



Differentiated Service Delivery for Key Populations

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

Integration of ART into drop-in centers for MSM and FSW

David Chilongozi, DrPH, MPH
Senior Technical Advisor, FHI 360 EpiC Malawi

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery



HIV Prevalence Among FSW and MSM in Malawi

- Malawi is approaching epidemic control levels with latest estimates of 91-87-94 across UNAIDS 95-95-95 goals.
- HIV prevalence among general population aged 15 to 49 is estimated at 8.8% (~1 million PLHIV with 72.0% men & 89.0% women on ART%)²
- HIV prevalence among FSW – 55.0% (PLACE), with 80.0% on ART¹
- HIV prevalence among MSM in Malawi – 17.0% compared to 7.0% among men in the general population (*FY20 data under EpiC*)

¹UNAIDS 2019

² 2020 National AIDS Spectrum Projection

FHI 360 LINKAGES/EpiC Malawi Response



Structural Barriers

- Hostile legal and policy environment
- Stigma and discrimination
- Criminalization of MSM, Sex work
- No DSD models for KP

FHI360 Inputs

- Partnership with MOH
- Structured needs assessments
- Identification of local implementing partners
- Programmatic mapping

Local Drivers

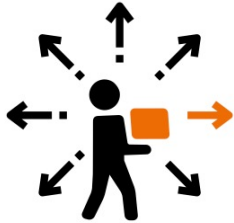
- Political will
- Engagement of KP community
- Community Advisory Board

EpiC Malawi DSD Model for Key Populations



DIC

- Provides KP-friendly and clinically competent services
- Avoids high stigma at health facilities
- Provides strong community and social support



Community-based ART distribution

- Avoids need to travel long distance to health facilities
- Avoids long wait times at health facilities
- Avoids high stigma at health facilities



Public health facility

- Provides confidential option for KP members who prefer not to self-identify
- Allows access to a wide range of health services



Private provider

- Suitable for KP members who can afford fees at private services
- Avoids high stigma at health facilities

ART Options

Drop in-Centre (DIC)

Definition:

- DICs are key population (KP) 'safe space' designed to offer clinical competent, KP tailored, friendly and free of stigma HIV services through community engagement

Approaches to DIC establishment

- Determine DIC need
- Consultation with KP to identify DIC site
- Formation of DIC Advisory Board
- DIC buy-in with 2 district health officers of 'like minds' a bottom-up approach
- Establish DIC links with mother clinic

EpiC Malawi currently supports 19 DICs, 4 for MSM and 15 for FSW, and are distributed across 6 districts and supported by 3 implementing partners

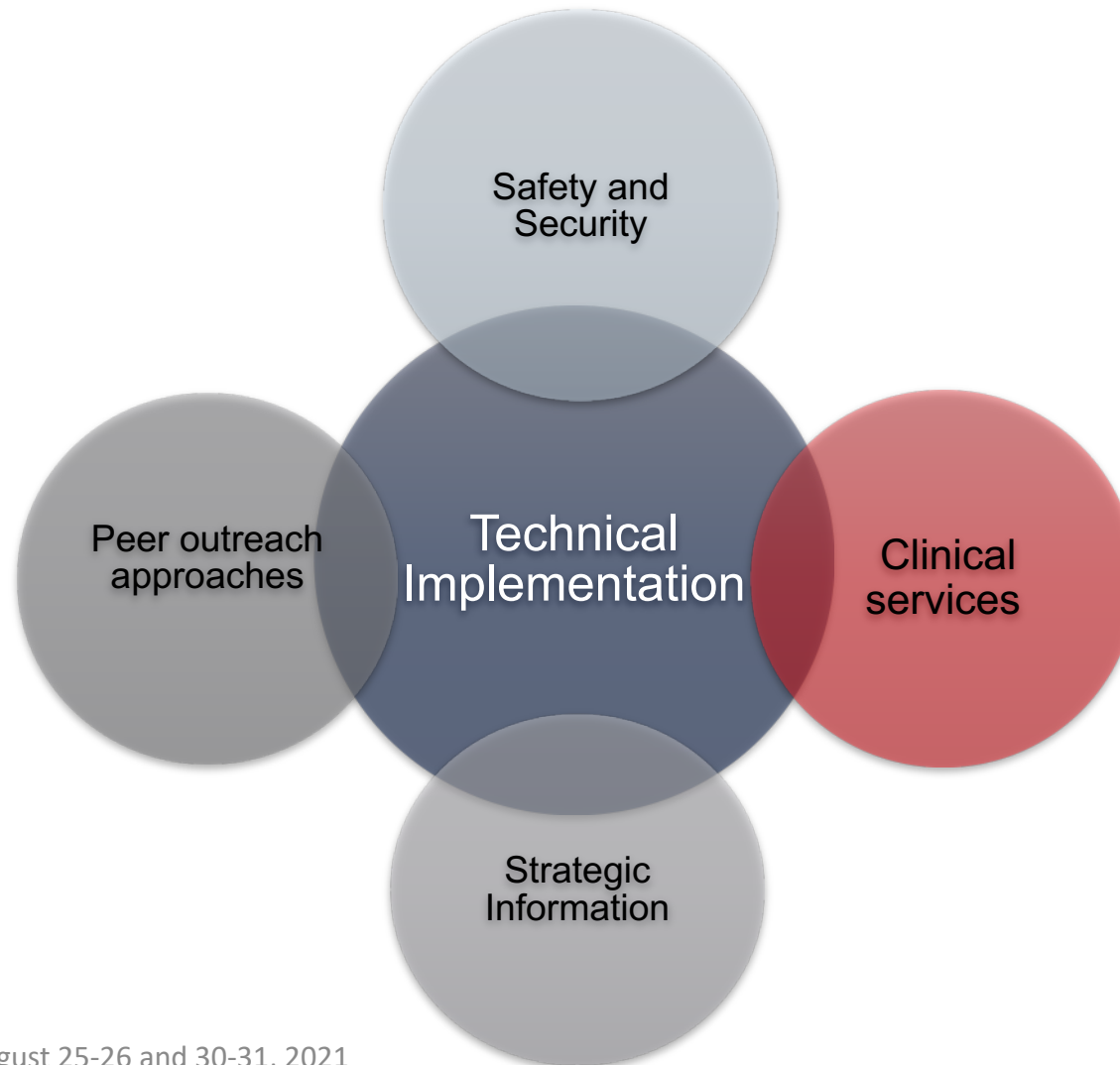
Service Providers at DIC and their Roles

| Staff | Roles and Responsibilities |
|--|--|
| DIC Clinical Case Management | |
| Project/District Coordinator | Technical oversight liaison with District Health Office |
| Clinical Officer/State Registered Nurse | In-charge and clinical management |
| ART Certified Clinician/Nurse ART | ART provider and integrated HIV services |
| HTS Counsellor | HTS services |
| M&E Officer | Data management |
| MoH Locum staff | Relief case management duties |
| DIC Recreation | |
| Skilled KP peer Volunteers | Beautician services- hair drying, hair do |
| | Gymnastic services, Net ball, table tennis |
| | Cookery -skill imparting services and conduct FSW Saving Loans |
| DIC Support Staff | |
| Front Office Manager | Receptionist services/ key population |
| Cleaner, Security | Support team |
| Clinical Outreach Services | |
| • Outreach workers- KP | Supervise Peer Educators & Navigators |
| • Peer Educators- KP | Mobilization peers |
| • Peer navigators (Known HIV positive)- KP | Navigate PLHIV peer's positive living |
| MoH Locum staff | Relief outreach services |
| DIC Community Advisory Board | |
| KP Community Crisis Response team | Management of violence among KP |

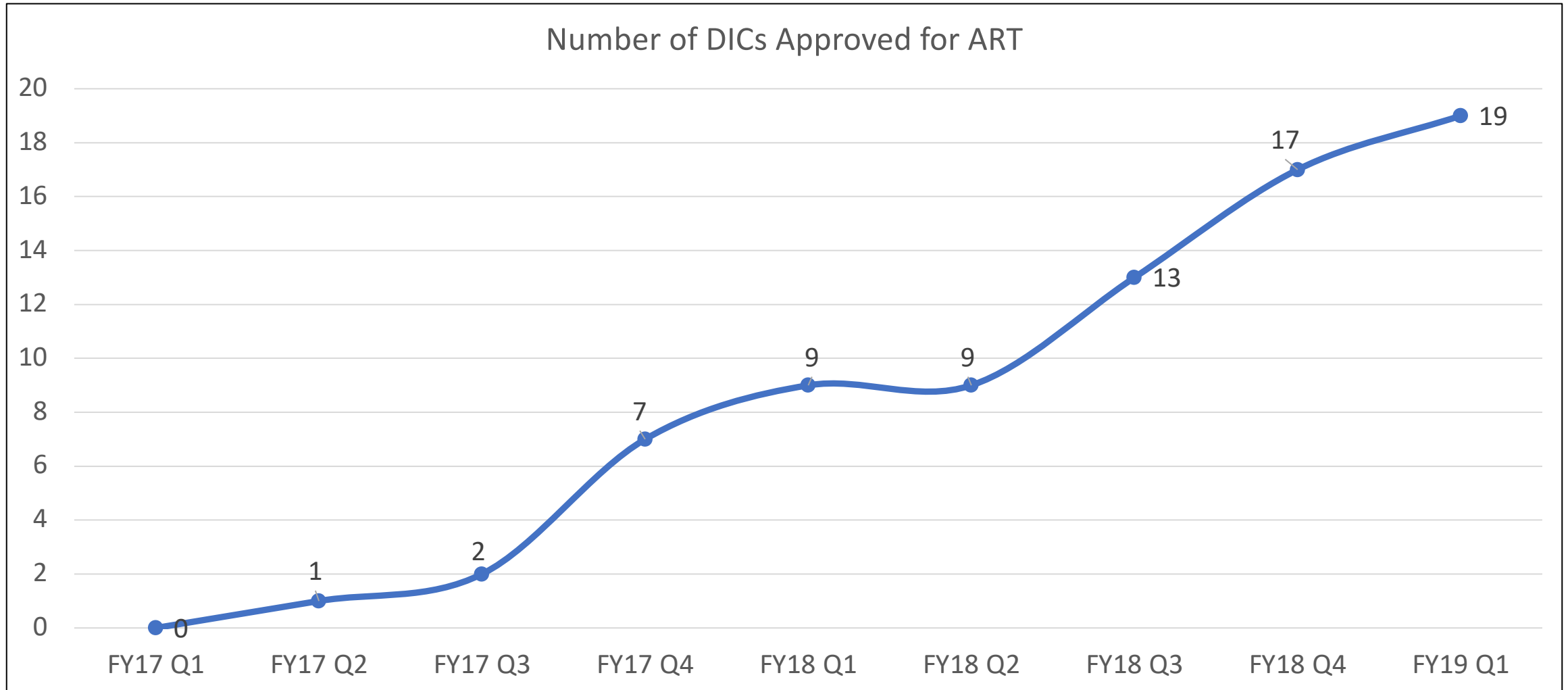
Services Delivered at DICs

| Recipient of Care | Service Package | Service Site | Service Provider | |
|---|---|--|---|-----------------------------------|
| All KP MSM, FSW, TG and Clients of FSW | HIV Prevention messages | DIC, Community based ART distribution, Public and Private clinics | Clinical service providers, Outreach workers (ORW), Peer Educator (PE) & Navigator (PN) | |
| | Condoms and lubricants | | | |
| | HIV testing services | | | HTS Counsellors and ART Providers |
| | STI screening, diagnosis, and treatment | | | STI service providers |
| | TB screening and referral | | | Clinician and Nurses |
| | Reduction of stigma and discrimination | DIC, Clinical outreach | HTS Counsellor and psychosocial support officers | |
| | GBV screening and reporting | Key population Hotspots and 'safe spaces' | PE, PN and ORW | |
| | Violence and crisis response team | | Community violence crisis response | |
| | PrEP | DIC, Public and Private clinics | PrEP service providers | |
| PEP | ART Providers | | | |
| FSW Only | Family Planning Services | Community based ART distribution, in DIC, Public and Private clinics | FP, CA, PMRCT trained nurses | |
| | PMTCT | | | |
| | Cervical Cancer Screening | | | |
| Key population members living with HIV (KPLHIV) | ART initiation, Link and Viral Load (VL) testing, KPLHIV Community support groups | Community ART provided in DIC & DIC collect VL dry blood spots | DIC clinical Team, ORW, PN, MoH locum, | |

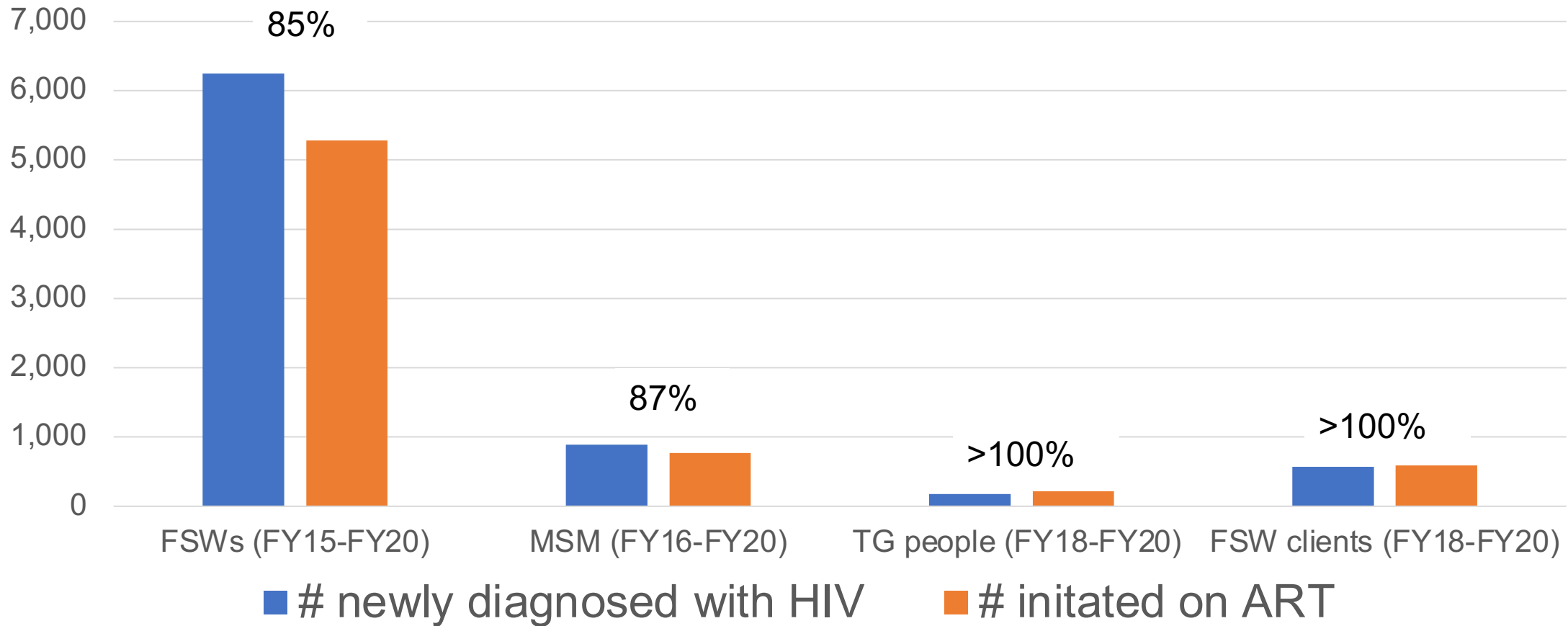
Capacitating Service Providers Involved with Implementing the DSD Model At All Levels



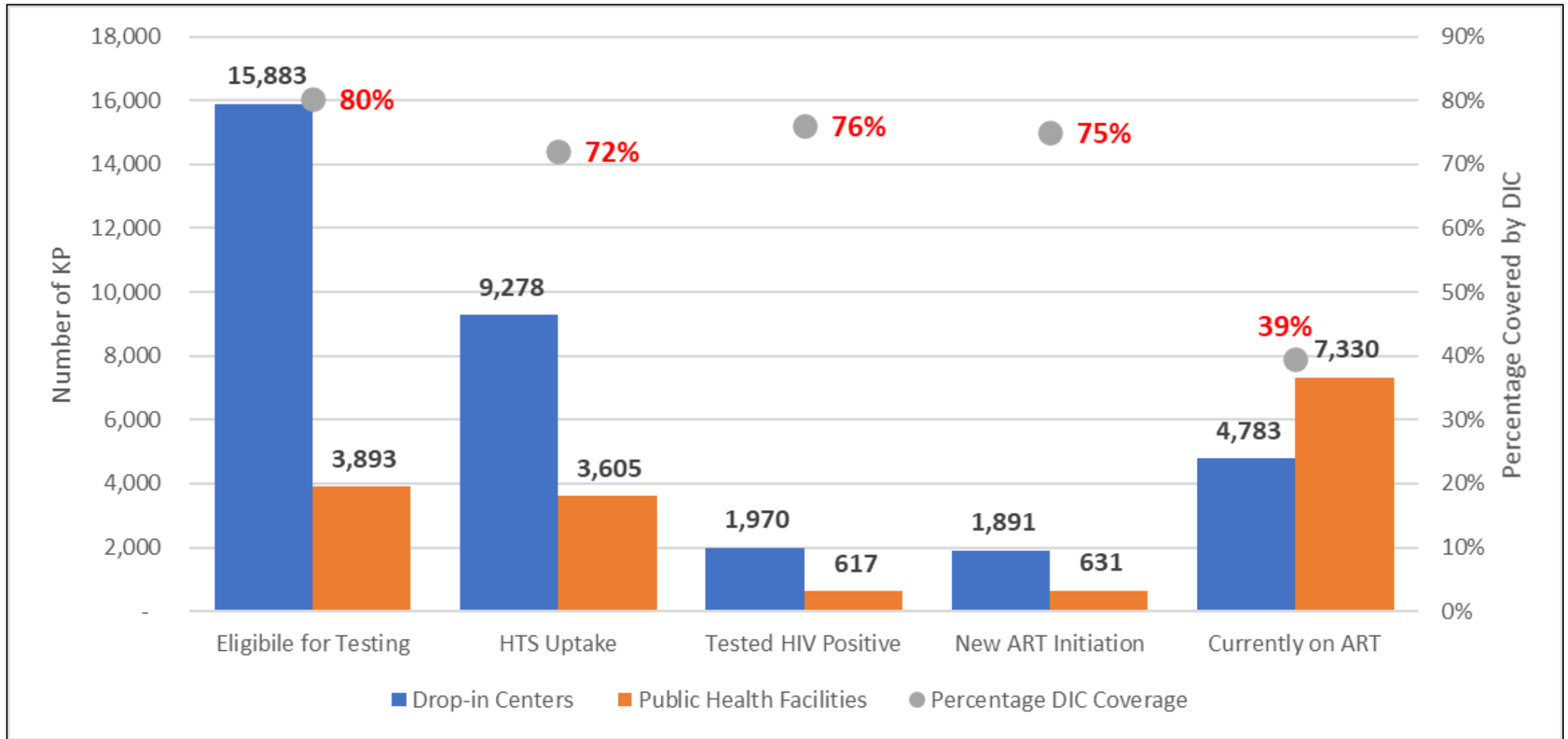
DIC Acquisition, Progression and Activity for ART Scale-up



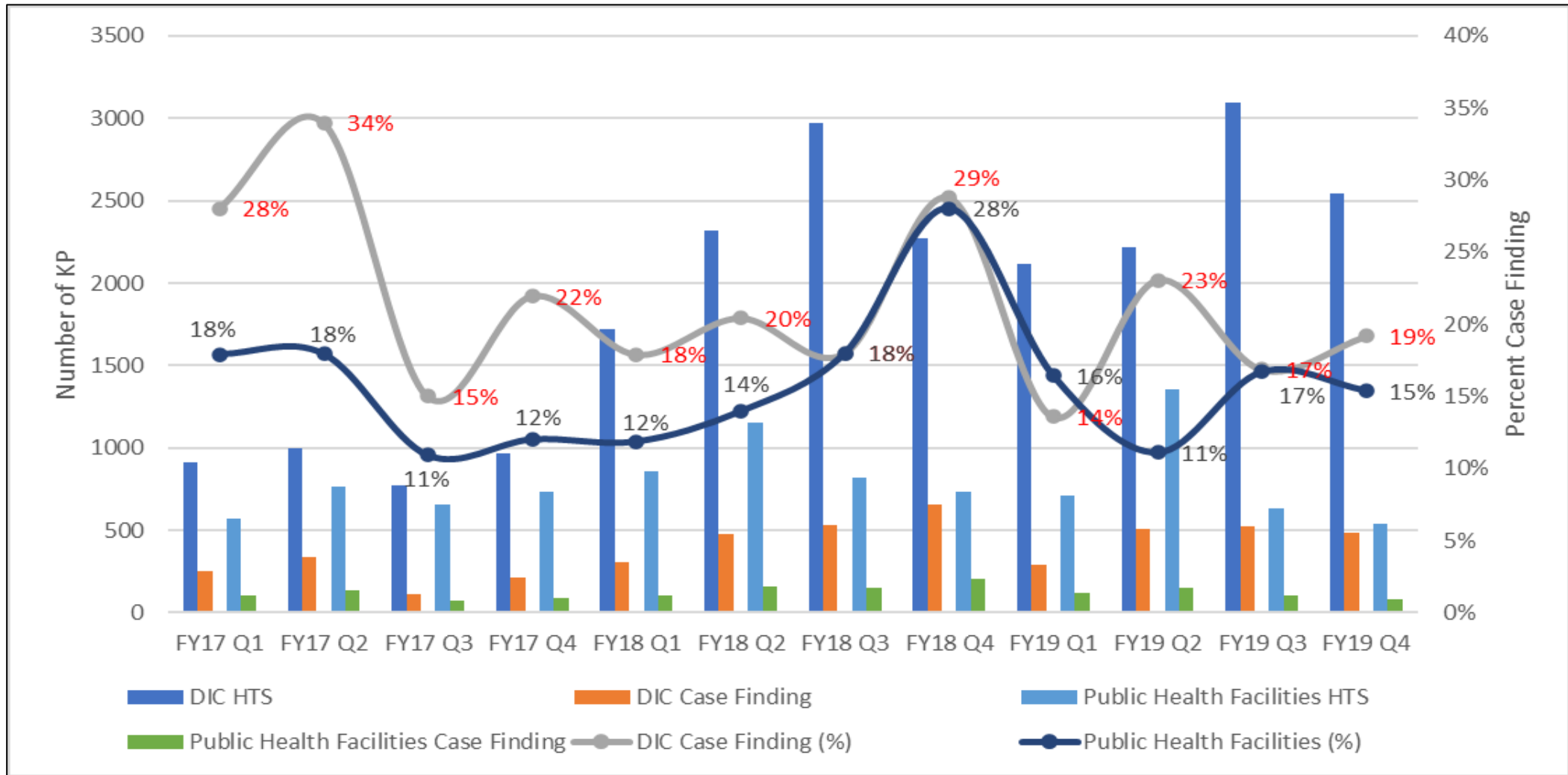
Cumulative Performance of DICs by KP subgroup, FY15–FY20



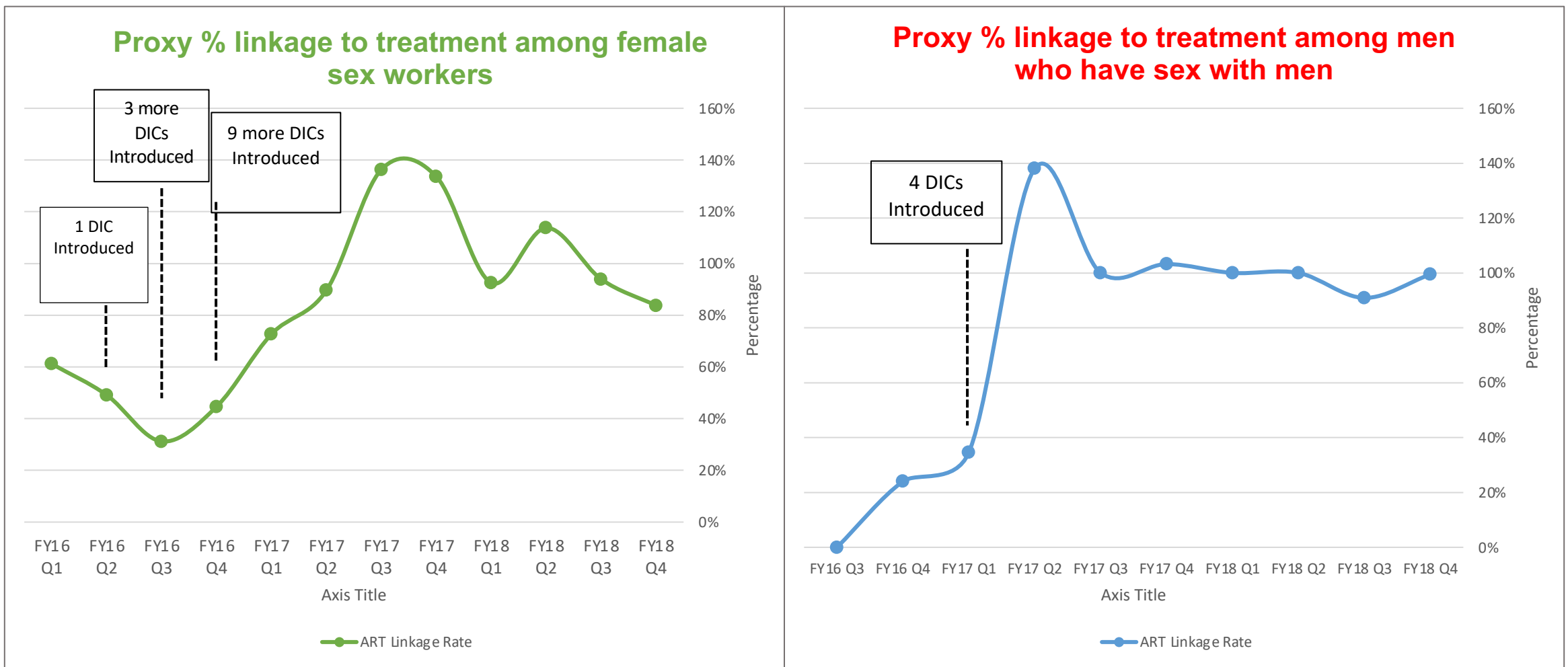
Comparative DIC Performance, Oct 2019 to Sept 2020



DICs successful at finding and treating KP members previously 'left behind'



Linkage to treatment among FSW and MSM after introduction of DICs



Is Integration of ART into DICs for MSM and FSW working?

MoH recognized DICs

- DICs are now an official part of the health facility hierarchy in Malawi providing comprehensive prevention, care and treatment
- Each DIC serves as a critical community-based service delivery point catering to the basic clinical needs of KPs in a stigma-free environment.

MoH sustained support to DICs

- supply of ART drugs and commodities such as condoms and lubricants
- providing clinicians and nurses to deliver services at the DIC on specific days of the week

Community engagement through involvement of:

- KP community Advisory Board
- KP Community Crisis Response

DICs represent an important service option for KPs that can be sustainably integrated into health systems

Integrating ART into DICs: Challenges and Lessons Learned

Challenges:

- Low coverage: 19 DICs in 6 districts out of 28
- High demand for DSD services among FSW and MSM to improve access to ART
- Service providers multi-tasking to provide a core package
- Larger pool of health care workers in hybrid and private clinics remain untrained to provide KP friendly services free of stigma

Lessons:

- Political will is important
- Strong leadership facilitates successful change
- Community engagement: KP DIC Advisory Board and functional peer outreach
- Collaboration with district health offices and other stakeholder
- Process documentation and strategic information sharing

Quote from DIC Beneficiary-FSW

“We would rather miss or buy ART from dubious sources than queue at an ART clinic within a hospital facility to avoid meeting our clients or potential clients who would in turn dump us if they see us at an ART clinic.” -FSW Malawi

Access link for the success story on DICs

[linkages-success-story-malawi-january-2019.pdf \(fhi360.org\)](#)

Quote from MoH official During a Visit at DIC

“LINKAGES-[EpiC] offers an excellent and unique approach to delivering the HIV prevention, care, and treatment package to complement the traditional public health approach, but as a country we need to improve the comprehensiveness of our business so that we adequately reach out to all unique groups, including key populations, with HIV services.”

Dr Frank Chimbwandira, Deputy Director of the Malawi HIV/AIDS Department, during a visit to some DICs

Access link for the Success story on DICs

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