DIFFER Newsletter

Issue #1, May 2013

What is DIFFER

DIFFER stands for '**Diagonal Interventions to Fast Forward Enhanced Reproductive Health**'. The DIFFER project aims at improving SRH for all women by expanding and **strengthening sexual and reproductive health** (SRH) services, and providing and testing targeted interventions for **female sex workers** (FSW) in the context of existing health systems.

It is based on the hypothesis that combining vertical SRH interventions, such as services targeted to FSW, with horizontal health systems strengthening by integrating a broader range of SRH services within existing health facilities, is synergistic, feasible, and likely to be more effective and cost-effective than providing them separately.

18 Months Forward

2nd PMT Meeting in Durban, February 2013

Kick-Off Meeting in Mombasa, October 2011

The DIFFER Consortium gathered in Durban, South Africa, from the 19th to the 21st of February 2013.

It was the second Project Management Team (PMT) for the project, which was launched in October 2011 during a kick-off meeting organized in Mombasa, Kenya.

The first 18 months of DIFFER were dedicated to a detailed situation and policy analysis at each site. The results of this analysis were shared in Durban and are currently used to inform the development of intervention packages to strengthen sexual and reproductive health (SRH) services in all sites.

The results of the situation and policy analysis by the sites' team. Other presentations were conducted on diverse topics related to DIFFER, ranging from communication and dissemination to capacity-building and costing.

For the next PMT meeting, the partners will meet in Mysore, India, at the end of 2013.

Inside this issue:

Meet the DIFFER Consortium

The following organizations are partners in the DIFFER project:

International Centre for Reproductive Health - Ghent University
Belgium

Ashodaya Samithi
India

International Centre for Reproductive Health Association
Kenya

MatCH and Centre for Health Policy, University of the Witwatersrand
South Africa

University College London, Centre for International Health and Development
United Kingdom

International Centre for Reproductive Health
Mozambique

Discover our sites

One of the objectives of DIFFER is to implement and evaluate site-specific packages of improved SRH delivery at existing health facilities, at targeted intervention sites (for FSW) and within the communities by peer educators.

The interventions to be led at each site are therefore currently designed so that the specificities of the sites are taken into account.

Four sites participate in the DIFFER project, in both Africa and India.

Interventions will thus take place in:

- Mombasa District, Coast Province
  Kenya
- Tete and Moatize cities
  Mozambique
- Durban, KZN Province
  South Africa
- Mysore District, Southern Karnataka
  India

Situational analysis: what for?

The situational analysis was conducted with the double objective of providing 1) a basis for the design of the intervention and 2) a baseline for future evaluation phases.

Were thus conducted:

* Desk review
* Facility audits
* Key informant interviews
* Focus group discussions
* Provider interviews
* Client exit interviews
* Cross-sectional survey among FSW

Kenya

Peer Educators, Kenya, October 2011

The Mombasa District is one of the 12 districts forming the Coast Province, which has a total population of 2,487,264 inhabitants. In Mombasa alone, the sex worker population is estimated around 18,000. HIV prevalence in this population revolves around 30% and unwanted pregnancies around 27%. On the other hand, more than 25% of facilities offering STI services do not provide condoms.

Kenya situational analysis was conducted by the International Centre for Reproductive Health Association, Kenya..

The key recommendation for developing the intervention in Kenya was to "get the basics working", notably through improving equipment, training, and availability of services, particularly for female sex workers.

Mozambique

Together, the cities of Moatize and Tete have a population of approximately 200,000 inhabitants. Situated along a major transport route, and in a mining region, these towns have a ration of female sex workers to women of reproductive age of about 9 to 100. The HIV prevalence among FSW is high (49.7%) and condom use inconsistent, while public health facilities are still difficult to access for female sex workers.

Mozambique situational analysis was conducted by the International Centre for Reproductive Health Association, Mozambique.

Client exit interview training, Mozambique, September 2012

Recommendations for the intervention principally targeted capacity-building, care improvement in general health facilities, and redefinition of the role of specific services aimed at most-at-risk populations.

Night clinic in Moatize, Mozambique, 2013

South Africa

The KZN (KwaZulu-Natal) province has the highest HIV prevalence in South Africa, and 50% of births are unplanned. STI infection is also significant, with 29% of family planning clients infected with gonorrhea or chlamydia. Although Durban's position as a major port favours sex work networks, no target interventions have yet been developed.

MatCH conducted the situational analysis for South Africa.

Night outreach visit with Lifeline, Durban, February 2013

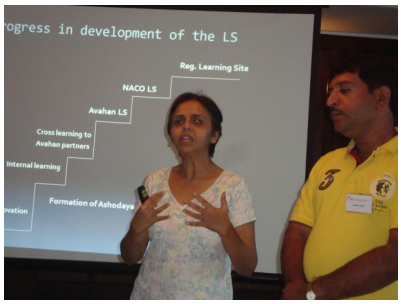
The South African recommendations for the intervention particularly pointed at the stigmatization and attitudes towards female sex workers in public health facilities, as well as the need to address family planning gaps.

India

The Mysore district has a population of around 1.03 million and is a high priority district for HIV according to the National Aids Control Programme. Approximately 3,000 sex workers live in Mysore, of which 2,000 are female. Among the latter, the HIV prevalence reaches 11%. DIFFER partner Ashodaya Samithi provides HIV and STI services but access to general facilities remains complicated.

The situational analysis for India was conducted by Ashodaya Samithi.

The recommendations issued by the Indian partner for the intervention revolve around the need for integration and the improvement of existing targeted interventions.



Part of the Ashodaya team, 2013

"Today, the large majority of women in the developing countries still lack access to even the most basic sexual and reproductive health services"

DIFFER Next Steps

All results from the sites' situational analyses were presented in Durban, where the Consortium could discuss key issues for the continuation of the project.

The next months will be dedicated to the building of site-specific interventions, taking into account all aspects that were shared during this PMT Meeting.

The interventions are planned to start in October 2013.

In parallel, the DIFFER team is developing a Monitoring and Evaluation (M&E plan) to measure criteria such as the effectiveness and sustainability of these interventions.

Kathy Shapiro (ICRH-Kenya) is working on the design of the interventions

Other current activities include the finalization of deliverables such as the cross-country report of the situational analysis.

Finally, all DIFFER partners are preparing the financial and progress report for the European Commission regarding the activities undertaken during the first 18 months of the project.

Funding

The DIFFER project is funded by the European Union under Grant Agreement Health-F3-2011-282542

Publication

MatCH and CHP, two DIFFER partners, have published an article related to the DIFFER topics:

- Matthew F Chersich, Stanley Luchters, Innocent Ntaganira, Antonio Gerbase, Ying-Ru Lo, Fiona Scorgie & Richard Steen (2013): Priority interventions to reduce HIV transmission in sex work settings in sub-Saharan Africa and delivery of these services, *Journal of the International AIDS society*

DIFFER IS ONLINE!

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DIFFERPROJECT.EU

More on DIFFER

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DIFFER Advisory Boards

DIFFER gathers seven partners and five countries. But this is not the end of the story: the project is also advised by its Boards.

<u>The Scientific Advisory Board (SAB):</u>

- Sadia Chowdhury, M.D, MPH
- Barbara McPake, Ph.D
- Joanne Mantell, MS, MSPH, Ph.D
- Elizabeth Ngugi, Ph.D
- Bea Vuylsteke, M.D, Ph.D

<u>The Ethical Advisory Board (EAB)</u>

- Andy Gray
- Kay Thi
- Uganda Wonetha

Elizabeth Ngugi, Joanne Mantell and Bea Vuylsteke (SAB members) attended the Durban PMT Meeting in February 2013