Accessibility of Health and HIV and AIDS Services for Key and Vulnerable Populations

Summary of Research Findings from Burundi

INTRODUCTION AND STUDY OBJECTIVES

In 2017, the USAID-funded Cross-Border Health Integrated Partnership Project (CB-HIPP) conducted a research study to determine the availability and accessibility of health and HIV and AIDS services for key and vulnerable populations in Kabonga, Burundi. The study's specific objectives were:

- To describe the readiness of health care workers (attitudes, perceptions, and training) to provide quality and friendly health and HIV and AIDS services to target populations
- To describe the health-seeking behaviors of key, vulnerable, and migrant populations in the selected study areas
- To assess barriers and facilitators affecting access to health and HIV and AIDS services among members of target populations
- To describe women's economic vulnerability and their susceptibility to gender-based violence

The study was conducted in the fish landing site in Kabonga, located about 143 km south of Bujumbura in Nyanza Lac district, Makamba Province, on the shores of Lake Tanganyika. The study covered eight health facilities located within 10 km of the landing site and focused on people living with HIV (PLHIV), female sex workers (FSWs), and fisher folk (FF). This summary presents key findings.

Overview of CB-HIPP Project

The Cross-Border Health Integrated Partnership Project (CB-HIPP) (September 2014–August 2019) is supported by the U.S. Agency for International Development (USAID) with funding through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The project is designed to extend quality integrated health care services in strategic border areas and other transport corridor sites in Eastern, Central, and Southern Africa.

In addition to service delivery for key and vulnerable populations, the project recognizes the need for alternative health-financing models to increase uptake and sustainability of services within an enabling policy environment. In this regard, the region's intergovernmental bodies (i.e., East African Community, Intergovernmental Development Authority, and Southern African Development Community) are expected to play a key leadership and partnership role in the project's implementation.

The goal of CB-HIPP is to catalyze and support sustainable and African-led regional health development partnerships to improve health outcomes among mobile populations and vulnerable communities residing along Eastern, Central, and Southern African transport corridors and cross-border sites. This is expected to be achieved through three result areas:

- Increased access to and uptake of integrated health and HIV and AIDS services at strategic cross-border sites and regionally recognized HIV transmission "hot spots" along Eastern, Central, and Southern African transport corridors
- Alternative health-financing models identified, implemented, and tested to strengthen the long-term sustainability of networked health and HIV and AIDS service delivery
- Strengthened leadership and governance by intergovernmental institutions to improve the health of mobile and vulnerable populations

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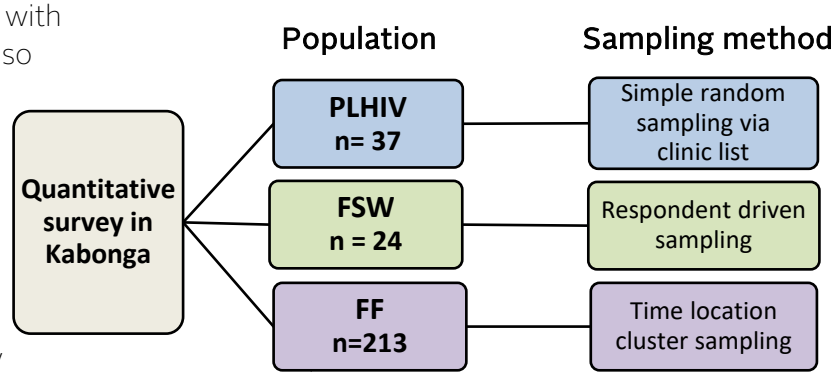
RESEARCH METHODS

The assessment comprised a quantitative survey with a health facility assessment, and a community-based qualitative formative study through key informant interviews (KIIs) with opinion leaders. In addition, the study also included 13 health care workers, who were recruited on site at the health facility by trained research assistants. The qualitative study was comprised of 29 in-depth interviews (IDIs) with selected key and vulnerable population members, health care workers and managers, and community leaders.

The study population and sampling approach for the quantitative survey are illustrated in Figure 1.

Figure 1. Study population and sampling methods



KEY FINDINGS

1. High levels of mobility found among FSWs and FF: Mobility and being away from home increase the risk of exposure to HIV and other diseases, as well as affecting access to health care services for key and vulnerable populations. The results show that nearly half of FSWs (42 percent) had ever practiced sex work away from their usual residence, and that 38 percent of FSWs were practicing sex work outside of their country. The majority (82 percent) of FF had ever travelled or slept away from home in the six months prior to the study, mostly for fishing activities. Of those who had travelled or slept away from home, 45 percent stayed away for up to one week and 32 percent for up to one month.

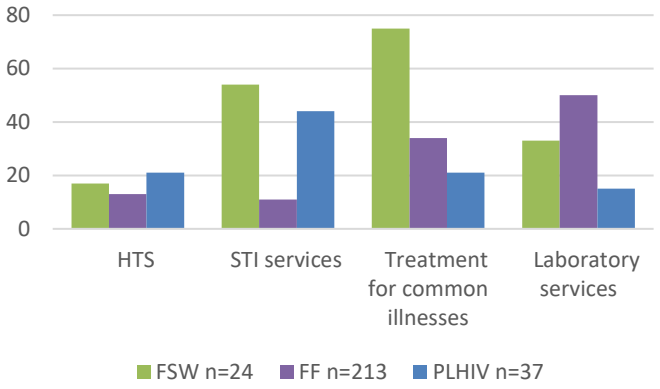
2. Transactional sex and multiple relationships were reported among some FF: A small proportion of FF engaged in transactional sex in the study site, with 11 percent reporting they had received or given money or goods in exchange for sex in the three months preceding the interviews. None of the PLHIV interviewed reported to have engaged in transactional sex within the three months preceding the interviews, and only two out of 37 (5 percent) reported having another partner other than their usual partner or spouse. According to local leaders, FF are considered to be the main clients of FSWs in Kabonga. FF respondents noted that due to the nature of their trade they are at high risk for HIV.

> *"Fishermen are always moving…It may happen that they leave one commune and go to work in another commune, far away from home. Once there, a fisherman often enters into a relationship with a local woman, and they have sexual intercourse. He doesn't know if this woman has HIV or not. Accordingly, he is at high risk of becoming infected with HIV/AIDS. In fact, fishermen are particularly vulnerable to HIV."*
>
> — KII, FF

3. The majority of the study population obtains services required from the health facility: Local facilities provide the services most sought by the study population, and the facilities are conveniently located, with the majority spending less than half an hour to reach a facility. Eighty-eight percent of FSWs and 91 of PLHIV received all the services they wanted during their last visit to a health facility. However, only 74 percent of FF who sought services received all services needed. Services

commonly sought included treatment for common illnesses, laboratory services, and sexually transmitted infection (STI) services (Figure 2). The majority (75 percent) of FSWs sought treatment for common illness. A higher number of FSWs (54 percent) and PLHIV (44 percent) sought treatment for STIs than did FF. PLHIV frequently sought ARV refills (74 percent). FF most often sought laboratory services (50 percent) and treatment for common illness (34 percent). Demand for condoms and maternal health services (including family planning) was generally low.

Figure 2. Selected health services sought by target populations (%)



4. Most respondents had not been screened for noncommunicable diseases, but the majority had used HIV testing services (HTS): Screening for noncommunicable disease was very low—less than 20 percent across all target groups for hypertension and diabetes. HTS was more common with virtually all FSWs and 67 percent of FF having ever been tested for HIV. However, fewer respondents reported recently seeking HTS, as described above.

5. Proximity was a key consideration in choosing a health facility: Asked about factors that influence their choice of where to seek health care services, the majority of respondents mentioned close distance to the health facility (75 percent FSWs, 70 percent FF, and 88 percent PLHIV). Other reasons were the cost of services (not having to pay) cited by 50 percent of FSWs and 21 percent of FF, as well as quality of services and positive attitudes of health care workers. Most respondents also said that they had either not spent time waiting for service or the waiting duration was reasonable. According to key informants, there were no organizations in their community that specifically provided services or activities targeted for FF and FSWs.

6. Seeking health care services across the border is not common in this study site: Very few members of the target population sought health care services across the border in neighboring countries. Only 34 FF (16.0 percent), two FSWs, and two PLHIV had ever sought health care services across the border. Of FF who did, about half (47 percent) were seeking laboratory services, 18 percent were seeking treatment for common illness, and 27 percent were seeking other services. None were seeking HTS across the border.

7. Health care workers were trained to provide services, but some were not comfortable serving key populations: Most health care workers interviewed reported they had either basic or refresher training for the services they were providing at the time of the study. One provider reported not to have received basic or refresher training in screening of diabetes, hypertension, and cervical cancer, nor provider-initiated HIV testing and counseling. Of the 13 providers interviewed, three had not been trained on basic laboratory services.

Five providers said they were uncomfortable providing services to key populations. However, the majority (10) thought their health care facility was supportive of providing services to key populations, and nine thought the local community was also supportive.

8. Health care workers reported stock-outs affecting HIV/AIDS services: Five of the 13 providers (38 percent) reported they had not been able to provide any HTS service because of stock-outs of commodities in the previous six months. Ten of 13 reported a stock-out prevented them from providing any service (HTS or other) in the same period. Stock-outs of cotrimoxazole and ARVs were also reported. When asked about challenges managing patients in need of HIV services, one facility in-charge said *"...make ARVs and cotrimoxazole available to us on a regular basis with no stock-outs."*

9. The majority of women in the study population hold beliefs and gender stereotypes that make them vulnerable to gender-based abuse and exploitation: A sizeable proportion of female respondents thought a husband was justified in hitting his wife for going out without telling him; neglecting their children; arguing with him; refusing to have sex with him; and not cooking the food properly. Overall, between one-fourth and one-half of each group held these beliefs. In general, FSWs showed the least traditional attitudes while PLHIV were the most traditional. The two reasons for which most respondents thought a husband was justified in hitting his wife were if she goes out without telling him and if she neglects their children. In addition, most women were found to be economically vulnerable based on ownership of assets, having cash savings of their own, and owning land or assets that could help generate income. Nearly all FSWs (96 percent) were categorized as economically vulnerable, as were 76 percent (29/37) of female FF and 84 percent (21/25) of female PLHIV.

CONCLUSIONS

The goal of this study was to determine the availability and accessibility of health and HIV and AIDS services for key and vulnerable populations in Kabonga cross-border area in Burundi. The findings show high levels of mobility among FSWs and FF, which exacerbates their risk for HIV infection and should be addressed in appropriately targeted interventions. Some transactional sex was reported among FF, and interventions should be targeted toward them to minimize their infection risk.

The results show that most facilities in the study site already offer some of the services that key populations require and most respondents got the services they needed on their last visit. However, service delivery needs to be strengthened to meet the needs of all key population members because a sizeable proportion of FF did not get the services they wanted during their last visit. Stock-outs reportedly affected HIV/AIDS services and other health services in the six months prior to the survey. In addition, uptake of screening for noncommunicable diseases is low and should be addressed. Efforts are needed to create awareness about these conditions and ensure that health care workers can provide the services.

Finally, female respondents hold beliefs and gender stereotypes that make them vulnerable to gender-based abuse and exploitation, in addition to being economically vulnerable. These problems should be addressed through a multipronged approach to provide information on gender equality and empower the women to reduce their vulnerability.

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