Differentiated Service Delivery for Key Populations

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Sex Worker-Led Treatment Models: TASO Soroti Region Case Study

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

THE AIDS SUPPORT ORGANISATION TASO HIV

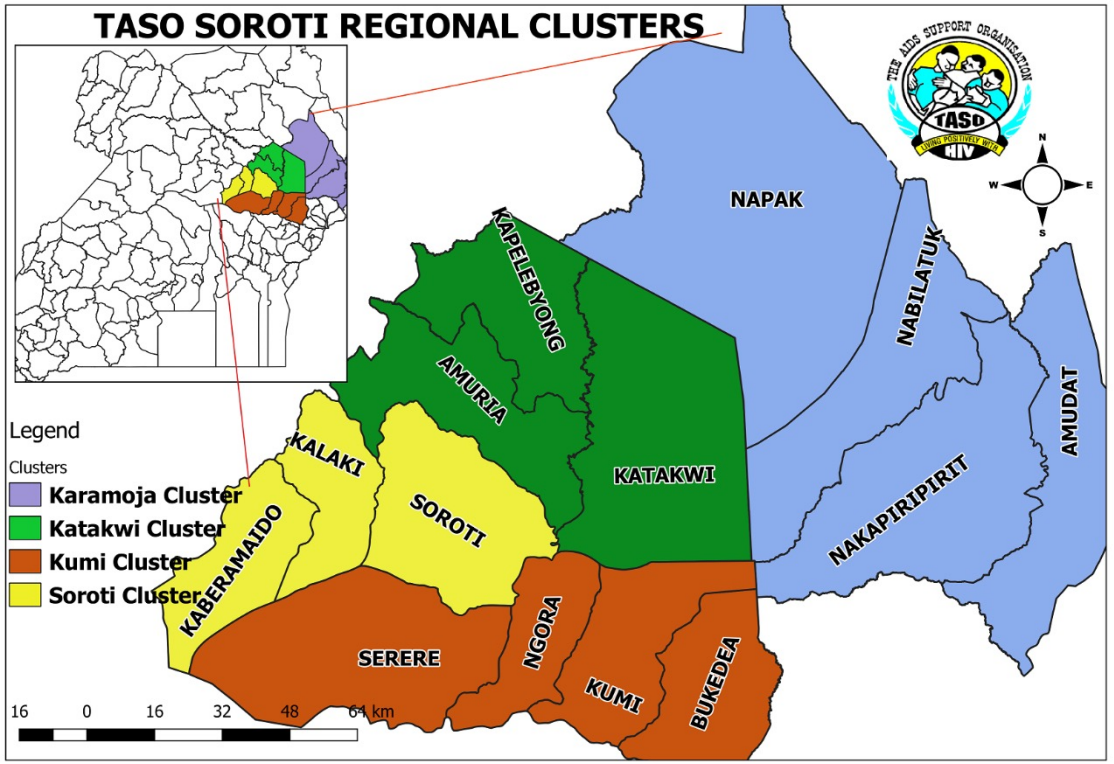
CDC Centers for Disease Control and Prevention

SOUTH TO SOUTH LEARNING NETWORK
The HIV Prevention Interchange

The AIDS Support Organization (TASO)

Overview of the TASO Soroti Regional Mechanism

- **Five Year Project:** Started 04/01/2017
- **Purpose:** Achieve Epidemic Control through attainment of 90-90-90 UNAIDS targets by 2020 and strengthening health systems in Soroti Region under PEPFAR.
- **Catchment:** 10 Districts in Soroti Region and 4 in Karamoja
- **Clustered approach:** 4 clusters of Kumi, Soroti, Katakwi and Nakapiripirit



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The AIDS Support Organization (TASO)

TASO Soroti Region project provides comprehensive HIV services to:

- Key populations (FSWs, MSM, PWID, transgender)
- Priority populations
- Fisher folk, truck drivers, uniformed services personnel, partners of SWs
- Mobile populations (migrant workers)
- AGYW (aged 10-24)
- Serodiscordant couples
- People using PrEP all the above categories

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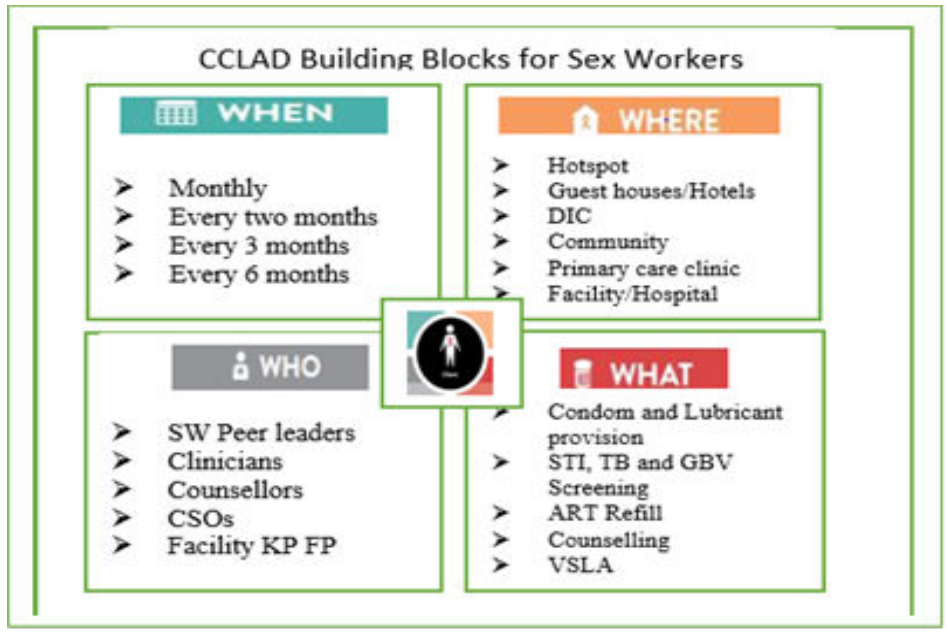
Sex Worker-Led Treatment Model

- With the roll out of DSDM in the facilities where SWs access services, it was realized that SW Peers can be instrumental in sharing the Community Client Led ART Delivery (CCLAD) model with fellow SWs.
- TASO Soroti Region Project trained health workers in the 17 KP Health facilities on how to support SWs who are stable on ART to access treatment through CCLAD.
- This helps to decongest health facilities and support SWs to adhere and improve retention as they are served at community level conveniently
- SW-CCLAD groups - Katakwi (2), Kaberamaido (1), Amuria (1) and Soroti (3)Districts = led by Sex Worker Peers.

The Community Client Led ART Delivery (CCLAD) Model



DSD for Sex workers refers to various ways of providing HIV prevention, care and treatment services that are tailored to the needs and preferences of Recipient of care (ROC) with the aim of enhancing retention, maintaining good clinical outcomes and improving efficiency in service delivery.

The core principles of differentiated care are:

- Client-centered care
- Improved health system efficiency

- CCLAD is a group of stable clients (3-6 members) who have consented to pick ARVs on a rotation basis from the facility residing in the same locality in the community.
- A group is composed of ART SW clients guided by Health Worker with a SW group Leader who meet in the community monthly
- Stable clients are SWs who have been on ART for 6 months plus, have good adherence >95%, not on intensive phase of TB treatment and on same regimen for at least 6 months, not pregnant and should be virally suppressed.
- Within 6 months each member must have visited the facility for clinical review, Viral Load Monitoring and 3 months for drug pickup on rotational basis.
- Training of CCLAD group leaders on their roles and utilization of tools and health education every 3 months in the community sustains capacity for them.
- To maintain retention despite mobility, each SW client has 3 confidants declared with consent who can easily provide information about the client, Peer leaders use Peer Diaries to track SWs in each Hotspot or community group.
- Peer Leaders , VHTs and KP CSOs support the delivery of TPT and screening of SWs, provide condoms, lubes and sensitize on Family Planning.
- Adherence and RVLM are supported through use of peers and use of VL tracking log at the facilities, Peer leaders are trained in basic counselling skills to conduct IAC and support to SWs.

SW Participation in CCLAD Model

District	KP Facility Sites	On ART	No. CCLAD Groups	No. of SW in CCLAD Group	% SW in CCLAD Group	SW in FTDR	SW in FBIM
Amuria	Amuria Hospital	6	1	6	100%	0	0
Bukedea	Bukedea HC IV	14	0	0	0%	11	3
Kaberamaido	Ochero HC III	54	1	6	11%	48	0
Katakwi	Toroma HC IV	12	2	12	100%	0	0
	Katakwi Hospital	7	1	6	86%	1	0
Kumi	Kumi HC IV	60	0	0	0%	55	5
Serere	Serere HCIV	13	0	0	0%	13	0
Soroti	SRRH	32	0	0	0%	32	0
	TASO Soroti Clinic	54	1	6	11%	46	2
	Kichinjaji HC III	144	2	12	8%	125	7
	Western Div HC III	5	0	0	0%	5	0
	Princes Diana HC	20	1	6	30%	14	0
IM		**421**	**9**	**54**	**13%**	**350**	**17**

- KP sites are facilities that are given KP targets to serve KPs as well as other clients
  - With services like HTS, HIV Care and Treatment, TB services, Viral Load monitoring and psychosocial services.
- 41% of the KP sites support the SW CCLAD model
  - Health workers are trained on how to form and support the groups.
- 13% of SW at these sites are getting treatment under CCLAD model
  - 83% are in the fast-track drug refill model (FTDR)
  - 4% are in the facility-based individual model (FBIM)
- There are 9 SW led CCLAD groups across 7 KP sites in the region for now, but more SW are being prepared to join

Experience and Lessons Learned – 1

- There is good adherence at >95% for the CCLAD Recipients Of Care compared to those outside CCLAD groups at 85%
- Retention at 100% for CCLAD HIV positive SW against 68% for other categories- peer support enhances retention
- VL coverage is at 100% for CCLAD group SW as compared to 80% for non-CCLAD clients
- VLS at 90% for CCLAD versus 86% for non-CCLAD clients
- This has supported VL coverage and by June all SWs on ART in Katakwi, Kaberamaido, Amuria and 3 facilities in Soroti district were virally suppressed.
- SWs using this model have improved follow up and bring back to care initiatives as they support their peers to remain in care.
- Behavioral change approaches are emphasized and sensitizations for GBV issues and appropriate referrals

Experience and Lessons Learned – 2

SW groups have developed beyond the CCLAD model:

- Have become groups for psychosocial and economic support.
- Include HIV-negative SWs who are on PrEP
- HIV-negative SW have joined the groups in their weekly meetings for savings and loans initiatives to support themselves in livelihood projects.
- There is reduction in vulnerability as a result of synergy and wealth pooling-promotes savings culture
- Line listing of potential clients for SNS, HIV testing is always easy with these groups.

Conclusions

- CCLAD has better outcomes in prevention, care, treatment and retention for Sex workers since these are mobile groups whose retention in care is always a challenge to the service providers.

- It's a good support mechanism which can be harnessed to support the SWs in a more comprehensive approach including sustainable livelihoods projects.

- With scaled up CCLAD model, SWs will be empowered to form more groups into advocacy groups that will help them to lobby for more support and quality care for the KPs.

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