



Community client-led ART delivery groups (CCLADs) for Female Sex Workers, Uganda

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OVERVIEW

In Uganda, the prevalence of HIV is 6.0% (UPHIA, 2017). Key populations remain disproportionately affected and the HIV prevalence is highest among female sex workers (FSW) (33%, Crane Survey 2009). In 2013, Ugandan guidelines recommended test and start for all key populations. TASO started implementing these guidelines in 2014 - 25,232 KPs were offered HIV testing services (HTS), 6.9% tested positive, 88.2% were linked to care and 47.6% were initiated on ART. In 2017, only 16% of 2014/15 FSW cohort initiated on ART was retained in care. TASO Entebbe started a differentiated service delivery model for KP as a strategy to return and retain KPs in care in January 2017

COMMUNITY CLIENT-LED ART DELIVERY GROUPS (CCLADS) FOR FEMALE SEX WORKERS- CASE OF TASO ENTEBBE

A client-led group model of ART delivery known as community client-led ART delivery (CCLAD) groups for FSWs were started in 2017 after FSW advocated to be served in a similar manner to the general clients in the communities we served. A CCLAD includes grouping sex workers from a geographical area into a peer support group of five to 10 members. The group selects a peer leader who is responsible for collecting 3 monthly ART refills from the nearest Community Drug Distribution Point (CDDP). The peer leader then distributes the refills to the CCLAD members at the agreed venue, documents the distribution and monitors the treatment among her/his peers.

Table 1: Building blocks of FSW CLLADs, TASO Entebbe

	ART refills*	Clinical consultations
WHEN	Every two months, 6 times/year Flexible service hours, decided by the group	Semi-annually (2 times/year)
WHERE	Community: (Community Drug Distribution Point (CDDP))	Church, Community hall
WHO	Group nominated FSW peer leader	Doctor or clinical officer
WHAT	ART refill distribution, peer psychosocial support, peer adherence monitoring *Psychosocial support is done as part of the ART refill	Nutrition monitoring, adherence measurement, TB screening, OI examinations if any, Lab investigation (VL and CD4), weight monitoring, Mental Health screening, dosage adjustment as required

All group members attend 6-monthly clinical reviews and annual viral load monitoring at the facility or at mother CDDP. SWs with a non-suppressed viral load are referred back to the facility for intensive adherence counselling. Four CCLAD groups have been formed so far. No additional training and supervision for staff was required as CCLADs and CDDPs were already operational for general clients. M&E is done using the TASO information management system. TASO is currently conducting a costing study of the various differentiated ART delivery models.

DATA

Between October 2016 and June 2017, more than 7,000 (n=7,067) FSWs were reached with a behaviour change campaign (Figure 1a). A total of 5,775 HIV tests were completed and 525 people living with HIV were identified (positivity rate = 9.1%). Of those identified as HIV+, 81.5% (n=428) were linked to care and 23.6% of those linked to care were initiated on ART (n=124) (Figure 1b). Over the same time period, a cumulative number of 215 FWs were in care with 89.8% being on ART of which 90.9% were virally suppressed (Figure 1c). To date, all the 24 FSWs in the four CCLADs are virally suppressed.

Figure 1: TASO Entebbe data, October 2016-June 2017, (a) Reach of HIV behaviour change campaign and number of people tested, (b) Positivity rate, linkage and ART initiation, (c) Cumulative clients in care, on ART, viral load tested and suppression

Figure 1a

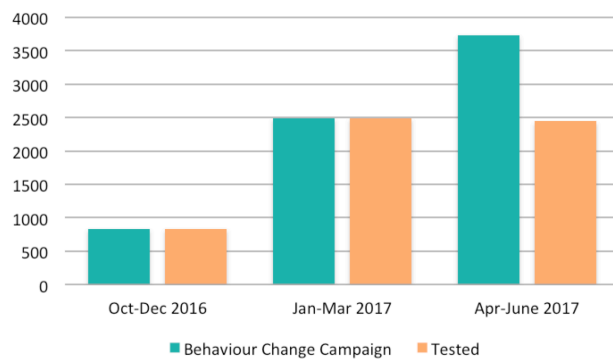


Figure 1b

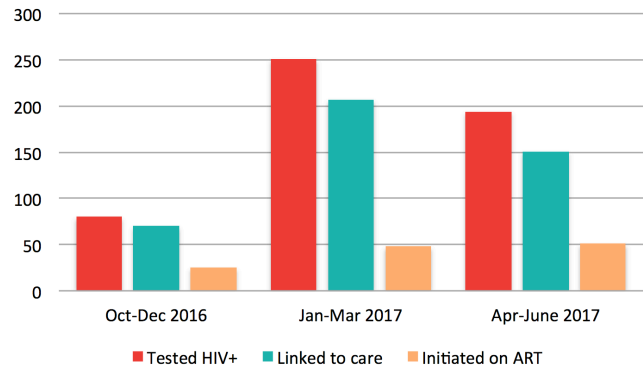
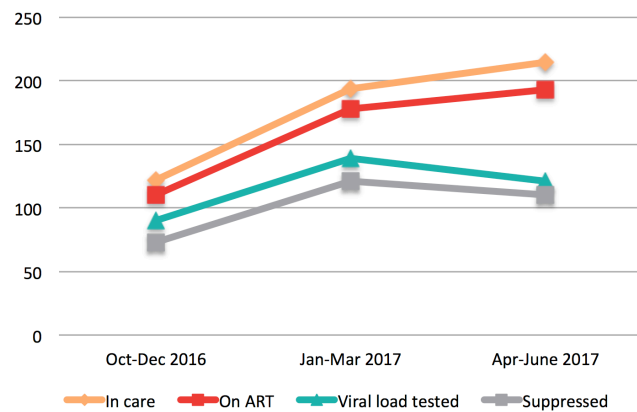


Figure 1c



CHALLENGES AND SUCCESS

FSW CCLAD groups have been successfully rolled out in Entebbe. There is huge demand from other key populations groups such including men who have sex with men and transgender people for the differentiated ART delivery models to be extended to them. Challenges included missed refills due to mixed up names or venues, missed appointments due to high mobility among FSWs, stigma and discrimination and sometimes, arbitrary arrests by police. Solutions used among others included engagement and training of key stakeholders, education and sensitization of communities around hotspots and ART distribution sites has helped sort out some of the challenges.