Republic of Zambia
Ministry of Health

MINIMUM PACKAGE OF SERVICES FOR FEMALE SEX WORKERS IN ZAMBIA

LUSAKA, ZAMBIA
AUGUST 2014

PEPFAR USAID FROM THE AMERICAN PEOPLE fhi360 THE SCIENCE OF IMPROVING LIVES BRIDGE PROJECT LINK - LEARN - LEVERAGE Africa-India-Asia : HIV Learning Network Corridors of Hope

Acknowledgement

This document has been developed as a result of the efforts of the Corridors of Hope III Project Team and with support from the FHI 360 India Bridge Project team. We thank Abhishek Jain, Technical Manager (SBC) Bridge project, FHI360, India for the support rendered in writing this minimum package of services for sex workers in Zambia and accepting to provide related training. We would like to acknowledge the guidance and leadership of Dr. Sanjeev Singh Gaikwad, Director, Bridge Project, FHI360, India and Joseph Kamanga, Chief of Party, Corridors of Hope III Project, Zambia. We would like to acknowledge the critical contributions of the following individuals, towards the development of the package of services and the indicators we want to thank other members of the COH III project who in one way or another reviewed and supported production of this documents and these are from FHI360; Lazarous Chelu, Prevention Services Advisor, Chipili Mulemfwe, Prevention Services Officer, Flavia Mwape, Monitoring and Evaluation Officer, from partner Zambia Health Education and Communications (ZHECT): Emmanuel Mwamba, Prevention Services & Delivery Manager, From partner the Zambia Interfaith Networking group (ZINGO); Silvers Hamukoma, Program Manager and John Kamona, Advocacy and Livelihood Specialist.

We also thank the National AIDS Council Zambia and the COH III program Agreement Officer Technical Representative (AOTR) AOTR at USAID for the support in producing the document.

Foreword

The National AIDS Strategic Framework (2014-2015) recognizes female sex workers as one of the key populations in the HIV response in Zambia. Current evidence shows that a female sex worker is over 10 times more likely to be infected with HIV and other STIs than other women in the general population. There are numerous reasons for this scenario which includes engaging in unprotected sex for higher pay, inability to negotiate for safer sex including consistent use of a condoms, lack of access to appropriate health services, social stigma and criminalization, sexual violence, drug and alcohol abuse thereby increasing their vulnerability. Sex worker clients, the majority who may be married men and may have other girlfriends contribute to transmission of infection to and from sex workers into and from the general population.Thirty years since the first case of HIV was reported in Zambia sex workers continue to face barriers to access quality HIV prevention and treatment services.

The effort by the FHI 360's Corridors of Hope Program Zambia and Bridge Project of India to develop a minimum package is an important step in advocating for quality, comprehensive and integrated health services for sex workers. Since 2000 the COH program with funding from USAID/PEPFAR has targeted FSWs and their clients with HIV prevention services around HIV testing and counselling, STI treatment services and behavior change communication. Over the years more services have been availed to FSWs including family planning, screening for tuberculosis and malaria and formed strong linkages with other implementing partner's under the hospice of the District AIDS task forces. After several years and experiences working with sex workers COH has come up with this package that is not only for FSWs in the 10 COH district sites but is applicable and appropriate for implementation by any other organization involved in the

provision of HIV prevention services to FSW and other key and vulnerable groups and in community empowerment.

I am happy to note that FHI 360's Bridge Project of India has extended its support in developing this document, organizing learning visits to India and providing technical input in the revision of the National Strategic Framework 2014-2015.

Dr. Jabin Mulwanda
Director General, National AIDS Council

Introduction

The HIV and AIDS Pandemic

According to UNAIDS 2011, at the end of 2010, an estimated 34 million people were living with HIV worldwide. Sub Saharan Africa also continued to remain the region most heavily affected by the pandemic. The region with only 12% of the world's population was the home of 68% of people living with HIV. Also, 70% of the annual new HIV infections reported across the world were reported from this region in 2010. As a result, AIDS continues to be one of the most serious public health and development challenges faced by sub-Saharan Africa today.

HIV and AIDS continue to be a major developmental challenge for Zambia, which still has one of the highest HIV prevalence rates in the world. According to the UNAIDS estimates in 2012, 12.7% of adults within the age group of 15-49 years were infected with HIV in Zambia. Heterosexual contact accounted for the great majority of HIV transmission in the country. According to a study in 2005, 65.4% of FSWs in Zambia are HIV infected. According to the Zambia National HIV/AIDS/STI/TB Council FSW are 13 times more likely to be infected with HIV than the general population.

In Zambia, Corridors of Hope HIV/AIDS Prevention Initiative (COH III), a five-year project funded by USAID/Zambia and the President's Emergency

Corridors of Hope (COH III) Project

Plan for AIDS Relief (PEPFAR) is implemented in 10 high prevalence border and transportation corridors. The project targeted Key Populations (KP) who are Female Sex Workers and their clients as well as the general population with an aim to reduce the spread of HIV among the Key Population. The project's main objectives are to provide comprehensive HIV and AIDS prevention services and behavior and social change interventions and to improve linkages and referral networks. In this phase, some of the accomplishments by COH III are:

- Great support from government through DCHO, and traditional leaders and other stakeholders. The Project receive commodities such HIV and syphilis test kits, drugs for STI treatment, family planning, screening and treatment for malaria. In turn COH III contribute into the national health information management system data base.
- Expanded Gender-Based Violence (GBV) intervention to all 10 sites. A total of 145 COH site based staff including psychosocial counsellors and over 350 peer- promoters for most at risk populations including FSW have been trained.

- Through a Public Private partnership in Livingstone; over 300 clients on ART at LGH are enrolled for adherence counseling in 4 community/private pharmacies,
- Contributed to the development of the national STI Management guidelines. The COH/FHI360 STI management flow charts have been adopted for national use.
- Formed 74 group savings and loan associations (GSLAs) in 7 COH sites that have since graduated. Of the total 1,399 GSLA members reached out to, 1,086 were Low Income Women. The total amount of money saved and paid out amounted to $100,000.
- Trained 400, 285 and 394 GSLA members in Small Plot Horticulture, Generate Your Business Idea concept and Small Livestock Husbandry. The purpose was to build the economic stability of the GSLA members to enhance resilience in times of household shocks.
- Carried out 255,417 HIV testing and counseling and also reached 2,891,723 individuals with behavioral change interventions between October 2009 and March 2014

Rationale for the minimum package

USAID/PEPFAR has granted FHI360 a one year cost extension of the COH III project, this implies that the project will go into the sixth year of implementation (Oct 2009-Sept 2015). The fundamental focus during this phase of Corridors of Hope III will be provision of targeted comprehensive integrated HIV services and behavioral change intervention programs to FSWs and their clients. During extension period the project plan to provide these services to at least 50 per cent of FSW and one-third of their clients. The overall goal of targeted prevention is to reduce risk of transmission of HIV and other STIs, thereby reducing the incidence of HIV infection by averting new infections. In addition, Economic strengthening interventions in the form of group savings and loans associations (GSLAs) will also be implemented to help reduce the vulnerability of FSW and provide a platform on which continually access of comprehensive HIV prevention services and human rights empowerment for FSW will be made possible. Activities will include individual risk assessment at initial visit and once in every quarter subsequently.

The program is aiming to decrease HIV infections among FSWs and their

clients and achieve improved health outcomes of FSW living with HIV through provision of integrated services. A key feature during this period will be stronger capacity building for FSW to advocate for and promote uptake of services for their peers and to increase their visibility. To achieve the program goals COH III has developed comprehensive minimum packages of services which is a checklist of prevention interventions that should be provided for FSW and their clients to increase the coverage and uptake of the services by the FSWs.

The 'minimum packages of services for FSWs' serves as an operational guide document for all partners involved in HIV prevention programming and co-ordination for key population; to improve the design, implementation and management of programs. For each target group, minimum and comprehensive interventions and strategies were outlined.

For FSWs, the following Prevention Package was developed:

Minimum HIV Prevention Package

- Peer education
- Condom promotion and distribution
- STI diagnosis and treatment
- HIV testing and counseling
- Access to other health/social services
- Gender Based Violence Screening and support
- Like skills education
- Refer to Continuum of Care for PLHIV FSWs
- FSW support groups /GSLAs, Alcohol
- Referral linkages between services
- Participation of FSWs in HIV prevention programs
- Economic Strengthening activities as a cross cutting theme.

While the Minimum HIV Prevention Package covered all necessary aspects of HIV prevention programming for FSWs, elements to ensuring optimum and regular coverage of FSWs with essential services and quantification of the packages of services could add value. For HIV prevention programs, it is important to be aware of how many FSWs are in any site (geographical area), followed by being able to track how many FSWs are being reached with services and at what frequency. For example whether the same 50% FSWs are being met every month or a different 50% are being met, which means an increase in coverage. Therefore, tracking of essential services to individual FSWs is very important to ensure maximum coverage, which is the aim of any HIV prevention program. Also additionally for the peer promoter to know how many times an FSW is to be met with which service, would allow her to effectively plan and prioritize her outreach activities, streamlining and maximizing efforts.

With this in mind and towards the achievement of the Zambia's goal of reducing HIV incidence by 50% by 2015, COH III have further devised the 'COH- Minimum Package of Services for Female Sex Workers' (COH-MPS), which includes specific timelines for service delivery and dashboard indicators for tracking of change and achievements of all COH III FSW interventions in the Zambia. The package of services, indicators and definitions were developed with the technical expertise of FHI 360 India Bridge Project in August 2014 and active participation of staff and Chief of Party, COH-III Project. The proposed minimum package of services for female sex workers will start with a study to estimate the size of sex worker population, zoning districts and demarcating the female sex worker areas of residence according to Zones. Each peer promoter will be responsible for 50-60 FSWs in the area, they will develop micro-plan for their area to deliver these services at a pre define intervals.

Minimum Package of Services for Female Sex Workers – (MPS)

Service delivery to all FSWs is of prime importance. Any FSW activity should ensure that all FSWs receive the minimum services required to be able to develop health seeking behavior as well as reduce the incidence of STIs and thereby the incidence of HIV. The COH-MPS is the minimum (number and type) services that every FSW reached in Zambia is entitled to receive and also specifies the frequency with which it must be received. It is the peer promoters' (PPs), Community Based Trainers (CBTs) and Community Based Gender Facilitators (CBGF) responsibility to deliver the minimum services to every FSW within their site. In the context of an HIV prevention and care programme, it is necessary to have a combination of services, focusing on increasing health seeking behavior, encouraging safer sex practices and economical strengthening activities. Interventions can provide additional services to this package as per their grant requirements.

Targeted outreach and empowerment interventions through Peer Promoters:

Peer Promoters should visit **each FSW at least once a month** and provide **at least two services**; (e.g. either a Behavior Change Communication (BCC) session, condom, clinical service)

- Prevention education **All FSWs** will be reached with preventions education.
- Complete personal risk assessment: **All FSWs** will have a session on H I V self-risk assessment.
- BCC: A quality BCC session should be provided to all FSWs **once a month**
- Alcohol and substance misuse session to **all FSWs every quarter**
- Life skills education **all FSWs** every **six months**

Condom:

Barrier Methods: Condoms and lubricants promotion, demonstration distribution, and negotiation. Quality condoms and lubricants should be provided **every week** to FSWs (based on condom demand)

Clinical Services:

- STI screening and treatment: STI related services/ clinical services should be offered to **all FSWs every quarter.**
- Family planning information and services: **All FSWs** will be reached with family planning information and services.
- Screening for Tuberculosis and referral for diagnosis: **All FSWs** will be screened for Tuberculosis with referral for diagnosis.
- Cervical cancer information and referral for service: **All FSWs** will be reached with cervical cancer information and referral for service.

HTC:

- HIV Testing and Counseling: HTC service should be provided to **FSWs** every **six months.**

Continuum of Care for PLHIV FSWs:

- HIV care and treatment: **All HIV positive FSWs** will be referred and linked for care, support and treatment services

Gender Based Violence Screening:

- Gender based violence session **All FSW** s will be offered and screened for SGBV at least **once in a year**
- Gender-Based Violence and supportive services: Rapid response to address violence issues **as and when needed**
- Legal/psychosocial support to **all FSWs as and when needed**

Access to other health/social services as feasible:

- Family planning and emergency contraception to **all FSWs**
- Post-abortion care to **all FSWs**
- PEP to **all FSWs**
- Harm reduction/Treatment for drug and alcohol abuse to **all FSWs**
- Cervical cancer screening to **all FSWs**

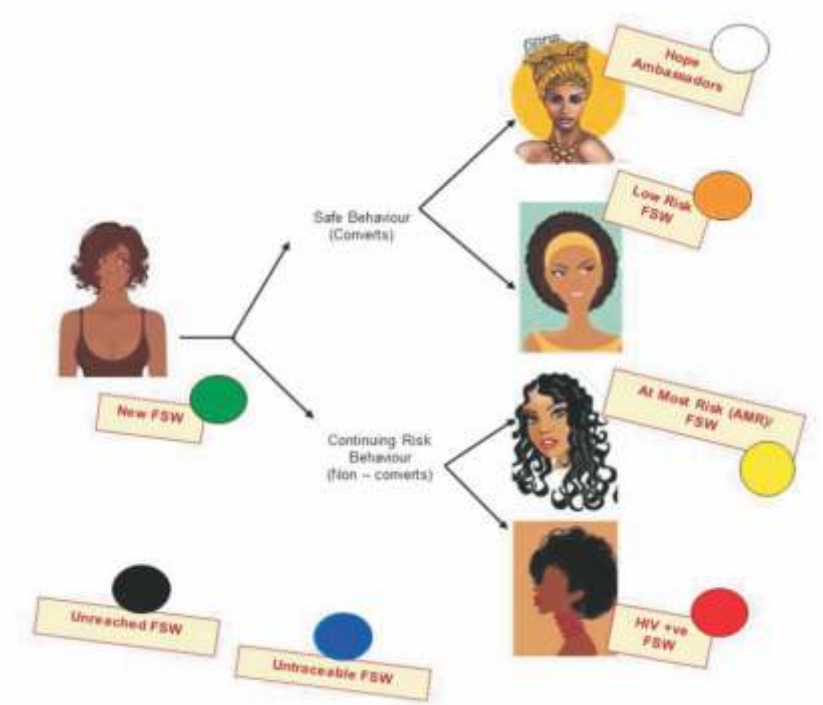
Referral linkages between services:

Economic strengthening, clinical and behavioral prevention interventions.

- Formation of GSLA groups as an entry point in all Economic Strengthening interventions to **all FSWs.**
- Market assessments & linkages to other service providers for **all FSWs.**
- Productive training in value adding ventures for **all FSWs.**
- Utilization of GSLAs as a platform for accessing Clinical and behavioral prevention interventions.

Risk Based Segmentation of the FSWs:

Even though all FSWs fall within the overall MARPs category, it is understood that certain FSWs might have specific behaviors which increase their vulnerability and therefore are at a comparatively higher risk of acquiring STIs/HIV.



SEGMENT	DEFINITIONS (Behavioral and Clinical characteristics)
New FSW	■ New in project (site or profession) in the month. Should be registered with COH III within a one month.
Low Risk FSW	**Behavioral:** ■ Known to have a low client volume (5 or less than 5 clients in a week) ■ Uses condoms regularly with all clients. ■ Reporting regular condom use with clients, when offered more money ■ Sometimes falters in using condoms with regular partner/ lover boy. ■ Takes her health as a priority and lives a health lifestyle (includes eating habits, no addictions, and so on). ■ Reporting no incidences of GVB **Clinical:** ■ Is asymptomatic currently and has not shown any symptoms in the last three clinic visits. ■ Visits clinic regularly (at least four times in the last six months). ■ Gets herself tested for HIV once in every six months.
At Most Risk (AMR) FSW	**Behavioral:** ■ Reporting low condom use with lovers/regular /nonpaying partner (as shared with the peer promoter). ■ Reporting low condom use with clients, when offered more money.FSW new to the profession (1 month). ■ Working in the local drinking establishments High Risk ■ Known to have a high client volume. ■ Known to have substance abuse issues (alcohol, drugs) –

SEGMENT	DEFINITIONS (Behavioral and Clinical characteristics)
	as shared with the peer educator. ■ Known to indulge in sexual practices other than vaginal sex (as shared with the peer promoter). **Clinical:** ■ Has repeated STIs, same or different. ■ Reported an STI after a previous asymptomatic visit. HIV positive.
PLHIV	**Clinical:** ■ Is detected HIV Positive and has disclosed her/ his status to PP.
Hope Ambassador	**Behavioral:** ■ Has attended COH III SHG meetings for the last six months consecutively. ■ Uses condoms regularly with all clients, lover and regular partners. ■ Takes her health as a priority and lives a healthy lifestyle (includes eating habits, no addictions, and so on). ■ Reporting no incidences of GVB. **Clinical:** ■ Has been asymptomatic for the last six months consecutively. ■ Visits clinic regularly (at least four times in the last six months) ■ Gets herself tested for HIV once in every six months.

Risk Based Segmented Service Delivery Packages:

Minimum Package of Services MPS for New FSW

This package is provided to all New FSWs registered with the project, it comprises:

- One quality SBC session provided each month to the registered FSWs by the PP.
- Referred by the PP to clinical services offered by the doctor to the registered SW every month.
- SHG membership to the registered SW by the PP.
- Quality condoms provided every week to registered FSWs by the PP
- HTC service should be provided to FSWs every six months.

These essential services are provided for a period of three to six months within which the individual FSW is segmented by the outreach team on the basis of his/her risk profile.

Hope Ambassador / Low Risk Service Deliver y for Low Risk FSW

This package is provided to Ambassador or Low Risk FSWs, it includes

- One quality SBC session provided once a quarter by the PP.
- Referral for Clinical services every quarter.
- Participation in SHG meetings every month
- Quality condoms provided by the PP every week.
- HTC service should be provided to FSWs every six months

At Most Risk Service Package for at Most Risk FSWs

This package is provided to **High Risk FSWs (repeatedly coming with STI symptoms) or PLHIV FSWs who are not on ART,** it includes:

- Quality condoms provided by the PP every week
- One quality Internal Check Up/Monthly Screening provided by the doctor every month.
- One quality focused STI Counseling/positive prevention counseling session provided by the counselor.
- One to one quality SCC session and risk reduction counseling from the peer promoters/lay counselor/nurse/BCC team every month
- Peer promoter will accompany the FSW for clinical services at Wellness Center once a month
- Partner tracing and treatment

- HTC service should be provided to **FSWs** every **six months**
- One Quarterly Partner Meeting (of SHG members)
- Attendance in one PLHIV Support Group / SHG Meeting every month
- Pre ART Registration within 1 month by counselor/PE/buddy.vCd4 Testing / 6 Months.

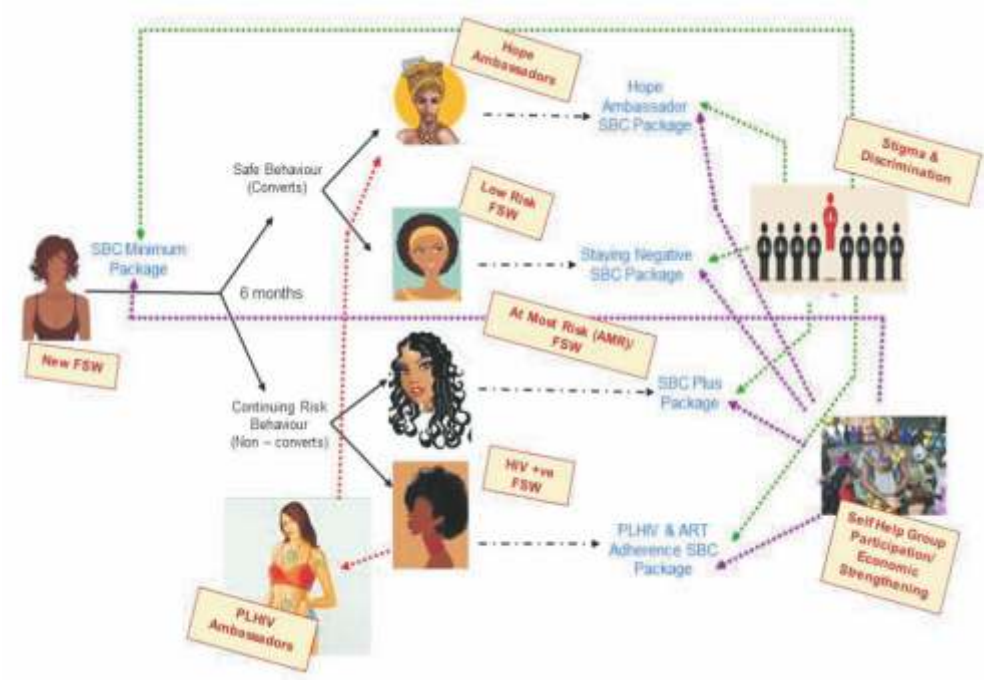
PLHIV Service Package for PLHIV FSWs

This package is provided to **PLHIV FSWs who are on ART**

In addition to the services included in the High Risk Service Delivery Package, it includes:

- Monthly accompanied referrals to the ART Center for first six months b y the counselor / PP / Treatment Buddy
- Monthly Nutrition Counseling within 1st three months of initiation of ART by the counselor
- FSW will be linked to the nearby Government health facility within one week by Peer promoter/Nurse/Lay Counselor
- FSW will be included in the positive person's group for weekly sessions
- CD4 Testing/6 Months.

SBC Package for different risk based segments of FSW



The **SBC Minimum Package** will be designed to include rapport building materials comprising of communications hooks and neutral messages regarding one's health and wellbeing. These subtly progress into messages encouraging testing, prevention and condom use.

The **Hope Ambassador SBC Package** will be designed to reinforce the Safe Behavior practiced by the FSWs and further encouraging her to take on the role of a mentor or advocate who urges others in her community to follow in her footsteps and keep themselves infection free.

The **Staying Negative SBC Package** will be designed to reinforce the FSWs

with relatively lower risk behaviors to further reduce their risk and continue to strengthen their practice of safe behaviors.

The **SBC Plus Package** will be designed to heighten risk perception among the At Most Risk KPs and urge them for behavior change to reduce their risk and adopt safer behaviors. Messages stress on prevention, condom use, regular testing, and clinic attendance.

The **PLHIV SBC Package** will be designed to cater to the specific communication needs of HIV Positive FSWs. Messages focus on positive living, positive prevention, ART adherence, support group participation and so on.

Across all the above mentioned Packages there are cross-cutting packages of **Community Mobilization (Self Help Group) and Reduction of Stigma and Discrimination**.

Dashboard Indicators

The following are the Dashboard Indicators, based on the COH-MPS

- **Outreach - 50%** FSWs every quarter
- **Clinic services - 50%** FSWs every quarter
- **HTC - 70%** FSWs every six months
- **SBC/BCC – 80%** FSWs every month
- **Condom distribution - 100%** of condom demand every week basis of condom demand : condom demand calculation sheet which should b e updated every quarter)
- **Continuum of care - 100%** of identified HIV positive FSWs will be referred for care, support and treatment services every month
- **SGBV Screening - 100%** of registered FSWs at least once a year
- **Reproductive Health - 80%** FSWs will be linked with family planning services, of which **20%** FSWs will be provided with long term family planning services, in a year
- **GSLAs**- 420 FSW participate over a period of one (1) year
- **Value additions:** 120 FSW trained in various value addition productive trainings

Expectations from Partners

In order to achieve the minimum standards for MARPs interventions in the Zambia, all partners are expected to fulfill the following requirements

- Adherence to the minimum selection criteria for peer promoters developed by COH III
- Deploy trained peer promoters and follow the Peer Education Manual developed by COH III
- Deploy trained peer promoters and follow the Peer Education Manual developed by COH III
- Register and provide services to all the FSWs in the intervention sites
- Have a Peer Management Manual in place
- Have bio-medical service provision mechanisms either through referrals or direct provision
- Have a structural intervention component in place with experience of implementation
- Mainstream Economic Strengthening activities within the broader COH programmes.

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This document has been developed with technical assistance by the FHI 360 Bridge Project, under the India to Africa transfer of learnings initiative and FHI 360 Corridors of Hope III Project, Zambia.