

ABSTRACT

The differentiated care model, also called differentiated service delivery, is a client-centered strategy that streamlines and customizes HIV services throughout the clinical cascade. Differentiated service delivery captures the desires and aspirations of different populations of HIV-positive people. Since its introduction, women of reproductive age enrolled in care have had one-on-one clinical reviews at most twice in a year. This, however, varies their use of various sexual and reproductive health services like contraception, pregnancy intention assessment, and antenatal clinic attendance, since sexual and reproductive health services are not incorporated in this model. This study investigated the effect of differentiated care on preconception and antenatal care among women of reproductive age living with HIV and receiving antiretroviral treatment in Kisumu County. Data from 369 patient records at the comprehensive care and antenatal care clinics of the county's four primary healthcare facilities was retrieved for this retrospective longitudinal study. Data analysis was done on SPSS (v. 23) using descriptive and inferential statistics ($\alpha = 0.05$), and findings were presented as ratios, proportions, and percentages. Differentiated service delivery had an impact on pregnancy intention, as those who went for an ART refill after 6 months were 0.45 times less likely to intend pregnancy compared to those who went after 3 months (OR = 0.45, 95% CI 0.26-0.77, $p = 0.003$). Facility-based clients were 1.44 times more likely to get preconception care than those who were community-based (OR 1.44, 95% CI 1.2-2.98, $p = 0.043$). Having sessions led by a nurse or a clinical officer raised the likelihood of partner involvement during ANC by 2.41 (OR 2.41, 95% CI 1.16-6.06, $p = 0.025$) and 3.96 (OR 3.96, 95% CI 1.42-11.01, $p = 0.008$) times, respectively, compared to those led by a community health worker. Women who returned for Anti Retro Viral Therapy refill after 6 months were less likely to have good focused antenatal care uptake than those who returned every 3 months (OR, 0.49, 95% CI, 0.29-0.8, $p = 0.012$). Differentiated care affects pregnancy intention, preconception care, partner involvement, and focused antenatal uptake. The Ministry of Health, through NASCOP, and all organizations involved in the provision of care for HIV-infected women should include mechanisms that promote pregnancy intention and ensure sufficient preconception care for both stable and unstable clients, and for facility-based and community-based clients.