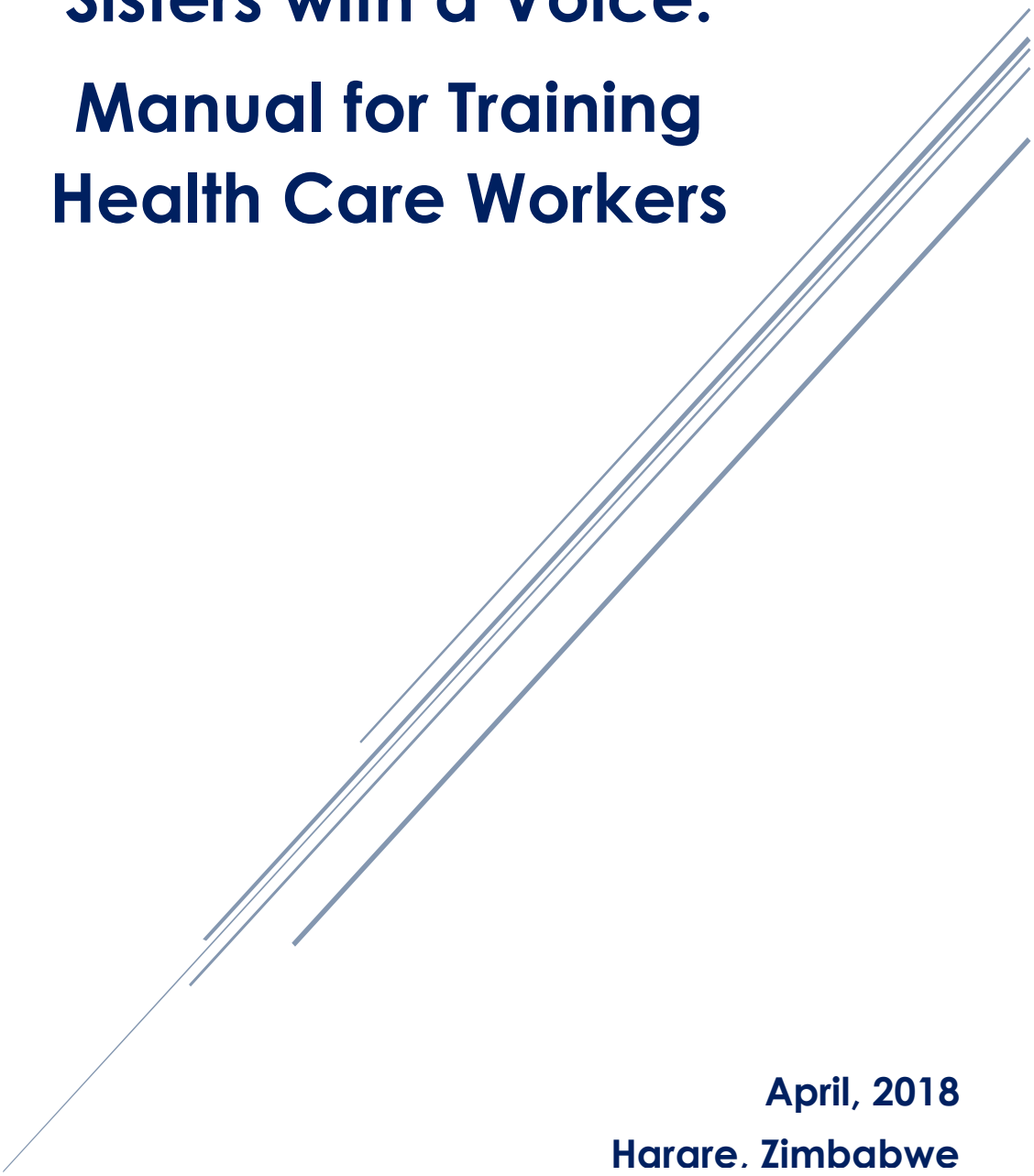
Sisters with a Voice:

Manual for Training Health Care Workers



April, 2018

Harare. Zimbabwe

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Introduction

Following the establishment of the *Sisters with a Voice* progamme (Sisters for short) in 2009, new components and activities have been regularly added as Sisters evolves and develops. In 2011, training workshops were organized for health care workers from public sector clinics, to sensitise them about the needs and vulnerabilities of sex workers and counteract stigma and discrimination within the health system.

These trainings were conducted for health workers from Mutare, Hwange, Victoria Falls, Bulawayo and Harare. Following a 3-day workshop, trained health care workers undertook "attachments" at *Sisters with a Voice* clinics to become more familiar with the clinical and social activities provided in a "sex workers friendly" facility. Monthly feedback meetings were also held for the trainees, to maintain their commitment to improving their own behavior toward sex workers, and to share experiences.

Sex workers played a key role in the training for health care workers by providing personal testimonies about the type of stigma and mistreatment experienced in public sector clinics. The also maintained engagement by participating in the monthly feedback meetings. This was a critical component in the training programme, as it helped to "humanize" sex workers, their lives, and problems for the health workers.

The **overall aim of the training for health care workers** is to increase "sex worker friendliness" of public sector clinics and reduce common forms of stigma and discrimination toward sex workers by health care providers, and thus increase the availability of appropriate services for sex workers throughout Zimbabwe.

Specific objectives:

- To encourage health care workers to reflect on their own attitudes toward sex workers and identify hidden biases
- To increase health care workers' understanding of the vulnerability of sex workers
- To improve health care workers' attitudes toward sex workers and their health needs
- To build commitment and capacity in public health facilities for addressing sex workers' health needs
- To provide sex workers' with an opportunity to advocate for better treatment by engaging with health care workers in a safe space, where they can freely describe negative experiences and demand better services

The training workshop for health care workers lasts 3 days, including a half day field visit to a *Sisters with a Voice* clinic for observation. The attachments are organized immediately following the workshop.

Materials

For the training workshop, you will need a flipchart, marker pens, tape/blutak or "sticky stuff" for posting flipcharts on the wall, a computer and projector to play the ***We Have Feelings Too*** video (with the video loaded on the computer), note paper and pens for trainees, and printed copies of the "Action Plan" template (1 per participant).

Sample Agenda for Health Care Worker Training Workshop

Date	Time	Session title
		1st day
Day 1	8:30 - 9:00	Arrivals & Registration Introductions
	9:00 - 10:00	Training objectives Exercise #1: Thoughts and feelings about sex workers Global issues around sex work & health
	10:00 -10:30	Tea Break
	10:30 -12:00	Exercise #2: Sex workers in our clinics What is the problem? Results from qualitative findings in Zimbabwe
	12:00-1:00	Health programmes for sex workers: What does WHO guidance say? Zimbabwe's national health programme for sex workers
	1:00 - 2:00	Lunch
	2:00 - 3:00	Exercise #3: How friendly is my facility? Sex work, health and the law
	3:00-4:00	MOVIE SCREENING: *We Have Feelings Too*
		Afternoon tea and close
		2nd day
Day 2	8:30 – 8:45 am	Day 1 Recap
	8:45 – 10:00 am	Testimonials by sex workers
	10:00-10:30 am	Q & A with sex workers
	10:30 -11:00 am	Tea break
	11:00 – 11.30 pm	New HIV prevention technologies
	11:30 - 12:30 pm	Providing services to sex workers
	12:30 – 1:00 pm	Introduction to Action Plans

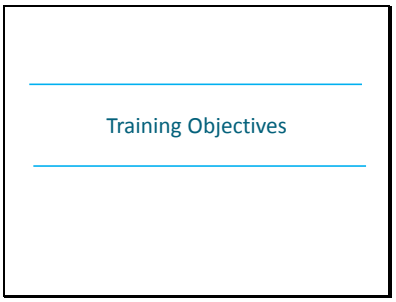
	1:00 – 2:00	LUNCH
	2:00 - 3:30	Develop facility/ location Action Plans
	3:30 - 4:00	Present Action Plans
		Afternoon tea and close
		3rd day
Day 3	8:30 - 8:45	Day 2 Recap
	8:45 – 9:00	Preparing for field visit
	9:00 - 12:00	Visit to local *Sisters with a Voice clinic*
	12:00 – 1:00	Final comments & next steps
	1:00 – 2:00	Lunch and Departures

Sessions & Trainers' Notes

This training will bring together health care workers from different locations and facilities. Give a few minutes at the beginning for everyone to introduce themselves, where they come from, and what their role is in the clinic/ health services where they work.

Presentation: Training objectives and Exercise #1

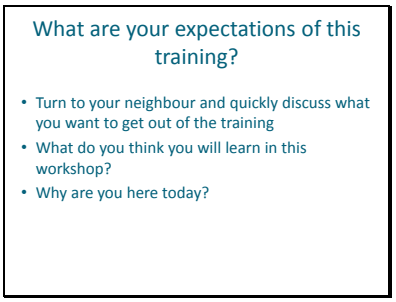
Slide 1



Welcome the participants to the training workshop, and tell them that this will be a unique opportunity for them to learn about improving services for a very vulnerable and marginalized group.

Tell them the contents of this training are emotionally challenging, but ultimately rewarding. Previous trainees have really felt that the workshop has changed their attitudes and helped to make them better providers.

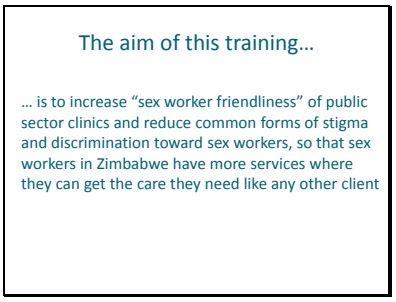
Slide 2



Let participants talk to their neighbor for a few moments about why they are participating in the training and what they hope to get out of it.

Then ask trainees to share a few of their expectatios - this is a quick "shout out" brainstorming session. You can note down expectations on a flipchart.

Slide 3



Read out the aim of the training…

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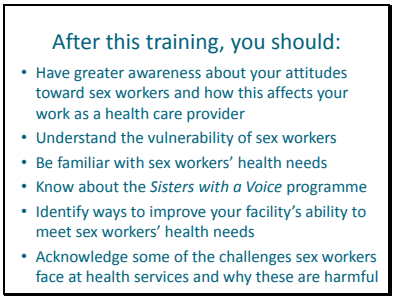
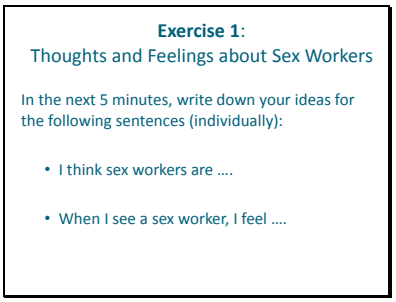


… and the objectives/ outputs.

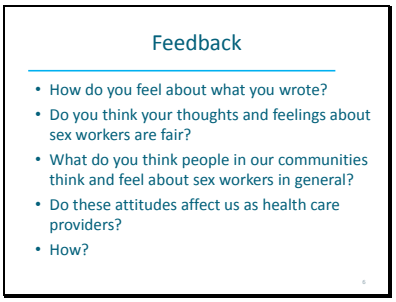
Do these match most of the expectations expressed by trainees? You may need to address any unrealistic expectations.

Slide 5



Tell participants that they **will not have to share** their responses (unless they want to). So they should be honest with themselves about their thoughts and feelings, and keep what they have written down to look at later in the workshop.

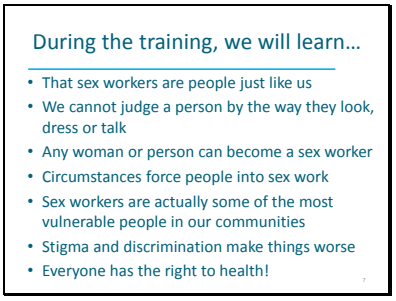
Slide 6



Ask for reflections from the group about their own views, but also the views they think are common in society.

Again, they don't have to talk about their own thoughts and feelings unless they wish to.

Slide 7



Ask if anyone has any questions or comments.

Slide 8

Presentation: Global Issues around Sex Work and Health

The purpose of this presentation is to emphasise that working with sex workers is not something developed by the Sister programme, but reflect global health policy and learning from around the world. This presentation talks about sex workers' enhanced risk of HIV, and the different factors that contribute to this increased risk.

The presentation should be conducted in an *interactive and participatory* way – there are several slides where the trainer should stop to allow for ideas, suggestions, and discussion from the group. Be sure to allow questions to be asked as they come up – but if you don't know an answer, don't try to guess but tell the participants you will check and get back to them later in the workshops.

Slide 1

Global Issues around
Sex Work & Health

Slide 2

- Why does global public health focus on sex workers?
- Why are sex workers at risk?
- What ways to reduce their risk?
- Why are these approaches important?

Thse are the topics that will be covered in this session

Slide 3

Female Sex Workers: Increased HIV burden compared to general population

Region (# countries)	# of FSWs	% FSWs with HIV	% HIV+ve in general population	How many times greater risk?
Asia (14)	64,224	5.2 %	0.18	29.2
Eastern Europe (4)	3,037	10.9%	0.20%	n/a
LA & C (11)	10,237	6.1%	0.38%	12.0
ME and N Africa (5)	959	1.7%	0.43%	n/a
SS Africa (16)	21,421	36.9%	7.42%	12.4

World Bank 2012

This is a table take from a study that combined data from studies around the world. The 1st column is the *region* (with the number of countries from where research came from in parentheses). ME stands for Middle East. The 2nd column gives the total number of sex workers on which the data are based. The 3rd column is the HIV prevalence found among those sex workers, while the 4th column is the HIV prevalence among women in the whole population of those countries. the final column tells you *how many times greater the risk of HIV is for sex workers.* For example in Sub Saharan Africa, sex workers' HIV prevalence is 12.4 *times* what it is for women in general. These data have been pooled together, so are not accurate for any given country – but they show the much higher risk that female sex workers face.

Slide 4

WHY do you think sex workers are at so much higher risk than everyone else?

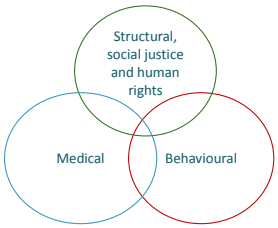
Please stop for 2-3 minutes and ask participants to tell you why they think sex workers have such higher risk of HIV.

Slide 5

What about other health problems?

HIV is not the only health problem for sex workers – make a quick list on a flipchart of other common problems for which sex workers might be at greater risk.

Slide 6



This is a visual graph that shows the 3 areas of *determinants* for sex workers' increased health risks.

Participants may have focused on *behavioural* risks when you asked them – they may have talked about sex workers' multiple partners and lack of condom use. It is important to highlight that behavior is just 1 side of the triangle.

Slide 7

Behavioural risk factors?

Again, pause for a few minutes and ask trainees to list as many behavioural risk factors for sex workers' health concerns they can think of – in addition to any that were mentioned before.

Slide 8

Behavioural risk factors?

- Multiple partners – maybe higher risk ones?
- Inability to negotiate condom use
- Trusting permanent partners or boyfriends so not using condoms with them
- Drinking alcohol and forgetting about condoms
- Needing the money, so agreeing to no condoms

This slide suggests a few – did participants mention all of these?

Slide 9

Medical risk factors?

Now let's turn to some of the determinants that people don't always think about. What might be some medical or clinical reasons that sex workers face health risks?

Slide 10

Medical risk factors?

- Presence of other infections that can make HIV easier to acquire
- Not knowing own HIV status (not getting regularly tested)
- Not getting treated for STI
- No contraception
- Poor access to ART or PrEP
- Low adherence

Did participants mention these?

Slide 11

Structural risk factors?

Finally, the most difficult type of risk determinant. "Structural factors" relate to how society is organized, and how people treat each other, and categorise people into hierarchies and make laws, policies, or social behaviours that privilege some people and disadvantage others.

Ask participants to brainstorm structural risk factors for sex workers.

Slide 12

Structural risk factors?

- Sexual violence and rape from clients, police and others
- Involvement in illegal activity makes it difficult to ask for help
- Poor self-esteem and feelings of being useless (self-stigma)
- Discrimination from health workers reduces good health-seeking behaviour

Take some time to go over these and discuss.

You may need to explain some of them – for example, how stigmatization of sex workers leads them to feeling worthless, and that makes them less likely to think they deserve to be healthy and happy.

Slide 13

Research shows that addressing structural factors would make a big difference to HIV and other risks

- **Elimination of sexual violence alone** due to immediate and sustained impact could **avert 17-20% of HIV infections** over next decade
- **Decriminalization of sex work** could have the largest impact on the course of HIV epidemics across all settings **averting 33-46% of incident HIV infections** over next decade among FSWs and clients

"Raping of sex workers is one of the fringe benefits attached to night patrol. We used to lobby for night patrol duties."

Police Officer in the Ikeja Police Station, Lagos

Salaudeen The Nation 2011

There is scientific evidence that addressing these kinds of social issues actually leads to better health.

Read out the quote from the police officer (Nigeria). Do the participants think this might happen here? How does police violence affect sex workers' health status?

Slide 14

What works?

- Condoms and lubricant
- STI treatment
- Contraception
- Drug and alcohol support
- Peer education
- Violence reduction
- Community empowerment

This is a list of some of interventions designed for sex workers that address behavioural, medical, and structural determinants.

Ask participants to tell you which determinant each of these activities might influence?

Slide 15

Why do we talk about community empowerment?

- People who help each other as a group can improve their lives more than whey they try as individuals
- Social movements build confidence and skills
- People who feel supported are more likely to seek care for health problems and adhere to treatment
- Medical care is just one part of the whole package – but it is a very important part!

What is community empowerment?

Ask the group what they think of when they hear that term.

Slide 16

Community empowerment

This is a conceptual framework used to break down community empowerment into many inter-related parts, including effects on behaviours, health-seeking behaviours, and structural change. The clinical services (dark green) are one of the key areas of helping sex worker communities – this is the important role played by health care workers like the participants.

Slide 17

WHO guidance 2014

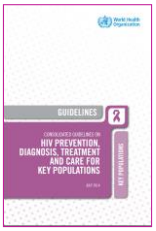
The comprehensive package

Essential health sector Interventions

1. Comprehensive condom and lube program
2. Harm reduction for substance use
3. Behavioural interventions
4. HIV testing and counselling
5. HIV treatment and care
6. Sexual and Reproductive Health programs
7. Prevention / management of co-morbidities

Essential strategies for an enabling environment

1. Supportive legislation, policy and financial commitment
2. Addressing stigma and discrimination
3. Community empowerment
4. Addressing violence against SWs



Later in the workshop we will go over what the World Health Organization recommends in terms of health programmes for sex workers.

It is important to note that even the WHO recnognise structural issues and community empowerment.

Slide 18

Young women who sell sex

HIV AND YOUNG PEOPLE WHO SELL SEX: A TECHNICAL BRIEF

- Under researched
- Substantial minority report starting sex work <18 years
- < 18 = sexually exploited
- Increased risk of HIV & STIs
- Poor negotiation skills
  - Less consistent condom use
  - Increased risk of gender-based violence
- Increased risk of poor mental health
  - Increased suicide attempts
  - Increased substance use
- Increased biological susceptibility
- Able to attract more clients
- Maintain longer working hours

There is also separate guidance for working with adolescents and young women who sell sex.

Many sex workers start selling sex quite young, and these women have special medical and social needs.

Slide 19

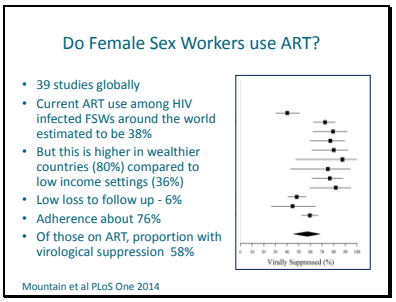
Exciting new medical developments

- Post Exposure Prophylaxis (PEP) services
  - Sexual assault, unintended exposures
- Pre Exposure Prophylaxis services
  - Oral (PrEP)
  - Topical (microbicides)
- FSW HIV care and treatment:
  - Better antiretroviral treatment
  - Prevention of vertical transmission (Plan B+)

Ask participants if they have heard of each of these biomedical developments.

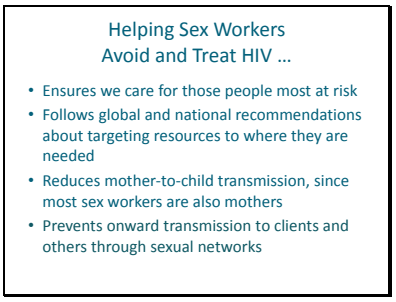
Ask a volunteer to explain each one, and answer any questions/clarify any misconceptions.

Slide 20



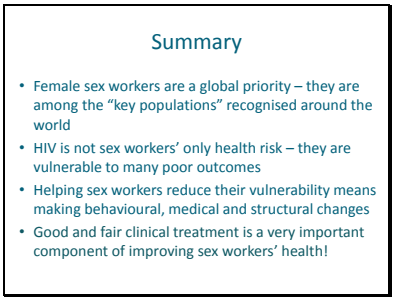
Some people think that new medical treatments like ART are too complicated for sex workers, who might lead chaotic lives. But a review of gobal data show this is not the case – sex workers can adhere to ART as well as anyone else, and only a small proportion drop out. However, they face many challenges, so need support for treatment success.

Slide 21



Sex workers deserve good health like anyone else. They may need more services than others because they face so many risks. Helping sex workers also has benefits for the whole society – preventing and treating HIV for sex workers means their children are not born positive, and their sexual partners won't get infected.

Slide 22



Check if there are any questions.

Exercise #2: Sex workers in our clinics

Divide participants into small groups of 4-5 people. If there are trainees who work in the same facility, then it is best to divide them among groups, so that people from different clinics are discussing together.

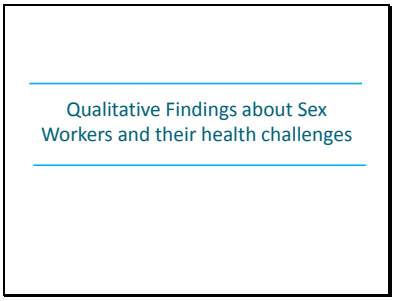
Ask each small group to share experiences they have had with sex workers during their work. First, they should take turns describing the different experiences to each other. Then they should think about whether they would classify each story as a *positive experience* or a *negative experience* and what made the experience positive or negative. They should then address the following:

- How do we know if a client is a sex worker?
- Do clients feel comfortable admitting to us that they sell sex?
- What are the challenges in our work related to sex workers?

Ask groups to present a few points from their discussions.

Presentation: What is the problem? Qualitative findings on sex workers' access to health in Zimbabwe

Slide 1



This presentation starts to personalize the experience of stigma and discriminaton faced by sex workers. It report on 2 studies conducted in Zimbabwe, looking at challenges that sex workers face, but also how they work together to help each other. It is important to provide enough time to read out the direct quotes from sex workers, and let participants talk about what they have said.

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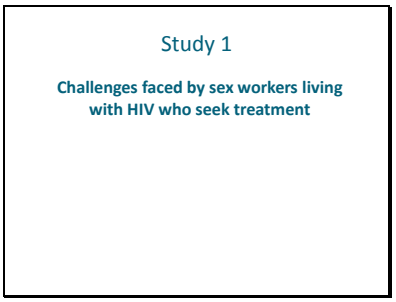

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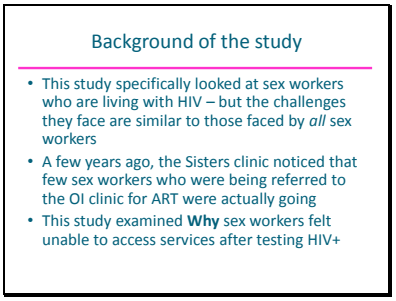

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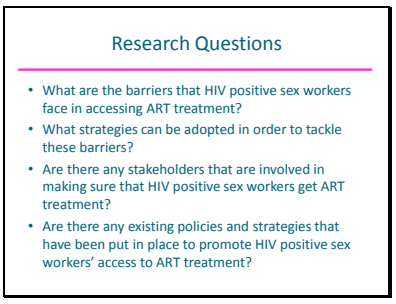

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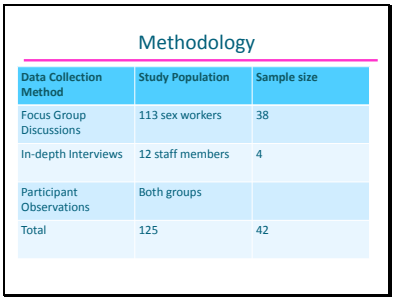

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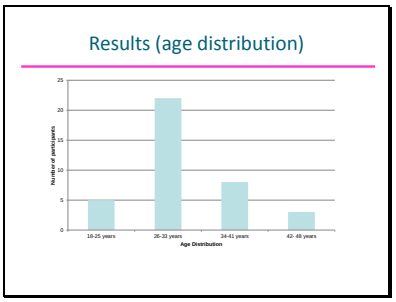
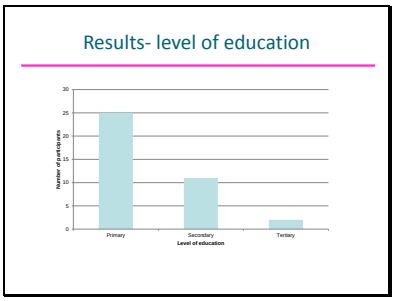


The next few slides provide some background on the sex workers who participated in the study.

Slide 7

Slide 8



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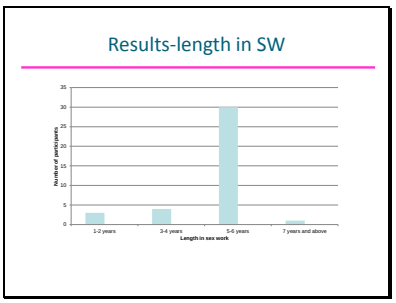

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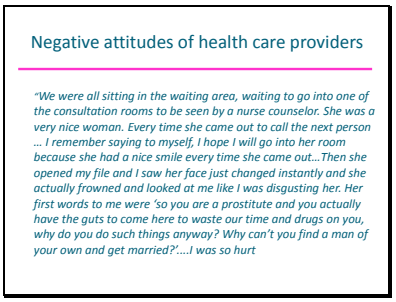


Ask participants to take turns reading out the study quotes. After each one, ask them how they feel about the way the heath care worker acted?

Slide 11

"The nurse said to me 'how can you - a sex worker - even have high blood pressure? It's high because of too much sex…you are wasting our drugs! Instead of us giving them to those who have proper high blood pressure caused by women like you when you take and infect their husbands and them eventually'…"

Slide 12

Public Humiliation

"We were in the queue with everyone else when suddenly one of the nurses came out and loudly said "the sex workers who have come from Mbare please go and queue at the back of this line we will attend to you last". Everyone there turned and you could see they were all eager to see who these women were…"

"There were six of us there and we were dragged into a corner and they started praying with their hands on our heads and speaking in tongues. It was terrible and I was now crying as this woman kept shaking my head saying demons of prostitutions come out in the name if Jesus…"

Slide 13

Fear of discrimination

"I am scared that they will shout or humiliate me, as I heard they are good at doing that. So I would rather sit at home and if possible just buy my own ARVs in the pharmacy or streets. It's better that way for me…"

Slide 14

ART Treatment Challenges

"We have to pay for other laboratory investigations except CD4 count that these guys at this drop-in center pay for us. We have to pay for other medicines as well and we pay for our transportation fees to go there. So some of us won't go because of that…"

"You need to be on special diet and we all know that because we were told here and at the OI clinic itself when we first went there. That diet requires you to have money to buy and some of us we can't afford it…"

Slide 15

Other challenges

- Perceived stigma
- Distance
- Financial constraints
- Time spent at the OI clinic

Slide 16

Summary

- Sex workers are vulnerable to HIV & other STIs
- Sex workers find it difficult to safeguard their health and lives
- HIV positive sex workers feel discriminated at clinics
- There is need to create more sex worker friendly services

What to participants think about these challenges?

Are there any ways to try to improve sex workers' experiences?

Slide 17

Study 2

What are the levels of social support between sex workers?

This study looked at how sex workers support each other. Just like any other group of people, sex workers try to improve their conditions and create peer networks to help each other in different ways, even though they also compete with each other.

Slide 18

Slide 19

Study Aim

- Determine the extent of supportive social networks amongst women that might be harnessed by peer-driven interventions to improve health-seeking behaviour

Slide 20

Methods

- 22 in-depth interviews with SW in 3 different locations in Zimbabwe
- Recruited diverse backgrounds to reflect heterogeneity in age, migration patterns, and type of sex work
- Interviews were conducted and recorded by in private, in participants' chosen language

Slide 21

Methods-cont

- Data were then anonymised, transcribed and translated into English
- Data entered into N-Vivo 8 for thematic content analysis
- Narratives of existing social networks were explored specifically in relation to the extent that SW looked out for each other in time of need, and encouraged each other to test or seek treatment and care

Slide 22

RESULTS…Narratives

Slide 23

Access to Health Care

"We are not treated well in hospitals. Sometimes if you are suffering from an STI, they will embarrass and humiliate you so that other people will know."

Slide 24

Competition

Even at our place, sometimes we fight. Yes, because some of them think that they are the upper class...but later we reconcile... we ask then ask each other for forgiveness then we start again"

Slide 25

Helping each other

the client can be troublesome and you just hear some noise in their house...I will help her since she's my next door neighbour....
I go and knock on the door to find out what's going on...

Slide 26

Encouraging Health seeking

"If someone gets sick with an STI, we can help each other, because amongst us some will be familiar with traditional herbs, we go and look for them and give our friend…or take her there"

"On health issues, we encourage each other to go to the clinic when one is not feeling well…"

Slide 27

Looking out for each other

That's what we do with my friends, if we see a potential client, we ask each other's opinion… maybe one of us knows that the person doesn't want to use condoms, it will be a no

Slide 28

Looking out for each other

We may stay far from each other, but we see each other every day, we check on each other daily. My friends are more important to me than my own relatives

Slide 29

Looking out for each other

Right now, there is a certain sex worker who passed away, we have buried her today…we contributed $10, per each sex worker to buy food, and she was also in our society

Slide 30

Looking out for each other

"…We move around in pairs at night..there are a lot of elephants here…at least it feels safer if we are more that two in case the elephants attack…."

Slide 31

Summary

- Women reported difficulties accessing health due to both discrimination by health workers and prohibitive costs
- SW compete for clients and sometimes described each other as enemies
- Despite this, women reported **strong social networks**
  - Look out for each other
    - assist funeral costs of family members
    - paying for each other's medical treatment
    - seek treatment

Slide 32

Conclusions and Recommendations

- SWs have created networks amongst themselves which are helpful to solve some of the challenges they face
- Existing social networks could potentially be strengthened and built on
- Community-based interventions to address HIV prevention and treatment as well as issues such as violence, which SW themselves prioritise

Lead a brief discussion about how sex workers support each other. Have the participants ever witnessed sex workers coming together to the clinic? How can health facilities contribute to sex workers' efforts to improve their lives?

Presentation: Programmes for Sex Workers: What does the WHO Guidance say?

Slide 1

Effective HIV prevention Interventions with sex workers

Slide 2

Rationale

- Female sex workers are 13 times more likely to acquire HIV than all other women
- Sex workers in Sub Saharan Africa have the highest burden of HIV
  - combined prevalence 29.3%.
- All of the countries where sex workers have an HIV prevalence rates >50% are in Southern Africa.
- In both concentrated and generalized epidemics, HIV prevalence is higher in sex workers than general population

We've already covered the heightened risk sex workers face in terms of HIV and other sexual health problems.

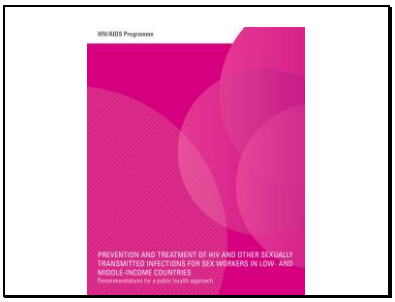
Slide 3

Guidelines

- Many different Guidelines produced for ensuring sex workers receive comprehensive services
- Several WHO guides on prevention and treatment of STI and HIV/AIDS
- Special Technical Brief for working with young sex workers

Health programmes for sex workers are a global priority, as indicated by the production of different guidelines.

Slide 4



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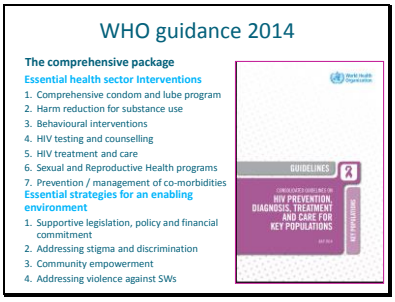

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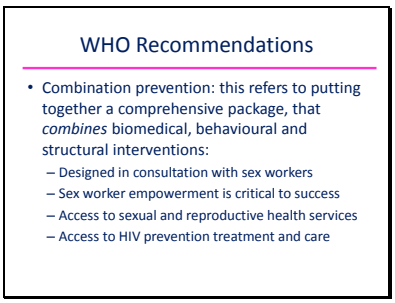
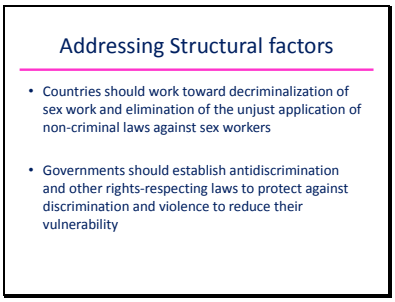


We have talked about behavioural, biomedical and structural determiants of this risk.

The WHO recommends that programmes consider all 3 of these areas for programming.

Slide 8



It's not just about health care – legal reforms may be necessary.

Slide 9

Addressing Structural factors

- Access to non discriminatory health services is key
  - available, accessible and acceptable
  - free of stigma and discrimination
- Gender based violence is unacceptable
  - this includes against sex workers
  - violence is a risk factor for HIV

Reducing discrimination against sex workers is important in different social domains, e.g. health care, justice, and other social programmes.

Slide 10

Community Empowerment

- A collective process through which sex workers address the structural constraints to their health, human rights and well-being
- Can lead to social and behavioural changes, and improve access to health services
- Can be supported by policy and programmes that reach out to sex workers, engage them in developing services, and set up self help groups and drop-in centres

Sex workers can contribute to making social change through their empowerment, community activism and advocacy, but they may need support along the way.

Drop in centres and self-help groups provide safe spaces for them to meet and interact.

Slide 11

Combined packages include…

- Community empowerment
- Health education
- Violence prevention and treatment
- Condom distribution
- HIV testing and counselling
- HIV treatment and care
- STI management
- Contraception
- Cervical cancer screening

Programmes for sex workers should *combine* all these different components to ensure they take a comprehensive approach.

Slide 12

Services need to be

- Accessible and suitable location
- Open at convenient times
- Affordable or free
- Confidential and non-judgemental

- NEED TO INVOLVE SEX WORKERS IN DESIGN AND IMPLEMENTATION

Slide 13

Examples of different approaches

- Public health approach
  - 100% condom programme condoms must be used in all commercial transactions
  - Effectively reduce HIV incidence but at expense of SW rights
  - Reinforced idea of sex workers as core transmitters / vectors of disease
- Rights based approach
  - Involve sex workers in program leadership, design and implementation
  - Creating a sense of community among SWs - Community Mobilization
  - Eliminate stigma and discrimination of SWs

The next slides will give examples of other countries that have reduced sex workers' vulnerability, either through a basic public health approach, or a public health approach that prioritises *the human rights of sex workers*

Slide 14

Examples of some effective SW programmes which have used a public health approach

Slide 15

Thailand – public health approach

- In the early 1990s, 100% *condom use policy* initiated
- Health education, condom and STI interventions in sex work settings
- Had an impact at a national scale with reported fewer men visiting sex workers;
- Consistent condom use by sex workers increased from 14% to over 80%
- Decrease of curable STI by over 95%
- Decrease of HIV prevalence among sex workers and military recruits
- During this period HIV prevalence stabilized in the general population and eventually declined

The Thai programme became very famous. They put laws into place to make condom use in all sex work venues mandatory. If a men was diagnosed with an STI, he would be asked which brothels he visited, and they would be issued with warnings and could be shut down for repeat offenses.

Slide 16

Kenya (Nairobi)

- (1990s)Interventions with SW included peer support
- Condom promotion and STI services
- HIV prevalence in the city declined during that time
- Rates of curable STIs fell to low levels
- Chancroid disappeared
- HIV incidence previously 25-50% among Nairobi SWs, fell to 4% by end of the decade

In Kenya, public health measures also included peer education. Sex work became much safer, as evidenced by decreasing STI prevalence.

Slide 17

Cote d'Ivoire

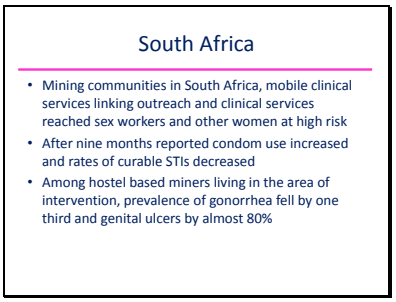
- SWs attend a 'Clinic de confiance' for counselling and clinical examinations
- From 1992-1998 there was a trend towards shorter duration of sex work, higher prices and more condom use
- Among SWs who attended the clinic for the first time, significant declines were found in the prevalence of HIV (from 89% to 32%)
- Gonorrhea declined from 33% to 11%
- Genital Ulcers declined from 21% to 4%
- Syphilis declined from 21% to 2%

Slide 18

DRC (Kinshasa)

- Project SIDA- provision of STI care and condom promotion resulted in a major decline in HIV incidence among female SWs
- Over the life of the project, condom use increased from 11% to 68%
- STI prevalence declined significantly
- HIV incidence declined from 11.7% to 4.4%

Slide 19



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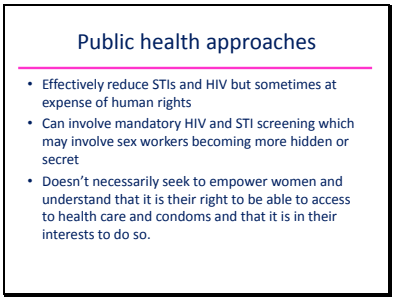
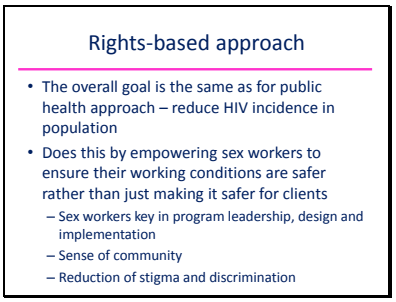


All of these examples show that sex work health programmes really work to improve population health.

Without acknowledging sex workers' needs, preferences and rights, however, public health measures can produce a "backlash" with sex workers avoiding mandatory services and going "underground" where it is harder to reach them.

Slide 21

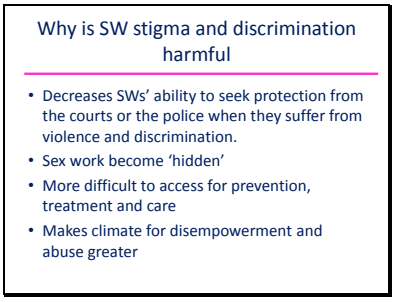


Ensuring sex workers' rights are respected and promoted creates a "win-win" situation – good for sex workers, and good for population health. These programmes may have even more benefits as sex workers are more likely to take up services that they have helped to plan.

Slide 22

If sex workers feel discriminated against, however, they will "vote with their feet" and not attend services. They also are scared to request other services they are due, fearing being shamed or even arrested.

Slide 23



Slide 24

Even without meaning to – we all use stigmatising language

- Referring to 'them' 'they' 'these'
- Thinking that 'we' need to design programmes for 'them'

Slide 25

The Sonagachi Model - Kolkata

- Started in 1992 with the aim of helping sex workers to overcome HIV and AIDS on their own terms
- Based around the 'three R's': '**respect**' for sex work and those involved in it; '**reliance**' on sex workers to run the programme; and '**recognition**' of sex workers' rights as well as promoting condom us
- Condom use amongst sex workers in the area rose dramatically, from 27% in 1992 to 86% by 2001
- HIV prevalence amongst sex workers in the area also fell significantly as a result of the project

This is probably the most famous programme, where a real sex workers' political movement was created out of a health programme. Sex workers have addressed health, childcare, poverty, and even policed their own community to stop trafficking and under-age sex work.

Slide 26

SW empowerment may seem frightening but:

- Provides an environment that leads to increased health seeking, condom use, reduced HIV risk taking.
- Accessing HIV treatment is good for everyone – transmission directly related to HIV viral load.
- Studies have shown that transmission from HIV+ people to their negative parters dramatically reduce if they are adhering to ART

Slide 27

Mathematical modelling suggests

- Getting all eligible HIV+ sex workers on ART would have a significant impact on the epidemic in the country
- ART for sex workers is good for their own sake as well as for everyone else's.
- This means providing services women feel feel comfortable attending and returning to

Slide 28

We all need to play our part

Slide 29

In summary

- The WHO guidelines constitute the first evidence-based recommendations for effective HIV and STI programmes for sex workers
- They provide practical implementation advice, which can be adapted for different settings
- *Sisters with a Voice* follows the WHO recommendations

Slide 30

Thank you!

SISTERS WITH A VOICE

Presentation: Zimbabwe's national health programme for sex workers

Slide 1

Sisters with a Voice:
History & Structure

This presentation will give some background to the Sister programme for thos not familiar with it.

This is a good session for emphasizing that Sisters is a constantly changing and evolving programme, with new activities and services added over time.

Slide 2

Why start a programme for SW?

Based on the material already covered, as the health care workers why they think a targeted programme for sex workers was initiated in Zimbabwe?

Slide 3

Why start a programme for SW?

- Sex Workers are marginalized and stigmatized
- Sex Workers have higher HIV rates than other women in the population
- Sex Workers face many other sexual & reproductive health problems
- Sex Workers in Zimbabwe face discrimination at many services
- Sex Workers have a right to good health

Are these similar to what the group suggested?

Slide 4

Why start a programme for SW?

- Risky sex is sometimes unavoidable
- Experiencing violence is common
- Sex work in illegal in Zimbabwe, which makes it hard for sex workers to protect themselves
- Working together could help sex workers

Slide 5

'Sisters with a Voice'

- Started in 2009 as Vimbanai
- Part of the National AIDS Council's Behaviour Change Programme
- Started with a focus on HIV to:
  - Reduce HIV acquisition among SWs
  - Reduce HIV transmission to their clients
  - Improve the rights of SWs

Although the Sisters programme is part of the National AIDS Council and the national HIV strategy, it is not just about HIV. It is widely recognized that sex workers' ability to stay safe, avoid or treat HIV, and prevent other health problems relies on their ability to work together and improve their conditions and gain control over their lives.

Slide 6

History of 'Sisters with a Voice'

2009

- Set up two model programmes - one urban (static) and one highway (outreach)
- Harare, and Nyamapanda corridor

Slide 7

The original 2 models

Static sites

Drop-in centre which aims to:

- Open daily
- Venue for socialising / solidarity
- Clinical care /Condoms
- Outreach through peer educators
- Legal advice

Highway sites

Mobile centres:

- Key points along highways
- One day / 2 weeks
- Staffed by nurse and outreach worker
- Programme supported by Peer Educators between visits

From the very beginning, there have been some sites within clinics and others that set up regular, but temporary, services on a weekly or every-other-week basis.

Slide 8

History of 'Sisters with a Voice'

2010

- expanded to 16 sites nationally (3 static and 13 'mobile' sites)
- Harare, Mutare and Bulawayo

Slide 9

Rapid Expansion

2013-2018

- Total of 36 sites (6 fixed 30 'mobile') – new activities:
  - LARC - IUD and implants
  - Cervical cancer screening
  - Community mobilization
  - Legal advice (training of SW paralegals)
  - YWSS programmes
  - Involvement in DREAMS initiative
  - Advocacy component
    - District medical staff, police and media

The programme continues to develop, for example, setting up Self Help Groups for sex workers has started in Harare and will be expanded to other sites in the future. Including male and transgender sex workers will also become part of the programme.

Slide 10

We now have 36 sites!

(This slide may need to be updated in future if there are more or fewer sites)

Slide 11

Clinical Services Provided

- A friendly clinic with nurses who understand sex workers' needs and issues
- Routine check-up
- Free condoms and contraception
- HIV testing and counseling (including self testing)
- Referral for HIV positive women for ART
- Syndromic management of STIs
- Safer sex counseling
- Cervical cancer screening

Slide 12

Social Services Provided

- Network of Peer Educators
- Community mobilization meetings
- Adherence Sisters (buddy-support)
- Legal advice and referrals

Slide 13

Engagement with Research

- The Sisters programme has been involved in many research studies on how best to deliver services to sex workers
- Many surveys of sex workers conducted across the country contribute to good national data
- Interviews and discussions with sex workers help share their realities and opinions with the public
- Research can bring attention to the needs of sex workers and advocate for better services

Slide 14

Peer Educators

- xxx trained nationally
- Initial 4 days training, 2 day refresher annually
- Community supervision through programme Outreach Workers
- Monthly supervision meetings with nurses and outreach workers
- Monthly stipend

(Please update this slide each time with current figures!)

Slide 15

To date

- Over xx,000 women seen
- xxx visits
- xxx women treated for STIs treated
- xxx HIV tests performed
- Xxx women diagnosed HIV positive and referred for ART services

(Please update this slide each time with current figures!)

Slide 16

Sisters Staff

Staff
- Programme Director
- Coordinators
- Social Scientists
- Nurse Counselors
- Data/ IT

Staff
- Outreach Workers
- Junior Coordinator
- Junior Outreach Workers
- Outreach Worker Interns
- Drivers, Caretakers
- Peer Educators
- CAB members

Sisters requires a very large team working together to deliver all the services across Zimbabwe

Slide 17

Programme Challenges

- "Breaks" in funding, which means clinics do not operate for a few months
- Reaching young sex workers who don't always identify as sex workers
- Reaching out to police

No programme is perfect, and Sisters also faces challenges. The aim is to try to solve some of these problems every year and constantly improve.

Slide 18

Lessons Learned by Sisters

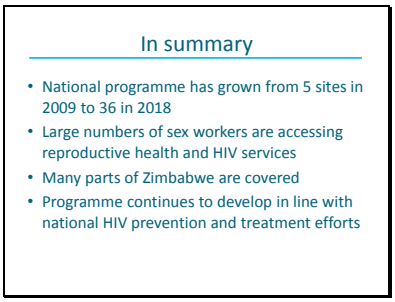
- It is important to sensitise stakeholders and policy makers so we can work freely
- Partnerships with sex workers are important to make sure we meet their needs
- The media can have misconceptions about sex work in Zimbabwe so we need to publish articles on sex work that are accurate (positive and negative)
- We can learn from experiences in other countries

3/30/2018 18

We are constantly learning.

We depend on sex workers to help us improve.

Slide 19



Exercise #3: How friendly is my facility?

Put up Slide # 11 from the previous presentation (about Zimbabwe's national sex workers health programme). This is a list of all the clinical services provided by *Sisters with a Voice*, based on WHO guidance.

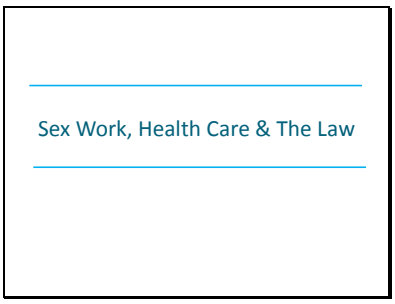
Ask participants to work in small groups. If there is more than 1 staff member from the same facility, they should be in the same group. Looking at the list of comprehensive services, as the groups to address the following questions:

- Which of the services listed does my facility offer?
- If a sex worker came to my clinic, would it be easy for them to access each of these services. Why or why not? Which might be easier or harder to ask for?
- How would clinic staff know that the client was a sex worker?
- Imagine a sex worker has come to your facility because she was forced to have unprotected sex by one of her clients. She now has an itchy discharge and is worried. Where would she go in your clinic? What would her experience be? What do you think she would say? How would the provider most likely respond?

After a few minutes, go through each question and ask for suggested responses. In particular, go through the final question, and the case study of the sex worker who is worried about having an STI. Discuss how comfortable she might feel telling the story of what happened to her and whether she might make something up instead.

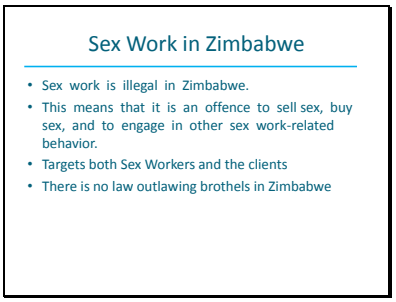
Presentation: Sex work, health and the law

Slide 1



This presentation reviews the legal status of sex work in Zimbabwe, and emphasizes that even though sex work is not legal, providing them with health services is.

Slide 2



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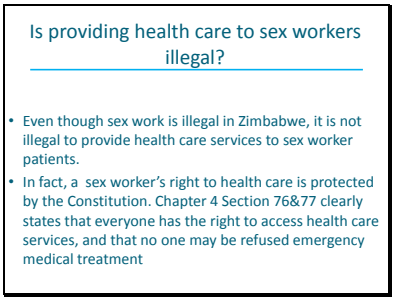

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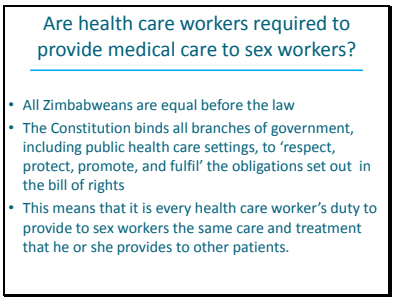

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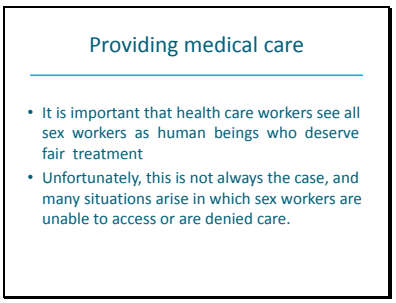
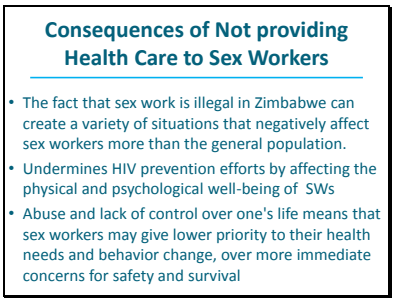


Sex workers have reported situations where health care workers refuse treatment, provide inadequate treatment, and make abusive remarks when discovering or even suspecting the client is a sex worker. In some cases, prevention and treatment are withheld, including PEP, emergency contraception, STI treatment, drug treatment, and condoms and lubricants. Without these critical services sex workers may experience unwanted pregnancies, are at increased risk for getting infected with HIV, suffer with untreated STIs or engage in unsafe sexual practices without condoms or lubrication.

Slide 6



Movie Screening: "We Have Feelings Too"

This is a video that was made by *Sisters with a Voice* to highlight the very real difficulties faced by sex workers, and show the public that sex workers are "real people" like anyone else. Please remember that the individuals featured in the video are not actors, they are actually sex workers who volunteered to be part of this film. It is important to respect their confidentiality, as they have taken a personal risk to participate in the film in order to help educate people about sex workers' lives.

Before you show the film, as everyone to take notes while they watch, and to reflect on the following 3 areas:

(1) How did you feel when watching the film?
(2) What did you find surprising or unexpected?
(3) Do these stories change your perceptions of sex workers in any way? If so, how?

There are usually a lot of emotions and ideas following the film, and so an open discussion and question/answer session should work well. If you feel it will help people share their throughts and feelings, you can structure the conversation around the 3 reflection questions.

The film also helps to prepare participants for the testimonies given by sex workers the following day. They should already feel a bit more sensitised to sex workers' needs, and have developed feelings of empathy. Let the group know that sex workers will be joining the training for the next morning, and that you expect them to be treated with respect. There will be an opportunity to hear sex workers' personal stories and experiences and to ask questions.

Sex Workers' testimonials

This is one of the most important parts of the training for health care workers. The interaction between sex workers ad health providers helps break down barriers of mistrust, dispels stereotypes, gives health care workers a much more in-depth understanding of how stigma and discrimination affect sex workers, and provides an opportunity for sex workers to have their voices heard and experiences validated. This session needs to be given plenty of time, and to be well facilitated so that both those giving testimonials and the trainees feel comfortable, and a positive atmosphere is retained throughout.

The sex workers who give testimonials are volunteers from the Sisters with a Voice programme, and 5-6 should be invited to this session. They can each speak for 10-15 minutes each, with a focus on their experiences of discrimination when trying to access health services.

The session can be structured so that each sex worker speaks first, and then there is a question & answer session, or each testimonial can be followed by questions – whichever is more comfortable for the participating sex workers. They should also be invited to stay and mingle with trainees during

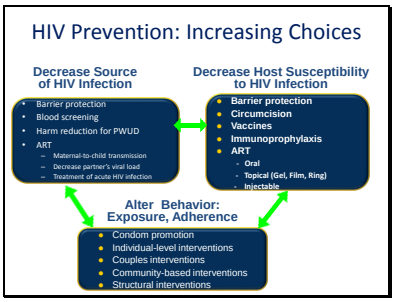
the tea break, for less formal interactions and conversations altough again, this is voluntary and they need not stay if they do not feel comfortable doing so.

Presentation: New HIV prevention technologies

Slide 1

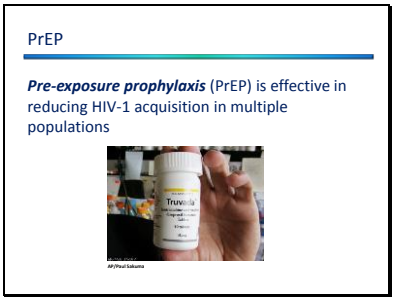
This presentation gives a quick overview of current technologies being developed for HIV prevention, and some of these will be appropriate for sex workers (as well as other high risk populations)

Slide 2



Different areas of research for influencing HIV transmission

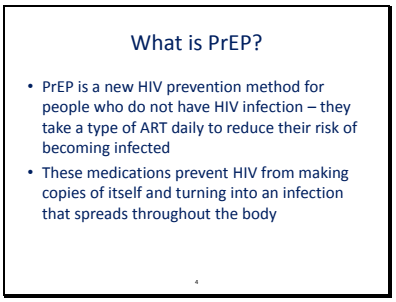
Slide 3



PrEP is not so new any more – but it is the most recent technology to be widely adopted.

PrEP is available in Zimbabwe for people at extremely high risk of HIV acquisition, including sex workers, and also people in discordant couples.

Slide 4



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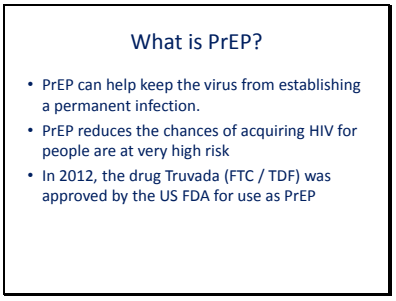
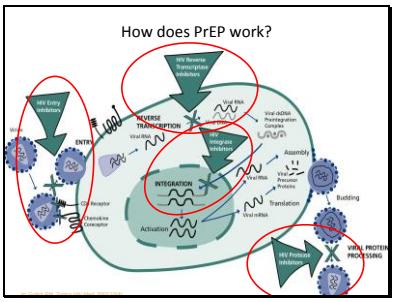


Slide 6



Slide 7

Who can use PREP?

- HIV-negative people - regular HIV testing is requires, before starting PrEP and every month afterwards
- PrEP is most effective when combined with other prevention efforts, i.e. condoms
- PrEP can cause side effects such as nausea
- PrEP may also be an option for HIV-negative women whose partners have HIV infection during conception, pregnancy, or breastfeeding

Slide 8

HOW EFFECTIVE IS PREP?

Slide 9

Oral PrEP efficacy trial results

Study Name	Population	N	Placebo incidence	Results
Partners PrEP *Kenya, Uganda*	Heterosexual couples	4758	2/100 p-y	TDF: 67% efficacy FTC/TDF: 75% efficacy
TDF2 Study *Botswana*	Men and women	1219	3/100 p-y	FTC/TDF: 62% efficacy
iPrEx *Brazil, Ecuador, Peru, South Africa, Thailand, US*	MSM	2499	4/100 p-y	FTC/TDF: 44% efficacy
FEM-PrEP *Kenya, S Africa, Tanzania*	Women	1951	5/100 p-y	FTC/TDF: futility
VOICE *South Africa, Uganda, Zimbabwe*	Women	5029	6/100 p-y	TDF: futility Vaginal TFV gel: futility FTC/TDF: ongoing

There has been a lot of research into PrEP use. The differences in levels of effectiveness found are mostly due to different levels of adherence.

Slide 10

Monitoring clients on PrEP

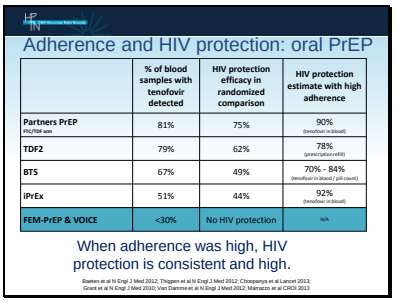
- Monitor for adherence
- Monitor for toxicity

People who are taking PrEP will need regular engagement with health facilities.

First, they need to be tested monthly for HIV. If they sero-convert, they stop taking PrEP and move onto ART when eligible.

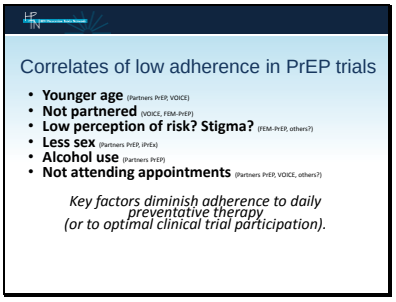
In research, regular testing is done to track participants' adherence and any adverse effects from the drug.

Slide 11



This slide shows that adherence is the most important variable in ensuring PrEP is effective.

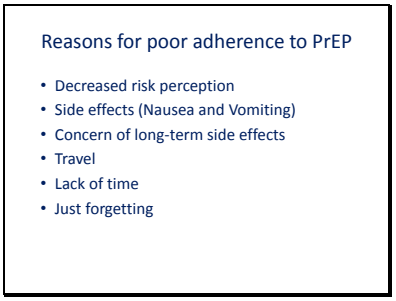
Slide 12



As with ART and other medication, there are many reasons why people don't always adhere optimally to PrEP. But this will reduce the effectiveness of the drug in protecting them from contracting HIV so helping to overcome these barriers is extremely important.

Sisters with a Voice includes a programme called "Adherence Sisters" where sex workers pair up to support each other in taking PrEP or ART and attending all their scheduled appointments.

Slide 13



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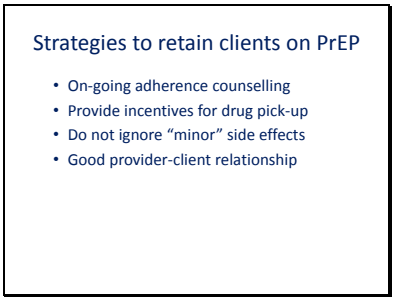
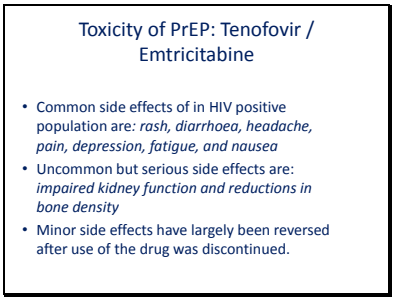


Health care workers also need to work to support clients in adherence, and try to make it as easy as possible for sex workers to obtain their supplies. Counselling on side effects and personal issues that might affect adherence is a critical part of each follow-up appointment.

Slide 15



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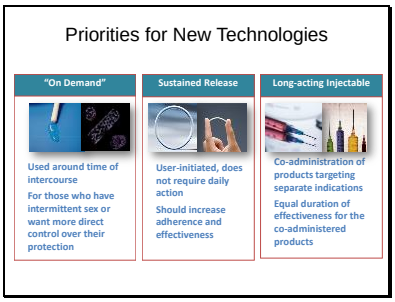
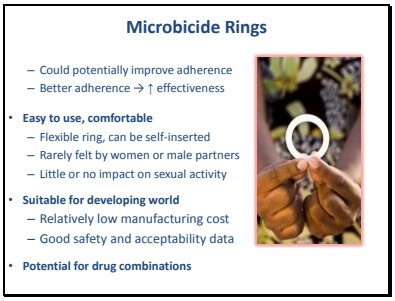


There are all sorts of new methods being researched and developed, including those that could be used just at the time of need (unprotected intercourse), long-acting injectables, sustained-release products, and combinations of PrEP with contraception, etc.

The more choices there are, the better the chances people will use them!

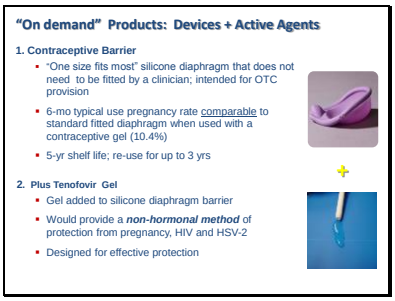
Slide 17



Vaginal rings that release PrEP are a promising technology, used safely for contraception (i.e. NuvaRing) and hormone therapy for post-menopausal women (i.e. Femring) in developed countries

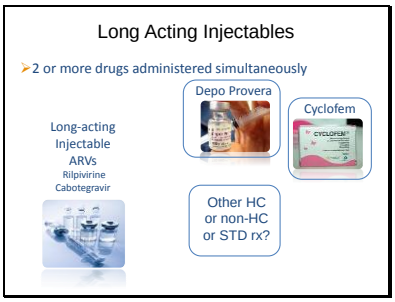
The rings are flexible, can be self-inserted, easy to use, are rarely felt by women during their daily activities, and pose little or no interference with sexual activity.

Slide 18



Combining PrEP with contraception would protect women from unwanted pregnancy and HIV at the same time.

Slide 19



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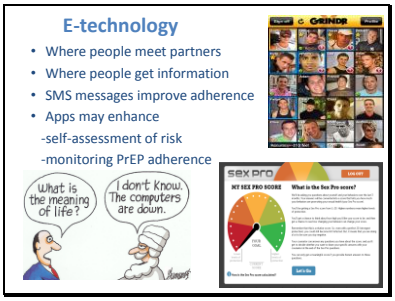


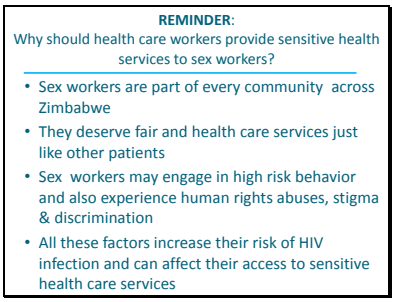
Interest in e-technology is growing – online is often how people communicate with each other (including how clients connect with sex workers!) and find information. SMS messages can be used for reminding people to take their medicines or come to appointments, or distribute useful health information. Apps are also a good way to distribute new information

and interactive advice, for example risk assessments.

Presentation: Providing sex worker friendly services

Slide 1

Slide 2



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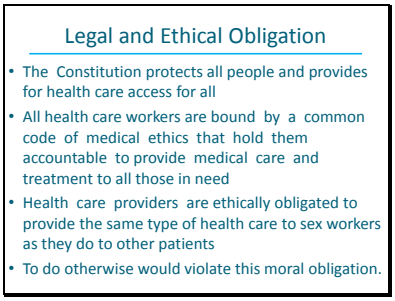
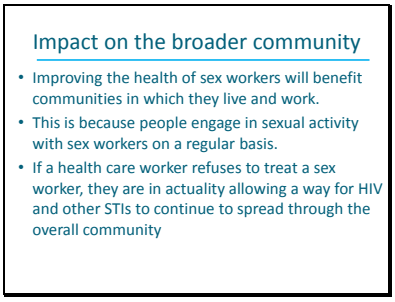


Serving all segments of the population is a duty of health providers around the world

Slide 4



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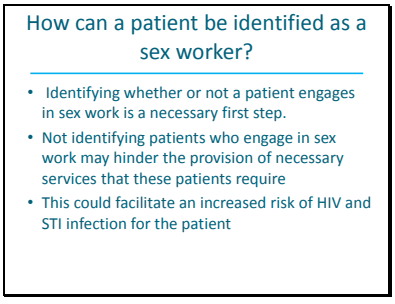


Sex workers often don't admit their occupation, especially if they are scared of being judged. One of the most important roles of the health worker is to carefully and politely take a sexual history of clients in a non-judgmental way that indicates to them it is acceptable for them to report multiple sexual partners, risky sex, etc.

Slide 6

How can a patient be identified as a sex worker?

- Sex workers are diverse and there are no clear characteristics that can identify a patient as a sex worker based on appearance alone
- The best way to identify patients who are sex workers is to have a direct, confidential and non judgmental way of documenting sexual behaviors
- If your facility becomes known for being non-judgmental, sex workers will start to be more open about their occupation – but this takes time

Slide 7

How can health care workers improve the delivery of services to sex workers?

- Even though you are just one part of a much larger system, a health care worker does have the potential to influence services
- In the next slides we will look at various strategies that health care workers, as individuals, can use in any health care setting to improve services for sex workers.

Everyone has the potential to influence positive change!

Slide 8

Be informed about sex worker behaviour

- Understanding common sexual practices and behaviors of sex workers will allow health care workers to interact more genuinely and build a stronger patient-provider relationship.
- It is also important to be aware of the different types of people involved in sex work, and not to make false assumptions about their risks or behaviors.

Slide 9

Do not make assumptions about the behavior of sex workers

- Health care workers should not make automatic assumptions about patients who are sex workers.
- For example, it would be inappropriate to assume that all sex workers do not use condoms.
- Do not assume a female client is or is not a sex worker – you won't know until you start to ask!
- Asking questions about sex work, anal sex etc. should be integrated into routine risk assessments.

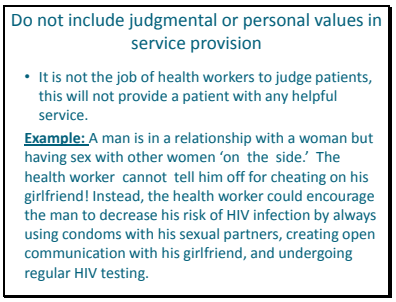
Slide 10

Respect confidentiality

- Health care workers should ensure that sex workers' right to privacy and their right to anonymity are protected at all times

This may be the most important point of all – gossiping about *any* cliens is always unacceptable, but sex workers are particularly sensitive to being "talked about behind their back"

Slide 11



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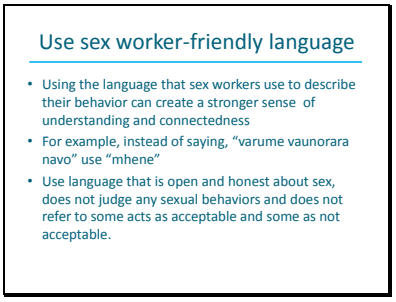
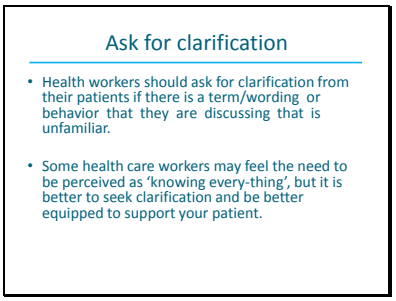


It can be a bit embarrassing at first to learn sexual jargon or very direct language, but it will help with communication

Slide 13



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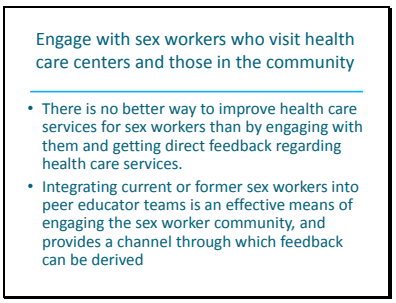
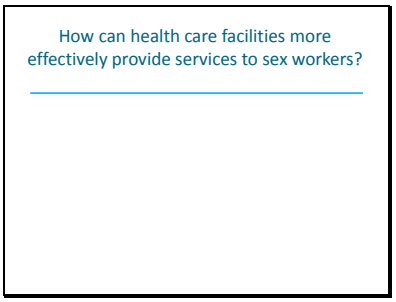


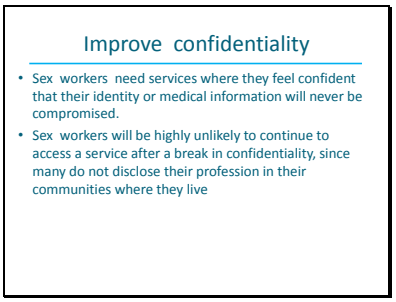
Sex workers can be allies and help you make your services friendlier!

Slide 15



Quick brainstorm session to "warm up" for writing Action Plans.

Slide 16



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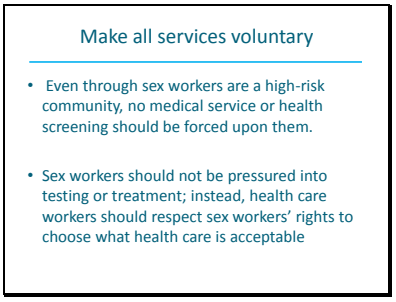

Action Plans

Significant time is provided for participants to develop Action Plans that document their commitment to initiating positive change in their own practice and the place where they work. Hand out the Action Plan template, which includes the following headings:

Topic	Objectives	Activities	Time Frame	Inputs	Responsible Person	Expected Outcome	Cost

It is best if participants work with others from the same facility, so they can think together about how to improve the institutional environment. But each individual should also consider their own actions, and what they can do even in the absence of wider change in their facility, to make their services more friendly to sex workers.

Trainers should circulate among the groups and provide suggestions during the planning process. They should encourage participants to think realistically and identify feasible "small steps" that do not have significant cost or resource implications.

At the end of the session, groups should present their plans. Ideally, there will be ongoing monthly feedback meetings for trained health workers and they should hold each other to account for demonstrating efforts made to implement their Action Plans over time.

Final Session: Clinic Visits

On the final day, participants should attend a *Sisters with a Voice* clinic to see the set-up, meet clinical staff, and talk to any sex workers who are waiting for/ exiting services. If possible a community mobilisation session should be organised for trainees to observe.

At the end of the training, any "next steps" or logistical arrangements for follow up activities should be presented and discussed before closing.

In the original health worker training, all participants undertook an "attachment" at a *Sisters with a Voice* clinic so that they could get further on-the-job mentoring and gain hands-on experience with sex worker friendly services. Monthly feedback meetings were organised to maintain momentum, share experiences, and follow up on progress toward Action Plans.