



# What should DoH do next?

Maria Sibanyoni

# Background

- Why focus on Key population Sex Workers because of high HIV compared to general population
- HIV prevalence amongst SW 40%-60% compared to 13% general population
- Key population lack access to health services due to various reasons
- Estimated 153 000 SW in South Africa

# Approaches used for service delivery

- Provides comprehensive clinic-based services
- Brothel-based comprehensive services
- Mobile Clinic Services to street-based sex workers or hot spots
- Peer Educator programme



# Lessons Learned

- Sex worker oriented service delivery
- Non judgemental attitude (open minded)
- Flexible to deal with the dynamics of sex workers (nudity, vulgar, violence, intoxication)
- Render services quickly because time is money
- Strategies to be able to deal with brothel managers



# Recommendations

- Integration of Sex Work services into PHC using different Models
- NGO SW services should compliment and supplement DoH
- Taking over SW services can be done in phases
- Understanding the needs of sex workers
- Tailor make service delivery to accommodate SW needs
- Sensitization training to health care workers is crucial



# Recommendations

- Establishing peer education programme- for mobilization, HCT, Health Education, condom Distribution, referrals and marketing health services
- Collaborating with civil Society for human rights issues
- SAPS sensitization- to build healthy relationships between sex workers and police





# Recommendations

- Non judgmental attitude (Not questioning high demands of condoms, condom burst and repeated STIs)
- Create Key Populations friendly clinics and or specialised clinics???
- Ensure clinics have adequate staff to reduce waiting times
- Ensure that PHC clinics have enough drugs, condoms.
- DoH funding CBOs working with Key Pops but also holding them accountable financially and ensuring targets are being met
- Support research initiatives particularly impact evaluation studies



# Recommendations

- Outreach mobile services required to increase access
- Conduct education and mobilization campaigns
- Policies and education that address prevention should incorporate key messages like use of harmful practises
- System to follow through referrals made by peers
- SW are part of the community so they should be integrated into PHC and all other service provision levels





# Challenges of integration

- Getting buy in from management and all staff cadre
- Measuring access/uptake of SW in a normal clinic setting
- Disclosure of doing sex work from SW in mainstream clinics
- Resources i.e HR, mobile vans, project car
- Flexible working hours to accommodate SW



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ANNIVERSARY  
1994-2014

# Acknowledgements

- PEPFAR
- Global Fund
- AIDSFOND
- DoH
- CoJ
- Prof Helen Rees, Prof Francois Venter and Dr Eugene Sickle
- Sex Work Team
- Sex workers
- Sisonke
- SWEAT
- TLAC



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- PEPFAR
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- NICD

