

STRENGTHENING TB AND HIV & AIDS RESPONSES IN EASTERN UGANDA (STAR-E) PROJECT

TECHNICAL BRIEF
MARCH 2017

REACHING KEY AND PRIORITY POPULATIONS IN UGANDA WITH HIV PREVENTION AND TREATMENT SERVICES

Photo by Stephen Ochieng Oyo

STRENGTHENING TB AND HIV & AIDS RESPONSES IN EASTERN UGANDA (STAR-E) is a US Agency for International Development (USAID) initiative funded by the President's Emergency Plan for AIDS Relief and implemented by a Management Sciences for Health (MSH)-led consortium of national and international partners. The project has worked in the Eastern Region of Uganda to support district health offices, health facilities, and communities to deliver quality, comprehensive HIV and TB services that are integrated with and strengthen other services, including those for maternal, newborn, and child health; reproductive health and family planning; sexually transmitted diseases; malaria; chronic diseases; nutrition; and services delivered by laboratories.

Background

Key populations, including sex workers, prisoners, and men who have sex with men (MSM), are disproportionately infected with and affected by HIV and AIDS.¹ In 2014, HIV prevalence among sex workers globally was 12 times the prevalence of the mainstream population.² Sex workers and other key and priority populations contribute substantially to new HIV infections in Uganda. Modeling by the Uganda AIDS Commission estimated that sex workers, their clients, and partners of clients contributed 10% of new infections by 2008,³ while another study in Kampala found that HIV prevalence among sex workers was as high as 37%.⁴ Prevalence in other key and priority populations has also been found to be higher than the national average: a 2012 study in Kampala estimated

1. UNAIDS. UNAIDS Terminology Guidelines. 2015. Geneva, Switzerland.
2. UNAIDS. The GAP Report. 2014. Geneva, Switzerland.
3. Uganda AIDS Commission & UNAIDS, 2009. Uganda HIV Prevention Response and Modes of Transmission Analysis Report. Kampala, Uganda. Downloaded from http://numat.jsi.com/Resources/Docs/Unaid UgandaCountryReport_09.pdf on December 6, 2016.
4. Vandepitte J., Bukenya MD., Weiss HA. et al. (2011). HIV and Other Sexually Transmitted Infections in a Cohort of Women Involved in High Risk Sexual Behavior in Kampala, Uganda, Sexually Transmitted Diseases, 38(4) 316-323.



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HIV prevalence at 9.3% among fisher folk, 9.1% among MSM, 6.6% among truckers, and 1.9% among security forces. National prevalence was 7.3% during the same period.⁵

HIV prevalence in key and priority populations in Eastern Uganda, though lower than in Kampala, is still relatively high. A number of factors contribute to these populations' increased risk of exposure to HIV. Sex work in Uganda is illegal, and as a result, sex workers are stigmatized and sometimes harassed by law enforcement and clients. Harassment – coupled with negative attitudes, including from health care workers – presents barriers to access to HIV services.^{6,7} Poverty, belief of already being infected, and poor condom use negotiating skills also compromise consistent condom use.

Fisher folk, a priority population, also experience a wide number of issues that increase their risk of HIV. They typically spend their nights fishing and days in the village. For many in this population, daytime is spent drinking and engaging in sex with sex workers and others.⁸ Availability of cash and a fatalistic outlook because of the nature of their work may also encourage sexual risk-taking in this population.⁹ Unfortunately, many landing sites still lack access to comprehensive HIV prevention and treatment services.

Similar factors increase risk among truck drivers, including being away from home and their regular partners for long periods, traveling along high HIV-prevalence corridors, having cash available, and displaying poor health-seeking behaviors.¹⁰ Poverty, harassment, poor access to services, and some of the factors outlined above explain enhanced risk among boda boda taxi cyclists, MSM, out-of-school youth, and security personnel – the other key and priority populations in Eastern Uganda.

The Strengthening TB and HIV & AIDS Responses in Eastern Uganda (STAR-E) Project works with health facilities and community service organizations, including the Amalgamated Transport and General Workers Union (ATGWU), the AIDS Information Centre (AIC), and the Hope Foundation for Development (HOFODE), to increase access to HIV services for these populations.

5. As cited in "Uganda AIDS Commission. HIV and AIDS Uganda Country Progress Report: 2013. Kampala, Uganda.

6. Uganda AIDS Commission. National HIV Prevention Strategy, 2011-2015: Expanding and Doing HIV Prevention Better. Kampala, Uganda.

7. Baral S., Beyrer C., Muessig K., et al. (2012). Burden of HIV among Female Sex Workers in Low Income and Middle Income Countries: A systematic Review and Meta-Analysis. *The Lancet Infectious Disease*. Vol. 12. DOI: 10.1016/S1473-3099(12)70066-X

8. Chanes-Mora P. (2014). A Social-Ecological Approach: Understanding the Factors Associated with HIV Risk in Fishing Communities in Lake Victoria, Uganda. Master's Theses. Paper 534. http://digitalcommons.uconn.edu/gs_theses/534

9. Lubega M., Nakyaanjo N., Nansubuga s. et al. (2015). Understanding the Socio-Structural Context of HIV Transmission in Kansenro Fishing Community, South Western Uganda. *BMC Public Health*. 15: 1033. DOI 10.1186/s12889-015-2371-4

10. Uganda HIV/AIDS Knowledge Management and Communications Capacity Initiative (HIV/AIDS KMCC). Most at Risk Populations: Long Distance Truck Drivers and HIV/AIDS in Uganda. Synthesis of Information and Evidence to Inform the Response. October, 2014.

The STAR-E Approach

STAR-E currently targets key and priority populations in Mbale and Busia districts. Previously, the project targeted these populations in all 12 of its supported districts. However, in 2016, PEPFAR limited such support to priority scale-up districts, which only included Mbale and Busia. STAR-E uses an interactive model that relies on building trust with the targeted populations. This model also emphasizes collaboration with community partners and targeted community associations and leaders as entry points. It uses a peer approach in coordination with health workers and neighboring health facilities to provide HIV prevention and treatment services to key and priority populations.

The approach begins with identifying a community service organization (CSO) that is trusted by the targeted group. Consistent with this model, STAR-E has worked with partners ATGWU, AIC, and HOFODE to reach key and priority populations in targeted districts. The project also works with MSM and boda boda groups and associations to facilitate easy access to these populations. STAR-E has learned that key and priority population members are more likely to trust staff working in their associations, unions, or organizations that have been committed to their causes in the past. This is critical given the nature of the populations and the sensitive topics discussed.

ATGWU's history and its partnership with STAR-E underscores the importance of working with CSOs and targeted member associations to reach key and priority populations. ATGWU was founded as a trade union for truckers and other transportation personnel. The union traces its roots to the Uganda Motor Drivers Association that was formed in 1938. It was re-registered in 1974 as ATGWU after merging with other unions. As the HIV epidemic spread in Uganda, many union members contracted HIV. Discrimination on the job as well as the need to educate members on how to prevent HIV necessitated adoption of an HIV-prevention platform. Given that many truckers and union members purchase services from sex workers, the association has increasingly worked with sex worker groups to ensure that prevention and safe sex messages are disseminated.

ATGWU began its operation in Busia in 2002. The union maintains a resource center where truckers and their clients receive a wide range of services, including HIV testing services, which are also provided through numerous community outreach activities. Through its resource center, ATGWU provides truck drivers, driver assistants, and other personnel a safe space to relax and gain health information and services.

"Working with the STAR-E project, in FY16 alone, 416 project trained peer educators from key and priority populations reached over 11,000 of their peers with small group or individual sessions on specific BCC [behavior change communication] messages. In addition, ATGWU, AIC, and HOPFODE with STAR-E supported health facilities conducted HIV testing outreach that targeted key and priority populations and tested over 7,000 individuals."

After identifying appropriate local CSOs, the STAR-E Project works with the CSOs and key and priority population groups to identify and train peer educators on HIV and behavior change communication. Use of peers to reach key and priority populations with HIV messages is an effective approach given that targeted populations may be hard to identify and reach using other methods. Populations that practice activities considered illegal may not easily trust those perceived to be in a position of authority. Further, peer educators may be seen as more acceptable and less judgmental, making it easier for targeted groups to adopt promoted behaviors.¹¹

Peer educators are generally recruited using a participatory approach that involves selection/recommendation by their peers during an introductory meeting with the targeted groups. To prepare them for their roles, peer educators receive five days of training. The training discusses the peer's role, benefits of serving as a peer, and the different HIV prevention methods. Peers are also trained on how to collect and record data on persons reached. The trainers use the peer educators' guide, developed by STAR-E, which includes the following sessions: 1) Assessing risk of exposure to HIV infection; 2) Biomedical HIV-prevention approaches; 3) Behavioral HIV-prevention approaches; 4) Structural HIV-prevention approaches; 5) Tuberculosis (TB); 6) Gender-based violence (GBV); and 7) Referrals. Training messages are reviewed during quarterly meetings with STAR-E and partner staff. Each peer is also given a small quarterly travel stipend.

Peers are trained to use this guide in interacting with their targeted audience. Peer education is conducted both one-on-one and within small group settings. Each peer is required to interact with an individual or group of individuals four times before recording that interaction among the number of person(s) reached under the STAR-E Project. Education between the peers and their targets also must meet the following required PEPFAR components:

- Targeted risk assessment and provision of risk-reduction information, education, and counseling to correctly identify HIV-prevention methods, refute misconceptions about HIV transmission, and accurately gauge and personalize risk for HIV infection.
- Condom promotion and condom skills training, including negotiation skills, and facilitated access to condoms, whether through direct provision, linkages to social marketing outlets, or other means.
- Information sessions on HIV testing services (HTS) with active referrals to or provision of HTS services.
- Demand-creation to increase awareness, uptake, and acceptability of relevant clinical services, such as voluntary medical male circumcision, prevention of mother-to-child transmission, HIV care and treatment, TB testing and treatment, and reproductive health.

11. The Uganda MARPS Network (2015). Service Delivery Models for At-Risk Populations in Uganda. Downloaded from <http://www.marps.net/wp-content/uploads/2016/08/Intervention-Modals-Report-August-2016.pdf> on December 5, 2016.

- Activities and information which promote gender-equitable principles, address harmful norms related to sex and gender, and seek to reduce stigma and discrimination associated with HIV and gender-based violence.

Peer educators have been trained on all the above standards and components and are able to adequately provide the relevant information to their peers. During their outreach, peers also encourage HIV-positive individuals to go for treatment at the nearest health facility. STAR-E has distributed almost 20 million condoms primarily through its peer educators.

In addition, STAR-E has supported health facilities and CSOs to conduct community-based outreach to these groups that provide HIV testing and counseling and other health services. They are scheduled during both day and evening hours and in locations where the targeted groups congregate.

To encourage facility follow-up and linkage to services, Ministry of Health (MOH) facility health providers are included in outreach activities when they are available. Testing data during all outreach (regardless of the level of MOH participation) is collected using MOH forms and is submitted to the facility for follow-up and linkage.

Results

STAR-E and its partners have reached around 120,000 people among key and priority populations with standardized prevention messages through the project's outreach activities. Many more have been served at health facilities supported by the project.

A large increase in 2012 resulted from a USAID required shift in the project's approach from focusing on people living with HIV to key and priority populations. In fiscal year 2016 alone, the project reached 13,440 key and priority population members. Out-of-school youth, sex workers, and truckers comprised a majority of those who were reached.

Lessons Learned and Best Practices

Through working with key and priority populations over the last seven years, the STAR-E Project has learned many important lessons about strategies and challenges related to reaching these groups with HIV testing, care, and treatment services.

- Taking testing where key and priority populations are: STAR-E and its partners have been successful by offering testing and other services where the populations are. This has addressed issues of stigma and other psychological factors that often present barriers to receipt of HIV-prevention services.
- Selection and identification of peer leaders: Using a participatory approach in selecting peer leaders not only helps identify persons that have leadership skills, but also ensures that peer educators are respected and listened to by their peers.

- **Gender balance and sensitivity:** STAR-E and its partners are cognizant of existing gender attitudes that could impede receipt of communicated messages. The project and its partners often try to match peer educators with the gender of those who will be primarily targeted. A majority of peer educators targeting sex workers are female while most fisher folk peer educators are male.
- **Stakeholder involvement:** STAR-E has involved local council committees, police, health facility workers, and other stakeholders. This ensures that targeted groups are not harassed but are supported by authorities.
- **Effective linkage:** Working with health providers during testing, using MOH reporting forms to record numbers reached through outreach, and coordination with MOH, has ensured effective linkage with area facilities. STAR-E also is working with facilities to ensure that persons testing positive are recorded in the MOH testing and counseling register and are entered in the pre-antiretroviral therapy register and appropriately followed up.
- **Comprehensive training and periodic reviews:** Comprehensive training and periodic reviews ensures that peer educators have the skills they need to conduct activities. Post-training, peer educators are supported through quarterly review meetings during which they share challenges and learn from each other.
- **Provision of a small transport stipend:** This is necessary to accommodate for transportation costs.

Continuing Challenges

- **Stigma:** Sex workers and MSM still face considerable stigma that limits access to HIV treatment and follow-up of referrals to health facilities.
- **Mobile populations:** Truckers' work is highly mobile and sex workers migrate based on available work and seasons, complicating follow-up and linkage to care.
- **High caseloads,** resulting in long waiting lines at health facilities, can discourage clients from seeking care because of time away from work.



Photo by Sarah Lagot Odwong

A STAR-E supported discussion group of commercial sex workers in Busia Town.

Conclusion

The STAR-E Project, through close collaboration with the MOH and community partners, has been successful in reaching and providing HIV services to large numbers of hard-to-reach key and priority populations in Eastern Uganda. The STAR-E model of participatory engagement with community groups and associations to select peer leaders and educators has facilitated strong ownership of activities by key and priority population groups, while the provision of peer educator trainings and linkage to neighboring health facilities has contributed to increased uptake of HIV services. HIV testing is a critical entry point to comprehensive prevention, care, and treatment services. The STAR-E approach of engaging with sex workers, truck drivers, and other groups with increased risk of HIV exposure to create demand for HTS is an important strategy for achieving the UNAIDS 90-90-90 targets. A continued focus on facilitating access to services for key and priority populations is central to preventing new HIV infections and ending the HIV epidemic in Uganda.

Additional information can be obtained from: Management Sciences for Health Uganda at Plot 15, Bugolobi/P.O. Box 71419 Princess Anne Dr, Kampala, Uganda, Tel: 256 31 230 3100

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