

Integrated Services for sex workers The FPAIndia- Aastha Experience

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India – A country of many splendors



Population – 1.14 billion
Growth rate - 1.5



Urban – 28.5 %
Rural - > 60%



One of the 10 fastest
growing economies in the world



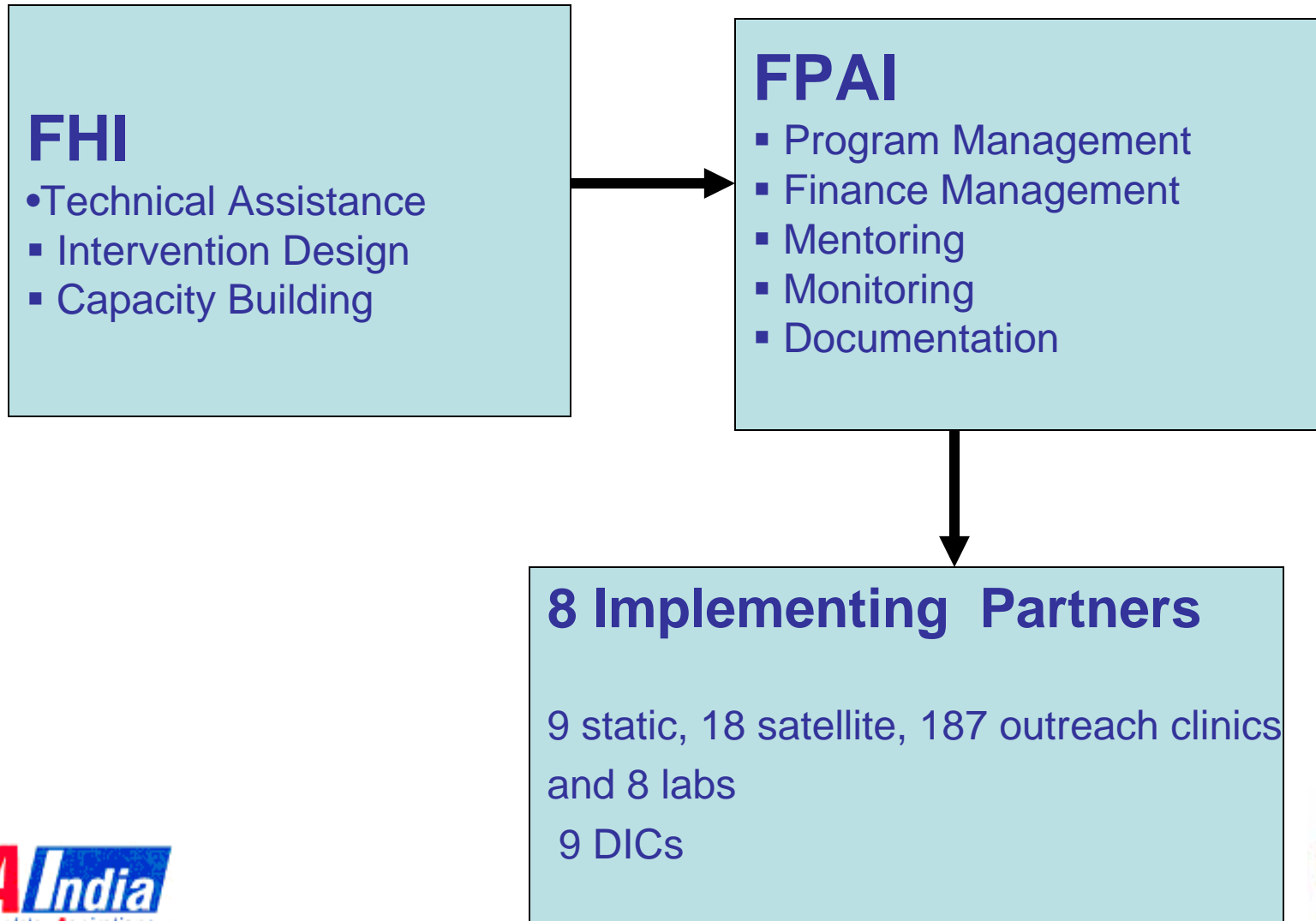
FPAIndia

- Accredited member of the IPPF, was established in 1949
- Committed to promote SRH and supports the right to reproductive choices, including family planning
- Works towards reducing the spread and the impact of STIs /HIV/AIDS

Aastha Project

- FPAI with technical assistance from FHI, is implementing the Aastha Project in Mumbai and Thane, funded by Bill & Melinda Gates Foundation.
- The Project aims to reduce the incidence of STI and HIV among sex workers (SW) and their partners.

Implementation Design



Law and sex work in India

- Under the Indian Penal Code, the Immoral Traffic Prevention Act sex work *per se* is not illegal.
- What the law makes criminal, is trafficking in women and children for the purpose of sex work, soliciting in public for sex work, and living off the income of a SW.

Situational analysis of sex work in Mumbai

- Mumbai Population: 20 Million
- 65,000 identified SW in 21 hotspots
- HIV prevalence among SW in Maharashtra: 23%
- Heterogeneous and diverse sex work settings
- Transaction frequency of 4-35 per week
- Condom use with regular partner low
- Largely uncovered by public health care program
- police harassment

Aastha Program

- Strategic Behavior Change Communication (SBC) Peer- to- peer model
- Community engagement
- Condom promotion and distribution
- Prevention and treatment of STIs and reproductive health services

STI package

- STI prevention and treatment
 - Asymptomatic treatment
 - Monthly screenings
 - Partner treatment

Integrated Service Package

- STI services
- General health services for sex workers, partners and their children
- Services for RH issues:
 - Counseling on menstrual hygiene, safer sex
 - Contraceptive counseling
 - Urine Pregnancy Tests
 - Hemoglobin estimation
- Referrals for Antenatal care , advanced RH needs and Medical Termination of Pregnancy
- Referrals for HIV testing, care and support for positive SW
- Referrals for TB diagnosis and treatment

Community Mobilization for Ownership

- Peer Educators as site managers
- Project Advisory Group, Clinic Advisory Committee, Task Force Committees, Core group for legal education
- Advocacy for rights of women
- Aastha self help gats - for collective action
- Sensitize police for prevention of HIV

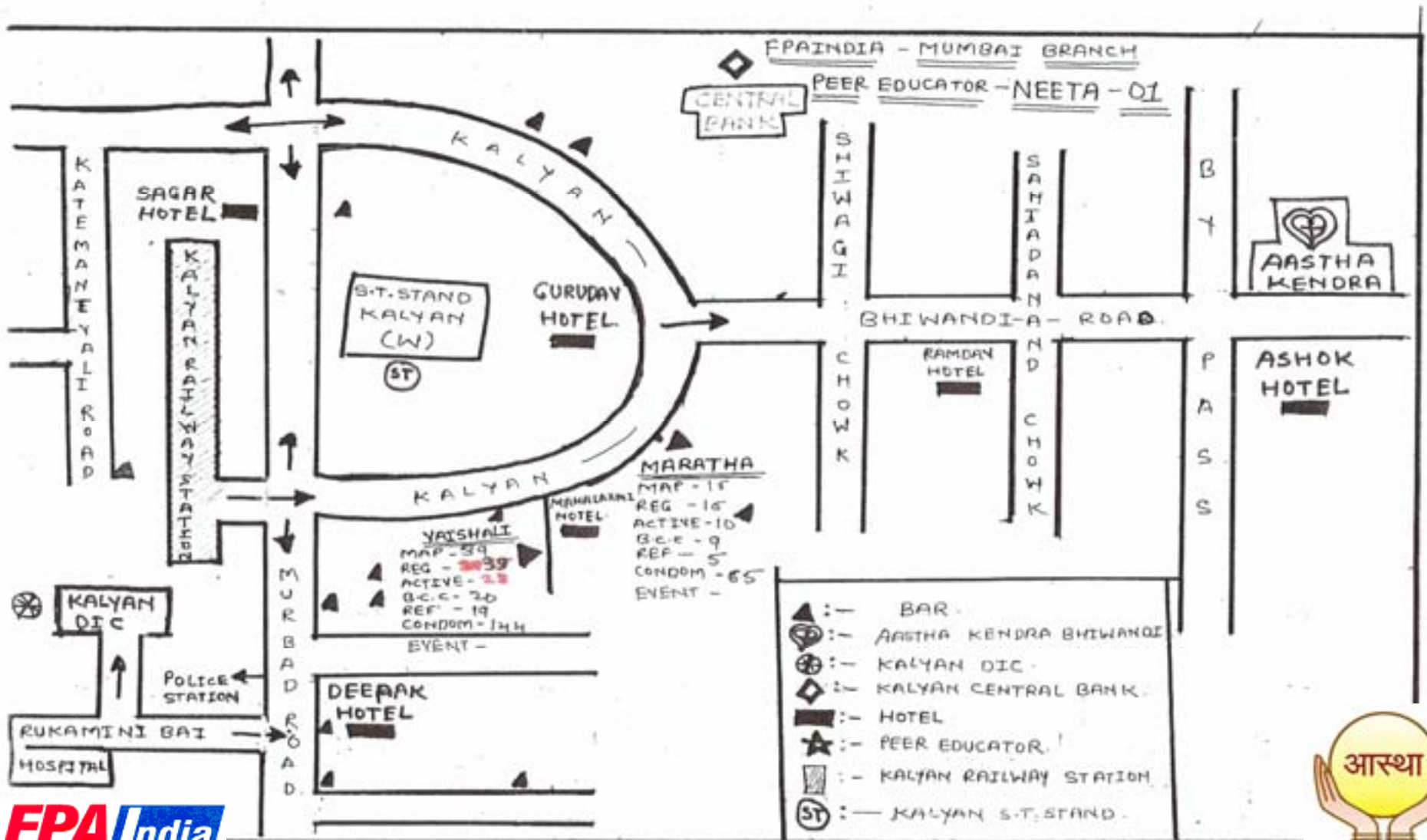
Designing the Project Logo



Sensitizing Police



PE Micro Plan



Value added strategies

- Service delivery model combines clinic and outreach, based on number and density of SWs & preferred time, location
- DIC-cum-clinic
- IGA, literacy classes, activities for children
- SW as Peer Counselors, Peer Nurse
- Accompanied referrals

Clinical Services



So what have we achieved in the last 3 years?

- Over 25,000 SW registered
- 18,565 SW have accessed clinical services at least once
- On an average 9900 SW access Aastha services every month
- 5000 SW access clinical services every month
- Symptomatic visits declined from 43% in Sept'06 to 11% in Sept'07

Achievements (contd)...

- Over 12,000 monthly SBC sessions
- UPT for 1414 (565 tested positive)
- Hb for 819
- 64 pregnant SW provided with ANC
- 237 referred for MTP
- Over 7 million condoms distributed
- 500 provided female condoms

And what do they say...

“... I thought this is my fate. Life had no meaning till I joined the Aastha parivaar (family). Today I am a PE with a mission to improve the lives of my other friends” Savita

“

“... I am able to get all services at one place. At other places there are long queues and I have no time to spare. Besides, at Aastha I am treated with respect” Shahnaaz

Recommendations

- Recognize and meet the felt needs of SW rather than focusing purely on STIs
- Community involvement and capacity building crucial
- While condom promotion is vital, other contraceptive choices must also be given
- Capacity building of service providers crucial
- Training for counseling should include reproductive health and STI/HIV prevention objectives

Recommendations contd...

- Vertical SRH care or STI/HIV/AIDS prevention and treatment programs should be restructured by:
 - integrating some services,
 - adding and strengthening others,
 - expanding services to include new population groups
 - Strong referral links
- Aastha experience shows that RH services could be integrated with no additional funding
- It is possible to integrate services for HRG in traditional FP clinics



Aastha Publications & Condoms



Awareness through IPC



Condom demo in group



Beautician Training



Recreation for KP's Children

