



Differentiated service delivery adaptations
during COVID-19
for people living with HIV and people who
inject drugs in Nepal



SPARSHA Nepal

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WHO WE ARE



Started as a support group in 2002 and registered as a NGO in 2004

Our mission:

Enhance HIV care, increase public awareness that leads to informed understanding, caring and involvement and to promote justice that seeks to change unjust structures affecting the people among whom we work with





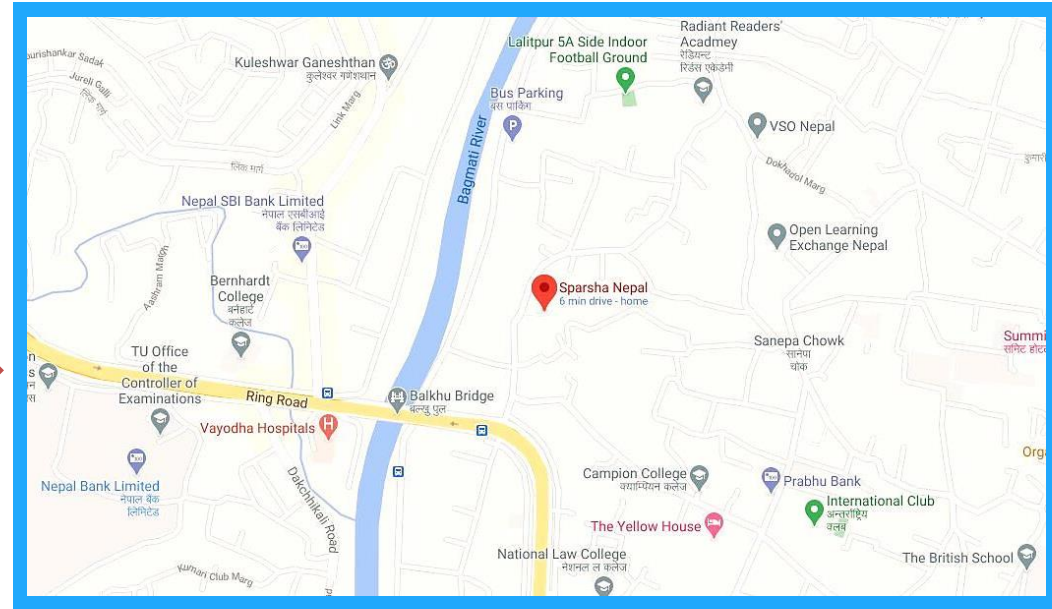
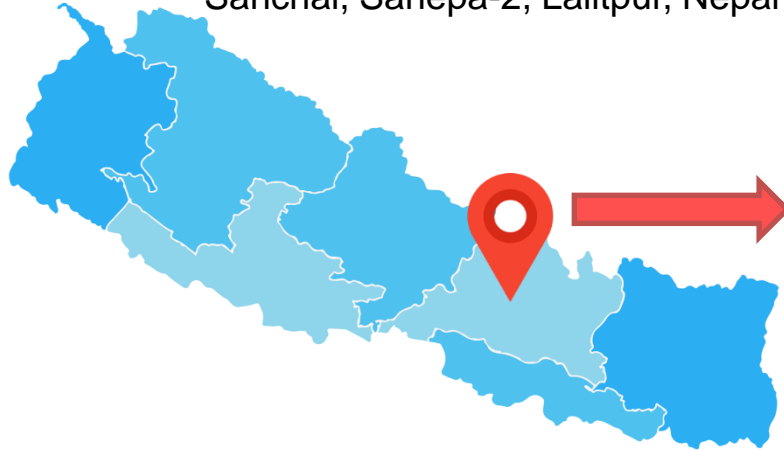
OUR LOCATION



SPARSHA Nepal

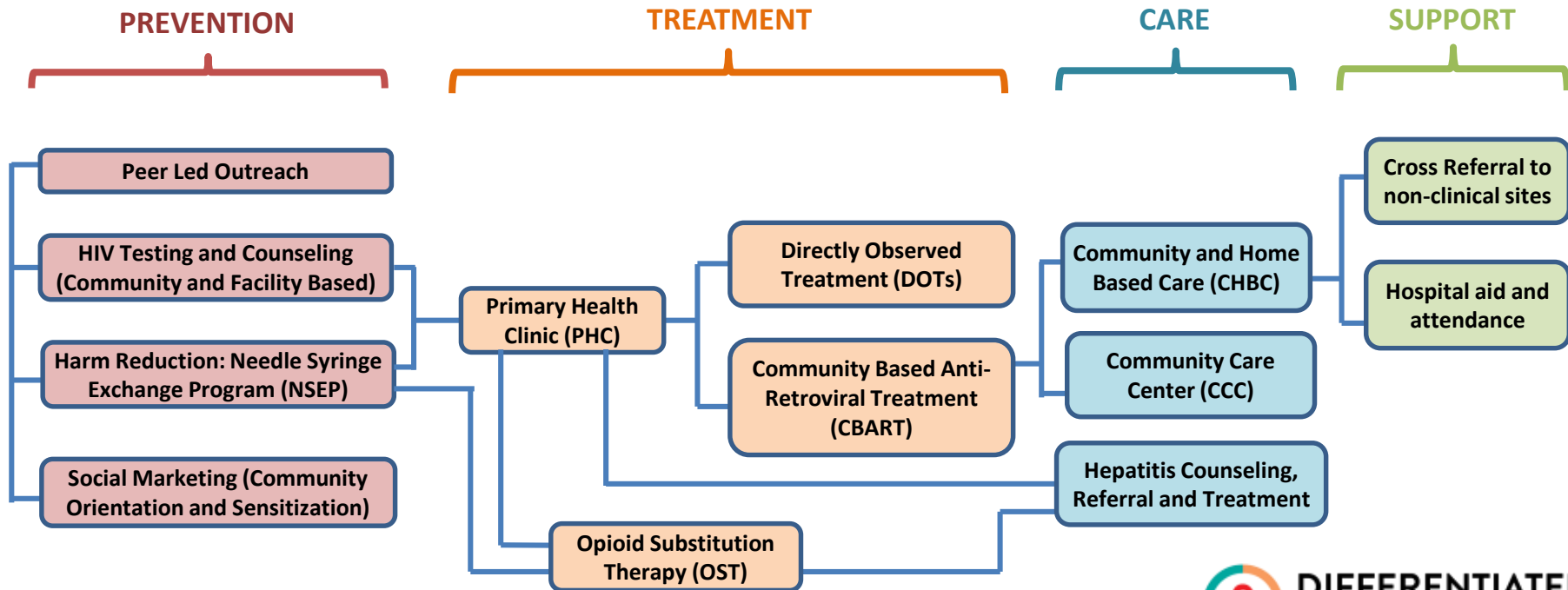
(27°68'62.64"N 85°30'24.27"E)

Sanchal, Sanepa-2, Lalitpur, Nepal





WHAT WE DO

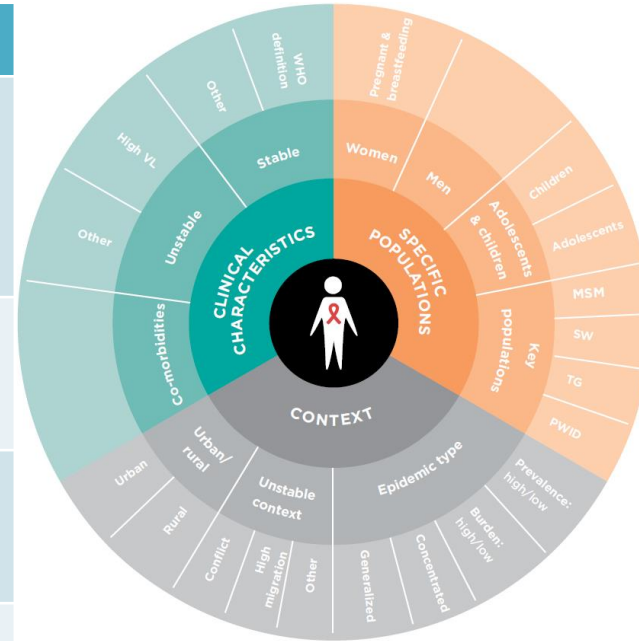




Specific populations we work with



DSD Model	Specific population	Clinical characteristics	Context
Model 1: TLD fast track switch	People living with HIV (PLHIV) receiving ART from community-based (CB)-ART Center	PLHIV on ART on TLE and Nevirapine based regimen Viral Load Suppressed for 12 months Baseline reports	-National HIV Testing and Treatment Guideline 2020 made TLD as first line regimen -HIV Drug Resistance Study showed resistance to Efavirenz in Nepal
Model 2: Facility-based MMD	PLHIV receiving ART from CB-ART Center	Viral Load Suppressed for 12 months Adherence and retention since the last 12 months	-National HIV Testing and Treatment Guideline 2020 to initiate MMD -Stock supply to the CB-ART Center
Model 3: Home-based MMD	PLHIV receiving ART from CB-ART Center	Viral Load Suppressed for 12 months Adherence and retention since the last 12 months	Lockdown and movement restriction due to COVID-19
Model 4: 7-day OST Take Home Doses	Drug users on Opioid substitution therapy (OST)	All drug users on OST except new enrollment	-Lockdown and movement restrictions due to COVID-19 -National level advocacy and lobbying





PURPOSE OF THE DSD MODEL (Pre COVID-19)



Multi-Month Dispensing (MMD)



- No provision of MMD in national HIV testing and treatment guidelines 2017
- National logistic system only provided 2 months' supply to ART centers
- MMD only provided to clients on individual need basis (e.g. having to travel from far or go abroad for a few months, etc.)

ART Regimen



- National HIV Testing and Treatment Guidelines recommended tenofovir (TDF) + lamivudine (3TC) (or emtricitabine [FTC]) + efavirenz (EFV) as the first line regimen

Home delivery of ART



- Home delivery of ART was only provided to clients who had some specific situation preventing them from coming to the facility

OST take-home doses



- OST clients used to come daily to the site for their medicine
- No provision of take home doses in the National OST Guidelines 2014



**DIFFERENTIATED
SERVICE DELIVERY**



BUILDING BLOCKS OF DSD (Pre COVID-19)



Pre COVID-19, clients were provided differentiated individualized services according to their needs where possible such as home delivery and multi-month dispensing.





BUILDING BLOCKS FOR MODEL 1

TLD Fast-track switch (Pre-COVID)



- TLD fast-track switch did not exist before COVID-19.
- It started in May 2020.
- Only 7 people were on TLD regimen before as second-line.



BUILDING BLOCKS FOR MODEL 2

Facility-based multi-month dispensing (MMD) (Pre-COVID)



ART refills

Clinical consultation

Psychosocial support



WHEN

Every 1 to 2 months;
2 months for stable clients;
More than 2 months in
special circumstances

Every 3-4 months

Follow-up and support
during clinic visit and
home visit



WHERE

At CB-ART clinic

At CB-ART clinic

- At CB-ART clinic
- At home and community
by peer-led outreach
workers



WHO

ART Counselors
(Health Assistant)

HIV Specialist Doctor
with presence of ART
Counselors

Health Assistants (ART
Counselors) and peer
supporters



WHAT

ART refills, baseline
tests, counseling

Clinical consultations,
follow-up after 3-4
months

Adherence
counseling, follow-up,
psychological support



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BUILDING BLOCKS FOR MODEL 3

Home delivery with MMD (Pre-COVID)



ART refills

Clinical consultation

Psychosocial support

WHEN

When required to deliver at home (1 to 2 months)

Every 3-4 months

More follow-up and support during clinic visit and home visit

WHERE

At home and community

At home and community

- At home and community by peer-led outreach workers

WHO

Peer Led Outreach Workers

HIV Specialist Doctor with presence of ART Counselors

Health Assistants (ART Counselors) and peer supporters

WHAT

ART refills, counseling

Clinical consultations, follow-up after 3-4 months

Adherence counseling, follow-up, psychological support



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BUILDING BLOCKS FOR MODEL 4

7-day OST Take Home Dose (Pre-COVID)



OST refills

Clinical consultation

Psychosocial support

 WHEN

-

-

-

 WHERE

-

-

-

 WHO

-

-

-

 WHAT

-

-

-

There was no provision of take-away doses before COVID-19. Clients used to come every day to get their medicine.



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PRE COVID-19: QUANTITATIVE OUTCOMES



	Pre COVID-19 Qualitative Outcomes
Model 1 TLD fast track switch	TLD fast-track switch was done from May 2020 after the national guidelines were revised and a certain amount of resistance seen in other regimens in national data review. Only 7 clients out of 390 were taking TLD regimen as second line before COVID-19.
Model 2 Facility-based MMD	Only a few PLHIVs were provided with multi-month dispensing of ART due to the national system of logistics providing ART sites with 2 months of supply and the national guidelines requiring not more than two months' medicine to be provided to clients.
Model 3 Home-based MMD	Only a few PLHIVs on ART were provided home-based MMD and medicine delivery services before COVID-19 based on individual client needs. A few clients were provided home-based medicine delivery before COVID-19 even though the Community and Home based Care (CHBC) team was providing home based follow-up services.
Model 4 7-day OST Take Home Dose	As the Ministry of Home Affairs restricted take-away doses of OST, there was no provision of OST takeaway services before COVID-19.



BUILDING BLOCKS OF DSD (Post COVID-19)



After COVID-19, we had to adapt to changes due to the situation caused by the pandemic. We had to find new ways of service delivery so that no client has to miss their medicine even for a single day.





BUILDING BLOCKS FOR MODEL 1

TLD fast track switch (Post-COVID)



ART refills

Clinical consultation Psychosocial support

WHEN	1 month ART provided after transition for the first month, 2-3 months thereafter	1 week before TLD transition for baseline tests, on the day of switch and 1 month after TLD transition. As per need thereafter (not specific).	<ul style="list-style-type: none"> - Before TLD transition - Constant follow-up and support through home visits, phone, virtual
WHERE	At CB-ART clinic	At CB-ART clinic	<ul style="list-style-type: none"> - At CB-ART clinic - At home, in community and via phone by peer-led outreach workers
WHO	Health Assistants (ART Counselors)	HIV Specialist Doctor with presence of ART Counselors	Health Assistants (ART Counselors) during clinic visit and peer supporters during home visits
WHAT	ART refills, baseline tests, counseling	Clinical consultations, regimen change to TLD, follow-up after 1 month for side-effects	Adherence counseling, follow-up, psychological support



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BUILDING BLOCKS FOR MODEL 2

Facility-based MMD (Post-COVID)



ART refills

Clinical consultation Psychosocial support

WHEN	Unstable patient : 1MMD Stable patients: 2-3MMD (mostly 2MMD due to supply chain constraints)	3-6 months; Unstable clients: 3 months Stable clients: 6 months (not specific, as per need)	Follow-up and psychological support through clinic visits, phone, virtual
WHERE	At CB-ART clinic	At CB-ART clinic	- At CB-ART clinic - At home, in community and via phone by peer-led outreach workers
WHO	Health Assistants (ART Counselors)	HIV Specialist Doctor with presence of ART Counselors	Health Assistants (ART Counselors) during clinic visit and peer supporters during home visits
WHAT	ART refills, baseline tests, counseling	Clinical consultations, follow-up after 3-4 months	Adherence counseling, follow-up, psychological support



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BUILDING BLOCKS FOR MODEL 3

Home delivery with MMD (Post-COVID)



ART refills

Clinical consultation Psychosocial support

WHEN

Unstable patient : 1MMD
Stable patients: 2-3MMD
(mostly 2MMD due to
supply chain constraints)

3-6 months;
Unstable clients: 3 months
Stable clients: 6 months
(not specific, as per need)

Follow-up and
psychological support
through home visits,
phone, virtual

WHERE

At home and community

At CB-ART clinic

At home and community
by peer-led outreach
workers

WHO

Peer Led Outreach
Workers

HIV Specialist Doctor
with presence of ART
Counselors

Health Assistants
(ART Counselors)
and peer supporters

WHAT

ART refills, baseline
tests sample
collection, counseling

Clinical consultations,
follow-up
consultations

Adherence
counseling, follow-up,
psychological support



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BUILDING BLOCKS FOR MODEL 4

7-day OST Take Home Dose (Post-COVID)



OST refills

Clinical consultation

Psychosocial support

 WHEN

3 to 7 days
(7 days during lockdown, 3
days during ease of
lockdown)

Approximately once
every 1-2 months

Every month

 WHERE

At OST site (facility)

At OST site (facility)

At OST site (facility)

 WHO

OST Nurses

Psychiatrist doctor

Psychiatrist doctor,
counselor, peer
outreach workers

 WHAT

OST medicine
(Methadone or
Buprenorphine)

Clinical consultation, dose
change, tapering, other
mental health related
issues

Psychological support,
medical psychiatrist
support, counseling for
retention



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COVID-19: REASON FOR ADAPTATION



COVID-19 pandemic caused a nation-wide lockdown from March 24 in Nepal. Expecting a lockdown, we had already started planning and providing clients with 2 months (or more) of ART medicine so that they did not have to face hassles while coming to the ART center.

When lockdown was announced, there was a panic among all stakeholders and beneficiaries. So, the organization started mobilizing the peer workers to deliver ART medicine at their homes and using phones and virtual media to follow-up.

In May 2020, the National HIV Testing and Treatment Guideline was published and TLD transition was started in the country. SPARSHA was able to shift many clients to TLD regimen which would ensure them not being resistant to their earlier treatment regimen. Similarly, MMD was also started. However, the logistic system still was providing only 2 months of stock to ART centers making it impossible to give more than 2 months of ART to all stable clients.

OST used to be given daily to all the drug users registered in the program. But due to lockdown, clients could not visit the site to get their doses. On March 23 when the lockdown was announced, the Ministry of Home Affairs and Ministry of Health and Population notified to provide 7 days of medicine to clients which was provided from March 24. Even though there was many concerns of misuse of medicine, with every day follow-up by in-reach workers, there were no detrimental incidents.



COVID-19: SUMMARY OF ADAPTATION



2

Task Shifting

Task was shifted from healthcare provider to peer outreach workers.

1

Relocation

ART program was relocated from facility to out of facility (homes of clients and community). OST was also provided as take-away for 7 days and clients could take it at home.

3

Eligibility Criteria

Eligibility criteria for multi-month dispensing and home delivery was changed. Many clients were provided multi-month medicine and many clients received their medicine at home or community.

4

Prescription Refill Duration

The prescription of on of refill duration of ART was changed and many clients were provided medicine for more than 2 months. The prescription of refill of OST was changed from daily to weekly.





COVID-19: QUANTITATIVE OUTCOMES



Model 1 TLD Fast track switch	Jan-April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	Total participants in DSD model
Enrolled in model	7	57	121	86	16	18	305



COVID-19: QUANTITATIVE OUTCOMES



Model 2 Facility based MMD	Jan-April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	Total participants in DSD model
Serviced by model	59	93	254	199	185	132	922
MMD							
1m	44	85	152	136	19	12	448
2m	15	6	102	56	139	109	427
3m		2		7	27	10	46
4m						1	1



COVID-19: QUANTITATIVE OUTCOMES

	Jan-April 2020 (Home delivery in April)	May 2020	June 2020	July 2020	August 2020	September 2020	Total participants in DSD model
Model 3 Home based MMD							
Enrolled in model***	139	101	3	2	1	0	246
Serviced by model###	139	128	26	8	25	20	346



COVID-19: QUANTITATIVE OUTCOMES



Model 4 Home 7-day OST	Jan-April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	Total participants in DSD model
Serviced by model	146	147	163	157	161	165	185
OST MMD							
<3 days	5	14	15	17	7	13	
3-6 days					161		
7 days	146	147	163	157		165	



OTHER SUPPORTING EVIDENCE



I was in TLE regimen for 7 years. There were certain changes in my body making me lose my confidence, be lethargic and dizzy all the time, and my self-esteem was low. Since, I changed into TLD, I started to feel more healthy, no heaviness, no hesitation. Now, I love to make TikTok videos with my hubby.

- Female PLHIV, 34



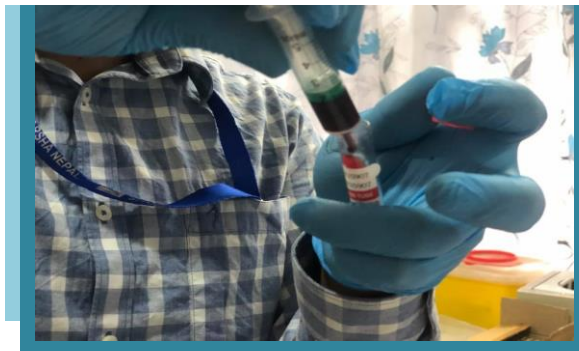
The transition has become a boon to almost all the clients. If we specifically talk about the case of FSW clients who have transitioned to TLD, adherence has improved as most of their work related to their livelihood happens at night, which was very difficult with the TLE regimen. Whereas, after switching, they have no complaints regarding the medicine.

- ART Counselor, Male, 57





OTHER SUPPORTING EVIDENCE



I belong to a district 80 km away from the location of the ART center. Due to COVID, and lockdown there were no vehicles to travel to the ART center. My son travelled in cement truck to reach the ART center to get medicine refill. I was provided with 3 months of medicine (multi-month). MMD reduced the frequency of travel in such critical situation of COVID.

- PLHIV, Female, 46



Patients from remote areas where the transportation was hindered due to COVID lockdown, benefited from MMD up to 3 months. MMD has also benefitted PLHIVs from remote areas where landslides, floods are common. The flow of the clients has reduced. Because of that, we have been able to focus on case management of new clients and reduce the possible exposure between service providers and clients.

- Health Assistant, Male, 28





OTHER SUPPORTING EVIDENCE



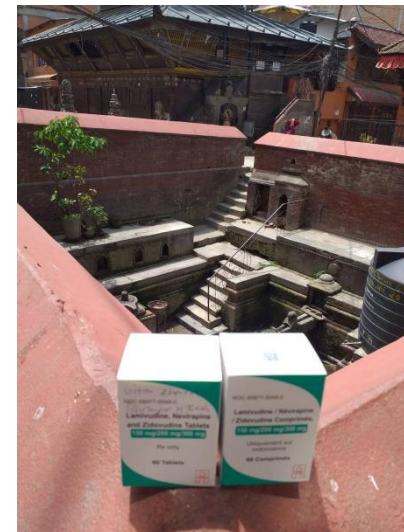
I was bed ridden and weak. I had bed sores. I hadn't eaten well for some days and was unable to travel to the ART center. But then, ART was delivered to me by peer supporters. When they saw my condition, they supported me with relief package, constantly followed-up and provided medicines for bed sore. Now I am in good health and can go out again.

- PLHIV, Female, 38



Most of the clients' medicine was about to be out of stock. Since we were provided passes, we didn't have to face mobility restrictions and we were able to be mobilized to deliver medicines to clients who needed it, collect blood samples and provide psychosocial support. We were also able to support client transition to TLD. We didn't let clients miss their medicine.

- Community based Supporter, Male, 52





OTHER SUPPORTING EVIDENCE



It wouldn't have been possible for me to go to OST site daily for regular doses as my child was just 1 month old when lockdown started. But 7 days take-away dose provision was really helped me. I didn't have to worry about travelling every day to the OST site with my child. It also reduced the risk of me being and my baby getting exposed to COVID.

- PWID Couple on OST



On the day the lockdown was announced, our team was overwhelmed and confused on how to provide OST to clients from then on. We had no idea what to do. But our joint efforts ensured that we could provide 7 days of medicine as take-away. Our advocacy worked. We believed in not letting the clients suffer and we could do so.

- OST Supervisor, Male, 54





COVID-19: IMPACT ON OUR SERVICES



COVID-19

Impact

Adaptations

Risk of COVID-19 infection of staff and clients (especially with low amount of PPE supplies)

COVID-19 protective measures were taken such as maintaining distance, use of masks, temperature checks at entry

Lockdown and movement restrictions prevented clients from coming to get their medicine

ART home delivery and multi-month prescription was provided. For OST, take-home doses of 3 to 7 days were provided with daily follow-up via phone.

TLD fast-track transition due to new national treatment guideline during COVID-19

Rapid follow-up on clients on TLE regimen and scheduling visit to clinical consultation and baseline testing as a one-stop service point.



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GOING FORWARD



- Use of COVID-19 protective equipment will be retained in healthcare setting that also deals with other transmittable infections such as tuberculosis (TB)
- Fast-track of TLD transition will be done for all PLHIV on ART as required by the guidelines as TLD is seen to have optimum benefits to most clients.
- Multi-month dispensing of medicine will be encouraged for stable clients with 2 consecutive viral load reported as suppressed. We will also advocate for change in national logistic and supply system of ART so that MMD is feasible.
- Home delivery will only be continued on case by case need basis as before COVID-19 as it requires a lot of resources and time of peer outreach staffs. Phone follow-up will be continued.
- OST take-home doses will again be stopped by the government stakeholders due to high chances of diversion of controlled drugs and misuse. However, we will advocate for changes in National OST Guidelines to include take-home doses for certain situations such as when a client has to go somewhere for a few days where they can get a prescription and provide proper documentation so that the client does not have to face physical difficulties due to withdrawal.





CONCLUSION



- Changes made with regards to prevention of transmittable diseases was positive. It was being done at a certain extent even before COVID-19. However, we understand the need for it now and will continue it as much as possible.
- Fast-tracking of TLD was only possible due to changes in guidelines and procurement of TLD at the national level. This was very necessary for the country and being successful in the transition is better for clients' health and will also support task-shifting.
- Multi-month dispensing will also be beneficial to the clients as well as the service providers by task-shifting as well as optimum resource utilization. We need to make virtual follow-up mechanism stronger for it to give better results.
- Home delivery will not be done at the scale it was done during COVID-19 due to resource constraints and increasing the health seeking behaviour of clients.
- OST take-home doses will not be continued due to government restrictions. However, advocacy will be done to have provision of take-home doses during special circumstances which will reduce burden on the clients.

