Develop comprehensive data systems:** Currently, many MAT clinics face challenges in data collection, relying heavily on paper-based systems that limit efficiency, accuracy, and the ability to monitor client progress effectively. To address these challenges, there is a need to transition to a comprehensive electronic medical record (EMR) system across all MAT clinics. Implementing an EMR system would enable real-time tracking of client progress, streamline service delivery, and improve the monitoring and evaluation process, ensuring better outcomes for clients and programmes.
- **Conduct ongoing research:** More anthropological studies are required to better understand the evolving needs of PWUD and other key populations. They should also be conducted early in the project to shape service design and ensure that interventions are continuously adapted, based on evidence.

7. Expand peer-led initiatives and community engagement

Increase the role of peer educators and CBOs: Peer-led initiatives were central to the success of the Kiambu Project. Expanding the role of peer educators and collaborating more with CBOs will help build trust and improve service uptake.

Additionally, providing competitive and consistent remuneration for peer educators is essential to boost morale, enhance retention, and ensure sustained focus on delivering impactful community-based services.

8. Engage key population sub-groups

Ensure equitable access to services by actively engaging key population sub-groups – such as sex workers, the homeless, and the Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI) community – through collaborative programming with community actors. This approach will help reach high-risk individuals who may still be underserved.

9. Address stigma and legal barriers

Combat stigma through education and advocacy: Stigma remains a significant barrier to care for PWUD and other key populations. Continued efforts must be made to raise awareness, educate communities, and challenge discriminatory attitudes. This includes working with healthcare providers, paralegals from the PWUD community, law enforcement, and community leaders to foster a more supportive environment for individuals seeking MAT services.

10. Advocate for policy change

Current policies, particularly those around THDs and eligibility, need to be reviewed and revised. Continued advocacy, including from PWUD themselves, is required to push for more flexible treatment guidelines, particularly to ensure that PWUD who are stable and compliant with treatment can access THDs without unnecessary bureaucratic barriers.

11. Strengthen capacity for scaling the model

- **Integrating Harm Reduction into Professional Training Curricula:** To promote a more informed, compassionate, and effective response to drug use, harm reduction principles should be embedded in the training curricula of key professional sectors. This includes medical schools, law enforcement and prison officer training institutions, teacher training institutions, and all other relevant training bodies.
- **Invest in staff training:** Continuous, ongoing training for HCWs, peer educators, and CHWs is essential to maintain high-quality service delivery. Specifically, it is crucial to ensure that counsellors receive specialized training in addiction counselling, enabling them to effectively support PWUD with the complex challenges they face. Well-trained counsellors are integral to providing the compassionate, informed care necessary to address the unique needs of individuals struggling with addiction.

12. Strengthen government ownership and sustainable funding

- **Ensure government commitment to MAT services:** **In light of the USAID funding freeze,** it is critical for the government to take full ownership of MAT programmes by integrating them into national health priorities. This includes allocating dedicated funding in county and national budgets to cover essential medicines, operational costs, and harm reduction interventions. Additionally, providing competitive and consistent remuneration for peer educators is essential to boost morale, enhance retention, and ensure sustained focus on delivering impactful community-based services.
- **Institutionalize MAT within public health systems:** Integrating MAT services within existing MoH facilities will enhance sustainability by reducing reliance on external donors. This should include formal policy commitments, standardization of service delivery, and clear funding mechanisms.
- **Advocate for inclusion in universal health coverage (UHC):** MAT services should be recognized as an essential component of UHC, ensuring that PWUD can access treatment without financial barriers. This includes advocating for public insurance schemes like SHIF to cover MAT services comprehensively.
- **Strengthen public-private partnerships:** Leveraging partnerships between government, NGOs, and private sector stakeholders will help fill funding gaps, support innovation, and ensure the long-term success of MAT programmes.

Conclusion

The Kiambu PWUD Project demonstrates the effectiveness of a holistic, client-centred approach to MAT. Through innovative harm reduction strategies, the project has made a significant impact on the health and social outcomes of PWUD, setting a national standard for excellence in service delivery. The success of this project highlights the need to improve MAT programmes at national level – which is not only the delivery of OST. This approach requires community-driven approaches, strong advocacy agenda, and sustained investment in harm reduction services. Moving forward, the lessons learned from the Kiambu PWUD Project provide a framework for similar interventions across Kenya and beyond, ensuring that MAT services evolve in ways that prioritize accessibility, dignity, and client empowerment.