



CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Session 6c: Key Populations 2: DSD for Sex Workers

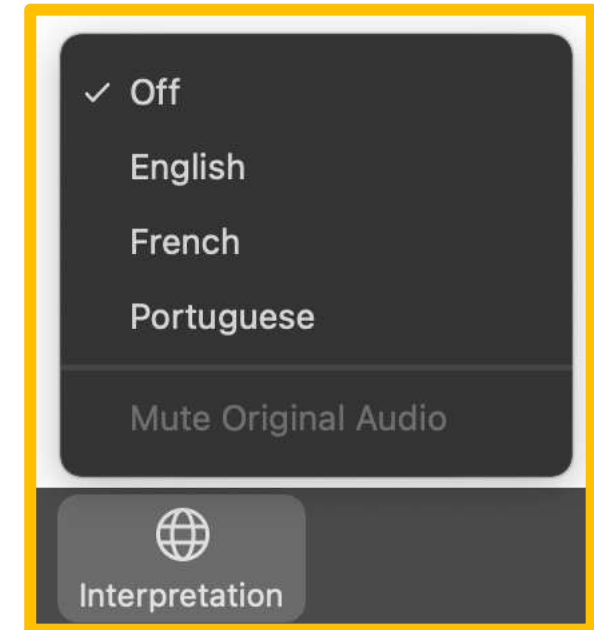
Wednesday, November 17, 2021



HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Welcome/Bienvenue/Bem-vindos

- Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.
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Moderators



Cassia Wells
Senior Technical Advisor & KP Lead
ICAP at Columbia University



Paranita Bhattacharjee
Director, Programme Delivery
South-to-South Learning
Network (SSLN)

Session Agenda

1. Presentation by Helen Savva, CDC South Africa (15 min)
2. Presentation by Macklean Kyomya, AWAC, Uganda (15 min)
3. Presentation by Primrose Matambanadzo, Sisters with a Voice, Zimbabwe (15 min)
4. Panel discussion (20 min)
 - Grace Kamau, African Sex Workers Alliance;
 - Pascal Macharia, HOYMAS Kenya;
 - Zerihun Hika, Ethiopia FMOH
5. Audience Q&A (15 min)

Panelists/Panélistes/Painelistas



Helen Savva
Key Populations Team Lead
CDC South Africa



Kyomya Macklean
Founder and Executive Director of
Alliance of Women Advocating for
Change (AWAC) Uganda



Primrose Matambanadzo
Leader of the National Sex Work
Programme "Sisters with a Voice"
Zimbabwe



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Data Drives Decision Making among HIV Services for Sex Workers in South Africa

Helen Savva

Key Populations Lead, CDC South Africa

17 November 2021



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Sex Workers in South Africa

South Africa Overall Data

- Population Size Estimate: 124,000
- Estimated HIV Prevalence: 58%

Cape Town

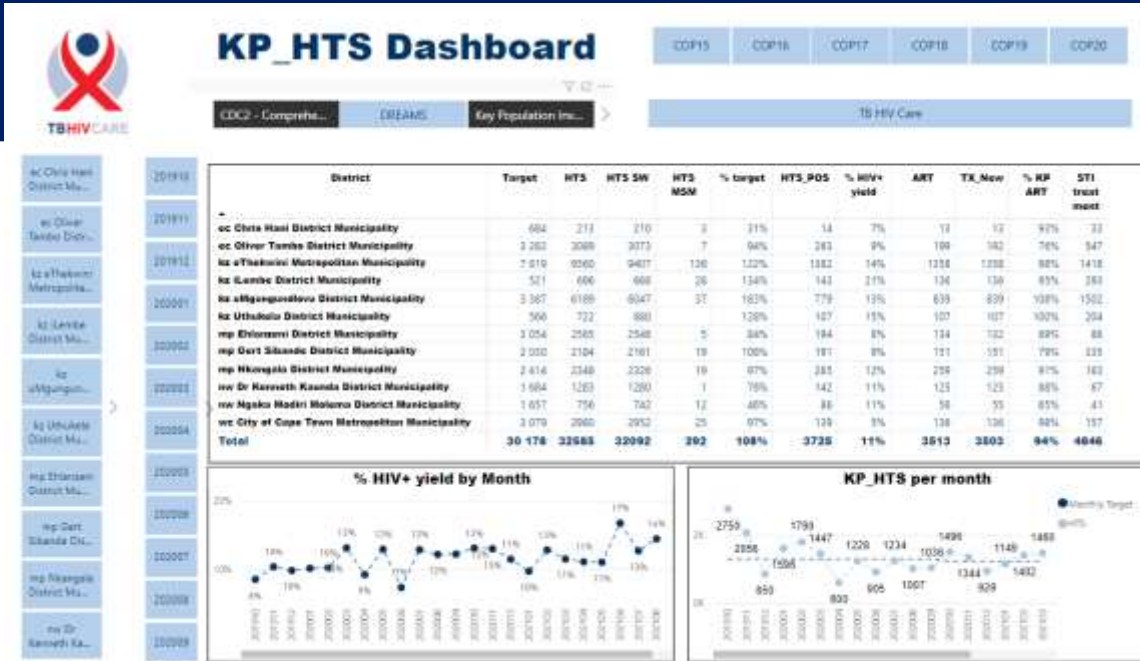
- Population Size Estimate: 6,500
- Estimated HIV Prevalence: 43%

eThekweni

- Population Size Estimate: 9,300
- Estimated HIV Prevalence: 78%

Johannesburg

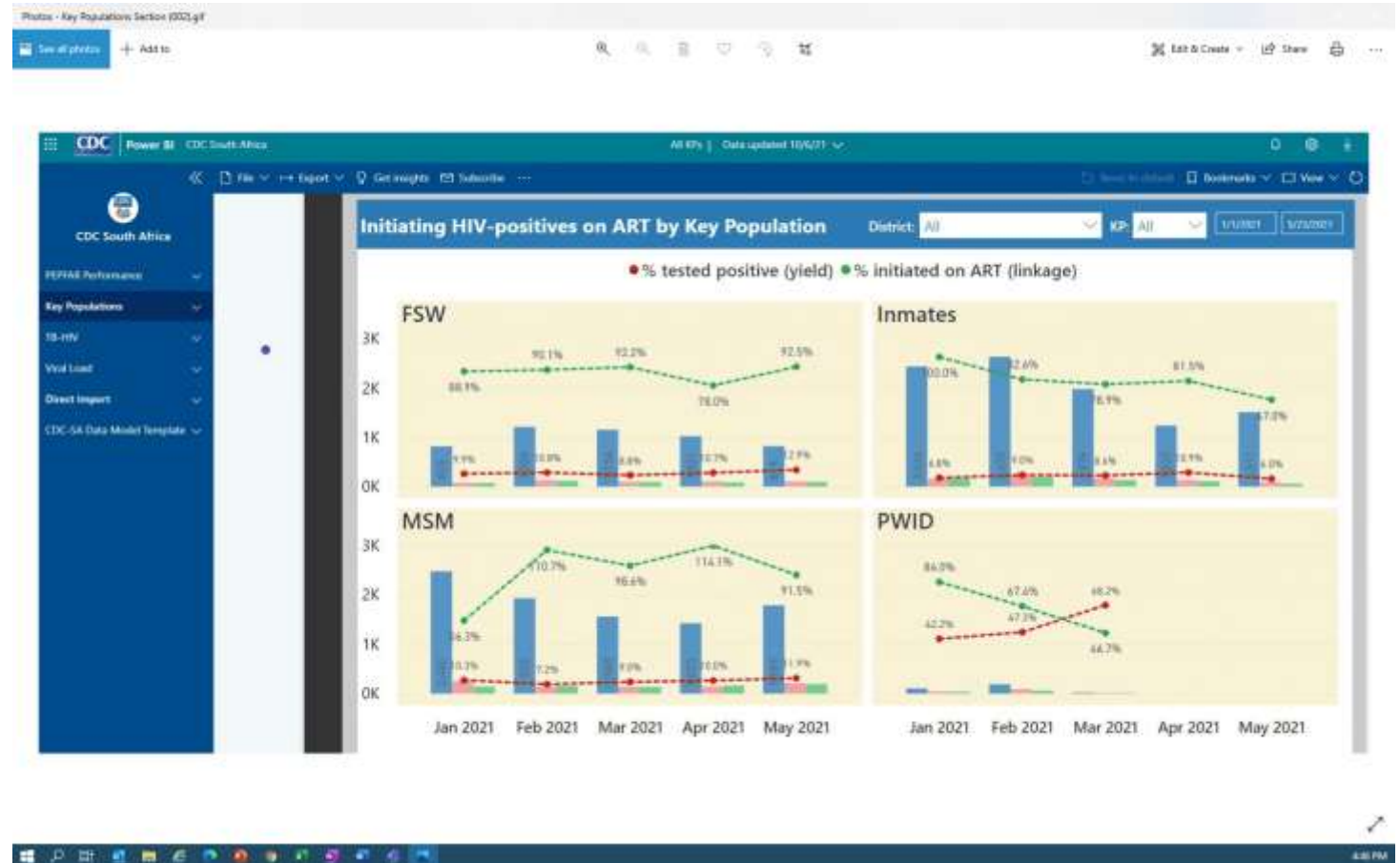
- Population Size Estimate: 7,980
- Estimated HIV Prevalence: 58%



Partners Monitor Progress Towards Targets

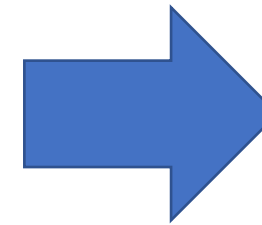
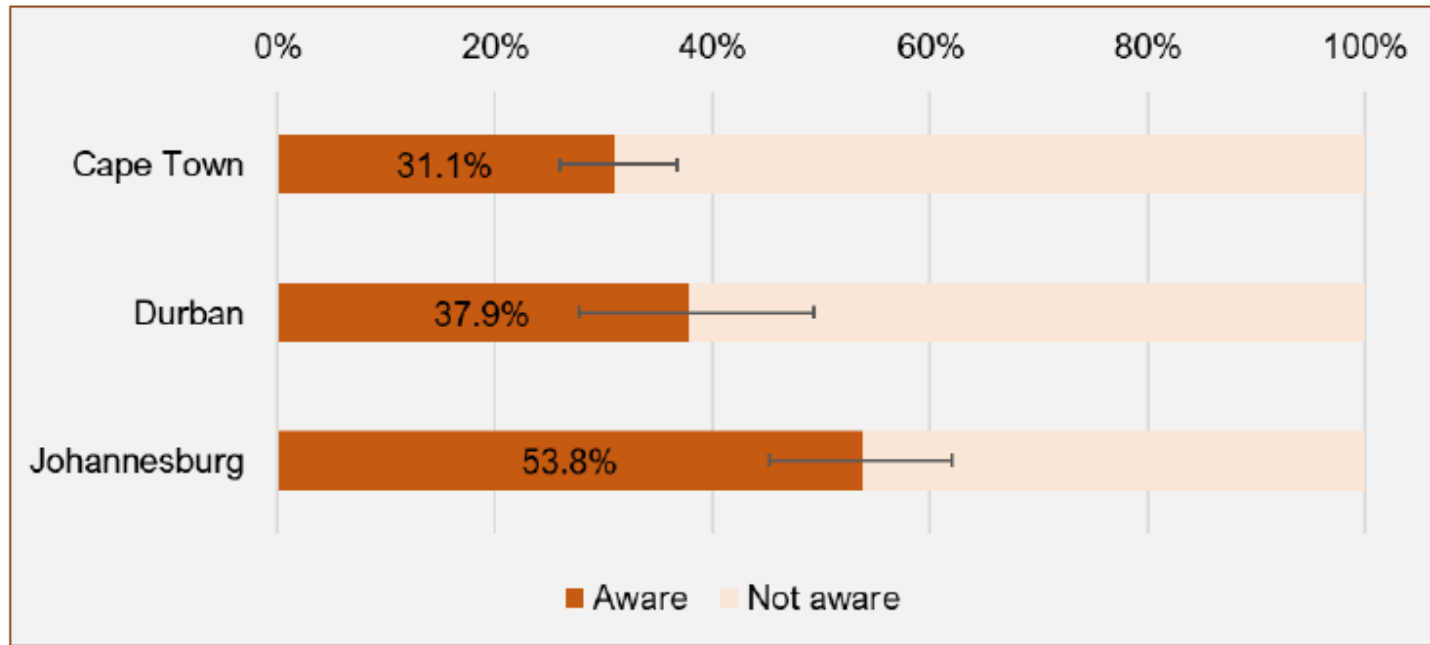
Regular Data Collection, Visualizations *and* *REVIEW*

- Monthly reports from implementing partners
- Standardized MER indicators that measure the performance of the comprehensive program
- Power BI Dashboard visualizations
- Regular reviews of data to inform action



Using Surveillance to Refine our Response

Figure 3: Awareness of HIV pre-exposure prophylaxis among female sex workers not living with HIV, South Africa Health Monitoring Study 2018



Raise awareness and understanding of PrEP

Error bars represent 95% confidence intervals.

Source: Aurum Institute. South African Health Monitoring Survey, 2018

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Scaling up PrEP among FSWs

- PrEP first rolled out among sex workers in South Africa in 2016
- This led to an unintended adverse effect of the perception of stigmatization
- Close monitoring using custom indicators and cascades allow us to pinpoint weak areas in the PrEP cascade and immediately course correct





Bereka Girl

Bereka Girl Campaign Supports Sex Workers on PrEP

Bereka Grl (“Working Girl” in Setswana) aims to recruit and retain sex workers on PrEP

SMS encourage FSWs to adhere to PrEP

Adherence

- Congratulations on making the decision to take control of your health! Have you taken your pill?
- Got questions or want to check out info on side effects? Contact your case manager on 060 312 0286.
- Countdown: Four days until you are protected. Time to take your pill.
- Stay strong! Keep your mind on staying healthy and your loyalty prize. Take your pill.
- Countdown: Two days until you are protected. Take that pill.
- One more day until full protection! Check in with your case manager on 060 312 0286 if you have any questions. Don't forget your pill.
- If you have been taking your pill every day, you are now protected! Well done! Keep going to stay healthy!

Appointment Reminders

- Have you made plans to get to your appointment coming up on [date]?
- Appointment day! We're looking forward to seeing you today.

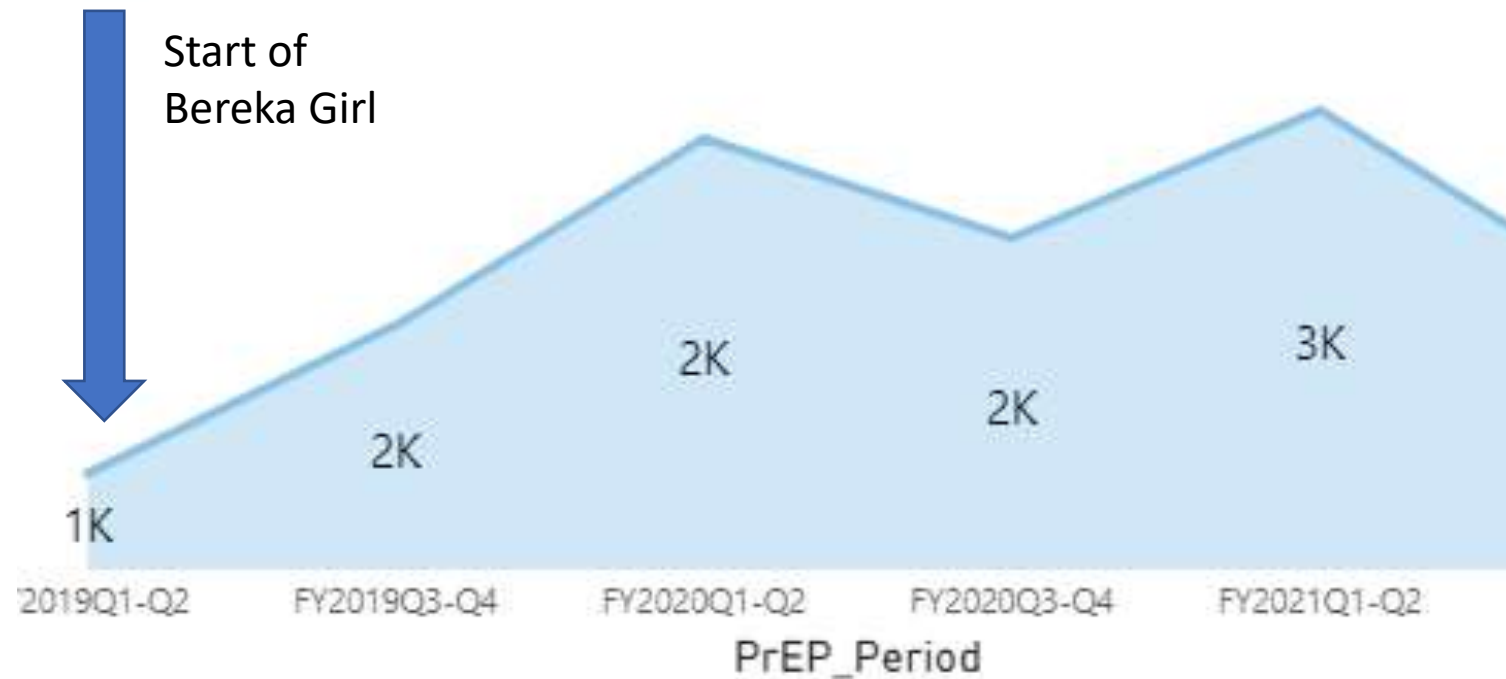
Health Tips:

- Drinking water makes your skin hydrated and beautiful. Aim for 6 – 8 glasses a day to stay juicy! More info: 060 312 0268. Reply STOP to opt out
- Did you know? Taking one pill a day can keep you HIV free. In South Africa, 1 in 5 adults is HIV positive. More info: 060 312 0268. Reply STOP to opt out

Patients starting PrEP

GROUP, PREP_PERIOD

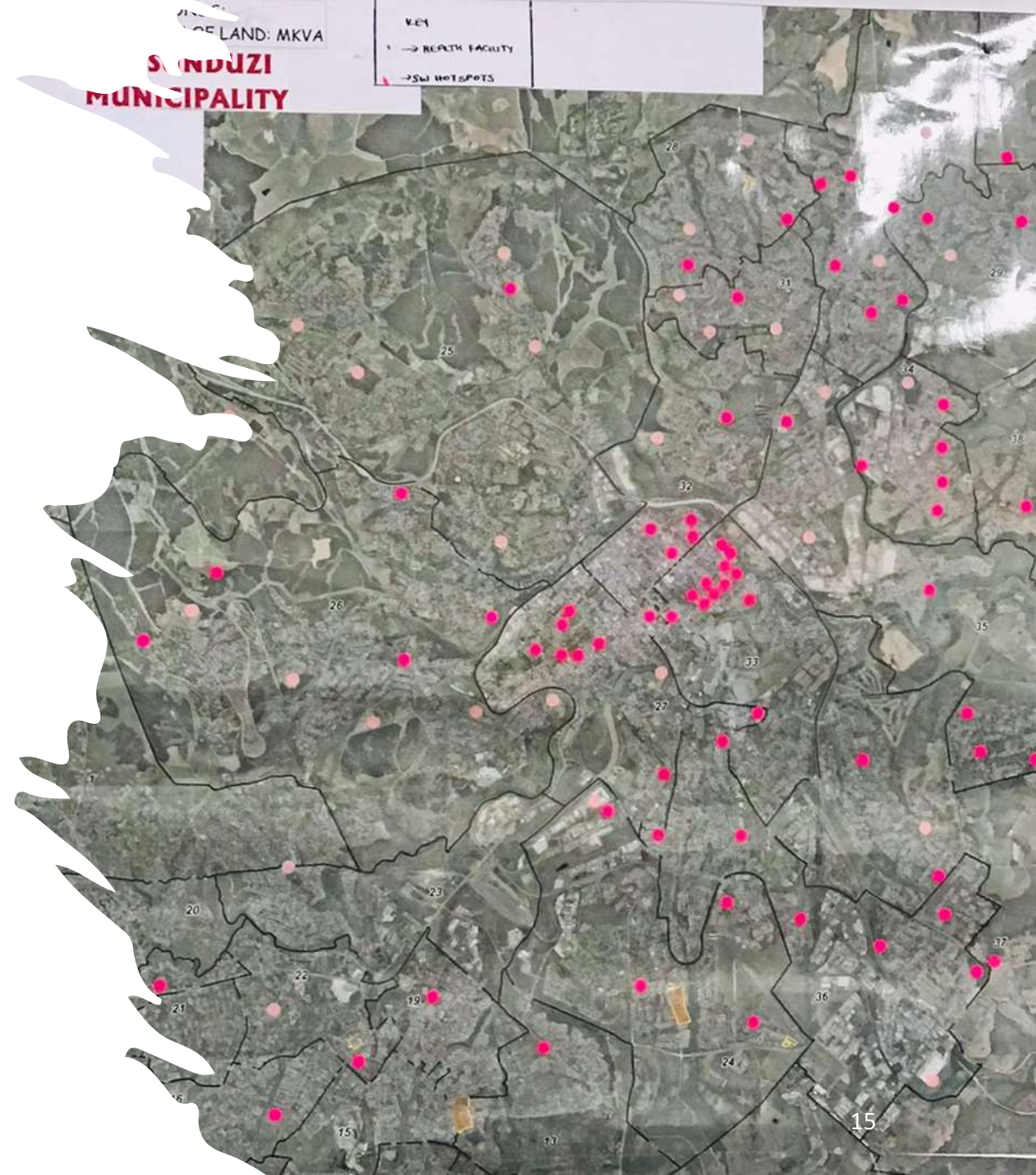
up ● FSW



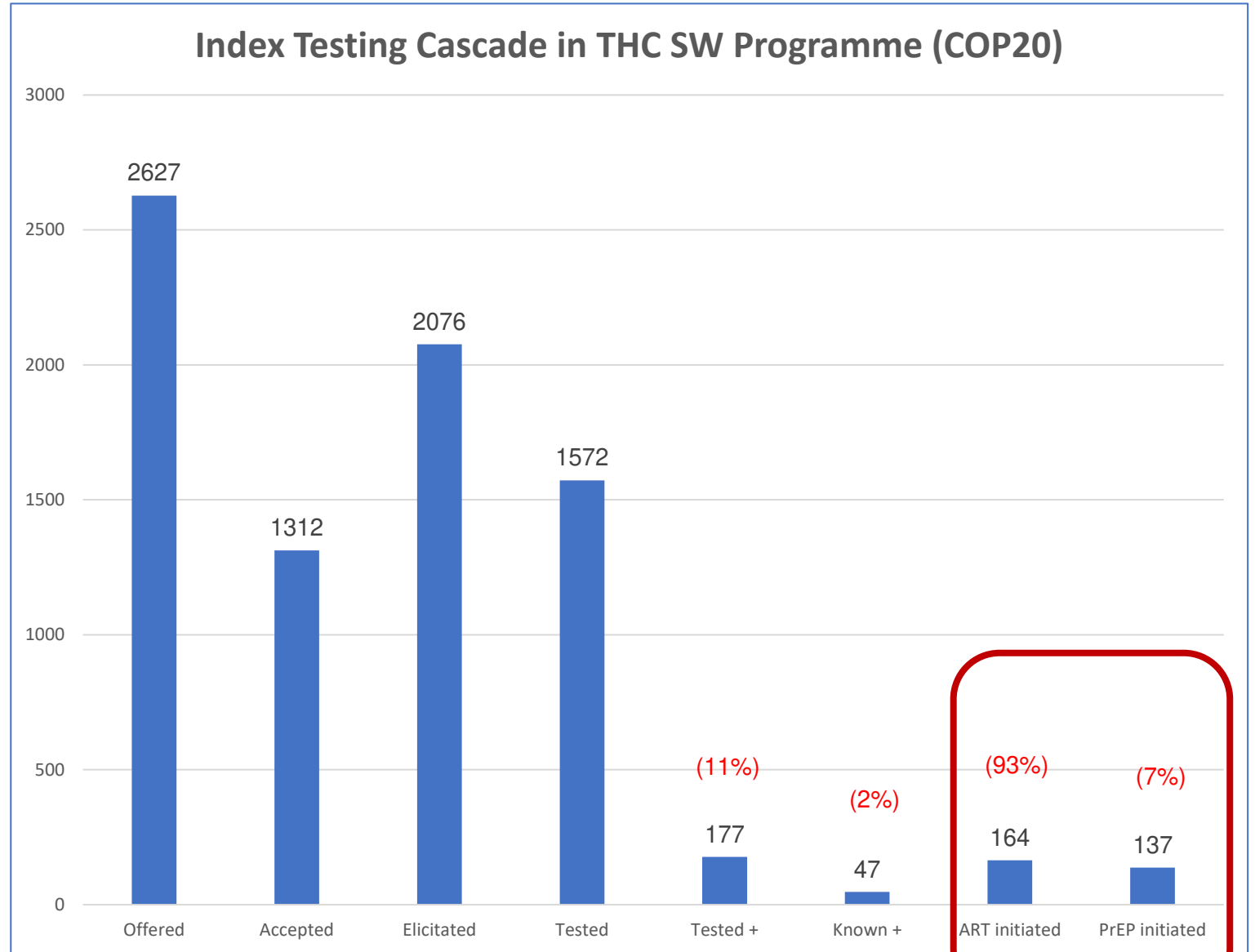
Bereka Girl resulted in a steady upward trend in new PrEP initiations, with some dips due to COVID lockdowns

The Power of Peers: Finding Sex Workers

- Peer educator or social network seed identifies new sites
- Outreach team verifies the site and also profiles it by establishing:
 - Population size estimates
 - Type of site (e.g., indoor/outdoor)
 - Hours of operation
 - Demographic profile of FSWs
 - Risk profiles and safety assessments
- Site data are captured on excel to help inform outreach activities
- A paper-based map of each district is used to plot SW locations
- Remapping is done quarterly



Key Populations Do Not Exist in Isolation: Finding Surrounding Communities through Index Testing



Monitoring to Ensure that No Harm is Done

Supervision Assessments

- Conducted by Quality Improvement manager and site leads each quarter
- Tailored mentoring conducted as needed

REDCap Assessments

- Conducted online with site leads
- Bi-annual assessment
- Use to report adverse events (none reported)

Reasons for Refusing Index Testing

No reason given	9% (n=111)
No time for elicitation interview	4% (n=49)
Don't believe services are confidential/afraid partner will learn of my identity	4% (n=53)
Afraid of IPV/ abandonment by partner	24% (n=295)
Partner is already stable on treatment	13% (n=155)
Partner lives/ works far away	23% (n=282)
Clinic hours not convenient for partner	2% (n=24)
Other	21% (n=257)

Effective Use of Data Strengthens Epidemic Control

- CDC South Africa uses multiple sources of data to:
 - Strengthen our program to ensure high quality and relevant services through identifying:
 - Weaknesses and taking action
 - Strengths and sharing best practices
 - Ensure accountability
 - Ensure effective planning and resource allocation
 - Improve the lives of sex workers and their surrounding communities
 - Reach HIV epidemic control among a highly stigmatized and marginalized population

Thank you for your attention

A special thanks to TB HIV Care for their support in developing this presentation and for the high quality and compassionate services provided to sex workers in South Africa



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Community-led Differentiated Services for Female Sex Workers in Uganda

Macklean Kyomya

Executive Director

Alliance of Women Advocating for Change (AWAC)-Uganda

17 November 2021



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The CQUIN Project for Differentiated Service Delivery



Presentation outline

❖ Brief overview about AWAC

❖ Community Prevention: Innovative Models

- Peer to Peer/Enhanced Peer Outreach Approach (EPOA)
- Drop-in Centres
- Community Empowerment:
- Community Outreach / Door to Door Drugs Delivery (CO4Ds)
- Mental Health Services (MHS)
- Needle and syringe exchange programme for FSWs injecting drugs;
- Community Safe Spaces & Interpersonal Group Therapy (IPT)

❖ Recommendations

BRIEF ORGANIZATION BACKGROUND

*Only Rights & Economic Social Justice Can Stop the Wrongs
Leave No One Behind!*

The Alliance of Women Advocating for Change (AWAC), an umbrella network of grass root emerging female sex worker (FSW) led organizations established in 2015 by FSWs to support collective organising and strengthen a resilient movement of FSWs that advocates for sustainable integrated universal health care, promotion of human rights and social protection, economic justice for FSWs and those with intersecting vulnerabilities in Uganda.

AWAC's core targets are, Female Sex Workers (FSWs) & those with intersecting & compounded vulnerabilities such as: ***FSWs living with disability; FSWs Using & Injecting drugs; Indigenous FSWs in hard to reach areas; Refugees FSWs in urban setting; FSWs living with HIV/AIDS; Elderly FSWs; Children of FSWs and Adolescents Surviving in the Sex Work settings*** in Uganda.



AWAC's core purpose:

- a) Challenging Stigma, Discrimination & Criminalization of all forms at all levels;
- b) Championing access to integrated quality HIV/SRHR/GBV/Mental Health & Harm Reduction Services;
- c) Advocating for Social Protection, Socio-economic Resilience;
- d) Conducting Operational Research & Evidence Based Advocacy;
- e) Capacity Strengthening for Feminist Transformation Leadership for Grassroot Advocacy & Movement Building in Uganda.

AWAC's Vision: An inclusive policy and social environment where grassroots FSWs and those with intersecting vulnerabilities live healthy and productive lives that are free from human rights abuse, in Uganda.

Peer to Peer/Enhanced Peer Outreach Approach (EPOA):

Under EPOA peers use the Social Network Strategy (**SNS**) to deliver prevention services: needle and syringe program (**NSP**) kits, condoms, self testing kits, self injectable family planning services and responsive behaviour change **IEC** materials for FSWs and those with intersecting & compounded vulnerabilities.



Drop-in Centres (DiC)

- DiCs offer a wide range of prevention services for HIV and other STIs services to AGYW engaging in sex work; FSWs and those with intersecting & compounded vulnerabilities.
- Services include:
 - ✓ PrEP talks to clear the myths and misconceptions
 - ✓ PrEP screening and initiations
 - ✓ HIV testing and referral/linkages services
 - ✓ Post-exposure prophylaxis (PEP)
 - ✓ Emergency contraceptives
 - ✓ Commodities and supplies (lubricants, condoms, PrEP refills)
 - ✓ Management of injuries
 - ✓ Reducing stigma and discrimination
 - ✓ STI services -syndromic screening and referral for treatment



Photos during adherence support group and community viral load bleeding at AWAC DiC



Community Empowerment:

- Community tailored safe spaces where FSWs and AGYW commune **Community Health Livelihood Groups (CHLEGS)** and **Girls Action Clubs (GACs)**, **DREAMs** to share challenges, opportunities and positive behavior change practices to reduce their health and socio-economic risks and challenges
- Expansion of the range of choices through socio-economic empowerment schemes including life skills, business startup etc.
- Safe spaces also provide them with peer-led psychosocial support and counseling services for effective coping mechanisms.

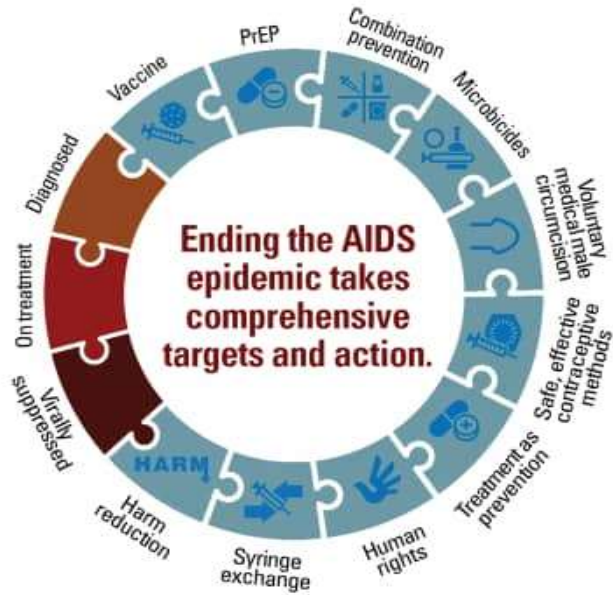
Only Rights & Economic Social Justice Can Stop the Wrongs

Leave No One Behind!



ENDING THE AIDS EPIDEMIC TAKES COMPREHENSIVE TARGETS AND ACTION BEYOND 95-95-95. THE AMBITIOUS TREATMENT TARGETS

Treatment Target



1. By 2030 95% of all people living with HIV will know their HIV status
2. By 2030 95% of all people living with diagnosed HIV infection will receive sustained antiretroviral therapy
3. By 2030 95% of all people receiving antiretroviral therapy will have viral suppression



Community Outreach / Door to Door Drugs Delivery (CO4Ds)

Use of motorcycles, bicycles and safe bodas to conduct test and treat, distribute needle and syringes kits and other commodities such as condoms, lubricants and IEC materials

Mental Health Services (MHS)

- ❖ Provide integrated HIV prevention, SRH and care services through **AWAC Malaika Toll-Free Line:0800 333 177.**
- ❖ Provides psychosocial support services for symptoms of common mental disorders (CMDs), including to survivors of gender-based violence (GBV) and sexual violence against children (SVAC) upon first contact.
- ❖ Referrals for shelter, legal services, nutrition support services other service providers.



Needle and syringe exchange programme to FSWs injecting drugs;

- ❖ Community harm reduction interventions – **safe distribution of clean needles and syringes and collection of used needles –NSP Pack Kit for HIV prevention to FSWs who use and inject drugs.**
 - ❖ Kit includes: alcohol swabs, water injection, mixing container, spoons, tourniquet, cotton wool, condoms, IEC materials about safe injecting practices, needles and syringes
- ❖ **Provision of psychosocial support and referrals for further management** including Methadone Assisted Therapy (MAT), shelter and legal services.



Community Safe Spaces & Interpersonal Group Therapy (IPT)

- ❖ Problem solving therapy delivered by trained FSW peers as community health counsellors/experts.
- Safe spaces also provide them with peer-led psychosocial support and counseling services for effective coping mechanisms.



Service provided/ activities/ intervention response	No. of service recipients/ participants reached	Notes
HIV prevention services	6450	Recipients: FSWs, their clients, partners and their children, AGYW engaged/ surviving in sex work settings in (Kampala, Wakiso, Masaka, Bukomansimbi, Kyotera, Rakai and Luweero)
Oral PrEP care services	5333	FSWs, and AGYW and their partners received the services and are currently in PrEP care
ART	424	FSWs, and AGYW and their partners received the services and are currently on ART
HIV viral load services (status)	373	FSWs, and AGYW and their partners are virally suppressed
STIs treatment	629	FSWs and AGYW and their partners were screened and received STIs treatment
GBV related services	1615	FSWs and AGYW received screening, counselling, safety and security, PEP, referral for legal aid and shelter and health support.
Family planning services including post abortion services	484	FSWs received sexual & reproductive health services, including prevention of unsafe abortion through community-based organizations.
PAC related services	122	FSWs received PAC related services

Service provided/ activities/ intervention response	No. of service recipients/ participants reached	Notes
Mental health screening and services	1731	FSWs and AGYW received mental health screening and services (75% of these had depressive symptoms, 62% generalized anxiety symptoms, 35% PTSD symptoms). The mental health challenges were largely attributed to violations experienced and the effect of COVID 19 restrictions on their sources of livelihood. The services included: counselling, group therapy management and referral for moderate and severe cases.
Children of FSWs reached with HIV prevention and RMNCAH related services including psychosocial support (PSS)	159	Children of FSWs were reached with HIV prevention and RMNCAH related services including PSS (80 Children of FSWs) received OVC services
FSWs with disability received HIV prevention and SRHR services	40	FSWs with disability received HIV prevention services, 10 FSWs with disability in Kampala received PSS, life and vocational skills training and income generating activity support.

Service provided/ activities/ intervention response	No. of service recipients/ participants reached	Notes
AGYW engaged in sex work / Surviving in sex work settings reached with SRHR and HIV prevention services including PSS	1340	<p>AGYW supported to establish 12 GACs; 323 AGYW including pregnant teenagers and teenage mothers were equipped with life skills using the stepping stones; 202 AGYW benefited from individual and group income generating and vocational projects.</p> <p>As a result there was reported improvement in coping; denial of sex for high pay; improved self- esteem and ability to fend for themselves, and their children; enhanced adherence to ART and PrEP care; improved health seeking behaviours; reduced distress and exposure to violent situations, including going in search of clients on the streets during curfew hours</p>
Health and livelihoods enhancement for adult female sex workers	314 adult FSWs 15 CHLEGS established supported	<p>Adult FSWs supported and mentored on establishment and management of PrEP and ART CHLEGs. The CHLEGs have helped boost case-finding, linkages and referrals, stigma reduction and coping, adherence, and retention in care.</p>
SRHR and HIV prevention services for clients and partners of FSWs	422	<p>Partners and clients of FSWs received SRHR and HIV prevention services including HIV, parenting, GBV, family planning, and STIs screening.</p>

Challenges

- ❖ **Loss of livelihood** for FSWs due to COVID.
- ❖ **Stigma, discrimination and systemic exclusion of FSWs** from funding, social protection programs and opportunities including COVID relief.
- ❖ **Punitive laws and violence**— fueling; victimization, arbitrary arrests, police raiding of sex worker brothels, bribes and extortions by law enforcement officers.

Challenges

- ❖ **Limited or no emergency shelters** for sex workers and the children of sex workers during crisis moments e.g., GBV, after raiding of sex workers' brothels.
- ❖ **Influx of children and adolescents with multiple and intersecting vulnerabilities** in sex work industry due to COVID, yet there are no technical guidelines and SOPs for responsive programming for children and adolescents surviving in the sex work settings.

Challenges

- ❖ **Lack of educational, promotional and behavioral change awareness raising materials** to address the negative impact of criminalization of sex work and other KPs.
- ❖ **Shrinking space and resource envelop for civil society organizing and action** (stringent eligibility requirements and targeted non-renewal, suspension and deregistering of FSWs and human rights oriented CSOs)
- ❖ **Inadequate funding of structural and behavior interventions as compared to** medical interventions and commodities for prevention.

Challenges

- ❖ **Lack of well documented innovative FSW-led models that enhance access** to and uptake of Universal Health Care (UHC) services
- ❖ **Limited or no government commitment and investment in UHC integration** as well as inclusion of all UHC services indicators in the KP tracker
- ❖ **Lack of adequate capacity to support and facilitate communications and feedback platforms;** participate and leverage media opportunities for rural and peri-urban FSWs and other KPs marginalized women and girls.

Recommendations

- ❖ **Strengthen differentiated community-based prevention interventions** e.g. EPOA, door-to-door testing in hotspots; needle and syringe programmes, as a means to improve identification of HIV-negative sex workers.
- ❖ **Invest in grassroots FSW-led initiatives to strengthen their leadership and resource capacities for their organizations/networks**
- ❖ **Strengthen structural interventions in sex worker response**, including pushing for the review and reform of punitive laws, policies and practices which are key barriers to access to services
- ❖ **Develop and rollout technical guidelines and SOPs for responsive programming for children of sex workers and adolescents surviving in the sex work settings.**
- ❖ **Generate investment case and push for adequate and balanced funding for behavioral, structural interventions**, legal, policy and regulatory reviews to facilitate an enabling environment for access and uptake of responsive prevention services

Recommendations

- ❖ **Develop educational, promotional and behavioral change awareness raising materials** to address the negative impact of criminalization of FSWs and those with intersecting and compounded vulnerabilities.
- ❖ **Invest in research, documentation and scale up** of innovative FSW & other KP-led models/ community structures that enhance access to and uptake of UHC services.
- ❖ **Data collection & analysis**; Ensure adequate quantitative and qualitative standard data is collected and disseminated on population size, HIV incidence, attributable risk and structural risk factors among sex workers and other key populations



PrEP stands for HIV prevention.



PrEP stands for HIV prevention.



PrEP stands for Pre-Exposure Prophylaxis.

PrEP can help prevent you from getting HIV if you are exposed to the virus.

PrEP is an HIV prevention option that works by taking one pill every day.

- People who use PrEP should take the medicine every day and return to their health care provider every month for follow-up and more medication.
 - You are in control of your health.
- Are you ready for PrEP?
- STOP HERE. START TAKING PrEP.

Supported by: **AVAC**

It provides a high level of protection against HIV, and is even more effective when combined with condoms and other prevention tools.

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It provides a high level of protection against HIV, and is even more effective when combined with condoms and other prevention tools.

*Only Rights & Economic Social Justice Can Stop the Wrongs
Leave No One Behind!*

Wadde ndi ku **PrEP** nkozesa kondomu



Ekkerenda limu buli lunaku likwongera obukuumi eri sirilimu

For more information Call toll free 0800100066



Obulamu?



PrEP + CONDOMS
PLAY SURE
BE HIV&STIs SURE



If you are HIV Negative, PrEP reduces the risks of HIV Infection. Condoms add more protection against HIV and help prevent other Sexually Transmitted Infections (STIs).
Combine these tools to stay healthy and prevent the spread of HIV and other STIs.

PLAY SAFE: Call Malawi Call Centre 0800-33377 or visit AVAC PrEP in Centre (PIC) in Mwanza, Lilongwe, Kampala, Iganga, Lwero and Tete for more information.



Supported by: **AVAC**
A Alliance of Women Advocating for Change (AWAC)
Email: awac@awac.org
Website: <http://www.awac.org>
TWITTER: <https://twitter.com/awacorg>

“omanyi ebikwata ku PrEP nga enkola eyambako okuziyiza akawuka ka mukenenya?”



PrEP dagala elimiribwa omuntu yena nga talika kawuka ate nga ali mukatyabaga kokufuna akawuka ka mukenenya.

PrEP alina okukozesebwa wamu ne Kondomu okusobola okufuna endwadde endala ezekikaba.



BUZA omusawo ebisingawo ku PrEP



PrEP
y'enkola empya ey'okwewala siriimu

Ekkerenda limu buli lunaku likwongera obukuumi eri sirilimu

For more information Call toll free 0800100066



Obulamu?



Nfaayo eri Obulamu bwange. Siyosa **PrEP**



Ekkerenda limu buli lunaku likwongera obukuumi eri sirilimu

For more information Call toll free 0800100066



Obulamu?



*Only Rights & Economic Social Justice Can Stop the Wrongs
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Photos during AWAC's Community dialogue addressing the myths misconceptions on other HIV Prevention options- specifically Dapivirine Vaginal Ring



*Only Rights & Economic Social Justice Can Stop the Wrongs
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DSD for sex workers in Zimbabwe: *Sisters with a Voice Programme*

Primrose Matambanadzo

Programme Director - Key Populations, CeSHHAR
Zimbabwe

17 November 2021



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Background

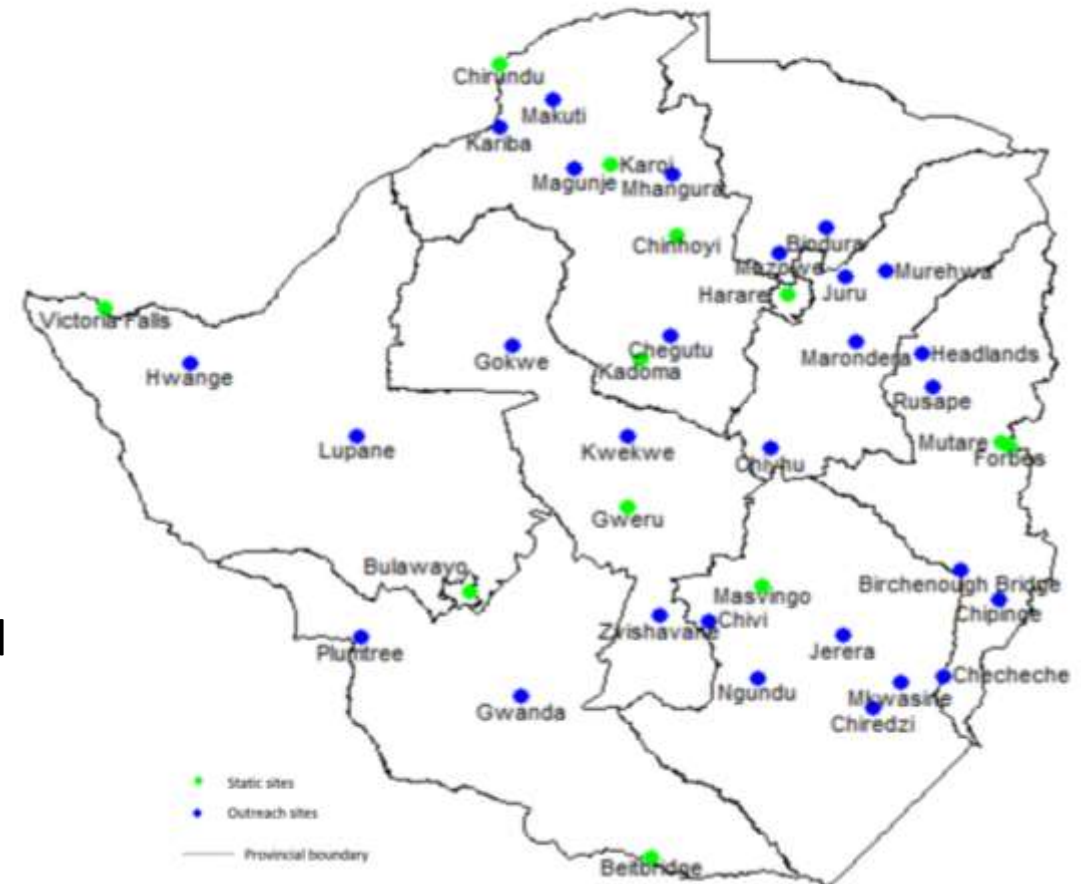
- 54% of Zimbabwean FSW are HIV infected and incidence is estimated at 5-10% per annum
- Estimated 40,000 FSW working in Zimbabwe
- CeSHHAR runs the national sex work programme 'Sisters with a Voice' on behalf of the Ministry of Health and Child Care (MoHCC) and the National AIDS Council (NAC)
- 'Sisters' 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

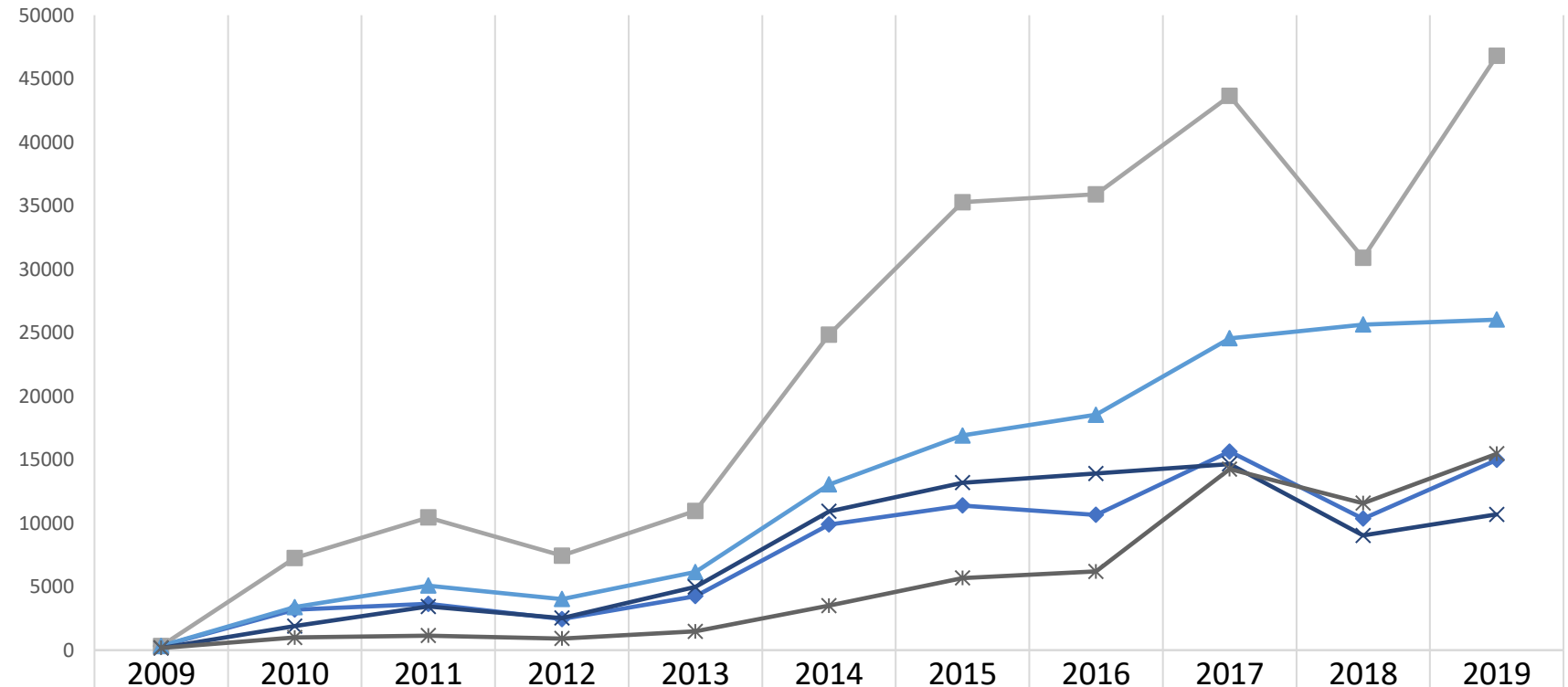
National coverage with **86 implementation sites with extensive community-based outreach and service provision**

- **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

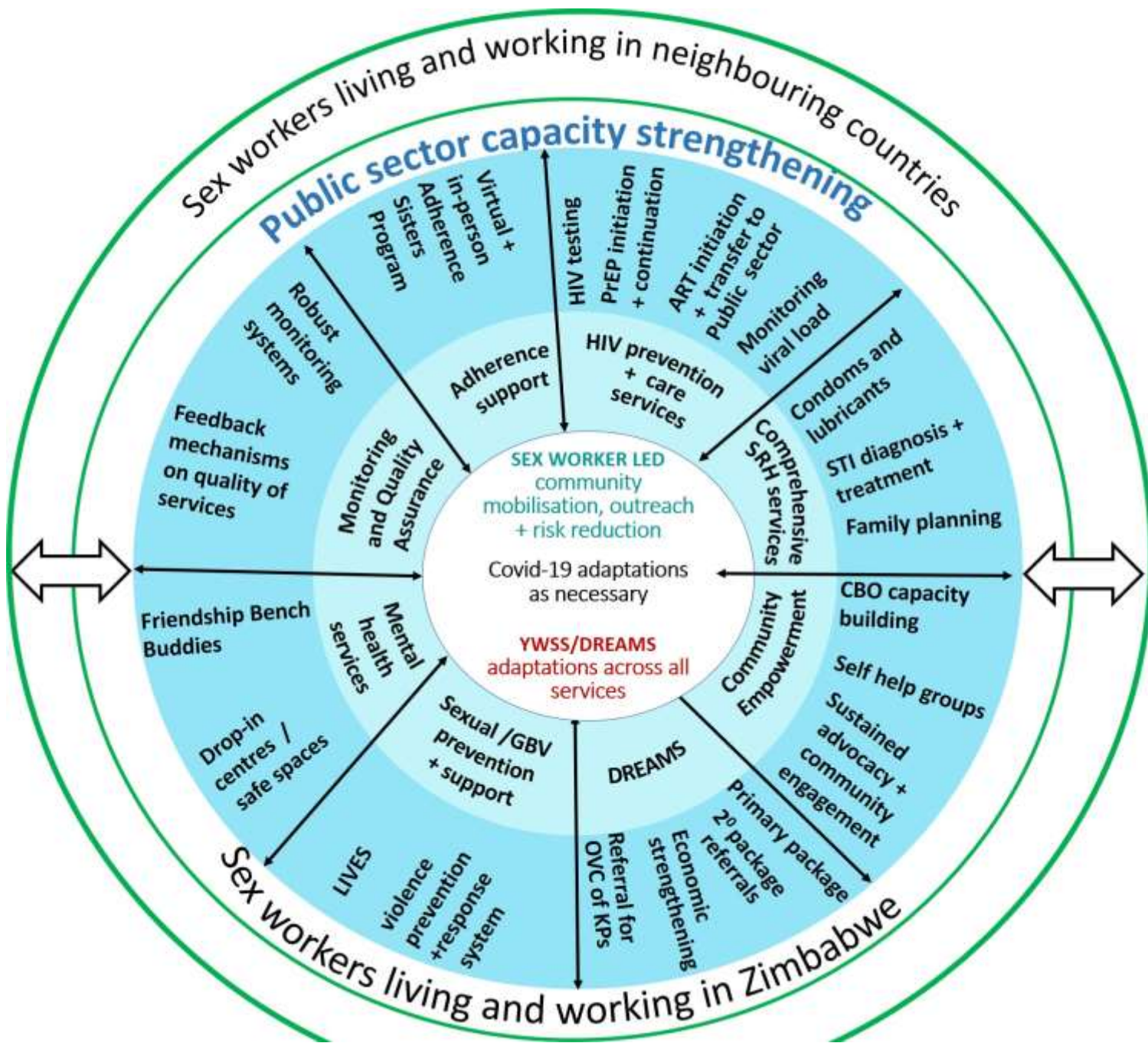
Zimbabwe Sisters Programme Sites



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



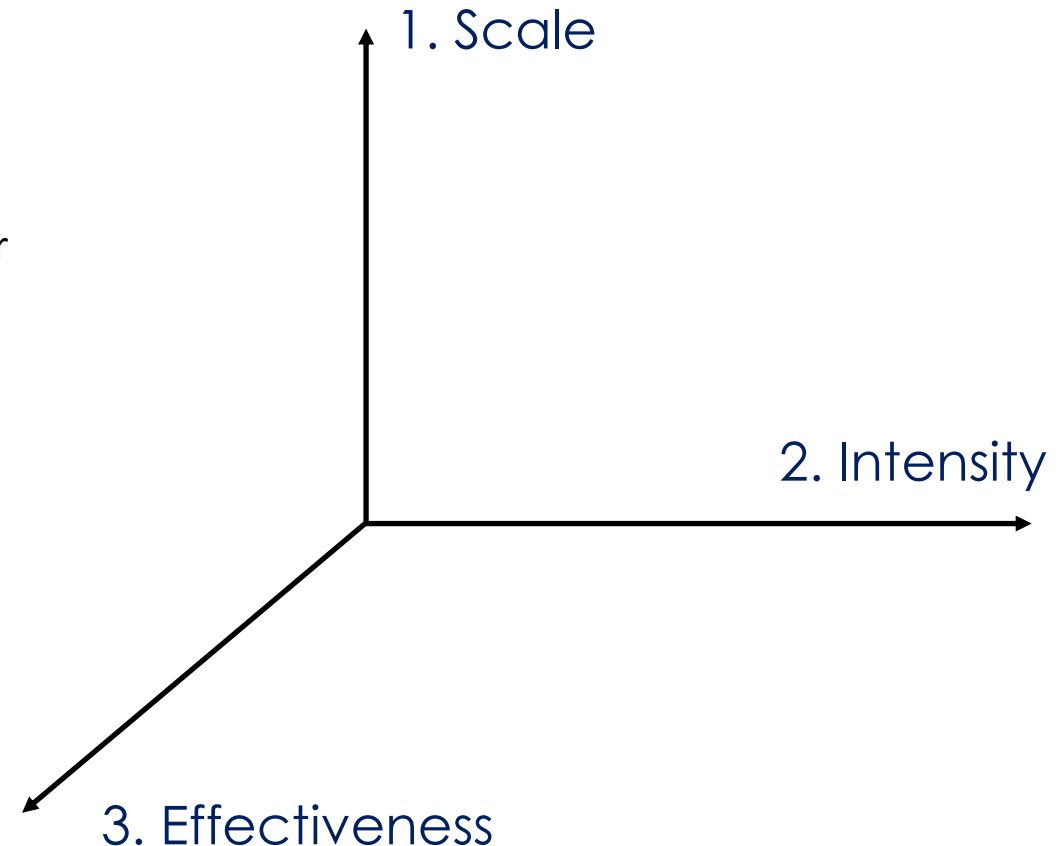
Sisters Programme

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 differentiated prevention and care services
- ▶ **Build capacity** of sex workers to lead their own 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**
- ▶ **Adaptations for male sex workers and trans* sex workers**
- ▶ **Strengthening structural interventions**
 - ▶ 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
 - ▶ SHGs



Risk-differentiated peer support

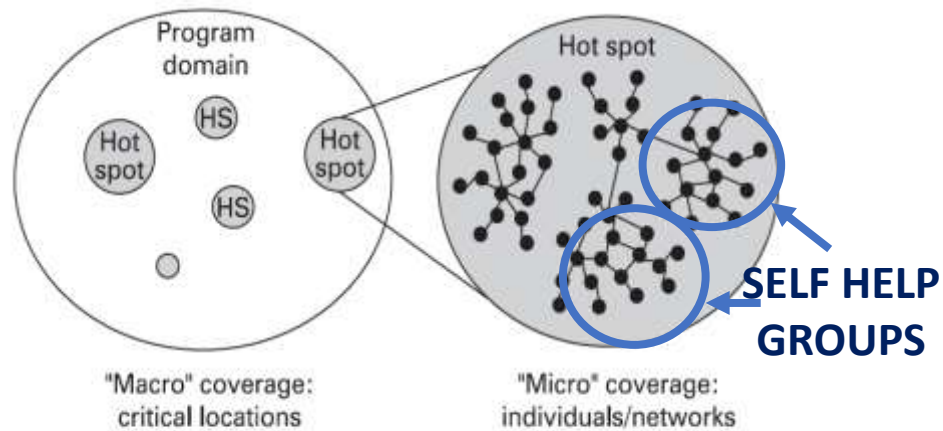


Figure Schematic representation of microplanning

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)

Microplanning process

Programmatic and Hotspot Mapping

- Identify location of all hotspots in a site/district through microplanners well networked in sex worker community
- Individual hotspots mapped and profiled for estimated # of sex workers by age band, SW typologies
- Population size estimate for site/district is target for reach

Hotspot diary listing

- Microplanners assigned specific hotspots
- At first contact, Microplanner records sex worker in hotspot diary, assigns unique sisters number encourages uptake of clinic services
- Support a cohort of 50-70 SW each

Risk assessment

- Microplanners assess risk on 6 criteria (age, duration in sex work, drug and alcohol use, condom use, violence, number of clients per week) in casual conversation
- Risk score (low/medium/high) guides frequency of contacts with SW for support
- Risk assessment repeated quarterly

Tracking

- Weekly, fortnightly, monthly outreach contacts according to risk level
- Tailored provision of condoms, support for PrEP/ART adherence and referrals made at each contact recorded, data guides planning of next visit, manual guides individual and group session content
- Weekly meetings between Outreach Worker and microplanner plan tracking, provide data entry support and supervision

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

Key considerations for Young Women Selling Sex

Chabata et al conducted prevention cascade analysis to identify gaps in HIV prevention programming using data from DREAMS Impact Evaluation 2017 in which 2431 YWSS were enrolled

- 89% of HIV-negative YWSS demonstrated knowledge about efficacy of condoms
 - Despite high knowledge about efficacy of and access to condoms remained **large gaps in self-reported consistent condom use** among YWSS
 - 80% reported access to condoms and 58% reported using condoms consistently with the three most recent sexual partners (67% of older FSW reported consistent condom use in 2017 Size Estimation study)
- **YWSS who do not self-identify as FSW** have less access to condoms and may **require additional programmatic intervention**
 - YWSS self-identifying as FSW reported better access to condoms compared to those who did not (87% vs 68%; age; $p < 0.001$).
 - Women who reported **experiencing sexual violence** in the past were **less likely to use condoms consistently** (43% vs. 60%; $p < 0.001$)
- Young women who reported **experiencing common mental disorders** in the past week **were less likely to use condoms consistently** (51% vs. 61%; $p = 0.029$)

Adapting microplanning for YWSS

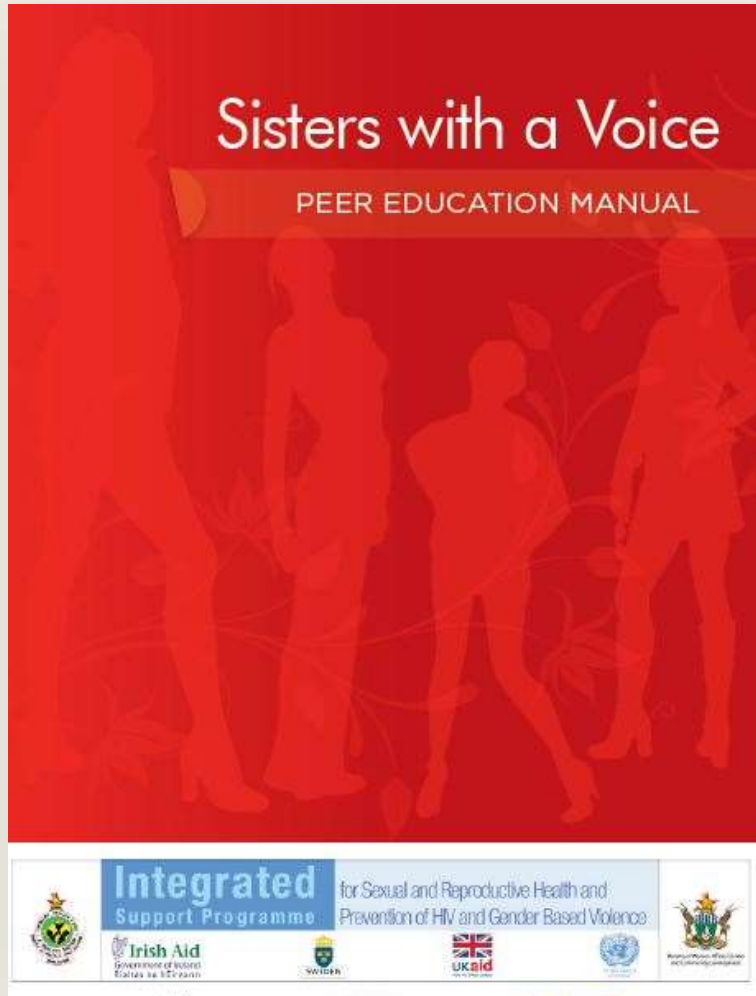
- Young women who sell sex - 16–24 years
- Key issues to address in adaptation: HIV prevention - reduction of incidence and prevalence of HIV through
 - Improving consistency of condom use
 - Biomedical prevention scale up and continuation
 - Addressing violence
 - Supporting mental health
- Identified and trained younger microplanners (16-24 years) to offer them risk differentiated support
- GiRLS Club Manual to build capacity of YWSS with Young Sisters Activity Pack to support community mobilization
- Support for PrEP and ART through Young Sisters Adherence Training programme



Young people who sell sex may be even more vulnerable to HIV than their older counterparts for reasons including a greater number of sexual partners, less power to negotiate condom use, and greater susceptibility to violence.

A technical brief: HIV and Young People who sell sex: WHO 2015

Manualized sessions delivered to peers by microplanners



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.

Then ask participants to list other sexual practices they don't have to share personal information they want to, but you could suggest the work "the kinds of things some clients might ask ask the group to give each new practice on Traffic Light codes.


Some discussion points could be:

- How do we convince clients to focus on practices and avoid the Red ones?
- How can we make sure Yellow practices as safe as possible?
- What are some good tricks? (e.g. giving hand job so he doesn't want full sex; let put a condom on with your mouth; insert female condom earlier in the evening)
- Is it possible to always have condoms with that we can provide it if the client doesn't own in it
- Is it other

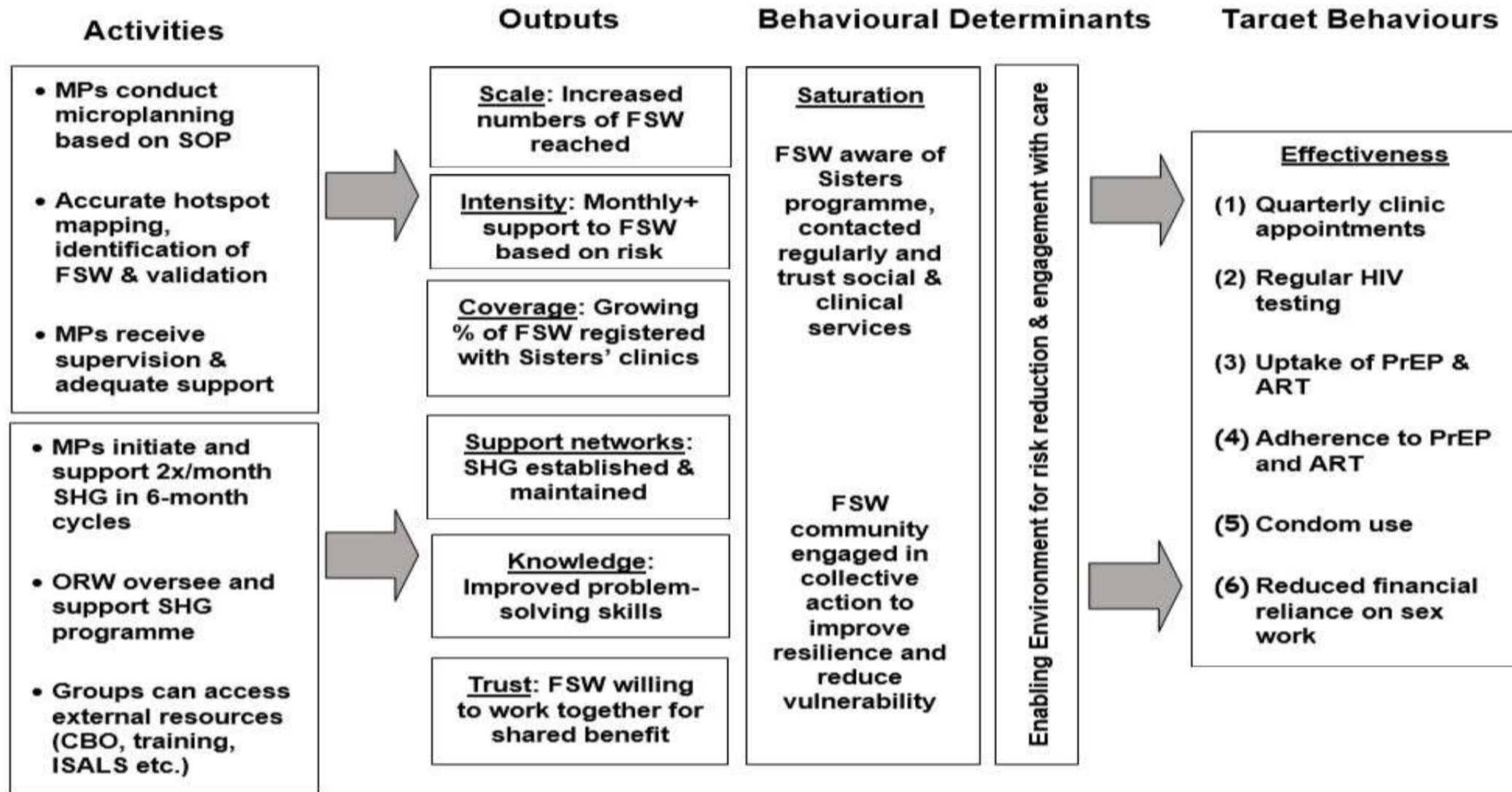
GiRLS Club Manual



Manual adapted for YWSS



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, viral load monitoring, recency testing**



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
- 2732 SW counselled in last year
- 20% completed 2 sessions
- 8% completed 3 sessions
- 3% completed 4 sessions
- >50% sessions took place within the communities (rest equally split between clinic and online)

Tinopa mukana weku kurukura kune munhu wese.
Hatibhadharise.
Kubva 8 kuseni kusvika 4 manheru.
Tine hanya neupenyu hwako.
Wana rubatsiro kudambidziko rako.

FONAI / WHATSAPP

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



Building collective efficacy and Self-Help Groups (SHGs)



- Self-help groups run by microplanners have become platform for stigma-reduction and increased social cohesion
- Empowering linkage and retention in care
- Changes witnessed in attitudes and behaviour of sex workers
- Forming community ART refill groups (CARGS) previously not done because of distrust and fear of stigmatization

Mabutweni SHG and CARG
Bulawayo, April 2021

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 use **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 and KP led CBOs
- Focus on **addressing structural determinants** with interventions for SGBV and 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
- Friendship Bench Project Zimbabwe
- Liverpool School of Tropical Medicine
- London School of Hygiene and Tropical Medicine
- MeSH Consortium
- Erasmus University



Creating a better future
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To fight AIDS, Tuberculosis and Malaria



Panel Discussion



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CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Session 7 starts tomorrow Thursday 18 November at 7am EST/12N West Africa/1pm Geneva/2pm Pretoria/3pm Nairobi



HIV Learning Network
The CQUIN Project for Differentiated Service Delivery