

Differentiated Mobilization For Sex Workers

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

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The African Sex Workers Alliance (ASWA)

- Regional network of sex workers-led groups and organizations across 35 African countries (East, West, Central, North and Southern Africa)
- Our membership is both individual group based and national network based.
- 27 national networks, with a total of 160 member groups
- Our members are sex workers in all their diversity; female, LGBTQ, male, migrant, young sex workers.



Key Population HIV Data in Africa

- According to the UNAIDS Global AIDS Strategy 2021-2026, the risk of acquiring HIV is 26 times higher among gay men and other men who have sex with men, 29 times higher among people who inject drugs, 30 times higher for sex workers, and 13 times higher for transgender people.
- We work with sex workers in all their diversity including LGBTQ, MSM and sex workers whose risk of acquiring HIV is high.
- Key populations and their sexual partners account for an estimated 62% of new infections globally and 97% of new infections in Middle East and North Africa.
- Women and girls account for 48% of new HIV infections worldwide and 59% of new infections in sub-Saharan Africa,
- Women who are sex workers experience alarmingly high risks of acquiring HIV and are less likely to access services.
- Among countries reporting data to UNAIDS in 2019, 32 criminalized and/or prosecuted transgender persons, 69 criminalized same-sex sexual activity, 129 criminalized some aspect of sex work, and 111 criminalized the use or possession of drugs for personal use.





Urembo days

- The use of special days like the 'Urembo day'- beauty day.
- Kiambu Sex Workers Alliance in Kiambu County Kenya organize a beauty Day once a week in their DIC.
- The mobilisers of the Day mobilize sex workers to come for HTS services and STI screening.
- As they seek services, they get hair done, facials, manicure, pedicure and facial scrubbing.
- In the year 2022, **1364** sex workers were tested, **17** were newly diagnosed with HIV, **17** were linked to care.



Different ways programs can mobilize sex workers for HTS

- Use of sex workers as mobilisers.
 - SW Peer educators work with the HTS provider to identify those in their cohorts who have not accessed services for more than 3 months.
 - They then follow them up and refer them to the clinic.
 - For those who can not be reached via peer educators, sex workers from their hotspot are engaged to locate them.
- Provision of HTS at sex workers' hot spots e.g., moonlight in the evening.
 - Peer educators communicate to their peers and tell them to mobilize their friends who are sex workers to come to the moonlight for HTS services.
 - Snow-balling is also applied whereby the tested sex workers are asked to mobilize more sex workers for HTS Services.
- Adhering to DSD Model like flexi hours
- Home-based/Door to door provision of HTS to sex workers identified by peer educators or sex workers who do not access HTS at the clinic.



Best practices for successful differentiated mobilization strategies

- Sex workers-led outreaches at the hotspots
- Social Networking Strategy (SNS)
- Psycho-social support groups. They provide support to help sex workers living with HIV meet their mental, emotional and social needs. This has improved retention to care as well as tracing of sex workers defaulters who have been re-enrolled to care
- Safe space. Some of our members have established safe spaces where sex workers freely frequent to relax, use WiFi, make their hair, sleep and much more. This has seen great milestones in the uptake of of HTS services.
- Ensuring there is the availability of STI treatment drugs. When sex workers get all services at the DIC ,it ensures consistency in them seeking services including retention to PrEP, ARV, family planning options including safe abortion awareness and services.



Challenges for successful differentiated mobilization strategies

- Punitive laws, cultures and practices criminalizing sex work and other intersectionality like same sex relations, drug use and possession provokes some cases of violence against sex workers at the hotspot where sex workers led outreaches are held. Decriminalization of sex work will mitigate violence and increase HIV outcome.
- Lack of confidentiality in some psycho-social support groups. Some members of support groups leak confidential information. Organizations need to support sex workers on how to maintain confidentiality and also for sex workers to be resilient when their confidential information is leaked.
- Lack of resources for continued mobilization of sex workers to access HTS. Organization providing HTS Services are only funded for a short while. Sustainable funding is needed to support organizations providing HIV Services.



Recommendations for successful differentiated mobilization strategies

1. Organizations serving sex workers should invest, or increase their investment in, community mobilization to promote greater community ownership and sustainable improvements.
2. Develop a regional /national exchange to facilitate the dissemination of community-mobilization best practices, trainings, and toolkits for adaptation by community-based service providers and advocacy groups.
3. Foster and facilitate collaboration with regional/national/local organizations and programs addressing many of the social and structural drivers of health disparities among key populations
4. Re-introduce dual test.



What key lessons have you learned from the testing strategies you are implementing that have improved linkage to treatment?

- The use of special days like the 'Urembo day' -beauty day in the clinic increase the testing, linkage and retention.
- Use of sex workers as peer mobilisers, adhering to DSD Model-flexi hours, door to door provision of HTS to sex workers, provision of HTS at sex workers' hot spots e.g. moonlights increases testing, linkage and retention



Thank you!

