



Differentiated Service Delivery adaptations during COVID-19 for female sex workers in Nairobi, Kenya

Bar Hostess Empowerment and Support Program

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WHO WE ARE

Bar Hostess Empowerment and Support Programme (BHESP) is a registered non-governmental organization in Kenya that works to ensure the rights and dignity of sex workers is upheld.

Mission - To influence policy and facilitate access to quality health services, human rights awareness, legal services and economic empowerment for bar hostesses, female sex workers, women who use drugs and vulnerable young women in Kenya.





BHESP LOCATION: HEADQUARTER OFFICE, JOGOO ROAD, MOWLEM AND ROYSAMBU DICES





WHAT WE DO



- **Comprehensive package of services for sex workers-** Biomedical, behavioural and structural
- **Research to inform policy change;** On COVID-19 impact on female sex workers, age of consent as a barrier to access health services and on expanding choices beyond sex work.
- **Advocacy and human rights;** Through Police engagement-trainings and meetings, Legal Aid clinics, Know your rights campaigns, participation in campaigns and peaceful protests and membership in court users committee, gender-based violence (GBV) monitoring, reporting and follow-up through engagement of paralegals, 24hrs hotline number, integration of GBV services in outreach.



Female sex workers target population

Clinical characteristics:

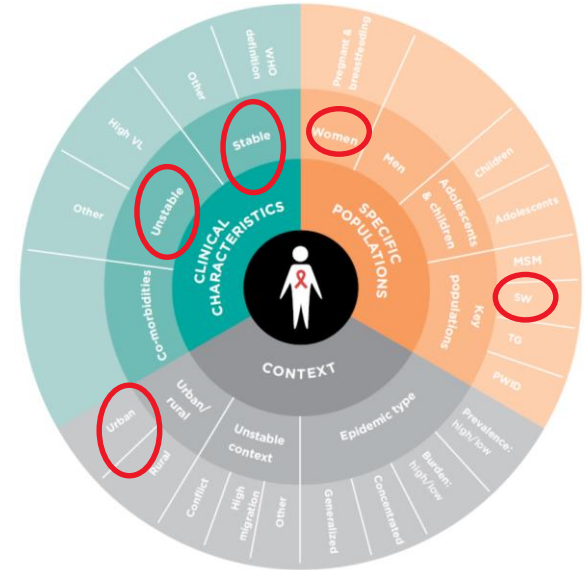
- BHESP works with both unstable and stable clients.
- Stable clients:
 - who have been on antiretroviral therapy (ART) for at least a year,
 - reported no adverse drug reactions that require regular monitoring,
 - have no current illnesses or pregnancy,
 - observes adherence 86% are stable with undetectable viral load.
- Currently 86% of all clients served stable with undetectable viral load.

Specific population:

- BHESP works with female sex workers
- 90% are between 18-50 years and vulnerable young women ages 15-25 years

Context:

- Urban setting, informal settlements of Nairobi





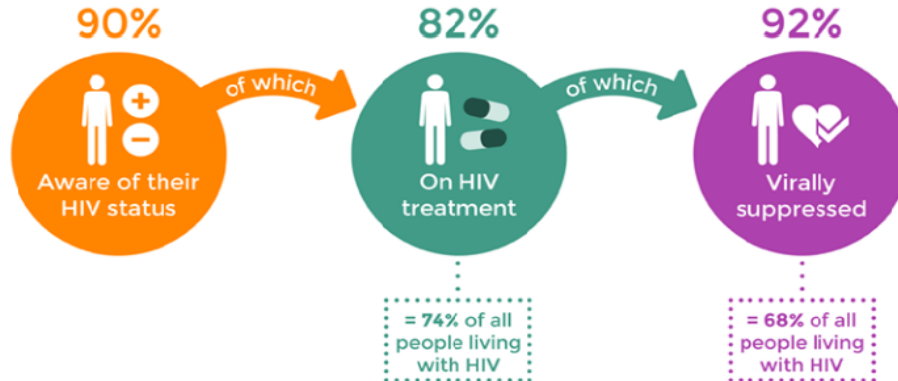
PURPOSE OF THE DSD MODEL (pre COVID-19)

Kenya 90-90-90 progress

25 August 2020

Although awareness of HIV and AIDS is high in Kenya, many people living with HIV face high levels of stigma and discrimination which prevent people accessing HIV services.

KENYA Progress towards 90 90 90 targets (all ages)



Approaches:

Test and start in the outreach and drop-in centre (DICE) modalities.

Viral load samples collected at DICE with support of MOH-KEMRI, results obtained from National Laboratory.

Infographic retrieved from(<https://www.avert.org/printpdf/node/4083>)





Eligibility criteria per DSD model (pre-COVID)

Drop-in centre

- All stable clients and unstable clients

Outreach hotspot ART initiation

- Newly HIV diagnosed sex workers

Outreach hotspot ART refills

- Unstable clients

ART home delivery

- Only stable clients



Description of DSD models **PRE COVID**

DROP-IN CENTRE	OUTREACH/HOTSPOT ART INITIATION	OUTREACH ART REFILL	HOME ART DELIVERY
<ul style="list-style-type: none">• For stable clients who have been on ART for more than a year and are virally suppressed• Limited to express ART delivery model (including 6 month ART refills for those on or switched to TLD)• Coordinated by the clinician at the drop-in centre.	<ul style="list-style-type: none">• Limited to ART initiation for newly diagnosed HIV positive clients in outreach• Clinician-led• Clients are offered starter-pack of between 5-14 days, this acts as a treatment preparation so that they come to the clinic for baseline investigations, nutritional assessment and adherence	<ul style="list-style-type: none">• For those on ART for more than 6 months, virally suppressed and good adherence• Assessment done by the clinician and mobilization done by the peer navigators.• Providing MMD ART refills at hotspots, adherence and psychosocial support	<ul style="list-style-type: none">• Home ART delivery from outreach hotspot to stable clients (same definition as outreach for stable clients)• Sex workers are visited at their homes by the clinician, linkage officer and the peer navigator• Client is given clinical services which include care package



BUILDING BLOCKS FOR MODEL 1

Drop-in center (Pre-COVID)

	ART refills	Clinical consultation	Psychosocial support
WHEN	After every three months for stable clients and monthly for unstable clients Normal triaging done.	At every clinic visit. During three months refill and when necessary for both stable and unstable clients	support groups monthly for both stable and unstable clients
WHERE	Drop In Centre (DICE)	DICE	DICE and in the hotspot
WHO	Clinician Nurse HTS/Adherence Counsellor	Clinician Nurse HTS/Adherence Counsellor	Adherence Counsellor Linkage Officer
WHAT	ART refill for 3 months	Clinical Review Adherence Counselling 3 months Appointment	Psychosocial support Experience sharing Income generating activities



BUILDING BLOCKS FOR MODEL 2

Outreach hotspot ART initiation (Pre-COVID)

	HIV testing	Linkage	ART initiation
WHEN	Quarterly Retesting. Eligibility risk based testing for first time testers and re testers	Test and Start Strategy Linked within 0-14 days and weekly follow up until linked	On Spot initiation for willing clients but mostly within 2 weeks of HIV diagnosis
WHERE	Community hotspots.i.e bar, lodging, hotels, brothels, massage parlour and facility	Community hotspot and Satellite clinics ,referred to DICE and linkage facility.	Community hotspot and Satellite clinics ,referred to DICE and linkage facility
WHO	HTS Counsellor	Linkage Officer Clinical Officer	Clinical Officer ART Nurse
WHAT	HIV testing-Universal testing and provision of HIV Self test kits and risk assessment	Issue of appointment date of within 2 weeks, Link to peer navigator for individualized follow up through phone call or home visit.	Provision of ART of up to 1 month

**DIFFERENTIATED
SERVICE DELIVERY**



BUILDING BLOCKS FOR MODEL 3

Outreach Hotspot (Pre-COVID)

	ART refills	Clinical consultation	Psychosocial support
WHEN	After every three months for stable clients and monthly for unstable clients	During three months refill and when necessary for unstable clients	Monthly for both unstable clients
WHERE	Community hotspots.i.e bar, lodging ,hotels, brothels, massage parlour and facility	Community hotspots, .i.e bar, lodging ,hotels, brothels, massage parlour and facility	DICE
WHO	Clinical Officer ART Nurse	Clinical Officer ART Nurse	Peer Navigator and social worker
WHAT	ART refill for one month	Baseline investigation monitoring; review and management of opportunistic infections	Psychosocial support Experience sharing Income generating activities

**DIFFERENTIATED
SERVICE DELIVERY**



BUILDING BLOCKS FOR MODEL 4

Home delivery (Pre-COVID)

	ART refills	Clinical consultation	Psychosocial support
WHEN	Provided on monthly basis	Done on monthly basis	Monthly Support group meetings and individualized home visits by peer navigator
WHERE	Community in homes	Community in homes	In DICE
WHO	ART Nurse or Clinician	ART Nurse or Clinician	Peer navigator and Social worker
WHAT	ART refill for 3 months	Review on adherence ,and provision of nutrition support	Provision of adherence counselling sessions and positive living messages through linkage to support groups and home visits

ITIATED
ELIVERY



COVID-19: REASON FOR ADAPTATION

- For sex workers, the effects of the COVID-19 pandemic go beyond the virus: growing financial insecurity has led to a new desperation, potentially increasing the risk of sexualized violence and poor health outcomes.
- Government direction to give 3 months ART refills, our sites struggled with potential stock outs and gaps in adherence support.
- The cessation of movement, dusk to dawn curfew, stay-at-home, closure of bars and clubs (hotspots), lock down of high COVID 19 areas and a ban on all forms of gatherings drastically made it difficult for the sex workers to access their healthcare needs especially HIV care and treatment.
- Increased rates in missed appointments due to fear of contracting COVID in the sites.
- Healthcare facilities limiting the number of clients they are serving at a time to observe social distancing rules.



COVID-19: SUMMARY OF ADAPTATION

1. Services were taken to the community through support of Kenya Red Cross/Global Fund supported mobile wellness clinic, use of temporary tents and offering services at the hotspots.
2. BHESP eligibility criteria was sustained during COVID-19 pandemic.
3. Home ART delivery targeted BHESP clients not able to afford transport to the DICE.
4. Test and start in the hotspots for newly diagnosed clients.
5. Initial monthly ART refills expanded to Multi Month Dispensing (MMD): 3-6 months
6. Psychosocial services and support provided through virtual spaces i.e. WhatsApp groups coordinated by a case manager. Groups with specific membership categories of either stable, unstable or viremia clients. Opportunities for tele-counselling explored via hotline and reverse calls.



Description of DSD models during COVID

DROP IN CENTRE	OUTREACH/HOTSPOT ART INITIATION	OUTREACH ART REFILL	HOME ART DELIVERY
<ul style="list-style-type: none">• Quick pick up of ART observing COVID-19 regulations.• Multi-month dispensing of up to six months to minimize facility visits• Express clients on TLD received a pre-packed medication for up to 6 months to avoid crowding the facility.	<ul style="list-style-type: none">• ART initiation at community level.• Newly diagnosed HIV-positive clients are seen by the clinician and the adherence counsellor all wearing protective gears i.e. masks in a well ventilated and spaced hall, with running water and hand sanitizers for continuous sanitization during counselling and ART initiation for the willing clients	<ul style="list-style-type: none">• Involved trained and skilled health care workers to take the services right to hotspots (bar, lodgings bar, streets, brothels and massage parlor) through outreach• Clinician together with the adherence counsellor works closely with the peer navigators in clients outreach at the hotspots	<ul style="list-style-type: none">• Home delivery for ART was done with motorcycle supported by programme.• Engaged case managers to conduct support for treatment through home visits• Use of virtual space such as WhatsApp groups, to provide psychosocial services.



BUILDING BLOCKS FOR MODEL 1

Drop-in center (In response to COVID)

	ART refills	Clinical consultation	Psychosocial support
WHEN	After every 6 months for stable clients and monthly for unstable clients	During 6 months refill and when necessary for both stable and unstable clients	Monthly for both stable and unstable clients
WHERE	DICE	DICE	Virtual Support Groups Tele Counselling Categorized based on client classification
WHO	Clinician Nurse Adherence Counsellor	Clinician Nurse Adherence Counsellor	Case Navigators Health Care Workers
WHAT	ART refill 6 months for stable clients and 3 months for unstable clients.	Clinical Review 3 and 6 months appointments given	Psychosocial support

ATED
VERY



BUILDING BLOCKS FOR MODEL 2

Outreach hotspot ART initiation (In response to COVID)

	HIV testing	Linkage	ART initiation
WHEN	After every three months-Tested Once for during diagnosis]	Test and Start Strategy linked within 0-14 days and weekly follow up until linked	Provided with 2 weeks starter pack
WHERE	Community hotspots.i.e bar, lodging ,hotels, brothels, massage parlour and facility	Community hotspot and Satellite clinics ,referred to DICE and linkage facility.	Community hotspot and satellite clinics, referred to DICE and linkage facility.
WHO	Nurse, Clinician or HTS Counsellor	Linkage Officer, Nurse, Clinician or HTS Counsellor	ART Nurse or Clinician
WHAT	HIV testing-Universal testing Reaching community at their comfort De congest the facility	Treatment preparation and Adherence Counselling ,test and treat, Link to peer navigator for individualized support and follow up	Treatment preparation and Initiation on ART up to 1 month starter packs,

DIFFERENTIATED
DELIVERY



BUILDING BLOCKS FOR MODEL 3

Outreach hotspot (In response to COVID)

	ART refills	Clinical consultation	Psychosocial support
WHEN	After every 6months for stable clients and monthly for unstable clients	Every three months routine screening and 6 months ART refill	Monthly for both stable and unstable clients
WHERE	Community hotspots.i.e bar, lodging ,hotels, brothels, massage parlour and facility	Community hotspots.i.e bar, lodging ,hotels, brothels, massage parlour and facility	Virtual and In person interaction observing COVID-19 Measures Home and or Hotspot visits
WHO	Clinical Officer ART Nurse	Clinical Officer ART Nurse	Peer Navigator and social worker
WHAT	ART refill up to 6 months; Peer navigators deliver drugs to their cohorts delivery through program motorcycle	Baseline investigation monitoring and adherence counselling sessions Tele Therapy	Linkage to support group Client-based management by case managers; Nutrition assessment and support

TIATED
ELIVERY



BUILDING BLOCKS FOR MODEL 4

Home delivery (COVID)

	ART refills	Clinical consultation	Psychosocial support
WHEN	Multi-month dispensing up to 3 months	Done after 3 months through tele therapy basis	Monthly Support group meetings and individualized home visits by peer navigator
WHERE	Community (in homes)	Community (in homes)	Virtual through WhatsApp groups and zoom
WHO	ART Nurse or Clinician	ART Nurse or Clinician	Peer navigator and social worker, linkage officer
WHAT	Multi-month dispensing of ART up to 3 months	Review on adherence ,and provision of nutrition support	Provision of adherence counselling sessions and positive living messages through linkage to support groups and home visits

DIFFERENTIATED
DELIVERY



RECIPIENT OF CARE PERCEPTIONS

“I have missed my appointments to the clinic at BHESP. I was supposed to go collect my ARVs but now with the lockdown, how will I go to collect them? I cannot visit the public health facility because of stigma and discrimination, I had to reach out to BHESP and my ARVs were delivered by a motor bike right at my door step” (Sex worker, 21 years, Jogoo Road)

“My name is Mary and I live in Kinyago, I enjoy it when the health services are brought near me, at least I won’t have to worry about bus fare to go get my family planning injection this month” (Mary, one of BHESP clients)



COVID-19: IMPACT ON OUR SERVICES

IMPACT OF COVID-19

01

High transport costs to and from the DICE

02

Closed Hotspots led to reduction outreach activities

03

Prolonged interruption of essential drugs due to multi month dispensing

04

Violence: Stay at Home directives raised exposure to violence

Provided drugs and condoms through Differentiated service delivery models
Transported through courier services.
Services taken to the locality of clients

01

Bulk SMS platform to pass message about COVID-19 and client safety

02

Partnerships with Ministry of Health, integration virtual platforms.

03

Hotline. Violence response teams at the Hotspots. Addressing stigma and discrimination among HCW

04

ADAPTATION





COVID-19: IMPACT ON OUR SERVICES

IMPACT OF COVID-19

05

Mental health wellbeing among HCW due to fear of contracting COVID-19

06

Stock out of essential drugs I,e Seprine and STI treatment drugs

07

Limited one on one counselling and physical support groups

08

Threatened Livelihood

Conducted sensitization and training on COVID-19 IPC and provided PPE

05

Awareness on Seprine relation to ARVs and networking ,referrals and linkage with other networks

06

Tapped into opportunities for teletherapy and telecounselling. Held Virtual Support Groups, Facebook live, WhatsApp group chats, Use of Bulk SMS

07

Beyond medical support; Supply of sanitary towels to YFSW, food, fun day for children FSWLHIV

08

ADAPTATION





GOING FORWARD

- Develop a tracking mechanism for retention in care of clients who initiated ART at hotspots.
- Integration of clinical services during home visits and community outreaches including screening for sexually transmitted infections (STIs) and cervical cancer
- Viral load monitoring for newly initiated clients issued with up to 6 months ART refills
- Address data safety of sex workers in the digital platforms
- Address capacity gaps through training for future virtual engagements.
- Document lesson learnt from tele counselling during Covid-19
- Sponsor 5 case navigators and peer champions through a motorcycle driving school to enhance one-stop services to reach a larger number during home delivery. Purchase of additional motorcycles.



CONCLUSION

- Through adaptations to DSD models, BHESP has been able to deliver client-centered approaches during COVID-19
- BHESP has prioritized DSD as one of its strategies towards achieving the 95 95 95 UNAIDS global goal amidst COVID 19 pandemic.
- Through documentation of BHESP DSD best practices adaptations, BHESP advocates for recognition of this models as strategies towards global goal of achieving zero HIV infections by 2030.