

## Project Brief: Wits RHI Key Populations Programme

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| <b>Full Title of Programme</b>           | Key Populations Programme for Sex Worker and Transgender individuals   |
| <b>Technical Focus Area/Key Words</b>    | HIV testing and counselling services (HTC), prevention technologies including oral pre-exposure prophylaxis (PrEP), antiretroviral therapy (ART), treatment of sexually transmitted infections (STIs), tuberculosis (TB) screening, sexual and reproductive health services, chronic disease management and treatment of minor ailments.   |
| <b>Summary paragraph (max 200 words)</b> | HIV epidemic control in South Africa pivots on the success of services for key populations such as sex workers (SWs), their clients, and transgender (TG) people. Wits Reproductive Health and HIV Institute (Wits RHI), has provided reproductive and sexual health services to sex workers in inner-city Johannesburg since 1996, making us a national leader in the provision of accessible clinical interventions for SWs. Our most recent highly successful PEPFAR-supported 5-year Sex Worker and Male Clients program was implemented from 2013-2018 in five provinces across the country. In the face of remarkably high HIV risk within this key population, we have interventions to address risk-taking behaviors, and demonstrated innovative service delivery models for HIV care, treatment and prevention that are SW-led and effective in both clinic and community settings. Wits RHI's strong community-driven SW program model, together with the organisation's clinical expertise, has been applied and tailored to develop a transgender-friendly and transgender-competent outreach programme and clinical service package. |
| <b>Primary Objectives</b>                | <ol style="list-style-type: none"> <li>1. To increase demand for and availability and access to comprehensive prevention, care and treatment services and interventions for sex workers</li> <li>2. To increase capacity of civil society and other key stakeholders to advocate for and implement HIV activities</li> <li>3. To strengthen systems for planning, monitoring, and quality assurance of sex worker programs</li> </ol>  |
| <b>Primary Endpoint/Indicators</b>       | <ul style="list-style-type: none"> <li>• No. of sites providing specialized clinical services to sex workers and or transgender individuals</li> <li>• No. of beneficiaries reached with prevention interventions in person and via virtual outreach</li> </ul>  |

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|   | <ul style="list-style-type: none"> <li>• No. of beneficiaries offered HIV clinical services (HCT, ART, PrEP)</li> <li>• No. clients receiving other primary health services (STI, pap smear gender-affirming hormone therapy)</li> <li>• Number of civil society organizations engaged in District Working Groups</li> <li>• Number of civil society organizations trained in organizational development and in technical areas</li> <li>• Successful referrals for Legal Aid and other partner services</li> <li>• No. of hot spots identified and mapped outside of programmatic locations</li> </ul> |
| <b>Programme sites</b>                    | <p><u>Sex Worker Districts</u></p> <p>City of Johannesburg 7 sub-districts</p> <p>City of Tshwane 7 sub-districts</p> <p>Ekurhuleni Metropolitan Municipality 6 sub-districts</p> <p>Vhembe District 4 sub-districts</p> <p><u>Transgender sites</u></p> <p>City of Johannesburg 7 sub-districts</p> <p>City of Cape Town 9 sub-districts</p> <p>Nelson Mandela Bay (Port Elizabeth) 3 sub-districts</p> <p>Buffalo City (East London) 1 sub-district</p>   |
| <b>Programme duration</b>                 | <p><b>Start Date:</b> 1 October 2018</p> <p><b>Anticipated end date:</b> 30 September 2023</p>  |
| <b>Program Activities</b>                 | <ul style="list-style-type: none"> <li>• Decentralised 'hub-and-spoke' model</li> <li>• Targeted peer outreach and micro-planning to reach the most at risk populations and increase HIV+ yield</li> <li>• Community HCT and Same Day Initiation (SDI)</li> <li>• Tailored services to increase uptake</li> <li>• Promotion of enabling environment through sensitisation of community partners to increase accessibility; competency training with DoH clinics to enhance quality of care and defence of Human Rights (Positive Policing Partnership)</li> </ul>                                       |
| <b>Key Personnel</b>                      | <p><b>Naomi Hill</b>, Chief of Party</p> <p><b>Cleo Sokhela</b>, Deputy Chief of Party</p> <p><b>Rutendo Bothma</b>, Senior Advisor – Community Engagement</p> <p><b>Julien Chihwayi</b>, Senior Advisor – HIV Care and Treatment</p> <p><b>Cara O'Connor</b>, Senior Advisor – Strategic Information</p> <p><b>Irene Kachomba</b>, Finance and Administration Officer</p>  |
| <b>Other Partners &amp; Collaborators</b> | <ul style="list-style-type: none"> <li>• Sisonke Sex Worker Movement (sex worker advocacy group)</li> <li>• Sex Workers Education, Advocacy and Training (SWEAT)</li> <li>• Centre for Positive Care – CPC</li> <li>• Perinatal HIV Research Unit – PHRU</li> </ul>   |

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|  | <ul style="list-style-type: none"> <li>• Social Health and Empowerment (S.H.E) Coalition of Transgender Women in Africa</li> <li>• Department of Health (DoH) – National, Provincial and District</li> </ul>  |
| <b>Sponsors/Donors</b>                           | USAID/PEPFAR  |
| <b>Linked Sub Studies and post grad projects</b> | SAHMS 2 Study<br>Factors associated with retention of female sex workers in care  |
| <b>Publications/key presentations to date</b>    | <ul style="list-style-type: none"> <li>• Eakle R, Gomez GB, Naicker N, Bothma R, Mbogua J, Cabrera Escobar MA, Saayman E, Moorhouse M, Venter WDF, Rees H, on behalf of the TDPT. HIV pre-exposure prophylaxis and early antiretroviral treatment among female sex workers in South Africa: Results from a prospective observational demonstration project. PLOS Medicine. 2017;14(11): e1002444.</li> <li>• Continued use of PrEP amongst six sites in South Africa (SAHIVSoc October 2018 – oral presentation)</li> </ul>   |
| <b>Progress Update as at 01 Dec 2019</b>         | <p>The Key Populations Programme for Sex Worker and Transgender individuals started on 01 October 2018.</p> <p>The programme targets set by PEPFAR for the first year of the programme (FY19) are as follows:</p> <ol style="list-style-type: none"> <li>1. Outreach and Prevention Interventions: Reach 13,580 sex workers in Johannesburg, 9,061 in Tshwane, 2,206 in Vhembe, and 5,361 in Ekurhuleni. Reach 1,946 transgender individuals in Johannesburg, 1,206 in Cape Town, 630 in Buffalo City, and 415 in Nelson Mandela Bay.</li> <li>2. HIV Testing: Provide HIV Tests to 5,093 sex workers in Johannesburg, 3,398 in Tshwane, 827 in Vhembe, and 2,010 in Ekurhuleni. Test 3,503 transgender individuals in Johannesburg, 2,171 in Cape Town, 1,134 in Buffalo City, and 747 in Nelson Mandela Bay. The aim for testing yield (proportion of tests with HIV+ result) is 15% for sex workers and 20% for the transgender population.</li> <li>3. PrEP: Initiate PrEP for 886 HIV-negative sex workers in Johannesburg, 578 in Tshwane, 141 in Vhembe, and 342 in Ekurhuleni. Initiate PrEP for 397 transgender individuals in Johannesburg, 246 in Cape Town, 128 in Buffalo City, and 85 in Nelson Mandela Bay.</li> <li>4. ART: Initiate ART for 687 HIV-positive sex workers in Johannesburg, 459 in Tshwane, 112 in Vhembe, and 271 in Ekurhuleni. Initiate ART for 631 transgender individuals in</li> </ol> |

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|  | Johannesburg, 391 in Cape Town, 204 in Buffalo City, and 134 in Nelson Mandela Bay.   |
| <b>Frequency of donor narrative report</b> | Quarterly, Annually   |
| <b>Overall Study/Project Contact</b>       | Naomi Hill: Programme Head & Chief of Party, Key Populations Programme <a href="mailto:nhill@wrhi.ac.za">nhill@wrhi.ac.za</a> |
| <b>Briefing owner and date</b>             | Naomi Hill, 20 October 2020   |