Differentiated Service delivery adaptation during COVID-19 for key populations in Mombasa and Kilifi County, Kenya.

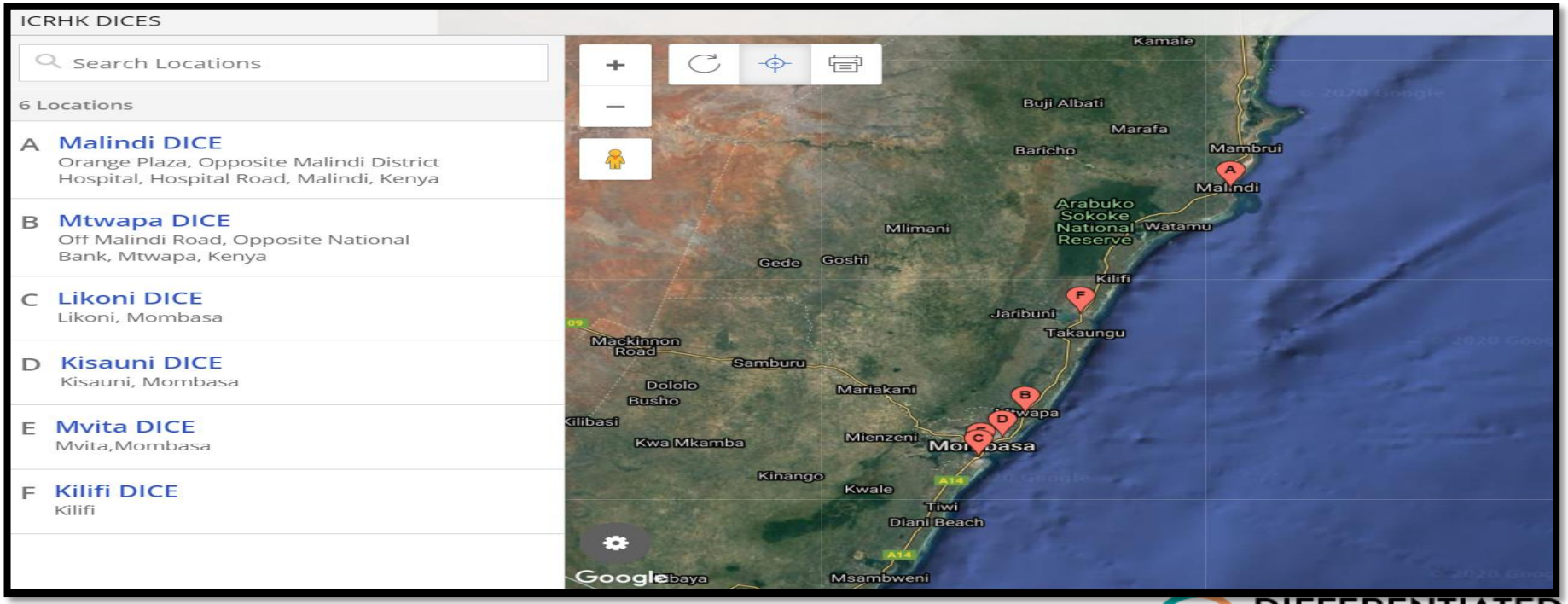
International Center for Reproductive Health in Kenya
(ICRHK)

December 2020

WHO WE ARE

- The International Centre for Reproductive Health Kenya is an independent, local non-governmental organization (NGO).
- ICRH Kenya is affiliated to other ICRH offices in Mozambique and in Belgium
- ICRHK work falls under four main thematic areas – HIV/AIDS, RMNCH/FP, Sexual and Gender-Based Violence and Adolescents and Young People's Health
- Over 20 years, ICRHK has carried out over 20 studies and over 30 intervention projects. Most of these studies have been published in local and international journals. More information on ICRHK projects and research is available at www.icrhk.org

OUR LOCATIONS



DIFFERENTIATED SERVICE DELIVERY

WHAT WE DO

- The organization carries out research and intervention projects in the areas of sexual and reproductive health.

- Out of an estimated population of female sex workers 133,000, about 10% receive services through ICRHK programs. ICRHK has the largest key population programme in Kenya.

WHICH SPECIFIC POPULATION(S) DO YOU WORK WITH

Clinical characteristics:

a) Age 15 and above

b) Both stable and unstable clients on ART

Specific population:

Key populations

Sex worker (self-identified)

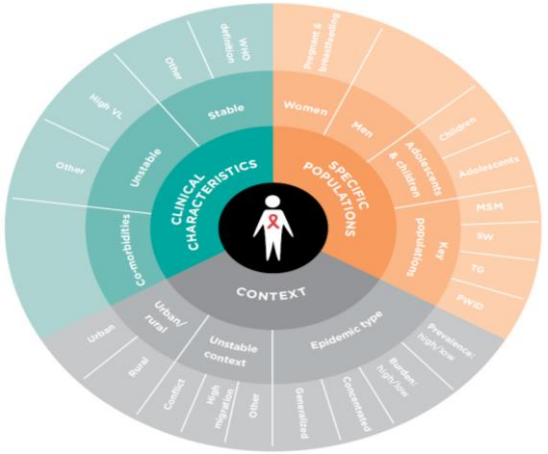
including male, female and transgender

Context-

a) Urban area

b) Unstable setting-COVID 19 pandemic

c) Epidemic type: generalized and concentrated



DSD MODEL 1 (PRE-COVID)

Model 1: Community model - Community ART Group (CAGs)

- Formed in the communities based on the client's geographical location
- Each group holds 10-15 members.
- Health Service providers go to the community and provide ART refills, health talks including adherence counselling, collect viral load samples and provide viral load results for clients whose results are back from the reference laboratory.
- Community ART models save the clients the cost of transportation and time to the health facility but people living with HIV from key populations fear exposing their HIV status or their key population status which may lead to stigma from the local communities.

COMMUNITY ART GROUPS (CAGs)

	ART refills	Clinical consultation	Psychosocial support
WHEN	1-2 monthly	1-2 monthly	1-2` monthly
WHERE	Rented rooms within the common geographical location	Rented rooms within the common geographical areas	Rented rooms within the common geographical areas
WHO	Clinician	Clinician	Clinician
WHAT	ARVs	Checklists and based on clinical presentation of client	Adherence support groups and health talks on challenges

DSD MODEL 2 (PRE-COVID)

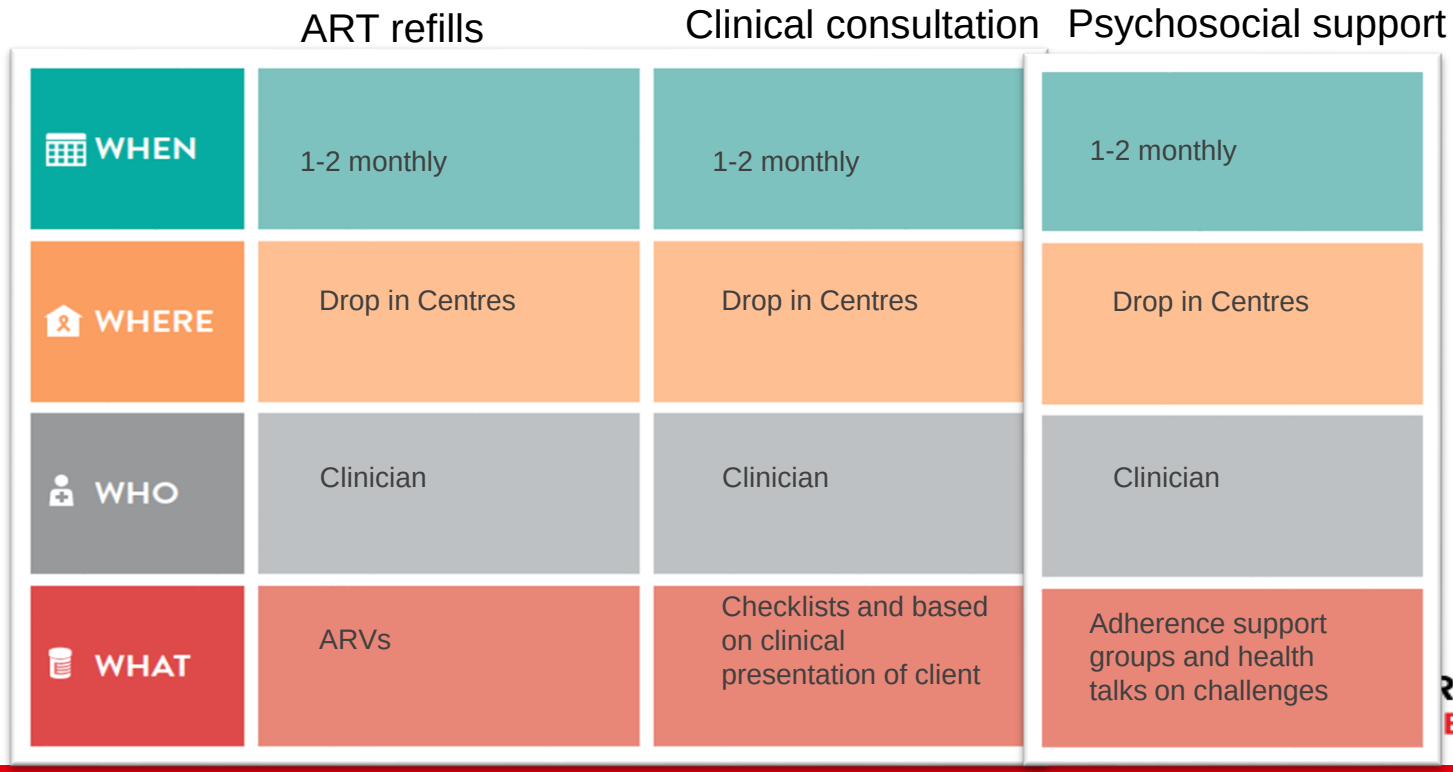
Model 2

Facility based model:

- for stable clients with preference **NOT** to meet within their geographical regions within the community ART groups
- They now meet in the drop in centers (DIC) for the viral load sample collection, adherence talks and psychosocial support groups (PSSGs).
- When the HIV client is unable to reach the drop in center(DIC) then the peer navigator who is a HIV affected or infected peer is sent to do home deliveries and follow up on the client. These groups are clinician-led.

DIFFERENTIATED SERVICE DELIVERY

FACILITY BASED MODEL PRE COVID



	ART refills	Clinical consultation	Psychosocial support
WHEN	1-2 monthly	1-2 monthly	1-2 monthly
WHERE	Drop in Centres	Drop in Centres	Drop in Centres
WHO	Clinician	Clinician	Clinician
WHAT	ARVs	Checklists and based on clinical presentation of client	Adherence support groups and health talks on challenges

BULDING BLOCKS FOR DSD MODEL

Model 3

Fast track model:

- Clients not linked to any group (Either facility or community) would come to the facility for ART refill only.
- They do not need to see a clinical service provider during every visit.
- Once registered at the reception, the clients proceed immediately to the refill counter for the ART refills.

3m	6m	9m	12m
Standard visit	**Fast track ART pick-up**	**Standard visit**	**Fast track ART pick-up**
Clinical consult + script + ART refills	**Only ART refill pick-up**	Clinical consult + script + ART refills	**Only ART refill pick-up**

DIFFERENTIATED SERVICE DELIVERY

FAST TRACK MODEL

	ART refills	Clinical consultation	Psychosocial support
WHEN	3 monthly	6 monthly	6 monthly
WHERE	Drop In Centre (DIC)	Drop in Centre (DIC)	Via phone during the 3 months coming only for pick-ups and in person during 3 month of visit
WHO	Clinician	Clinician	Clinician
WHAT	ARVs	Checklists and observation of Kenyan ART guidelines	Follow up channel counselling support

PURPOSE OF THE DSD MODEL (pre COVID-19)

1. To ensure adherence and retention to care for HIV positive clients
2. To reduce workload in the Drop In Centers (DIC)
3. To enable time for the health care worker to see the newly diagnosed HIV clients regularly while stable clients are on DSD

ELIGIBILITY CRITERIA

A positive individual who is categorized under key population and satisfies all of below:

- Virally suppressed
- On ART for more than 12 months
- Maintains appointments
- Willing to be enrolled in Drop in Centre(DIC)
- Not pregnant
- Not treated for TB in last 6 months
- Completed IPT
- Aged 15 and above

DESCRIPTION OF ADAPTED MODEL

Guided by standard operating procedures developed by the Ministry of Health in Kenya the following adaptations were made:

- All HIV positive clients both onsite and offsite irrespective of stability status were put on a DSD model.
- Multi-month dispensing periods were embraced in the community ART groups and the facility-based models due to the restrictions in gatherings. They no longer got 1-3 month refills but now extended to even 3-5 month and some a few even to 6 month dispensing

COVID-19:
REASONS FOR ADAPTATION

1. National restriction of movements from county to county
2. WHO recommendations on containment of the COVID-19 pandemic through social distancing
3. Reduce overcrowding of the sites and ease workload on the facility
4. Reduce defaulter rates and ensure continuity of care
5. Address social stigma-related issues between COVID-19 and HIV

COVID-19:
SUMMARY OF ADAPTATION

- **Programme relocation:** Most services were changed to out of facility to the community to maximize benefits of retention while observing the COVID 19 containment guidelines
- **Task-shifting:** increased number of peer navigators that aided in tracking of defaulting peers and following them back to care in their assigned cohorts
- **Eligibility criteria:** changed following instructions of a memo by the Ministry of Health and the National AIDS and STI Control Programme (NASCOP)
- **Service integration:** integration of STI screening, family planning service demand creation screening.
- **Expanded refills: refill duration of medicine changed for** initiation, providing one month instead of 2 weeks.

AGGREGATION BY TYPOLOGY OF MULTI- MONTH DISPENSING

		PRE COVID (OCT 2019 TO MARCH 2020)		During COVID (APRIL 2020 TO SEPT 2020	
		n=215	n=880	n=806	n=935
Female sex workers (FSW)	1_3 months	147(68%)	427(49%)	124(15%)	116(12%)
	3_5 months	60(28%)	451(51%)	682(85%)	811(87%)
	6 months	8(4%)	2		8(1%)
Men who have sex with men (MSM)		n=34	n=69	n=148	n=160
	1_3 months	32(94%)	39(57%)	38(26%)	28(18%)
	3_5 months	2(6%)	30(43%)	110(74%)	132(83%)
	6 months	0	0	0	0
Transgender (TG)			n=29	n=44	n=37
	1_3 months	0	26(90%)	12(27%)	3(8%)
	3_5 months	0	3(10%)	32(73%)	34(92%)
	6 months	0	0	0	0

DIFFERENTIATED SERVICE DELIVERY

DEFAULTER RATE AND RETENTION RATE (PRE AND DURING COVID)

PRE-COVID (OCTOBER 2019 TO MARCH 2020)					DURING COVID (APRIL 2020 TO SEPTEMBER 2020)				
	NEW ON ART	ACTIVE	DEFAULTERS	RETENTION		NEW ON ART	ACTIVE	DEFAULTERS	RETENTION
FSW	268 (79%)	245 (81%)	23 (66%)	0.91	FSW	400 (79%)	399 (81%)	1 (10%)	1
MSM	48 (14%)	39 (13%)	9 (26%)	0.81	MSM	76 (15%)	68 (14%)	8 (80%)	0.89
TG	22 (7%)	19 (6%)	3 (9%)	0.86	TG	29 (6%)	28 (6%)	1 (10%)	0.97
TOTAL	338	303	35	0.9	TOTAL	505	495	10	0.98

DIFFERENTIATED SERVICE DELIVERY

RETURN TO CARE (PRE AND DURING COVID)

PRE-COVID (OCT 2019 TO MARCH 2020)					DURING COVID (APRIL 2020 TO SEP 2020)				
	MISSED APPOINTMENT	NUMBER TRACED	RETURN TO CARE	% BROUGHT BACK		MISSED APPOINTMENT	NUMBER TRACED	RETURN TO CARE	% BROUGHT BACK
FSW	179	179	172	96%	FSW	86	86	79	92%
MSM	82	82	75	91%	MSM	88	80	75	94%
TOTAL	261	261	247	95%	TOTAL	174	166	154	93%

VIRAL LOAD SUPPRESSION AMONG FSW (PRE AND DURING COVID)

	PRE COVID	DURING COVID		
	Oct-Dec 2019	Jan- March 2020	April- June 2020	July -September 2020
Eligible clients for viral lo	460	342	534	704
Done viral load test and result available	337	342	405	524
Suppressed clients	320	323	404	498
Viral load uptake	73%	100%	76%	74%
Suppressed	95%	94%	100%	95%

DIFFERENTIATED SERVICE DELIVERY

VIRAL LOAD SUPPRESSION AMONG TRANSGENDER (PRE AND DURING COVID)

	PRE COVID		DURING COVID	
	Oct-Dec 2019*	Jan March 2020	April June 2020	July September 2020
Eligible clients for viral load		13	24	37
Done viral load test and result available		7	17	26
Suppressed clients		4	16	26
Viral load uptake		54%	71%	70%
Suppressed		57%	94%	100%

*Data for Oct to December 2019 not available as we had NOT started enrolling transgender before 2020.

DIFFERENTIATED SERVICE DELIVERY

VIRAL LOAD SUPPRESSION AMONG MEN WHO HAVE SEX WITH MEN (PRE AND DURING COVID)

	PRE-COVID		DURING COVID	
	Oct-Dec 2019	Jan March 2020	April June 2020	July September 2020
Eligible clients for viral load	72	79	106	107
Done viral load test and result available	72	65	97	95
Suppressed clients	64	65	97	91
Viral load uptake	100%	82%	92%	89%
Suppressed	89%	100%	100%	96%

DIFFERENTIATED SERVICE DELIVERY

PROVIDER PERSPECTIVE/KEY INFORMANT INTERVIEW DATA

Unstable clients needed more effort to ensure retention and it helped us do this"

It increased retention rates for clients

"It helped us listen. Listen to our clients more vs talk

It was an innovative way of offering services to clients especially the tele-consultancy

"Really helped with defaulter tracing"

"DSD like everything else was not a silver bullet but had limitations'

"It offered a relief for both the client and the service provider

DIFFERENTIATED SERVICE DELIVERY

CLIENTS PERSPECTIVE/FOCUS GROUP DISCUSSION DATA

'Multi-month dispensing helped us be adherent to medication"

"Stigma has reduced significantly'

'During the pandemic we were locked out and the models at play being group models didn't work for us'

I did not have to come collect medication regularly. This really helped me

"Multi-month dispensing was good but 6 month dispensing was not good"

"The groups promoted love among us HIV positive clients"

"Easier to come for refills"

Did not have to travel far for medication and services"

"We appreciated the tele consultancy.

DIFFERENTIATED SERVICE DELIVERY

COVID-19: IMPACT ON OUR SERVICES

IMPACT OF COVID 19 ON THE DSD MODELS AT ICRHK DROP IN CENTRES (DIC)	MEASURES TAKEN
Risk of acquiring COVID of clients and clinical staff	• COVID protection measures were in place in the drop in centers e.g. compulsory to wear masks, temperature checks upon entry and hand-washing points
Number of clients locked down in counties that were hard to reach and travel restrictions were at play to avoid unessential travel including to health facilities	• Tele-counselling was embraced to counsel clients. • Staff had special badges that allowed them to cross restriction points to facilitate reaching the hard-to reach clients who needed the consultation and ART refills

GOING FORWARD

- The DSD model will be maintained; the national government and ministry of health recommend differentiated care models for all people living with HIV
- DSD has improved retention rates for the programme. These models are also sustainable and result-oriented.
- The county and sub county are using our models as learning ventures to influence care for people living with HIV

CONCLUSION

1. We need to ensure that despite the COVID-19 pandemic, all people living with HIV are receiving the best level of care and adequate retention.

2. The models implemented during COVID have proven to be effective, sustainable and time efficient and will be sustained.

3. The changes were positive as they ensured continuity of ART treatment, helped in reduction of defaulters and created space at the DIC for enrolled peers to get quality services by maximizing time with the clinician.

4. The pandemic has pushed for expanded eligibility to existing models, which were previously only accessible for stable clients.

5. It would be sustainable based on its traits of being more effective, result-oriented and time efficient.