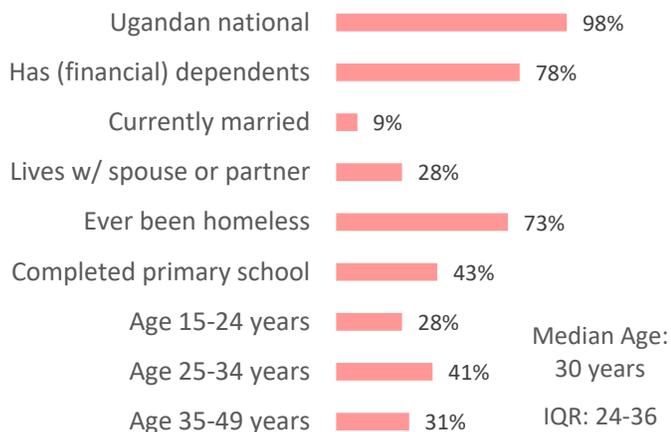


Crane 3 Survey Summary – Female Sex Workers and Sexually Exploited Children in Jinja, Uganda 2022

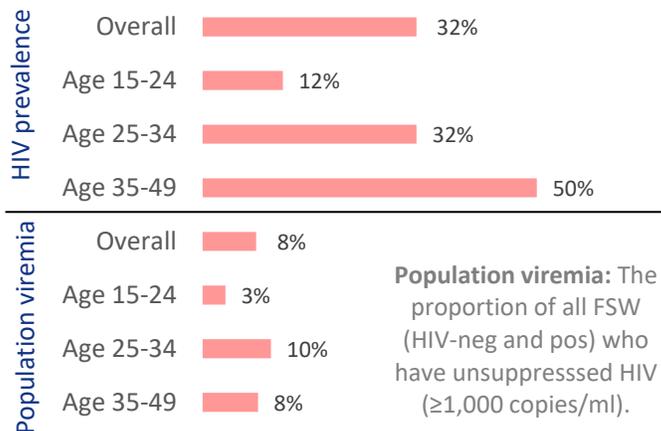


Survey methods. This respondent-driven sampling survey took place from April to August 2022 using a single survey office in Jinja. Participants were female, sold sex to men in Jinja in the past six months and were aged 18-49 years (female sex workers, FSW) or 15-17 years (sexually exploited children, SEC). SEC were referred to social protection services. Data were collected through audio computer-assisted self-interviews; blood was tested for HIV and viral load; cervicovaginal swabs were tested for human papilloma virus (HPV). Sample size was 607 participants; estimates are weighted unless stated otherwise. *Note: Interquartile range (IQR) refers to the middle half of those who responded.*

Demographics



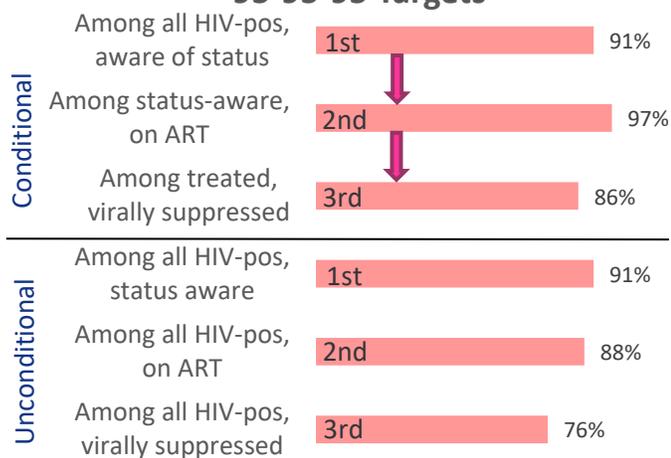
HIV Prevalence and Unsuppressed HIV Prevalence



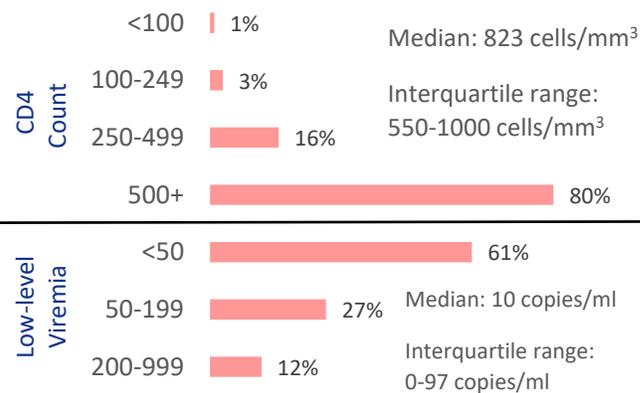
The average age of FSW/SEC was 30 years old; three in ten were 15-24 years old. Less than half had completed primary school. Seven in ten reported being homeless at some point in their lives; nearly all were Ugandan nationals, and three out of four had financial dependents.

One-third of FSW/SEC were living with HIV. HIV prevalence increased with age and was highest among 35-49-year-olds. Thanks to treatment, only 1 in 12 had unsuppressed HIV.

95-95-95 Targets



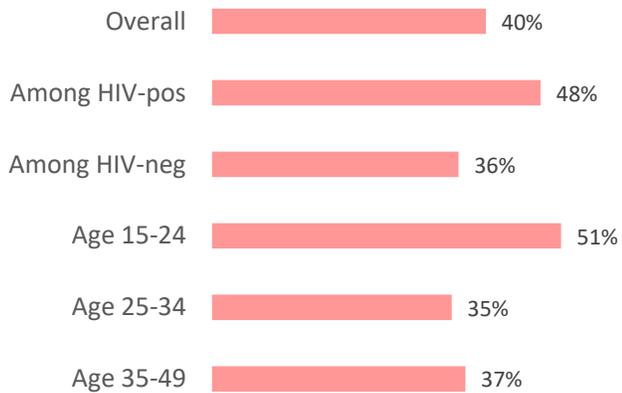
CD4 Count & Low-level Viremia Distribution



HIV status awareness and treatment uptake among FSW/SEC living with HIV were based on self-report with adjustment for viral suppression. Nine out of ten FSW/SEC living with HIV knew about their status and three-quarters of all FSW/SEC living with HIV were virally suppressed.

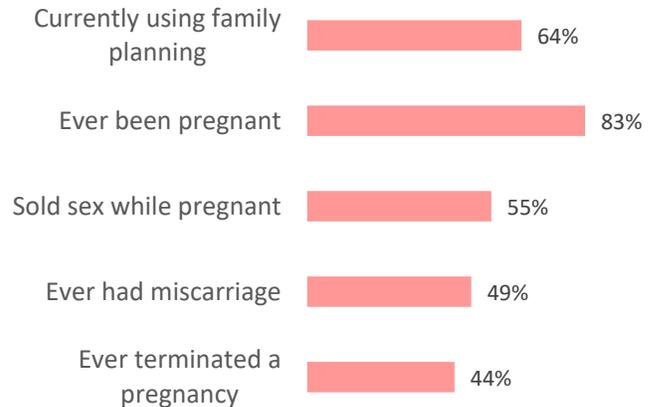
All HIV-positive participants had their CD4 cells measured. Four out of five had CD4 counts of 500 cells/mm³ or more, suggesting good immune status. The majority (88%) of FSW/SEC who were virally suppressed (i.e., <1000 copies/ml) had viral loads less than 200 copies/ml.

HPV Prevalence



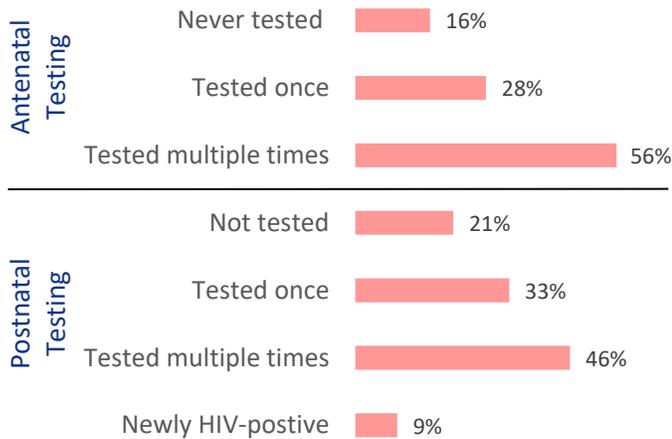
HPV and HIV co-infections were high, with two out of five FSW/SEC testing positive for high-risk strains of HPV infection, putting them at risk for developing cervical cancer. HPV prevalence was more common in FSW/SEC living with HIV and aged 15-24 years.

Maternal Health: Pregnancy



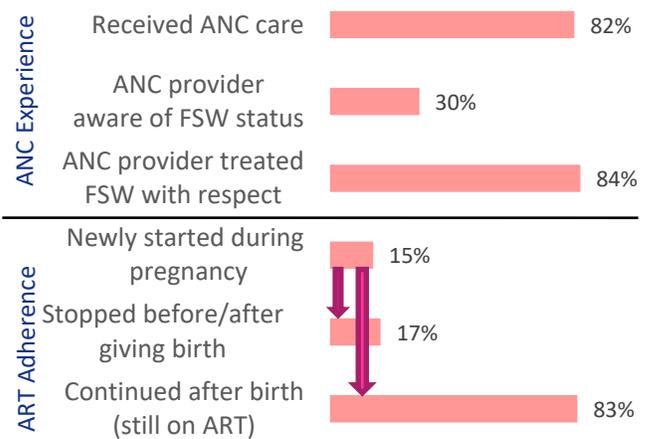
Overall, close to two-thirds reported currently using family planning. Most had ever been pregnant in the past and more than half sold sex while pregnant. About half reported having had a miscarriage and two out of five reported ever terminating a pregnancy.

Maternal Health: Ante- and Postnatal HIV Testing



About three in twenty FSW/SEC who had been pregnant were not tested for HIV before giving birth, but more than half were tested multiple times. One in ten FSW/SEC reported having been HIV-negative prior to giving birth but later testing HIV-positive while breastfeeding.

Maternal Health: Antenatal Care (ANC) and ART

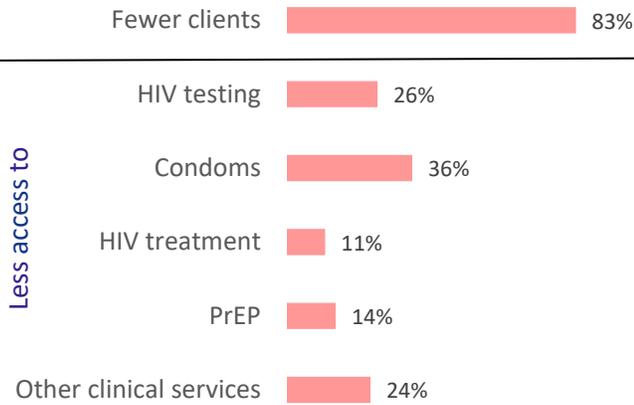


While pregnant, four out of five FSW/SEC received ANC, and most reported being treated with respect by the provider. Among those living with HIV and newly starting ART during pregnancy, most continued ART after giving birth.

Population size estimate: Using this survey and two separate rounds of sampling at hotspots (three source capture recapture) we estimated the Jinja FSW/SEC population size at 2,200 or 1.8% of the female population aged 15-49 (95% confidence interval: 1,100-4,100).

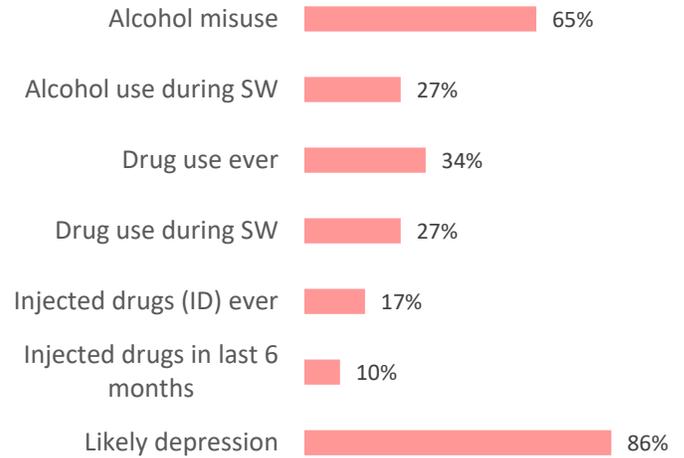
Pediatric HIV prevalence: The survey also sampled children of enrolled FSW/SEC. Out of 42 eligible children of FSW/SEC aged 0-16 years, 34 (81%) were tested for HIV during the survey. Of these, 3 (9%) tested HIV-positive (unweighted).

COVID-19 Impact



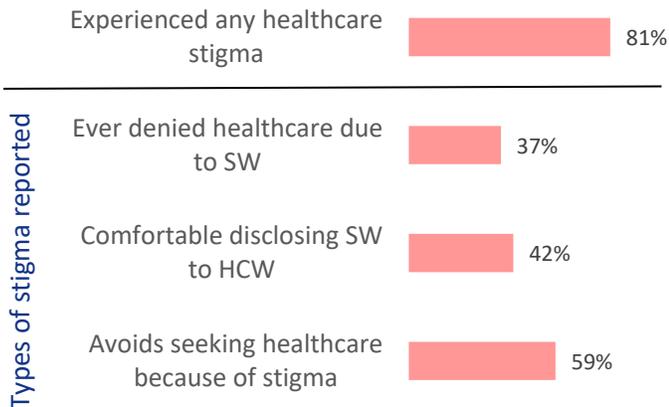
Most FSW/SEC had fewer clients due to COVID-19. More than a third reported decreased access to condoms, and one-quarter had reduced access to HIV testing or other clinical services. Access to HIV treatment and PrEP were less impacted than access to other services.

Alcohol, Drug Use, Depression



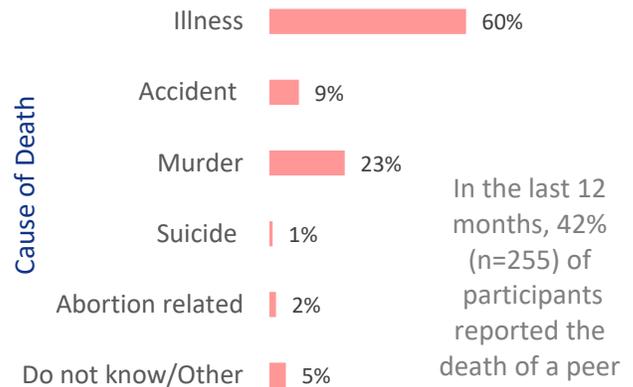
Close to two-thirds of FSW/SEC screened positive for alcohol misuse, and most were likely experiencing depression. About three in ten reported using alcohol or drugs during sex work, and nearly two out of ten reported ever injecting drugs.

Sex Work (SW) Related Stigma



Four out of five FSW/SEC reported experiencing stigma in some form related to their SW. One-third had been denied healthcare because of their SW; about three-fifths avoided healthcare due to stigma; and only two-fifths felt comfortable disclosing their SW to healthcare workers.

Mortality among Peers

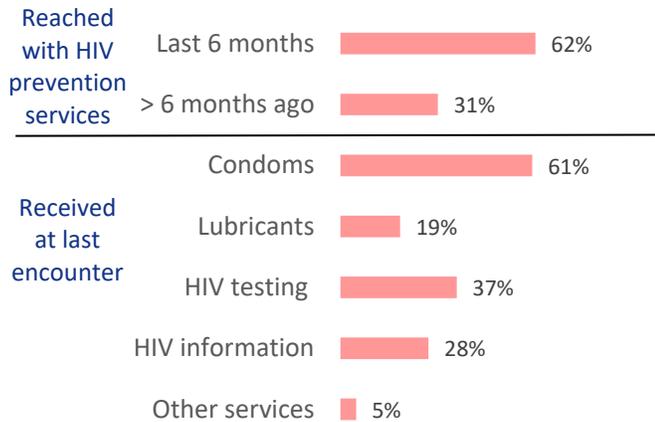


Some FSW/SEC reported deaths among one or more of their known peers within the last 12 months. Illness accounted for more than half of reported deaths, and murder accounted for almost one-quarter of the deaths. Deaths from a failed abortion or suicide were reported by few (3%) respondents.

Crane 3 Survey Summary: HIV Prevention

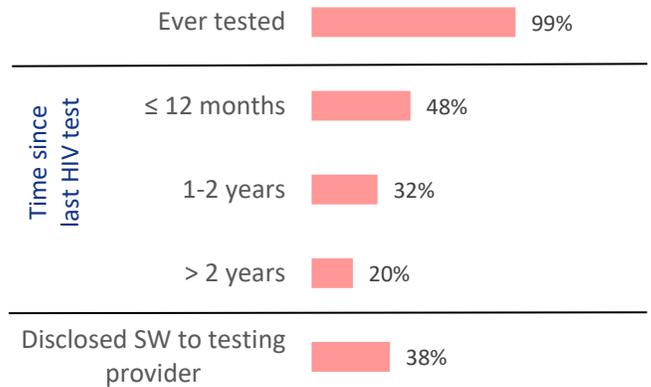
Female Sex Workers and Sexually Exploited Children in Jinja, Uganda 2022

Outreach Services



Most FSW/SEC had been reached with outreach services; about two-thirds within the last six months. At outreaches, condoms were most frequently received, followed by HIV testing services, HIV information, and lubricants.

HIV Testing



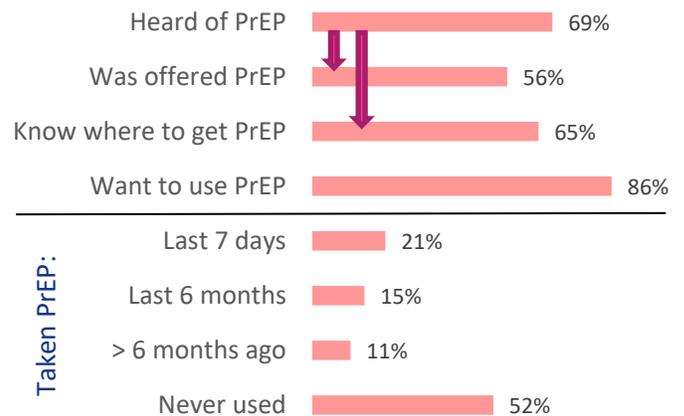
Among FSW/SEC surveyed, almost all had been tested for HIV, however, only about half had been tested in the last 12 months. Only two out of five FSW/SEC disclosed their sex work (SW) to their testing provider.

Reason for Not Testing for HIV in the last 12 months



Of FSW/SEC who were not aware of their positive HIV status and had not tested in the past 12 months, more than a half did not feel at risk. Other reasons for not testing included fear of testing positive or other people learning their result.

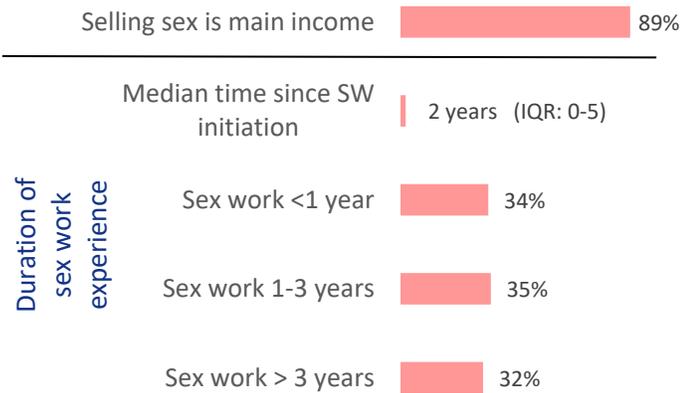
Pre-Exposure Prophylaxis (PrEP)



Nearly seven out of ten FSW/SEC had heard of PrEP; of these, about half were offered PrEP. The majority of HIV- FSW/SEC reported wanting PrEP. One fifth had used PrEP in the last 7 days, but more than half had never used PrEP.

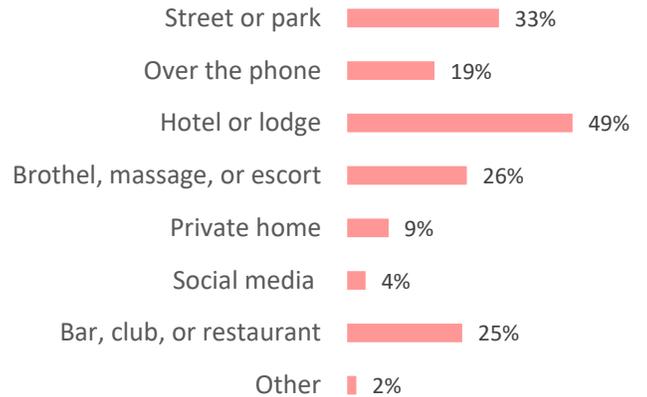
Non-Paying Partners (NPP): An NPP is a sexual partner who does not pay the surveyed FSW/SEC for sex, for example, her spouse or boyfriend. Approximately half (46%) of FSW/SEC had sex with a NPP in the last 12 months. Only 8% of FSW/SEC reported their last NPP was living with HIV, and three-quarters (75%) reported to have used a condom at least once during the last three sex acts with an NPP. One-quarter (24%) of FSW/SEC reported that their HIV status was known to their most recent NPP.

Sex Work Characteristics



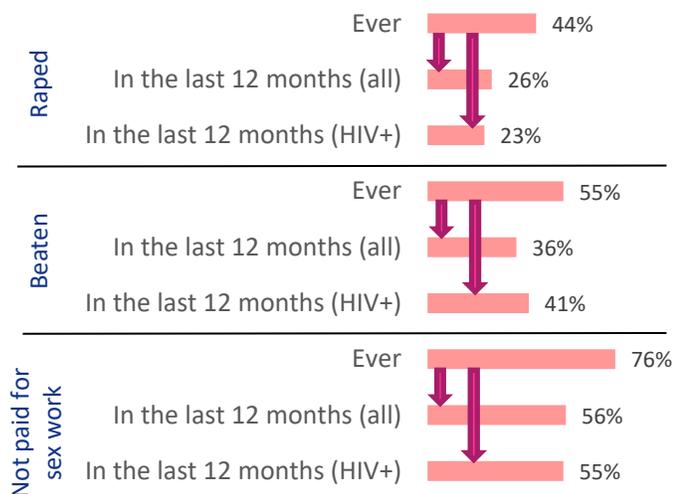
Nine out of ten FSW/SEC saw sex work as their main income. On average, FSW/SEC started selling sex two years prior to the survey and seven in ten began SW within the last three years.

Where Sex Workers Meet Clients†



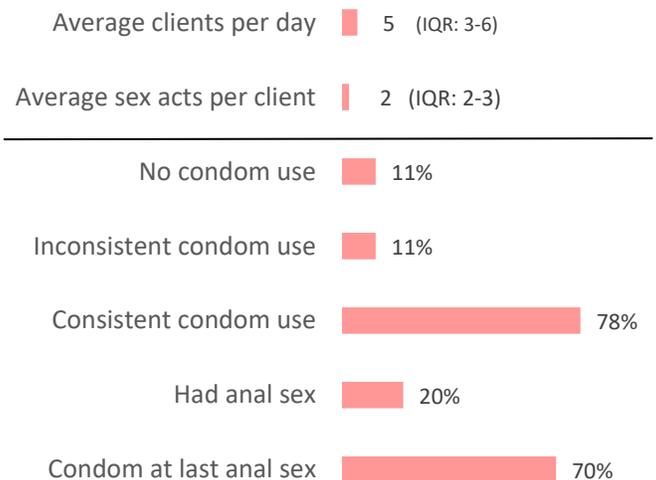
About half of FSW/SEC met their clients at hotels or lodges; one-third met clients on the street or in parks, a quarter met them in brothels, massage places, escorts or in bars; and about one in five met clients over the phone. († More than one response could be selected.)

Experienced Violence



More than four in 10 FSW/SEC had ever been raped; of which a quarter had been raped in the last 12 months. More than half had ever been beaten, one-third were beaten in the last 12 months. Most FSW/SEC reported not being paid for sex work by a client.

Sex Acts & Condom Use



On average, FSW/SEC had five clients per day and two sex acts with each client. Consistent condom use was reported by four out of five FSW/SEC. One-fifth reported ever having anal sex with clients; condoms were used in only seven in ten of most recent anal sex acts.

Crane 3 Survey Summary: Care and Treatment

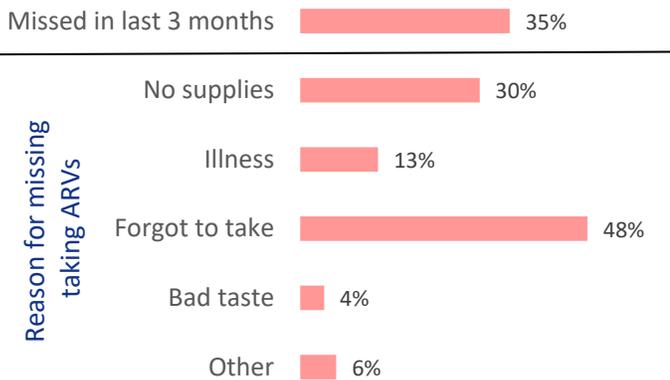
Female Sex Workers and Sexually Exploited Children in Jinja, Uganda 2022

Viral load (VL) testing: Among HIV-positive FSW/SEC aware of their HIV status, nearly two-thirds (63%) stated that their VL had been measured in the previous 12 months aside from viral load testing conducted as part of this survey. Of these, 72% had received and understood their result.

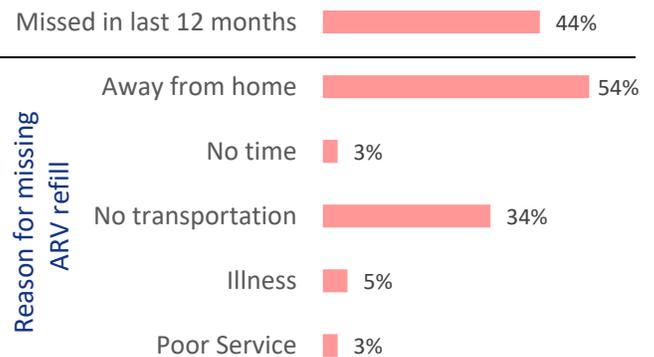
U=U: Almost half (48%) of FSW/SEC living with HIV in Jinja had heard about *Undetectable=Untransmittable*. After learning the meaning of U=U, two thirds (70%) stated that they believed U=U was true.

Food security: Of FSW/SEC living with HIV and on ART, over three-quarters (72%) reported not having enough food.

Missed ARV Dose(s)



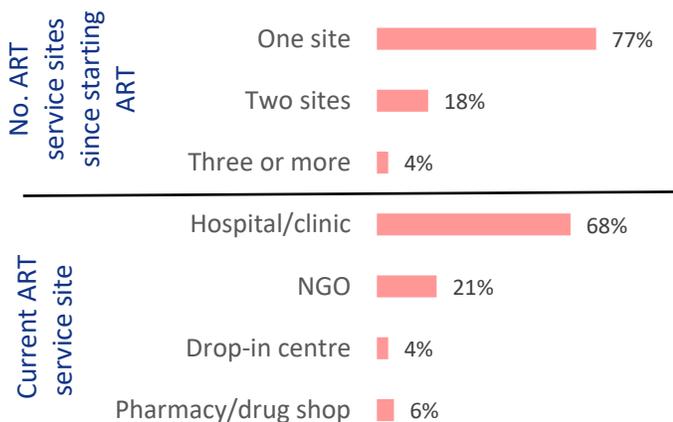
Missed ARV Refill



One-third of FSW/SEC on ART missed taking their ARVs in the last 3 months; the most frequent reasons included forgetfulness and needing supplies, such as additional medication.

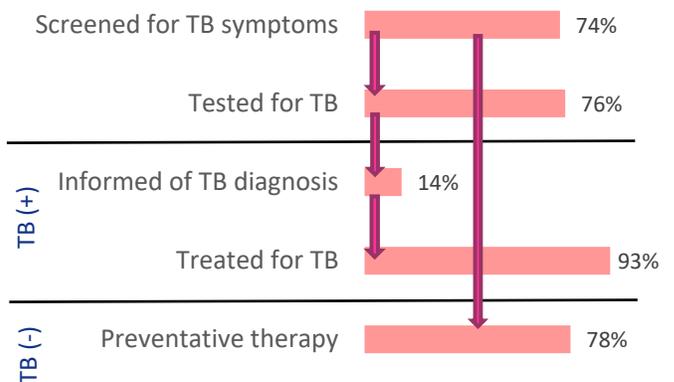
Almost half of FSW/SEC on ART missed refilling their ARVs in the last 12 months, mostly due to being away from home or lack of transportation.

Select ART Characteristics



Among FSW/SEC on ART, one-quarter had switched ART service sites at least once. Most received ART from hospitals and clinics or NGOs.

Tuberculosis (TB) among HIV Positive FSW/SEC

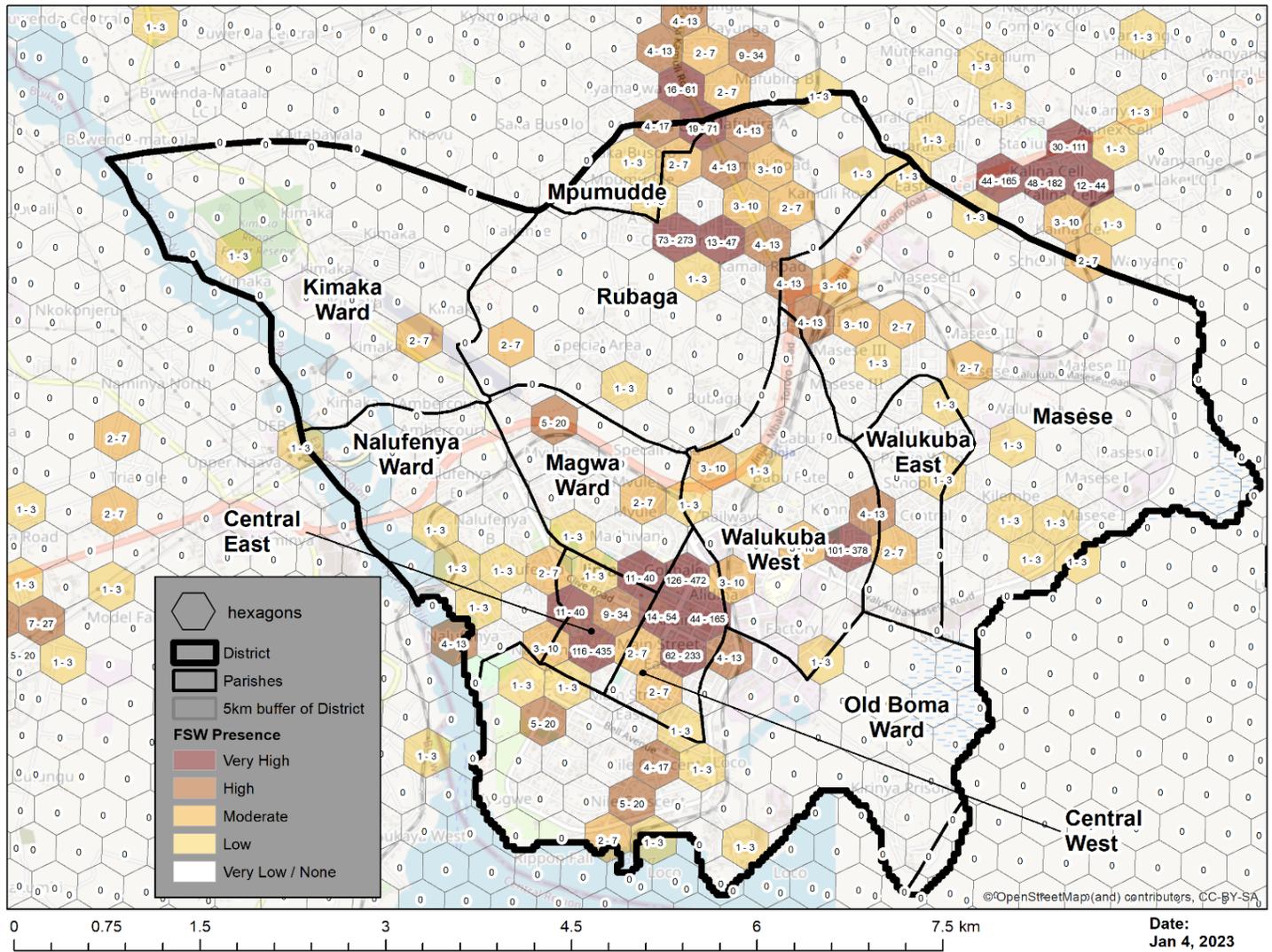


Among FSW/SEC living with HIV, three-quarters had been screened for TB symptoms and, if needed, tested for TB. Of those who received a prior TB diagnosis, most reported having been treated. Three-quarters of those negative for TB reported preventative treatment.

Crane 3 Survey Summary: Sex Work Distribution in Jinja

Female Sex Workers and Sexually Exploited Children, Jinja, Uganda 2022

Jinja includes eleven parishes and coloring in the map below indicates where sex work is more common: Dark areas indicate areas with a high presence of FSW/SEC and white areas indicate no to very low presence of FSW/SEC. Range values shown indicate crude estimates about the possible number of FSW/SEC in each area over time, also accounting for multiple sex work locations for each FSW/SEC. Only publicly accessible sex work locations were asked about, such as bars, lodges, intersections, etc. Central East, Central West, Walukuba West, and Rubaga had the highest presence of FSW/SEC. **Figure 1.** Distribution of sex work in Jinja, 2022.



The **Crane Survey** is a collaboration of Makerere University/School of Public Health, Centers for Disease Control and Prevention (CDC), and Ministry of Health.

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