HIV INTERVENTION IN SPAS AND MASSAGE PARLOURS IN DELHI

Provision of HIV prevention, treatment and care services to FSWs and MSMs involved in sex work through Spas and Massage Parlours in Delhi

An Implementation Note 2020

DELHI STATE AIDS CONTROL SOCIETY
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HIV Intervention in Spas and Massage Parlours in Delhi - Provision of HIV prevention, treatment and care services to FSWs and MSMs involved in sex work through Spas and Massage Parlours in Delhi

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Preface

HIV epidemic in India is known to be concentrated among Key Populations KPs) that includes Female Sex Workers (FSWs), Men who have Sex with Men (MSM), Transgenders (TG) and People Who Inject Drugs (PWID). Solicitation patterns among key population have been experiencing a shift from traditional physical hotspots to new spaces as well as to internet-based platforms. The HIV prevention-detection-treatment continuum is a major thrust area of the National AIDS Control Program and Targeted Interventions (TI) to reach and serve these KPs form a significant part of India's response to the HIV/AIDS epidemic. It is therefore imperative for the TI programs to adapt and evolve in response to the changing patterns.

Delhi State AIDS Control Society (DSACS), in collaboration with its Technical Support Unit (TSU) – Delhi TSU (DL TSU), implemented by the India Health Action Trust (IHAT), conducted a study to understand the changing sex work patterns in Delhi. The advent of internet and online technologies have resulted in virtual platforms being used by key populations and their clients to reach out to each other. At the same time, there has been a shift from existing traditional hotspots for solicitation to new physical spaces such as Spas or Massage Parlours. Rapid assessments conducted by DSACS and DL TSU highlight the HIV service needs of the FSWs and MSMs involved in sex work through Spas and Massage Parlours in Delhi. These populations remain hidden and unreached by traditional TI Programs.

DSACS and DL TSU developed and implemented a tailor-made strategy to reach out to the FSWs and MSMs involved in sex work through Spas and Massage Parlours. This document throws light on the process followed to provide HIV prevention, treatment and care related services to this hidden population. We are confident that this document will be useful for NACO, State AIDS Control Societies, State Technical Support Units, Global Programmes and other key stakeholders who seek to replicate an innovative approach and provide HIV prevention and control services to FSWs and MSMs.

(Sandeep Mishra)

Know AIDS, No AIDS
दिल्ली बोले एड्स नहीं

Message from the Managing Trustee

IHAT established the Delhi Technical Support Unit (DL TSU) in Delhi in the year 2014 to support the Delhi State AIDS Control Society (DSACS) to achieve a high level of coverage and quality of HIV prevention, care and treatment services, delivered under NACO's TI Program. In alignment with its program science approach, IHAT is committed towards developing strategies, designing and supporting implementation of innovations and promoting knowledge translation in the public health sphere, with the vision to enhance equity and quality in public health and development.

DSACS and DL TSU conducted rapid assessments to understand the HIV service needs of FSWs and MSMs involved in sex work through Spas and Massage Parlours in Delhi. The rapid assessments indicated the need for a targeted HIV intervention in these establishments, where FSWs and MSMs are engaged in sex work. Since the traditional peer-based targeted outreach does not cover this hidden population, DSACS and DL TSU developed a focused strategy to reach out to them with HIV prevention, treatment and care services.

I congratulate the DSACS and DL TSU for conceptualizing the HIV Intervention for FSWs and MSMs engaged in sex work through Spas and Massage Parlours. I appreciate the commitment of TI partners in implementing the same with great rigor and compassion. The strategy promises to expand the reach of the TI programs and provide enhanced delivery of HIV prevention, care and treatment services. The document outlines the processes that has been employed by DL TSU and intends to provide a framework for replicating and adapting the strategy across the country. I would also like to thank the Project Director and Additional Project Director, DSACS for their continued support to DL TSU.

Dr Shajy Isac
Managing Trustee, IHAT

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
CBS	Community Based Screening
DIC	Drop-In Centre
DL TSU	Delhi Technical Support Unit
DSACS	Delhi State AIDS Control Society
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling and Testing Centre
ID	Identification
IHAT	India Health Action Trust
KP	Key Population
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NCT	National Capital Territory
OST	Opioid Substitution Therapy
PLHA	People Living with HIV/AIDS
PWID	People Who Inject Drugs
SACS	State AIDS Prevention and Control Societies
SMP	Spa and Massage Parlour
SMPO	Spa and Massage Parlour Operator
STD	Sexually transmitted diseases
STI	Sexually transmitted infections
TB	Tuberculosis
TI	Targeted Intervention

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Introduction

Sex work patterns have undergone a change owing to technology and social media.[1] Apart from the existing traditional street, brothel and home-based sites of solicitation, there are now new physical spaces such as Massage Parlours or Spas where solicitation takes place.[1] Studies conducted in massage parlours in Asia and North America have indicated that masseurs and masseuses frequently engage in high risk behaviours including sex work which make them vulnerable to contracting HIV and other STI.[2,3,4] Consistent use of condoms during vaginal and oral sex with clients has been found to be low[2] and depends largely on the individual's negotiation skills with the clients.[3,4] The studies also highlight that alcohol consumption is prevalent amongst the masseuses and masseurs and they are also exposed to violence from clients and intimate partners.[2,4] The evidences highlight that intervening at Spas and Massage Parlours are critical to enhancing coverage of HIV prevention, treatment and care services.[2,3,4] In India too, sex work dynamics have changed! Physical spaces such as Spas and Massage Parlours have emerged as new spaces for solicitation.[1] Hence, there is an urgent need to reach out to the FSWs and MSMs associated with the Spas and Massage Parlours for HIV related prevention, treatment and care services in India.

The Scenario in Delhi National Capital Territory

DSACS and DL TSU conducted rapid assessments to understand the HIV service needs of FSWs[5] and MSMs[6] involved in sex work through Spas and Massage Parlours in Delhi National Capital Territory (NCT). The assessment of FSWs focused on parameters like knowledge about HIV/AIDS, condom usage with partners and clients, health-seeking behaviour, violence and alcohol consumption while that for MSM focused on parameters like sexual behaviour and practices, knowledge on HIV/AIDS, availability of condoms and lubricants, health-seeking behaviour, alcohol consumption and violence.

Findings from rapid assessment of FSWs

- Only 17% of the FSWs were aware of all the four routes of HIV transmission; while only 2% of them had complete knowledge of preventive methods.
- 71% of the FSWs had heard about HIV testing; out of which 83% were aware of the facilities that provided HIV testing services.
- Only 12% of the FSWs who had a regular partner reported always using condoms with the regular partner; while, 53% of the FSWs reported that they always used condoms with the clients.

[1]Identifying changing trends In the sex work dynamics among Female Sex Workers (FSWs) in India, Bal Rakshase, Priyanka Dixit and et al, (http://naco.gov.in/sites/default/files/Technical%20Brief%20on%20Changing%20trends%20in%20sex%20work.pdf)
[2]HIV risk among Asian women working at massage parlors in San Francisco, Tooru N., et al, PubMed Journal, 2003 (https://pubmed.ncbi.nlm.nih.gov/12866836/)
[3]Condom Use Among Men Who Have Sex With Men and Male-to-Female Transgenders in Jakarta, Indonesia(https://pubmed.ncbi.nlm.nih.gov/24203992/)
[4]Contexts of HIV-Related Risk Behaviors among Male Customers at Asian Massage Parlors in San Francisco (https://www.hindawi.com/journals/isrn/2014/934839/)
[5]Understanding the HIV service needs of FSWs working in the Massage Parlors/Spa in Delhi: A Rapid Assessment, DSACS & DL TSU, 2018-2019
[6]Understanding the HIV service needs of MSMs working in the Massage Parlors/Spa in Delhi: A Rapid Assessment, DSACS & DL TSU, 2018-2019

- 54% of the FSWs reported symptoms consistent with an STI in the past three months prior to the assessment. Out of these, 19.6% FSWs visited government facilities and 51.7% visited private facilities for consultation and treatment; whereas, the remaining 28.7% did not visit any of these facilities.
- 78.3% of the FSWs reported to have consumed alcohol and out of which, 88.1% FSWs consumed alcohol in the past 15 days, before the assessment.
- 24% of the FSWs reported experiencing violence in the past six months, prior to the assessment. Out of these, 42% FSWs experienced violence from their clients; whereas 32% experienced violence from their intimate partners.

The findings of the rapid assessments highlight a huge gap in the knowledge and awareness among FSWs, on HIV infection, prevention methods and HIV testing services and facilities. The usage of condoms with regular partners was found to be very low; whereas only half of the respondents reported consistent condom usage with the clients. Alcohol consumption has also been found in the FSWs and they have also experienced violence from clients and intimate partners.

Findings from rapid assessment of MSMs

- Almost half of the MSMs (44%) reported having more than 30 partners with whom they had anal sex in the month prior to the assessment, with an average of as much as 4/5 receptive penetrative acts per day.
- 58% of the MSMs were aware about STIs that might occur due to unprotected sexual intercourse.
- 63% of the MSMs believed that they are at risk and can get HIV infection.
- 79% of the MSMs had got themselves tested for HIV.
- 62% MSMS and 94% MSMs shared that condoms and lubricants were not available in the Spas, respectively.
- 73% of the MSMs replied in the affirmative to regular alcohol consumption.
- 33% of the MSMs reported facing violence/harassment while being in Spa; out of which, 23% MSMs reported harassment by clients and 21% MSMs reported harassment by Spa and Massage Parlour owners/managers or other co-workers.

High client load, low level of awareness on HIV/STI, low service uptake, non-availability of commodities, prevalence of alcohol abuse and violence were observed among MSMs.

It is clear that the FSWs and MSMs who provide sex through Spas and Massage Parlours are at high risk of HIV and STI. This high-risk group, however is not covered by the traditional Targeted Intervention (TI) HIV prevention program. Therefore, designing HIV Interventions focusing on FSWs and MSMs involved in sex work through Spas and Massage Parlours would be essential to bridge the gap between this population and HIV services.

In response to the need to reach FSWs and MSMs working at the massage parlours with HIV prevention and care services, DSACS with the support of DL TSU, designed a bespoke strategy with the following objectives:

- Map and identify Spas and Massage Parlours where FSWs and MSMs are active.
- Assess the HIV prevention, care and support service needs of FSWS and MSMs working in Spas and Massage Parlours.
- Design and demonstrate an intervention to expand TI coverage to FSWs and MSMs in Spas and Massage Parlours
- Document and disseminate results from this intervention for scale up and sustainability.

This implementation note details out the processes of the HIV Intervention implemented in order to reach out to FSWs and MSMs involved in sex work through Spas and Massage Parlours with HIV/AIDS prevention and treatment services as well as other related services.

HIV Intervention in Spas and Massage Parlours

The HIV intervention was implemented to reach out to the FSWs and MSMs involved in sex work through Spas and Massage Parlours (SMPs). The beneficiaries of the intervention were – SMP Operators (SMPOs) and FSWs and MSMs associated with SMPs and involved in sex work in the premises.

SMPOs: Individuals who are either managers or owners of SMPs; are directly involved in day-to-day operations and are in regular touch with FSWs and MSMs working in the SMPs.

FSWs and MSMs: In the context of the present implementation note, FSWs and MSMs who are involved in sex work through SMPs.

SMPO Counsellors: Individuals recruited to reach out to SMPOs and sensitize them on the TI Program.

KP Counsellors: Individuals responsible to provide counselling to the Key Population within the TI Program ambit.

Geography: Five FSW TIs and one MSM TI are implementing the HIV prevention program covering following districts of Delhi National Capital Territory (NCT), where the concentration of SMPs where sex work is prevalent, is high - Central Delhi, East Delhi, North West Delhi, South Delhi, South East Delhi, and West Delhi.

The following stages were adopted in the program. Monitoring and reporting was a cross cutting activity in all stages.

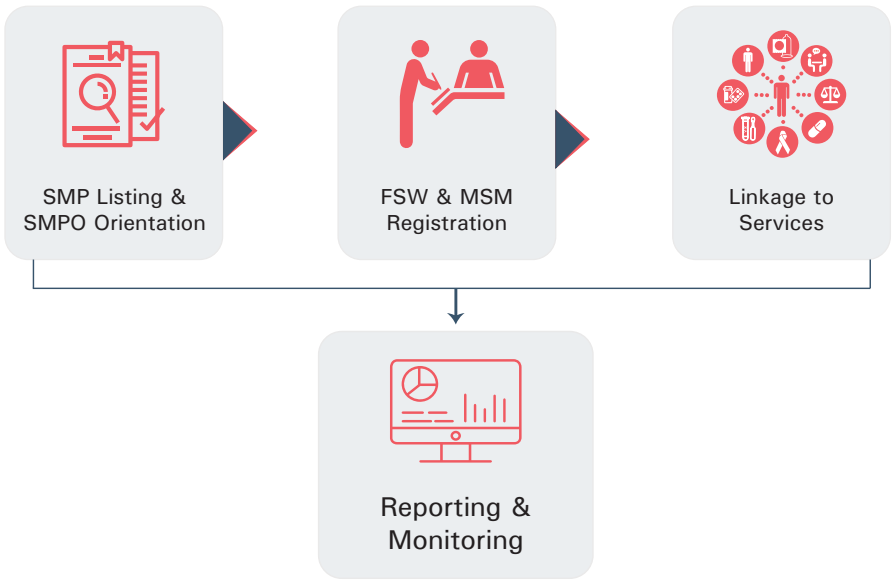

Figure 1: Steps of HIV Intervention in SMPs in Delhi

1. Listing of SMPs and orientation of SMPOs to the TI Program

Spas and Massage Parlours operating in the state were identified and enlisted through exploring internet resources. The SMPO Counsellor and the Outreach Worker of the respective TI area visited the listed establishments directly or with prior appointments to confirm the existence of the site as well as to assess whether sex work activities were occurring in these establishments.

The process involved multiple meetings wherein the SMPO Counsellor and ORW visited the establishments on a regular basis and developed rapport with the SMPOs through active listening, trust building, providing information about the TI programs and reiterating the confidentiality regarding the SMP operations and the FSWs and MSMs associated with them. With consistent interactions and assurance on the beneficial aspects of the program, the SMPOs in due course confirm the practice of sex work activities in the establishment.

The SMPO Counsellor and Outreach Worker then collect basic information about the SMPOs along with the nature of their operations, details of FSWs and MSMs associated with them and their interest in accessing the Government's HIV/AIDS program services and schemes.

The SMPO Counsellor and Outreach Worker introduced the HIV Education Programs, which are used to enhance knowledge on HIV prevention and care. This included sessions on - general health, risk factors for HIV infection and transmission, available services on diagnosis, prevention, care and treatment of HIV that were available with the TI program and in other health facilities. Involving the SMPOs in the program and gaining their ownership was of utmost importance; as they acted as a link between the TI and the FSWs and MSMs working with them.

A snowballing approach was adopted to identify SMPOs as well as FSWs and MSMs associated with them. The SMPOs that have already been enrolled in the program helped in identification of new SMPs. This process was critical to move the program towards saturation[7] of the enrolment of SMPOs as well as FSWs and MSMs. Respective TIs are provided with information on areas where concentration of SMPs (where sex work is prevalent) is more.

The above process is repeated on a regular basis as newer establishments may open and old ones may close or relocate.

The first step of identifying the SMPs through internet showed that there existed 1482 SMPs in Delhi. Through further explorations, assessment and meetings with the SMPOs, it was found that sex work activities were prevalent in 710 (48%) SMPs.

The HIV Intervention reached 678 SMPs of which 653 has FSW and 25 has MSM. There has been a continuous increase in the reach and coverage of SMPs under the TI Program for provision of various services. Figure 2 depicts a gradual increase in registrations of SMPs where FSWs were employed.

[7]HIV program can be considered to have reached 'Saturation', when all the Key Population members have been registered and covered under the program with all the services.

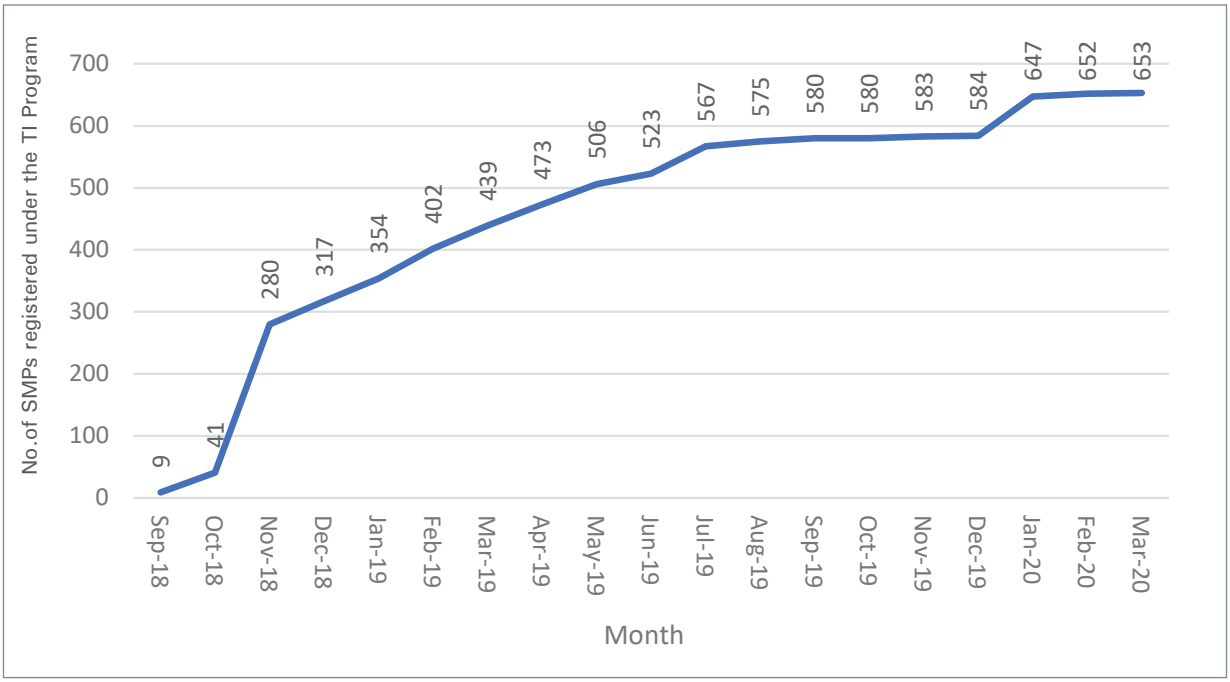

Figure 2: SMP Registrations under TI (FSW)

2. Enrolment of FSWs and MSMs in the TI Program

Once SPMO were onboarded, the SMPO Counsellor and the ORW, with support of the SMPOs, sensitized FSWs and MSMs on safeguarding themselves against HIV/STIs and encouraged them to enrol in the TI program. The SMPOs facilitated rapport building between the FSWs and MSMs with the TI staff. Nurturing a healthy relationship with the FSWs and MSMs was an important step to gain their trust in the program. With consequent meetings and rapport building techniques, FSWs and MSMs gradually showed interest in learning about the TI program and the benefits of getting registered. The SMPO Counsellor sensitized the FSWs and MSMs on the importance of knowing one's HIV status, HIV prevention, STIs and behaviour change and services under the program and its benefits, through brainstorming and pictorial representations to induce active learning. Group sessions or individual counselling sessions were conducted for this as per the convenience and availability of FSWs and MSMs.

The KP Counsellor registered the FSWs and MSMs, followed by individual counselling sessions ensuring audio visual privacy. The counsellor also conducted risk and vulnerability assessments so as to assess their needs and concerns, which then continued on a quarterly basis. In all, as of March 2020, 6055 FSWs and 585 MSMs were registered from Spas and Massage Parlours under the TI program.

3. Linkage to Services

After registering the FSWs and MSMs in the TI Program, and based on the need assessment and conversation with them, the KP Counsellor worked towards addressing their concerns and linking them to necessary resource and services through appropriate referrals (Figure 3).

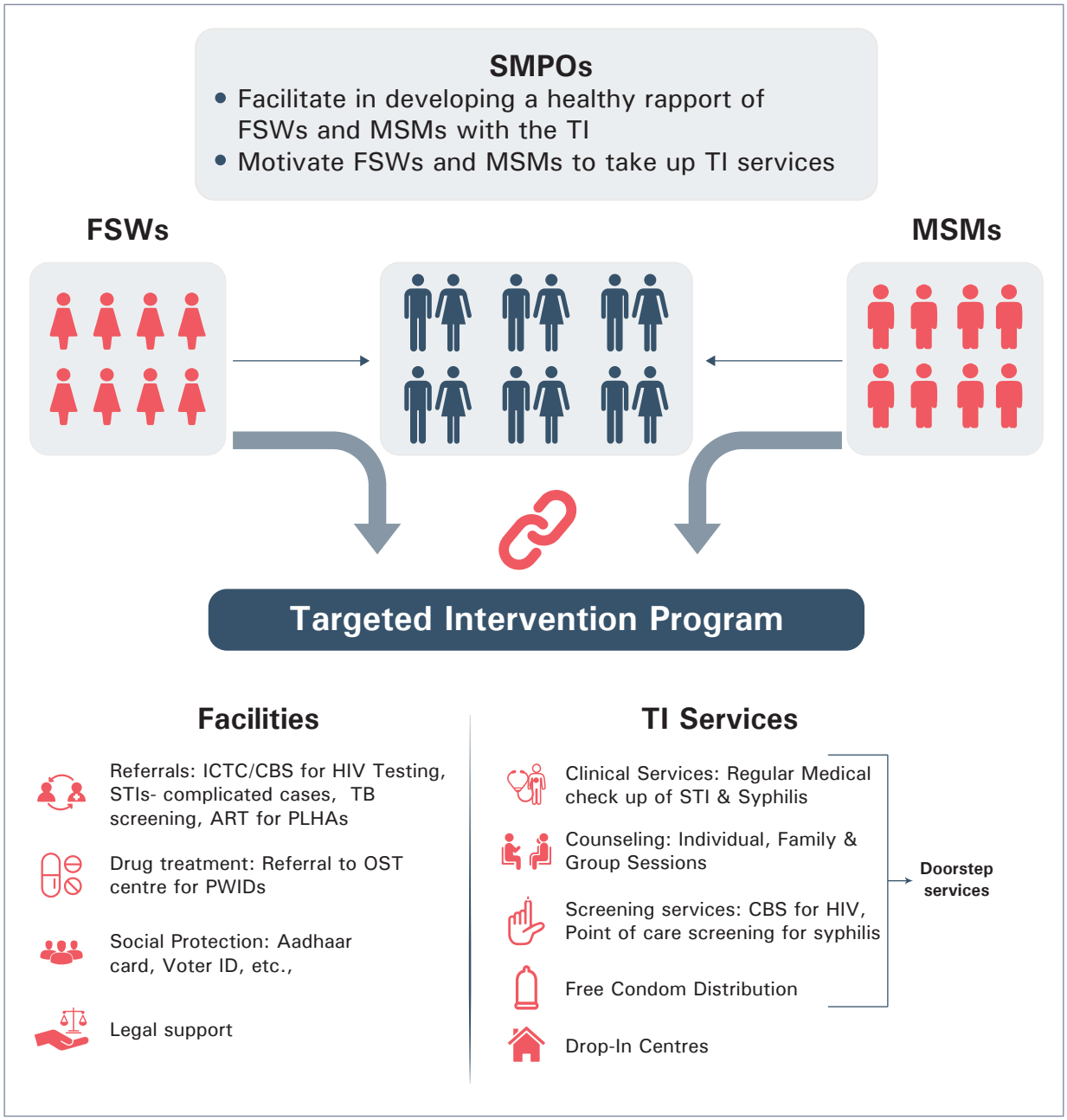

Figure 3: Linkage to services

The following services were offered as part of the program.

a. **Clinical Services:** The doctor conducted a regular medical check-up for STI and Syphilis. These services were provided on-site, that is, either at the SMPs or at the TI level as per the convenience of the FSWs and MSMs.

b. **Counselling:** The KP Counsellor carried out individual and group sessions with the FSWs and MSMs in order to understand their sexual behaviours and sensitize them on HIV/AIDS, STI, TB and safe sexual practices, thus enabling a health seeking behaviour.

c. **Screening Services:** The KP Counsellor and the Outreach Worker provided regular HIV screening/testing services to FSWs and MSMS at the SMPs/doorsteps or TIs through community based screening. The KP Counsellor referred those individuals who were found reactive in Community Based Services (CBS), to the ICTC for confirmatory tests. The laboratory technician provided the HIV screening/testing services at the Integrated Counselling and Testing Centres (ICTC). This was done to ensure voluntary HIV screening of all FSWs & MSMs and early detection and treatment of the PLHA.

d. **Drop-In Centres (DICs):** The KP Counsellor and the Outreach Worker introduced the FSWs and MSMs to respective DICs so that they can seek psycho-social support, receive counselling on their concerns, learn about availability of various services and interact with TI staff and community members. They could visit the DIC at the TI level as per their convenience.

e. **TB Screening:** The KP Counsellor or the TI doctor conducted the TB symptom screening for all the FSWs and MSMs registered with the TIs on regular basis. The counsellor or the doctor referred the suspected cases to the TB/DOTS centres for further testing and treatment.

f. **ART for PLHAs:** The KP Counsellor linked the People Living with HIV/AIDS (PLHAs) to the Antiretroviral Therapy (ART) centres and the Outreach Worker ensured that they receive ART. The KP Counsellor conducted follow up on a regular basis to promote treatment adherence.

g. **Drug Treatment:** The KP Counsellor referred the FSWs and MSMs who were injecting drugs users, to Opioid Substitution Therapy (OST) centre for the initiation of OST and harm reduction. The counsellor also linked them to the needle syringe exchange program, which aimed to improve the quality of life by proving opportunity to transition them from injecting mode to non-injecting and thus protecting them against HIV and other blood-borne diseases.

h. **Social Protection and Legal Support:** The KP Counsellor and the Outreach Worker linked the FSWs and MSMs to the necessary social protection and legal entitlements. Social and legal protection included access to rights and entitlements which may be in the areas of nutrition, healthcare, health insurance, legal aid, travel support, pension schemes. This helps in improving access to various social protection schemes available for the KP/PLHA.

In many cases, the FSWs and MSMs prefer to access services outside the formal health sector, in convenient places where they are less likely to experience stigma and discrimination. For this, doorstep services are provided by the TIs. Moreover, while providing necessary services, confidentiality of the individuals is taken care of. The KP Counsellor conducted accompanied visits to health facilities in order to support individuals to become acquainted to the protocols and processes in seeking services. The Outreach Worker was responsible to follow up with the FSWs and MSMs on regular basis for ensuring treatment adherence. Effective linkage to relevant facilities leads to improved adherence to treatment and retention in care. Thus, developing, strengthening and sustaining an enabling environment paves the way for the community to experience services without stigma and discrimination.

4. Monitoring

The program established a strong monitoring system for effective roll out the HIV Intervention in SMPs. The intervention is monitored at every significant step with a customized approach.

Following tools were developed by DSACS and DL TSU to record and monitor the implementation:

- **SMPO Outreach sheet** captures information on regular outreach done with SMPOs by the TI staff to collect information on the FSWs and MSMs working in the SMPs and plan for service delivery. It also captures information of new SMPs received through the snowballing process.
- **Individual FSW and MSM tracking sheet** captures information on FSWs and MSMs being reached out by TI staff on regular basis and the service uptake.
- **Lead tracker** highlights the duplication of SMPOs as well as the FSWs & MSMs in a specific geographical area. The tool tracked member enrolment and identifying overlap, if any.

The tools capture coverage and quality indicators and guide the monthly program review by DSACs. The data collected is used to identify opportunities to refine program design and implementation strategy. In addition to this, periodic supportive supervisory visits of DSACS and DL TSU, data quality assessments, and consultations with the TI staff is done to ensure program quality. The DL TSU provides hand-holding support to TIs across the various stages of the program.

Roles and Responsibilities

The HIV intervention in Delhi is been led by DSACS with support from IHAT as the technical support unit and implemented by various TI partners.

DSACS is responsible for the overall design and implementation of the program. It is responsible for resource allocation and oversees the work of the technical support unit and the TI partners. It is responsible for timely and uninterrupted supply of commodities to the TIs. Through periodic reviews and field visits, DSACS assures proper monitoring of the program and is responsible to report to NACO.

DL TSU provides technical assistance to DSACS on developing intervention, ensuring that FSWs and MSMs are reached and provided with necessary services. It supports in planning, implementation and supervision of the HIV Intervention in SMPs. It ensures capacity building of TI staff and provides hand-holding support through regular visits to the TIs. DL TSU supports DSACS in providing overall program analysis, assessing and identifying locations for outreach and scale up. DL TSU also supports the documentation of the best practices and innovations at the state level in the TI programme. Development of tools and job aids is the joint responsibility of DL TSU and DSACS. DL TSU conducts quality audit of TI data.

TIs anchor the HIV Intervention in SMPs in Delhi. They are involved in profiling, sensitization and orientation meetings with SMPOs. They are responsible to maintain and update the program data. They link the FSWs and MSMs to the services and facilities.

Results

There were 6088 FSWs registered in TI. 5229 FSWs were provided clinical services; out of these, 287 FSWs reported STI symptoms and were subsequently treated. Out of the 6088 FSWs, 5349 FSWs were screened for HIV; out of which, 12 FSWs were found HIV positive. Consequently, 11 FSWs were linked to ART (Figure 4).

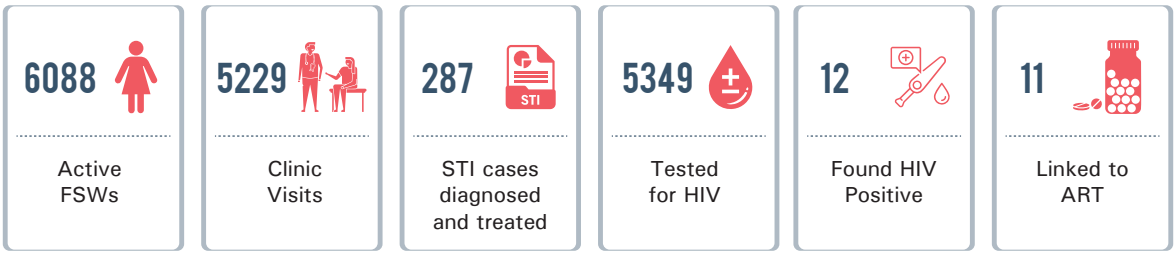

Figure 4: FSWs linked to services

There were 585 MSMs registered in TI, 585 MSMs were provided clinical services; out of these, 8 MSMs reported STI symptoms and were subsequently treated. Out of the 585 MSMs, 549 MSMs were screened for HIV; out of which, 51 MSMs were found HIV positive. Consequently, 50 MSMs were linked to ART (Figure 5). The positivity in MSMs has been found to be higher as compared to that in the FSWs.

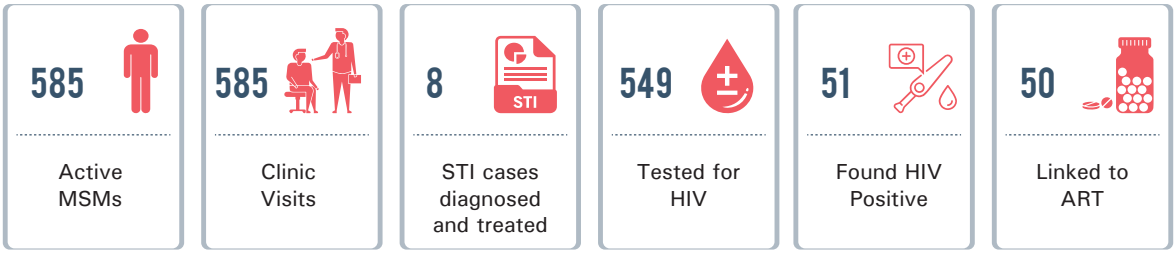

Figure 5: MSMs linked to services

Learnings, Challenges and the Way Forward

Learnings

Fostering a healthy relationship with the SMPOs consequently led to building trust and confidence of the FSWs and MSMs in the TI Program. The process of rapport building takes significant time and effort - maintaining confidentiality and sensitivity to the SMPOs was essential to establishing their willingness to collaborate towards playing a facilitative role in the HIV Intervention. Outreach activities when conducted with respect, empathy and a non-judgemental attitude, stimulate demand for services and the beneficiaries are more likely to seek services and benefit from the prevention, treatment and care interventions they need. Thus, deriving a meaningful participation from the SMPOs as well as FSWs and MSMs was the crux of bringing sustainability in the intervention.

As stated earlier, there is an emergence of new SMPs across Delhi while some SMPs close temporarily or permanently or relocate. In order to deal with this highly dynamic nature of the sex work setting, adopting a snowballing approach to reach out to SMPs and FSWs & MSMs, ensures that the SMPOs are enrolled into the HIV Education Program at the earliest and subsequently the FSWs and MSMs are reached out with the necessary services.

Apart from HIV/STI related needs, the FSWs and MSMs also shared about their over-all health, social and legal concerns - general health issues, social boycott, domestic violence, to name a few. This calls for a strategy that can cater to general health and social and legal protection needs of the FSWs and MSMs.

Challenges

Coverage and saturation of the FSW and MSM population under the HIV Intervention in SMPs is a challenge due to high mobility of the populations within and across SMPs in Delhi. Even after rigorous efforts and snowball approach, reaching out to every member of the population and linking them to the required services remains a challenge.

The SMPOs are hesitant in facilitating the process of condom distribution among the FSWs and MSMs associated with them. Two major reasons have been shared by the SMPOs: (i) Stocking condoms/contraceptives poses a legal threat as national laws prohibit sex work; these activities are prevalent in SMPs in a hidden manner. (ii) FSWs and MSMs are not allowed to carry condoms and if they intend to use them during sexual intercourse, they are expected to buy the same from the SMPOs; so, the SMPOs sell condoms to the population at a higher rate than the market and in turn earn a profit. This poses another risk for contracting HIV/STI as the FSWs and MSMs may not prefer to spend extra money on condoms and instead indulge in unprotected sexual intercourse.

The duplication of SMPOs, FSWs and MSMs within TIs is identified and resolved through the lead tracker mentioned in the monitoring section. However, capturing duplication between the TIs has been a challenge.

Way forward

The HIV Intervention with the SMPs in Delhi has shown promising early results. The Intervention will further explore on building capacities of SMPOs to act as program intermediators in service delivery aspects like conducting HIV screening using CBS kits, educating the FSWs and MSMs on safer sexual practices and encouraging them to seek services like regular medical check-ups, HIV and syphilis testing and treatment for PLHA. The program also intends to train them in HIV awareness generation activities to be carried out with FSWs and MSMs associated with them, using digital and social media based applications.

The program will explore the possibility to develop a centralized mechanism of service delivery and linkage, wherein, the FSWs and MSMs can register and opt for services at any given location irrespective of the TI they are registered with. This system will bridge the existing gap between FSWs & MSMs and the services.

The FSWs and MSMs have experienced violence from clients as well as partners and hence they are in need of social and protection services. To address the need, collaborations have been planned with medical colleges, government departments and legal aid centres/ entities to ensure linkage of the population with these services. This will be instrumental in providing integrated, comprehensive, effective and affirming health-care services to the FSW and MSM population.

Sex work dynamics and solicitation have undergone a change. Newer physical places like Spas and Massage Parlours have emerged, where sex work activities take place. While the traditional Targeted Interventions reach out to the Key Population at the geographical hotspots; these new venues are still unreached. DL TSU, in collaboration with DSACS, responded to this need and implemented the HIV Intervention to reach out to the FSW and MSM population engaged in sex work through Spas and Massage Parlours in Delhi and provide them with HIV prevention, treatment and care services.

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