

Supporting High-quality and Sustainable Key Population Services in Eswatini

Sindy Matse

Eswatini National AIDS Program

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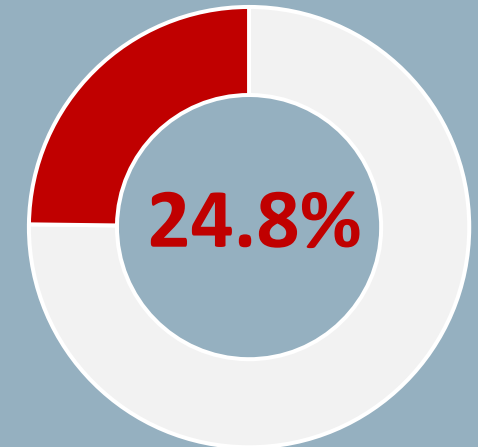
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Eswatini Country Profile



Total
population
1,160,164

National
HIV
prevalence
age 15+



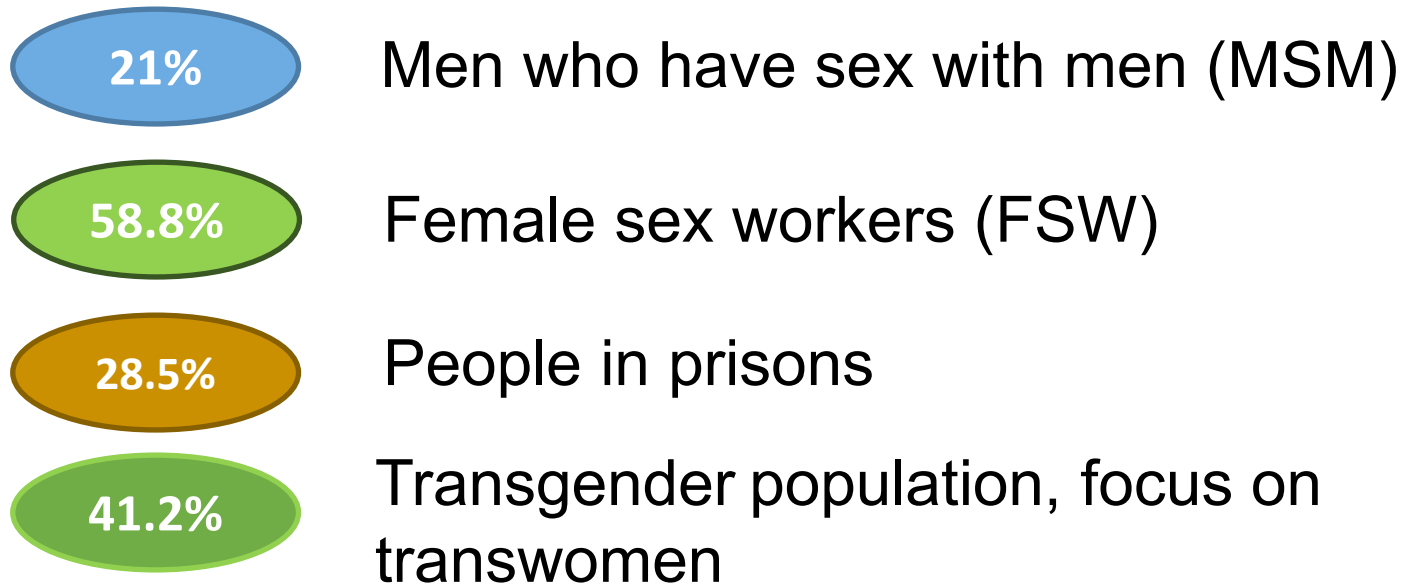
HIV incidence 1.13



0.62

Key Population Size Estimates and HIV Prevalence

HIV Prevalence Among Key Population (KP) Groups



Source: IBBSS 2021 & 2024



7,100 FSW



4,000 MSM

Source: size estimation 2021

Challenges Faced by KP in Accessing Healthcare Services

- KP experience several social and legal issues, including:
 - Violence from society, clients, intimate partners, and service providers especially for sex workers (SW).
 - Stigma and discrimination from society and service providers based on gender identities and sexual practices.
 - Punitive laws: criminalizing of sex work and same-sex (Crimes Act of 1889); and sex between males (Sodomy Act).
 - Police arbitrary arrests of SW often results in secondary violations (police violence and rape).
- Reported physical, emotional, sexual, and economic abuse impeding access to HIV services.
- KP's social and legal status always has negative effects in accessing health care services.
- Majority of KP access services in mobile clinic outreach and drop-in-centres.

Challenges Reported by KPs During IBBSS in 2012 & 2021

FSW	2012	2021
<i>As a result of sexual behavior in the past 12 months:</i>		
Felt afraid to seek health care	44%	25%
Been refused police protection	49%	21%
Verbal and physical harassment	61%	37%
Been beaten up as a sex worker	39%	18%
Ever been raped	44%	32%
Been blackmailed	35%	24%

MSM	2012	2021
<i>As a result of sexual behavior in the past 12 months:</i>		
Felt afraid to seek health care	55%	31%
Been refused police protection	31%	2%
Verbal and physical harassment	44%	13%
Been beaten up due to sexuality	15%	9%
Ever been raped	7%	8%

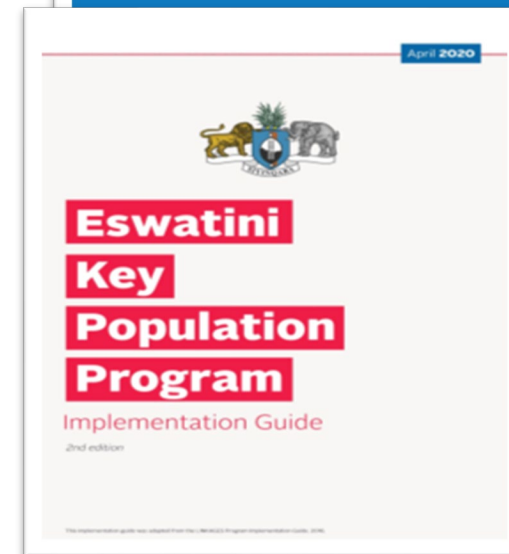
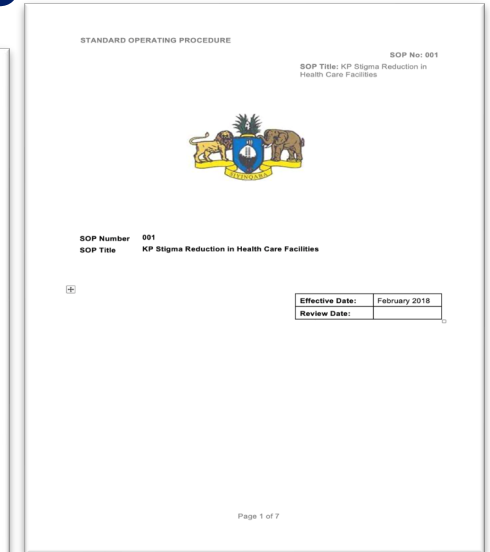
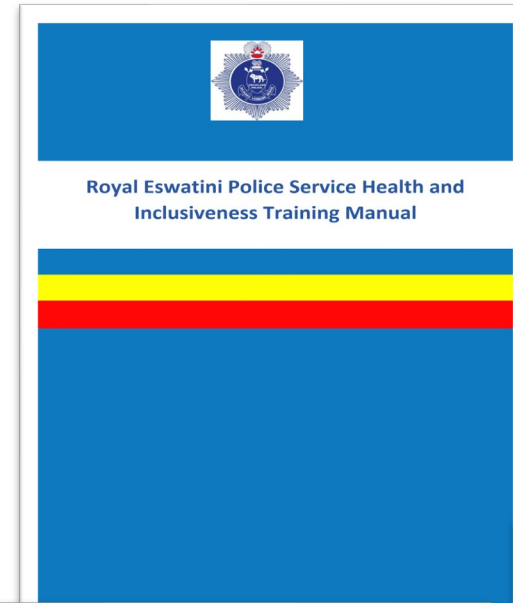


Interventions Implemented

KP Program Strategic Documents

Strategic documents developed to guide programming and training of service providers:

- KP program implementation guide (2020)
- Health care workers training manual (1st edition in 2016, 2nd edition in 2022)
- Service providers' sensitization SOP (2018)
- Police training manual on KP for pre- and in-service training (2018)



Reducing Stigma, Changing Providers' Attitude and Behavior Towards KP

- * **Stigma reduction in health facilities** through **pre-service** and **in-service** trainings

- * Mapping facilities around hotspots and safe spaces

- * Developed a sensitization package based on tiers

- * Developed indicators for “centers of excellence” facilities



- * **Community engagement:** Engage KP as Ambassadors and partners in a collaborative effort to reduce stigma in institutions.

- * **Police training and sensitization at all levels** (from executive to police station level)

- * Developed a human rights training manual.

Outcomes

- **Stigma reduction in health facilities:**
 - All 4 nursing tertiary institutions in Eswatini are sensitized.
 - Collaborated with KP Ambassadors to conduct in-service training for healthcare workers in the majority of health facilities
 - All hospitals and health care centers sensitized
 - Majority of clinics (primary health care facilities) are sensitized
- **Police training and sensitization**
 - All police leadership were trained on KP previously
 - All police regional officers were sensitized
 - All police officers responding to violence were trained
 - A number of police stations have received sensitizations.



Why KP Standards are Essential

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Key Commitments to Universal Health Access for Key Populations

1. Universal access to health services, Zero Discrimination
2. Determination to reduce stigma among service providers
3. Enabling environment and KP-competent service access
4. Sustain gains in HIV response, leave no one behind:
equitable healthcare
5. Importance of standards for KP program inclusion and tracking

Development of KP Service Standards

- MOH worked with partners to adopt a draft of the *CQUIN Quality Standards for Key Population-Friendly Services*
- Engagement with KP stakeholders, specifically partners in the KP program:
 - Identified the need to establish health facilities as "centers of excellence" for delivering competent services to KPs.
 - Developed a draft SOP for stigma reduction in health facilities.
 - Created indicators to assess the competency of KP-friendly facilities.
 - Reviewed the draft *CQUIN Quality Standards for Key Population-Friendly Services*.
 - Formed a task team, led by the Ministry of Health, to review and contextualize the standards.

Integration of KP Service Standards

Task team role :

- Reviewed the *Quality Standards for KP Friendly Services*, making contextual adjustments as necessary
- Incorporate comments from KP core team and finalize standards
- Involvement with the other HIV thematic area standards, which were also reviewed to ensure integration

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Edition 1

ESWATINI NATIONAL STANDARD

HIV and AIDS Prevention, Treatment, Care and Support services-requirements

Published by: [Eswatini Standards Authority](#)
Marbel Construction, Plot 247, 11th Street King Mswati III Avenue West
P. O. Box 1399, Matsapha, Kingdom of Eswatini
Telephone: +268 2518 4633, Facsimile: +268 2518 4526
Website: www.swasa.co.sz
E-mail: info@swasa.co.sz
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Goal:
**High-quality key
population services
provided using a
sustainable, person-
centered approach**

Integrated Healthcare Delivery:

- Collaborative approach between primary care and public health
- Addresses specific needs of key populations
- Integrated assessment and tracking

Person-Centered Care Implementation:

- Core practices and structural elements
- Enhances effectiveness in healthcare settings
- Cross-thematic collaboration

Community-Led Monitoring:

- Local organizations gather and analyze data
- Assesses availability and quality of HIV services

Next Steps

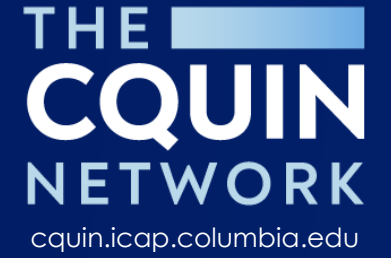
- Ministry of Health is currently in the process of reviewing HIV service standard and adapting the SIMS standard.
- KP core team to validate the quality standards thus integration of *Quality Standards for KP Friendly Services* in national HIV standards.
- Develop assessment tool and conduct facilities' assessments
- Development of finding dashboards
- Assist assessed facilities to develop and implement mitigation plans based on findings.

Lessons Learned

- **Collaboration is Key:** Effective partnership and engagement with stakeholders, including KP communities, are crucial for developing and adopting quality standards that are inclusive and effective.
- **Stakeholder Engagement:** Active involvement of KP stakeholders in the planning and decision-making process
- **Centers of Excellence:** Establishing health facilities as "centers of excellence" is a valuable strategy for providing specialized and high-quality services to KPs
- **Stigma Reduction:** Capacitating the HCWs on developing and implementing SOPs for stigma reduction in health facilities is essential.

Lessons Learned

- **Competency Indicators:** Creating indicators to assess the competency of KP-friendly facilities is important for monitoring and evaluating the effectiveness of services provided.
- **Contextualization of Standards:** Reviewing and contextualizing global standards, such as the CQUIN Quality Standards, ensures that they are relevant and applicable to the local context.
- **Task Team Leadership:** Forming a dedicated task team, led by a central authority like the Ministry of Health, provides clear direction and accountability for the review and implementation of standards.



Thank You!

