



WEBINAR

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Speakers:

Leora Casey - @NACOSANet

Pasquine Ogunsanya – @AMSUganda

Buky Williams - @EVA_Nigeria / @Buky

Lilian Otiso - @LVCTKe

Nicola Willis - @Zvandiri

Moderated by: Joe McMartin - @frontlineaids















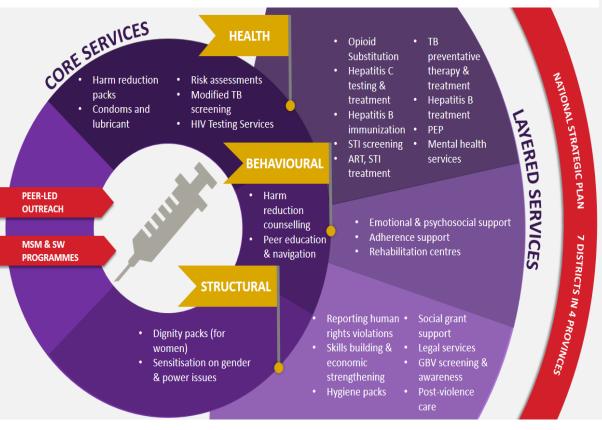


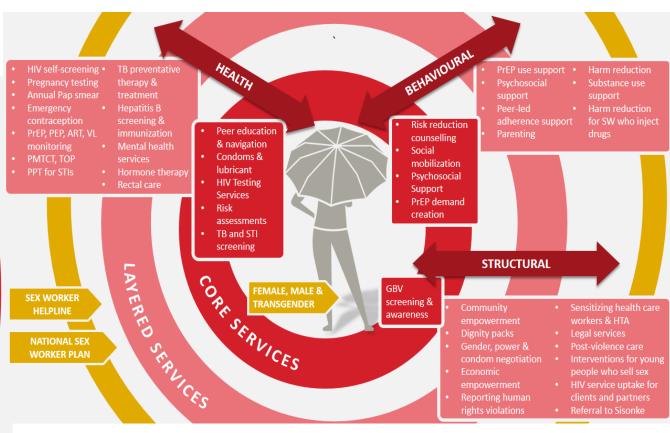
The human rights impact of COVID-19 on key populations in South Africa, and strategies to continue HIV prevention services in this new context

Leora Casey- Key Populations manager 15 May 2020

NACOSA'S KEY POPULATION PROGRAMMES

People who inject drugs programme

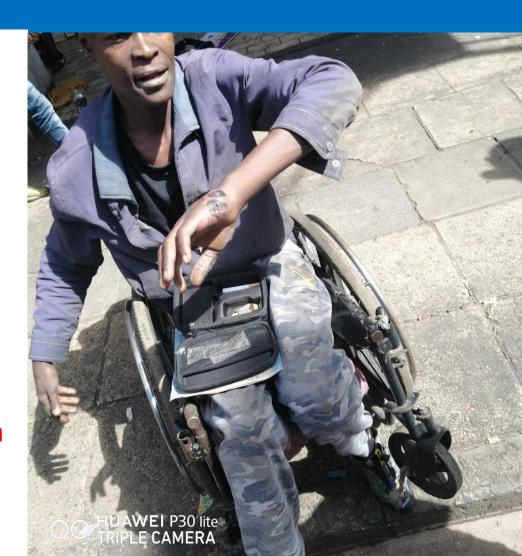




Sex work programme

HUMAN RIGHTS VIOLATIONS IN THE CONTEXT OF COVID-19 LOCKDOWNS

- South Africa entered into lockdown on 26 March 2020.
- Restrictions and lockdown regulations policed across South Africa.
- Resulted in people who inject drugs and sex workers experiencing severe human rights violations as a result of policing regulations.
- People who inject drugs forcibly removed and confined in shelters.
- Migrant and disabled populations more vulnerable.
- Sex workers difficulty in accessing food and unemployment support.
- Violations include being chased by police and shot with rubber bullets, belongings confiscated, harassment.
- All Human Rights Violations recorded, reported, and referred for support



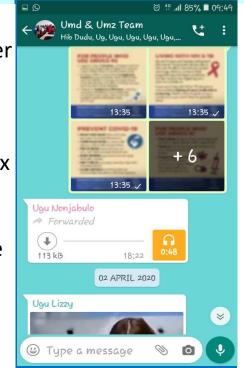
PROVIDING SERVICES TO PEOPLE WHO INJECT DRUGS IN THE COVID-19 CONTEXT

- An AGILE response was needed.
- Ensure teams have access to essential work permits, personal protective equipment and adhere to regulations.
- Keep teams small 2-3 people to ensure less risk.
- Outreach continuing.
- Get access to shelters to provide medical services, withdrawal support, Opioids Substitution Therapy (OST) and clean injecting equipment.
- Search for People Who Inject Drugs (PWID) on streets to provide services hotspots moving daily due to police presence.
- Ensure additional needles are provided to people who inject drugs due to irregularity of hotspots.
- Ensure all HIV medicines (ART) refills are completed.
- Reach and offer regular HIV testing to people who inject drugs
- OST initiating clients on buprenorphine and buprenorphine-naloxone.

PROVIDING VIRTUAL SERVICES TO SEX WORKERS

WhatsApp groups for Sex Workers

- Peer educators create WhatsApp groups per place.
- Share updated Information materials covering:
 - COVID-19 information and specific Sex Worker information.
 - Adherence.
- Mentions where and when services will be provided.
- Takes requests from sex workers on needs and concerns regarding COVID-19.



Telephonic psychosocial support for Sex Workers

- Sex Workers identified as in need of telephonic psychosocial support:
 - On WhatsApp groups.
 - To peers directly.
 - On outreach.
 - During clinical services.
- Social auxiliary worker provides telephonic support.
- If need be, refers for further services and officer in charge of linkage.
- Most sex workers expressing fears for themselves and families around COVID-19.
- Sex workers expressing need for food parcels and relief due to a lack of income during lockdown.

FOR SEX WORKERS #1

- Sanitise your client's hands and your own before the transaction.
- Don't touch your client's face and avoid being touched on the face.
- · Avoid kissing for now.
- Go for sex styles that avoid face to face contact such as hand jobs and doggy style.



FOR SEX WORKERS #2

- Wherever possible use cashless payment systems to avoid contact with cash which may carry the virus. Wash hands after handling cash.
- Use condoms and dental dams we don't know yet if the virus can be in other body fluids.



CORONAVIRUS INFORMATION FOR COMMUNITIES
This information is provided by NRCOSA based on advice issued by the
World Health Organization, the Harm Reduction Contilism, the African
Sex Workers Alliance and the South African Department of Health, For



Not all SW have smartphones.

Approx 206 WhatsApp groups.

Approx 6,000 SW reached via WhatsApp groups.



OTHER SERVICES FOR SEX WORKERS IN THIS CONTEXT

- Teams going on outreach ensure teams have access to essential work permits, protective equipment and adhere to regulations.
- Keep teams small 2-3 people to ensure less risk
- Place based peer educators supported the ability to set up WhatsApp communication and track down sex workers.
- Search for sex workers using social networks hotspots moving daily due to police presence.
- Ensure additional condoms, and COVID-19 safer sex practices are provided to sex workers when seen.
- Ensure all Pre-Exposure Prophylaxis (PrEP) and HIV medicines (ART) refills are completed.
- Reach out to sex workers and offer/provide HIV testing.

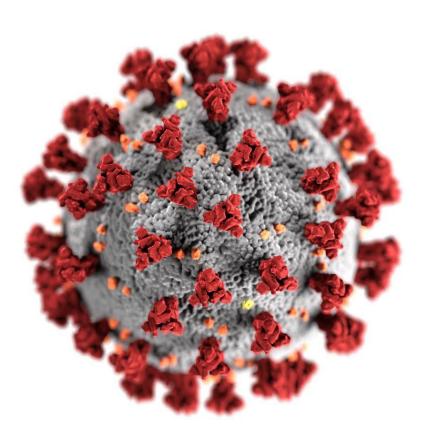


Provision of HIV prevention services to marginalised people during COVID-19

Dr Lilian Otiso
Executive Director, LVCT Health
Webinar:

COVID-19 & HIV — Continuing Services with and For Marginalised People 15th May 2020

COVID – 19 in Kenya



- Kenya's 1st case was diagnosed on March 13^{th,}
 2020
- Current cases (10th May 2020) 672 with 32 deaths
- Measures put in place:
 - National Curfew: 7.00 pm to 5.00 am
 - #stayhome advise
 - Restricted movement in and out of 5 counties
 - All bars closed
 - Public transport half the passengers
 - Masks compulsory

LVCT Health programmes



One of our HIV prevention centres in Isebania, Migori County

- LVCT Health provides comprehensive HIV prevention & treatment services to female sex workers, men who have sex with men and people who use and inject drugs
- Services provided in drop-in centers (DICEs) and outreaches and also through linked public health facilities
- Mobilisation for services by Key Pops. Peer educators
- Services & Commodities condoms, lubricants, Preand Post- Exposure Prophylaxis (PrEP and PEP), HIV prevention
- Quarterly cohort follow up for HIV Testing Services,
 Sexually Transmitted Infections and other services

Effects on marginalied populations



"will we buy food or masks with the little we get." female sex worker Nairobi

- Female and male sex workers' business affected by
 - Hotspots (bars) closed
 - Curfew 7pm to 5am
 - Loss of income loss of food for self and children
- Increased risk in clients' homes unprotected sex, violence, exposure (also related to men who have sex with men)
- Violence from clients, police & neighbours has increased
- For men who have sex with men stay home has increased blackmail and threats by neighbours
- High transport costs to drop in centres & ART clinics
- Stigma in public health facilities if they can't access the drop in centre
- Some moved to rural homes and did not access HIV medicines, PrEP or other commodities

Provision of services during COVID



Social distancing during Peer educators monthly meeting

- All drop in centres open (but close earlier due to curfew) providing essential HIV prevention and treatment services.
- The project has provided handwashing facilities
- Peer educators trained on COVID-19 prevention, provided with HIV prevention commodities
- Multi- month supply of ARVs, PrEP & condoms Most sex workers collected 3 months supply of condoms.
- Community Gender Based Violence support using paralegals
 given transport to rescue violated key pops.
- Female and male sex workers advised to avoid clients' homes
- Use of LVCT motorbikes to reach key pops. far from drop in centres with supplies & services
- Key Pops existing table banking groups supported extreme cases

Provision of services during COVID (2)

- Although safe spaces within the drop in centres are not open for crowds, clients are allowed to walk in for counselling & other services
- Mental health support through counselling in 1190
- Linkage to food distribution programs (LVCT currently fundraising internally and externally for funds for food for Key Populations)
- Shared contacts of key people in community who may provide various forms of support e.g. food, masks
- People who inject drugs locked out of Nairobi metropolis were supported with letters to facilitate access to methadone
- Mobile MAT dispensing got government approval. LVCT is working with stakeholders to support one mobile van possibly from June 2020.
- Sending bulk SMS to clients to reinforce the COVID-19 and HIV messages

"What the world needs now is solidarity.

With solidarity we can defeat the virus and build a better world."

UN Secretary-General António Guterres 31 March 2020

#coronavirus| #COVID19



CONTACT US:

Email: lilian.otiso@lvcthealth.org;

enquiries@lvcthealth.org

Facebook: LVCT Kenya

Twitter: @lvctKe

Linkedln: LVCT Health

Website: www.lvcthealth.org





Education as a Vaccine

Putting Children, Adolescents and Young People's Rights at the Heart of Nigeria's Development



Mobile Question and Answer Service (MyQ&A)

- The overall goal of the service is to encourage information seeking behaviour among young people while providing access to accurate, non-judgmental responses to Sexual Reproductive Health (SRH) issues through the use of technology in order to reduce high-risk behaviour that may lead to;
- HIV and other Sexually Transmitted Infections (STIs),
- Unplanned pregnancy ,
- Complications from unsafe abortion.
- And other sexual and reproductive health information and Non SRH information



How to Access Information from MyQ&A

▶ 3-in-1 service which allows young on HIV/AIDS & SRH counselling and referral at no cost to the user.

The service can be accessed through

- ▶ Voice call 08027192781
- WhatsApp on 08027192781
- ▶ SMS free from MTN and Airtel 38120





How to Access Information from MyQ&A

The service can also be accessed through

- ▶ E-mail- myq@myquestion.org
- Facebook www.facebook.com/myQmyA
- Web www.myquestion.org





Successes so far

- Since inception till the of 8th May 2020; 1,089,536 messages have been received from young people
- On an average we receive 10 messages daily on our WhatsApp platform
- ➤ 16,654 young people have liked and actively participates on Facebook page.
- The service was rated as on of the Six best sex education programmes around the world by The Guardian in 2016.

4 Ways

My Q has helped according to adolescents and young people in Nigeria.



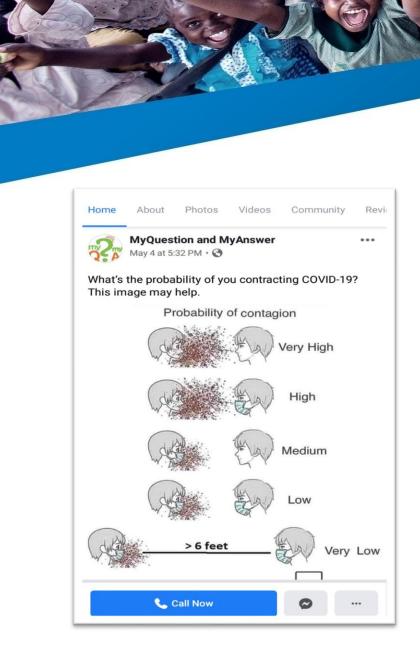


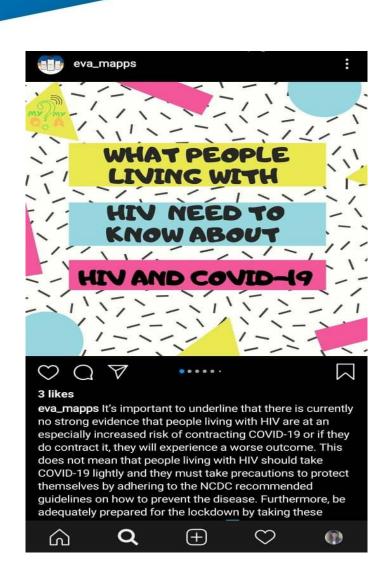
Using MyQ&A to Provide Information During the Coronavirus Pandemic

- The Service uses both its SMS platform and social media (Facebook, Instagram and WhatsApp) platform to provide information on COVID-19.
- By debunking myths and misconception about the coronavirus.
- Providing accurate prevention messages on prevention and transmission.









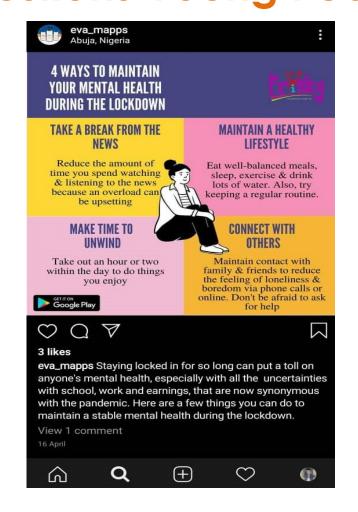




If someone has sex with a COVID-19 carrier will the person be infected even if they use condom?"
(22yrs,male)

I'm 20yrs female, what are the symptoms of COVID-19?

Is body contact a way of contracting COVID-19? (Male, 20years, Ogun State).



HIV and COVID-19 which is manageable? (21 yrs, Lagos state)

Is HIV related to COVID-19? (17yrs, Benue State)

How many countries are been infected with COVID-19 in the world?

(21 yrs, female, Taraba state)





Thank You







ADAPTATION OF THE CATS MODEL DURING COVID-19

COVID-19 AND HIV: CONTINUING SERVICES WITH AND FOR MARGINALISED PEOPLE

15 MAY 2020





THE PROBLEM

- Children, Adolescents and Young People living with HIV (CAYPLHIV) experience late diagnosis and disclosure, higher rates of loss to follow-up, poor adherence, and less viral suppression than adults.
- Improvements in paediatric and adolescent-focused policy, funding and service delivery is resulting in improved outcomes for CAYPLHIV.
- COVID-19 directly threatens to reverse the gains made in HIV testing, treatment, care and support for CAYPLHIV.
- A rapid assessment of 25,045 CAYPLHIV registered in Zvandiri was conducted to establish their access to HIV medicines, adherence, health, well-being and safety.
 - **128** clients do not have HIV medicines
 - **1,230** clients only have one week of HIV medicines left
 - 116 are due for Enhanced Adherence Counselling in April and May
 - Widespread mental health risks
 - Lack of age and developmentally appropriate **information** on COVID-19, HIV and ARVs



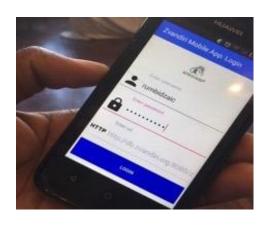
OUR RESPONSE: ADAPTATION OF THE COMMUNITY ADOLESCENT TREATMENT SUPPORTERS (CATS) MODEL











Home Visits



Joint Home Visits Clinic-based Support



Support Groups



MHealth





Virtual Case Management

Conducted by Zvandiri Mentors

Virtual Case Management

e-Support Groups

Continued

INFORMATION SHARING

GOAL: CAYPLHIV have access to peer-led, evidence-based, developmentally appropriate information which

- Supports them to make informed, safe decisions about their health and well-being
- Supports positive mental health



- Also targeting caregivers, health care workers and faith leaders
- Developed in variety of formats and languages (film, comic strip, fact sheets)
- Disseminated by WhatsApp / SMS, radio and TV
- Issues covered include COVID-19, HIV and ART, mental health
 - Coming up: Testing, SRHR, TB, SGBV, Child Protection and PMTCT.





VIRTUAL CASE MANAGEMENT

GOAL:

- CAYPLHIV continue to be engaged, monitored and supported with adherence, retention and positive mental health.
- Red flags are identified early and managed appropriately

CATS are assisted by Zvandiri Mentors to manage their individual caseloads through WhatsApp/SMS:

- Updates on when and how to collect ART from clinics
- ART and adherence monitoring and support, including adherence counselling
- Active screening for signs and symptoms of possible COVID-19
- Psychosocial support and mental health 'check ins'
- Screening, identification of red flags and referral (.e.g. lack of ART or other medication, ill health, psychological distress, SGBV, abuse, PMTCT



COMMUNITY OUTREACH

GOAL:

- CAYPLHIV have continued access to ART and other essential services
- **Cessation of home visits by CATS**
- Remote, joint planning and response with health facilities and other community cadres for:
 - Tracking and tracing of CAYPLHIV not attending ART refill
 - EAC for CAYPLHIV with high viral load
 - Community ART delivery for those unable to access clinic
 - High risk cases ill health, protection, mental health cases
 - Targeted community HIV self testing kit distribution
- Led by Zvandiri Mentors, with remote support from CATS





E-SUPPORT GROUPS

GOAL:

- Continued opportunities for CAYPLHIV to engage with peers, and to continue learning, sharing and supporting each other
- Reduce social isolation and promote positive mental health
- Physical support groups have been adapted to run as virtual support groups
 - Facilitated by the Zvandiri Mentor
 - Topics informed by group members and include COVID-19, HIV, ART and adherence, mental health to date
 - Coming up: SGBV, SRHR, Disclosure and PMTCT.
 - Support group sessions are held twice a month

E Support Group: Session 1

Understanding COVID-19

This session will focus on supporting young people to understand COVID-19, how to protect themselves and how to support others.

The session is based on the short animation and pdf comic strip developed by Zvandiri and MoHCC – 'Fatima talks about COVID-19'.

Prior to the Session:

 Share the animation and pdf comic strip with all participants (the content is the same so the facilitator can share whichever is most accessible for the e support group members)





- Ensure the correct language versions are shared with the group depending on their needs. (English, Shona and Ndebele are available for the comic strips)
- · Confirm everyone has been able to read or view the material prior to starting the session.

Group Session

- . Be sure to start the group on time as agreed with the group members
- . Once everyone has joined the group, welcome people to the session
- · Start with a game or warm exercise
- Remind everyone of the group rules around confidentiality, respect and privacy
- . Introduce the topic and ask the group to share what they know about COVID-19
- . Check people have had a chance to watch or read about Fatima and COVID-19
- Explain that the discussion today will focus on the information shared by Fatima about COVID-19. Guide the group through a series of discussion points as follows:

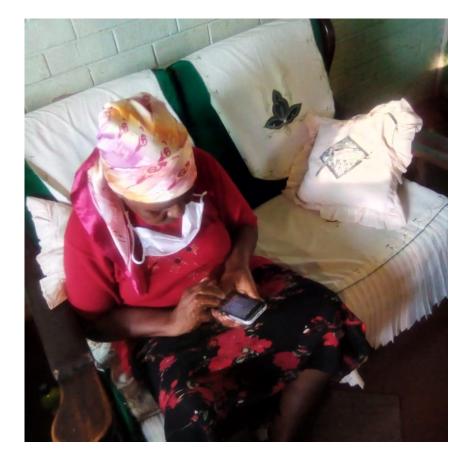




CAREGIVERS

GOAL:

- Continued information and support for caregivers of CAYPLHIV
- Improved support for CAYPLHIV and caregivers' own health and well-being
- Support groups adapted to e-Support groups for caregivers of **CAYPLHIV**
- Delivered through WhatsApp for caregivers in phased approach
- Groups focus on a range of topics including:
 - COVID-19
 - Access to chronic medication which they may require
 - Coping with stress, anxiety, depression
 - GBV during epidemics and disasters; violence prevention and response
 - Supporting the health, well-being and ART adherence for CAYPLHIV
 - Linkage to services as needed (e.g. food insecurity, protection services)



KEY LESSONS LEARNED

- Zvandiri a multi-component, differentiated service delivery model is adaptable and relevant during an emergency
- Flexibility of donors for realignment of funds and re-programming enabled rapid response
- Continued engagement with MoHCC for leadership and coordination is critical
- Collaboration with health facilities and other partners is essential for a coordinated response
- Different community cadre engagement is key to reaching out CAYPLHIV.
- Virtual services cannot reach all CAYPLHIV those without phones, power, connectivity
- An electronic case management tool enables virtual case management, tracking, monitoring and evaluation
- We continue to learn!



THANK YOU





























Confédération suisse Confederazione Svizzera Confederaziun svizra

Schweizerische Eidgenossenschaft





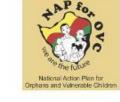






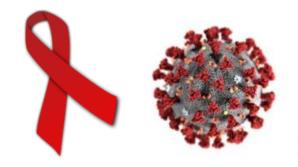








In Memory of Maria 22 years old







AMS INNOVATIONS IN SERVING PEOPLE LIVING WITH HIV DURING THE COVID-19 CRISIS

Presenter: Dr. Pasquine N Ogunsanya

Date: 15/05/2020

COVID-19 AND HIV

- Uganda made huge strides in reducing HIV and its burden to the population, with a 60% decline in AIDS-related deaths and 36% in new HIV infections between 2010 and 2018.
- COVID-19 could cause serious damage to these gains, and disproportionately affect vulnerable and marginalised populations.
- The travel restrictions, physical distancing, curfew and fear have adversely affected Access to treatment and other essential services.
- Therefore innovations are needed to ensure uninterrupted care and treatment for vulnerable and marginalised PLHIV and the prevention of new infections and deaths.

What are People living with HIV saying?

"Trying but not easy,
was meant to come to
clinic on Tuesday but I
was refused by the
police. It was quite hard
to explain myself to the
police since there were
many people and they
were just beating us."

"No way out, situation is very bad, we are having one meal, I have started selling fried cassava, ART am okay because I managed to get medicine from the clinic, no longer having 3 meals."

"I am no longer working since restaurants closed and it's where I was working, ART I have but can't take it since its strong and I have no food."

NEEDS AND IMPACT OF COVID-19 ON PEOPLE LIVING WITH HIV

- Transport for Peers to reach members.
- Delivery of HIV prevention services at home.
- COVID-19 infection prevention supplies:
- HIV testing services; self testing kits
- HIV treatment delivered at home; ARVS and other meds
- Psychosocial support.
- Trainings on COVID-19

OUR INNOVATIONS

Social media to sensitize and educate on COVID-19 and HIV, SRHR and GBV.

Provision of

Nutrition support

Line listing and mapping where PLHIV live, and appointments

ALIVE MEDICAL SERVICES INNOVATIONS

Virtual delivery of Psychosocial support services Delivery of HIV prevention services at home

Delivery of HIV testing and treatment services at home

THANK YOU

