

Buddy system in operationalizing Continuum of Care Intervention among Sex Workers in Mumbai, India

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Introduction

- The Aastha HIV/STI Prevention Project:
 - 2004, Bill and Melinda Gates Foundation
 - ~30,000 male, female and transgender sex workers (SW) in Mumbai and Thane districts, India
- Access to Government ART centers limited:
 - Heterogeneity of SW's
 - Clinic location/hours of operation
 - Gatekeepers

Key challenges to CoC services

- Accompanied referrals to services
- High probability of drop out prior to Pre-ART registration
- Monthly ART adherence

- Hours of operation
- Long waiting time
- Distance/Travel time
- Service provider attitudes

- Strong fear of stigma & discrimination (brothels & bars)
- Decreased accessibility of services for eligible

- Multiple visits to ART centre for collection of blood samples and for collection of test results

Aastha's Continuum of care (CoC) program

- Designed to engage SW's living with HIV in care and treatment services through a strong referral mechanism to the Government ART Centres

Aastha Buddy

- Chosen by the SW and knows SW status
- From the SW community, clinic staff or is another PLHIV
- Responsible for accompanying PLWHIV to the ART clinic
- Supports the clinic counselor by following up with SW living with HIV
- Unpaid volunteer

Follow up mechanisms through buddy system

SW On ART

Counselor/
Aastha Buddy

Accompany SW to ART centre

- **Follow up:** Investigations at 1, 2, & 6 months; Repeat CD4 Counts at 6 months
- **Monitoring for:** Drug Adherence; Side effects
- **Counselling:** Positive Prevention; Condom Use

SW Not on
ART

Counselor/
Aastha Buddy

Accompany SW to ART centre

- **Follow up:** CD4 testing 6 months; Routine Laboratory investigations
- **Counselling:** Positive Prevention; Condom Use

Results

- **601 SWs as of October 2011 tested positive for HIV and knew his/her HIV status**
- **200 (33%) have a buddy**
- **Out of the 200: 130 (65%) have been linked to care and treatment**

Characteristic		Number (n=601)	Percentage
Typology	Brothel based	253	42.1
	Bar based	152	25.3
	Home based	67	11.1
	Street based	102	17.0
	Male sex worker	27	4.5
	Total	601	
Gender	Male	27	4.5
	Female	566	94.2
	Transgender	8	1.3
	Total	601	
Age at time of positivity detection	18-24 yrs	105	17.9
	25-36	423	71.9
	more than 36 yrs	60	10.2
	Total	588	

Results: All Sex Workers

Has a buddy	Linkages to ART Clinic		OR (95% C.I.)
	Registered for ART n = 344	Not registered for ART n = 257	
Yes	130 (65%)	70 (35%)	1.62 (1.14-2.30)
No	214(53.4%)	187 (46.6%)	Reference

Results: Brothel-Based Sex Workers

Have a buddy	Linkages to ART Clinic		OR (95% C.I.)
	Registered for ART n = 344	Not registered for ART n = 257	
Yes	51 (64.6%)	28 (35.4%)	3.31 (1.97-5.57)
No	107 (35.4%)	195 (64.6%)	Reference

Lessons Learned

- A focused approach integrating a buddy system into a CoC enables SWs living with HIV to access care & treatment services
- Collecting and analyzing program monitoring data is important for informing/assessing an intervention

Recommendations

- Introduce a buddy system into CoC programs for SWs living with HIV – particularly to link with government care
- Encourage beneficial disclosure among buddies as a critical component for improving access to CoC services
- Connect SW living with HIV with a system of care, support and treatment to address their specific needs to promote positive well-being – mental, physical and emotional – The Aastha CoC approach!

Thank you