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DSD for sex workers in Zimbabwe: *Sisters with a Voice Programme*

Primrose Matambanadzo

Programme Director - Key Populations, CeSHHAR Zimbabwe

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icap Global Health

HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

CeSHHAR Zimbabwe

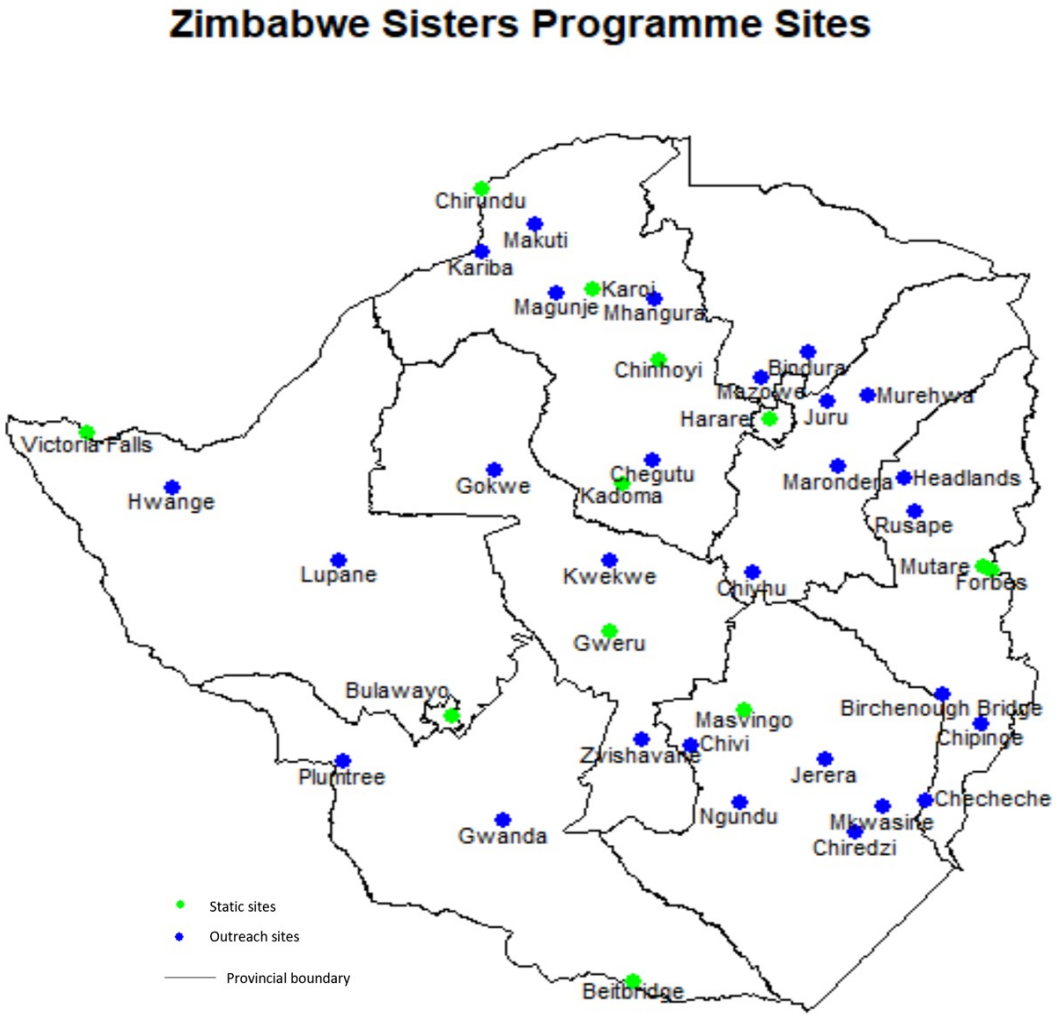
Background

- 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

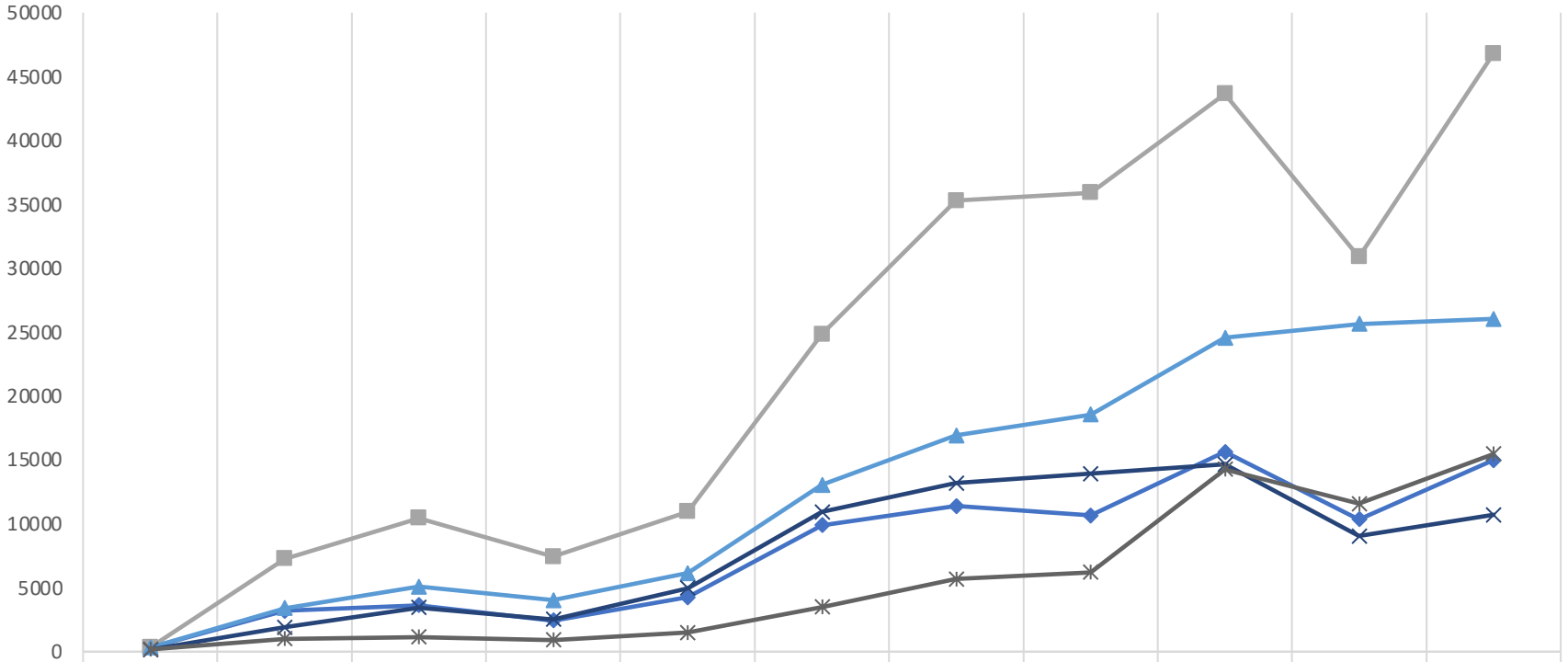
Sisters with a Voice Programme Coverage

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

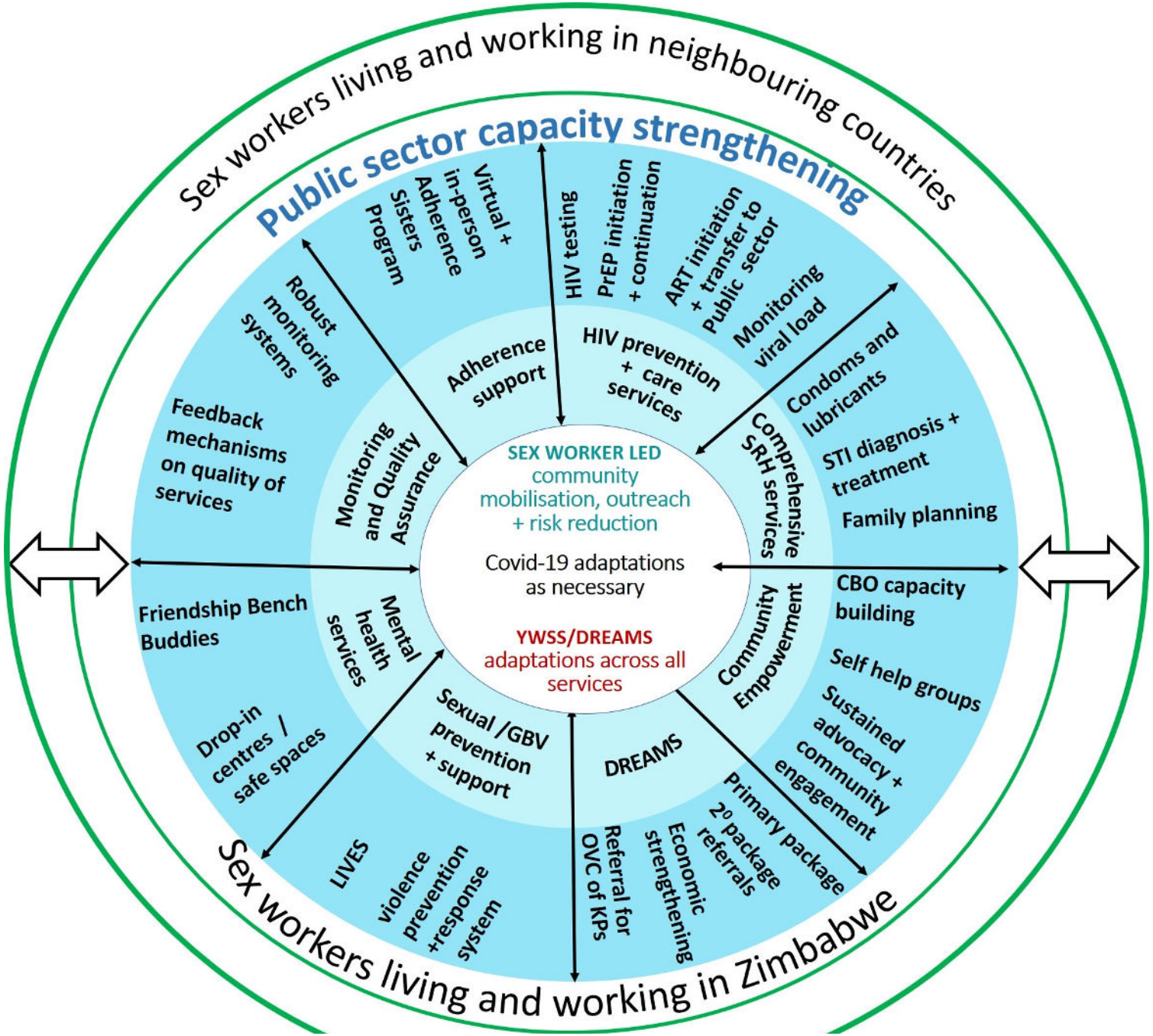
- **12 static clinics** in major cities/towns and at major borders:
  - **34 local mobile clinic sites** within Harare, Bulawayo, Gweru, Masvingo, Mutare
  - **10 Drop-In Centres** including **6 specifically for YWSS (GiRLS Clubs)**
- **28 highway mobile clinic sites**
- SW can also access services at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



HIV services for FSW in *Sisters* Programme



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
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	30887	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



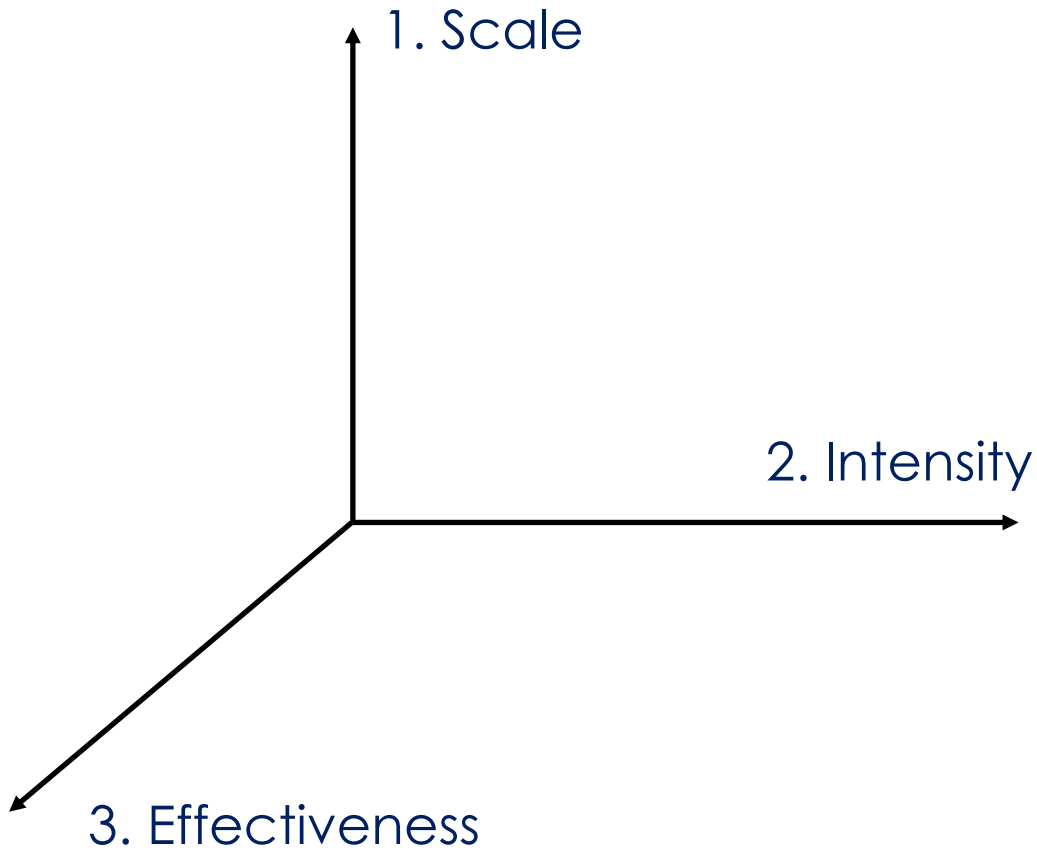
Sisters Programme

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

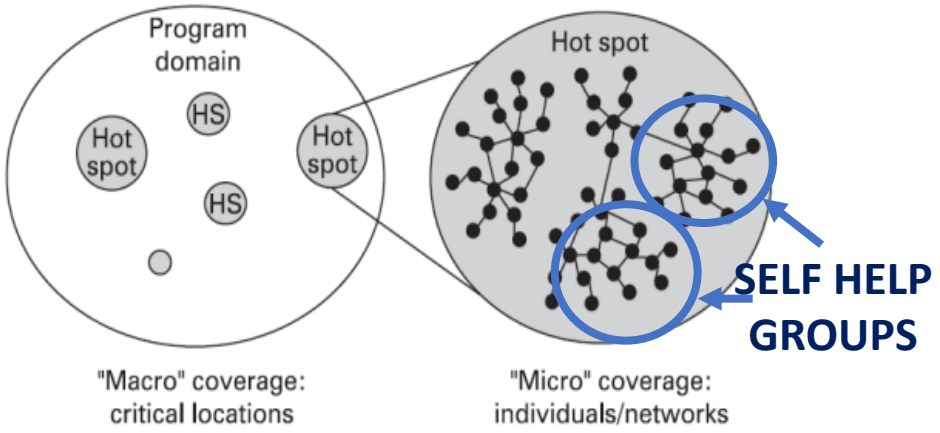


Figure Schematic representation of microplanning

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%; $p = 0.029$)

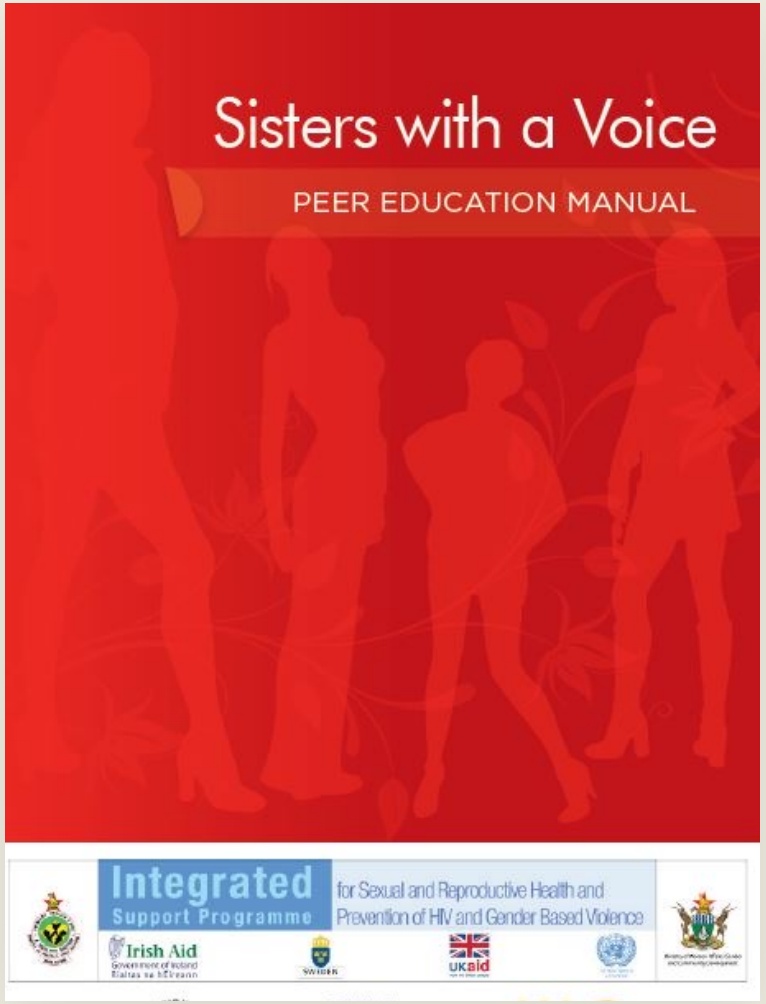
Adapting microplanning for YWSS

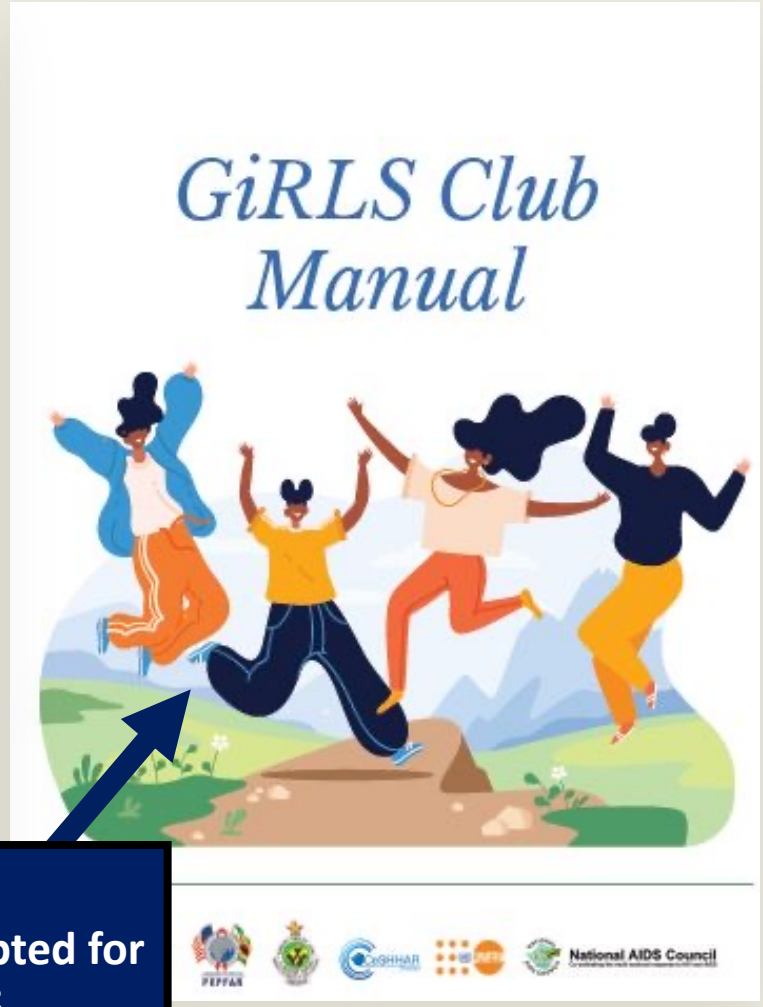
- Young women who sell sex - 16–24 years
- Key issues to address in adaptation: HIV prevention - reduction of incidence and prevalence of HIV through
  - Improving consistency of condom use
  - Biomedical prevention scale up and continuation
  - Addressing violence
  - Supporting mental health
- Identified 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

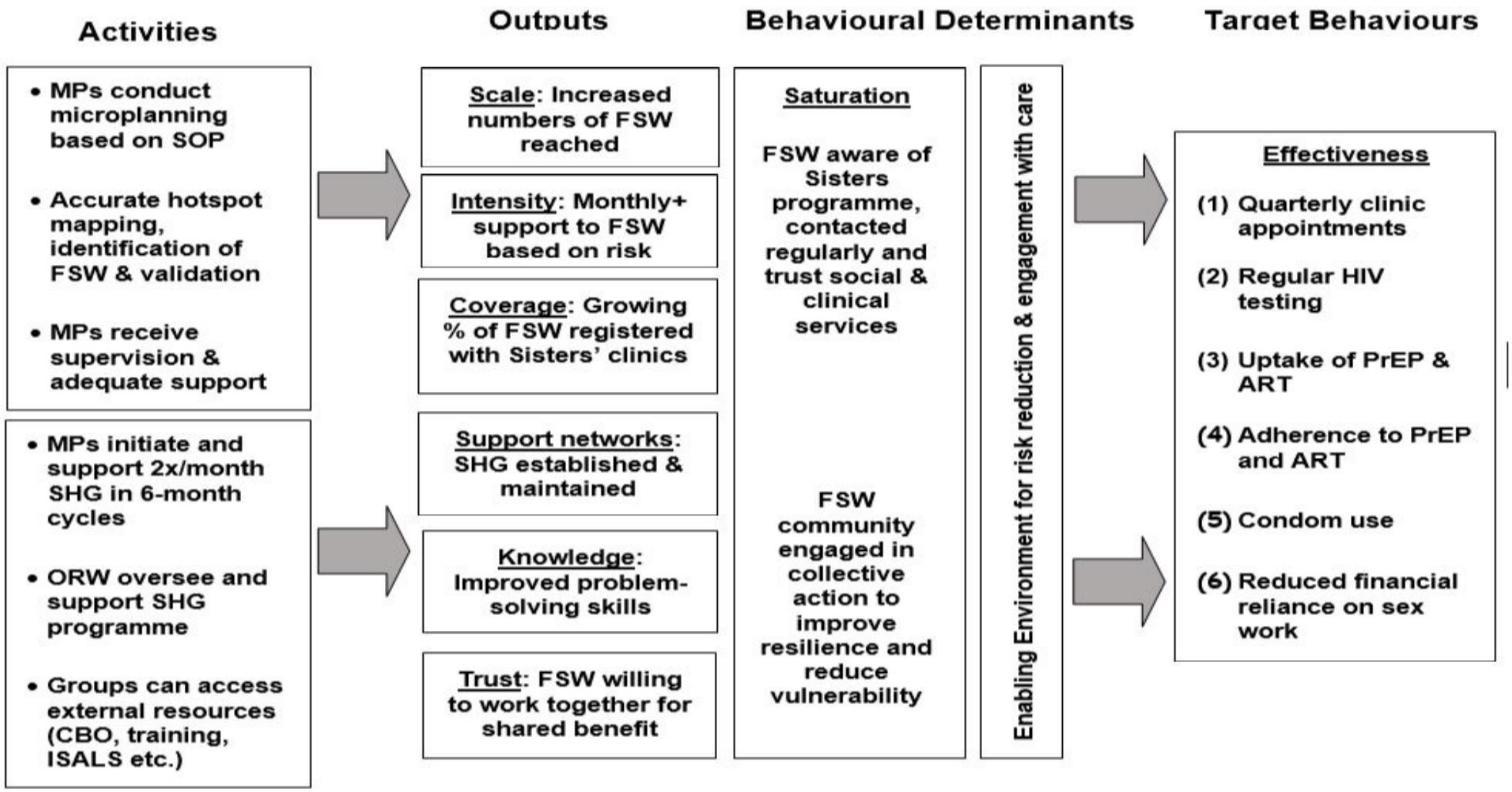
Manualized sessions delivered to peers by microplanners





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)

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)

Mabutweni SHG and CARG
Bulawayo, April 2021

- 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

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 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