



Training Health Care Workers

Background

Not all sex workers will want to (or be able to) access *Sisters with a Voice* clinics. While targeted clinics have been shown to be the most acceptable service delivery model for key populations, these are not always economically feasible or possible to provide within easy reach of all who need them. As a result, it is often useful to work within existing health systems to improve their “friendliness” to hard-to-reach and marginalised populations.

In Zimbabwe, sex workers feel that public sector services often discriminate against them. They feel they are treated without adequate respect, blamed for their poor health, and stigmatised for their work. Making services “friendly” to them, therefore, requires specialised training and mentoring, to help change providers’ attitudes and increase their awareness of sex workers’ vulnerability and health care needs.

In 2011, *Sisters with a Voice* received funding from the German development agency, GIZ, to initiate a training programme for health care workers at general clinics to be more sex worker friendly. This was to contribute to increased protective behaviour among sex workers and increased use of adequate health services. A 3-day training programme was developed, and first conducted for health care workers from Mutare, Hwange, Victoria Falls, and Bulawayo and subsequently repeated in Harare.

Training Materials

The following resources are available:

- Health Care Worker training manual
- 8 PowerPoint Presentations embedded in the Training Manual

The training workshop explores health workers’ current feelings and thoughts about sex workers, and identifies assumptions, misconceptions, and stigma. These are then addressed through sessions examining sex workers’ enhanced vulnerability, the challenges they face, and the mismatch between their enhanced health needs but poor use of services, including because of the mistreatment they receive. Experiences of running this training show that health care workers do reflect and question their previous assumptions and beliefs and become more open to serving sex workers in their clinics. On one occasion, a nurse who had undergone the training stood up on behalf of all health care workers to give an apology to SWs who had received any form of ill-treatment or discrimination at health services!

By the end of the training, each participating health care worker should have developed an Action Plan for how s/he would make services more “sex worker friendly.” Trainees can develop their Action Plans alone, or in facility-based groups if they work together in the same location.

Testimonials and Field Visit

An important part of the training workshop has been the participation of sex workers who are willing to share their personal testimonies about negative experiences within public sector health services.

These volunteers can be Peer Educators or other local sex workers who have the confidence to present in front of an audience – they may require some support!

Another important component of the training is a field visit to a *Sisters with a Voice* clinic, to see how a designated “sex worker friendly” clinic functions. Trainees have the opportunity to talk to the Sisters health care professionals, ask questions, and interact with groups of sex workers in the waiting area. If possible, they should observe a Peer Educator leading a community mobilisation session.

Clinic Attachments

In the original training programme, each trained health care worker followed the workshop with an attachment to a Sisters with a Voice clinic on a rotational basis. During the attachment, trainees “shadowed” the clinic’s programme staff, working and treating sex workers. A feedback meeting was held every month with all trained public health nurses, the Sisters programme nurses, outreach workers, and Peer Educators. Meetings were aimed at reflecting on how the programme was going, sharing experiences working with sex workers, as well as sex workers also sharing their experiences working with the nurses from the public system. This was an extremely valuable part of the programme, as it provided health care workers with “hands on” experience working with a group with whom they have little familiarity; this further helped to reduce stereotypes about sex workers and increased their willingness to serve them.

Monthly Lunchtime Meetings

Following training, monthly lunchtime meetings were arranged, which brought the trained nurses together with local Peer Educators and Sisters nurses to discuss ongoing progress with implementing Action Plans, whether sex workers were starting to come to their facilities, and to share experiences and identify solutions to any challenges they faced. The Peer Educators also reported any feedback they’d heard from local sex workers about the “friendliness” of the public health clinics. These meetings were facilitated by Sisters clinic staff and held for up to one year.

Different Training Model

Originally, training for public health clinic nurses was provided during a stand alone 3-day workshop, followed by clinic attachments for each trainee at the local Sisters clinic (on a rotating basis). An alternative model would be to start immediately with the rotating clinic attachments and go through the training materials with each nurse during her time at the Sisters clinic. This would have the advantage of not taking nurses away from work for a full 3-day workshop and would provide new skills and knowledge within the actual Sisters clinic environment. In this model, there would be no need to arrange a field visit, but the monthly lunchtime discussion meetings would still be an important component, as it would provide opportunities for the trained nurses to share their experiences and ideas.

Reflections/Lessons Learnt

The following points emerged as lessons learned during the Sisters programme’s initial experience training health care workers:

Support from local stakeholders is critical

Authorities responsible for managing public sector health services need to be “on board” with the idea of sensitising health care workers to better meet sex workers’ needs. The training programme needs approval and support, so that staff in local clinics understand that undergoing the training and changing their attitudes are both expected and encouraged from above. Before organising any training workshops, it is thus important to engage local health authorities.

Staff turnover can negatively impact sustainability of the training

Clinic staff often move on, which means that the “friendliness” of the clinic may decrease in their absence. Not all trained staff were able to complete the Sisters clinic rotation or attend monthly follow-up feedback meetings designed to build momentum for improved services to sex workers. This is a challenge in many health systems, but can be ameliorated by holding regular training opportunities so new staff can benefit from them, and encouraging attitudinal change within whole facilities, not just individuals.

Direct involvement of sex workers contributes to a successful programme

The international sex workers’ movement uses the slogan “nothing for us, without us!” to highlight the importance of community involvement in the design, implementation and evaluation of activities targeting them. In keeping with this sentiment, sex workers themselves shared their experiences with health care workers and this enabled health care workers to really understand the way discrimination in the health sector and beyond adversely affected sex workers’ health and well-being. Listening to personal stories can stimulate empathy and help health care workers understand that sex workers are real people with their own struggles and emotions. Furthermore, during the monthly meetings, relationships between sex workers and health care workers continued to strengthen and become more relaxed.