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Optimizing HIV services for Female Sex Workers: Strategic collaborations to improve access to care

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Kisumu, Kenya

- Location: the shores of Lake Victoria in Nyanza Province
- Population : approximately 500,000
- HIV prevalence : 10.8% (Nyanza 7.8%, Kenya 5.1%)
- Poverty index : High in Nyanza 48%; more than two thirds are women (Kenya 46%)
- High stigma and cultural perceptions to HIV leading to low health seeking behavior
- Transit town for long distant truck drivers to Uganda and Rwanda using the western corridor

Geographical location of Kisumu in Nyanza, Kenya

Building the case for a Female Sex Worker Focused HIV Care and Treatment Program

- HIV prevalence amongst Female Sex Workers (FSWs) in Kisumu in 1997 was 75%
- 50% were reported not using condoms during last sexual encounter
- Lack of HIV services targeting the FSWs
- High level of stigma in the community is a barrier to health seeking behaviour for FSWs
- Lack of flexibility of HIV clinics to operate out of official working hours

Solution

- Fully integrated comprehensive HIV and reproductive health services with prevention and counseling support for FSWs at a single, easily accessible location in Kisumu
- Care and support available to FSWs was extended to their children at the same site
- HIV clinic which was open weekdays 8am to 5pm and Saturdays 8am to 12pm, was integrated into the general out-patient and family planning clinic to reduce stigma
- Due to their hard to reach nature, the FSWs were reminded of their clinic appointments through mobile phone calls and short text messaging; this personalized their care

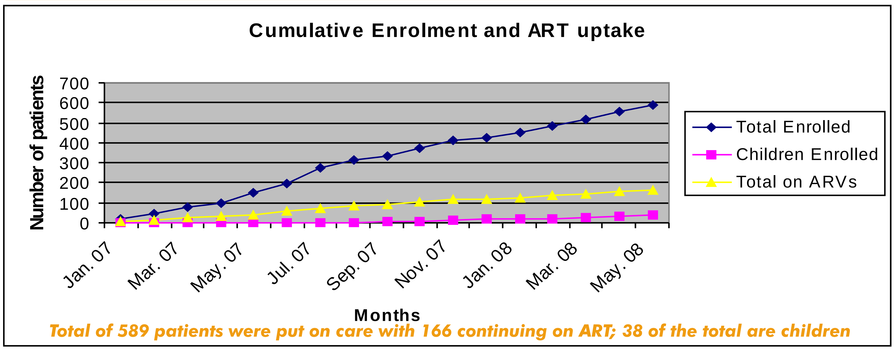
Collaborators' Roles

- **ITM (Institute of Tropical Medicine)/FHOK (Family Health Options of Kenya) (Pambazuko)**
  - Clinic space
  - Staff
    - Clinical officer
    - Nurse
    - Peer educators and outreach teams
  - Gynaecological evaluation
  - Community mobilization
  - VCT
  - STI treatment
  - Transport of samples
  - Support group

A sex worker demonstrating use of male condom

- **FACES (Family AIDS Care and Education Services)**
  - Clinical mentoring
  - ART and OI drugs
  - Staff exchanges
  - Continuous Medical Education
  - Lab support
  - Technical assistance
  - Reporting to PEPFAR
  - Program planning

Results



Total of 589 patients were put on care with 166 continuing on ART; 38 of the total are children

Lessons Learnt

- Total of 589 patients were put on care with 166 continuing on ART; 38 of the total are children
- Collaborative efforts improved access to comprehensive care for the FSWs despite the barriers
- Adherence rate of over 80% for those on HAART was achieved
- Personalized encounters through cellular phone contact was able to improve adherence to appointments and medication

Clinician attending to a FSW Client

Challenges

- Partner or contact tracing was difficult since the FSWs could not come with them to the clinic
- FSWs are still stigmatized hence poor health seeking behaviour
- Defaulter tracing and continuity of care for transitory FSW

Recommendations

- HIV intervention programs should have multifaceted efforts in order to reach out to vulnerable populations
- Collaborative efforts based on partner strength go a long way in optimizing delivery of HIV services
- Community participation, good referral linkages and peer support networks are crucial for HIV intervention program success

Next Steps

- Improve on defaulter tracing by more involvement of support groups
- Train other health care workers on personalized HIV care
- Strengthen referral linkages through use of standard referral tools
- Increase paediatric enrollment and ART uptake
- Improve on partner/contact tracing by scheduling appointments with constant follow up