

# Working with Private Health Clinics to Link Key Populations to HIV Care Services in Kampala, Uganda

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# Presentation Outline

- Introduction
- Project description
- Project achievements
- Challenges
- Conclusion
- Recommendations



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# Introduction

- As access to HIV care and treatment services increases in most settings, there is an urgent need to reach populations that are at a higher risk of HIV
- However, most of these populations, including female sex workers (FSWs) and men who have sex with men (MSM), lack access to these services
- We worked with private health clinics to improve access to and linkage to HCT services among FSWs and MSM in Kampala, Uganda



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# Project Description

- **Project:** Integrated HCT services among key populations in Kampala, Uganda
- **Project duration:** 2 years (Nov 2013 to Oct 2015)
- Project implemented in conjunction with 21 private clinics in Kampala



**Kampala**



**UGANDA**



# Project Description (Cont'd)

- The clinics were supported to recruit and train peer educators and linkage facilitators
- Clinics were stocked with free HCT commodities and supplies



# Project Description (Cont'd)

- Worked with FSW and MSM support groups/ associations to promote HCT uptake among FSWs and MSM
- Mobile HCT services were provided via a mobile van stationed high risk areas such as landing sites to target FSWs
- Partnered with 59 HIV care sites to which HIV+ FSWs and MSM were referred & linked



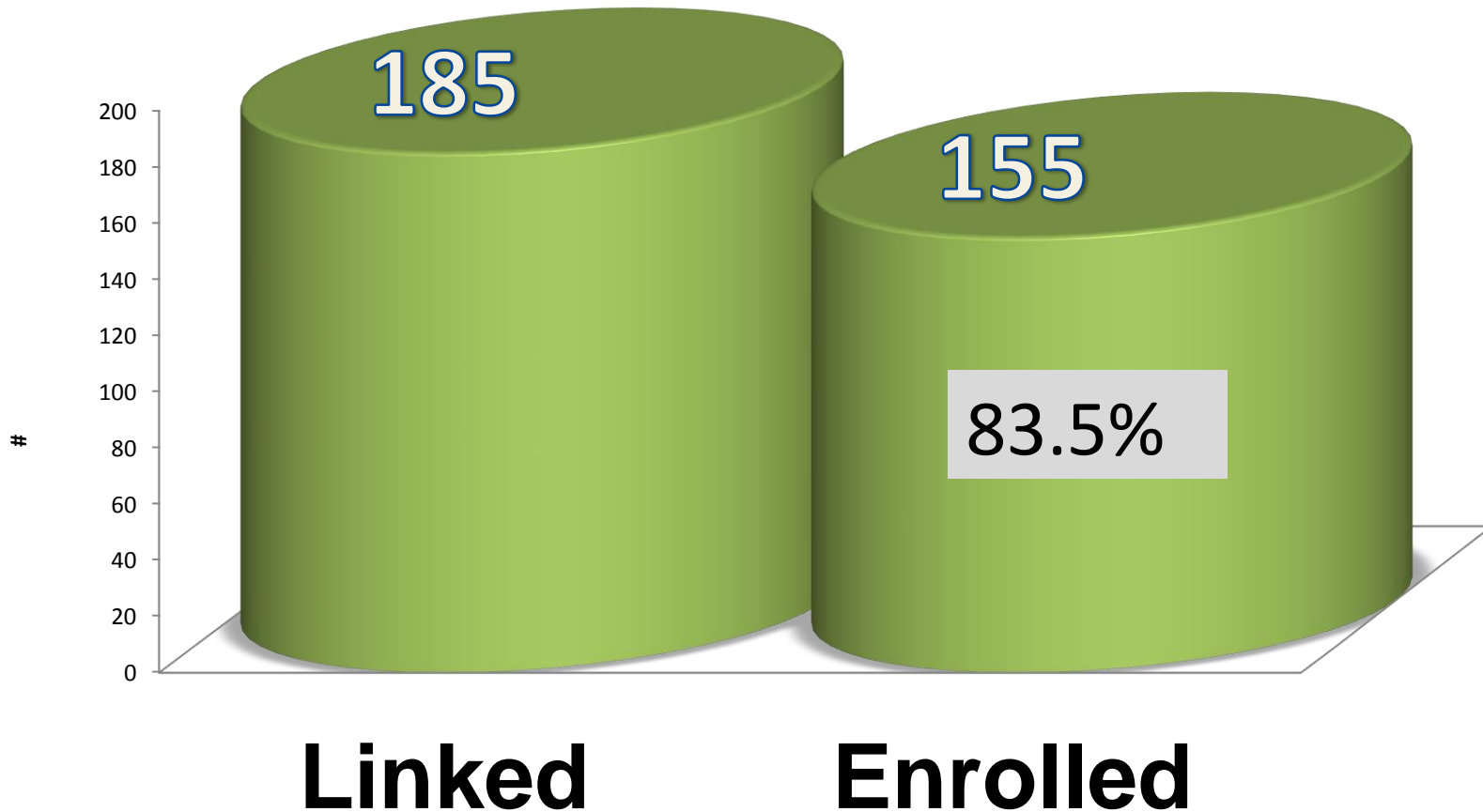
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# Project Achievements

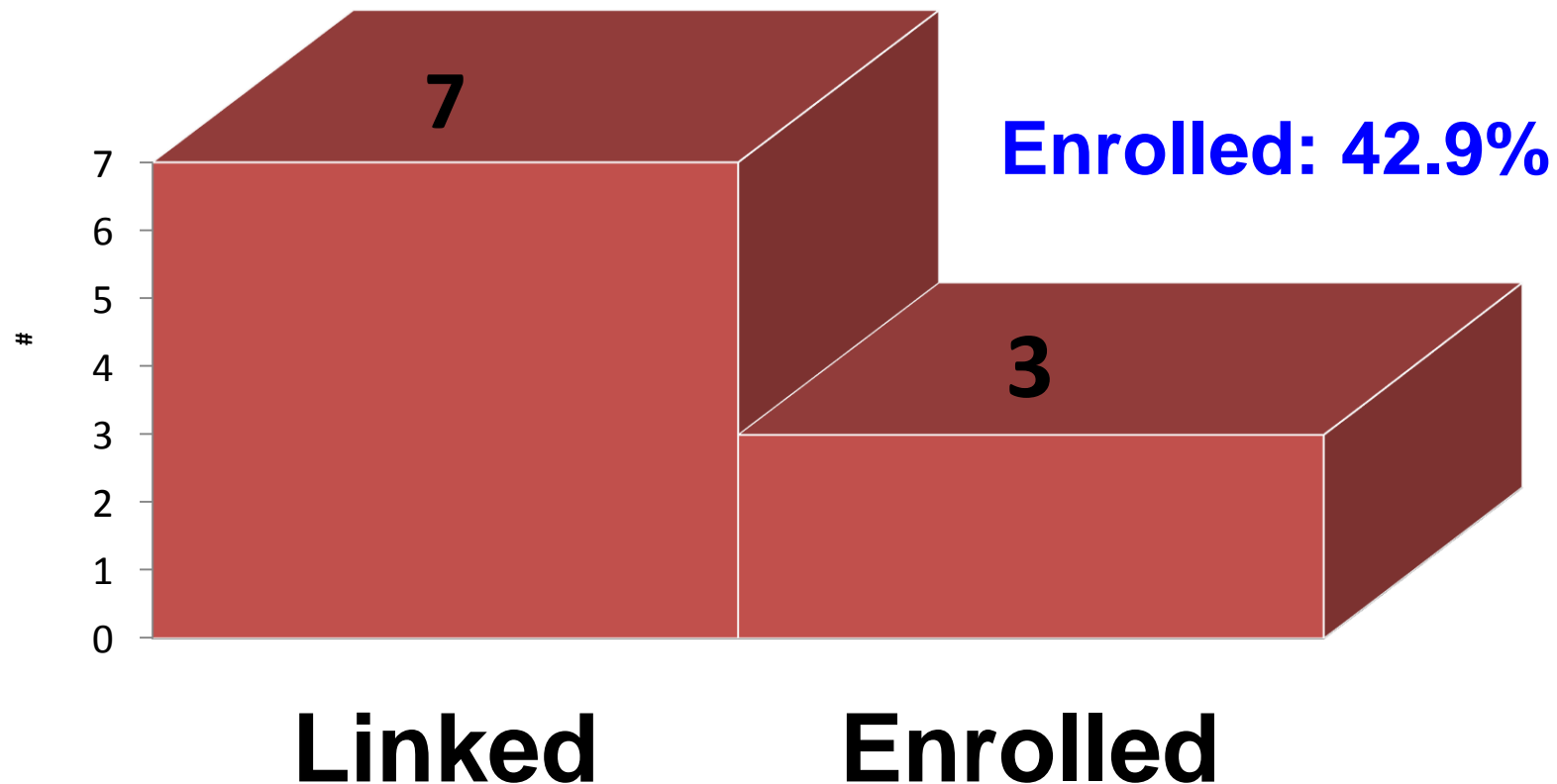
- Number of FSWs and MSM reached with HCT services between January-May 2014:
  - 1,108 FSWs
  - 71 MSM
- HIV prevalence among those tested:
  - FSWs: **16.7%** (185 of 1,108)
  - MSM: **9.9%** (7 of 71)

# HIV POSITIVE FSWs LINKED TO HIV CARE





# HIV POSITIVE MSM LINKED TO HIV CARE



# Challenges

- Existing and new legal environment: Penal code; Anti-Homosexuality Act; HIV Prevention Bill → implications for access to HIV and other services
- Difficulty in tracing clients due to high mobility and stigma
- Lack of other related services/commodities needed by FSWs and MSMs



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# Challenges (Cont'd)

- Stigmatizing environment at health facilities → deter MSM & FSWs to access services
- Limited counseling and client education to address HIV care concerns

“.....When we go to the health facility they ask us questions such as ...how many sexual partners do you have?”  
FSW in Mabitto  
in Kampala

# Conclusion

- Engaging private health clinics in the provision of HIV care services can improve uptake of services by FSWs and MSM in an urban setting
- Successful linkage and enrollment into HIV care services to FSWs and MSM call for a combination of approaches including use of mobile vans and effective referral systems



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# Recommendations

- Need for continued private sector engagement to increase access to and utilization of HIV care services by key populations
- Need for free, uninterrupted access to HIV care services by FSWs and MSM populations
  - MoH has issued a circular that calls for non-discrimination in the provision of health services
- Need for FSW and MSM friendly health facilities



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# THANK YOU

