

# Kenya Sex Worker Program

Programmatic Responses

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# Outline

- Context
- Gaps in meeting SW prevention needs
- Minimum package: Process & Elements
- Scaling up SW interventions
- Challenges/ Issues for consideration

# Context

- Research work, social/advocacy programs for CSW in Nairobi linked them to HIV prevention, care and treatment services and other non-health services.
- Limited access to existing CSW sites; majority of Nairobi CBD, environs.
- Accelerated national campaign for HCT, a Prevention & Treatment.

# Gaps

- Diverse range of CSW interventions - Advocacy and IGA activities, limited prevention & tx services
- Many initiatives, lacking a continuum of services
- High stigma e.g. 'STD clinic', HCP attitudes.
- Affordability and poor health seeking behavior
- High risk sexual behavior & vulnerability

# Minimum Package of SW Program Guidelines - process

- Leadership by Ministry of Public Health/ NASCOP to provide guidance to SW programming
- PEPFAR supports NASCOP through collaboration with University of Manitoba/Nairobi & other partners.
- In-country TWG for broad representation, includes CSWs, police, GoK departments, NGOs, development partners.
- Guidelines and **tools** - to guide scale up & QA of SW programs (SOPs, M&E, info packs)
- Focus male and female sex workers and partners

# Minimum Package for SW program: Essential Elements

- Peer Education and Outreach
- Prevention Education
- Condoms and Lubricants
- STI screening and treatment
- HIV counseling and testing
- TB screening/treatment/referral
- Family Planning (MOH leverage)
- HIV Care and treatment (on-site/direct collaborative partnership)

# Minimum package: Enhanced Elements

- Other Clinical elements:  
PEP, Cervical cancer screening
- Other non-clinical elements:
  - psychological, legal, social services
  - other counseling -

(mainly referrals/partnerships)

# Scale up

- Support the national (KNASP) plan for scaling up MARPs programs.
- National scale up led by GoK national coordinating agency (NACC) and MOPH/NASCOP
- Regional capacity strengthening for Public and Private sector HCPs and NGOs
- Accreditation system – assure quality and provide continuous program improvement

# Scale up (2)

- Guidance on population size estimates where feasible (Toolkit)
- Model clinic providing minimum package of services established for
  - training/orientation
  - developing/ using SOPs
  - Dedicated CSW clinic



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# Challenges/Issues for Consideration:

- ARVs: *Initiate ARV CSWs at higher CD4?*  
national adult ARV guidelines Vs SW population.  
Only 21% HIV+ CSW have CD4 below 250.
- PEP: *what is the guidance?* Sexual violence.
- HCT: *Frequency of Retesting?* Sero-conversion and highly infectious stage. HCT acceptance over 85%. Additional counseling.
- Partners of SWs: *Prevention strategies esp. for regular partner 'mdosi'?* Feasibility for Positive Prevention?

# Challenges/Issues for Consideration...2

- HPV: *Regular Pap screening basic element?* HPV screening/prevention cheaper than treatment.
- Young Women: *Increased vulnerability in CSW.* Need for target mature minors, transactional sex work
- Alcohol and drug use-related risk behavior: *strengthening capacity.* counseling & treatment.

# Putting Prevention First:

*‘Turning off the tap on new infections’*

