Salgaa Drop-In-Center Differentiated Service Delivery

Best-Practice Model

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INTRODUCTION:

This document aims to provide in-depth summary of the best-practice model of differentiated care services offered at the Family Aids Initiative Response[1] (FAIR) Salgaa Drop-In-Centre (DIC) based in Rongai[2] town in Nakuru County, Kenya. The document provides information sourced from the DIC's LINKAGES[3] Project monitoring data which purposively sampled twelve (12) Key Informants (KIs) who offer clinical, counselling, peer navigation, and project management services on the one hand and FSWs who seek health services at the Salgaa DIC on the other. Together the two are referred to herein as the *Salgaa Team*. In conducting the exercise, critical was the question if the Salgaa differentiated care model involving ART delivery improves retention and viral suppression among FSWs living with HIV. At the core of this documentation are the voices of key beneficiaries who give honest assessment of the project.

The systemic review of the Salgaa Drop-In-Center differentiated care model revealed idiosyncratic interest to define Salgaa Differentiated Care Model (SDCM) which reflects the clinical, counseling, peer navigation, project management, and sex work attention of the Salgaa Team. The Salgaa DIC offers healthcare services to FSWs who walk-in and those met at outreaches. Registration is upon testing for HIV, of which those who turn negative continue to receive risk-reduction counseling and education services, provided with condoms and lubricants, benefit from STI and cancer screening, and are encouraged to make informed decisions to get tested at the DIC every three months, besides other benefits. The *Salgaa Team* consider the community ART psychosocial support groups (PSGs) as the *most attractive* pillar of the SDCM as it gives FSWs impetus to access and adherence to treatment with high hope for better health. Nonetheless, to improve and sustain the 'magical numbers' of HIV positive FSWs on

A service charter at Salgaa. This informs FSWs on services offered.

[1] *Family AIDS Initiative Response (FAIR) is a non-governmental organization that serves female sex workers (FSW) in Nakuru and Narok counties in Kenya with support from the USAID-and PEPFAR-funded LINKAGES project.*

[2] *Rongai is an urban center in Kenya located in Nakuru county, along Nakuru-Eldoret -Malaba highway in Rongai constituency. The town has a population of 130,132 people (Kenya Census, 2009).*

[3] *A U.S. Agency for International Development awarded FHI 360 the Linkages across the Continuum of HIV Services for Key Populations (sex workers, men who have sex with men) Affected by HIV Project (LINKAGES), a five-year cooperative agreement funded by the U.S. President's Emergency Plan for AIDS Relief.*

care and treatment, concurrent formation of matching numbers of PSGs as well as Peer Navigators (PNs), and logistical (transportation) support for GoK visiting clinicians might need to be considered.

The Salgaa DIC continuously blossoms the power to attract, test, and retain FSWs on ART; this is an effect of ART retention and viral suppression on FSWs and the health system. The introduction of Differentiated Care at Salgaa DIC magically reduced the time spent for seeking service with no bus fare costs. At Salgaa DIC, achieving the 90.90.90[4] Global HIV goal is attainable. The SDCM has triggered task shifting leading to reduced workload, making service providers more engaged in identifying FSWs who fit the testing bill for the first 90. The differentiated ART has reduced distance covered by FSWs to health facility, thus encourages one to be on care and treatment at the DIC and get drug refill when scheduled – thus achieving the second 90. The third 90 has been facilitated by PSGs and the PNs role which keep FSWs (by having a neater outfit to follow) on treatment (increased adherence) leading to viral suppression resulting to more stable clients.

Evidently, the introduction of SDCM changed the FSW relationship and perception of the healthcare system, that is, from adversarial to mutual symbiosis. Effectively, the relationship between FSWs and healthcare system has been greatly enhanced in contrast to the erstwhile unfriendly customer care at the health facility. This symbiotic work relationship between healthcare system (health workers) and clients (FSWs) is lauded by study participants. FSWs interviewed divulged that Salgaa DIC the health care system (which includes the operations, human resources, services offered) and clients (in this case FSWs) have not had a symbiotic work relationship unlike as is currently described under the SDCM.

SDCM changed the FSW relationship and perception of the healthcare system, that is, from adversarial to mutual symbiosis.

[4] A concept introduced by the United Nation's programme on HIV/AIDS in 2013, 90-90-90 is a set of goals. The idea is that by 2020, 90% of people who are HIV infected will be diagnosed, 90% of people who are diagnosed will be on antiretroviral treatment and 90% of those who receive antiretroviral will be virally suppressed.

SYSTEMIC REVIEW OF THE MODEL THE SALGAA DROP-IN-CENTER DIFFERENTIATED CARE MODEL

1.1 Defining the Salgaa Differentiated Care Model

Noted is the idiosyncratic interest to define Salgaa Differentiated Care Model (SDCM) which reflects the clinical, counseling, peer navigation, project management, and sex work attention of the Salgaa Team.

The clinical team (both from GoK facility and the Salgaa DIC) describe the SDCM as a model which has simplified access to HIV services to FSWs, and one which offers an opportunity to reduce workload for service providers, waiting time for clients, and clinical visit costs for stable patients. FSWs confirm this from specific scenario presented in the document. In the view of FSWs and based on the enrollment to existing Psychosocial Support Groups (PSGs) based at the DIC, the SDCM has enabled task shifting and increased adherence to clinic visits and retention to treatment by FSWs living with HIV on care (after testing either as a walk-in client or those at outreaches). As the counselor appreciates the anchoring of accessible services to FSWs, the Peer Navigator[5] (PN) sees the SDCM as one that ensures confidential services, to any walk-in FSW who eventually gets services they want. According to the PN, the SDCM lessens the burden of drug refill, as opposed to when

> *"I (the Peer Navigator) would pick drugs from the far-flung facility only to stay with them for a week or two after some FSWs relocate for a week or two with sexual clients."*

From Program Manager's perspective, the SDCM give an opportunity for FSWs to be dealt with as individuals rather than as general population in groups. PLHIV have diverse needs hence the client centered approach can empower FSWs to manage their disease conditions with the support of the health system.

FSWs describe the SDCM as a special arrangement that increases access to services at the DIC. FSWs further define the model as one

"I (the Peer Navigator) would pick drugs from the far-off facility only to stay with them for a week or two after some FSWs relocate for a week or two with sexual clients."

[5] *A PN is a FSW of charismatic qualities with ability to reach out to and follow other FSWs and improve uptake of services and increase adherence among FSWs*

that reduces the cost of access while increasing personal time with clinicians for an individualized pathway to achieving viral suppression design thus leading to one being Stable Client with improved overall health outcomes for them.

The Salgaa Team's definition encompasses the very essence of differentiated care for FSWs living with HIV on care and treatment. The variations factor client-centered service provision, a service pack that reflects and considers the preferences and expectations of HIV positive FSWs, while reducing the burden on the health system through task shifting, thus providing optimum utilization of both human and financial resources for service providers and FSWs.

1.2 The Salgaa Differentiated Care Model Architecture

The architecture simply refers to the Salgaa DIC walk-in and outreach services whose key focus is on HIV testing with the aim of linking HIV positive FSWs to care and treatment while assisting those who turn negative to continuous risk-reduction counselling and education.

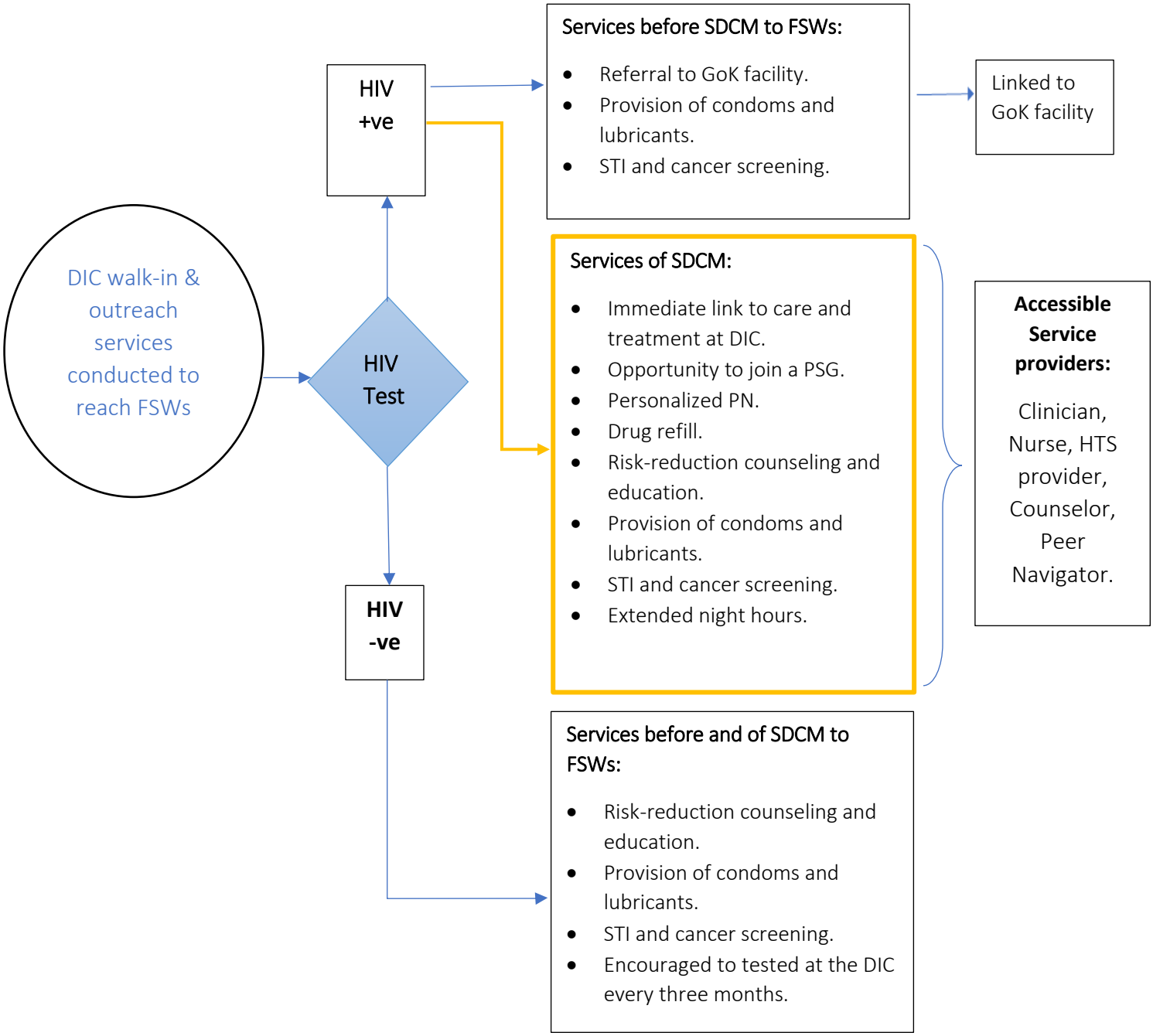
1.2.1 The SDCM Service flow and pack for client retention

The Salgaa DIC offers healthcare services to FSWs who walk-in and those met at outreaches. Registration is upon testing for HIV, of which those who turn negative continue to receive risk-reduction counseling and education services, provided with condoms and lubricants, benefit from STI and cancer screening, and are encouraged to make informed decisions to get tested at the DIC every three months, besides other benefits. FSWs who test HIV positive get additional services: immediate (within one-to-two days) link to care and treatment, opportunity to join a Community ART PSG, get personal attention from a designated PN when necessary, and enjoy drug refill at the DIC. Additional services included booster counseling for HIV positive FSWs still at denial stage and occasional access to visiting clinicians from the GoK[6] facility. Only unstable clients get referred to the government health facility (Rongai Health Centre) for varied services including change of treatment regimen.

This is how we do it at Salga DIC. A clinician explains.

[6] Government of Kenya

The Architecture



1.2.2 Branding Community ART Support Groups to attract FSWs

The *Salgaa Team* consider the community ART support groups (PSGs) as the *most attractive* pillar of the SDCM as it gives FSWs impetus to access and adherence to treatment with high hopes for better health for FSWs. Through the PSGs, Peer Navigators feel FSWs on care and treatment have had better group dynamics of working as a team to inform, educate, communicate, and advocate for safer sexual practices and ultimate outcome of viral suppression. At the PSG, disclosure experience to fellow FSWs is not stigmatizing; even FSWs considered naïve open through group counseling and get support from their peers. To the FSWs, the community ART support groups provide a platform for practicing and maintaining confidentiality – an ideal case of peer counselling. FSWs find group sharing quite attractive and therapeutic as they are open and interactive, and more beneficial when scheduled to coincide with visiting clinicians who provide a range of information on matters HIV/AIDS and health in general. Salgaa DIC is served by two community ART support groups, one for FSWs <25 and another for >25 years; currently there are 65 (of 134) FSWs registered and actively engaging in meetings and aligned activities conducted by the PSGs. The 65 have also reported adherence and are on the path to viral suppression.

1.3 Users Account for System Strengthening and Sustainability of Salgaa Differentiate Care Model

Users of SDCM offered their thoughts on what they knew about the SDCM, how it has evolved over time to be an acceptable model and further, what they felt needed to be improved.

A counselor's welcome smile at Salgaa Drop in Centre

1.3.1 Start-ups concerns:

The Peer Navigator's account at the start of SDCM as institutionalized through the PSGs is lack of acceptance by FSWs to change due to fear of the unknown. Salgaa DIC was initially branded by the community as a place for HIV positive sex workers, leading to HIV positive FSW not wishing to be associated with either the DIC nor the Peer Navigator. The staff too needed time to understand the new model of service delivery. After series of in-house educative sessions held for individuals (for FSWs) and group (for Staff or

service providers) Salgaaa DIC became not only acceptable to key populations, but to other Salgaa community members as well. To mitigate the issues raised, health service providers were inducted through educative sessions on Differentiated Care and need for task shifting as an effective way of managing HIV/AIDS program for care and treatment, while FSWs were assured of confidential access to health care at the DIC and the benefits of joining the PSGs. Services at the Salgaa DIC were expanded to include health and non-health services such as watching television, relaxing, taking water besides mainstream health services, which proved attractive to other community members too. This, to mitigate the issues of concern to would-be clients from key populations especially the FSW.

1.3.2 Continuity concerns:

To improve and sustain the 'magical numbers' of HIV positive FSWs on care and treatment, concurrent formation of matching numbers of PSGs as well as Peer Navigators, and logistical (transportation) support for GoK visiting clinicians might need to be considered. Investment in continuity of HIV positive FSWs intermittent meetings to support functions and activities of PSGs is central in advancing the differentiated care services agenda among FSWs. At Salgaa, the two groups, one for younger FSWs (below 25years) and another for older (25 and above) helps meet age specific health and psychological attentions and service demands. To meet the financial needs, FSWs propose strengthening of their savings and internal lending mechanism as one way to meet their financial needs. For the sake of knowledge management and continuity of the model, the users, (that is FSWs) encourage other DICs to adopt and adapt where applicable the SDCM and try it in their different settings.

Salgaa DIC can improve and sustain the 'magical numbers' of HIV positive FSWs on care and treatment.

EFFECT OF ART RETENTION AND VIRAL SUPPRESSION ON FSWs AND THE HEALTH SYSTEM

ART retention and viral suppression is the last 90 of the global HIV/AIDS goal and is hoped to improve the health of FSWs and make the healthcare system more effective.

2.1 FSWs improved livelihood

The Salgaa DIC continuously blossoms the power to attract, test, and retain Female Sex Workers (FSWs) on ART. Starting and refilling drugs from the DIC in a friendly all-inclusive setting as opposed to the publicly demarcated section at the GoK facility is less stigmatizing. FSWs cited double stigma of being a Sex Worker and HIV patient whose dressing and presentation was judged by many at centralized access points demarcated for HIV positive persons at the GoK facility (Rongai Health Centre and others). FSWs are concerned about loss of business, especially when they are sighted by potential clients entering or exiting the set-aside points (tents). FSWs now report ease in accessing drugs and other medical attention and assistance, including Family Planning at the SDCM. FSWs feel staff at the DIC have more time compared to their counterparts (staff at GoK facility) to advice on care and treatment which makes them feel confident, accepted and valued; DIC staff offer close follow-up by reminding FSWs on all clinic days, and offer continuous medical education to make FSWs aware of their treatment regimen and know drug side effects. Moreover, FSWs get to know how to work with and handle different clients including those with violent tendencies.

The introduction of Differentiated Care at Salgaa DIC magically reduced the time spent for seeking service with no bus fare costs – they (FSWs) simply walk the distance. FSWs appreciate the new system which reduces the burden to travel to the county referral hospital in Nakuru or Rongai sub-county hospital, which are an average of 50 minutes away by public transport. As an outcome of retention to care, besides gaining treatment literacy due to PSG sessions conducted at the DIC, FSWs give account of round the clock access and constant supply of condoms and lubricants to them according to their need. The PSG sessions have empowered FSWs

"I have become round, more beautiful and admired by many men," Beryl, a Sex Worker in Salgaa.

to deal with sexual and gender-based violence through deployment of condom negotiation skills without disclosing their status. Some appreciate the change in their lives as indicated in the comment by one study participant below:

> *"I have become round, more beautiful and admired by many men," Beryl, a Sex Worker in Salgaa.*

2.2 Health System Efficiency

The GOK clinical team acknowledge and appreciate that the SDCM has reduced the number of stable clients (FSWs) seeking care and treatment at the Comprehensive Care Clinics (CCCs) resulting in less strain on health service providers. In a rudimentary way, task-shifting is realized by FSWs attended to by clinical staff at the Salgaa DIC; this includes tracing those skipping clinic days - this leaves a handful of unstable clients to be attended to at the GoK facility (Rongai). Currently, at the DIC, extended hours have made services (cancer screening, provision of condoms and lubricants, HIV Counseling and Testing, psychosocial support, STI screening, and edutainment) friendlier and more accessible to many deserving FSWs for HIV services. Equally, viral load samples are collected right from Salgaa DIC, thus FSWs need not spend time or money to facilitate such.

According to the Peer Navigator, the SDCM is a sequel to positioning effective health systems for FSWs access to care and treatment. Noted was the PN's experience of the year 2004 (when she tested HIV positive), where it took a day to be seen by a clinician and get drug refill; an early morning preparation to get a roster index card with first numbers was huge competition among patients living with HIV that reported to clinic. In 2017, the SDCM created more time to track and offer targeted services such as counseling, treatment literacy, and facilitation for viral load testing through linkages to GoK facility, which eventually moved the FSWs from unstable to stable clients. The geographical distances to be covered has been reduced to mere walking distances as opposed to previous one which required automobile for movement. The fact that FSWs collect their drugs and do refills as scheduled, makes the PN define the process

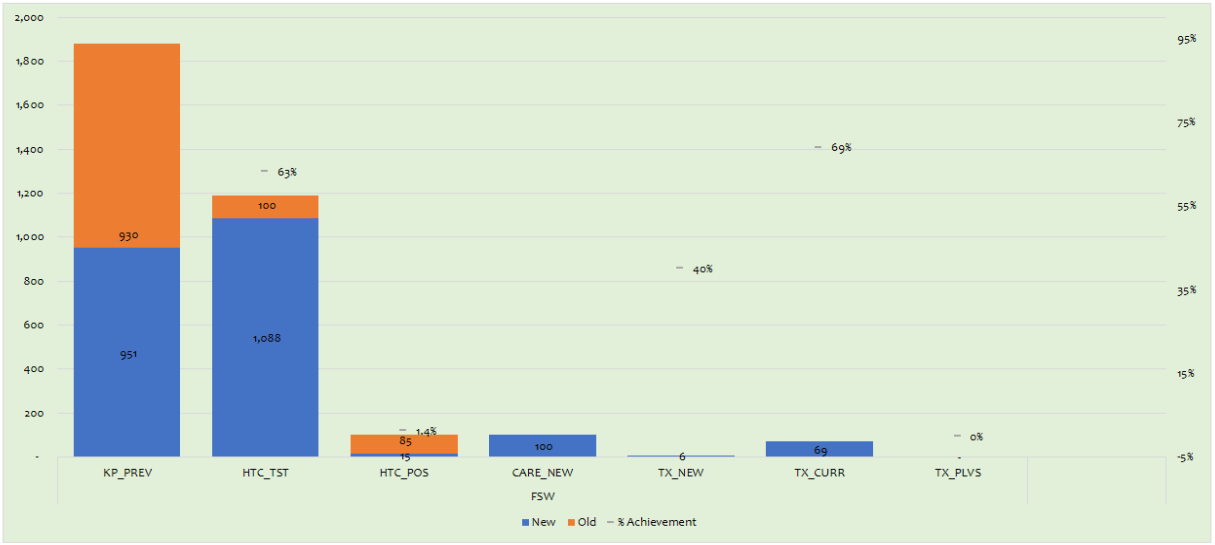
"It is also almost impossible to miss clinic days as someone is always a group member's keeper," Marion, FSW.

as collaborative indicator between GOK facility and DIC to make HIV care and treatment service provision functional and efficient.

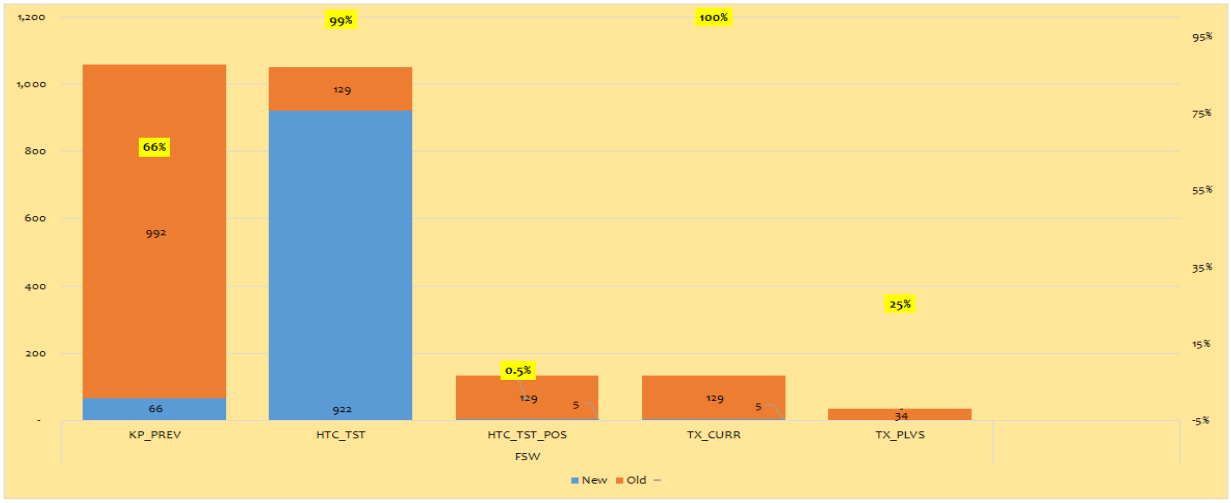
2.3 Achieving 90.90.90 Global HIV Goal

At Salgaa DIC, achieving the 90.90.90 Global HIV goal is attainable. The SDCM has triggered task shifting leading to reduced workload, making service providers more engaged in identifying FSWs who fit the testing bill for the first 90. PNs employ a snowball tact to mobilization of FSWs which increases the number of those (FSWs) tested for HIV and get yield in *virgin circles* that were *psychologically closed* due to stigma and discrimination. Also, through PSGs, it has become easier to identify whom to test, both at the DIC and during outreaches – targeting has become specialized in nature. The differentiated ART has reduced distance covered by FSWs to health facility, thus encourages one to be on care and treatment at the DIC and get drug refill when scheduled – thus achieving the second 90. The PSGs assist in client preparation and acceptance of test outcomes, thus many have moved from denial to acceptance – the Salgaa Team consider this a key driver to successful linkage. The third 90 has been facilitated by psycho-social support groups (PSGs) and the Peer Navigators role which keeps FSWs (by having a neater outfit to follow) on treatment (increased adherence) leading to viral suppression resulting to more stable clients. PNs have also contributed to viral suppression through support counseling and continuous medical education for FSWs on care and treatment. Below is the baseline in 2016 and status as at time of documentation in 2018 for comparison. See graphs below.

RONGAI DIC HIV PREVENTION AND TREATMENT CASCADE BY SEPTEMBER 2016



RONGAI DIC HIV PREVENTION AND TREATMENT CASCADE FY18 April 2018



THE EFFECT OF THE MODEL ON RELATIONSHIP BETWEEN FSWS AND HEALTHCARE SYSTEM

There is a clear personal relationship between the FSWs and the healthcare system that makes the latter feel both accepted and valued within the SDCM architecture.

3.1 FSWs Personal Relationship with Healthcare System for Improved Adherence and Retention

At Salgaa Drop-in-Centre (DIC), the healthcare system includes the operations, human resources, services offered, and clients (in this case FSWs).

The introduction of Salgaa Differentiated Care Model (SDCM) changed the Female Sex Workers' relationship and perception of the healthcare system, that is, from adversarial to mutual symbiosis. Female Sex Workers (FSWs) interviewed divulged that Salgaa Drop-in-Centre (DIC) the health care system (which includes the operations, human resources, services offered) and clients (in this case FSWs) have not had a symbiotic work relationship unlike as is currently described under the Salgaa Differentiated Care Model (SDCM). A win-win situation was not attainable in an environment previously described as lacking confidentiality, bred fear of mistreatment on clients, operated under inconvenient hours, unsuitably geographically located, and service provision was advised by general as opposed to key population needs as aligned to sex work. Equally, FSWs are not a target for high costs of services that have not been publicized, coupled with negative beliefs and attitudes by health care workers; under such healthcare systems, these become major barriers for FSWs wishing to seek care and treatment.

According to FSWs (specifically the PN), the human resources at the Salgaa DIC have been accommodative of diverse personalities presented by those on care and treatment. The SDCM presents the PN as a personalized contact person who understands the plight of sex workers. FSWs operate in an off-and-on market which affects availability due to migration to better market places; thus, refilling is coordinated and programmed as aligned to sex and boom seasons (referred to as new sources of money due to agricultural harvests,

"The DIC at Salgaa has helped me to maintain adherence by not missing drugs and taking them at the right time and as prescribed" says Joyce, FSW.

tourism, or trucks on transit). This could not have been possible in the old system, where when one miss to take drugs, one was condemned by the system. Also, FSWs reported to shy away from service offered based on general population outlook-basis. The healthcare system pegged on general population had human resources for health (clinicians and nurses) who using presumptive social lenses, discriminatorily ranked clients according to their dressing and general outlook thus sex workers were overtly frowned upon.

3.2 FSW Utilize Extended Hours Feedback System Offered by Differentiated Care Model for Service Delivery

Female Sex Workers concerns with previous hours of operation of Salgaa Drop-In-Centers (DIC) is presumed to have impeded their (FSWs) decision to access health information, care and treatment. To increase access to and utilization of services at Salgaa DIC, part of the Differentiated Care Model was introduction of extended hours of service. The extended hours of service package (immediate link to care and treatment at DIC, opportunity to join a PSG, introduction to personalized PN, drug refill, risk-reduction counseling and education, provision of condoms and lubricants, STI and cancer screening) are marketed to FSWS through service providers, who are the Clinician, HTS Counselor, and Peer Navigator. FSWs indicate reduction in transport cost to the DIC as they do not need to make double trips; the single trip services for DIC and search for client.

Stigma and discrimination from health workers can contribute to poor access to care and treatment among Female Sex Workers. The SDCM is packaged to eliminate stigma reduction beyond contractual obligations of signing disclaimer by service providers and availability of visible charter, to engaging walk-in and referred FSWs through exit interviews. The Salgaa DIC developed exit questions that indicate client satisfaction on services sought at the DIC. The SDCM has built general acceptance by walk-in FSWs and those met at outreaches to provide feedback on services offered.

"I can identify the drugs I take by name. The DIC is open anytime we need services," says Joyce, FSW.

Close working relationship between FSWs and healthcare providers seem to be appreciated by FSWs who see this as an opportunity to

share intricate issues with clinicians in a serene atmosphere that promises confidence to and respect for PLHIV. Mary (FSW pseudonym) observes that, “I have an opportunity to share a private space with the organization’s clinician during my reviews and with personalized attention”. This reveals an approval of service provision at the DIC. Reduced time spent by FSWs in seeking healthcare services at the DIC makes it possible for FSWs to concentrate more on their key focus – serving clients and raising money to support their families. Improved healthcare services have been central to adherence since FSWs enjoy a personalized attention from friendly healthcare staff. While they applaud the healthcare system, FSWs propose that patient files need to be brought from the GoK facility to the DIC where they can access care and support at minimal or no cost at all. Moreover, FSWs observe that, viral load tests can be undertaken at the DIC as a way of checking viral load suppression among FSWs.