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
FPAILndia

- 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

FHI
- Technical Assistance
  - Intervention Design
  - Capacity Building

FPAI
- Program Management
- Finance Management
- Mentoring
- Monitoring
- Documentation

8 Implementing Partners
9 static, 18 satellite, 187 outreach clinics and 8 labs
9 DICs
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