



Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

Community-based HIV prevention

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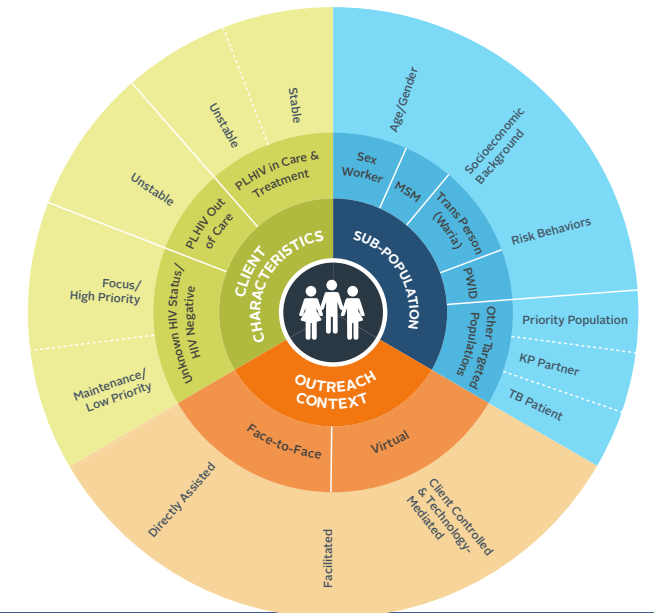
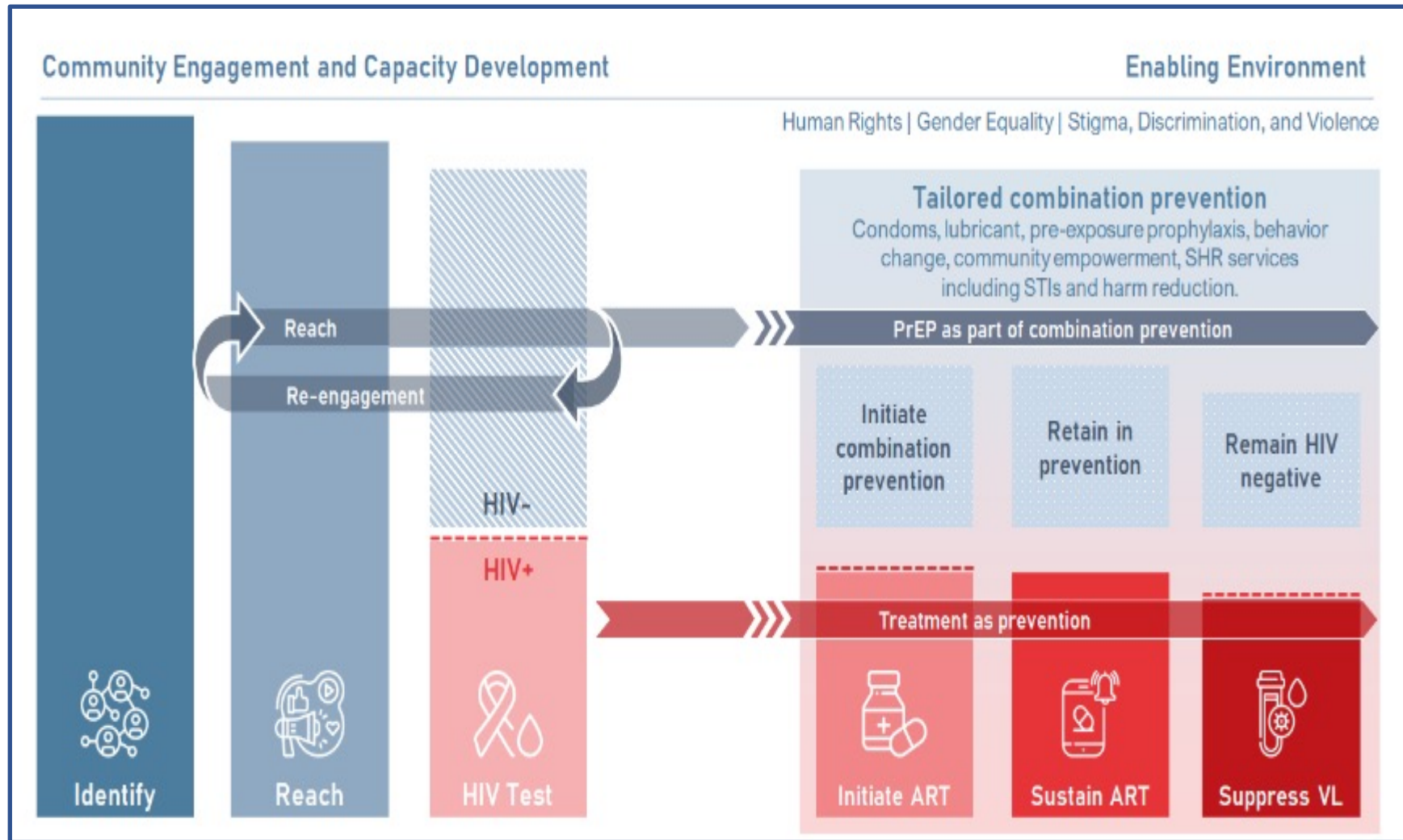
HIV Learning Network
The CQUIN Project for Differentiated Service Delivery



Introduction

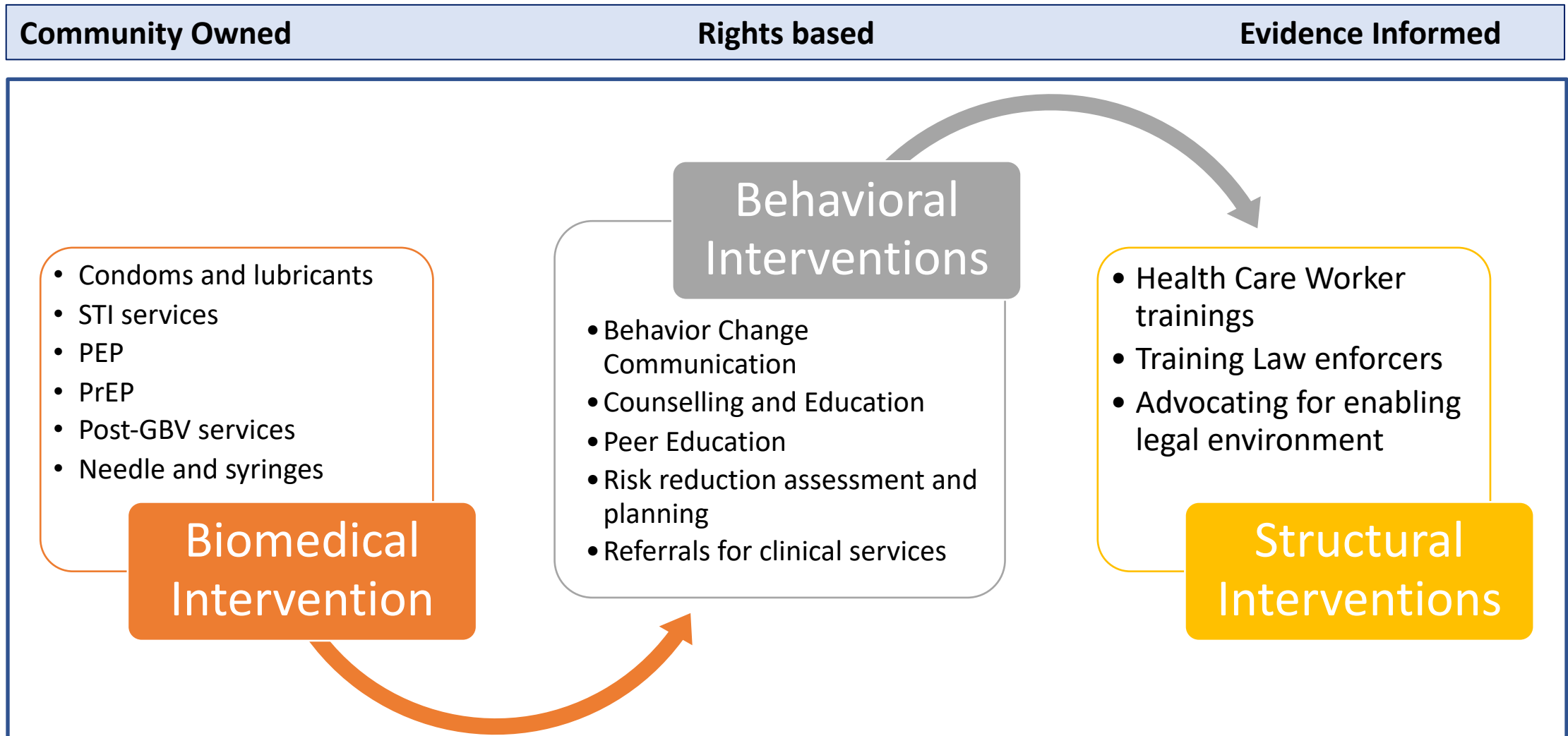
- Meeting Target and Maintaining Epidemic Control (EpiC)
 - USAID/PEPFAR-funded project
 - Focuses on the provision of comprehensive HIV prevention, care, and treatment services to at-risk men, women, key, and vulnerable populations.
- Lessons from implementing HIV prevention services for KP across over 35 countries, including over 20 in Africa
- Will share thoughts on how to expand access to community-based HIV prevention services for KP

EpiC Cascade of HIV Prevention, Care and Treatment Services for Key and Priority Populations



- DSD Models for community-based HIV prevention services**
- Outreaches
 - Mobiles team
 - Drop-in-centers (DICs)
 - Directly through peers
 - Online/virtual platforms (e.g., ORA, currently use by EpiC)

Combination HIV Prevention Package for Key Populations



Microplanning within a Community-based HIV Program

Type of Hotspots	FSW	MSM
Bar/Maquis	37	1
Beach	1	2
Brothel	4	0
Bus station	1	0
Grin	1	4
Home	2	13
Hotel	61	5
Marketplace	1	0
N/A	2	0
Others, (Specify)	5	5
Park	1	3
Sidewalk	5	2
Grand Total	121	35



Type of Hotspots	FSW				MSM			
	High	Medium	Low	N/A	High	Medium	Low	N/A
Bar with accommodation	555	315	39	52	1			
Bar without accommodation	1100	205	286	44				
Beach	45	33	1	2	2	13	15	1
Boarding/hotel/accommodation	1099	393	81	25				
Brothel	205	156	16	6	2	1		
Casino	1	1				1		
Home	2088	1418	15	104	411	1720	620	173
Maquis	21	21	3	2	10	43		8
Massage parlor	8	1	8					
N/A	105	12	3	7	4	9	3	16
Other	403	112	59	48	44	146	86	12
Parks	11	7			7	11		13
Public toilets	3							
Sidewalk	385	229	11	22	20	53	10	
Strip Club	2			1				
Grand Total	6031	2903	522	313	501	1997	734	223
% Distribution	62%	30%	5%	3%	15%	58%	21%	6%

Peer Planning service delivery to Individual KPs based on Risk

- Key to having a successful KP program
- Uses mapping and size estimation data, led by peer cadre
- Provides a clearly defined area of operation for each peer educator (PE)
- Helps in tracking and following up with each KP member
- Helps plan an outreach based on the requirement of each hotspot

- Helps in planning/estimating the number of commodities i.e., condoms, lubes
- Helps PEs to monitor and plan clinical services, including HTS, STI services, etc.
- Helps PEs identify gaps in their outreach efforts
- Shifts the program from merely service delivery (push) to increased demand generation for services from the community.
- Creates community ownership

Providing Access to Prevention Services and Commodities

- Distribution of prevention commodities benefit from **continuous access at hotspots**, frequent **promotion through trusted peers** and reliable **monitoring of distribution against estimated need**.
- Condom/lubricant (and needle/syringe) distribution depends on **strong community outreach**, with promotion messages reinforced at clinic visits where STI/HIV screening, PrEP, OST and related services are also offered.
- Condom, lubricant, needle and syringe **programming should be based on regular needs assessment** – estimated number of clients/partners/injections – with promotion and distribution supported by supply/logistics systems.



SOMMERSET

Opportunity Gap Analysis

Estimation	NO.	Gap	%
Enrolled (Registered)	80	50	62.5
Contacted	3045	35	43.75
Condoms Distributed	4530	50	62.5
Clinic visits	203	17	85
HTC	3	17	85

Reasons

Enrolled - Other organizations
 - Ignorance
 - Stubborn

Contacted - Peak variability
 - SW mobility

Condoms - Prefer buying
 - Condoms smelly
 - Other sources

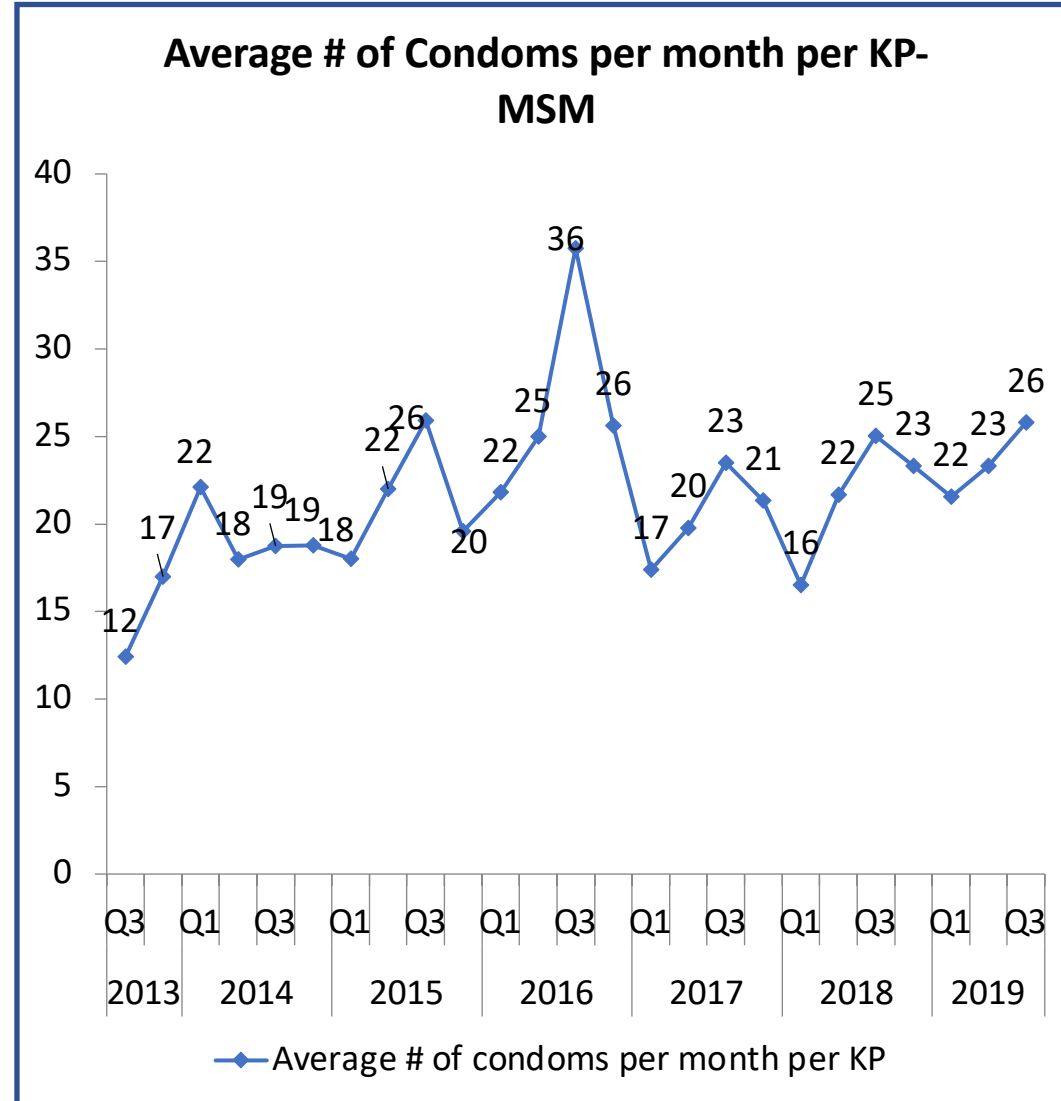
Clinic visits/HTC
 - Not sick (no need)
 - Busy (Time wasting)
 - Fare (Transport)

26/04/2013

MSFO
EWIN

Condoms and Lubricants

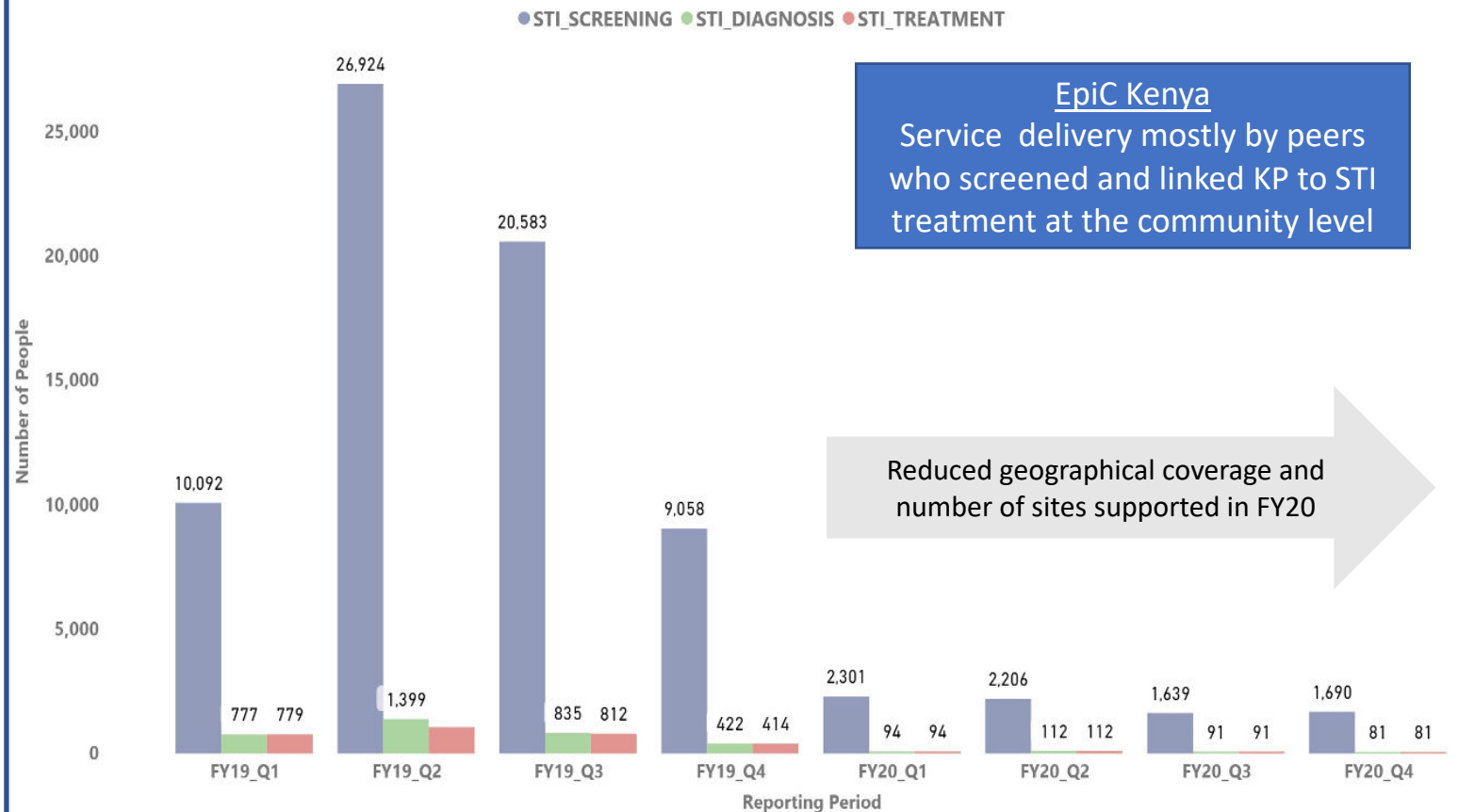
- Applying principles of microplanning (peer-led approach)
- Peer educators are trained on the use, including being a good source of the commodities at the community level
- Key to maintaining cohort of KP (irrespective of HIV status)
- Should be guided by need of each KP
- Ensure uninterrupted access to both commodities
 - Forecasting, quantification, distribution, etc., are key to having a successful KP program



STI Services

- Screening, diagnosis, and management (role of peers especially with screening)
- Integrated service delivery through outreaches, mobiles, DICs
- Linkage to HTS and other related services
- Relevant for all KP, including PWID
- Ensure uninterrupted supply of STI drugs

Trends in Sexually Transmitted Infections (STI) Among All Populations



Post-Exposure Prophylaxis (PEP)

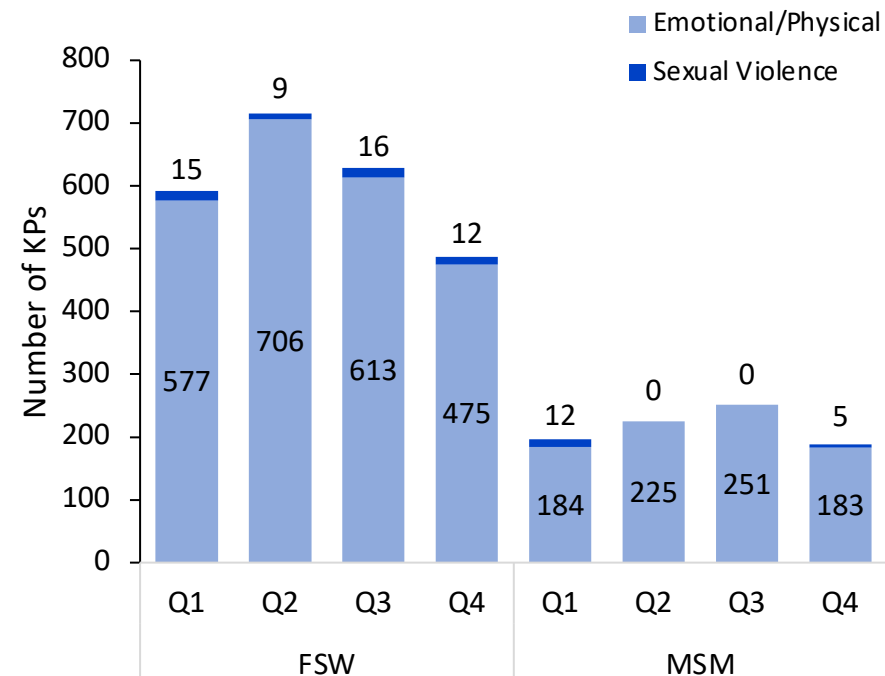
- Only available following occupational exposure and sexual assault (rape) in most settings
- Need to expand access to include sexual exposure (e.g., condom split)
- Access to PEP at the community level (e.g., at DICs)
- Linkage with PrEP services (some clients who seek PrEP services may require PEP and those who have completed PEP but at ongoing risk may benefit from PrEP)

Linking post-GBV services to HIV prevention at the community level (LINKAGES Kenya)*

Number of GBV cases reported



GBV cases reported by GBV type

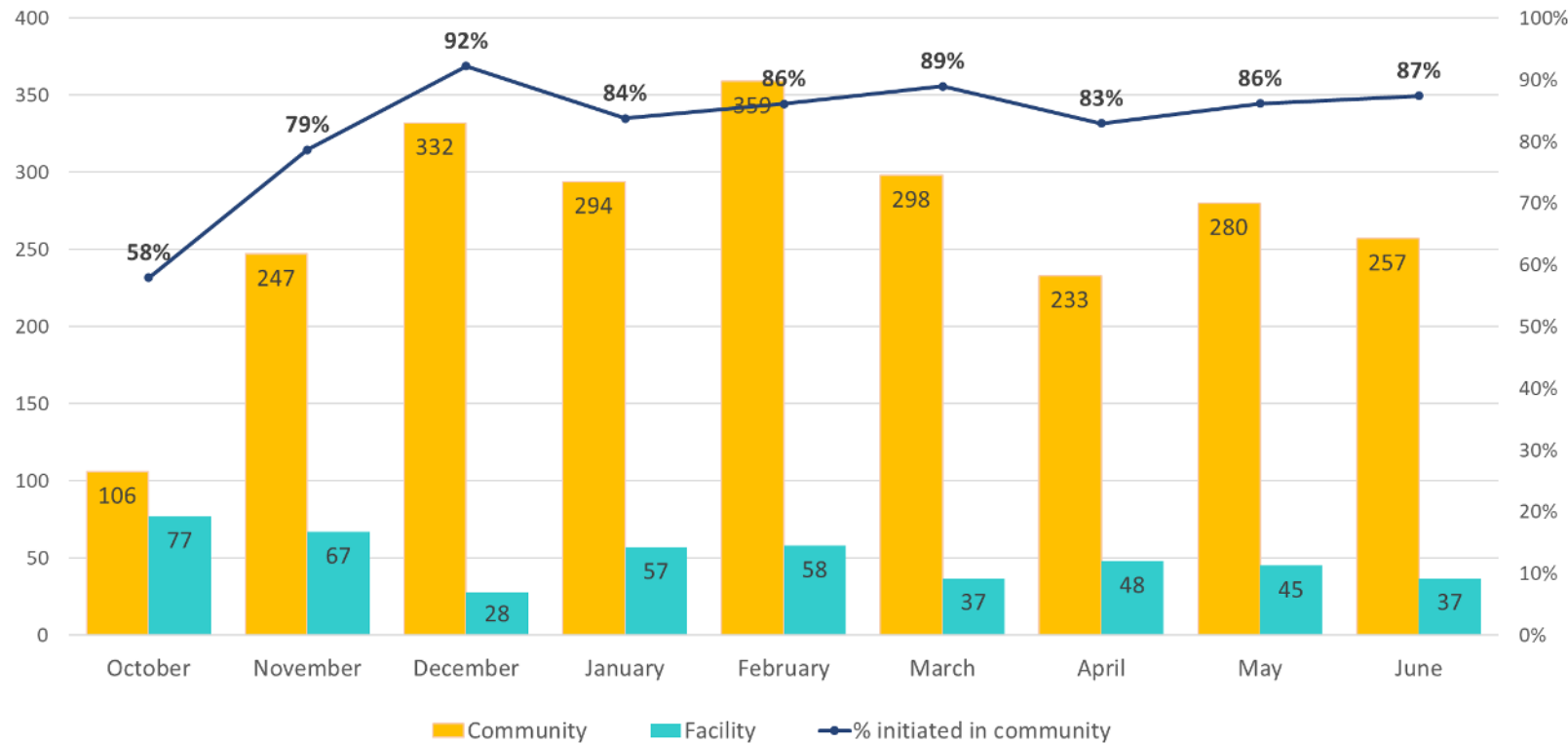


- 95% of the GBV cases reported were addressed
 - 70% addressed among MSM
 - 95% addressed among FSW
- 17 FSWs and 12 MSM received PEP as a post-rape care services
- 13 FSWs and 14 MSM completed 28 days PEP within the year, 2 MSM were issued with PEP in previous period

*FY17 and FY18 data

EpiC-supported Community-based PrEP Program Implemented by OUT/EMH, South Africa

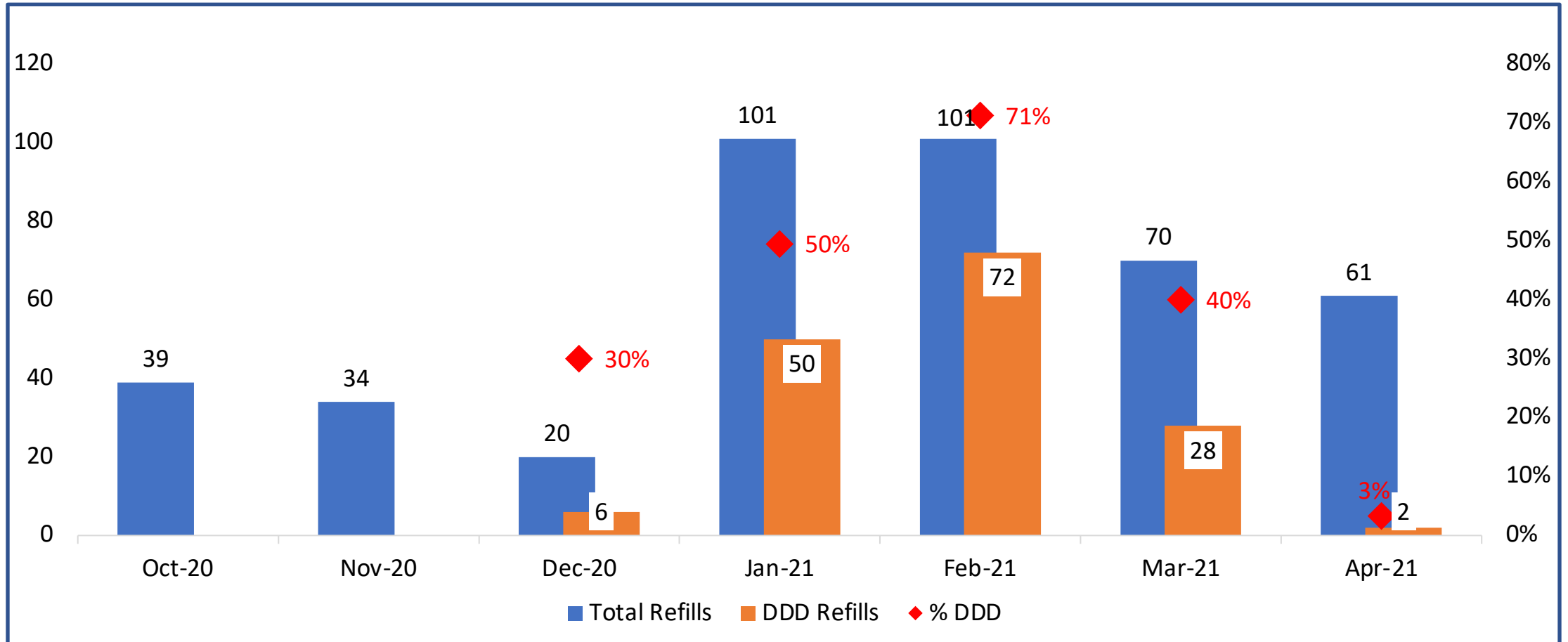
PrEP Uptake in Community vs Facility setting during Oct '20 - Jun '21



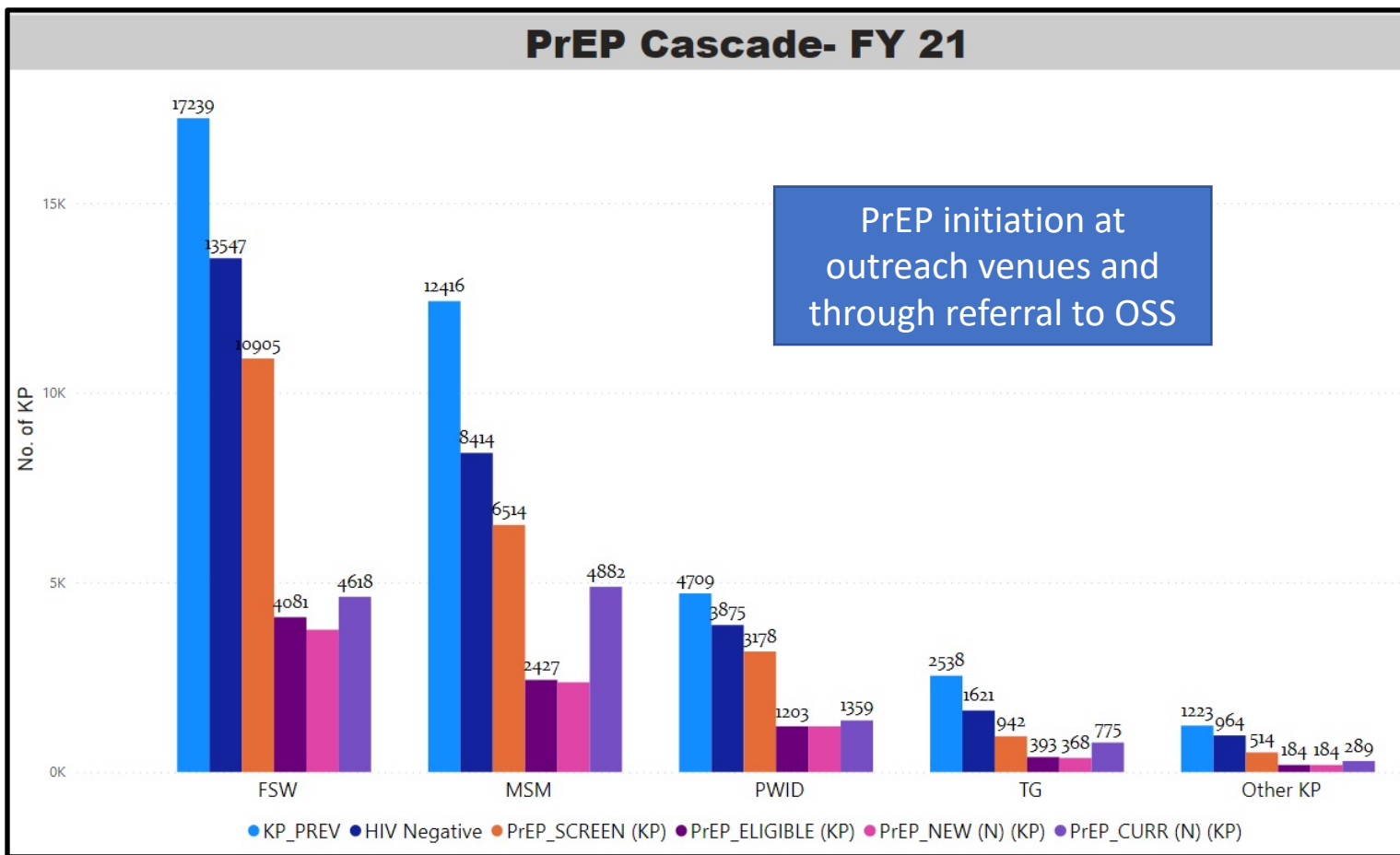
- 84% of our PrEP_NEW came from community outreach strategies and only 16% was initiated in a clinic setting
- It is essential to take PrEP to the community to achieve better coverage and desired outcome.
- Case management for PrEP clients, follow-ups in the community settings and home deliveries require intensive monitoring and logistical processes but essential to successfully service and retain MSM on PrEP.
- With the increase in the number of clients retained on PrEP, the workload of PrEP client management increases and unless resources increase proportionally, retention will decline.

PrEP Refills for KP through DDD in Eswatini*

Mostly home-based delivery (but may include the preferred location of the client at community sites)

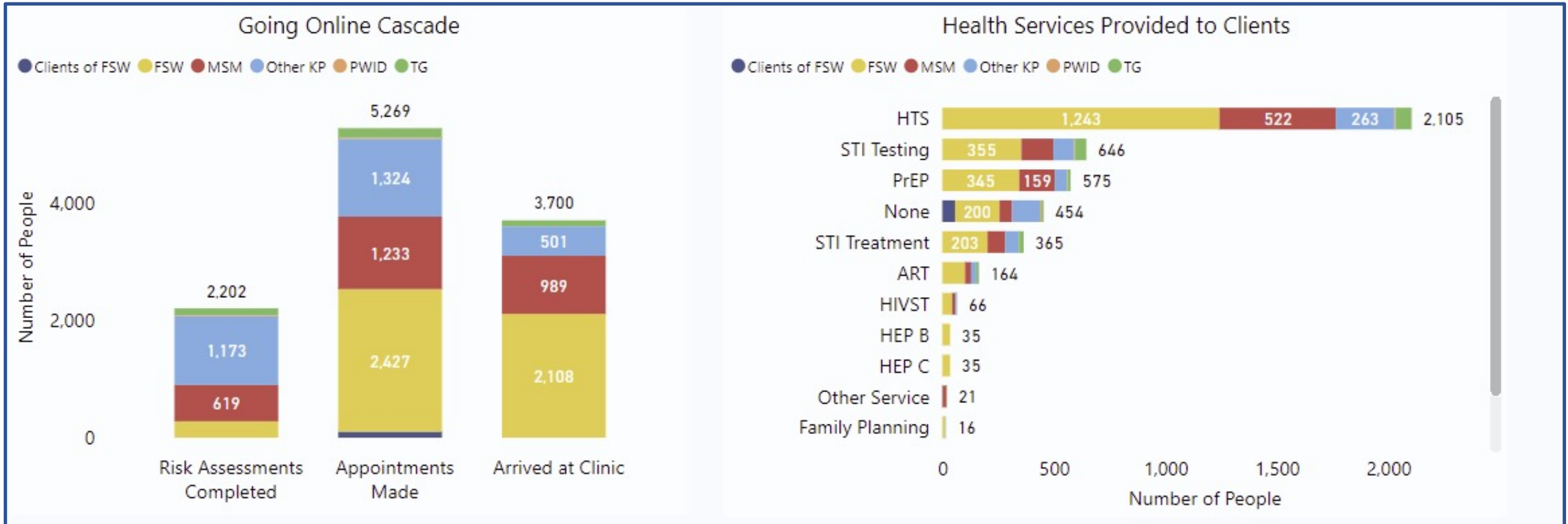


Community-based PrEP delivery, EpiC Nigeria



- Task shifting: Non-clinical staff trained on PrEP provision were essential to scale up of intervention
- KP Networks: Strong partnerships within KP networks spearheaded by PrEP champions helped in expanding coverage
- Online reservation platforms: Provided clients with a convenient, confidential way to access PrEP services, increasing access and coverage
- Treatment support: Quality counselling and follow up offered clients on PrEP is central to client retention

Going Online (FY21 data from 6 African countries)*



*Botswana, Burundi, CI, Eswatini, Mali, and Nigeria

Some of these clinics are community-based sites run by KP-led organizations

Expanding Access to Community-based HIV Prevention Services for Key Populations

- Understanding the population (size estimation, programmatic hotspot mapping, including physical and virtual, etc.)
- Engagement of stakeholders, including government, law enforcement, the KP community, etc.) – relevant policies and guidelines
- Peer-led programming (peer educators, peer navigators, outreach workers, etc.)
- Implementing relevant DSD models, including those that are directly KP-led
- Defining the service delivery package, including those necessitated by COVID-19 (Online and virtual platforms) and ensure service integration
- Uninterrupted access to commodities and ensure smooth logistics
- Monitoring (tools, systems, personnel, etc.)
- Feedback mechanism through community-led monitoring



EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobee Group.