



Differentiated service delivery adaptations during COVID-19
for Stay at Home Order delivery project, Mansa, Zambia

Youth Advocates for Change (YAC)

December 2020





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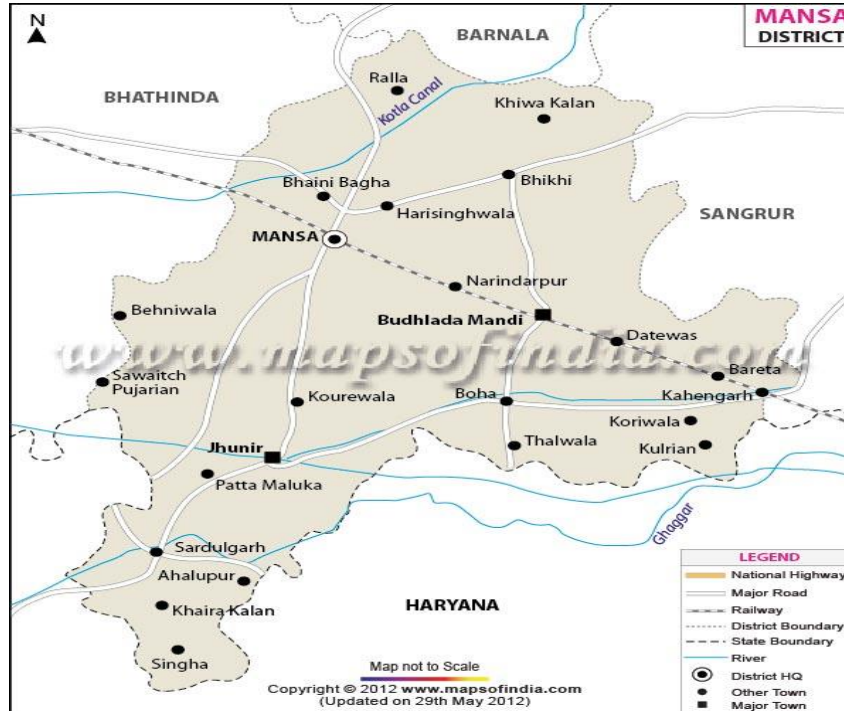
Our mission:

- Creating HIV/AIDS awareness among adolescents and youths through provision of comprehensive sexual reproductive health and counselling and testing.
- Strengthen youth friendly conner for strengthened youth centered health services through capacity building of youth in service providers and facility-based health care workers.
- Be the youth hub of HIV education and networking.
- Promote and advocate for youth friendly policies toward provision of health services to youth population





OUR LOCATION



Mansa Central district, Zambia

Antiretroviral therapy (ART) and tuberculosis (TB) model facility centres





YAC's current practice areas

- Protection of front line care providers: The model equipping and training stay at home order supply champions to deliver life-saving medicines and adherence services and safely triage those exposed to, or having symptoms of, COVID-19
- Mitigating COVID-19's impact on HIV service delivery the model rapidly adapted to a new normal on how and where clients can begin receiving life-saving medicines and other services.
- Increasing the availability of information by using existing social media such as WhatsApp groups and SMS channels to rapidly share information on the intersection of COVID-19 and HIV service delivery.
- Offering telemedicine HIV services by video using Zoom, depending on accessibility and client preference.





POPULATIONS SERVED

Specific Population:

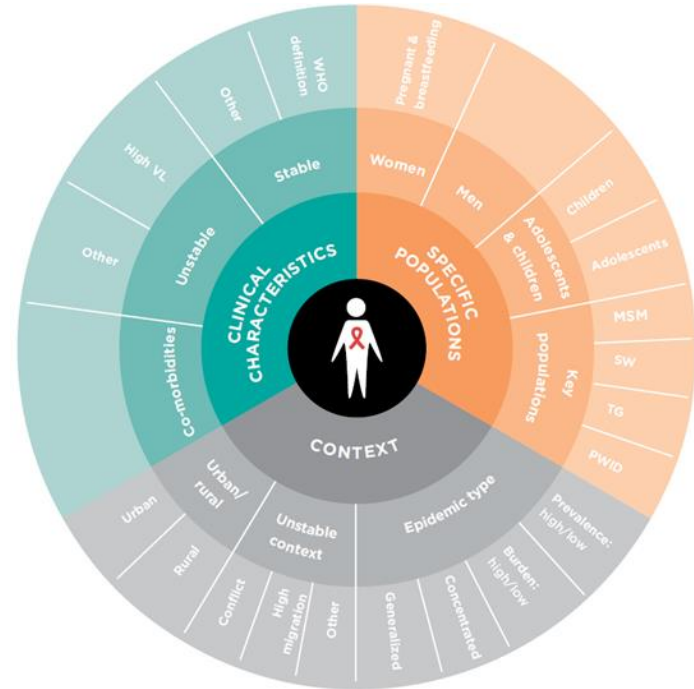
Women, men and children

Clinical characteristics:

Both Stable and unstable ART patients

Geographical context:

Urban, high prevalence





PRE-COVID PURPOSE OF THE DSD MODEL

- Zambia National health guidelines on HIV/AIDS Treatment and Prevention 2017 recommends ART initiation regardless of CD4 count.
- At facility level the treatment of HIV and TB were being administered before COVID-19
- **Youth Advocates for Change was not actively involved in implementing the DSD models for ART and TB before March 2020**



STAY AT HOME ORDER INITIATIVE MODEL: PRE-COVID

- Before COVID-19 Stay at home order delivery initiative model didn't exist.
- The initiative was implemented as a result of COVID-19 in March 2020 following the lockdown and restriction of transportation which made access to life-saving medicine for TB and HIV patients difficult.



HOME DELIVERY MODEL IN RESPONSE TO COVID

Roles and responsibilities of staff in Stay at Home model

Stay at Home Champions:

- Collected medicines for delivery from health facilities to the communities
- provided counselling and adherence support services during and after the home order delivery.

Community Health Assistants:

- Assessed psychosocial readiness for home order delivery initiative.
- Conducted symptomatic screening for TB in line with Zambia National health guidelines.



HOME ART DELIVERY DSD MODEL

	Pre-COVID	COVID period	Post-COVID
	HOME DELIVERY MODEL		
Eligibility criteria	N/A	All ART patient begins to access ART treatment at household level during COVID-19	All ART patients after COVID-19 continue receiving treatment at community level
ART Home delivery	N/A	At household level <3 Months up to 6 Months change champions delivers drugs at household level	Community meetings continues after COVID-19.
1-week follow-up visit	N/A	Zoom meeting connecting individual household during COVID-19 Psychosocial concerns collected	Zoom meetings and video calls among community group members continues after COVID-19



POST-COVID BUILDING BLOCKS FOR HOME DELIVERY MODEL

	ART refills	Clinical consultations	Psychosocial support
WHEN	3-6 months	3 months	4 months
WHERE	At home /household level	clinic	Household level
WHO	Change champions	Community health assistant	Adherence supporters
WHAT	ART refills	counselling support services	Psychosocial support



REASON FOR ADAPTATIONS DURING COVID

- In March 2020 a state of emergency and country-wide curfew were announced in response to the COVID-19 outbreak in Zambia
- The lockdown and travel restrictions severely impacted access to ART facilities
- The popularity and availability of digital information and communication technologies as well as home service delivery in Zambia set the trend towards telehealth
- A telehealth option for provision of ART and TB services was incorporated to continue the service while minimizing travel and clinic visits in Mansa district.



SUMMARY OF ADAPTATIONS

1. Delivery of life-saving medicines for HIV and TB was now both community-centered and done at household level through community groups/home delivery.
2. Follow-up visit relocated from in-person at the clinic to zoom meetings at home with clients during COVID-19
3. Digital inclusion on this model expanded to allow ART patients connect and follow up via video calls
4. Role shifting from health facility to community groups/home delivery for ART and TB package collection and delivery to client's home, respectively
5. Initial refill duration was adjusted to 3 weeks to ensure adequate ART supply until the next ART refill





QUANTITATIVE OUTCOMES

	During COVID (03/20 – 06/20)	Post-COVID (07/20 – 09/20)
	N (%)	N (%)
Number of ART patients receiving ART refills at home	600	519
Number of months of ART refills provided		
<3MMD	258	184
3-5MMD	150	133
6MMD	192	202
Preferred psychosocial support mechanism		
In person attendance in the community/groups	75	175
Virtual attendance	40	97





FEEDBACK FROM CLIENTS AND PROVIDERS

Providers

“Zoom meetings increased the level of clients privacy, made the clients more at ease, and reduces social pressure.”

“It restricted travel and reduced the number of clients visiting health facilities, thereby enabling safety of client and stopping the spread of COVID-19.”

“zoom meetings saved the client’s time and money, removed unnecessary processes from the service flow, and increased access to treatment quickly

“It allowed providers to continue to deliver services identical in quality to regular services.”

“zoom meetings with clients should be allowed to continue as an option to provide follow-up visits even after the COVID-19 outbreak, because of the benefits.”

Clients

“Convenient for people who are inconvenient to go and do not want to wait in the clinic. I think it's good to have this.” – male patient

“No need to travel long distance and wait for long hours.

“Very convenient for the patient Including myself. Save traveling cost, and time. Don’t have to take leave from work to see doctor. This makes it more convenient.” – kale patient

“I'm in a different district(samfya), it's not convenient to pick up drugs in Mansa.

“It is very convenient to follow up via Video call, I can follow up without leaving work. But the sound during a video call is a little quiet.” – villager headman

“It’s good for people who are inconvenient to travel to clinic. I have to thank the staffs and the doctors who took care for the us very well.” – Female patient in chimfula village





IMPACT OF COVID ON OUR SERVICES

Impact of COVID on Home Delivery initiative

The declaration of COVID-19 in March 2020 disrupted ART services for the clients

Total lockdown of the transportation and lack of access to health information at health facility level

Adaptations

With support from Aids Health Foundation YAC initiated a Home delivery model to sustain the access to ART for clients in Mansa district.

YAC with support from Digital Inclusion grant acquired digital platform (hosting of Zoom meetings) that connected ART patients to one online platform for receiving health information during COVID-19 lockdown in Mansa district.



GOING FORWARD

- Enhance Zoom meeting/video call platform allowing ART and TB services to continue without disruption during COVID and to remain an option for follow-up visit especially for clients who live far away.
- Future directions:
 - Refine eligibility criteria for Zoom platform follow-up to maximize its benefits to clients
 - Build a network of Zoom platform providers in each health facilities to support clients with adverse events from ART and TB drug initiation to treatment
 - Create a support fund to provide free ART and TB drug delivery to ensure access to low-income clients who request financial aid during data collection.



CONCLUSION

- Zoom meeting platform in providing health care is **highly accepted** as an additional option for follow-up and this must be supported for effective management of ART and TB at community level. Stay at Home model worked well because Zoom meetings and video calls helped to coordinate the implementation of the two models which even at the end of the project community groups are still connected to our programming.
- **It is safe and a promising** differentiated option for ART and TB treatment, even for clients who live far away.