



# Differentiated Service Delivery for Key Populations

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

## Integrated HIV services for sex workers in Zimbabwe: *the Sisters with a Voice Programme*

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25 August 2021



HIV Learning Network  
The CQUIN Project for Differentiated Service Delivery



# Background

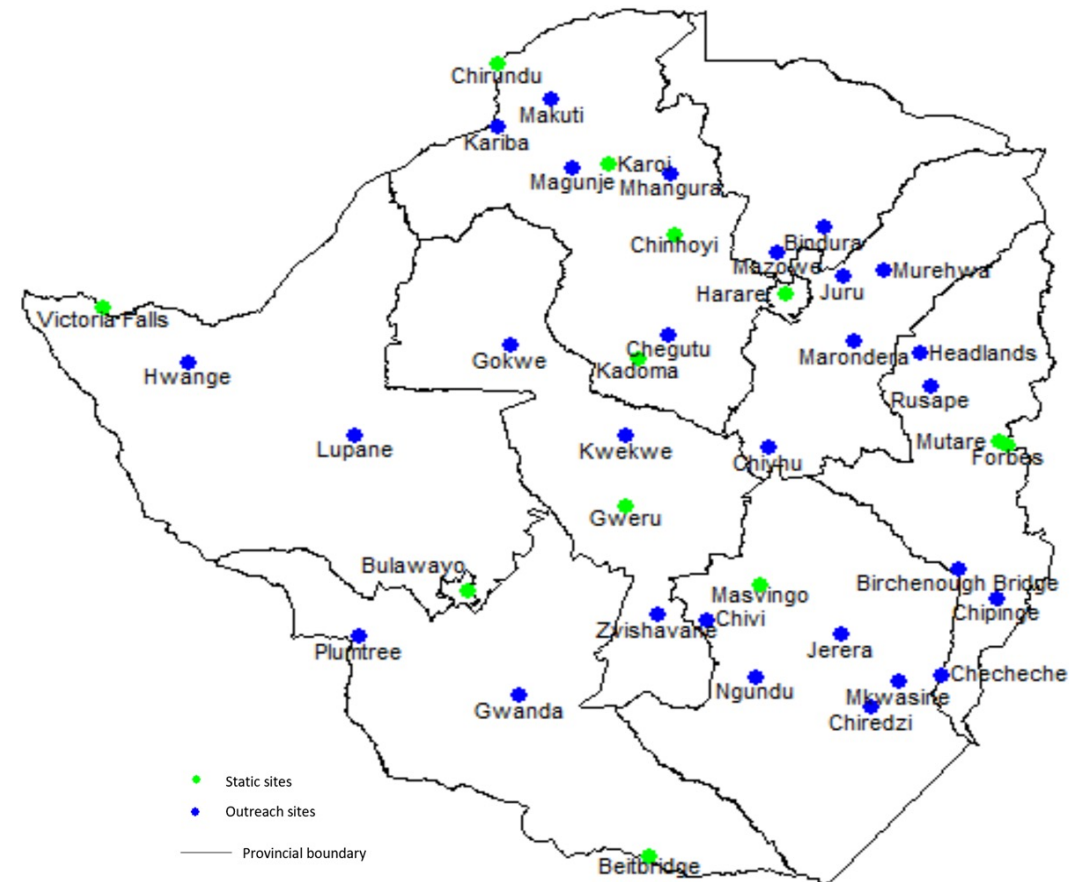
- 54% of Zimbabwean FSW are HIV infected and incidence is estimated at 5-10% per annum
- Estimated 40,000 FSW working in Zimbabwe
- CeSHHAR runs the national sex work programme 'Sisters with a Voice' on behalf of the Ministry of Health and Child Care (MoHCC) and the National AIDS Council (NAC)
- 'Sisters' provides HIV prevention and care services for sex workers (female, male and transgender) in facilities co-located within public sector facilities
- > 30,000 FSW seen in programme in 2020 (75% of 40,000 Population Size Estimate), 205 MSW and 369 TSW seen

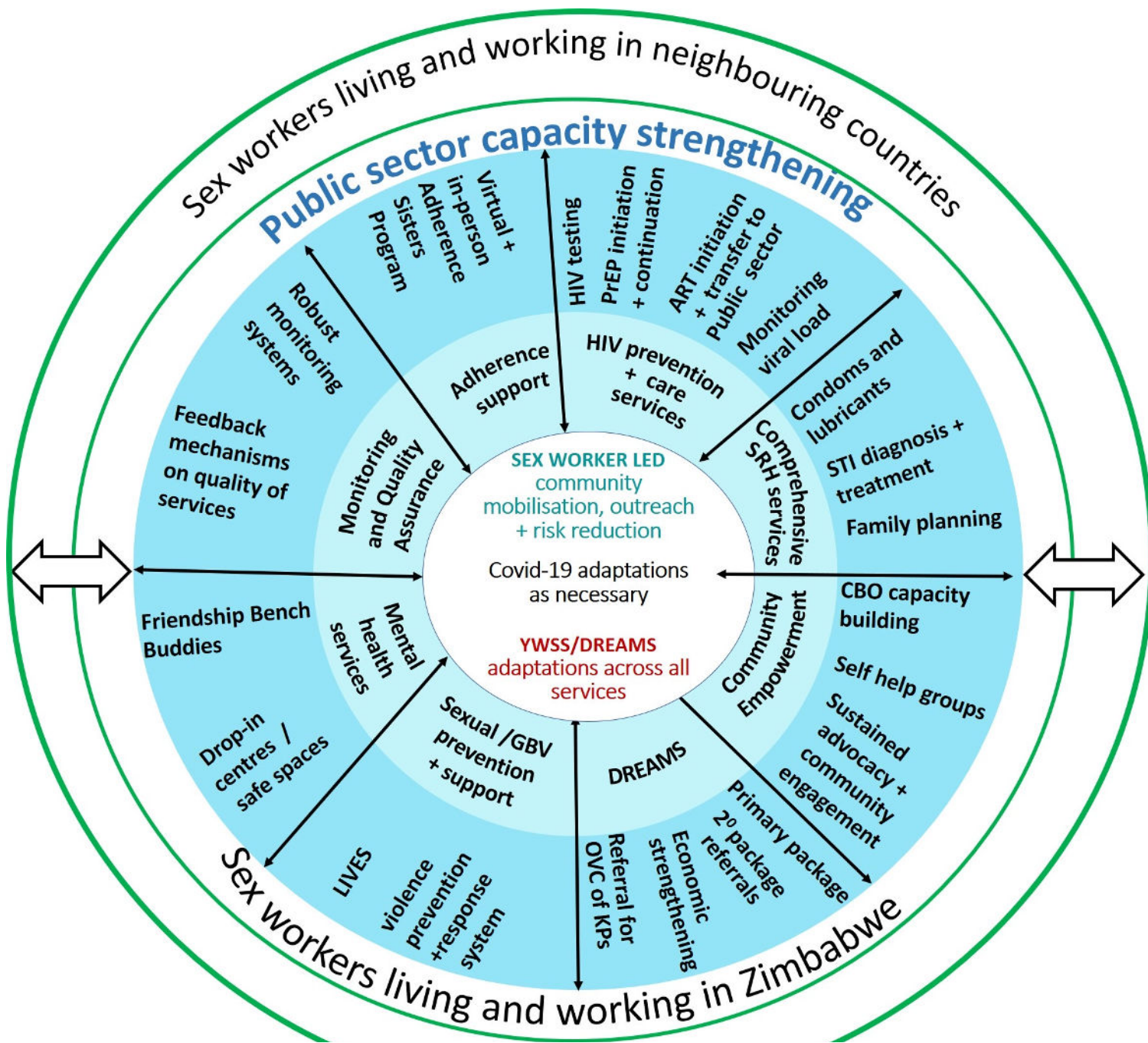
# *Sisters with a Voice* Programme Coverage

National coverage with **86 implementation sites** with extensive community-based outreach and service provision

- **12 static clinics** in major cities/towns and at major borders:
  - **34 local mobile clinic sites** within Harare, Bulawayo, Gweru, Masvingo, Mutare
  - **10 Drop-In Centres** including **6 specifically for YWSS (GiRLS Clubs)**
- **28 highway mobile clinic sites**
- SW can also access services at public health facilities and through other implementers

Zimbabwe Sisters Programme Sites





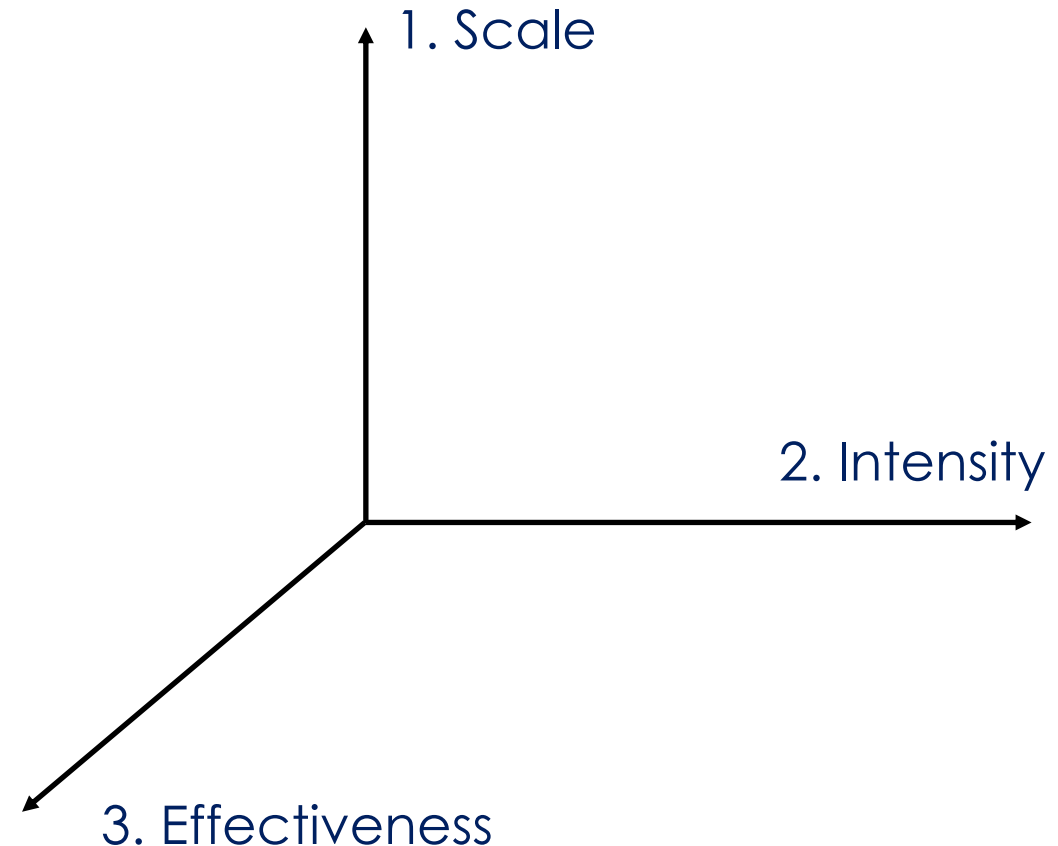
# Sisters Programme

comprehensive package of HIV prevention and care, supported by sex worker led mobilization and empowerment

facilities, drop-in-centres, community

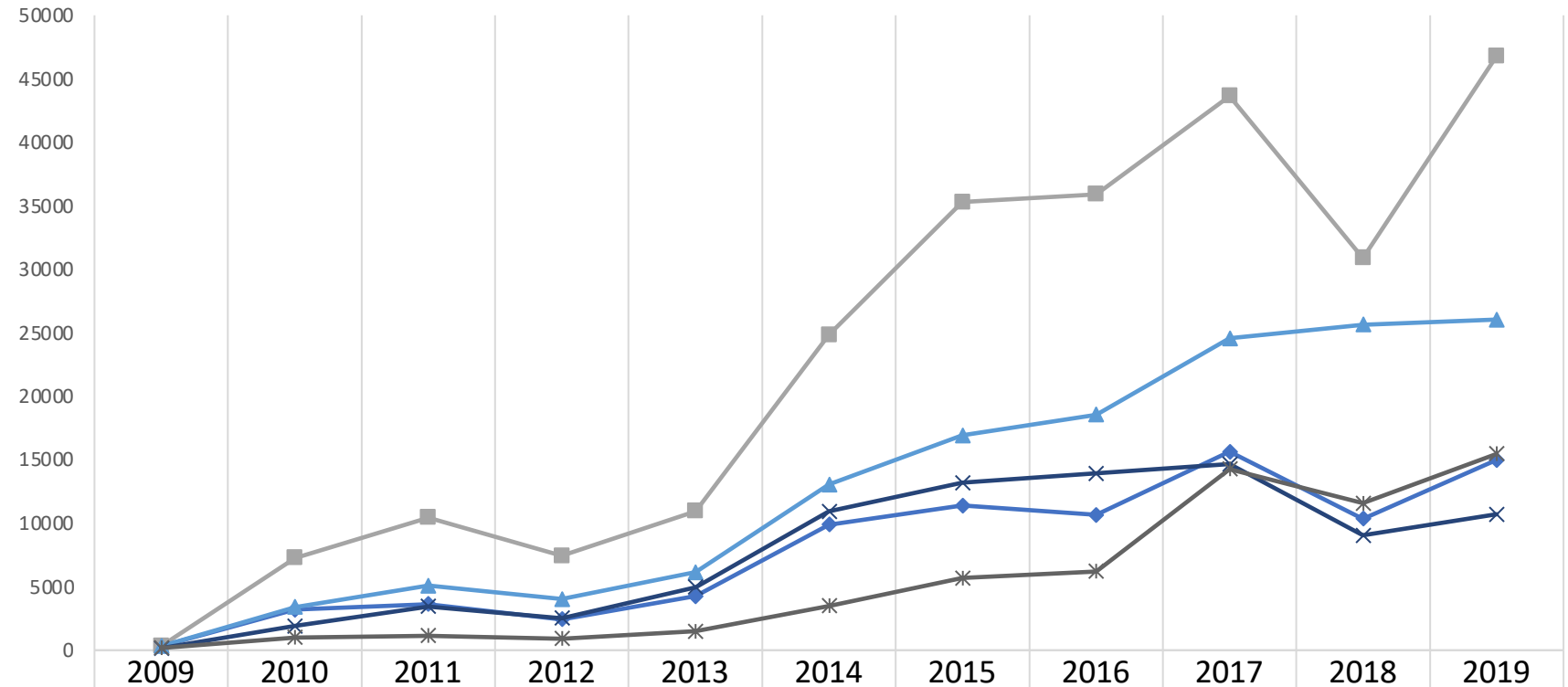
# Integrated services for SW at scale

- ▶ **Microplanning scale up** to optimise reach and engagement of SW for prevention and care services
- ▶ **One stop shop** – comprehensive services (quarterly STI screening, HIV testing, family planning, PrEP, ART (and transfer to public sector))
- ▶ **Community based provision of HIV and SRHR services** taking them closer to sex worker communities
- ▶ **Adaptations** of all community mobilisation activities and services and for **Young Women Selling Sex (YWSS)** including **DREAMS programming**
- ▶ **Strengthening structural interventions**
  - ▶ SHGs
  - ▶ Friendship Bench providing mental health services
  - ▶ Spotlight and LIVES – routine screening for sexual and gender-based violence with referrals for legal, social and health services,
  - ▶ Child protection
  - ▶ Educational subsidies – second chance secondary education and vocational training
- ▶ **Build capacity** of sex workers to lead their own services





# HIV services for FSW in *Sisters* Programme



◆ Number new sex workers seen	322	3,196	3,642	2,442	4,254	9,896	11,391	10,656	15,636	10,359	14,981
■ Number of client visits	328	7,257	10,445	7,438	10,960	24,845	35,284	35,903	43,648	30,887	46,807
▲ Total Number SW attending for a clinic visit	322	3,394	5,083	4,021	6,150	13,045	16,904	18,538	24,561	25,638	26,040
✕ Number of STI treated	162	1,895	3,439	2,523	4,975	10,932	13,189	13,914	14,662	9,031	10,688
* Number of HIV tests performed	175	996	1,145	913	1,481	3,500	5,677	6,200	14,257	11,576	15,462

# Risk-differentiated peer support

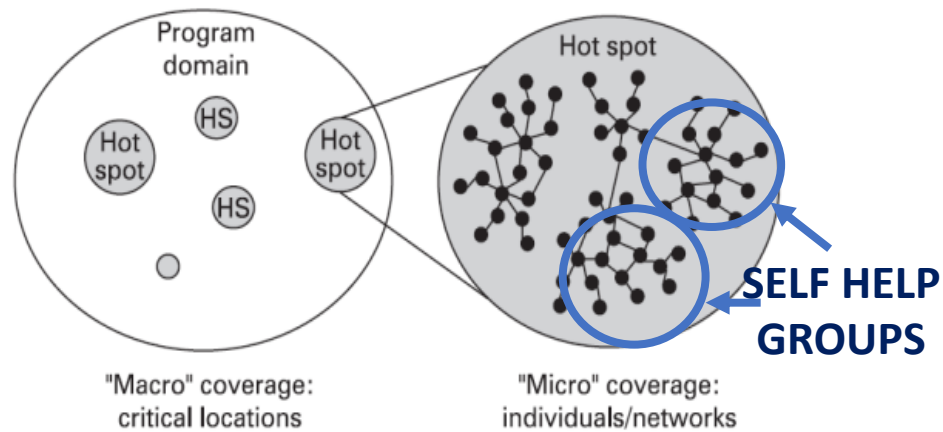


Figure Schematic representation of microplanning

RISK ASSESMENT TOOL			
Empowerment Worker Name			
SISTERS NUM		DATE	
1.	Young age (below 25 years old)	0	1
2.	New to sex work (below 6 months)	0	1
3.	High client numbers (10 and above)	0	1
4.	Inconsistent condom use	0	1
5.	Problematic drinking / drugs	0	1
6.	Problematic violence	0	1
Risk (Total Score)			

(L) LOW = 0 (M) MEDIUM = 1 – 2 (H) HIGH = 3 - 6

- Microplanning is regular, risk differentiated peer support
- Peer educators transition: generalised mobilisers for services ... ➔ actively using data from their hotspot and individual SW in their cohort to plan and execute outreach
- Clearly defined area of operation for each enhanced peer educator – the microplanner
  - each sex worker **tracked according to risk profile** allowing monitoring of who is due for clinic visit (initial and quarterly), HIV testing etc
- Microplanners are well networked peers within their hotspot ... ➔ microplan those in the area in which they work and live (not restricted by demographic characteristics)

## Activity 3: Staying Healthy Traffic Lights



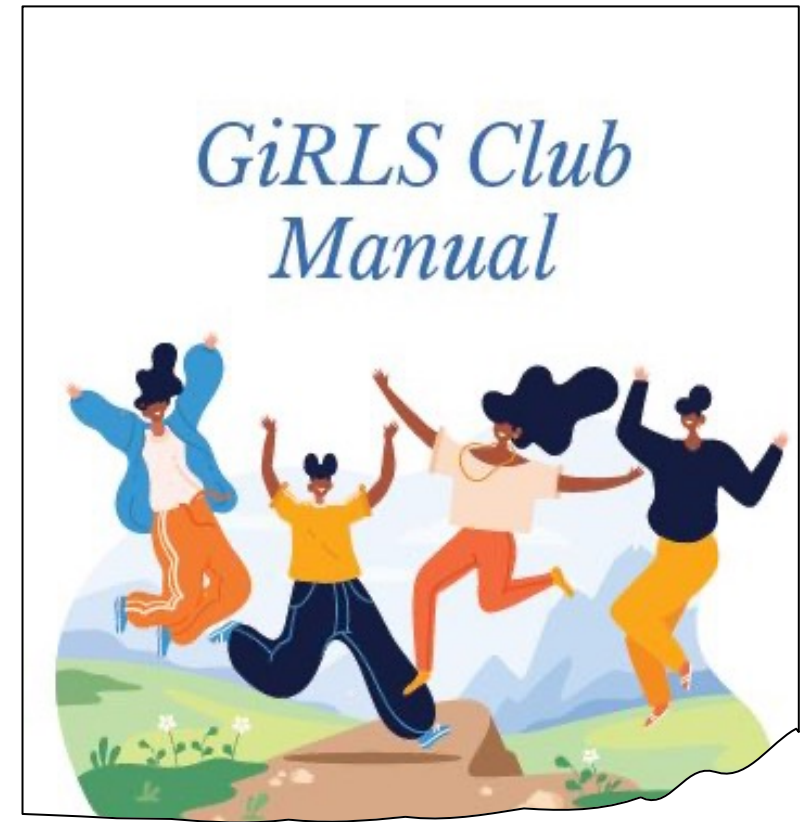
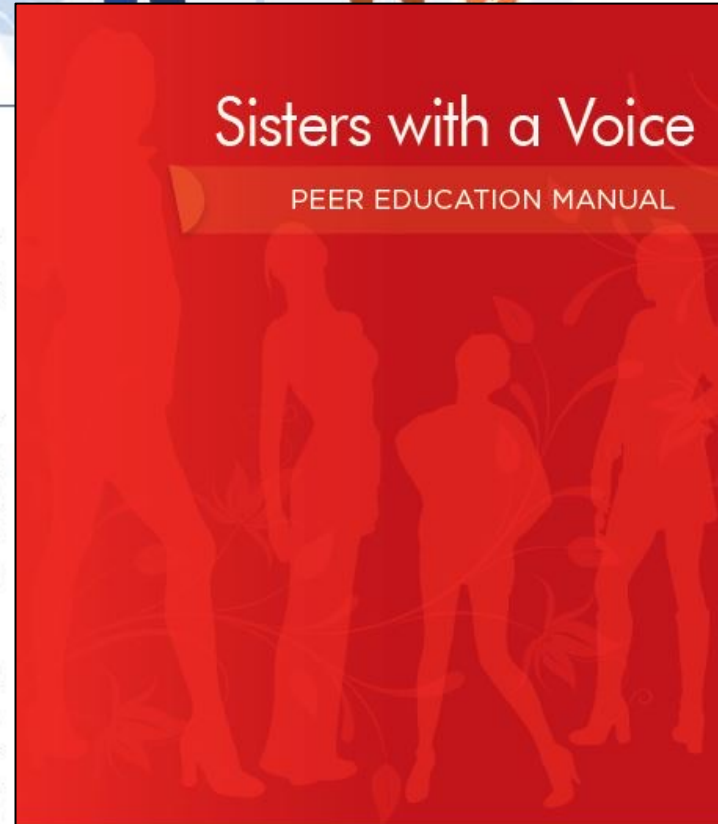
a response later.

This is a short session to review safer sexual practices. Hand out a Red, Yellow and Green card/ paper to each woman. Copy the behaviours listed below onto paper/ cards that you can hold up so everyone can see them.

Shuffle the behaviour cards and pick them one at a time at random, hold it up and read it out, and ask women to raise their Red, Yellow or Green indicator as fast as possible depending on whether they think it represents a BIG sexual health risk (RED), a partial risk (YELLOW), or is likely to be safe (GREEN).

When participants don't all agree, ask them to explain their colour choice and describe the level of risk they think the behaviour involves. There are no 100% correct answers – some risks might be interpreted differently or depend on the situation, so listen carefully. Be sure to correct any factual inaccuracies, however.

Answer questions and clarify any confusion. At the end of the activity, **hand out the answer sheet** so they have the correct answers.



# Manualized sessions for use by peers



# Scaling up risk-differentiated peer support

## Microplanning

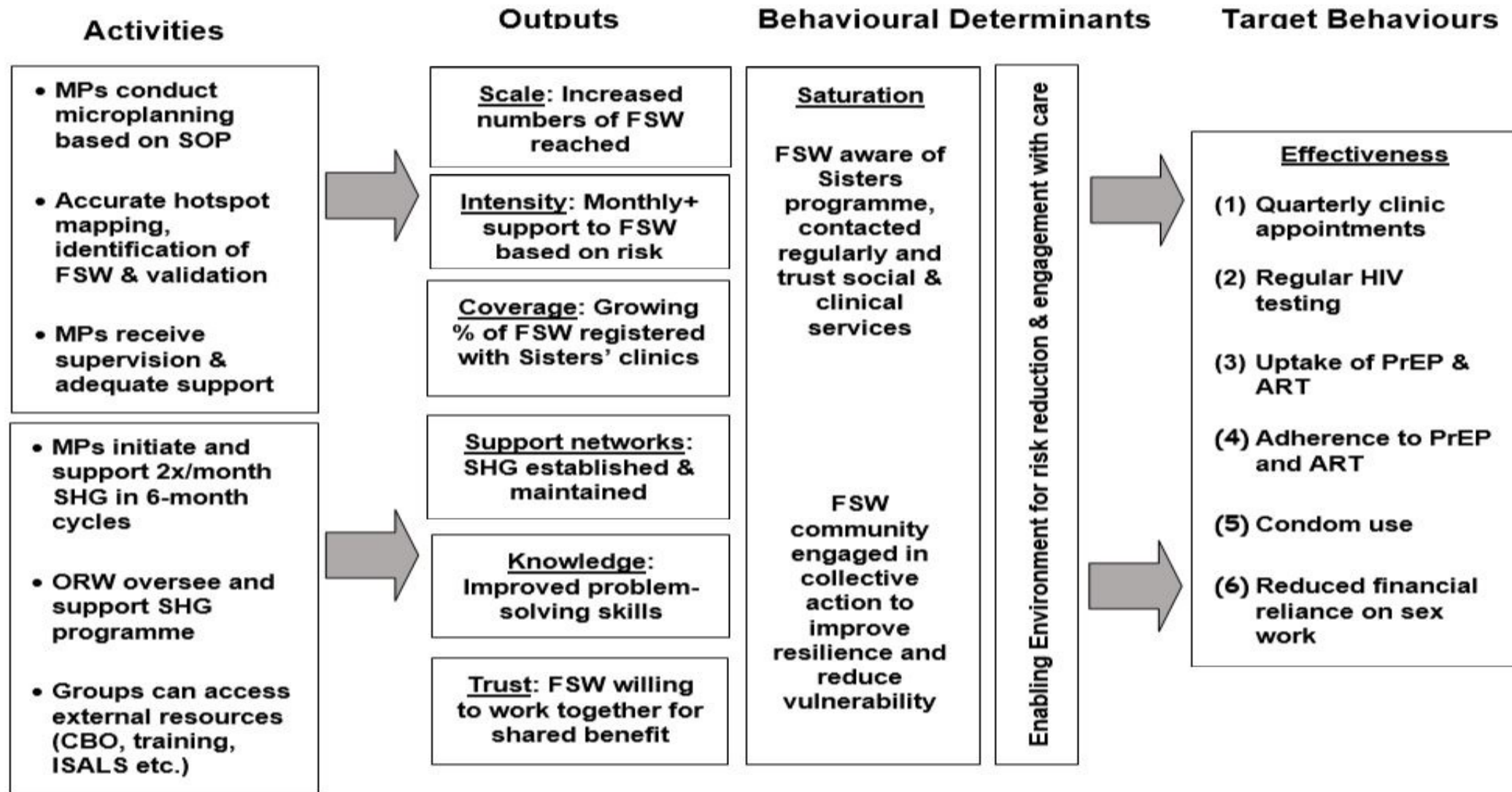
- Each microplanner supports a cohort of 50 – 70 sex workers within specific hotspots listed in their hotspot diary
- Regular risk-differentiated, individualized support for Sisters' engagement and tailored provision of condoms, support for PrEP, ART, Adherence

## Self help groups

- Biweekly peer-led, community Self Help Groups
- FSW priorities, build empowerment, social and financial resilience

- 2017 pilot **50** MPs → 2019: **185** MPs in Harare & 11 mobile sites → 2021: **645** MPs all sites
- Capacity to microplan at least **32,250 SW**
- Each microplanner equipped to run one SHG at a time with 12 – 15 members
  - Each **self-help group is facilitated to identify their own priorities** and receives support towards these.
  - SHGs provide platform for **social cohesion, economic strengthening and for promoting continuous engagement with services** with 10 000 SW targeted for enrolment in SHGs by 2022

# Improving service engagement through risk-differentiated peer support



# Comprehensive SRH and HIV services

Standard package of care delivered at all sites includes:

- **condom and lubricant provision:** increase demand and use of male and female condoms and promote consistent condom use
- **syndromic STI screening and management:** for all SW who present for services
  - evidence suggests syndromic management poorly sensitive in FSW but difficult to get aetiological diagnosis funded
- **family planning:** access to integrated short term and long-term family planning (FP) services offered to all FSW
- **HIV testing:** HIVST & PITC target SW not yet engaged in services and maintain bi-annual testing for SW engaged in services at entry point
  - index and social/risk network testing for all consenting positives
- **ART:** target 95% linkage, **PEP** when needed for negatives not on PrEP
- **PrEP:** all negative SW targeted for increased uptake and continuation on PrEP while active in sex work
- **Adherence support and viral load monitoring**







## Mental Health Services

- Mental health services integrated into comprehensive SRH, HIV prevention and care services through Friendship Bench model
- Friendship Bench: evidence based primary care psychological intervention for symptoms of common mental disorders (CMDs) (Chibanda et al 2016)
- Problem Solving Therapy delivered by trained SW peers who serve as lay mental health counsellors – 55 Friendship Bench Buddies offering in person and virtual counselling

# Community empowerment

- Capacity building of 4 SW-led community organisations (ZRC, TIRZ, TransSmart, WAAD) 2018 – 2020
- CBOs as sub-grantees in implementing community-focused HIV services
- Mechanisms to ensure that CeSHHAR receives feedback on HIV service provision to SW
- Career development path for SW and YWSS includes roles with increase responsibility and remuneration





# Successes/ lessons learnt

- **Integration (one stop shop)** is key to provision of comprehensive SRH and HIV prevention and care programmes for SW
- **Differentiated peer support** improves HIV risk reduction behaviour among FSWs (scale up to microplanning across all sites in 2021)
- **Improved HIV testing uptake** -> especially with HIV self testing scale up (14,257 FSW tested in 2017 to 21,034 tested in 2020)
- Improved condom use and consistent condom use in FSW likely contributing to **reduction in STIs** (14, 662 FSW treated in 2017 to 10, 688 in 2019)
- **Addressing the structural determinants** of SW' high HIV risk and inconsistent condom **is key** - includes programming for SGBV prevention and support and common mental disorders



# Challenges

- Growth in resources not keeping pace with increase in demand for services during scale up – dips in outputs during funding interruptions
- High staff attrition in public sector hinders capacity strengthening and plans for transitioning programme to MoHCC facilities
- Limited operation space in co-located facilities – consultation rooms, waiting areas - quality of services affected
- Multiple implementers in certain high-volume districts such as Harare with incentives offered for uptake of certain services *e.g.*, testing, PrEP results in siloed service uptake with benefits of comprehensive service provision model lost

# Summary

- ‘Sisters’ provides **comprehensive HIV prevention and care services for sex workers** on behalf of MoHCC and NAC in 86 implementation sites co-located with public sector facilities countrywide
- Scale up of microplanning - risk-differentiated peer support – to **improve coverage and effectiveness of peer support**
  - Sex worker led mobilisation and empowerment through 645 microplanners
- Focus on **addressing structural determinants** with interventions for SGBV and mental health service
  - SHGs provide platform for social cohesion, economic strengthening and continuous engagement with services

# Acknowledgements

- **Zimbabwean sex workers in their diversity**
- TIRZ, TransSmart, WAAD, ZRC
- City Health Departments across Zimbabwe
- Population Services International - Zimbabwe
- Friendship Bench Project Zimbabwe
- Liverpool School of Tropical Medicine
- London School of Hygiene and Tropical Medicine
- MeSH Consortium
- Erasmus University



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