

Addressing service delivery needs of children of key populations

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Rationale

Motherhood is common among female sex workers and many have at least one biological child.¹ People who inject drugs, men who have sex with men and transgender people are also part of families and have at-risk spouses and children in their households.² Stigma and discrimination towards key populations (KPs) can negatively impact their children's access to health, education and protection services. Program data from Cameroon, Ethiopia and Tanzania reflect positivity rates of 4-6% when children of female sex workers are tested for HIV.^{3,4,5} Access to early infant diagnosis (EID), HIV testing and treatment and other critical health, social and economic strengthening interventions for children of KP and their families must be improved as a priority.

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Barriers and facilitators of implementation

Barriers

Members of KPs are part of family units and the needs of their children can be overshadowed as they face a double burden: both the effects of HIV/AIDS and associated marginalization and exclusion encountered by their parents. Children of KPs experience extreme vulnerability and risk in all core areas of care, development and protection, including: lack of birth certificate, food insecurity and malnutrition, low school enrolment, poor access to essential health services, inadequate childcare and physical and sexual violence.^{6,7} These factors contribute to elevated HIV risk, with low testing uptake and poor linkage, treatment initiation and retention.⁸

Facilitators

A family-centered approach is vital, and programs must build models that are inclusive of KPs, their children and partners/spouses. Service delivery models should build upon existing platforms with efficient integration of services for KPs, including family planning, prevention of mother-to-child transmission of HIV (PMTCT), orphans and vulnerable children (OVC) and pediatric and adolescent HIV services.



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Policy and legal considerations

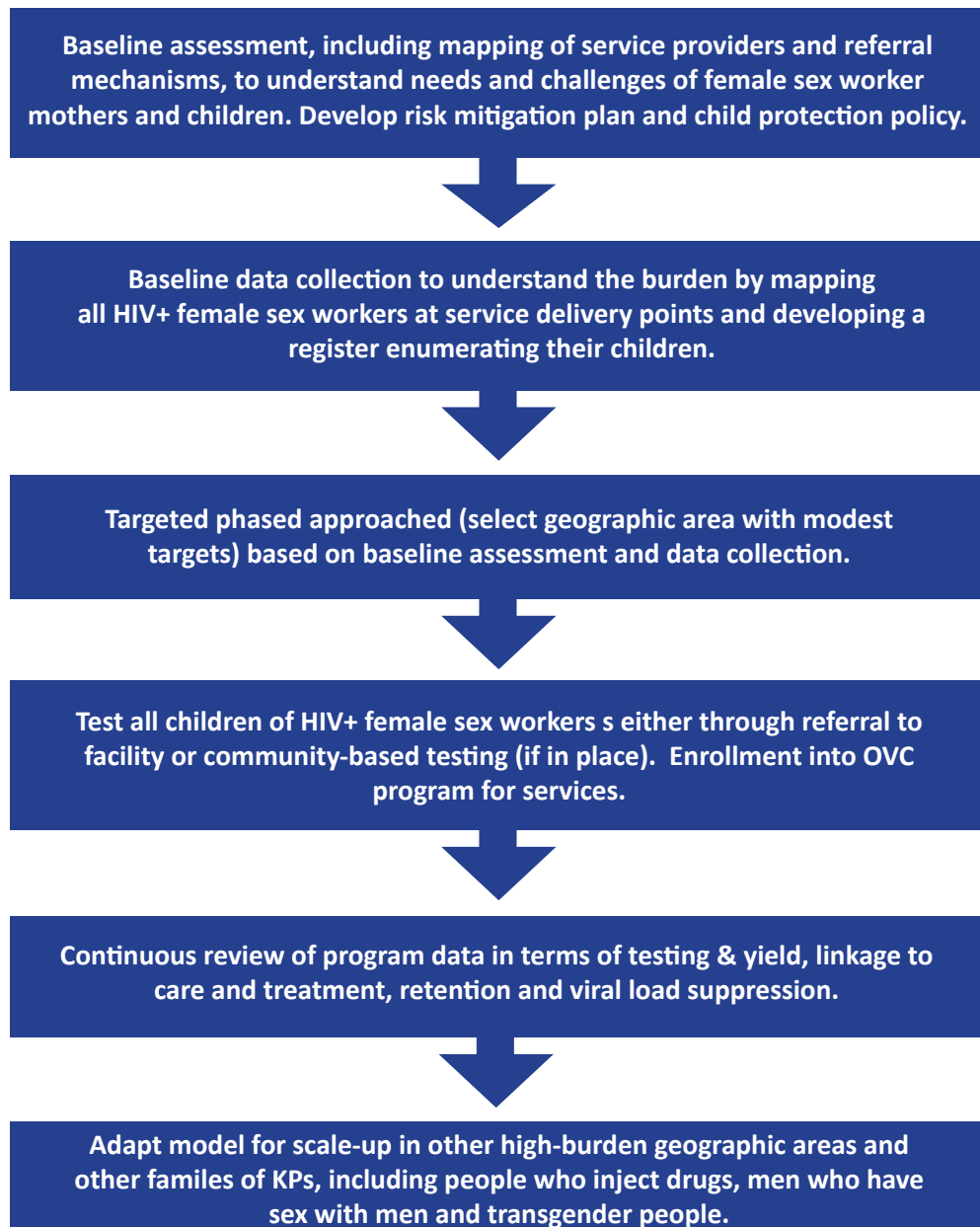
When interacting with children of KPs and advocating for legal and policy reform, programs must proceed with circumspection and pledge to do no harm to these already highly vulnerable populations.⁹ Development of a risk mitigation strategy and child protection policy is required; health providers and community health workers should be trained on and adhere to these policies. Identified priorities from KPs and their children are essential in developing responsive service packages and referral mechanisms. Continuous engagement and consultation with KPs in program design, implementation and monitoring to ensure their meaningful participation can support these policies.

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Steps for scale-up

A phased scale-up plan for service delivery targeting female sex worker mothers and their children is highlighted below.⁸

Figure 1: Phased scale-up plan for service delivery targeting female sex worker mothers and their children



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Case example of successful implementation

KP and OVC partners in Tanzania piloted a model of care to meet the clinical and social service needs of female sex worker mothers and their children.¹⁰ Within community-based service delivery sites, which included mines, bars, brothels and pop-up tents in identified hotspots, clinicians provided sexually transmitted infection (STI) screening, HIV testing and family planning services. If female sex worker mothers were HIV-positive, they were referred to a nearby health facility and linked to treatment. At the sites, female sex workers were also offered a socio-behavioral support package for HIV and STI prevention, comprised of ten classes. Once female sex worker mothers were enrolled and comfortable in the class, they were encouraged to bring their children for HIV testing offered at on-site clinics. HIV-positive children were linked to care and treatment services and all children referred to OVC services.

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Tools to support implementation

1. Children of KP learning and sharing webinar, USAID 2017:
<https://drive.google.com/file/d/1o8EJqkm1JAL9THnoj-JuIrw2wT3yHzHE/view>
2. Female sex workers and peer navigator focus group discussion questions, USAID2017:
FSW: <https://drive.google.com/file/d/0B-h0i7D4ZE7XOWhlU2NFckNWZGowbTBIR0FTR0dldmM0VjdJ/view>
Peer navigators: <https://drive.google.com/file/d/0B-h0i7D4ZE7XUGJrT3JvMDBITkwxNERHdlNOY3JxYIRKc0lN/view>

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Monitoring

As treatment, care and support services for children of KPs evolve, it is important to support programs to assess and accurately document the number and needs of children of KPs in communities to adequately develop and resource service delivery models. Enumerating the number of children of KPs and supporting HIV testing data collection and analysis (to assess HIV case-finding produced through integration of KPs, PMTCT, OVC and pediatric programming) can be accomplished through the following monitoring and evaluation interventions and target setting:

- Set testing targets for the number of children of KPs tested based on the population estimates of KPs living with HIV
- Ensure treatment coverage for pregnant and breastfeeding KPs living with HIV and EID coverage for their HIV-exposed infants
- Capture outcomes at each point in the clinical cascade for KPs and their children to demonstrate whether KP and their children are retained in HIV care, adhere to ART and are virally suppressed
- Link all HIV-infected and HIV-affected children of KPs to OVC services
- Include children of KPs in family-centered KP-friendly differentiated care models

While this guidance focuses on female sex workers and their children given current developing models, it is important to recognize its relevance to families of men who have sex with men, people who inject drugs and transgender people .

KP parents and children are more likely to participate in HIV interventions that are safe, acceptable and designed to meet their unique needs. Supporting these children is an essential way to help families link to and be retained in HIV and OVC services. The result will be strengthened adult, pediatric and adolescent clinical outcomes and reduced impact of HIV on these children and families.

References

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3. PEPFAR Annual Program Review (APR), Cameroon, 2017.
4. PEPFAR Annual Program Review (APR), Ethiopia, 2017.
5. PEPFAR Annual Program Review (APR), Tanzania, 2017.
6. From Shadows to Light: Advocacy for Children of HIV-Affected Key Populations, Coalition of Children Affected by HIV/AIDS, October 2016.
7. Beard J, Biemba G, Brooks MI, et al. Children of female sex workers and drug users: a review of vulnerability, resilience and family-centred models of care. *Journal of the International AIDS Society*. 2010;13(Suppl 2):S6. doi:10.1186/1758-2652-13-S2-S6.
8. Office of HIV/AIDS: Children of KP Taskforce. Addressing Children of Key Populations. U.S. Agency for International Development, Global Health Bureau, Washington DC, May 2018.
9. Making the Children of Key Populations a Priority for Equitable Development, Advocacy Briefer, Coalition of Children Affected by HIV/AIDS, 2016.

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