

Meeting The Diverse HIV Prevention Needs of Sex Workers - Insights from Karnataka, India

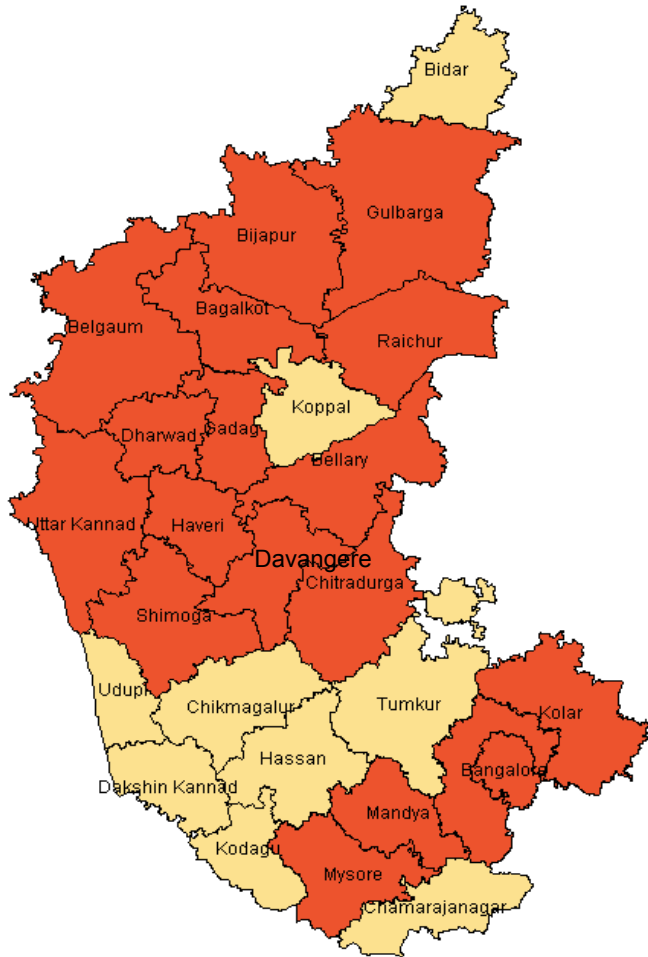
Karnataka Health Promotion Trust and
University of Manitoba



Evolution of the programme with Female Sex Workers



The Karnataka Programme



- **Funded by the Bill & Melinda Gates Foundation (AVAHAN - India AIDS Initiative)**
 - First Phase – 2003 – 2008
 - Second Phase – 2009- 2013
- **Covering 19 under-served districts with prevalence (>1.5%).**
 - Covering 127 cities and 1232 villages
 - Reaching 60000 FSW and 20000 MSM

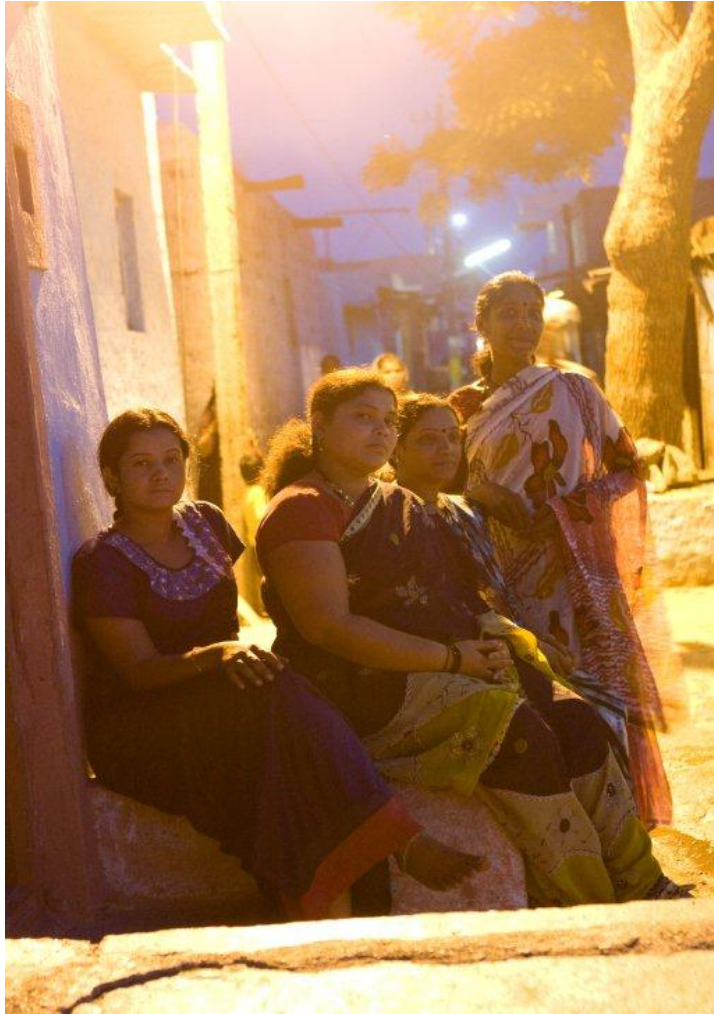
Project objectives and strategies

- Objectives were:
 - Increased condom use by female sex workers with clients and other sexual partners
 - Reduced incidence of curable sexually transmitted infections among female sex workers

Through

- Mapping and assessment
- Peer education and outreach
- Establishment of STI services
- Empowerment of sex workers and creating an enabling environment
- Capacity building of partners

Design considerations



- Evidence based
- Standardize but remain flexible
- Simultaneous and rapid scale up
- Use a proven package of services
- Oriented towards “listening” to the community: addressing community needs
- Continuous gap analysis, reflection and problem solving

A Thinking and Listening Programme

Early scale up

- Scaled up the programme in 19 districts in partnership with NGOs and CBOs
- Hired 987 peers
- Reached 60000 sex workers
- Established 140 Drop In Centres
- Set up 548 clinics (static and outreach)
- Distributed condoms through various means to meet the need

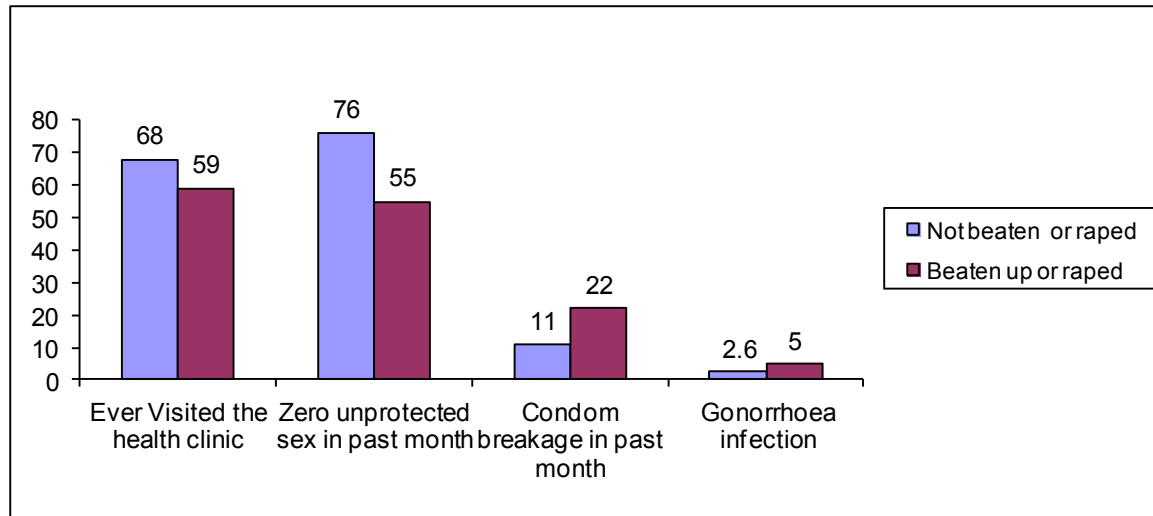


Community consultations through drawing and story telling



Police violence, stigma and discrimination came up as key issues
Communities unaware of their rights and entitlements
Very low self esteem

Emerging evidence : violence and HIV

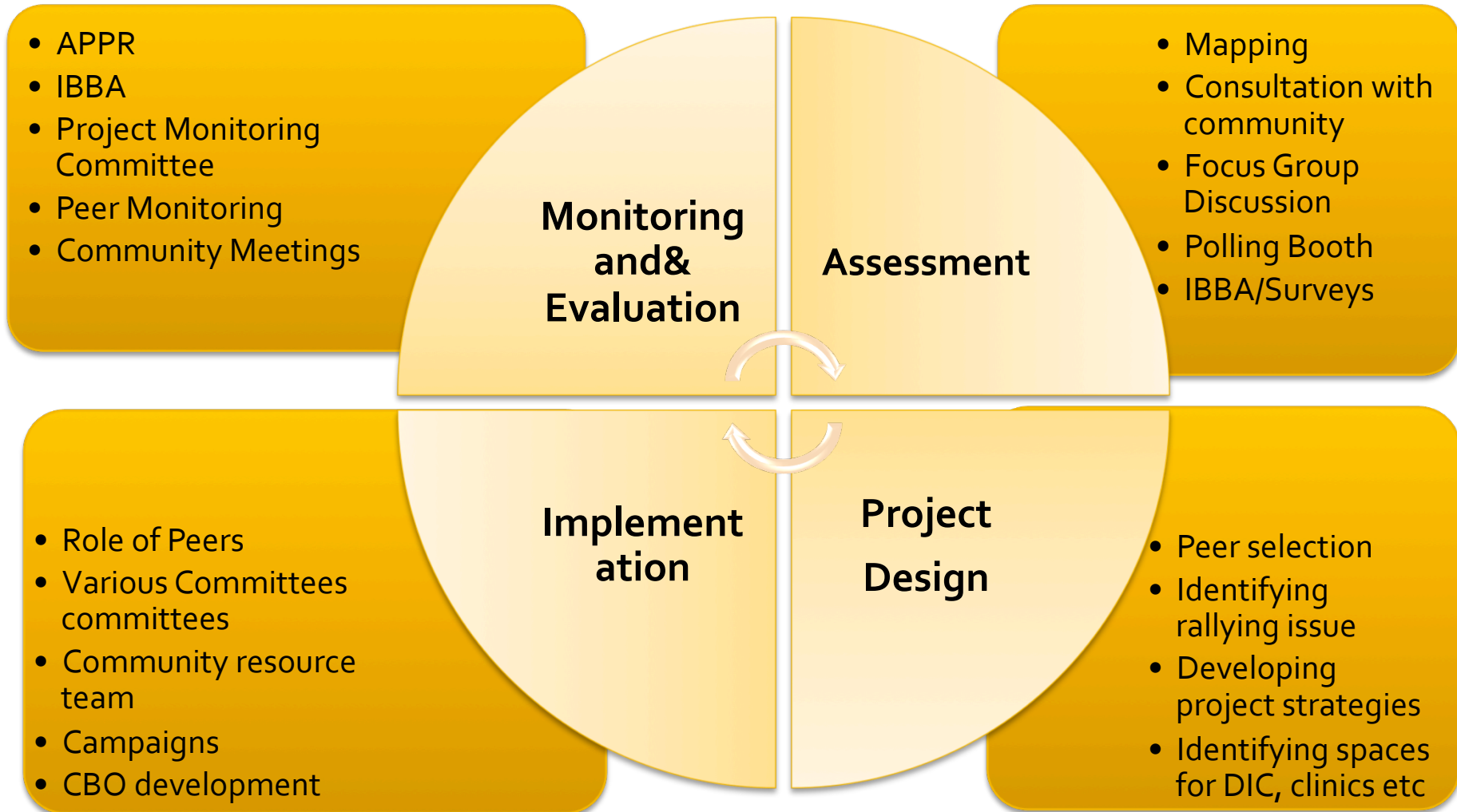


- Female sex workers experiencing violence
 - visited clinics less
 - had lower condom use
 - had a higher incidence of condom breakage and
 - had higher prevalence of gonorrhoea
- Higher number of FSW who experience violence consume alcohol further increasing her vulnerability

3 pronged strategy to enhance an enabling environment



Increased community participation across the project



Building solidarity through community mobilization



- Creating spaces for community to meet and discuss issues through a reflective process
- Facilitating collective action
- Facilitating formation of community based organizations

Evidence of our success



Striking increase in exposure to program - R1 and 3

| | Base-line % | Follow-up % | Crude OR (95% CI) | Adjusted OR (95% CI) | P value |
|---|-------------|-------------|----------------------|----------------------|---------|
| Ever visited by a peer educator | 82.80 | 97.88 | 9.58 (5.28-17.39) | 9.05 (4.62-17.76) | 0.000 |
| Ever visited the drop-in centre | 32.21 | 65.91 | 4.07 (2.67-6.19) | 4.57 (3.65-5.72) | 0.000 |
| Ever visited the project sexual health clinic | 68.43 | 91.73 | 5.12 (3.70-7.08) | 5.08 (3.73-6.93) | 0.000 |
| Ever witnessed a condom demonstration | 73.32 | 93.66 | 5.38 (2.78-10.41) | 4.10 (2.37-7.09) | 0.000 |

Multivariate models were adjusted for the following variables that were significantly different between the 2 rounds: (1) survey round, (2) district (3) current age (4) marital status (5) age at starting sex work (6) duration in sex work (7) place of solicitation (8) place where the client is are usually entertained (9) amount charged per sex act (10) weekly income from sex work (11) proportion of clients who were new and (12) whether has a regular client.

Increase in condom use by FSWs with different partners - R1 and 3

| | Round 1 % | Round 3 % | Crude OR (95% CI) | Adjusted OR (95% CI) | P value |
|---|--------------|--------------|----------------------|-------------------------|---------|
| Zero unprotected sex acts in past month with commercial clients | 58.27 | 87.48 | 5.00 (2.94-8.52) | 4.77 (3.68-6.18) | 0.000 |
| Condom use last sex act occasional commercial clients | 82.88 | 84.24 | 1.10 (0.69-1.77) | 0.93 (0.58-1.48) | 0.745 |
| Condom use last sex act repeat commercial clients | 63.50 | 92.57 | 7.22 (4.63-11.27) | 5.05 (3.76-6.80) | 0.000 |
| Condom use last sex act regular partner | 31.85 | 36.07 | 1.21 (0.49-2.99) | 1.09 (0.75-1.59) | 0.635 |

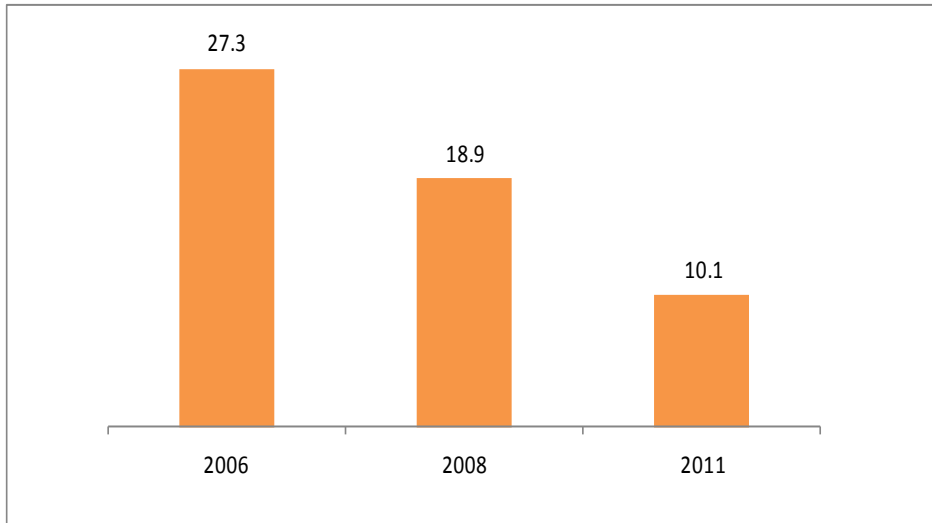
Reduction in HIV and STI among FSWs – R₁ and 3

| | Round 1 % | Round 3 % | Crude OR (95% CI) | Adjusted OR (95% CI) | P value |
|--|-----------|-----------|----------------------|-------------------------|---------|
| HIV-1 infection | 19.60 | 10.38 | 0.48 (0.37-0.62) | 0.59 (0.46-0.75) | 0.000 |
| Syphilis | 10.21 | 6.07 | 0.57 (0.33-0.99) | 0.70 (0.51-0.98) | 0.039 |
| High-titre syphilis | 5.94 | 2.37 | 0.39 (0.21-0.70) | 0.48 (0.31-0.74) | 0.001 |
| Chlamydial infection* | 10.77 | 4.62 | 0.40 (0.25-0.65) | 0.38 (0.19-0.75) | 0.012 |
| Gonorrhoea infection* | 5.39 | 0.88 | 0.16 (0.05-0.45) | 0.22 (0.07-0.71) | 0.012 |
| Chlamydial infection and/or gonorrhoea* | 13.82 | 5.02 | 0.33 (0.21-0.52) | 0.33 (0.18-0.62) | 0.001 |
| Trichomoniasis* | 32.94 | 3.48 | 0.07 (0.04-0.15) | 0.07 (0.04-0.14) | 0.000 |

*Mysore only

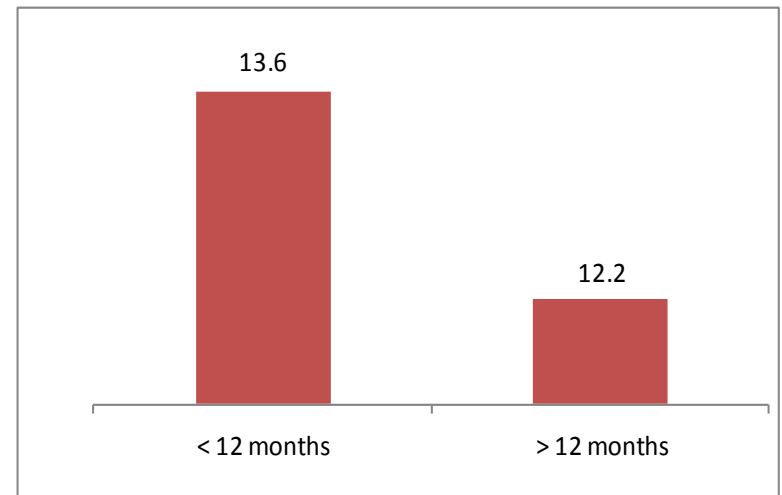
FSW report a decline in violence over time , PBS and IBBA

FSWs reporting being beaten or raped in
past year, PBS



PBS in 14 districts
 $p < 0.01$

FSWs reporting violence and duration
of program exposure, IBBA



* $p < 0.1$

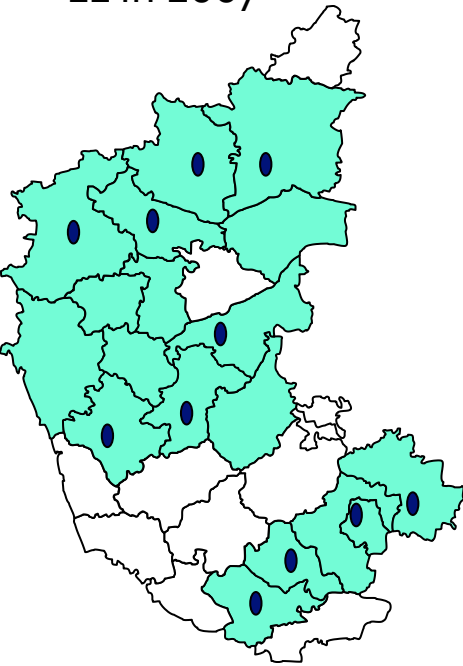
Reduction in arrests and alcohol use, Round 1 and 3



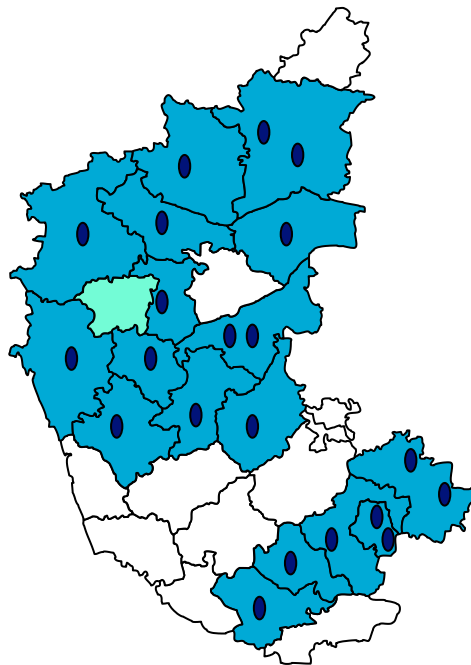
Community mobilization is progressing steadily

Registered CBOs

11 in 2007



37 FSW CBO and
15 MSM CBOs in 2012 *

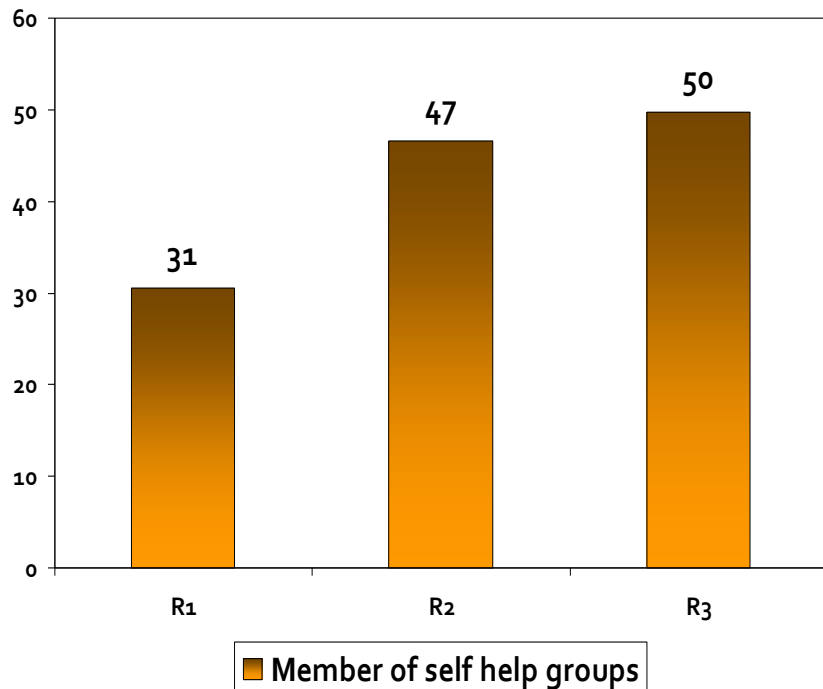


| | March 2007 | March 2008 | October 2012 |
|---|------------|----------------------|------------------|
| Membership in the collective | 12,118 | 29,289 (+142%) | 35,983 (+23%) |
| % of estimated FSWs member of collectives | | 25% | 53% |
| Amount deposited in SHGs | - | 51,02,500 | 1,54,19,203 |
| Annual budget of the collectives | 52,10,000 | 2,43,85,115 (~5x) | 2,85,65,456 |
| Total corpus fund (cumulative) | 10,51,000 | 21,43,286 (~2x) | 1,01,35,822 |
| Number of PEs promoted | - | 158 | 203 |

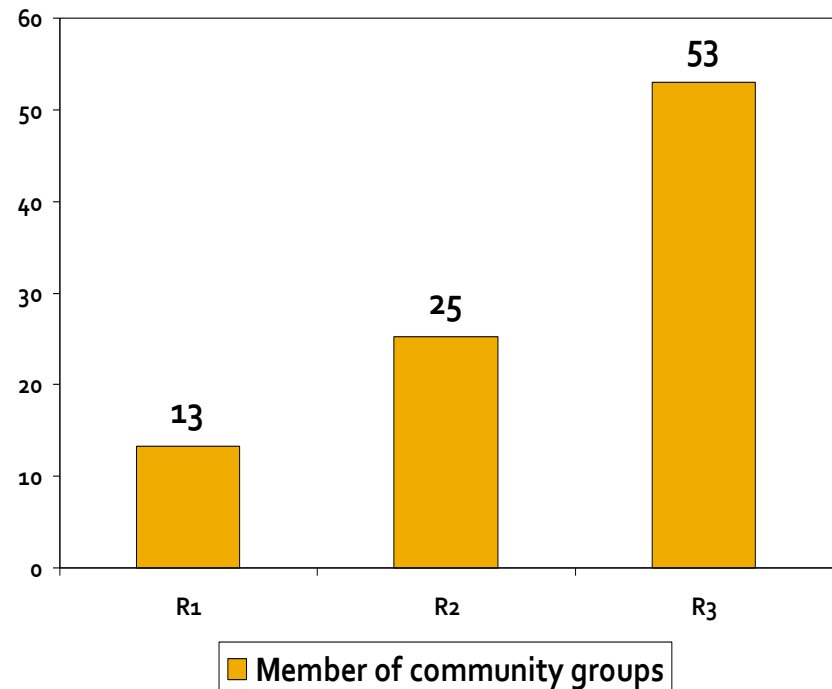
* 2 CBOs have FCRA

Considerable increase in membership in groups, R 1,2,3

MEMBERSHIP IN SHGS

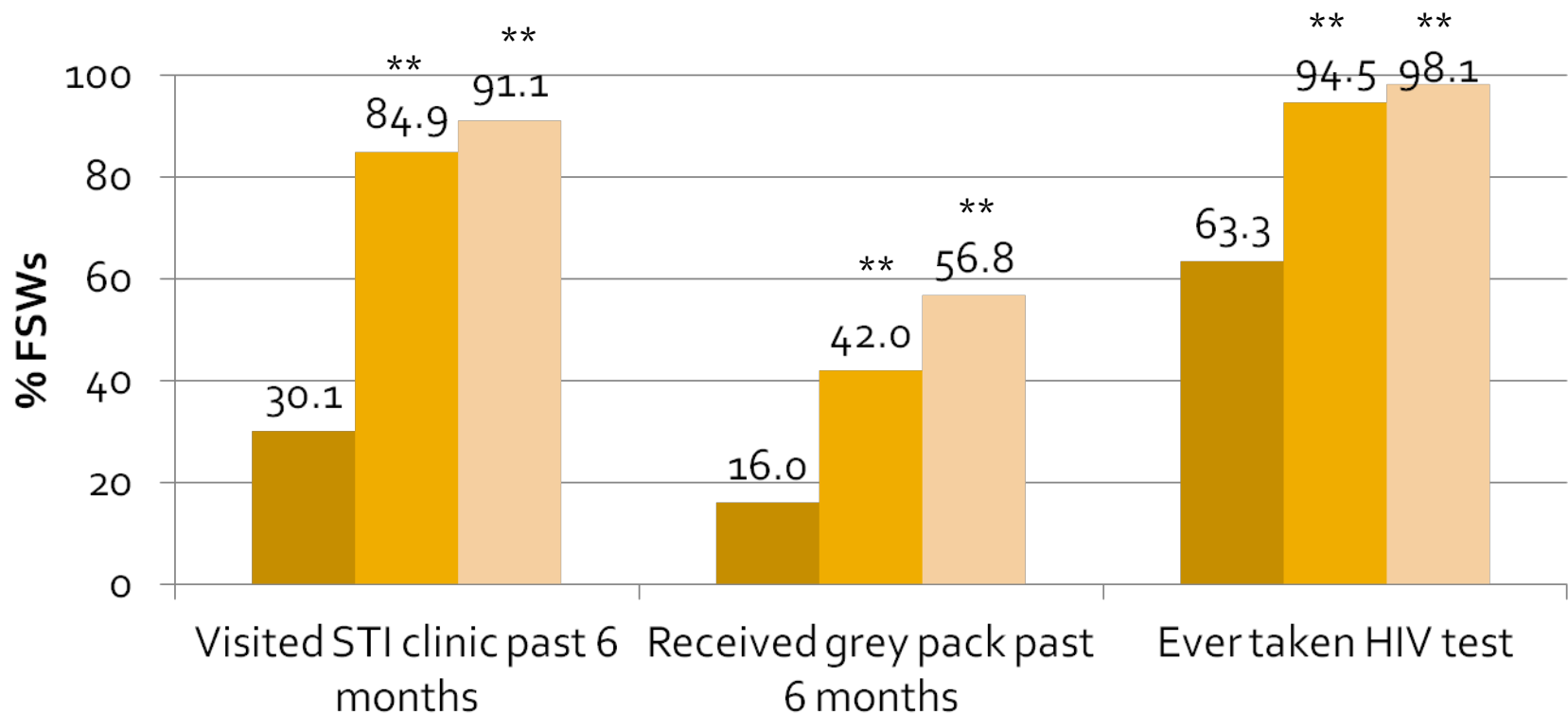


MEMBERSHIP IN CBOS



Source: IBBA

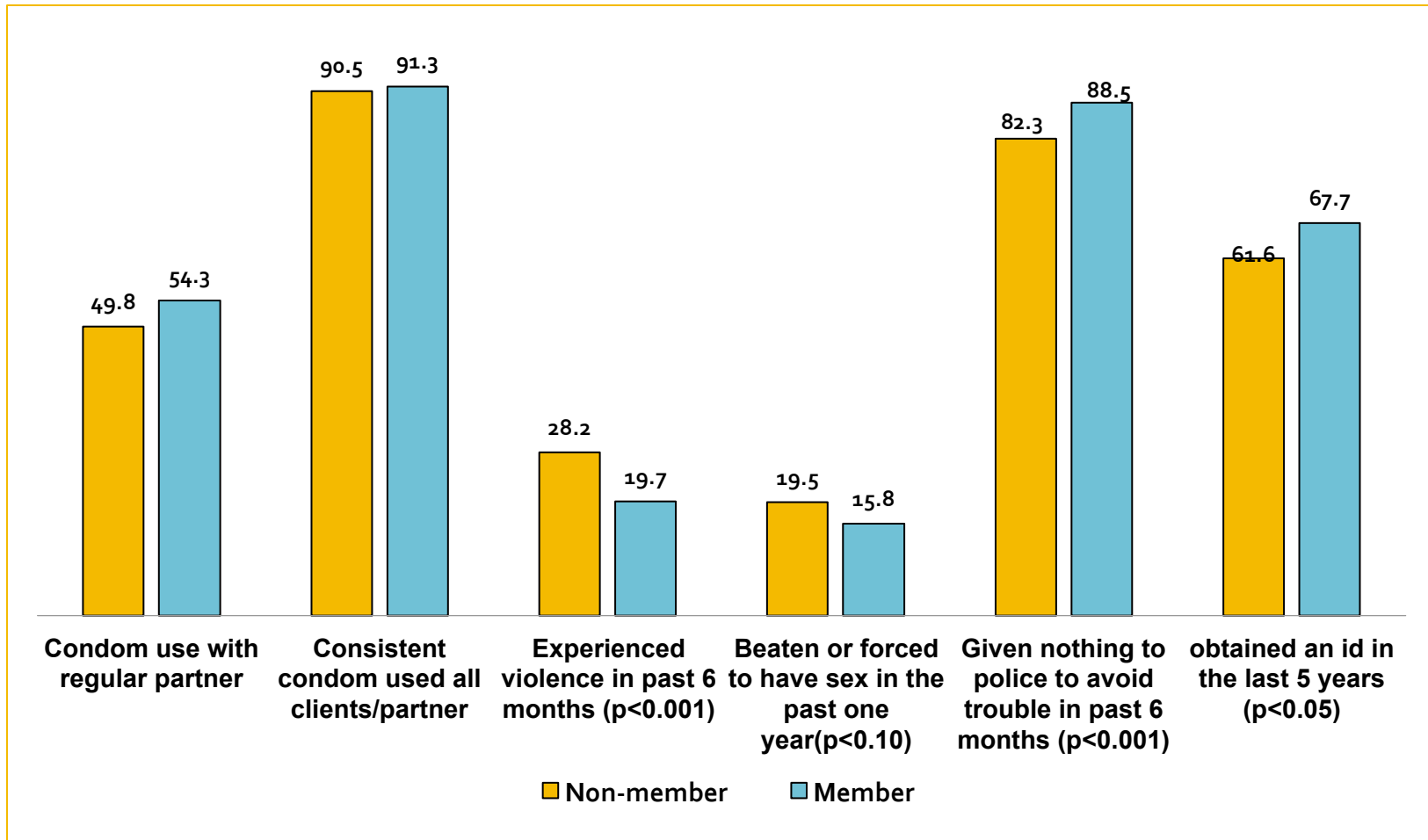
Community mobilisation is strongly associated with use of HIV/STI services



*AOR $p < 0.05$ **AOR $p < 0.01$ Low exposure is reference category. Models adjusted for literacy, marital status, localite (born in town/village where interviewed), district, duration of sex work, and place where entertain clients.

■ Low ■ Medium ■ High exposure to community mobilisation

Members in peer groups experienced less violence and exploitation, BTS



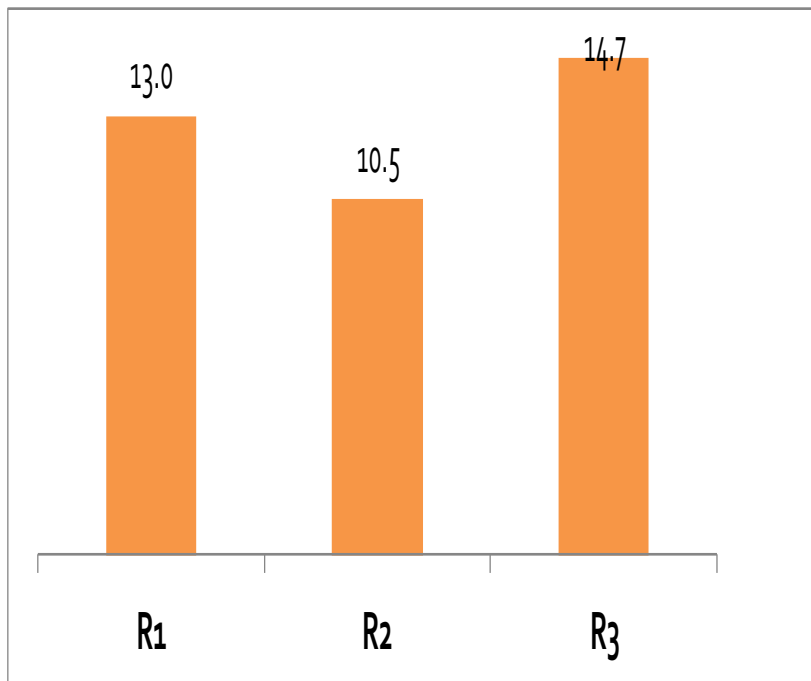
Some challenges still remain....

- Addressing issues of intimate partner violence and risk
- Reaching the young and new sex workers early
- Issues related to stigma against HIV positive sex workers



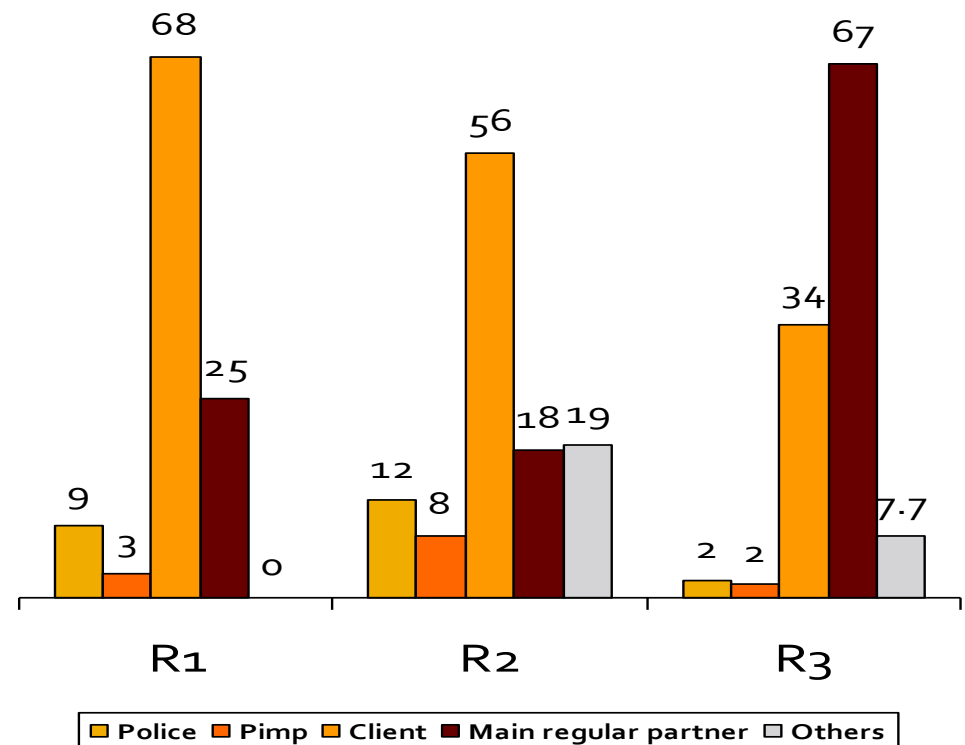
Evidence for intensive programmes: high reporting of IPV, R 1,2,3

FSWS REPORTING BEING BEATEN OR RAPED IN PAST YEAR



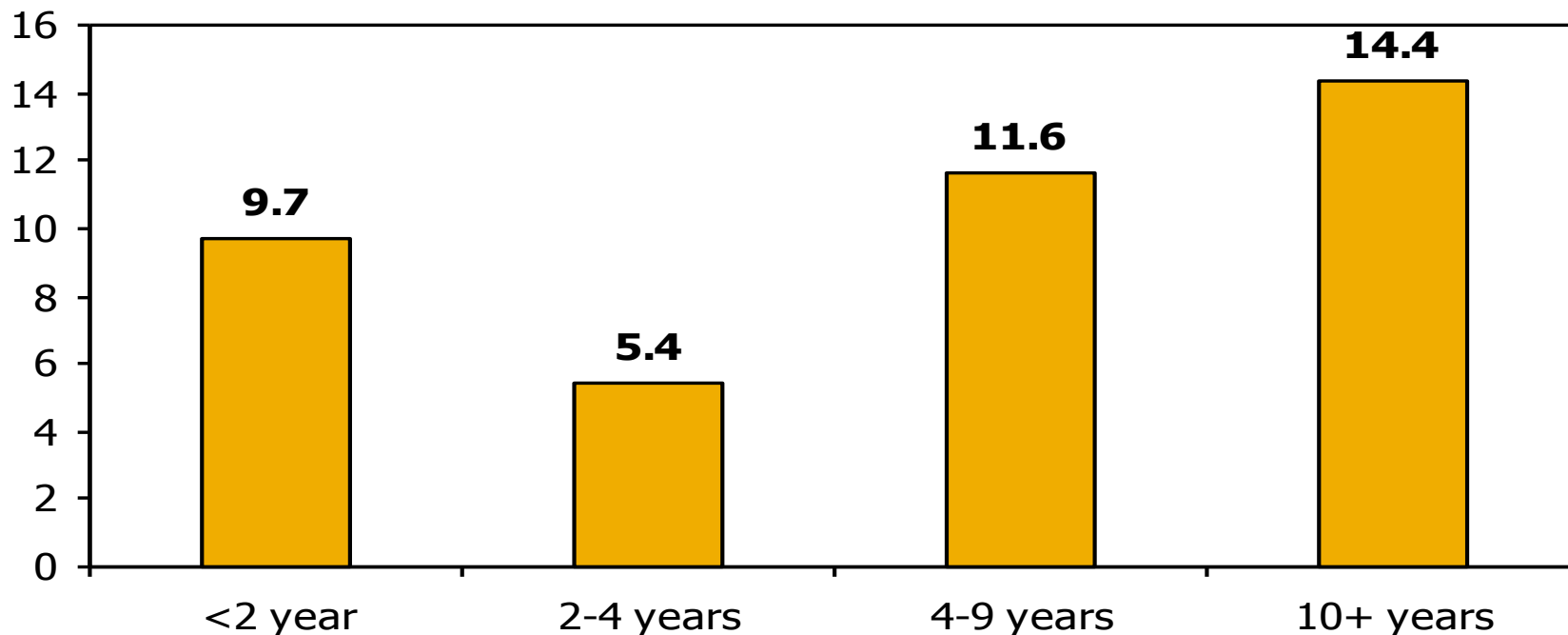
p<0.05

FSW REPORTING VIOLENCE BY PERPETRATORS



* p<0.1

Evidence for intensive program: HIV prevalence by duration in Sex Work

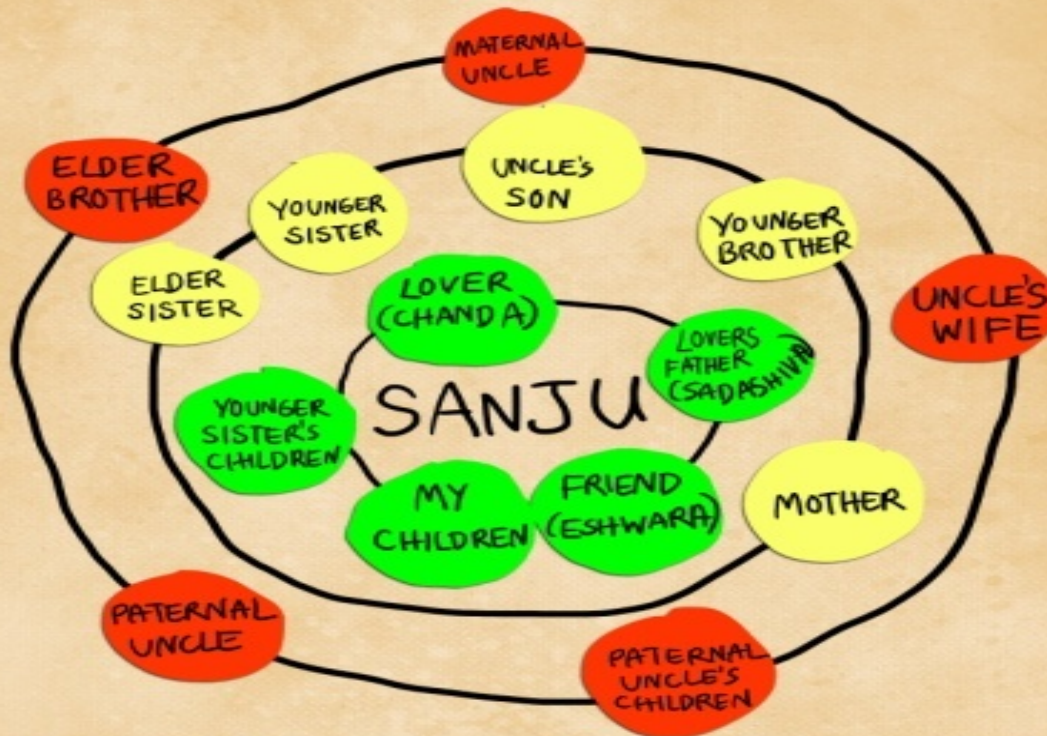


High client volume among younger sex workers

Though percentage of young sex workers increased from 12% to 31% in the programme

Still a huge gap remains in reaching new sex workers

Responding to emerging needs of Sex Workers – a case study



Understanding intimate partner violence and risk

- Participatory workshops conducted with sex workers and their intimate partners to understand the issue better
 - Ideal images and expectations of sex workers and intimate partners from the relationship were different
 - Love, trust and intimacy were factors for low condom use
 - Legitimacy of violence in such relationships
 - Need to address issues of gender and power



Coverage and Time Frame

- **Geography** : Bagalkot and Bijapur Districts
- **Coverage** : 2000 sex workers and their intimate partners
- **Time** : 3 years of intervention

Pilot project with an aim to influence the national programme to integrate issues of violence and low condom use in intimate relationships in Targeted Interventions

Problem Statement

- Despite success in reducing HIV transmission by increasing condom use among FSW and their clients and decreasing violence against sex workers by clients and police, *condom use between sex workers and their intimate partners remains low, and violence in these intimate relationships remains high, leaving these women vulnerable to STI and HIV.*

Theory of change

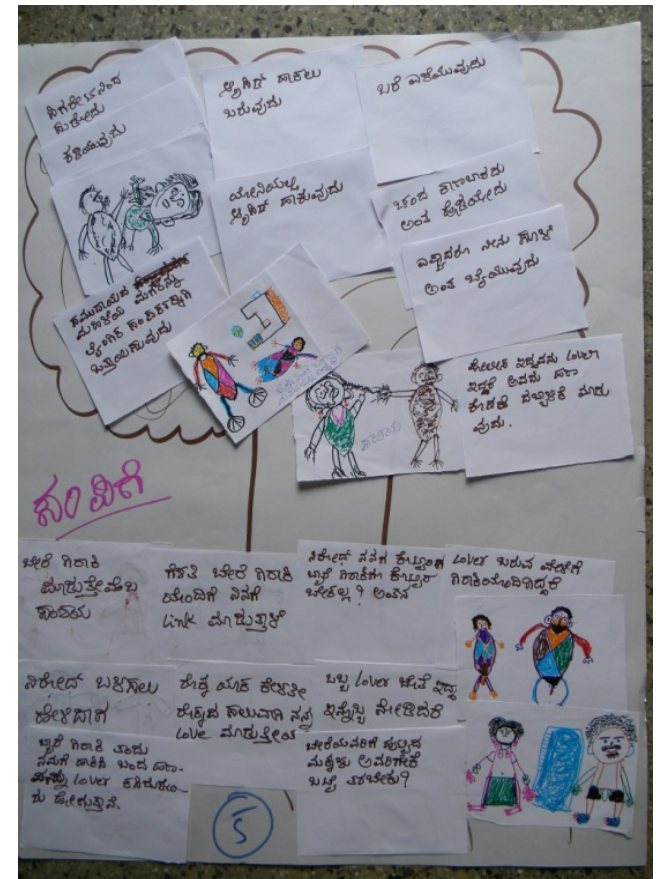
- KHPT “believes” that reducing intimate partner violence and increasing condom use in intimate relationships can reduce HIV risk and vulnerability among sex workers

Theory of change

- And therefore KHPT's proposes intervention around;
 - Enhancing self esteem and self worth among sex workers through individual and collective critical thinking and reflection processes
 - Increasing appreciation of risk among IPs
 - Addressing issues of gender norms and power in intimate relationships
 - Improving awareness of rights and laws protecting women against violence
 - Improving the mechanism to provide safety
 - Enhancing intolerance towards violence in the larger community ,
 - Partnering with movements against violence.
- The combination of the above will make the intimate relationships of sex workers safe and violence free.

Assumptions

- Work with both the victims and the perpetrators of violence and other stake holders
- With better skills (negotiation, communication) and greater access to female condoms FSWs will be able to negotiate safe sex with IP
- Action against violence and/or HIV transmission requires a supportive enabling environment within the larger community
- Building capacities of CBOs and linking them with women's organizations will strengthen the support structure



Impact and Outcomes

Impact

Reducing risk and vulnerability of sex workers to partner violence and STI/HIV transmission in intimate partnerships

Long Term Outcomes

Increased individual and collective processes and action to reduce intimate partner violence and STI/HIV risk.

Enhanced STI/HIV risk perception and skills for self-protection among FSWs and their intimate partners.

Improved supportive environment for dialogue and action on intimate partner violence.

Project Activities



- Sex workers and their Intimate Partners
 - Reflection groups to raise critical awareness
 - Development of safety plans and violence management system
 - Counselling – individual and couple
 - Participation in collective action
- Larger community
 - Awareness creation
 - Development of male champions
- Institutions
 - Linkages with organisations working on IPV
 - Strengthening CBOs to take leadership

Monitoring

- Robust monitoring system will monitor the following outputs:
 - Creation of FSW reflection groups
 - Creation of IP reflection groups
 - Supportive crisis management system for FSWs experiencing IPV established
 - Access to male and female condoms and other services
 - Access to Individual and couple counselling for FSWs and intimate Partners on risk and violence reduction
 - Male champions and folk shows build / enable a supportive environment and community against intimate partner violence
 - Linkages with women's organizations established

Evaluation

- Pre- and post-intervention comparison design
 - The baseline and endline surveys will measure rates of unprotected sex in intimate partnerships, beliefs on acceptability of violence, stigma, alcohol use and experiences of violence.
- A pre- and post-test evaluation of the women's empowerment groups and leadership training
 - Measuring levels of self and collective efficacy, mental health, perceptions of safety, beliefs around violence, participation in collective actions on violence against women
- Qualitative research
 - With FSWs to understand expectations of their relationships, and with their intimate partners to understand men's expectations for their relationship with their FSW partner compared to their wives

Acknowledgement

- The sex workers who have taught me sex work programming
- Stephen Moses, James Blanchard and the *Sankalp* Team: my co directors and programme team
- Lori Heise, Charlotte Watts and Annie Holmes for introducing us to TOC and strengthening our understanding on structural issues
- Donors and funders