

DIFFER Newsletter

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London Calling



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From left to right: Hassan Haghparast-Bidgoli (UCL), Aurore Guieu (ICRH-Belgium), John Mkandawire (ICRH-Mozambique), Letitia Rambally (MatCH Research), Peter Gichangi (ICRH-Kenya), Anuradha Roy (Ashodaya), Mags Beksinska (MatCH Research), Michele Andina (Ashodaya), Yves Lafort (ICRH-Belgium), Jenni Smit (MatCH Research), Jolene Skordis-Worrall (UCL), Melanie Drace (MatCH Research). Katherine Muylaert (ICRH-Belgium) attended the meeting as well.

The DIFFER consortium met for its fourth PMT meeting in October 2014. The meeting was hosted by UCL in its London offices and lasted 3 days.

Notable points on the agenda:

- Progress in interventions implementation
- Capacity-building
- Monitoring and evaluation (throughout and at the end of the project)
- Costing
- Involvement of stakeholders
- Reporting to the European Commission
- Dissemination

Capacity Building Activities

FOCUS

The Capacity Building Progression Tool

This tool was developed by Ashodaya to assess sex worker community engagement and the environment in which this community evolves. Four areas are considered: outreach, clinical services, enabling environment, and community mobilization.

The tool uses quantitative numbers and colour codes to indicate progress and identify areas that require further strengthening.

From India . . .

Capacity Building is a critical component of DIFFER. Sex workers from India, Kenya, Mozambique and South Africa met in Mysore in November 2013 to share Indian sex workers' experience with Ashodaya in strengthening their community and its access to sexual and reproductive health and rights.

. . . to Africa

Capacity Building is continuing with an Ashodaya team visiting the DIF-FER sites in Kenya and Mozambique respectively in July and October 2014.

In Kenya, teams conducted together an exercise using the Capacity Build-

ing Progression Tool. Following this, they reach an agreement as to where efforts should go in the coming months to improve sex worker community involvement in Kenya regarding sexual and reproductive health programming.

In Mozambique, the progression exercise was also conducted and in parallel, a mapping and enumeration exercise was started. The teams in Mozambique and India remain in contact to determine the next steps to strengthen the sex worker community in Mozambique.

Where is DIFFER active?

Mysore (India)

Mombasa (Kenya)

Tete (Mozambique)

Durban (South Africa)



From Mozambique: Ashodaya team stayed in Tete over two weeks to work with the local female sex worker community



Baseline study: survey among female sex workers and cost assessment

During 2014, all 4 cross-sectional surveys among female sex workers (FSW) were completed and analysed at all DIFFER sites. They provide baseline data, against which the success of the project can be measured, on FSW characteristics, occurrence of selected SRH problems, current use of condoms and SRH services, reasons for choice of where to seek care, level of empowerment and peer education coverage. DIFFER partner UCL collected baseline data on the cost of SRH services, and performed an equity and empowerment analysis using the data of the cross-sectional surveys and the client exit-interviews.

All findings are presented in the report called 'Baseline Analysis of the DIFFER FSW Cross-Sectional Surveys, Project Indicators, Equity and Empowerment, and Costs' that can be found on the DIFFER website.



From Kenya: Likoni drop-in centre, where DIFFER is active to strengthen SRH service provision to female sex workers

The DIFFER interventions started!

Following the development of a generic package of interventions, in 2013, each partner developed a country -specific action plan for the DIFFER intervention. The intervention is based on 3 pillars: (I) strengthening activities directly targeting FSW, such as peer outreach, community mobilisation and targeted clinical SRH services; (2) strengthening SRH provision at selected public health facilities and improving access for FSW by mitigating stigmatisation; and (3) improving linkage between both by establishing referral systems and regular communication mechanisms.

SRH services targeted by the DIFFER project

Core:

- · Condom (male and/or female) and lubricant use
- Contraception (including emergency contraception)
- · STI/RTI care
- · HIV counselling and testing
- · HIV care
- Care for victims of sexual and genderbased violence

Additional:

- Cervical cancer screening and treatment
- Peri-pregnancy counselling (including post-abortion care and TOP where relevant)

By September 2014, the intervention package was fully initiated at the four sites. At the end of the project, the interventions will be evaluated for their feasibility, appropriateness, sustainability, effectiveness, cost-effectiveness and equity.



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More on DIFFER

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DIFFER at the AIDS Conference in Melbourne





On the left: Jenni Smit (MatCH Research)
On the right: Sushena Reza-Paul (Ashodaya)

DIFFER was well-represented at the latest AIDS Conference, which took place on July 20-25 in Melbourne, Australia.

Other members of the DIFFER consortium were present at this conference where results from the baseline (situation and policy analysis) of DIFFER were presented. In total, six posters and an oral presentation were given on the project.

DIFFER Next PMT Meeting

For its next PMT meeting, the DIFFER Consortium will be heading to **Mozambique**.

This meeting is scheduled to take place in September 2015 and will be the second-to-last for the project.

DIFFER IS ONLINE!

DIFFERPROJECT.EU

/!\ NEW /!\ Available on our website:

- Situation and policy analysis reports
- Cross-sectional survey report
- Country-specific intervention plans