



Differentiated Service Delivery for Key Populations

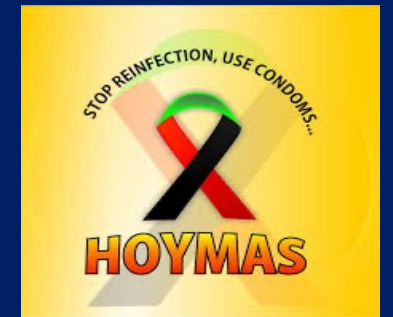
Virtual Meeting: August 25-26 and 30-31, 2021

Differentiated treatment models for male sex workers in Kenya

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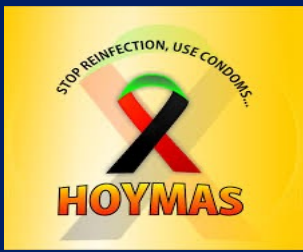
Health Options for Young Men On HIV/AIDS/STIs
(HOYMAS)

30 August 2021



Overview

- HOYMAS- Who are we?
- DSD: What are we doing?
- Research data to inform DSD during COVID
 - COVID and DSD
 - Curfews and restrictions
 - Funding/financing DSD models
- Sustainability



HOYMAS

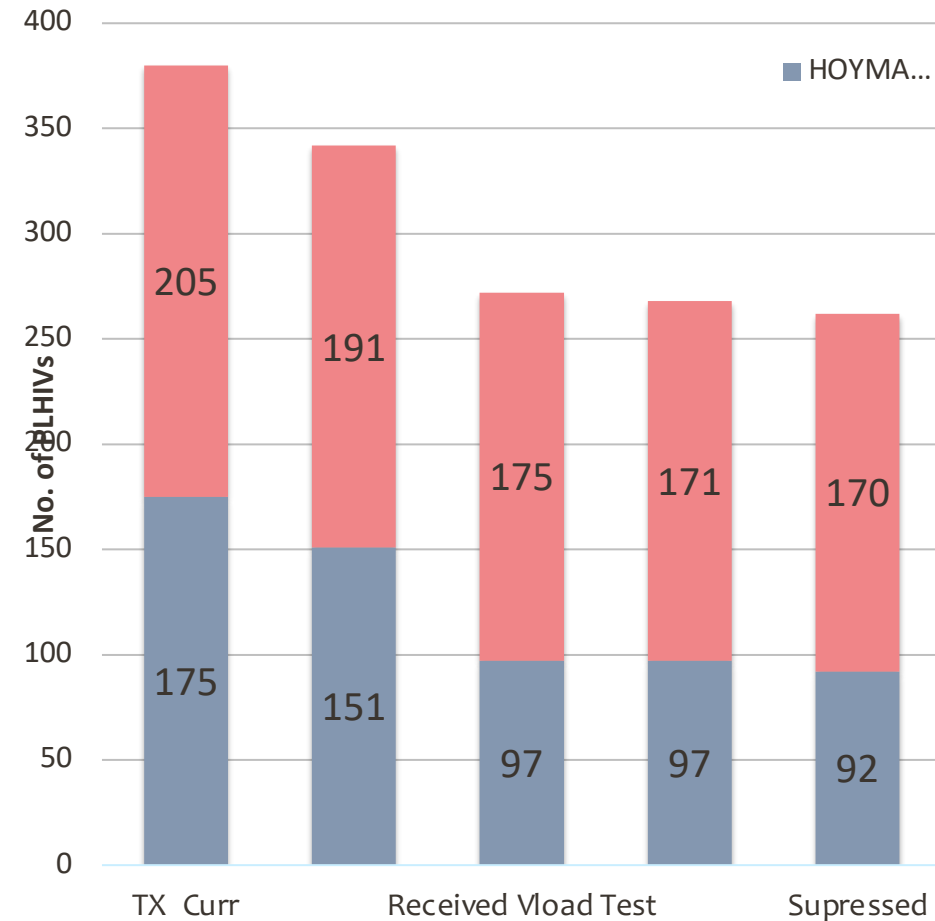
- Established in 2009 as a support group for MSWLHIV
- Built a cohort of over 6,000 MSM at our DICs and over 10,000 in our online platforms.
- **What we do:** Comprehensive HIV services, PrEP demand creation and scale up, Advocacy, Organizational development, **violence response, Stigma reduction** services.
- **Innovations:** the recovery center, enabling us to go online, medication for the clinics, security meetings, mystery client approaches, community monitoring program, continuous follow up and DSD/HCD.

With growth, there is need to craft ways to ensure all our populations are accessing quality services, and services specially designed for them.

DSD: What are we doing?

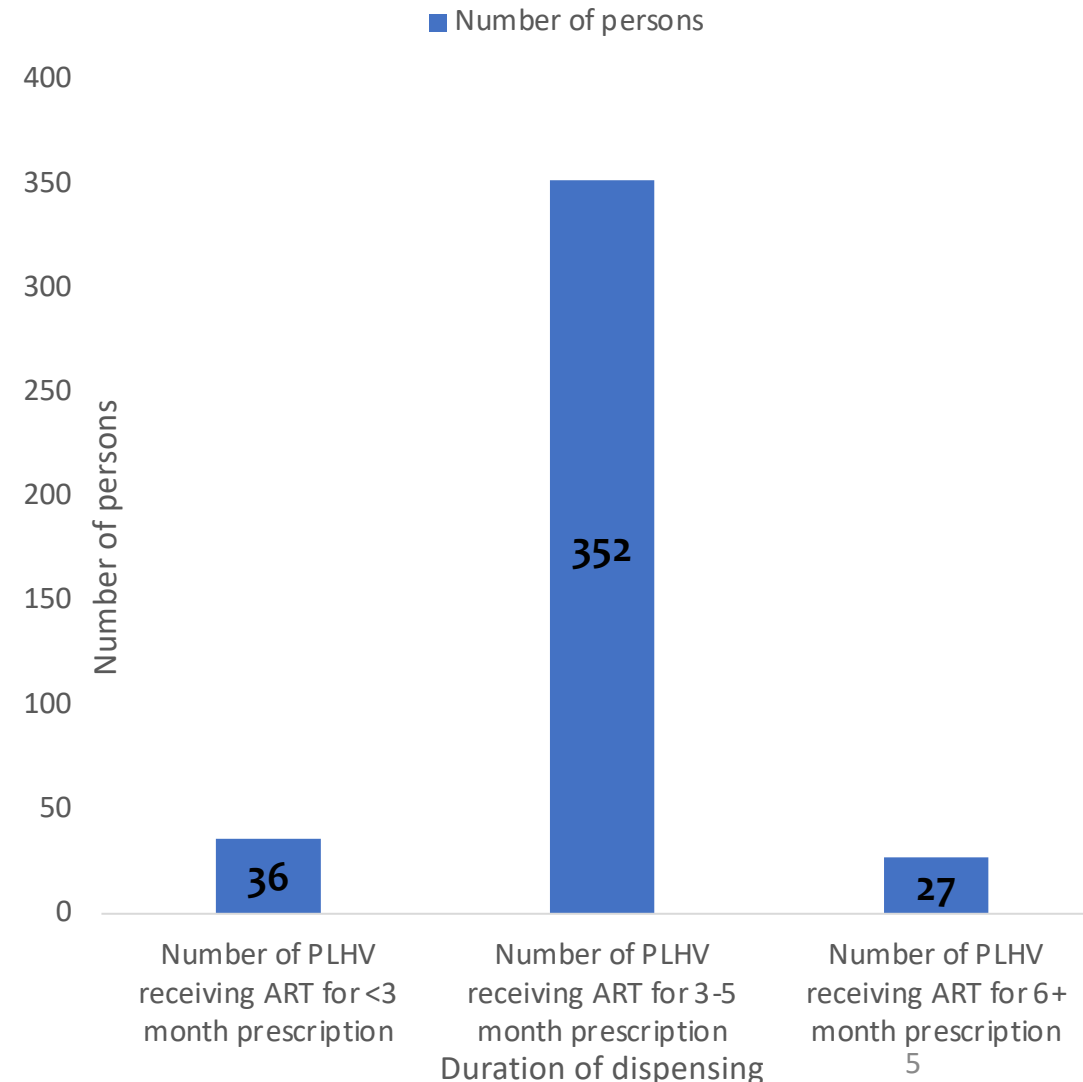
- Deliveries for all HIV Prevention and TX: ART, PrEP, HSTK
 - Team of 100 peer counsellors, including 10 HIV+ case navigators.
 - Rider and bikes for delivery
- Regular VL monitoring and plasma sample collection in the clinic (current suppression @96%).
- On-site viral load sample collection (DBS) during outreaches and facilitated transportation of the samples to the national lab
- Human Centered Design (HCD) programming especially for young MSM/MSW

Viral Load Cascade



DSD: What are we doing?

- One stop shop with comprehensive services
 - Same room- lab, treatment and dispensing medications to reduce treatment stigma.
- Multi Month ART Dispensing
- Peer counsellors- Working 24/7 coupled with toll free numbers for those who need emergency services including violence response, preventive commodities, PEP and ART refills
- PSSG groups- peer led
- Recovery center
 - Adherence counselling, HTS and mental health wellness center.



HCD

- Designing, and refining programs with MSM through thorough research and testing ideas before implementing them.
- Services where, when and how MSM/MSW want/need them.
- Offering relief other than health services, especially during the COVID season- Encouraged more MSM to report back, and be maintained on treatment.
- Telehealth and collecting in person feedback during service delivery.

COVID-19 and DSD-(Study results)

- Organizational challenges:
 - Inability to restructure due to budgets, fixed program financing
 - Program relies on community based PE who could no longer operate
 - Other service needs emerging, including need for nutrition supplements
- The distance they need to collect medication for some was a challenge as there were increases in fares for those using public transport.

” “...we support a bigger region and there were some peers who were coming from [neighboring counties], who could not manage to come over to town because of the lockdown and means of transport was a challenge. Some of them lost their jobs and hence no transport for them to come collect their drugs, which has been a very big challenge for them.

- Fear of contracting COVID if one visits the service centers led to some drops in the frequency of HTS and other service access at the DIC
- Loss of income for majority since they work as day to day income earners, leading to reliance on donations and also not being able to afford basic commodities.
- Lock downs forced some persons to go back to stigmatizing family zones.

COVID-19

- Housing, family rejection, mental health and addictions
- Propaganda, myths and misconceptions that lead to stigma
- Access to work and livelihood for the Sex workers

“I said before some could not come to the clinic to pick their drugs as they came far from the DICE. Some changed their location, like there were those who were in staying in Nairobi but they would come to Kisumu to pick their drugs, being that they were now locked in Nairobi they went to other facilities to collect drugs from there and we could not access on their progress with drugs. Those who were using PrEP, quite a number dropped and some could not get enough condoms to take them through the lock down, there were no enough lubricants and HIVST, so I think COVID 19 affected us really hard.”-Program manager, MSW serving organization

- Labs redirected focus to COVID and neglected critical aspects of HIV and SRHR care including viral load suppression and structural interventions earlier planned to be held by the county and country health programs.

“We also had a challenge with the viral load because at [org’s name]we have no lab and we always take the VL samples to some facilities around town. That stopped because most attention was given to COVID. We could not access the VL results for some peers so that we could know their adherence level and that affected so many things but things are changing and we are trusting by the end of next year, things would be okay.”

Continuity and Sustainability

- Telehealth services for individualized follow up and appointment tracking
- Community deliveries through peer navigators
- Targeted online outreach and referrals
- Targeted testing through DIC activities
- Training for HCWs on VL management collection, centrifuge use, storage, transportation and documentation
- Adoption of flexible and collaborative knowledge management practices to avail data and dashboards to entire team even when working remotely- Asana, OneDrive, Microsoft 365
- Confidential and flexible adherence counselling for improved linkage, retention and sustained viral suppression among cohorts

