



ENSURING CONTINUATION OF ESSENTIAL DREAMS SERVICES IN WESTERN KENYA DURING COVID-19

On January 30, 2020, the World Health Organization (WHO) declared that the outbreak of the novel coronavirus (COVID-19) constituted a Public Health Emergency of International Concern, and declared it a pandemic on March 11, 2020. Countries around the world responded by implementing measures to curb the spread of the virus, though strategies have varied widely, largely dependent upon resource availability and political will.

High-HIV-prevalence settings present an especially precarious situation, with preliminary data indicating that people living with HIV are at increased risk of dying from COVID-19.¹ There is an urgent need to ensure continuity of essential HIV services, especially those designed to reach already vulnerable populations for whom COVID-19 mitigation measures (lockdowns, containment, restriction of access to hospitals, need for masks, etc.) can further constrain an already fragile support system. This brief describes how the United States Agency for International Development (USAID)/Kenya Afya Ziwani project, led by PATH, adapted the implementation of Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) programming to continue providing HIV prevention services to adolescent girls and young women (AGYW) in the context of COVID-19 in Kenya.

KENYAN CONTEXT

At the time of the COVID-19 pandemic declaration by WHO, Kenya and other countries throughout East Africa were experiencing a locust infestation at a level not seen in 70 years, potentially leading to food insecurity for millions of people in the region. Further exacerbating the challenge of the historic swarms are intense and unseasonal rains that are increasingly common and caused by climate change, which have resulted in flooding and created conditions where locusts, which thrive in moisture, continue to multiply at record rates. These dual crises along with the potential for COVID-19 to spread if not properly contained could

present Kenya with conditions that are conducive to a widescale humanitarian crisis. As of November 22, 2020, there were a total of 77,372 COVID-19 patients diagnosed and 1,380 deaths.²



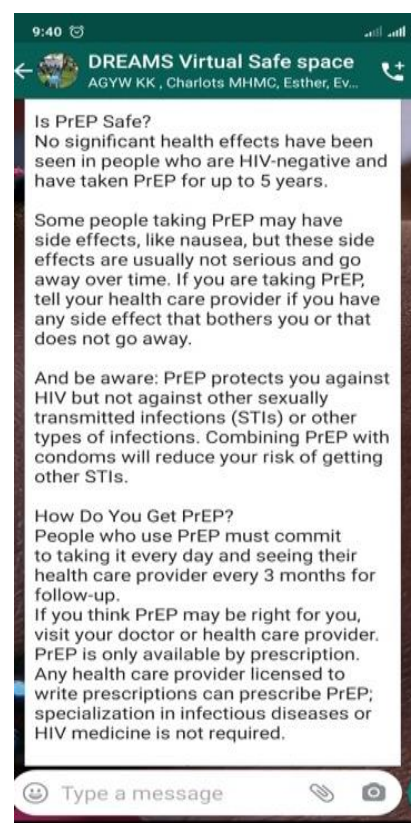
Photo: AGYW PrEP adherence support group prior to COVID-19. PATH.

The Government of Kenya began instituting measures in response to COVID-19 on March 15, 2020, which included tightening border controls, implementing a nationwide dusk-to-dawn curfew, encouraging telework, restricting public gatherings, and establishing mandatory quarantine centers. Additionally, strict social distancing requirements that limited passenger capacity for public transportation were put in place, and nonessential businesses such as restaurants, shopping centers, and bars, among others, were closed. Reflective of the global effects of the pandemic, much of Kenya's economy and workforce are at a standstill, and progress towards eradicating health epidemics such as HIV and tuberculosis is in jeopardy.

VULNERABLE POPULATIONS DURING EMERGENCIES

Though strict measures are implemented to protect public health, there can often be unintended consequences that adversely affect vulnerable populations. Reduced public transportation services burden those who need to travel longer distances for work and do not have other means of transportation. Restricting public gatherings harms the livelihoods of people employed through the informal sector who rely on face-to-face interactions. People with illnesses or experiencing serious symptoms are less likely to seek care for fear of being susceptible while at a health facility.

Gender-based violence (GBV) increases during emergencies, whether natural disasters, conflict, or pandemics, which disproportionately affect women and girls.³ Heightened tensions within households, which



Above: Screenshot of WhatsApp-based "Virtual Safe Spaces" providing information on PrEP. PATH.

may be due to economic uncertainty, social isolation, or weakened support systems, among many other factors, can lead to violence. Wider existing societal gender norms that discriminate against women and girls are a root cause of GBV.⁴

Violence itself is also a factor in increased health vulnerability, particularly for HIV, for which there is ample evidence demonstrating that GBV is a key driver of the epidemic for women and girls in sub-Saharan Africa.⁵ AGYW are disproportionately affected by and account for up to 67% of new HIV infections in sub-Saharan Africa, with about 7,000 new HIV infections each week among AGYW aged 15 to 24 years. Young women are also twice as likely to be HIV-positive compared to men. Increased HIV vulnerability among AGYW stems from various structural and social barriers including social isolation, limited education opportunities, poverty, discriminatory gender norms, and GBV. These vulnerabilities could be further compounded in the context of COVID-19. Worldwide, there has been an increase in reports of violence against women during the COVID-19 outbreak.⁶

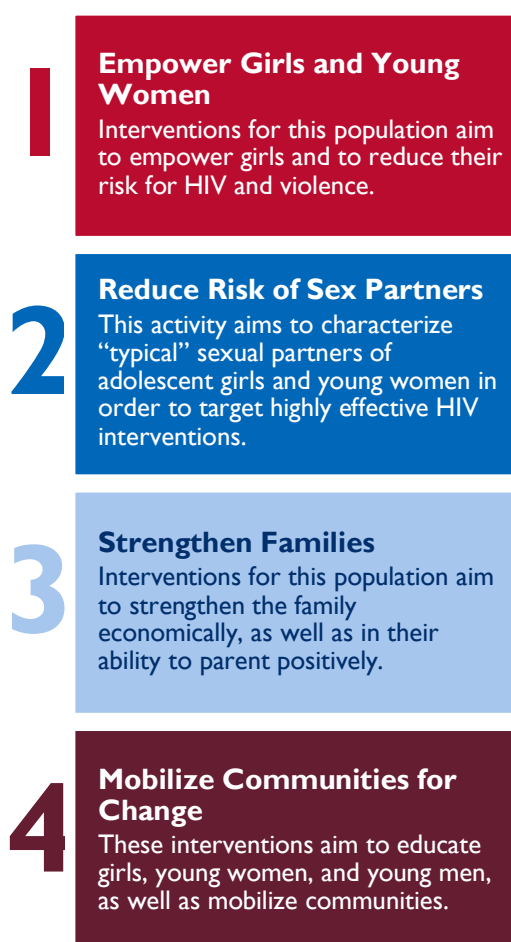
DREAMS IN WESTERN KENYA

In 2015, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and partners launched DREAMS, a public-private partnership designed to reduce the rate of HIV among vulnerable AGYW in 10 of the highest HIV-burden countries in sub-Saharan Africa.^a DREAMS offers a prescribed comprehensive core package of evidence-informed behavioral, biomedical, and structural interventions for primary HIV prevention (Figure 1). Through the Afya Ziwani project, PATH adapted DREAMS implementation in response to COVID-19 to ensure continuity of key services.

As a PEPFAR-funded USAID implementing partner in Kenya, PATH has been a leading HIV service provider engaged with key government stakeholders, local implementing partners, and community-based organizations since 1992. Most recently, PATH has worked through the USAID/PEPFAR-funded AIDS, Population, and Health Integrated Assistance plus (APHIAplus) project beginning in 2011 and operating through 2020, and through the PEPFAR-funded USAID Afya Ziwani project, beginning in 2017 and operating through 2022. PATH has been a DREAMS partner since 2016, first through APHIAplus and currently as part of Afya Ziwani, which implements the core package of interventions in Homa Bay, Kisumu, and Migori counties where HIV prevalence is 19.6%, 17.5%, and 13.0%, respectively.⁷

The DREAMS core package of interventions is designed to address the various structural drivers that increase HIV risk for AGYW, both health-related and beyond. The primary goal is to reduce HIV infections among

Figure 1. DREAMS core package of interventions.

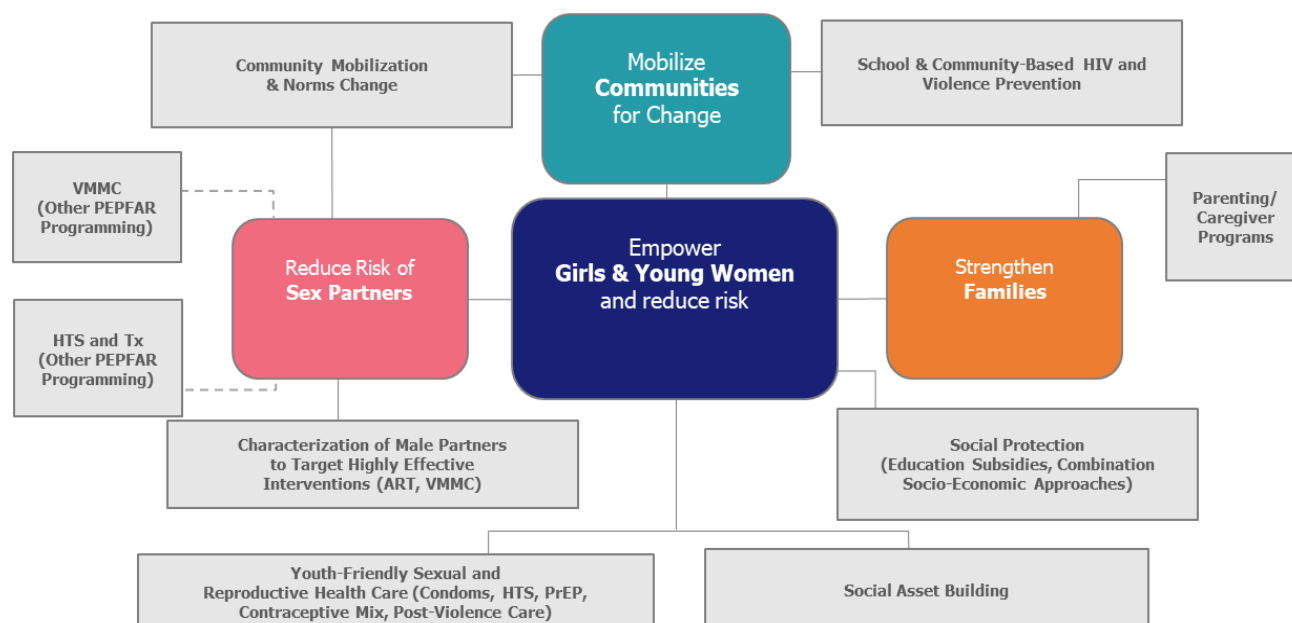


^a DREAMS later expanded to 15 countries, including Haiti.
USAID.GOV

vulnerable AGYW. The interventions target AGYW who are at the highest risk of HIV infection, their male sexual partners (MSPs), families, and communities. Key to the implementation are DREAMS ambassadors and mentors. Ambassadors are AGYW peers who are enrolled in the program and represent the views of AGYW. Mentors are older and ensure that their group of AGYW receive their intended package of services and sometimes lead evidence-based interventions (EBIs) and other support to ensure and track AGYW participation.

Figure 2 illustrates the categories of “layered” interventions, or multiple interventions that are offered simultaneously, to address the various risks that increase vulnerability. For example, school dropout for female students often translates to increased HIV risk in many contexts. The cash transfers, which were previously offered on a time-limited basis, and education subsidies are intended to support school retention for the most vulnerable girls and their families, thereby reducing one contributing factor to vulnerability. For those who are out of school, interventions offered include entrepreneurship training, microenterprise start-up support, and facilitated access to employment and internships. To address evidence that sexual violence increases HIV risk, violence prevention is a component for all age cohorts through EBIs such as SASA! and other social and behavior change EBIs. Shuga 2, for example—one of the EBIs offered—is a television drama series that was developed as a public health intervention that addresses issues affecting young people such as navigating relationships, HIV, and GBV.

Figure 2. Categories under the DREAMS core package of interventions.



Abbreviations: ART, antiretroviral therapy; DREAMS, Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe; HTS, HIV testing services; PEPFAR, United States President’s Emergency Plan for AIDS Relief; PrEP, pre-exposure prophylaxis; Tx, treatment; VMMC, voluntary medical male circumcision.

DREAMS ADAPTATIONS FOR COVID-19 CONTEXT

With social distancing measures enforced by the Government of Kenya beginning in March 2020, PATH ensures the Afya Ziwani project keeps abreast with Ministry of Health guidelines and orders, has

adapted DREAMS interventions to abide by local public health guidance, and is leveraging the program's platform to integrate key messaging alongside other health education on how to prevent COVID-19 transmission. To prepare project staff and group facilitators to integrate COVID-19 information and adapt the service delivery model appropriately, Afya Ziwani educated all project staff, mentors, facilitators and AGYW ambassadors on COVID-19 through online sessions, dissemination of informational materials in several languages and forms, and health talks by health care providers.



Photo: AGYW gather at a temporary Safe Space at a DREAMS ambassador's home in Kanyakwar village, Railways Ward, Kisumu. PATH.

SAFE SPACES

Safe spaces are physical spaces, typically within a health facility compound or community, where AGYW congregate to receive the core package of DREAMS EBIs, including crucial health information and services such as condom education, family planning, HIV testing, and enrollment in HIV prevention services such as pre-exposure prophylaxis (PrEP). To provide many of the health services, health care providers visit the safe spaces. Afya Ziwani developed two alternative safe space models to ensure participant safety and continue this core component for program delivery.

VIRTUAL SAFE SPACES

As an alternative to in-person gatherings, Afya Ziwani established virtual safe spaces led by DREAMS mentors whereby AGYW can confidentially communicate and receive telephone calls including video, send and receive text messages, and have access to dedicated social media platforms to generate demand for and provide individualized access to services. AGYW are assigned to ward-level WhatsApp groups where information is disseminated and contact information of health care providers is shared. WhatsApp is commonly used for group education, through which AGYW can have discussions about pre-exposure prophylaxis (PrEP), for example, and where local resources about COVID-19—such as government alerts and Ministry of Health fact sheets—are shared. AGYW can reach out to health care providers individually. Airtime is provided to mentors and health care providers. AGYW can use a “Please Call Me” feature on WhatsApp, which enables AGYW to send the request to mentors and health care providers after the WhatsApp sessions to reach them directly to follow up on accessing services.

During COVID-19 quarantine, 111 virtual safe spaces were created.

Virtual safe spaces provide AGYW with opportunities to schedule appointments for health services. This process can include initiating PrEP enrollment: the initial outreach is done via the virtual safe space, risk screening is conducted by a DREAMS mentor over the phone, and a follow-up in-person appointment is facilitated with a clinician for eligible AGYW to finalize the enrollment process. AGYW can also request oral HIV self-test (HIVST) kits through the virtual safe spaces, which can be delivered after pre-test

counseling and risk assessment by mentors and community health volunteers. Support for accessing other sexual and reproductive health services, such as contraceptive method mix education, is also facilitated through virtual safe spaces.

TEMPORARY “MOBILE” SAFE SPACES

Temporary “mobile” safe spaces are held in person at AGYW ambassadors’ homes, where they are set up to adhere to social distancing guidelines limited to fewer than 15 participants. These set-ups are especially well suited for AGYW who live within close proximity to each other. Afya Ziwani engaged subcounty-level local administration and security services to plan youth engagement through these safe spaces to ensure DREAMS compliance with government COVID-19 directives and also provide the opportunity to share



Photo: Chief Norah Adhiambo of Nyatoto Location in Ruma giving instructions to AGYW on handwashing procedures at the Nyatoto Safe Space. PATH.

government expectations with youth. Some sessions at the mobile safe spaces are co-facilitated by the local administration and security officers and cover topics such as GBV. AGYW have the added benefit of direct interaction with high-achieving female mentors, community gatekeepers (e.g., law enforcement and local administration), and health care providers.

The mobile safe spaces offer most of the same services as the virtual model, though the following activities are specific to in-person spaces:

- Basic gathering rules are agreed upon by all participants, which include social distancing and wearing masks; running water and soap/sanitizer are provided to everyone for use at the safe space.
- Local leaders provide AGYW with guidance on proper handwashing procedures.
- Safe space meetings are scheduled at AGYW’s convenience: groups agree on mutually convenient times; they inform the ward-level project administrator to arrange for mentor and health care provider participation, as well as health commodities such as condoms to be provided at the safe spaces.
- Anti-GBV sessions are led by chiefs, police commanders, and clinicians, where AGYW are provided with options for reporting violence to local police.
- AGYW who are enrolled in PrEP can receive refills for three months where available.
- HIVST kits are distributed on-site after AGYW receive pre-test counseling and a risk assessment. HIVST kit distribution has increased during COVID-19.

HOME DELIVERY OF HIV PREVENTION AND TESTING SERVICES

Further facilitating access to biomedical services is the option of home delivery during COVID-19. Afya Ziwani arranges for delivery of sanitary packs, HIVST kits, PrEP, and condoms to AGYW homes for those who request the services through virtual engagement or at mobile safe spaces. Providers accompany DREAMS mentors to deliver commodities to homes, provide requisite counseling, and update DREAMS databases and commodity registers.

AGYW also have the option for HIVST at home and can choose to do the test on their own or through an assisted approach where a provider explains how to use the test and helps with interpreting the result.

PrEP home delivery, being offered during the COVID-19 pandemic, is an option only for those not due for testing (required every three months) since they are tested at health facilities. Scheduled safe space or health facility PrEP pick-up is also offered.



Photo: Community nurse delivers PrEP refills to AGYW in Kolwa Central Ward. PATH.

COMBINATION SOCIOECONOMIC SUPPORT

Facilitating financial and entrepreneurial activities for AGYW is especially pertinent and vital given the economic effects of the pandemic and increased financial vulnerability. DREAMS savings groups, or *chamas* as they are known in Kenya, and village savings and loans groups meet at the mobile safe spaces. AGYW are also adopting virtual approaches for engagement by using M-Pesa,^b text messages, and WhatsApp as alternatives to the in-person meetings for groups that have more than 15 members.

To expand opportunities for AGYW engaged in income-generating activities, many have been engaged in soap-making, mask-making, and food-based businesses. The closure of markets limits the income and benefits the activities can generate, but creative entrepreneurial interventions continue to be applied. For example, AGYW have been particularly adept at creating a reliable customer base. They advertise their products and prices to their customers through Facebook and WhatsApp. Some sell products over the phone and have *boda-boda* drivers deliver items to customers, and enter into informal arrangements with some customers to repeatedly deliver certain products (e.g., *chapati* bread) over a defined period (e.g., on a weekly basis).

INCREASED MALE SEXUAL PARTNER ENGAGEMENT

Reaching MSPs is a key component of DREAMS programming intended to reduce HIV risk among AGYW by engaging MSPs in multiple ways. Outreach includes a range of approaches—from distribution of condoms and HIVST kits in areas where they gather such as *boda-boda* taxi stands to conducting anti-GBV sessions. During COVID-19, Afya Ziwani has continued conducting this outreach and partners with

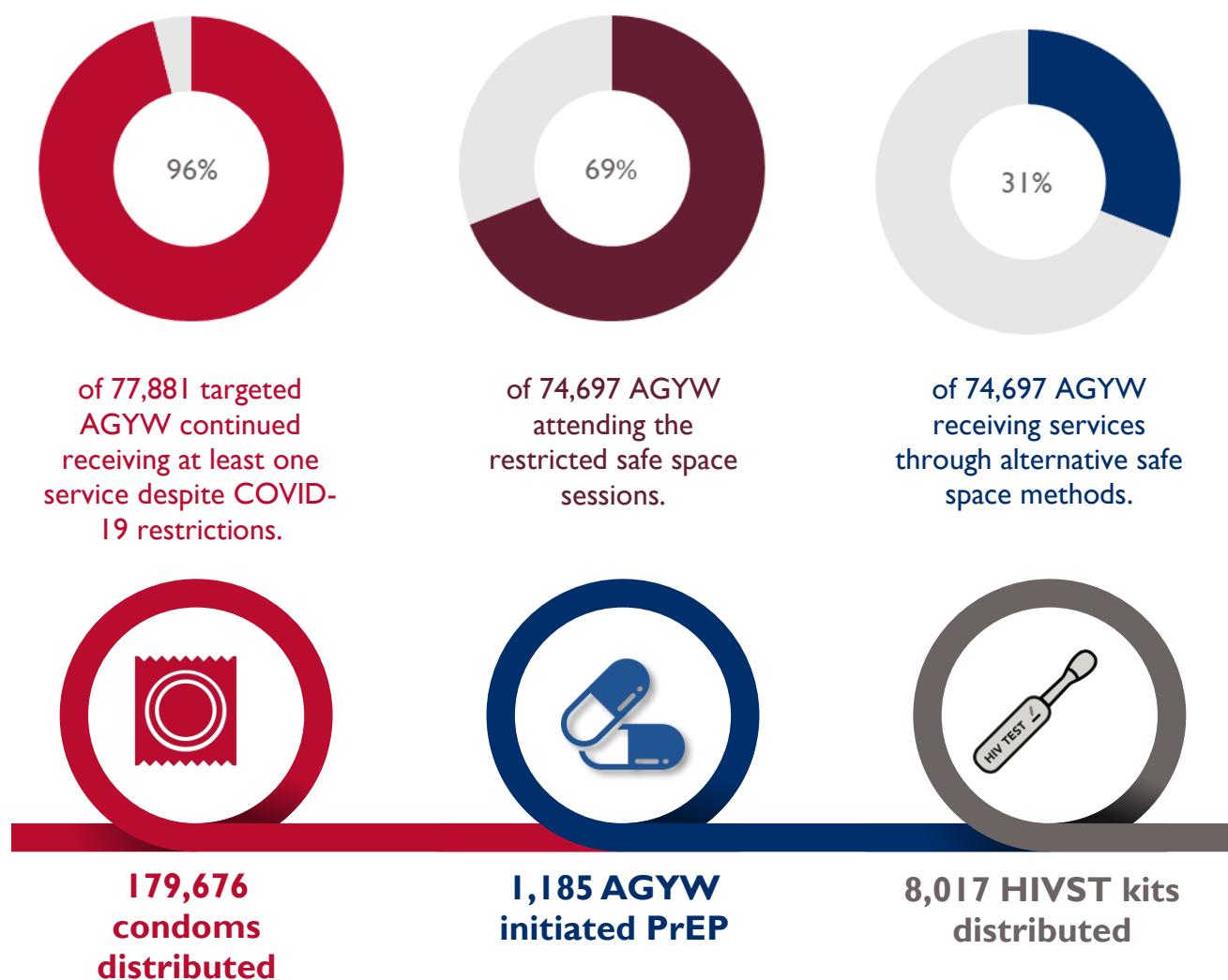
^b M-Pesa is a mobile phone-based money transfer service that is often used in micro-finance.

local administration and police for physically distant youth engagement sessions on COVID-19 education and GBV.

A key objective of MSP engagement is to reduce GBV. Prior to COVID-19, Afya Ziwani provided information that helps participants understand various types of power to better prevent GBV through community-level sessions as part of EBIs that are organized in venues like churches, chiefs' meetings, etc., and are often attended by MSPs. During COVID-19, there has been a continued and specific focus on anti-GBV messaging during MSP outreach, with local administration and police providing useful law enforcement approaches to reduce violence.

At the time that Afya Ziwani adapted its DREAMS program to continue key services, the majority of the AGYW participants had been enrolled for just over six months. Shifting how the program was implemented was crucial to keep AGYW engaged and provide essential HIV prevention, testing, and sexual and reproductive health services that will continue to meet AGYW needs through the duration of the COVID-19 pandemic.

Outcomes as of September 30, 2020:



Abbreviations: AGYW, adolescent girls and young women; COVID-19, novel coronavirus; HIVST, HIV self-testing.

¹ Nordling L. HIV and TB increase death risk from COVID-19, study finds—but not by much. *Science*. June 15, 2020. Available at <https://www.sciencemag.org/news/2020/06/hiv-and-tb-increase-death-risk-covid-19-study-finds-not-much>.

² Republic of Kenya Ministry of Health website. COVID-19 update page. Available at: <https://www.health.go.ke/#1591180376422-52af4c1e-256b>.

³ United Nations Development Programme (UNDP). Gender-based violence and COVID-19. May 11, 2020. Available at <https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/gender-based-violence-and-covid-19.html>.

⁴ CARE. Gender-based violence (GBV) and COVID-19: The complexities of responding to “the shadow pandemic”: A policy brief. May 2020. Available at https://care.org/wp-content/uploads/2020/07/care_gbv_and_covid_policy_brief-final.pdf.

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⁵ Fustos K. Gender-based violence increases risk of HIV/AIDS for women in sub-Saharan Africa. April 12, 2011. Population Reference Bureau. Available at <https://www.prb.org/gender-based-violence-hiv/>.

⁶ United Nations Trust Fund to End Violence Against Women. Impact of COVID-19 on violence against women and girls: Through the lens of civil society and women’s rights organizations. Available at https://www2.unwomen.org/-/media/field%20office%20un/fund/publications/2020/external%20brief/impact%20of%20covid-19_v08_single%20page-compressed.pdf?la=en&vs=2705

⁷ National AIDS and STI Control Programme (NASCOP). Preliminary KENPHIA 2018 Report. Nairobi: NASCOP; 2020. Available at https://phia.icap.columbia.edu/wp-content/uploads/2020/04/KENPHIA-2018_Preliminary-Report_final-web.pdf.

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