

Integrated HTS and Prevention Services for Female Sex Workers

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Leveraging DSD Strategies to Optimize HIV Testing and Linkage Services

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Brief Organization Background

- ❖ **The Alliance of Women Advocating for Change (AWAC)** is an umbrella network of grass root female sex worker (FSW) led organizations established in 2015 by FSWs to support collective organizing and strengthen a resilient movement of FSWs that advocates for sustainable, integrated universal health care, provision of multi-sectorial SRHR, HIV, mental health, socio-economic justice and protection services targeting FSWs, especially those with multiple, compounded and intersecting vulnerabilities in Uganda.
- ❖ AWAC core beneficiaries: FSWs with disabilities; FSWs who use or inject drugs; senior/elderly/aging FSWs; FSWs in refugee and migrant settings; FSWs living with HIV; and AGYW engaging in sex work or surviving in sex work settings operating in rural and hard to reach areas.
- ❖ AWAC has worked in 47 districts, reaching 32,000 FSWs

AWAC Programme Areas



Integrated sexual & reproductive health services (SRHR), including harm reduction, GBV, mental health, cancer screening & contraception



Research, documentation & knowledge management



Community integration & outreach



Strengthening grass root structures & feminist movement building



Economic empowerment activities



Community & institutional development

Some of the Prevention Services Offered and Numbers Reached

Services provided/ activities/ intervention response	No. of service recipients reached to date since 2019	Notes
HIV prevention services	16,453	Recipients are FSWs, their clients, partners, their children, and AGYW engaging/surviving in sex work settings
HIV testing services –TST services	12,960	FSWs, AGYW engaging/surviving in sex work settings, their clients and partners received HTS
Oral PrEP care services (PrEP Curr)	10,994	FSWs, AGYW engaging/surviving in sex work settings and their clients received oral PrEP and are currently in PrEP care.
STIs treatment	2,129	FSWs, AGYW engaging/ surviving in sex work settings, their clients and partners were screened & received STI treatment
GBV / IPV related services and mental health services.	2,615	FSWs, AGYW engaging/surviving in sex work settings received screening, counselling, safety and security, PEP, emergency contraception, referral to legal aid & shelter, & health support.
SRHR services for FSWs and AGYW engaging in sex work, partners and clients of sex workers	4,364	AGYW supported to establish 12 GACs . AWAC additionally has a dreams project consisting of 57 AGYW. Services include; Life skills using the stepping stones, parenting, family planning, information, education & counselling in relation to SRHR

Approaches to Ensure Integration of HTS and Prevention Services

1. Drop-in Centers (DIC) offering comprehensive one-stop services, including HTS and prevention services.
2. Community groups offering HTS and prevention support e.g. CHLEGs, GACs.
3. Outreach HTS and prevention services in the community.
 - SNS and EPOA testing approaches
 - Door-to-door services
 - Syringe and needle exchange services
 - Services for FSW with disabilities

HTS and Prevention Services Offered at the DIC

Some of the services offered in the DIC for FSWs

- ✓ HIV testing, treatment and referral/linkages services
- ✓ PrEP services
- ✓ Post-Exposure Prophylaxis (PEP)
- ✓ Promotion and distribution of commodities and supplies (lubricants, condoms, self-testing kits)
- ✓ STI screening and treatment.
- ✓ Needle and syringe exchange programme for FSW injecting drugs
- ✓ Integrated HIV/AIDS/GBV & mental health assessments, counseling and referrals through a toll-free line
- ✓ Community adherence meetings to reduce stigma & discrimination.
- ✓ Safe space with peer-led psychosocial support and counseling services for effective coping mechanisms including self-care and wellness sessions.



Community Health Livelihood and Enhancement Groups (CHLEGS) and Girls Action Clubs (GACs)

- CHLEGS and GACs are safe spaces for FSWs and AGYW engaging in sex work.
- They entail a cocktail of health and socio-economic support in one safe-space network in the community or hotspot area.
- They support demand creation for HTS, and other HIV prevention services, including:
 - PrEP and PrEP adherence support
 - Index contact tracing
 - Disclosure and positive behavior change practices
 - Savings through *Community Saving and Loans Associations (CoSLAs)* and business start up and entrepreneurship, to reduce their health and socio-economic risks and vulnerabilities.

Targeted community outreach using the Enhanced Peer Outreach Approach (EPOA) Model and Social Network Strategy (SNS)

- SNS enlists **HIV-positive and high risk, HIV-negative FSW/clients (recruiters)** to identify individuals from their social, sexual, and drug using networks for HTS thus, enhancing last mile access to HTS.
- EPOA uses a peer outreach approach, **led by hotspot-based FSW peer leaders** who undertake targeted mobilization of peers in their own social and sexual networks for HTS and comprehensive prevention services by the outreach health workers.
- Following testing, appropriate services like PrEP, STI screening and treatment are provided on addition to linkage to other services.



Intersectionality Lens

Using an intersectionality lens, AWAC has strived to close the gaps, address inequities and catalyze access to responsive last mile HTS for FSWs with multiple and intersecting vulnerabilities (FSWMIV).

Interventions for FSWs with disabilities (FSWIDs) include:

- ✓ Training in sign language
- ✓ HIV awareness, testing and risk reduction counselling
- ✓ PrEP adherence counselling
- ✓ Family Planning
- ✓ Wellness sessions
- ✓ Skills training and economic empowerment
- ✓ Escorted referral to facilities for PrEP initiation, PrEP refills and other HIV prevention options.
- ✓ Demand creation for other HIV prevention services

Services for FSWs who Use and Inject Drugs (FSWUIDs)

- The Community Harm Reduction Container (CHRC) project identifies and supports FSWUIDs based in high-risk, hard to reach areas.
- Helped AWAC to provide integrated HIV prevention services for FSWUIDs in the community, including:
 - HTS and PrEP initiation
 - STI screening and treatment
 - Family planning
 - Viral hepatitis information
 - Provision of sterile injecting equipment & information on safe injecting practices
 - Condoms & lubricants distribution and tracking
 - Mental health and psychosocial support, as well as referral for MAT.

Door to Door Services Using Motorcycles, Bicycles and Safe Bodas



- Mobile door-to-door HTS has been critical in last mile delivery of HTS, including reaching some FSWs enlisted through SNS and delivery of PrEP refills.
- It has been especially important for contact tracing and in public health emergency settings, with associated restrictions.
- Other prevention services include:
 - Distribution of condoms
 - Self-testing kits
 - Family planning/self injection
 - Responsive behavior change IEC materials specific to FSW needs

Toll-free Line and WhatsApp for Psychosocial Support and Referral to Prevention Services

PHONE CALL REASON	Q1 2022	Q2 2022	Q3 2022	Q4 2022	TOTAL 2022
SRHR information, referrals for HTS, PrEP initiation and refill, STI screening and treatment, FP, GBV.	128	104	112	127	471
Social economic, general information and inquiries.	142	135	129	126	532
TOTAL	270	239	241	253	1,003

- AWAC's ***Malaika* toll-free line** offers psychosocial support, including documenting GBV cases, and referrals for HTS and HIV prevention services, especially PrEP.
- Phone calls are made for follow up and psychosocial support, especially for clients newly initiated on PrEP.
- AWAC runs a **WhatsApp group** for its grassroot members where HIV prevention information is passed on and inquires, referrals and linkages to HIV prevention services are made.

AWAC Contribution to HIV Response – Prevention MER Indicators (Oct 21 - Sept 22)

KP_PREV	KP_HTS_TST	KP_HTS_TST_NEG	KP_HTS_TST_POS	KP_PrEP_New	KP_PrEP_CT
4588	4138	3930	208	3862	3427

Contribution by Model (Oct 21- Sept 22)

Modality	Number Tested	Initiated on PrEP	% Initiated on PrEP among tested (proxy indicator)
SNS	1638	1548	94%
Door to Door Service Delivery	447	404	90%
EPOA	1018	954	93%
Clinic Day at the DiC	549	507	92%
CHLEG	486	449	92%

Challenges

- **Stigma, violence and discrimination** due to prejudice, stereotypes, religion and culture.
- **Shrinking civic space and resource envelop for civil society organizing and action.** Areas of safety are decreasing and stigma is on the increase, cases of violence are increasingly getting unreported, undocumented and ultimately unpunished. Some local communities are stringent.
- **Influx of adolescents with multiple and intersecting vulnerabilities** in the sex work industry especially during COVID 19, yet there are no technical guidelines and SOPs for responsive programming for adolescents surviving in sex work.
- **Systemic exclusion** e.g., sex workers and other KPs-led orgs have limited access to government supported programmes.
- **Limited package of multisectoral services** e.g. mental health and viral hepatitis services for FSWMIV. Some essential KP services are not integrated in Uganda's KP tracker.

Lessons Learnt

- **Service differentiation:** Differentiating services according to the unique intersectionality needs of FSWs, does not only promote uptake, adherence and continuation in care, but also improves social wellbeing of FSWs and improves access to responsive last mile HTS, especially for FSWMIV
- **Providing targeted, integrated, inclusive, friendly, timely and comprehensive HIV services** that includes health, social and economic aspects for FSWs through the DIC.
- **Integration of multi sectoral services e.g. mental health services** into HIV programming is important in enhancing uptake and continuity on PrEP.
- **Significance of the peer network:** Peer navigators at facilities and field-based peers play a significant role in uptake of HIV prevention services and continuity on PrEP.

Recommendations

- **Strengthen leadership and empowerment of sex worker leaders and their organizations/networks**
- **Update national KP M&E tools** to include indicators for mental health, alcohol and other substance use, and hepatitis B and C.
- **Step up innovative and equitable multi-sectoral coordination** and financing mechanisms for HIV programming across all levels to address the thinning resource envelope especially among key populations.
- **Continuous engagement around legal**, policy and regulatory environment and its effect on uptake of health services by key populations.

Recommendations

- **Effective Health Promotion & Health Service Delivery:** Adapt funding mechanisms to address barriers to key population-led organizations successfully applying for funding; invest in research to find out what approaches and interventions work favorably for sex workers in their own contexts.
- **Data Collection & Analysis:** Ensure at the minimum that data is collected on nation wide population size estimates, HIV incidence, attributable risk and structural risk factors among sex workers.
- **Increased Accountability:** Sex worker led organizations/networks need to be equipped with data, technical expertise, organizational capacity and funding required to take individual and collective ownership of their HIV prevention response and to hold governments and donors accountable.

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Thank you!

