

A Bridge to Life: Keeping female sex workers in HIV care and treatment in Ethiopia

Implementation story from the FGAE
Ethiopia Stay On project supported by
Aidsfonds (2020-2023)



Background and context

In Ethiopia, the national prevalence of HIV is less than one percent; an estimated 622,000 people in 2020.¹ However, the prevalence among female sex workers in Ethiopia is between 14.0-28.2% depending on geographic location in the country.² On average, one in five female sex workers are HIV positive in Ethiopia.³ FGAE understood that to reach this marginalised group, they would have to use a tailored approach, creating non-judgmental spaces and user-friendly services that would encourage female sex workers to test for HIV, access sexual and reproductive health services and be retained in care for the long term.

The Stay On project was implemented by Family Guidance Association Ethiopia (FGAE) from April 2020 to June 2023 with support from Aidsfonds. The main objective of the project was to improve the quality of life of female sex workers living with HIV by providing access to comprehensive, non-discriminatory and high-quality HIV treatment and care.

Within the Stay On project, FGAE provided comprehensive and continuous sexual and reproductive health services free of charge for female sex workers in 10 female sex worker-friendly clinics in urban centres of Addis Ababa, Hawassa, Dire Dawa and Adama, Bahir-Dar, Jimma, Logia and Gambela (regional capitals).

“Peer educators in Ethiopia invite female sex workers to a coffee ceremony in a hotel known to be a hotspot for sex work.⁴ We drink coffee together and talk about what HIV is, how it can be treated, and how transmission can be prevented. Female sex workers come in and out, some are high, some agitated and stressed from an abusive partner or a forceful client. We tell them about a clinic nearby, just down the road from where they sit, where they can get free services from respectful, friendly staff.

Many of them refuse at first. Afraid of a positive HIV test, afraid of what it might mean for their business, for their health, for their families. But week after week, we come, encouraging them to visit the clinic when they are ready. We drink coffee together, listen, and gradually build trust. ”

– Peer educator, Addis Abeba

¹The Ethiopian Public Health Institute (2020), *HIV Related Estimates and Projections In Ethiopia for the Year 2020*.

²Abdella, Saro et al. (2022), *HIV prevalence and associated factors among female sex workers in Ethiopia, East Africa: A cross-sectional study using a respondent-driven sampling technique*.

³eClinicalMedicine, Volume 51, 101540.³ ibid

⁴Coffee ceremonies are conducted in hotels for brothel-based sex workers, areas where sex workers live for home-based sex workers, and nearby community police stations for street-based sex workers.

Stay On project in Ethiopia

The Stay On project in Ethiopia centred on comprehensive and continuous sexual and reproductive health and used support interventions to introduce female sex workers into care and help retain them for the long term. FGAE's foundational approach focuses on developing the relationship between peer educators and female sex workers, built on trust, mutual understanding and respect. This approach continues within female-sex worker-friendly clinics through health service providers who respond compassionately to the needs of people living with HIV. Without this foundation of trust and without the user-friendly services, many female sex workers drop out of the continuum of HIV care and treatment.

FGAE understands the complexity of health needs that female sex workers present with and therefore responds with a full package of appropriate support:



Peer educator/demand creator outreach – These former female sex workers are trained by FGAE and conduct outreach in hotspot areas. They meet with female sex workers in bars, hotels and other venues and invite them into conversation through a traditional coffee ceremony, a common practice in Ethiopia. Women discuss their health, challenges with clients, gender-based violence and other needs. Free condoms are distributed and women are referred to a female-sex worker-friendly clinic for testing and treatment if they feel ready.



Enhancing health-seeking behaviour – having developed trust with female sex workers in communities, peer educators/demand creators provide accompaniment to the female-sex worker-friendly clinic where services and testing are available. Health education provided within outreach together with the trust and relationship formed with peer educators/demand creators creates an increased likelihood of health-seeking behaviour.



Training of service providers to offer non-judgmental and user-friendly services – FGAE trained 19 case managers and 116 healthcare workers on non-discriminatory and user-friendly sexual and reproductive health care for female sex workers along with one-off trainings on HIV counselling and skills; PrEP; national comprehensive HIV treatment and care; and specific training for laboratory personnel. FGAE also provided supportive supervision and regular mentoring for clinic staff.



Comprehensive and continuous sexual and reproductive health services in a confidential setting – in all 10 female-sex worker-friendly clinics operated by FGAE, services are provided at times that suit the schedules of female sex workers and wait times are kept to an absolute minimum to encourage attendance. Female sex workers can access any of the following services free of charge and without fear of judgement or reporting to the police:

- HIV testing and counselling
- ART initiation; adherence and treatment literacy
- Prevention and management of opportunistic infections
- Hepatitis B & C, TB and STIs screening, treatment and prevention
- Laboratory and Pharmacy services
- Psychosocial support, including gender-based violence counselling
- Cervical cancer screening and treatment of pre-cancerous lesions
- Family planning and access to condoms and safe abortion
- Referral and linkage services.



Holistic support to enable retention – many female sex workers struggle with poverty and an inability to meet their daily needs. FGAE have developed holistic support to enable retention in care and improve health outcomes. For those most in need, nutritional support (oil, flour, and other staples), personal hygiene items and menstrual supplies were provided.

The impact

"When they [peer educators] found me, I weighed 36kg. I was so sick and underweight. I couldn't work. The peer educator convinced me to come to the FGAE clinic. I tested for HIV and was referred to a hospital for care, where I stayed for two months. When I was discharged, I came back to the FGAE clinic. The health workers supported and counselled me, I started using ART, they gave me access to condoms, nutritional support, personal hygiene items, and regular screening. But most importantly, I felt like I was part of a family. Now my body is strong and I feel healthy and well. I stand here as an example of what this clinic can do. Anyone who saw me then and saw me again now, wouldn't recognise me. My life has completely changed."

– Tigist, sex worker

During the life of the Stay On project, FGAE has provided outreach to 102,715 female sex workers:

- **47,882** female sex workers tested for HIV within **10** FGAE female-sex worker-friendly clinics
- **864** HIV positive female sex workers were newly initiated on ART and **1,687** female sex workers were supported to continue on ART
- **98%** of the female sex workers were virally suppressed at the end of the project
- **8,050** peer dialogue sessions (and coffee ceremonies) were conducted in hotspot areas with female sex workers by a network of **90** sex workers who were trained to become peer educators
- **2.5** million condoms were distributed for free to **30,496** female sex workers during outreach by peer educators and condom demonstration was conducted during health education sessions
- **1,389** female sex workers received nutritional supports (cooking oil, flour, rice, etc.), personal hygiene items and menstrual supplies
- **67,368** female sex workers accessed family planning services and comprehensive abortion care was provided for **4,470** women.
- **12,632** were screened and treated for STIs.

Lessons learned

FGAE's project has effectively reached out to some of the most vulnerable women in Ethiopia with high quality, reliable and continuous services. The lessons learned provide valuable insight into not just what was done but how it was done and why it mattered to those who received the services.

1. Comprehensive services must be accessible – they must be free of charge for service users, available at times of day that suit the schedules of female sex workers and wait times must be minimal. Services must be integrated to be accessed in one location. Most FGAE clinics open from 11am and stay open late into the night. This creates the opportunity for female sex workers to attend clinics at times that work for them, increasing the likelihood of retention in care. Wait times must be kept short to avoid loss to follow up.

2. Continuous services and screening are critical – long term adherence to ART requires continuous screening and ongoing support with a full package of sexual and reproductive health services. To provide continuous services and screening, clinics must be equipped with a continuous supply of commodities such as testing reagents, HIV test kits and contraceptives, particularly condoms. In addition, treatment must be available post-screening to encourage continued use of services and positive health-seeking behaviours among female sex workers.

3. Respectful and user-friendly services are essential for female sex workers to engage in care – many female sex workers who participated in focus group discussions described the feeling they have within the clinic as one of being “with family”. Some said, “I feel cared for and supported here”, or “I feel respected”.

4. Peer educators provide a critical bridge to services – they spend substantial time developing relationships and trust with female sex workers, which allows them to link into care. They also create a critical connection between female sex workers and the clinic, providing health education in locations where they work, distributing condoms and leaflets, and accompanying them when they are ready to link into care.

The training provided by FGAE emphasises the importance of treating female sex workers with respect, listening to their needs, responding with compassion, offering counselling and support. The clinic must feel like a safe place where female sex workers can access services in a respectful and caring way but also where they can connect with other female sex workers, reducing isolation and self-stigma.

“I serve as a bridge between sex workers and the clinic. I build trust and a relationship with them so that they can come here and get the services they need to be healthy and well. Most female sex workers are burdened by poverty, unable to feed their families and themselves. Many are malnourished, severely underweight, and sick from the symptoms of a high viral load. FGAE female sex worker-friendly clinics provide nutritional support, menstrual pads, personal hygiene items, and condoms. Each item may appear small but provides a critical step out of desperation and struggle and into a better life.”

– Peer educator Merkato clinic, Addis Abeba

Challenges and recommendations

Working with female sex workers is not without challenges. Many have very difficult life situations, fraught with conflict, health issues, and in Ethiopia, burdened with the impact of poverty. A highly mobile population who face the risk of judgement or being reported to the police, female sex workers have often been lost to follow up with HIV care and treatment programmes.

The following recommendations are based on the Stay On project experience and lessons learnt:

1. Female sex workers require consistent, reliable services to be successfully retained in care. Disruptions in services, including access to medications or commodities, creates a risk to their personal health, and their retention over time. When working with female sex workers in HIV care and treatment, funding needs to be diversified and implementing organisations should lobby for government support to ensure services are sustained.
2. In Ethiopia, the costs of care for female sex workers include rent of clinic space in central locations where they live and work. This is often expensive and creates a burden in project budgets. It is recommended that fundraising focuses on purchase of clinic space to reduce the recurring costs of rent and free up administrative budgets to adequately compensate and retain qualified staff.
3. Providing consistent services requires consistent supply of commodities. These are primarily supplied through the Ministry of Health or through other implementing partners and supplemented with direct purchase by FGAE. Organisations should lobby for government support, which is required to achieve consistent supply of commodities. Organisations could consider joining or initiating a Commodity Supply Working Group to coordinate commodity supply, and create a space for joint advocacy for consistent availability of these.
4. Within the project, food packages and personal hygiene items were greatly appreciated by female sex workers, but provision of these is challenging to sustain in the long term. It is recommended to consider integration of savings and loans groups to support female sex workers to meet household needs. These groups also create recurring opportunities for health education and follow-up over the long term.

What's next?

Finding a sustainable way to resource female-sex worker-friendly clinics for the long-term is critical. Depending on donors for commodities, rent of clinic space, staff salaries and peer educator incentives is unreliable and creates a risk for sex workers dependent on access to those services. Consistent supplies from the Ministry of Health, diversified funding, and better retention of staff is essential.

Female-sex worker-friendly clinics operated by FGAE become a safe haven. A space where they can access the services they need to do their work in the safest way possible. When asked what change sex workers most appreciated, many of them said "I can care for my family now. My health is good and my body is strong and I can lead my family the way I want to."

But many also want to get out of sex work. As their lives stabilise and their health improves many want an alternative to the risks and violence associated with sex work. FGAE aims to invest in upskilling, capacity building, capital and startup loans to offer an opportunity for change if that is what female sex workers want.

About Family Guidance Association Ethiopia

Family Guidance Association Ethiopia (FGAE) is a national non-government organisation providing comprehensive sexual and reproductive health services through a network of clinics across the country. Operating 46 clinics, 10 of which are female-sex worker-friendly clinics specifically for female sex workers and their non-paying partners. FGAE provides the only comprehensive sexual and reproductive health service in the country for this marginalised group. In addition, FGAE supports over 400 private clinics with capacity building, commodity supply and mentoring. Founded in 1966, FGAE has a long history of providing high quality care, developing a reputation within communities and across the country as a recognised leader in this field. FGAE are a member association of the International Planned Parenthood Federation