Health Systems Navigators - improving access to public sector HIV and sexual and reproductive health services among female sex workers in KwaZulu-Natal

8th South African Aids Conference 2017

Letitia Greener*, Ross Greener, Mags Beksinska, Kedibone Sithole, Yves Lafort, Jenni Smit

*MatCH Research Unit (Maternal, Adolescent, and Child Health Research Unit), University of the Witwatersrand, Department of Obstetrics and Gynaecology, Faculty of Health Sciences

Email: Lgreener@matchresearch.co.za
Background

- Female sex workers (FSWs) are recognized as a key population due to their increased risk for HIV acquisition and sexually transmitted infections (STIs).

- This vulnerability is largely attributed to sexual practices, but is compounded by the social and structural barriers such as experiences of prejudice, discrimination, and gender-based violence due to the criminalisation and stigmatisation of sex work.

- Strengthened peer support and supportive linkages to services are associated with an increased willingness among FSWs to engage in testing, care, treatment, and subsequent improvements in adherence.
Background

• Only one in three sex workers (SW) in Africa receive adequate HIV prevention services, and fewer have access to HIV treatment, care and support

• A national health survey (2013-2014) found that FSWs in Durban were not being reached by peer educators with only 1 in 7 FSWs reporting being in contact with HIV peer educators in the last year

• Interventions that enhance healthcare seeking among this population and reduce barriers to access are needed
Background - DIFFER: Diagonal Interventions to Fast-Forward Enhanced Reproductive Health

• Project sites: Mombasa, Kenya; Tete Province, Mozambique; Mysore, India; Durban, South Africa

• Time frame: October 2011 – September 2016

• To improve SRH services for women (both general population women and female sex workers) by implementing a ‘diagonal’ strategy

• By identifying and testing a package of services that incorporates both:
  – ‘horizontal’ health systems strengthening for maximum population-level impact and
  – more targeted ‘vertical’ approaches to improve access for populations most at risk, such as sex workers
Strengthening referrals between Clinics and NGOs

- The Health systems navigation approach is a combined peer support and outreach activity that aims to assist patients navigating complex health-care arrangements.

- HSN programmes have expanded into the realm of HIV/AIDS and have been shown to have:
  - success in increasing engagement and
  - retention in HIV health care.

- Designed to link SRH needs as well as HIV/AIDS services more effectively with a key focus on:
  - Community outreach
  - Client level interventions

- As ‘service extenders’, navigators aimed to strengthen referral systems and minimise situations where clients are lost when accessing SRH and HIV services.
Who were the Navigators

- Three, female **Community Health Workers** (or equivalent level) were recruited from the local communities.

- **They were trained in:**
  - Monitoring referrals
  - Building rapport with clients
  - Client confidentiality
  - Providing health talks and record-keeping
  - Female and male condom demonstration
  - Information on clinic services: STIs, Pap smears, Family planning, HIV testing and counselling

- **Training was provided by:**
  - Non-Government Organisations
  - Community healthcare workers
  - Healthcare providers from clinics
Community outreach
Intervention activities: SRH packs

• For FSW’s hesitant to go to a public healthcare facility ‘just to get condoms’, peers ensured steady supply by administering SRH packs on a monthly basis

• These packs included:
  – Male and Female condoms,
  – Home pregnancy testing kits,
  – A menstrual cup
  – Information brochures (HIV, STIs, FP, testing and treatment) and contact information for FSW services / support groups / helplines
Monitoring and evaluation of HSN Pilot

• Evaluations were completed by the Navigators monthly

• The Navigators used:
  – Monitoring log books
  – Client follow-up logs
  – Diaries
  – IEC material distribution logs
  – Logs of their health education talks

• Interviewer administered questionnaires were completed with women and FSWs at the end of the pilot
Findings: Navigator logs

- Assisted 436 clients attending the healthcare facility over 18 months
- 104 (24%) identified themselves as FSW
- Clients assisted largely attended the facility for family planning (new method or repeat) or for STI services
Findings: Navigator logs

Type of Assistance Provided

<table>
<thead>
<tr>
<th>Type of Assistance Provided</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escorted Patient</td>
<td>47.1</td>
</tr>
<tr>
<td>Provided Information</td>
<td>35.3</td>
</tr>
<tr>
<td>Referred Patient</td>
<td>9.4</td>
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</tbody>
</table>
Findings: Navigator logs

Outcome of interaction

- Received service: 87.5%
- Referred to another facility: 2.1%
- Referred for another service: 2.1%
- Further assistance required: 8.3%
Findings: Facility health talks

Total number of health talks within the facility: 426
Community activities

- Average number of community members reached per month: 250
- Many attended multiple talks or participated repeatedly in monthly community activities
Community activities

- General Health Information: 36.8%
- Female Condoms: 18.6%
- Male Condoms: 17.9%
- HIV and STIs: 17.4%
- Family Planning Methods: 3.9%
- Clinic Services: 4.6%
- HCT and ART: 8.7%
Discussion

• Overall, the pilot was positively received by both patients and providers

• Positive response from providers:
  – “the clients and the staff can approach and talk to them about anything, they are there to help.”

• This intervention has the potential to:
  – Ease some of the burden created by staff shortages and high client loads,
  – Improve adherence to healthcare
  – Improve FSWs capacity to access and request services whilst encouraging the adoption of less risky behaviours

• HSN interventions that support effective HIV prevention methods, and are tailored for FSWs, could reduce the epidemic in the longer term
Acknowledgements

• Financial support for this project is gratefully acknowledged as well as the institutions that contributed to project development and implementation. The project funder is the 7th Framework programme of the European Community, grant agreement number 282542
• The DIFFER project team members
• DoH (Provincial & District) and the providers and clients at participating facilities
• Our partners, Lifeline, Sisonke and TB HIV Care
References


