Best Practices in Implementing Key Population Competent Services

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EVALUATION OF HEARTLAND ALLIANCE LTD/GTE MODEL OF KEY POPULATIONS INTERVENTIONS USING THE KP ASSESSMENT TOOL

Heartland Alliance LTD/GTE

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Johannesburg, South Africa
**Project Overview**

- Key Population Community HIV/AIDS services Action and Response 1 (KP CARE-1)
- A five years (October 28, 2019 – September 31, 2024) cooperative agreement with USAID/Nigeria.

**Current Geographic Coverage**

- 90 LGAs, 6 states and 11 zones
  - 31 LGAs in Akwa Ibom State
  - 8 LGAs in Bayelsa State
  - 18 LGAs in Cross River State
  - 9 LGAs in Jigawa State
  - 11 USAID-delineated LGAs in Lagos State
  - 13 LGAs in Niger state

**Project Goal**

- To reduce HIV incidence, morbidity, and mortality among KPs as well as their sexual partners and children by increasing their access to and success in HIV prevention, diagnosis, and treatment by addressing the biological, social, and structural drivers of the epidemic using human rights principles and sustainable, peer-led approaches.
- It seeks to address critical gaps and bottlenecks in the response to HIV among KPs by implementing a comprehensive package of services in line with the WHO guidelines.

**Project objectives**

- Increased demand for and access to comprehensive HIV prevention and treatment services and interventions for KPs.
- Strengthened sustainability and Organizational Systems for Program and Data Management and Quality assurance of Programs by KP-Competent and KP-led civil society.
- An enabling environment established for KP community-based programming through advocacy, data management systems, and other interventions promoting KP supportive health policy, ideas, and norms.
BACKGROUND

- PEPFAR guidance on HIV key population (KP) programming is implemented by "KP competent organizations,"

- The objective of the assessment was to evaluate the level of Key Populations competency of PEPFAR implementing partners and areas of improvement.

- Heartland Alliance LTD/GTE is a Local Organization that is currently Implementing the PEPFAR funded Key Populations Community HIV Services Actions and Response(KPCARE 1) project in 6 states in Nigeria
METHODOLOGY

• The PEPFAR Key-Population Competence Assessment and scoring tool which was developed through collaborative and participatory process was administered to Heartland Alliance.

• The tool has six sections that evaluated inclusiveness at the organization, privacy and security, Capacity to meet the health needs of Key populations, Commitments to human rights and dignity of Key populations and Commitments to community empowerment.

• A total of 16 questions with a total score of 78 points. The scoring process was on a consensus based by the assessment team.
CONCLUSION

• Using the “Green housing” mentorship model has midwifed 32 KP Community Based Organization of which some are currently implementing multiple programs with multiple donors.

• inclusion of Key populations as members of projects management committees as well as support to KP Networks
1. DAILY AND REGULAR TEMPERATURE CHECKS
2. WASH YOUR HANDS AND USE SANITIZERS
3. WEAR YOUR FACE AND NOSE MASK
4. PRACTICE SOCIAL DISTANCING
5. PRACTICE GOOD RESPIRATORY HYGIENE
6. GET MEDICAL HELP IF YOU FEEL SICK

NCDC Toll Free Line: 0800-970000-10
HALG HR: 0908-77118-57
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HEARTLAND ALLIANCE LTD/GTE (HALG)
THANK YOU
Community-Public Partnerships (C2P) help effectively and efficiently utilize contributions of the community to address public health needs, like COVID, in addition to HIV

Presented by Trang Nguyen, Chief of Party - USAID Local Assistance to Develop and Deliver Excellence, Resilience, and Sustainability in Vietnam (LADDERS)
Context

In Vietnam, the burden of HIV continues to affect key populations, particularly MSM, accounting for a significant % of newly identified cases, and also burdened with a higher rate of disease as compared to the general population.

Community-based organizations (CBOs), particularly KP-led organizations, provide a natural conduit to the KP most affected.

CBOs have a trusted network among those within, and the social groups and networks they work with, to help spread awareness and provide community based services. This makes them a strategic partner in helping to reach this vulnerable population.

However, effectively and efficiently utilizing this work requires additional support and commitment.
- CBOs may have no legal status and presenting with challenges related with working with Health Facilities (HFs)
- Required technical assistance to train up their membership to provide competent services

This necessitated support from LIFE and the Provincial Center for Disease Control to:
- Help CBOs in confirming clients successful referral to HIV confirmation testing and ARV treatment at HFs
- Monitor and establish surveillance systems to track community contribution of cases to HFs
- Improving turn around time to confirm cases referred by CBOs.
- Recognize CBOs' contributions to HIV/AIDS response and value in providing services.
Program implementation – geographic coverage

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10 Provinces
44 CBOs
335 outreach workers
Community-Public Partnership (C2P) an important factor in HIV/AIDS response

Step 1: Provincial Agreement
- Meeting with Provincial CDC to introduce and discuss C2P.
- Signing MoU with CDC to coordinate project activities and support CDC to connect with local partners

Step 2: Local Engagement
- Meet with CBOs on their role in C2P
- Meet with HFs to discuss C2P and their role
- C2P workshop held between HFs and CBOs co-organized by CDC and LIFE

Step 3: Local Agreement
- Sign C2P MoU among HF, LIFE and CBO
CBOs provide clients with additional social mental support to ensure engagement with community resources and reinforce self-care.

**Bien Hoa HF - Xuan Hop & GNet CBOs in Dong Nai (FY21&22)**

- **217** clients with HIV ‘reactive’ result referred for confirmation testing and ARV treatment
- **740** clients received counseling and support for ARV/PrEP adherence
- **244** clients at risks were referred to enroll on PrEP
- **12** communication events conducted with Bien Hoa’s support to improve service quality for clients

Bien Hoa provided technical assistance and updates of official HIV related information, procedures and regulations.
Malleability of C2P: secures service continuity during COVID

**April 2021:** Fourth COVID surge begins, intensifies and peaks in August

**RESPONSE!** 9 KP-led clinics & 18 CBOs in HCMC & Dong Nai URGENTLY mobilized to ensure continued access to essential HIV & COVID-19 services including COVID-19 testing, home-care, vaccines, food assistance & mental health services

**KEY RESULTS**
Maintained continuity of essential HIV services

- **57% of PrEP clients received drugs** via CBO/clinic staff home delivery (Aug 1-Sept 30)
- Monthly increase in HIVST use, from 118 clients in April to **720 clients** in October 2021
- Maintained **95% retention on ART** for 2,020 ART clients at 3 KP-led clinics;
- Provided **food aid to roughly 2,000 people** and supported **living expense for 3,234 people** between April and September 2021.
Community COVID Responders: Supporting the frontline

9 online talk shows in “Friday Talks” series during COVID lockdowns (April-Oct 2021) joined by **1,087** people

6 online talk shows “My dear, just breathe” during COVID lockdown during Aug-Sep 2021 joined by **>1,000** people

**Increased access to COVID testing & vaccines**

- “Friendly Guy Group” (FGG) CBO supported Go Vap HF in Ho Chi Minh City provided **COVID testing for 45,000 community members**
- **2 KP clinics** certified to provide COVID testing as part of city response
- **41,000 vaccines** delivered by KP-led clinics and **2,500+ vaccines** (incl. vaccines for 24 FGG staff) delivered by FGG CBO-Go Vap HF team
C2P boosts efficiency of ARV & PrEP referrals by CBOs in Ho Chi Minh City, Dong Nai province and Hanoi City

At provincial level
7 MoU signed between LIFE and CDCs of 6 DSD province and 1 TA province

At district level
28 MoUs signed between CBOs and district health facilities

Source: DATIM reports, LIFE's data on Global Fund/VUSTA, USAID C-Link and LADDERS project
C2P boosts efficiency of ARV & PrEP referrals by PEPFAR supported HFs (2020-6.2022)

71% ARV & PrEP clients using services at HFs signed C2P MoU in HCMC

57% ARV & PrEP clients using services at HFs signed C2P in Dong Nai

Source: DATIM reports - LIFE's USAID funded projects
Partnerships between CBOs and Public Health Facilities to facilitate linkage and maintenance of care of cases identified in the community

Additional partnerships with private sector health facilities, businesses, factories, universities/colleges, associations and VN Government line ministries

Improved access to HIV prevention and treatment services of populations at higher risk or living with HIV and confronting access barriers

Mobilizing local resources to optimize reach and social services for clients to better identify cases in the community and facilitate linkage and maintenance to care

Optimizing opportunities and favorable conditions for CBOs’ financial sustainable development to maintain service delivery relating HIV/STIs and other diseases

Contribute to successfully achieve 95-95-95 targets by 2025 and control HIV/AIDS epidemic in Vietnam by 2030
Lessons learned for C2P establishment and enhancement

1. Establish partnership and “client-centered” collaborative activities
2. Carry out activities with available resources within the collaboration
3. Deliver services efficiently and manage clients properly
4. Encourage innovation in a collaborative process among partners
5. Conduct periodical review meetings to reinforce and strengthen partnership
6. Regularly share data and information for collaborative interventions and informed decision making
7. Partnerships can be leveraged to meet many public health needs and respond as an extension of the formal health sector
THANK YOU! Cảm ơn!
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If we want to go far, go together!
Improving viral load monitoring coverage using CQI approach in 10 priority geographical areas of Namibia

IntraHealth Namibia

Key Populations - Strengthening Technical Assistance and Response (KP-STAR) for sustainable HIV prevention and treatment

By: Abbas Zezai, (MBChB/MPH)
Background:

- Implementing the KP-STAR project began simultaneously with rising COVID-19 cases in Namibia.

- Despite this, the project started on a high note; initiated KP clients and kept them on ART through a team of dedicated peer educators, case managers (CMs) and online platforms.

- With time the project began to record vital load suppression (VLS) rates of above 95% on HIV treatment cascade though viral load coverage (VLC) was consistently low.

- Initially, there was a priority on COVID-19 and letter to suspend VL monitoring was shared but even after this was lifted, VLC remained low.

- A lasting solution was required.
Methods

A CQI in 10 sites to identify & address issues related to low VLC

- Meetings with facility staff (including Ministry of Health & Walvis Bay Corridor Group, a KP-clinical partner) and KP-STAR field teams
- Reviewing and updating case management files, patient care booklets, and lab results files
- Coordinating facility staff and case managers to follow up and file lab results in PCBs
- Collaboration with facility staff to update the PCBs
- Updating the electronic patient management system (EPMS)
- Updating the project ART/PrEP lists
- Community-based tracers updated lists of clients for follow up
- Updating clients in QuickRes
**Overall**

- Between January and March 2022
  - the project reported Viral load coverage (VLC) of 1369/2107 (65%)

- Following the CQI, the VLC for the period April to June 2022
  - VLC rose to 90%, (1909/2118).
Actions beyond CQI

- Case managers (CM) to assist facility nurses/staff with filing of results in PCBs
- CMs to collaborate with data clerks to update electronic patient management systems (ePMS)
- CMs to send out reminders to clients due for VLM
- Regional coordinators (RC) to meet with facility staff at least once every two weeks to update records
- RCs to provide monthly reports to MHSS & KP-STAR management including issues identified through CQI and supportive supervision
- Supportive supervision by RC and HQ staff to always address documentation related issues
- KP-STAR organized case management trainings for all case managers/tracers/project officers/program managers
Conclusion

- CQI identified gaps in case management
- CQI effectively addressed suboptimal documentation
- CQI indirectly addressed the low VLC in project sites
- CQI fosters collaboration of project staff and MHSS/WBCG
- KP-STAR identifies improved case management (incl documentation) at the facility level as an important ingredient in achieving true 95-95-95 targets
Thank you!

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