HIV, Health and Rights for Sex Workers:
A Learning and Sharing Event Report

Birchwood Hotel, Johannesburg

12 – 15 April 2016

Report by Katie McDonald & Pernille Madsen
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>i</td>
</tr>
<tr>
<td>Acronyms</td>
<td>ii</td>
</tr>
<tr>
<td>Introduction</td>
<td>iii</td>
</tr>
<tr>
<td>Market Place</td>
<td>1</td>
</tr>
<tr>
<td>Country level goals; individual level challenges</td>
<td>3</td>
</tr>
<tr>
<td>Solutions Exchange</td>
<td>4</td>
</tr>
<tr>
<td>Sex Work 101</td>
<td>7</td>
</tr>
<tr>
<td>How to get sex worker IEC material approved in a hostile environment</td>
<td>7</td>
</tr>
<tr>
<td>How to negotiate for protected sex when offered more money by clients</td>
<td>9</td>
</tr>
<tr>
<td>How to convince sex workers to use health services like anybody else</td>
<td>11</td>
</tr>
<tr>
<td>How to address police harassment of sex workers</td>
<td>12</td>
</tr>
<tr>
<td>How to increase retention of sex workers in the continuum of care</td>
<td>13</td>
</tr>
<tr>
<td>Sex Work 101</td>
<td>14</td>
</tr>
<tr>
<td>Plenary Sessions</td>
<td>15</td>
</tr>
<tr>
<td>Setting the scene</td>
<td>15</td>
</tr>
<tr>
<td>Building sex workers’ organisations and movement</td>
<td>18</td>
</tr>
<tr>
<td>The role of communities in improving outcomes along the care continuum</td>
<td>22</td>
</tr>
<tr>
<td>How do we work with young people who sell sex?</td>
<td>25</td>
</tr>
<tr>
<td>Parallel Sessions</td>
<td>30</td>
</tr>
<tr>
<td>1A - Access barriers research project</td>
<td>30</td>
</tr>
<tr>
<td>1B - A Tale of Two Size Estimation Studies</td>
<td>33</td>
</tr>
<tr>
<td>1C - Human rights violation against sex workers</td>
<td>35</td>
</tr>
<tr>
<td>2A - How to build a successful sex work network</td>
<td>38</td>
</tr>
<tr>
<td>2B - Male sex workers</td>
<td>43</td>
</tr>
<tr>
<td>2C - A Guide for South African Police Service Officers to the Rights of Sex Workers</td>
<td>46</td>
</tr>
<tr>
<td>3A - A community engagement model</td>
<td>50</td>
</tr>
<tr>
<td>3B - Integration of HIV services with public health services</td>
<td>53</td>
</tr>
<tr>
<td>3C - Decriminalization of sex work</td>
<td>55</td>
</tr>
<tr>
<td>4A – Sex work and the media</td>
<td>57</td>
</tr>
<tr>
<td>4B - LILO- A tool for Advocacy</td>
<td>59</td>
</tr>
<tr>
<td>4C - Win-win partnership for care and treatment</td>
<td>62</td>
</tr>
<tr>
<td>Thematic Synthesis</td>
<td>64</td>
</tr>
<tr>
<td>Country Group Insights and Intentions for Change</td>
<td>67</td>
</tr>
<tr>
<td>Participant Feedback</td>
<td>70</td>
</tr>
<tr>
<td>Appendix 1 - Participant List</td>
<td>74</td>
</tr>
</tbody>
</table>
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Special thanks go to the members of the facilitation, documentation, translation and logistics teams whose support before, during and after the event helped make it happen:

<table>
<thead>
<tr>
<th>KP Connect</th>
<th>Positive Vibes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sylvie Pawele (Facilitation, Documentation)</td>
<td>Patsy Church (Documentation)</td>
</tr>
<tr>
<td>Carsten Norgaard (Documentation)</td>
<td>Lee Mondry (Documentation)</td>
</tr>
<tr>
<td>Warren Banks (Facilitation, Documentation)</td>
<td>Alliance Centre for Practice</td>
</tr>
<tr>
<td>Katie McDonald (Documentation)</td>
<td>Flavian Rhode (Facilitation)</td>
</tr>
<tr>
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<td>Ricardo Walters (Facilitation)</td>
</tr>
<tr>
<td>Pernille Madsen (Logistics, Documentation)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ANCS / Senegal Team</th>
<th>International HIV &amp; AIDS Alliance Secretariat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massogui Thiandoum (Facilitation)</td>
<td>Cat Simmons (Documentation)</td>
</tr>
<tr>
<td>Lala MATY SOW (Facilitation)</td>
<td>Julie Bridger (Documentation)</td>
</tr>
<tr>
<td>Moustapha Lo (Documentation)</td>
<td>Georgina Caswell, LinkUp (Facilitation)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASWA / Sex workers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Denis Nzioka (Facilitation)</td>
<td>Bad Black (Facilitation)</td>
</tr>
<tr>
<td>Daughtie Ogutu (Facilitation)</td>
<td>Florence Milanzi, Emerging Voices (Facilitation)</td>
</tr>
<tr>
<td>Carolyne Kemuto, KESWA (Facilitation)</td>
<td>Jimoh Adesina (Facilitation)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Translation and Interpretation</th>
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<tbody>
<tr>
<td>Nathalie Heynderickx</td>
<td>Jeanne Van Dyk</td>
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<td>Melinda Fantou</td>
<td>Clara Tilve</td>
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<td>Beatrice Boltz</td>
<td>Sylvia Pratten</td>
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<td>Acronyms</td>
<td>Full Form</td>
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<td>ABS</td>
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<td>ANCS</td>
<td>Alliance Nationale Contre Le Sida (Senegal)</td>
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<tr>
<td>ANS-CI</td>
<td>Alliance Nationale Contre Le Sida En Côte d’Ivoire</td>
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<td>ARP</td>
<td>Africa Regional Programme</td>
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<tr>
<td>ART</td>
<td>Anti-Retroviral Treatment</td>
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<tr>
<td>ALN</td>
<td>African Legal Network</td>
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<tr>
<td>BONELA</td>
<td>Botswana Network on Ethics, Law and HIV/AIDS</td>
</tr>
<tr>
<td>CBOs</td>
<td>Community-based organisations</td>
</tr>
<tr>
<td>CHAU</td>
<td>Community Health Alliance Uganda</td>
</tr>
<tr>
<td>CSOs</td>
<td>Community Service Organisations</td>
</tr>
<tr>
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<td>Female Sex Worker</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
</tr>
<tr>
<td>HCT</td>
<td>HIV Counselling and Testing</td>
</tr>
<tr>
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<td>Information and Education Communication</td>
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<tr>
<td>IHAA</td>
<td>International HIV/AIDS Alliance</td>
</tr>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>KANCO</td>
<td>Kenya AIDS NGOs Consortium</td>
</tr>
<tr>
<td>KP</td>
<td>Key population</td>
</tr>
<tr>
<td>LO</td>
<td>Linking Organisation</td>
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<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual and Transgender, Intersex</td>
</tr>
<tr>
<td>LILLO</td>
<td>'Looking In, Looking Out’</td>
</tr>
<tr>
<td>LSE</td>
<td>Learning and Sharing Event</td>
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<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>NAC</td>
<td>National AIDS Council</td>
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<td>NSP</td>
<td>National Strategic Plan</td>
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<td>NSWP</td>
<td>Global Network of Sex Work Projects</td>
</tr>
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<td>NACOSA</td>
<td>The Networking HIV/AIDS Community of South Africa</td>
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<td>PEP</td>
<td>Post-Exposure Prophylaxis</td>
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<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>PreP</td>
<td>Pre-Exposure Prophylaxis</td>
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<td>PV</td>
<td>Positive Vibes</td>
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<td>PWID</td>
<td>People who Inject Drugs</td>
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<tr>
<td>PWUD</td>
<td>People who Use Drugs</td>
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<tr>
<td>SAT</td>
<td>Southern African AIDS Trust</td>
</tr>
<tr>
<td>SDP</td>
<td>Strategic Development Plan</td>
</tr>
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<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>SW</td>
<td>Sex Worker</td>
</tr>
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<td>TACOSODE</td>
<td>Tanzanian Council for Social Development</td>
</tr>
<tr>
<td>ToT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>TREAT</td>
<td>Alliance Team on Research, Evidence and Action on Treatment</td>
</tr>
</tbody>
</table>
Introduction

This report provides a summary of the KP Connect Sex Worker Learning and Sharing Event (LSE) process and content. It is accompanied by a thematic synthesis report, which explores emerging themes, gaps and opportunities going forward.

The KP Connect Programme

The KP Connect Programme (also known as ARP 3 phase 2) aims to create a more enabling environment for HIV and health programming with key populations in Africa. It is implemented in 10 countries in Africa: Botswana, Burundi, Côte d'Ivoire, Kenya, Senegal, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe; and has three objectives:

- To improve the technical capacity of LOs to promote Key Populations (KP) access to HIV, health and rights services;
- To increase the engagement of national policy makers in KP issues; and
- To improve processes for regional knowledge sharing and learning by LOs.

The programme is implemented by the International HIV/AIDS Alliance partly through a Capacity Building Unit set up by the Alliance Linking Organisation (LO) in Namibia, Positive Vibes, to coordinate all technical assistance to other participating LOs. It is a 4 year programme, running from 2014 to 2017, but builds on more than 10 years of programming experience in Africa and extends the work done in previous iterations of the ARP, with an increased emphasis on key populations.

Sex Worker Learning and Sharing Event

KP Connect hosted a second Learning and Sharing Event (LSE) in Johannesburg from 12 to 15 April 2016. The central theme of the event was HIV, Health and Rights for Sex Workers. Specific sub-themes explored were: bio-medical responses to HIV; human rights, policy and advocacy; promising interventions: best practices; intersectionality; and research.

The event was attended by KP Connect participating LOs, partner organisations and other guests with expertise in the area (See Appendix 1 for a complete list of participants). The LSE represented an opportunity to learn and share from our collective knowledge and experience. A substantial presence of sex workers helped ensure the event stayed focused on real issues.

The event was designed and coordinated by KP Connect, ANCS in Senegal and the Alliance Secretariat, with great participation and involvement of Sex Worker organisations. Originally, the event was to be held in Dakar, Senegal; however the cost proved prohibitive and was moved to Johannesburg. ANCS still played a vital role in planning the event because of their particular expertise in this area.

The design of the sex worker LSE was heavily informed by the successes and key learnings from 2015’s LSE which focused on Men who have Sex with Men (MSM) and the broader Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community. Although the MSM/LGBTI LSE was a major success, the sex worker LSE offered an opportunity to raise the bar even higher.
The Sex worker LSE was structured over three-and-a-half days and included mixed session types:

- There were four plenary sessions where all participants gathered in the main venue. These were conducted in a panel style to showcase a range of different perspectives on topics.
- There were four sets of three parallel sessions across three breakaway rooms (i.e. 12 in total).
- In the market place sessions participants had the opportunity to set up stalls in which they shared information about their countries and organisations.
- The sex worker 101 sessions gave participants the opportunity to ask questions in small groups that they may not be comfortable asking in a larger group.
- In the solutions exchange session, participants split up into five groups – each group worked to find solutions to a specific participant’s challenge.
- Participants also met each day in their respective country groups to process information and discuss emerging insights, implications and opportunities for in-country programming.

Because of the trilingual nature of the group (English, French and Spanish), interpretation played an important role in this Event. Simultaneous interpretation (using a booth) was used in all plenaries and parallel sessions. For the market place, sex worker 101, and solutions exchange sessions, consecutive interpretation was used.

It was made clear that the participants’ knowledge and experience were the main resources in the room and all were encouraged to be open, courteous and respectful, to interact with English, French and Spanish speaking participants, and to work on building relationships that last beyond the Event.

The event was jointly facilitated by the KP Connect team, ASWA and ANCS. The parallel sessions were facilitated by various participants mostly sex workers themselves.

Specific ground rules were established by participants at the outset:

- Participation and equal treatment
- Smile
- Buying and selling sex ok (out of conference hours)
- Respect differences and don’t take things personally
- Open, sincere and non-judgmental
- Limit movement – it’s distracting
- Avoid talking when someone else is speaking
- Phones on silent
- Share experiences
- Step up – Step back. Give others a change to speak
- Have fun
- Be creative

**Expected LSE 2 Outcomes**

By the end of the Event participating LOs and implementing partners (IPs) will have:

- Been introduced to a range of relevant experience, knowledge and practice-based learning by peers and resource people;
- Processed this material at individual and country-group level (at several points during the event) to draw out:
  - exciting new ideas;
  - their own insights; and
  - intentions for change or development in their own organisations, programmes and contexts;
- Planned to explore and/or implement 2-3 key changes/approaches/practices in the coming 6 months; and
- Identified one or two key peer resources (personnel from other LOs/IPs) to support this exploration/implementation.
Market Place

On the first and second days of the LSE there was an opportunity for participants to briefly present their organisation and its work to some of the other LSE participants. Participants were asked to prepare a few posters, brochures and other material that could be put up on a wall, addressing the following points/questions:

- Organisation name
- Country
- Basic country information
- Organisation purpose
- Key strategies
- Approach to the work
- Areas of innovation & success
- What is really exciting about the work right now
- Key challenges

Participants were also asked to bring along some samples of IEC or marketing material, publications, key reports, etc. in order to inform other participants about their work.

The first market place session was an informal walk around, whilst in the second market place session, sex worker organisations (SISONKE South Africa, AND SOPPEKU, ASWA, SISONKE Botswana, KESWA, WOREMBO Forum, and RedTraSex) did mini presentations about their goals, activities and successes.

Figure 1 – LSE Market Place Stall
Country level goals; individual level challenges

At the outset of the LSE, participants were asked to break into country groups to identify country level goals as well as practical issues and challenges at an individual level that they would like addressed or engaged with during the LSE.

Country level goals were written on pink cards, while individual level challenges were written on green cards and displayed around the room.

This exercise was the first step in the Solutions Exchange session held on day two.

Tables 1 and 2 below highlight the main goals and challenges identified during this session.

Table 1. Country level goals

<table>
<thead>
<tr>
<th>Country and Region</th>
<th>Goals</th>
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<tbody>
<tr>
<td>Argentina and Peru</td>
<td>• To join Latin America and Southern Africa to have our voices heard.</td>
</tr>
<tr>
<td>Botswana</td>
<td>• To learn how to balance ‘claiming one’s rights, and meeting daily needs such as food.</td>
</tr>
<tr>
<td>Burundi</td>
<td>• To identify ways to adopt appropriate and relevant work strategies in a hostile legal, and socio-economic environment.</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>• To learn how to reinforce advocacy at decision making level to improve care and support.</td>
</tr>
</tbody>
</table>
| Kenya              | • To share and learn best strategies for sex worker programming and decriminalisation of sex work in Kenya.  
                    • To request financial and technical resources from partners. |
| Namibia            | • To take home good practice rights based approaches to sex worker programming; to learn from others about how to do it right. |
| Senegal            | • To share experiences that contribute to improved frameworks for female sex workers to work freely.  
                    • To better understand the problems that female sex workers are facing. |
| South Africa       | • To strengthen country and regional networks.  
                    • To learn about grassroots mobilisation, law reform processes and innovative fundraising. |
| Swaziland          | • To learn how to come up with efficient sex worker led organisations/networks. |
| Tanzania           | • To learn how to engage the Government about sex workers. |
| Uganda             | • To learn about exciting and innovative service delivery happening with sex workers – female, male and transgender. |
| Zambia             | • To draw points for innovation for coordination and improved programming around sex work applicable in Zambia. |
| Zimbabwe           | • To learn about the model for decriminalisation of sex work in Africa.  
                    • To learn about how we work with social movements to address rights for sex workers.  
                    • To learn about working with young persons who have multiple layers of vulnerability.  
                    • To learn about how we support male sex workers. |
| Regional           | • To learn about decriminalisation; movement building led by sex workers; and creating a regional presence.  
                    • To develop meaningful partnerships. |
<table>
<thead>
<tr>
<th>Country</th>
<th>Issues and Challenges</th>
</tr>
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<tbody>
<tr>
<td>Argentina</td>
<td>• Strengthening sex worker organisations in a context where there is still a lot of stigma and discrimination.</td>
</tr>
<tr>
<td>and Peru</td>
<td>• Confusion between sex trafficking and sex work.</td>
</tr>
<tr>
<td></td>
<td>• The need for a comprehensive/integrated approach to HIV health and rights.</td>
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<tr>
<td>Botswana</td>
<td>• To understand how to better support sex workers and sex worker programming.</td>
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<td></td>
<td>• To learn from organisations, networks and sex workers how we can increase retention in care continuum for sex workers.</td>
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<td></td>
<td>• How to sustain accountability at community levels using court victories?</td>
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<td></td>
<td>• Effective incorporation of sexual and reproductive health and rights into sex work programming?</td>
</tr>
<tr>
<td>Burundi</td>
<td>• Insecurity; laws that penalise sex workers; poverty.</td>
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<td></td>
<td>• How to adopt strategies to work in a hostile environment.</td>
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<tr>
<td>Cote d’Ivoire</td>
<td>• How to mobilise KPs to participate in activities and to scale up to work in new sites and to use public health services (uptake is still really poor).</td>
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<td></td>
<td>• How to address self-stigma and access to services.</td>
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<td></td>
<td>• How to look at global services for KPs but go along continuum of care not just stopping at testing.</td>
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<td>Kenya</td>
<td>• How to communicate mass media campaign on sex workers.</td>
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<td></td>
<td>• Getting support for structural &amp; advocacy interventions.</td>
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<td></td>
<td>• Learn how to stop continued violence against sex workers.</td>
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<td></td>
<td>• Getting support for non-biomedical.</td>
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<td></td>
<td>• How to better understand the tensions.</td>
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<tr>
<td>Namibia</td>
<td>• How to get buy in with leaders.</td>
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<td></td>
<td>• How to navigate criminalisation while building a movement.</td>
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<tr>
<td>Senegal</td>
<td>• How to work with female and male sex workers.</td>
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<tr>
<td>South Africa</td>
<td>• Ensuring that all interventions (Advocacy/Law reform/Service delivery) not only include sex workers but are led by them.</td>
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<tr>
<td></td>
<td>• Curbing ART defaulting.</td>
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<td></td>
<td>• Combatting stigma and discrimination.</td>
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<td></td>
<td>• Reaching all sex workers.</td>
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<td></td>
<td>• Convincing the community to understand sex work.</td>
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<td></td>
<td>• Police harassment.</td>
</tr>
<tr>
<td></td>
<td>• How to get a young sex worker programme off the ground.</td>
</tr>
<tr>
<td>Swaziland</td>
<td>• Different forms of sex work and how to do more programming.</td>
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<tr>
<td></td>
<td>• Punitive laws.</td>
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<td></td>
<td>• Access barriers.</td>
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<td></td>
<td>• Police harassment.</td>
</tr>
<tr>
<td></td>
<td>• Sex without protection.</td>
</tr>
<tr>
<td>Tanzania</td>
<td>• Lack of coordination between sex worker organisations, implementing partners, and government institutions.</td>
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<tr>
<td></td>
<td>• Insufficient resources allocated to implement female sex worker programmes.</td>
</tr>
<tr>
<td></td>
<td>• Lack of supporting mechanisms for sex workers from women’s movements, human rights organisations and others.</td>
</tr>
<tr>
<td></td>
<td>• Insufficient government health facilities for sex workers to access health services (stigma &amp; discrimination).</td>
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</tbody>
</table>
- Police harassment against sex workers due to un-protective laws and policies.
- Most of HIV interventions for sex workers are based in urban settings than rural areas.
- Low involvement and engagement of sex workers in planning, designing and implementation of sex worker programmes.

**Uganda**
- How best to deliver health services with key populations. Specific service package addressing sex work concerns.
- How to improve competence with key population programming.
- How to conduct advocacy in a hostile environment.

**Zambia**
- Community based package in HIV and SRHR targeted to sex workers.
- Working with young persons in sex work.
- How to ensure we have friendly health facilities to sex workers.
- Increase in-country and regional opportunities for cross learning on programming around sex work.
- National planning for KPs given the ‘harsh’ legal environment.

**Zimbabwe**
- Supporting male sex workers within hostile environment and best practices in Africa.
- Movement Building – learn ways to make sex workers understand the need for a movement.
- How to work with male sex workers considering the fact that it is a crime sleeping with other men.

**Regional**
- Positioning African sex worker voices to influence policy.
Solutions Exchange

The solutions exchange session was held on day two, drawing on the challenges identified at the outset of the LSE. The solutions exchange utilises a model that shifts the conversation from a problems-saturated approach to one which is more solution-focused. The procedure involves:

1. The presenter shares the problem and what attempts have been made to address this so far
2. The group notes what they appreciate about what has been tried so far
3. The group offers possible (brief) solutions
4. The presenter comments on what she/he found most useful.

Participants split into five small groups to address specific issues.

How to get sex worker IEC material approved in a hostile environment

Problem presented by Margaret Elang, CHAU Uganda

Problem
In Uganda, the Ministry of Health and the UGANDA AIDS Commission needs to approve all Information, Education and Communication (IEC) material before it is publically released. They tend to disallow material that they do not deem fit – in particular, IEC material on males is often absent and for females it restricted to certain themes. Although it is possible to adjust the material based on their specifications, there is generally a loss of meaning and effect.

We had IEC materials developed for sex workers that featured male sex workers and referred to oral and anal sex, which were not approved. We wanted top level approval to enable distribution to referral hospitals in regions that currently have no IEC material on the topic. It is compulsory to engage government, who has a mandate to “protect the public from media abuse”.

Solutions

- Include less controversial/heterosexual IEC materials to demonstrate a balance of messages.
- Make use of social media platforms (including WhatsApp) to distribute information (although these sites can be monitored and blocked in some countries).
- Use safe spaces to display information.
- Distribute information on flash drives.
- Distribute commodities like condoms and lube along with IEC materials.
- Where possible and feasible meaningfully involve government from inception in creating these messages so they will understand the importance of tailoring messages effectively.
- Engage in research and ensure partners involve sex workers in the design and actioning of this research.
- Train people as peer educators who would engage communities around the issue instead of relying on singular IEC material (questioning whether IEC materials do work best as opposed to word-of-mouth).
- Partner with other organisations that have had success in publishing IEC materials in hostile environments.
- Look at alternative ways of sharing messages using more palatable language.
• Don’t include logos on IEC materials.
• Think about messaging in different local languages.
• Create a demand for that information (e.g. make a hotline that people can get the number for from the posters).
• Think laterally and creatively.
• Educate authorities on the need for such IEC materials (e.g. multiple concurrent partnerships between opposite and same sex partners).

**Reflection**

There were several innovative solutions that were suggested by colleagues, ranging from strategically involving government more meaningfully in the hopes of sensitising such officials, to tactically looking for alternative ways of not only producing such IEC material but also different (and perhaps more impactful) methods of disseminating such messages to the target groups.

The biggest gap seemed to be sensitising people who would be approving the IEC material so that they would eventually see and agree on the need. Although there is an assumption that these officials understand the situation, it is apparent that they do not and therefore there is a need for sensitisation, e.g. taking them for field visits at grassroots level.

There might also be creative messaging that we can come up with that government might miss, for example, the Health4Men logo, which to outsiders looks like a butterfly, but to insiders looks like a penis and bottom.

Cross-sectoral solutions exchange can prove very useful and catalytic. Rather than direct solutions for sex worker programming in Africa, we should use the learnings from our colleagues that have engaged in similar battles in other contexts (such as MSM programming).
How to negotiate for protected sex when offered more money by clients to have unprotected sex

*Problem presented by Nomkhosi Mabizela, CANGO, Swaziland*

**Problem**

There are so many difficulties around negotiating condom usage. As a peer educator, I talk to sex workers about this issue but they still practice sex work without a condom. In Swaziland, over 70% of sex workers are HIV positive, and 60% will get pregnant during the course of their work. Although they are aware of the risks, the desperation for income seems to be bigger.

**Solutions**

- We need to encourage sex workers to adopt a professional code of conduct and build an investment case. Sex workers need to understand that keeping themselves healthy protects their income and makes it possible to take care of their family - then there is more motivation to negotiate condom use. “I had to build my own investment case and realise that I will lose this income generating stream if I don’t care for myself” (Daughtie)
- Interventions such as LILO teach people to value themselves. “I did not care about unprotected sex when I was drunk or depressed”
- Offer sex workers a broader package of services – that includes Sexual and Reproductive Health (SRH), empowerment, education, financial management, literacy and computer skills
- Peer educators should be better trained and supported through coaching and mentoring
- Establish formal groups and organisations of sex workers
- We need strategies for engaging with sex worker’s regular partners.
- Develop condom negotiation skills. Some people are socially conditioned not to be able to say “no”. As long a sex work is criminalised, clients think they have the power and that sex workers will do whatever they ask. “Negotiating condom use is about being in charge, and about holding the power. For me it is also about empowering people and helping someone to make the right choice.”
- Identifying sex worker leaders and working with them - In every bar there is a ‘ring leader’ (someone who owns the territory), and we must start working with these key people.
- Ensure PREP and PEP are available – “We need to be realistic about the economies of this. If we are offered a lot of money for unprotected sex, we will accept the offer. We need to get beyond the condom – PREP and PEP are still real options for when we are offered the big bucks.”

**Reflection**

The most important revelation here is the “fatigue” that has set in around HIV education and the narrow focus of this. There is a strong feeling among the sex workers in the group that much broader empowerment through training, coaching and mentoring needs to happen – literacy, running a business, self-efficacy and resilience, financial management, etc. Peer educators should be much more broadly trained for this. There was a strong sense that a professional approach to their work – seeing it as valid work – and supporting this with skills, will enable sex workers to better negotiate safe sex. Taking sex worker training beyond HIV is critical. Peer educators are an essential element for this (but we might need a different name for them.)
Interventions that support the growth in self efficacy—such as a LILO Identity type workshop for sex workers; coupled with a version of LILO Voice would be enormously valuable. There was a sense that sex workers were hearing about ways of dealing with HIV that are not directly related to HIV for the first time—such as building confidence, understanding power and negotiating for what you want.

Other interventions should be designed too around basic business skills—running your sex worker business like a business.

It was an extremely useful session with very tangible suggestions for sex worker programming.

“\textit{This has empowered and encouraged me and given me “oomph” to do this work. I am very committed to doing this for my country}” (Nomkhosi)
How to convince sex workers to use health services like anybody else

Problem presented by Lucille Konan, ANS-CI, Cote d’Ivoire

Problem

In Cote d’Ivoire, sex workers tend to prefer ‘traditional medicine’ or the ‘Chinese doctor’ rather than go to the hospital where they are often stigmatised, suffer from degrading treatment in waiting rooms and/or refused treatment.

Solutions

- Support non-clinical peer-educators to distribute condoms, do HIV Counselling and Testing (HTC) and make referrals for clinical services if need be (either towards government facilities or community-managed facilities, which are known to be user friendly).
- Run services at night to avoid clashing with conservative groups such as Christians.
- Run services 24/7, allowing sex workers to access health services when it is convenient for them.
- Tailor services depending on the number of sex workers in the area (in less sex worker populated areas, Sexual Health and Rights services are integrated in normal services, with peer educators training health staff towards better understanding of sex workers).
- Allocate specific time slots within clinics to sex workers and assign specifically trained nurses.
- Run sensitisation workshops with health care providers.
- Create spaces where sex workers can share their personal experience of using health care facilities/going to the hospital.
- Confront the people and obstacles that prevent sex workers from going to more official facilities.
- Promote a visible and active sex worker movement.
- Train midwives from neighbourhood clinics in dealing with Sexually Transmitted Infections (STIs).
- Ensure outreach services that go to sex workers are at a convenient time, have medicine, and can ensure confidentiality.
- Create an insurance scheme whereby each sex worker pays an annual fee to get treatment, to a yearly limit.
- Offer home based support.
- Friendly health care providers can give out their personal details so sex workers can call them personally if need be.
- Hold government accountable.

Reflection

The solutions are multidimensional and require creativity, advocacy and empowerment of sex workers.
How to address police harassment of sex workers

Problem presented by Sophia Lugilahe, Warembo Forum, Tanzania

Problem

Police harassment of sex workers including theft, intimidation, and sexual violence (promoted by Vice President, Government and Police).

Solutions

- Be clear about strategic partnerships (both visibly and behind the scenes) and use them to leverage different ‘public messages’.
- Develop strategies for national level advocacy and engagement but also community level interventions (multi-level; multi-sectoral approaches).
- Train sex workers to deal with immediate police harassment, i.e. identifying individual policemen through vehicle, personal ID, time and location (simple steps).
- Creation of a safe space to support, speak, build courage and documentation
- Training of police as ‘focal points’ (friendly allies).
- Use ‘REACT’ to document human rights abuses.
- Build the capacity of leadership to increase visibility.
- Utilise formal court process if taking police to court.
- Invite police into our space (can backfire but can also help police see sex workers as human beings and build individual relationships).
- Train sex workers to know their rights and to be confident to confront police on this.
- Advocate and push for human rights training to be included in police training.

Reflection

From this session, a number of innovations emerged, including the importance of sex worker leadership and empowering sex workers to fully understand their rights, as well as some simple steps that can help sex workers identify police vehicles and individuals in order to hold them accountable.

A number of gaps and issues also emerged, including the weakness of TACAIDS in relation to accountability and the onus on sex workers to ‘prove’ that harassment has taken place (this causes stress, trauma and mental fatigue). Crimes against sex workers need to be addressed, irrespective of when they occurred.

Linking countries with high levels of harassment, such as Tanzania and South Africa can provide opportunities learning and sharing, problem solving and support.

Up to date and ‘accurate’ size estimations can be a powerful tool to highlight needs of KPs.

‘Toolkits’ need to be wide ranging and diverse.
How to increase retention of sex workers in the continuum of care

Problem Presented by Andy, SISONKE, South Africa and Henri Mukumbi, AMO Congo

Problem

There are sex workers that access the continuum of care in different stages, and for some reason they stop accessing the services. A number of underlying issues causing defaulting were identified:

- People test positive and refuse to accept their status and never start treatment.
- People don’t want to disclose their status to partners, so they don’t not adhere to treatment.
- Sex workers move around and change clinics (without referral letters or up to date contact details).
- Healthcare professionals do not follow up with MSM and sex workers, and are generally hostile.
- Sex workers may have different priorities and issues to consider.

Solutions

- In the Congo, we use cards with a coded number that can be used in various clinics. The follow up date is always marked on the card, making it easier to follow up with migrant/mobile sex workers (although it is a problem if the patient loses the card).
- We need to take into account the agency of people who default.
- Decentralise services (community health centres).
- We rely strongly on peer educators - it is important to train and support them continuously.
- Integration of services (moving beyond STIs).
- We need better linkages between clinics to overcome the logistical problems.
- We need holistic approaches that include mental health. “When you heal holistically, you are better able to adhere to treatment. Stigma and discrimination infects the soul, we need to talk about that kind of ‘treatment’ too”.
- Establishment of regional model clinics (that offer friendly services to KPs).
- Train health educators to offer friendly services.
- Create a space for sex workers to sleep, do laundry, cook, exchange ideas and experiences, etc. Through this space we can reach them with treatment literacy and other information.
- Queen Mothers can work closely with the health facilities to do treatment literacy.
- Some sex workers are worried about losing clients by taking time to go to the clinics. They should take enough ARVs for 4-5 days when going away for work.

Reflection

This session highlighted the importance of listening to sex workers when they talk about their needs, rather than assuming what they are; and offering holistic approaches to health care, including psycho-social support. It also highlighted widespread gaps in the training of healthcare workers, and quality of systems in most clinics.

The strong focus on mental health that came through from South American participants does not seem to be as prevalent in Africa. African participants in this group were very interested in the experiences from South America, and were keen to apply the learnings generated in their own context. Yet there was a sense of frustration about how to do this, given exchange opportunities are limited.
Sex Work 101

Two sex work 101 sessions were held on the second and third days on the event. These sessions were an opportunity to break in small groups (13 in total) and ask questions that participants may not be comfortable to ask sex workers in a larger group.

The design of these sessions emerged through consultation with sex workers during the planning of the event. All sex workers were briefed in advance and participation in these sessions was completely voluntary, however the majority of sex workers wanted to share their stories and were happy to participate and answer any questions. Non sex worker participants were also briefed prior to the session and reminded to ask respectful questions.

These sessions were deliberately not documented in order to respect and retain the intimacy and confidentiality of these personal discussions. However, a wide range of topics were discussed, which subsequently fed into broader plenary discussions.

For many participants, especially sex workers, this was one of their favourite sessions during the event, as it provided an opportunity for personal connection, beyond a professional/programming level.

Figure 2 - Sex Worker 101 Session
**Plenary Sessions**

This section provides a brief summary of the panel presentations and subsequent discussions. Original materials are available in the LSE 2 resource pack, and should be referred to for more detail on each session.

**Setting the scene**

*Facilitated by Daughtie Ogutu, ASWA*

The panel discussion was run as a talk show, hosted by Daughtie, with the following special guests:

- Munyaradzi Masunga, Sisonke, South Africa
- Charmaine Dube, ZIMSWA, Zimbabwe
- Maria Stacey, NACOSA, South Africa
- Mariema Soumare, Association AWA, Senegal

**Presentation**

When the panellists were asked to define sex work there were two consistent elements: *consent* between *adults*. They reinforced that any kind of sex work not involving both of these elements is exploitation and/or trafficking.

Sex workers argued that sex work is a choice (which can only be made by adults), as opposed to sex work not being a genuine choice but rather a constrained choice within a limited set of options, and a way of survival (an opinion typically held by those who believe in the abolition of sex work). This position undermines sex workers’ agency, power and control over their own lives. In the discussion around ‘adulthood’, Georgina (Link Up) adds that issues around ‘young people who sell sex’ are very complex and sensitive, as young people mature at different ages.

In South Africa, the Sexual Offences Act of 1957 states that selling sex is illegal as well as living off the proceeds of sex work such as running/owning brothels, loitering, soliciting, etc. Policy makers acknowledged that only the sex workers or people involved in selling sex were being criminalised and so in 2007 – in an attempt to establish gender equality – a law was passed criminalising the *buying* of sex work as well. However, many police officers are not aware of the laws, and when someone is ‘caught’ in the act, the sex worker is arrested and not the client. It is common in Johannesburg for police to take bribes in the form of money, goods or rape (‘sexual favours’) in exchange for not arresting them. The sex workers will often be forced to accept these ‘offers’ because they have children at home or need to go to work and cannot afford to be detained. Sex workers most basic human rights are often violated.

Humphrey from the Sexual Rights Centre (SRC) in Zimbabwe explained the process they went through in an attempt to stop these bribes. SRC convinced sex workers not to pay/be coerced into bribes when detained and not to leave the police station. A full-time dedicated lawyer was allocated to the arrests of sex workers, and they were persuaded to take the case to court. Only in this way could the sex workers be heard and get a ‘face’ under the law. Once in court, they found that sex workers were never guilty because there was never a witness to the solicitation. They also argued that there were elements of gender based violence involved and unfair treatment of women because they were arrested based on the assumption that they were sex workers because they were walking alone in the evening without male accompaniment.

Senegal also has some conflicting laws – while sex work is regulated, it remains illegal to solicit and own/run brothels.
In 2015 Amnesty International voted to recommend decriminalisation of sex work on the grounds that laws that criminalising sex work violates human rights. The WHO has also recognised the importance of decriminalising sex work as a HIV intervention.

Q&A Session with the panel

What are your biggest challenges as a Sex Worker?

- Being labelled as a criminal when in fact there is consent from both sides
- Stigma and discrimination
- Self-stigma and self-hatred
- Being treated as immoral and inhuman

Why is sex work always linked to HIV in documents and research?

- HIV has hit Sex Workers the hardest
- Sex workers are seen as dirty, nasty and carriers of disease
- Sex workers have sex with many partners
- The client is often overlooked

Discussion

Maria mentioned that HIV has been both a curse and a blessing for sex workers and the movement - sex workers have been hit the hardest by HIV, yet HIV has also brought much discussion and funding to the sex worker movement.

Elena (RedTraSex) added that politicians only make or change laws under social pressure, and this is where media is crucial – to give sex workers a voice and influence society, and in turn put pressure on politicians. Social media has helped accelerate people’s understanding of KP issues.

In order for a sex worker to stand up and tell her story, she must identify as a sex worker. There are both advantages and disadvantages of self-identifying as a sex worker, however it’s important to keep in mind that this is a process, and can often take a long time and be very painful because sex workers deal with a lot of discrimination and self-stigma. Often sex workers will say they are self-employed or unemployed; most of them see the work as something temporary while they wait for something else to come along, and it differs a lot whether they enjoy it or not.

When it comes to sex work programming, a part of empowering sex workers is giving them skills, including negotiation skills. It is not sufficient to give them information about HIV prevention. New interventions must include strategies on safety and security of sex workers.

We often see sex workers as female, and male sex workers are often neglected or defined as MSM. It was mentioned that in Senegal 50-60% of MSM engage in sex work. The ‘male sex worker’ tag is often a synonym with gay or MSM, and we must make sure that heterosexual and bi-sexual male sex workers also have a voice.
Reflection

The major gap is that there seems to be a clear divide in the group around the issue of young people who sell sex. Sex workers and sex worker organisations generally argue that this group is not a part of their programming and target (for the simple fact that they are not defined as sex workers), whereas healthcare and other broader KP organisations seem to believe these need to be programmed for and incorporated into the general sex work programming.

We also have to remember that sex workers are not only male and female but permeate through all other key populations such as PLHIV, PWUDs, LGBTI and MSM. These must not be neglected.

It is important to empower sex workers with education and negotiation skills and by using a holistic approach, they can also be supported in the process of ‘coming out’ if they chose to or in the process of rehabilitation back into the community. For sex worker mothers and fathers, the process of empowerment should involve tactics on how to best protect your children during work, and of course sexual health education.

The session also raised questions about the future implications of when sex work is recognised as a profession (e.g. labour union, taxation, etc.).
Building sex workers’ organisations and movement

Facilitated by Warren Banks, KP Connect

Panel Members:

- Elena Eva Reynaga – Founder and President of RedTraSex (Network of Women Sex Workers of Latin America and the Caribbean)
- Maria Lucilia Esquivel (Lucy) – President of Unidas en la Esperanza (United Hope), Paraguay
- Daughtie Ogutu - Regional Coordinator of ASWA
- Lala Maty Sow - President of AND SOPPEKU, Senegal

Figure 3 - Movement Building Panel Discussion

Facilitator Warren Banks proposed key questions to the panel on the topic of movement building:

What is a sex worker movement – who is it, where is it going?

The sex worker movement is built by many organisations from different backgrounds that come together for a common cause. There might be different components and strategies, but a movement requires coordination and understanding of difference to achieve common goals. Compared to organisations, movements form organically.

What is the impulse? What brought the movement together?

In Africa it was the increased violence. At the time of the first African sex workers conference (2009) the level of violence was astounding - it was almost like a genocide against sex workers that no one was talking about. There was rape, murder and extortion. We needed to respond. That is what gave birth to the movement in Africa.

The movement must be made up of sex workers, working together to tackle violence and discrimination.

A movement is formed by organisations of sex workers. We are the protagonists of the story... You need to know the fears to be able to fight and work through the issues.
What works and what doesn’t work? Can you share some of the secrets to success?

- Research into stigma and discrimination; and documenting good practices.
- Becoming part of a union – acknowledging sex workers rights as workers.
- Joining with the feminist movement where we have much in common.
- The movement enabled us to mobilise people and create solidarity, which has in turn enabled better access to health services.
- Participation in decision making processes such as the National Strategic Plan and Global Fund.
- Collective strength enables us to participate in meetings and have sex worker voices heard.
- Capacity building for sex worker organisations – we need to go beyond discussions of condom usage to build leadership skills.
- Visibility and voice.
- Empowerment and peer to peer support.
- Young people coming forward with the drive, knowledge and power to carry on the work after we are gone.

How do we ensure the movement is sustained? What are the challenges to overcome to organise a sex worker movement? 1-2 key tips.

- There is no silver bullet to forming a movement. It is an organic process.
- We needed to learn from other movements, and to unlearn things as well so that we can find what works for us.
- Sex workers have a wonderful sense of family – sisterhood and brotherhood. Sometimes there is fighting, but this is necessary for us to fuse, and this not exclusive to sex worker organisations.
- What hasn’t worked is the tokenistic way that organisations have worked with sex workers. They imposed decisions, ideas and leaders on us without consultation or engagement.
- Not everyone can be a leader. You need to assess people’s capacity. Some people are better suited for field work than leadership, but every role is important.
- Success came from the development of personal and collective leadership. We needed to develop our skills to have the self-confidence to lead.

Figure 4 – Exploring the sex workers’ movement
Discussion

The audience posed a number of critical questions to the panel, which were clustered around four main topics:

Where is the movement going? Who drives the movement? Who is the movement accountable to?

The sex worker movement emerged from a HIV movement. This was a good thing in many ways, as it created a space to have this conversation. In Africa, HIV has been the only entry point. We have tried to engage at other levels. But that is the only flag we have to wave to get people involved. The movement was based on advocacy, but HIV has been forefront. The movement is accountable to the constituency that it represents. There is a trajectory. Decriminalisation is a means to an end. The real work begins once we have achieved decriminalisation. It is taking us a long time to get there though.

We must never forget the street as sex workers because we know that there are many friends there who need us. As we sit here we need to have legitimacy. That is who we are responsible to. I am here because I can represent my colleagues. The work partners do is very good, but it is even better when we speak for ourselves. When a project concludes, organisations move on and sex workers are left in the dark.

What is the role of partners and allies within the sex worker movement?

Allies can serve as bridges between authorities and those fighting for sex worker rights.

Many programs focus on sexual and reproductive health but much more is needed. Through dialogue with sex workers, it became clear that literacy skills are important to them. Literacy is also associated with better health seeking behaviour. So again, listening to the needs of sex workers is crucial.

For too long, the platform has been occupied by partners speaking on the behalf of sex workers, and therefore not incorporating the actual needs of sex workers. This is when ASWA developed the “nothing for us, without us” slogan. It was a statement whereby we needed to occupy that space ourselves. ASWA is an Alliance, meaning we are allies with anyone who is empathetic towards sex workers. We ask that allies honour the ‘step up, step back’ policy. Sex workers want to be leaders and drivers of the change. We seek advice and inputs when needed and we are always open to partnerships.

Is there solidarity with other movements, especially women’s rights movements?

There was a general perception that the sex worker movement needs to work with the women’s/feminist movement as they have a lot in common. The feminist movement can help create space within government, but that this relationship has also proved problematic where in some cases, sex workers felt a sense of superiority coming from the intellectual school of feminism.

In Latin America there is also a history of solidarity and working with the workers/union movements.

Should we/how do we engage with young people selling sex?

Sex workers on the panel felt that only people over 18 can call themselves a sex worker- as a legitimate form of work, sex work is between consenting adults. Under 18 is the commercial exploitation of children. Governments are responsible for protecting girls from being exploited.
Reflection

This session highlighted the importance of passion and integrity in building and maintaining a sex worker movement. A number of practical lessons about leadership and organising were highlighted as were intersections between the sex worker movement and movements of working class people and feminists.

The session started to clarify some of the boundaries between who owns what, the roles of sex workers and the roles of allies, as well as the points at which these agendas intersect. This process may be an opportunity to have those conversations openly about where we really stand.

Although HIV has been a key entry point for building the sex worker movement in Africa, sex workers are much more than their HIV status and programming needs to think in terms of holistic human development, which may include building technical capacity and skills, literacy, self-efficacy, and psycho-social support.
The role of communities in improving outcomes along the care continuum for sex workers

*Facilitated by Flavian Rhode, Alliance Centre (Cape Town)*

Presentation - The Alliance Team on Research, Evidence and Action on Treatment (TREAT): how to strengthen Alliance engagement in HIV treatment and its scope of work

*Presented by Matteo Cassolata, Alliance Secretariat*

**The treatment gap:**

- In 2015 ART reached 15 million people, yet 22 million people still have no access to ART
- On average, 2 million people become infected annually
- Only 32% of children globally are receiving ART
- There are great inequities in access to ART among key populations
- Eastern and Southern Africa is by far the most HIV affected region

**Closing the treatment gap:**

The 90-90-90 fast-track targets for closing the treatment gap mean that by 2020, 90% of all PLHIV will know their status, and 90% of these will be accessing ART, and 90% of these will be virally suppressed (Currently about 51% of PLHIV know their status, 41% of are accessing ART, and 32% are virally suppressed). This fast-track target also states that by 2020 there will only be 500,000 new infections among adults and ZERO discrimination.

**Figure 5 – UNAIDS Fast-Track Targets**

The fast-track target can only be reached by scaling-up treatment and complimenting facility-based services with community-based HIV service delivery.

Components of the package of HIV prevention interventions need to be defined at country level and tailored to the needs of the target population.
The HIV continuum of care is a system used to monitor the number of PLHIV that are receiving medical care. It describes the steps that PLHIV go through from initial HIV diagnosis to attaining viral suppression.

**Figure 6 – HIV care continuum**

![HIV care continuum diagram]

This continuum acts as a cascade in which the number of people receiving the appropriate HIV services progressively diminishes (due to many factors such as delays in accessing services, and people become ‘lost-to-follow-up’, etc.)

TREAT is the Alliance project aimed at using the continuum of care model in order to understand how many PLHIV fall out of the cascade, at which steps and for what reasons.

**How to achieve better outcomes for sex workers along the continuum of care:**

1. Services provided by sex work communities as far as possible (outreach, drop in centres, referrals).
2. Services need to be appropriate, acceptable, accessible and affordable (the 4 A’s); voluntary and confidential (flexible hours, integrated SRHR, etc.)
3. With love! Sex workers experience so much stigma and discrimination, especially in clinics and it is therefore important that we build TRUST through empathy, active listening, appreciation and building relationships.

**Panel discussion**

After the presentation, a panel presented on their various experiences of working within the continuum of care:

- Abdoulaye Aziz Hane, Bacterial and virologial laboratory CHU Le Dantec, Senegal
- Lucile Konan, ANS-CI, Cote D’Ivoire
- Jimoh Adesina, Blety, Cote, D’Ivoire
- Henri Mukumbi, AMO, Congo
- Elena, RedTraSex, Argentina
- Luis Menacho, Via Libre, Peru

Abdoulaye explained how in a Senegalese study of 350 HIV negative sex workers uptake of PreP (pre-exposure prophylaxis), participation was encouraged by offering free consultation services for STIs; going directly to sex workers (rather than asking them to come in); and prioritising test results. This way of working encouraged collaboration of sex workers, health care facilities and communities.

Lucile explained that stigma, violence and rights violations are the biggest problems sex workers face in Ivory Coast. There are also gaps in the package of interventions; which should cover all STIs not just HIV.

Jimoh, a peer educator, explained the biggest challenge he faces is in convincing sex workers to get tested. They often do not like speaking about their private lives.

Henri emphasised the need to focus on the continuation of treatment. Through the development of small, confidential sex worker support groups, sex workers are able to support each other’s adherence. Health care
workers are sensitised to the needs of sex workers and welcome new sex workers into the system. When health care providers are not able to get in touch with a sex worker they can then turn to the support groups or peer educators for help.

Elena emphasised the importance of a holistic approach - it is only through education that you will have a lasting effect (especially after the HIV funding stops).

Luis then explained about the pilot project for MSM sex workers implemented in Peru last year. Male sex workers in Peru also experience discrimination, and although it is not criminalised, they are discriminated against and many are not aware of their rights. A community centre called "el Punto" (the point) was created for almost 200 sex workers. El Punto is space for them to shower, wash clothes, sleep, access computers and wifi, socialise, get HIV & STI tests, and get HIV treatment. 70% visited the Centre at least once. Participants attended cultural activities twice as much as the medical services. The main challenge is follow-up and communication as they are a highly mobile key population. Social Media has been found to work well. Luis added that we should not limit ourselves to focusing only on our target group, but encompass others to promote inclusion and reduce stigma.

A closing remark from Luis was very positively welcomed amongst all participants:

“What is a peer? Maybe we should redefine the concept of a peer. You are not only a peer to those who fall into the same KP category, but your peers are those who fight for the same rights and have the same dreams as you.”

Reflection

Key points from the session include:

- It is crucial that care be provided by sex worker communities as far as possible and in as many levels as possible (The recommendation from WHO is that sex workers themselves be the counsellors and testers).
- The importance of creating a trusting environment for the sex workers in the health care facilities, but also the importance of creating a sense of community amongst the sex workers.
- Advocacy is needed to sensitise police and health care providers in order to create a security committee with a point of contact when denouncing violence.
- Broaden your view of who your peers are in order to create a higher sense of inclusion – think of those whom fight for the same rights and dream of the same accomplishments as your peers!
How do we work with young people who sell sex?

Facilitated by Georgina Caswell (Link-Up Programme)

This session featured a presentation on the LinkUp Programme to help set the scene, then three young people who sell sex and two programme staff shared their experiences. This was followed by discussion.

Panellists:

- Emelyne Munezero, ABS, Burundi
- Prossy Naguinja, UYDEL, Uganda
- Bad Black, Foundation for Transgender Women Living with HIV in Uganda
- Margaret Elang, CHAU, Uganda
- Blaise Mucomwiza, ABS, Burundi

Figure 7 – Working with Young People Who Sell Sex Panel

Presentation – Our journey so far: Link Up and young people who sell sex

Link Up started in 2013, operating in Burundi, Ethiopia, Bangladesh, Uganda, and Myanmar. The programme sought to integrate SHRH in HIV Organisations’ programming. Link Up’s target was to reach 1 million of the ‘most affected’ young people. To date, some 740,633 young people have been reached. Programmatic offerings include peer education (e.g. youth groups; IEC material development), service provision (e.g. family planning; drop in centres), policy and advocacy work (e.g. coalition building; media engagement; human rights monitoring).

Over the course of Link Up, it emerged that many young people were identifying themselves as young people who sell sex and a significant number were under 18. This coincided with international debate around the role of child protection and the formation of agreed definitions:
**Sex workers**: include female, male and transgender adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work is consensual sex between adults, can take many forms, and varies between and within countries and communities. Sex work may vary in the degree to which it is “formal”, or organized.

**Young people who sell sex**: refers to people 10-24 years of age, including children 10–17 years who are sexually exploited and 18–24 year old adults who are sex workers.

**Sexual exploitation of children**: includes the exploitative use of children in prostitution, defined under Article 2 of the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography (2000) as “the use of a child in sexual activities for remuneration or any other form of consideration”.

*See Technical Brief on HIV and Young People who Sell Sex for more definitions:*

However, despite the definitions, the reality is complex and difficult – many young people don’t actually know their date of birth. Furthermore, young people have evolving capacity, that is, they mature at different rates. The ability to make decisions is completely different from one young person to the next, especially in the 15-18 age range – some really wanted to be protected and would rather go to school or do anything else other than sex work; others would say they made the decision to start selling sex and can choose to enter and leave as they want. For them protection was around space to make their own decisions. It is not up to us to remove them.

This has been a journey and we are still learning.

**Young people’s stories**

After setting the context, three young people shared their stories:

**Emelyne Munezero** - a 22 year old peer educator from Burundi, who is currently studying IT and wants to be an actress (translated from Swahili by Sophia Lugilahe from Warembo Forum Tanzania).

I started selling sex at 12. My father passed away and my mother was a house wife – so life was difficult. I decided to start selling sex. Nobody forced me to be a sex worker. At that time I was not aware how to protect myself from HIV and other STIs. After one year I was pregnant and went back home to my mother to have the baby. Then I went back to sex work. I continued because I wanted to take care of my child and mother. I sent money back home.

After seven years, an organisation came and educated us about HIV and provided condoms and lubricants. We decided to reach others and distribute to other sex workers. We asked for more condoms to supply other female sex workers. They agreed and we started distributing and educating other sex workers. That was when I started as a peer educator. We continue selling sex. We are sex workers because we are poor.

We asked for support to at least have some other income besides just depending on sex work. They agreed to support us as a group, not as individuals. I went back to my home town and establish a group with other sex workers there to get support. I mobilised a sex worker as a peer educator. We formed a group called ‘unity is power’. We received a start-up package to set up a small business and we continue with sex work. But we cannot be forced into unsafe sex work because we have an alternative source of income.
Having income generating activities we are now happy and ABS provided referral cards to access HIV services freely. We have collective meetings and disclose our experiences and support each other. We still have challenges with police harassment. When sex workers are arrested they have trouble with ART.

**Prossy Nagujja - Uganda Youth Development Network (UYDEL) – A 22 year old HIV+ sex worker, peer educator and single mother, who is training to be a hairdresser and is saving for her children’s education**

I started selling sex at 13. This guy used to give me money for my education in exchange for sex so I decided I can do this as a job. It is not a bad job. I can get started without any capital.

On my way to work one day I met a guy who used to work with UYDEL. He explained they offer skills such as hairdressing. I went to learn more about UYDEL. Then my life really changed. I was tested for HIV and came to know my status and started ARVs. I get my treatment from different hospitals. I get STI tests and pregnancy tests.

The rest of the presentation followed a Q&A format:

- **What makes for a good service?** Good caring and understanding of people
- **As a peer educator what do you do?** Outreach to educate fellow sex workers – pregnancy tests, how to use a condom, etc.
- **What do you enjoy as peer educator?** Talking with fellow sex workers
- **What about the children of sex workers?** Children who are sex workers go through a lot. People undermine us and don’t take us at face value. We find it difficult to tell our children about the kind of work we do.

**Bad Black – founder of foundation for transgender women living with HIV in Uganda; loves to dance**

I’m so sexy and I know it. I am 20. I started selling sex at 16. I didn’t choose to be a sex worker. My mum found me kissing my boyfriend. My dad came back from work and told me to leave or he would kill me. I went to my Aunties and she told them where I was. My dad told her I could not stay there because I was gay and we are Muslim. So I went to stay with some friends. I had to survive on my own. People called me for sex – they want sex; I want money.

I got my own house and went back to school. I am now doing an undergraduate degree.

During the days I did sex work I didn’t know about HIV, condoms or STIs. I thought people couldn’t get HIV through anal sex. I went for testing because I felt sick for three months. I started getting better. I joined an LGBTI organisation.

At 4/5 years old I used to put on my sisters clothes. I started taking pills to not get pregnant. I wanted to be a real girl. Life was very bad.

I am HIV+ but very healthy.

As a young person, people can do anything they want with you for little money.

I have other businesses but still sell sex. Now I have enough money I can say no if people want to have sex without a condom.
These stories highlight the many different reasons as to why young people start selling sex—and raise a number of issues around power, exploitation, abuse, pregnancy, and condom negotiation. Everyone has a different story.

**Programme Managers Experiences**

Two HIV Programme Managers then presented on the key considerations they have faced when it comes to working with young people who sell sex; and supporting young people to do their own programming:

**Margaret:** The first consideration was careful selection of IPs – we selected partners already working with youth, but we found many partners were not ready to work with young people selling sex. There was resistance from some districts because they felt we were promoting promiscuity amongst young people. As such, we brought in the Ministry to smooth things over. We had to train health care providers around delivering non-stigmatising services. We realised that it is not about rescuing young people who sell sex, but empowerment and rights and integrated services. The legal issues mean that sex work organisations only focus on people who sell sex that are over 18; however we found there are many under 18 who are engaging in selling sex.

**Blaise:** We follow the principle of the 4As – so all our programmes should be appropriate, accessible, available and acceptable. ABS tries to facilitate this by training health services staff and service providers to change attitudes; involving KPs in offering services and referrals; supporting IPs; providing social security cards to help cover treatment; and addressing religious issues/structures that need sensitisation.

**Discussion**

The session prompted many questions and discussion amongst participants. Responses have been broadly clustered below:

**What adaptations were required to move into doing this work?**

Margaret shared her professional and personal experience of adapting to this kind of work:

- Adaptation was needed in the organisation to understand KP issues.
- Did field visits to South Africa (SISONKE, SWEAT, and ALN)
- Incorporated KPs into our strategic plan
- Hired a young gay man into our social media team
- Joined the KP Technical Working Group
- Our Board and Executive Director participated in the KP Connect training (LILO KP) that helps organisations wanting to adapt to work with KPs
- Personal journey into understanding KP issues, appreciation and realised that we needed to provide support.

**What is an ideal peer educator for under 18?**

A good peer educator:

- can reach many people, can speak to everyone, is flexible, has experience and training
- does good follow up with fellow sex workers because we know where to find them
- has similar experiences having started selling sex at a young age and can support them by making referrals
How do you get around child protection laws and statutory duty to report under 18 sex work?

Child protection systems are weak or non-existent in many countries. There is a risk that reporting young people who sell sex will just drive it underground.

Are training materials sanctioned by the government?

It is difficult to get materials approved, especially those that talk about anal or oral sex. The Government only wants heterosexual materials.

What education and other opportunities are there for young people who sell sex beyond access to biomedical services?

Microcredit, education options, literacy, and financial management skills are available to sex workers who want to start a business or develop skills.

How do you manage the screening process if young people are under the age of consent?

This will vary from country to country. In Uganda the age of consent for a HIV test is 12.

It is important to package services appropriately (e.g. different services for 10-14 year olds and 15-18 year olds). For the younger cohort it is more about education but if they want family planning services or a HIV test, they will get it. The health care worker should then follow up with information about family planning and pregnancy testing, as well as referrals to ART and harm reduction where appropriate (many young people using drugs).

Reflection

Language will remain highly contested and continue to evolve, but we need to support youth led programming - young people are doing a lot of work. Non sex work organisations can support young people by strengthening child protection systems, and taking a broader view than just HIV.

Working with young people who sell sex is daunting, but processes and tools are being developed; there is growing expertise in this space and resources that we can draw on.
Parallel Sessions

1A - Access barriers research project

*Presented by Katie McDonald, KP Connect, Australia*

**Presentation**

The research project

The project sought to understand access barriers for key populations to HIV, Health and Rights Services; and to compare the experiences of different KP groups (LGBTI, Sex Workers and PWUD) in different countries (Botswana, Burundi, Côte d’Ivoire, Kenya, Senegal, South Africa Tanzania, Uganda, Zambia and Zimbabwe). The presentation focused on access barriers affecting sex workers in particular.

A systematic review of existing literature was conducted and more than 100 publications reviewed. Access barriers were clustered in the following categories, which were used as a coding framework and a means of organising the data captured in the report.

**Figure 8 – Access barriers research coding framework**

![Access barriers research coding framework](image)

The presentation highlighted key findings in relation to each of these access barriers and noted that these are not mutually exclusive categories, but overlap in complex ways – with stigma and discrimination being the thread that runs through all of them. The presentation also highlighted that sex workers are a diverse group and although there are commonalities, sex workers experience barriers differently based on their broader social positioning– making intersectionality an important consideration.

**Discussion**

**Exploration of legal barriers**

After the presentation, there was a deeper exploration of the legal status of sex work in the countries considered, specifically the legal situation in Burundi (where a bill for legal recognition of sex workers was proposed in 2012 but remains blocked; and Senegal (as the only county in Africa to have regulated sex work). Effectively, sex work is illegal ‘except with the permission of the licensing authority’. If you don’t register (as the majority choose not to) then you are operating outside the law. Registering has some
potential benefits: access to health care, information and skills development. However, many argue the system is outdated as the Act speaks to sex workers as vectors of disease rather than workers; and regulation without fully legalising leaves sex workers in a grey area and very open to abuse. Many aspects of sex work (e.g. soliciting, pimping, etc.) remain illegal and several contradictions exist in the law (e.g. age of consent = 18; age of legal registration as a SW = 21). Sex between two men is illegal and male sex workers are essentially excluded from the system (even if their clients are women).

For further information see parallel session 3C on “Prostitution Laws in Senegal”

The following questions were then offered to spark discussion:

How do these barriers resonate with your experience in your country?

In general, participants acknowledged the accuracy of the barriers summarised in the research. The discussion particularly focused on the importance of addressing psycho-social issues and building community. Internal stigma leads to negative self-perceptions and isolation and can prevent individuals from asserting their rights. Luis (Via Libre) commented how in Peru, this is particularly difficult for male sex workers. Henri (AMO Congo) observed that there is also a degree of competition and stigma within sex worker groups (for example between those who are rich compared to those who are poor). Although, a South African sex worker disagreed with some of this, speaking from her experience of street- or venue-based sex work, where there is an implicit agreement that everyone will charge the same.

How have these barriers affected your HIV programming?

Several participants offered insights into strategies for responding to access barriers:

In Botswana, we have adopted a consortium model. Basically, organisations with difference expertise (e.g. community mobilising, biomedical, legal, psycho-social) come together to offer KP services in a safe space. This approach has reduced stigma and improved access – and has been adopted by the Global Fund Country Programme as best practice. But there are challenges with a consortium model: service providers have to prioritise the work and you have to constantly manage issues that come up in a partnership. Despite these challenges, working together is necessary if we are to provide a holistic set of services.

In the Congo, services have been adapted to better suit the needs of sex workers, for example offering later operating hours so that services are more accessible.

In Kenya, sensitisation meetings with service providers have helped to ease the abuse and discrimination by health service providers and even the Ministry of Health is now more supportive of sex worker friendly services.

Other participants commented on strategies for strengthening programming, such as approaching sex workers as holistic beings (with health care needs beyond HIV and STIs) and seeing them as more than vectors of disease. We also need to look beyond assumptions about sex (e.g. that only MSM have anal sex).

What are some other barriers that may not have emerged from the literature?

These discussions largely emphasised barriers rather than adding new ones, for example, in:

- **Burundi** - religious beliefs are a big factor and play a significant role in perpetuating stigma and preventing people from accessing health services
- **South Africa** – ARVs are not provided in detention even if you tell them you are on treatment: “If you don’t have your drugs for 3 days and then go to hospital when you are released, the nurses don’t
understand... Government needs to understand this and have workshops with the police about the importance of adherence.”

- **Senegal** – female sex workers are tolerated, but men doing sex work is not considered acceptable.
- **Tanzania** - In November 2015 Tanzania elected a new government and president. They wanted to be seen as effective. One of the first sectors they targeted were sex workers. This has reduced access to services. There is a real fear of being imprisoned with the new laws that have been enacted.

**Next steps**

Katie noted that KP Connect could potentially support some primary research at country-level (as part of the advocacy activities). There is also space for regional level analysis of this research. In general, participants expressed an interest in this, and some ideas were proposed:

- Costs of criminalisation (money is wasted by police harassing and locking up sex workers). As money is something people pay attention to, this would be useful for advocacy.
- Populations size estimates
- Primary research exploring stigma within and between sex workers (e.g. rich and poor) to help address internalised stigma and build community
- Implications of denial of treatment in custody for ART adherence

A number of cautionary points and considerations about the research process were also raised:

- Sometimes the findings of epidemiological studies are inconsistent and this is confusing. We need to ensure our research is methodologically sound.
- Research intended to influence the state needs to be approved by the state (e.g. ethical clearance) – or even better, undertaken with the state as a partner.
- Research is not a quick fix – it takes time to get the data which may then be contested. Preparing people politically to accept the findings is part of the process (thus the importance of trying to get government officials and other stakeholders on board early in the process).
- It is important to take a conscious decision: will investing in research best serve our advocacy efforts at this time (and in the longer term), or would some other approach be more effective.
- Research can achieve more than just gathering and processing data - the process of mobilising and organising people can feed into other programmes and processes and can even begin to build community.

**Reflection**

The presentation and subsequent discussion highlighted some significant gaps that needs to be filled in our programmes. A narrow focus on HIV to the exclusion of other health issues and other aspects of well-being is problematic; as is a narrow focus on a single ‘KP’ identity such as sex worker or MSM. Individuals have multiple identities. Programmes that render one particular identity as salient over others, reduce people to a set of boxes with a set of predetermined needs. Instead, we need to consider people in a more holistic way.

There are also a number of gaps in our knowledge that can be filled through primary research. In particular, there is a need for evidence that can be used for influencing and advocacy. However, such research needs to be undertaken with a clear understanding of the audience and purpose to be effective.
1B - A Tale of Two Size Estimation Studies

Presented by Maria Stacey, NACOSA, South Africa

Presentation

In South Africa, prior to 2010, sex workers were largely neglected in HIV Programmes. There were essentially three organisations that worked with sex workers in any meaningful way:

- **In Johannesburg, Wits Reproductive Health Institute** was primarily a health research organisation, but had done quite a lot of work on sex workers, and had established a highly successful sex worker friendly clinic in Hillbrow, where thousands of sex workers stay in high-rise buildings which were formerly hotels, but are now brothels.
- **In Durban, Lifeline Durban** was doing emotional wellness and life skills and income generating skills.
- **In Cape Town, SWEAT**, was trying to do comprehensive, rights-based, evidence-informed sex worker programming. SWEAT’s model was to respond to the needs that sex workers themselves articulated, around their human rights, health, and working conditions. SWEAT entered into strategic partnerships with organisations that had capacity which they lacked. SWEAT also started the Sisonke Sex Workers Movement, and the African Sex Worker Alliance.

These organisations had built up a wealth of expertise. However, at a national level, there was no coordinated response. At Government and South Africa National AIDS Commission (SANAC) level, there was a lot of ignorance and denial. The research on sex workers was scant. Some of the strategic information that was produced was acknowledged - even by the modelling experts who produced the data - to be weak.

There hadn’t been any sex worker size estimation studies. There had been some HIV prevalence studies, but these were local with relatively small sample sizes. Similarly, there had been a few behavioural studies, but again, the majority of these were quite localised.

**Some facts**

- Sex work is fully criminalised in South Africa. The Sexual Offenses Act of 1957 (and 2007 amendment) criminalises the selling of sex, and living off the proceeds.
- Although the Sexual Offenses Act is not often enforced, it creates a context in which sex workers are perceived as criminals.
- South Africa has one of the most progressive constitutions in the world, and in transition to democracy in 1994, a lot of apartheid era legislation was reviewed and brought in line with the Constitution. The Sexual Offenses Act is one of the last conservative pieces of legislation still in place.
- South Africa has a high burden of HIV: 6.3 million PLHIV; 19.1% prevalence; 42% on treatment
- Rates of violence, including sexual violence, rape and intimate partner violence, are very high. Sex workers are more vulnerable to violence than women in the general population.
- Criminalisation fuels stigma, discrimination and marginalisation of sex workers; a culture in which violence is perpetrated against sex workers with impunity; and is a deterrent to accessing health care

In 2015, the Global Fund funded SANAC to commission a Size Estimation Study for all Key Population groups in South Africa, to assist with planning for Phase III of the Global Fund Grant under the New Funding Model. NACOSA, the primary recipient for the grant, was appointed to manage the study. The Human Sciences Research Committee (HSRC) was selected to conduct the study.
Discussion

There were very rich discussions around the need to build the leadership of sex workers as well as ensuring their involvement in all initiatives targeting them. In the context of this study, SWEAT shared its “not so easy and progressive journey” towards achieving that. They didn’t always get this right, but were committed to the principle. The Avahan Programme in India framed it in a way that made sense for them: “we are moving along a continuum, from programmes which are FOR sex workers, to programmes which are WITH sex workers, to programmes which are BY sex workers”.

One very important aspect of this research was the meaningful involvement of sex workers which led to better research outcomes - data which were more accurate, more nuanced, more relevant, and more useful.

There were a lot of discussions around what it really means to involve sex workers: around how do sex workers engage in partnerships in the production of information? How do sex workers ensure that research which is supposed to be representative of the sex worker population is really representative? What can sex workers do to ensure that they can critically analyse and appraise research? What can sex workers do to ensure that good research is integrated into advocacy and lobbying campaigns, reaches the ears of decision makers, and is used to influence policy? How much expertise do sex workers need to have to be able to engage in research?

The involvement was at different levels:

1) Planning the research - Sex workers were involved formally in the Size Estimation Study. They were consulted around the identification of sites; in establishing contacts at sites; and were employed as field workers.

2) Focus groups and field work - focus groups were held with sex workers before and after the enumeration exercise. The aim of the first focus group was to ask sex workers to introduce the researchers to the sex worker culture in the town.

3) Analysis of results - There was a committee that consisted of sex worker leaders, as well as representatives from government, SANAC, UN partners, partner organisations and research institutions to whom the findings were presented for analysis.

There were also discussions around the “necessary ethics approval” from the involved parties, particularly sex workers – for this particular study, these ethics had not been applied, which meant that it would have been very difficult for them to publish the study, and thus to share it with a wider audience. After a number of discussions with parties involved, it was decided to publish just the methodology, which was quite innovative.

Reflection

The presentation highlighted the need to have accurate, well informed data and response for advocacy and programmatic interventions. All African countries should ensure that they conduct population size estimates especially for KPs as it is on these that all interventions are based. If not done properly, they can have rather dire consequences at a National level.

The presentation also highlighted the range of methods for involving sex workers in the project. It is absolutely imperative to involve the sex workers in all phases of research including data analysis. It is also important to ensure that one takes into account all types of sex workers (where they operate from, their gender, age, etc.) in order to be accurate and representative of a broad range of views. These aspects of meaningful involvement have relevance beyond research activities and important considerations for all programming and advocacy work.
1C - Human rights violation against sex workers

Presented by Humphrey Ndondo, SRC, Zimbabwe

Presentation

This presentation was originally prepared for ICASA. It speaks to issues of access to the law. Setting the scene, Humphrey noted:

“Sex workers are the engineers of their life. We recommend that they play a pivotal role in HIV prevention and treatment. However they keep facing barriers in accessing prevention and treatment services [in Zimbabwe]. This increases their vulnerability to HIV infection”.

Objectives of the SRC paralegal programme by sex workers for sex workers:

- strengthening the capacity and leadership of sex workers in Zimbabwe (including movement building, e.g. support building a national coalition of sex workers).
- providing access to legal services for sex workers and documenting human rights violations (arbitrary and rampant arrests).
- organising sex workers for a collective policy advocacy platform where they can speak with a unified voice, and articulate the needs of young sex workers.

SRC broadly wants to see the decriminalisation of sex work. The Hands-Off project, supported by Aids Fund, targets specific issues around the right to personal security, right to freedom from violence from both private and public sectors, equality before the law, dignity, personal liberty, privacy, freedom from torture. The project works with law enforcement agents. Legal officers of SRC are human rights lawyers.

Arrests based on loitering are no longer allowed in Zimbabwe. However, sex work is indirectly criminalised (e.g running a brothel and profiteering from proceeds of sex work), enforcement of arbitrary city bylaws that speak to blocking the pavement, etc.

“Increasing rights literacy amongst sex workers is central to mitigating violence.”

Some young sex workers do not see the use of following through with court cases. Some simply disappear and want to move on with their life. It is a lengthy process, with lawyers asking very insensitive questions.

SRC also seeks to support their paralegal officers with wellness programmes, safety of human rights defenders and psychosocial support (for secondary trauma, after a process of documenting human rights abuses). Revisiting the narrative of an abuse is painful in an already sensitive environment.
Discussion

How do you work with the complainants after filing a case with the court? A case can take months/years. Sex workers move around, how do you track them?

It is a very big challenge, especially with younger sex workers. They simply disappear. When you do find them, they have moved on. They don’t realise the importance of following through with the legal system. They often see it as a waste of time. Having someone following up seems to be stressing them more. We try to support them by providing transport money to pick them up from their house when it is time to go to court, accompanied by a paralegal officer.

How do you ensure safety and security of your paralegals and Human Rights defenders?

We have safety and security training and protocols in place. We have a network of support systems, and have to manage expectations, we are not vigilantes. There is a lot of State monitoring of the LGBT community, and they get targeted for disappearance. We have cases of Human Rights defenders having been abducted. We do not go into random and isolated areas. The ICCPR (International Covenant on Civil and Political Rights) report about to be launched, highlights that “Our work comes with risks. Human Rights promoters get abducted, you might go to a conference in Geneva and come back to a nasty welcome”.

We have tried to speak to the Ministry of Health, Ministry of Foreign Affairs, and immigration officials. We use opportunities to talk at big events (e.g. ICASA conference). People were being detained, searched, and queried at the airport in embarrassing ways.

Polarisation due to the political climate that is prevailing - the army and police are aligned to the party, they are there to keep people in power and not to protect the citizens. KPs are grouped together, they are “the nuisance to society, seen as a threat to the fabric of society”. This makes it difficult for Human Rights defenders to work in such an environment.

Why do sex workers lose hope in rape cases?

Some people do not want to be threatened and ashamed. The media does not show the face of the rapist, but the face of the sex worker. Witnesses are also being threatened, i.e. “if you come to court to testify, something bad will happen to you”.

In South Africa, “The criminal justice system is an incredibly painful process to go through, it is a violating system. Cases run for years. Judges themselves are problematic and do not apply the rule of law. The onus is on you to prove that he raped you, and not on him to prove that he did not do it. The system is set up in a way that victimises the complainant”.

Sex workers at this event have been sharing very sensitive things. For example, the girl who was raped by police. She said it with a smile on her face. I told myself, there is something I do not understand? Was it an ironic smile, because of what we are discussing here (i.e. the hopelessness of reporting cases)? “Sometimes we laugh the pain away... It’s about survival”.

Sex workers being witnesses of rape is often a problem, people do not want to be exposed. People do not want to testify. Sex workers drop charges because they have families and children and need to move on. A lot of sex workers have not disclosed, but once you are raped and you need to tell your story, you will be disclosing during the process.

SRC would like to revisit the issue of anonymity and courts behind closed doors. It is not something they have focused on, but there is a need to look at it. Some sex workers do not want to identify with organisations that work with sex workers, as they feel that too, discloses them.
“We need to interrogate an African model of decriminalisation to make effective the Constitution (in the light of the prevalence of street based sex work) [i.e. we need to bring communities on board; what do they think about sex work and their rights]” – Humphrey Ndondo.

**Reflection**

**Best practices:**

- Systematise collection of data for advocacy
- Small gains can be really valuable (however, these can be easily reversed by the media)
- Make links between women’s rights organisations and sex worker organisations
- Give organisations the courage to do this
- Make links to medical support, and strengthen referral systems
- Sensitise sex workers to enable them to protect themselves against rape and how to access PEP
- Importance of donors who understand what is crucial (Hivos, Phase3 of Global Fund, PHP [Public Health Programme] of the Open Society Foundation [OSF, New York]).
- Regional advocacy around Human Rights for KPs

**Emerging issues:**

Sex workers reasons for not reporting sexual violence - Revisiting the narrative of an abuse is painful, and stigmatising at the same time. The physical aspect of violence comes to the fore; while other aspects are unspoken. “As black Africans we do not complain, we do not report depression, we do not report being low. Maybe we do not believe in the merits of psychosocial support. We find other coping mechanisms.”

There is a need for greater “Solidarity circles” and support systems between certain groups. We need to look for alliances. Our struggles are similar.

There is a lack of faith in the justice system and police.

In Tanzania, more than 5000 sex workers were arrested over a period of 4-5 days. Some paid bribes and were released. Some of these are on ART. When in jail, they lose, or fall off their treatment. These are the issues we need to tackle.

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_We need to empower sex workers. Being beaten, raped and abused is not part of being a sex worker. Sex workers have a right to bodily integrity._
2A - How to build a successful sex work network

Presented by Elena Eva Reynaga, RedTraSex, Argentina

Elena Reynaga, founder and Executive Secretary of the Latin American Sex Worker network RedTraSex, shared her experience of leading and developing a strong sex worker movement and sex worker organisations. This was followed by an in-depth Q&A session which contains many valuable lessons for other leaders and for the supporters of sex worker movements and organisations. Leadership, Movement Building and Sustainability are key topics.

Note: Please visit the RedTraSex website for more information and access to all publications – many of which are available in English: http://www.redtrasex.org/

Presentation

RedTraSex was formed in 1997. Early on, when discussing its mission, vision and principles, it was agreed that it should be a network of sex workers for sex workers and for the defence of our human and working rights.

Even though capacity and skills were lacking, our dream was to be able to cover the whole continent. We were able to get some funding to visit 16 countries and assess the reality across the region. From this exploration we developed our strategic plan.

Some of the sex worker organisations we visited were working under the wing of other intermediaries/allied organisations. These partners had good intentions, but often struggled to reach sex workers and make a real change. These organisations work with sex worker issues while there is funding to do so, but once this comes to an end, the organisations move on. It is up to us in the movement - who experience the issues to sustain the work with or without outside resources.

“Someone was saying yesterday that they are part of the movement, but not a sex worker. No - They are an ally. You have to be a part of the group (i.e. a sex worker) to be part of the movement. It is based on experience; on knowing what it’s like on the streets; knowing what it’s like to lie to your family... Those fears are not transferable. They are personal – and that is the energy we draw on to build a movement. But people can be allies and have really good intentions.”

For the past 5 years we have received funding from the Global Fund, but we also do our own fundraising and have managed to put together the down payment for a property. We use our own resources to do work that is beyond the scope of the GF project, like sensitising the police, paying for legal counsellors, and working with justice systems.

We are also trying to build the skills we need to communicate and expose what we do better through social media and other means. We want to focus on the long-term and on what will happen once the GF grant is concluded.
Aside from finding ways to raise our own money, another important aspect of sustainability is sustaining and building leadership. We engage with comrades and suss out who can be leaders: who will stay even if there is no money? You can create a revolution with five people instead of thirty or three thousand – if those five are committed leaders.

As a result of our work with female and transgender sex workers - we have been able to change some legal codes and create a more open mentality in justice departments. However, there is a continued need for ongoing sensitisation to overcome the patriarchal and violent culture towards sex workers. The shame surrounding sex work means that violence towards sex workers is often ignored. For instance, last year there was a crime in which a young girl was decapitated, yet the case was not pursued because her father didn’t want anyone to find out what she was doing for a living.

Through the Global Fund, we also work in health centres to raise awareness and create agreements with staff about how to engage with sex workers.

We encourage our member organisations to go beyond the national capital. We are aiming for the recognition of sex work as work. Legislators are elected in the provinces – therefore our active presence at provincial level matters.

Success is really difficult to achieve – it requires a lot of hard work and skills. For instance, I am a lawyer, a social worker, an organiser, an advocate, and a leader. When choosing who should attend the next training, for example, the leader should select the right person. You should think about the cause, not just the individuals. In the organisation we are leaders; outside the doors we are friends. There can be no favouritism.

An example of a campaign in Argentina about 6 years ago: For five days, sex workers got onto public transport – stood up and said: “I am a sex worker. I am here to sell prevention and safe sex, for the price of a smile.” So naturally, people smiled and were given condoms and lubricants. This campaign gave us visibility and promoted safe sex messaging. It was a successful project, but afterwards I was asked if I had not thought that people would be afraid to do this, which they were – people feared being stoned! From this, I learnt:

“Leadership is about taking the right risks, but also about listening to people and having the humility to accept the criticism of one’s comrades.”

In general our approach to advocacy is to negotiate first: ask for something. If that doesn’t work then we demonstrate.

Discussion - Questions & Answers:

How do you go about identifying good leadership?

This is a big challenge, sometimes we would send 2-3 colleagues to a learning event and they would attend, take some materials home but nothing would happen. We had to address this issue. I believe that if you have 30 people, maybe one will be a leader, and that’s the person you have to pay attention to. The main
thing is not the quantity but the quality. In Argentina we had 100 people at first. Then harassment by police followed and we dwindled down to two. But the two of us stayed present in the parliament and, in time, made a difference.

I used to earn $1000 per day working from 7pm – 12am. But I fell in love with the cause and gave that up. The material things seemed less important. I used to believe that if I was dark skinned and poor I would be worthless; but I was taught in my organisation that my value was in my self; in my principles and my character.

Where does the inspiration that is necessary for a good leader come from? And how do you inspire others as the movement grows?

I come from a time when there was horrible repression in my country – military repression following a coup de tat. We used to spend 90 days at a time in jail. We were picked up from the streets and never knew when we would be free again. Terrible things happened when in detention. Democracy came back to Argentina but the only change for us was 21 days in detention instead of 90.

“In jail, talking to comrades, we understood that nobody would fight for us. This motivated me to participate in a group. My interest was in finding a magical solution to our problem – a quick end to persecution. Of course, this didn’t happen. But I did get connected to something bigger than me: to the cause. We had shared pain and frustration. I had never seen this before. I became less interested in myself while listening to all these friends who had the same pain. That’s what made me fall in love.”

My inspiration also comes from seeing my young comrades going through what I have gone through. As mothers, as women, we are concerned with how our children see us; sometimes we have the idea that once our children learn our reality of being sex workers they might not love us anymore.

The best thing is that our organisation has become part of our country’s history. My grandchildren will see my name in the books of history of Argentina. They will be proud of me and see the change that I have contributed to. This gives me so much satisfaction!

I can ask young comrades, “Who do you want to be: someone who died of guilt and never opened up their identity? Or someone who your family will ultimately be proud of?”

Of course, some people will keep fighting until the end; and some will not, but I keep trying to give support, communicate, and inspire.

What tangible supports and involvement would be meaningful and genuine coming from non-SW organisations wanting to walk in solidarity with you and help build a dynamic, sustainable, catalytic SW movement?

Male and transgender sex workers have their own spaces, issues and struggles - but human rights belong to all of us. We try to see our common points and work with mutual respect. It is helpful to be clear on what belongs to all of us, and what issues are specific to a particular group.

In terms of cooperating across organisations: it is important to respect each organisation – they all have their own internal issues and complexities. We work with academic organisations, the women’s movement and
networks of MSM, transgender people and Women living with HIV. We try to identify our common agendas and define ways of cooperating. We show solidarity on others’ issues as well (e.g. Gay Marriage).

**Strategies for police sensitisation?**

We do not approach the police by ourselves. We firstly engage the UN agencies and the public protector, before exploring the relationship between sex workers and police. If you approach the police by yourself you will probably get nowhere. The bottom line is: find allies in authority who will show the police that you are not alone; we are human beings with rights and problems that involve the police.

**We know drug use and sex work often go hand in hand. How are you intervening in this arena?**

Drugs have become a major issue in the past 10 years. But it’s not a problem unique to sex workers – it’s a problem across a lot of sectors. Today we are seeing a lot of young people doing sex work to support their drug consumption. We are trying to start a research with an organisation that is very competent in harm reduction, so that we have data to engage with the Government and hold them accountable.

**In Swaziland we don’t have formal SW groupings – we have people who take action in hotspots. How can we support peer educators to start their own organisations?**

Cultures are different and my response might not work in your country. My personal experience of beginning to lead as a Sex Worker was when I went to the Public Protector with some anthropologists to back me up, thinking that would better for me. But the Public Protector only wanted to hear from me, saying “Nobody can tell me better than you the pain that your comrades suffered.” That was a moment of change for me; when I saw that we needed to speak for ourselves. When I went to advocate for changes in the law I didn’t have to read any books – our experiences and feelings are something that only sex workers can speak about.

In time I also stopped being so afraid of making mistakes. When we have problems in our organisation, we send out the people who aren’t sex workers and we have an honest conversation. We argue and talk until we agree, without a mediator. I also encourage colleagues to give me and others feedback on how we perform (e.g. in TV appearances). Honest communicating is key.

To intermediary organisations I’d say, “Don’t buy them new shoes, teach them to walk.” Ultimately, as a Sex Worker, you have to do it yourself, be the driver of your own change.

“Peer educators” is an imposed term and we tend to filter it out. We do educate our peers though.

“**What are the qualities that a leader should have:** solidarity; listening; valuing others and their skills (as valuable as one’s own); know what you’re good at and what you’re not. You have to know who you are – your capacity, qualities, skills; and see the qualities and strengths of your comrades.”

When we talk about a holistic response – the health part tends to be very focused on the physical. What about psychological and social health and well-being? This also relates to building healthy, resilient leaders who don’t burn out or break down. How do you do this?

There is a lot of pain involved in this work; sometimes comrades betray you, but the next day, I get up and continue.
In our guide for sex workers there is a section on mental health: you can’t combat stigma or help others effectively if you can’t deal with the baggage and guilt that you yourself are carrying.

We also recognise that those who are leading the organisation sometimes need someone that is completely neutral to talk to. We encourage people to see a professional when need be. For instance, I learned in therapy that my compulsive shopping was about filling a gap. Now I try to make our comrades understand the value of therapy. We also have group therapies coordinated by a professional.

**Could you share two big challenges – personal or organisational - that you have had to overcome to achieve the kind of success that you have?**

Well, I ended up all by myself – I lost my partner. It is a challenge to find a partner or boyfriend. Men in Argentina are not prepared to face women as they are now; independent and powerful - especially men of my generation. I want a companion, someone who that I can share more with than just a bed.

In Senegal religion is a weighty thing, making sex work programming an uphill battle... When we were fighting for legal recognition we did not say we were a SW organisation; we said that we were an organisation of women fighting against HIV/STIs. I wonder if we can adopt a more open stance.

When you are talking with the religious authorities it is helpful to remember that ‘God is love’. Quote the Bible or whatever text is appropriate. Remind them that there is no reason for a woman to be a victim of violence. It is important to talk to them in their own language. Another important message to give them is that by denying the problem, it results in the death of many women.

It’s not easy, but there will be somebody who will listen if you speak from the heart. When we talk about a sex worker that has been put in jail; it means that that women will not be able to look after her children. Make the problems real to them!

**How do you raise money for this work? Mainly from donors? Or have you found other ways?**

If we aspire to be a union of sex workers (which we are now), then we are not only fighting against violence and so on. A union is something larger than an NGO – it addresses working conditions and many other rights issues. In a union, you are funded through the workers’ contributions.

We are trying to sensitize our members that we need to stop asking for pity and be self-resourceful. I cannot just complain and say, “I am a victim, I am poor.” You have to see the advantages of being a sex worker.

We made a firm decision to contribute $10 and stuck to it at national and regional level. This gives us discretionary funds to augment funded projects and to build a reserve (savings). Next year we will be 20 years old; we will be able to self-fund some activities like making a video. We always have lots of plans that are beyond the resources available from donors.

**Closing thought?**

Like many others in this room and this movement, we have experienced atrocities. These things happen all over the world; rape; being abandoned in middle of a field after detention; deaths; and disappearances.

These harsh experiences make us understand the importance of our organisations. The soldiers in the field have a deeper understanding of the issues. Abuse and torture have motivated us to never give up. Organising together, being strong, being a collective – that is the only way to win this cause.


2B - Male sex workers

Presented by Samuel Matsikure, GALZ, Zimbabwe

Presentation

In Zimbabwe, both sex work and sex between members of the same biological sex are unlawful. This helps fuel pre-existing discrimination of MSM sex workers from various religions, cultures and personal morals. Despite this, many MSM are involved in sex work due to their socio-economic situation. Male sex workers tend to get associated with homosexuality even though many do not identify as MSM or gay.

The male sex worker hotspots (e.g. bars and nightclubs) were danger zones because MSM sex workers were being targeted here. The clients would also victimise sex workers, and tend not to see themselves a part of the sex work transaction.

Hotspots Challenges

1. GALZ found that MSM would discriminate against the sex workers because they believed it was the sex workers giving them a bad name. They needed to find a way in which both MSM and male sex workers could co-exist within the same environment.
2. Club owners were evicting homosexuals and sex workers from their clubs. GALZ saw there was a need for a change of behaviour from sex workers and change in attitude from club owners. The club owners found that when they began expelling MSM and MSM sex workers from their clubs, their clientele diminished significantly – as the majority were actually MSM or the clients of sex workers.
3. MSM sex workers could not report assault cases because police would interrogate why the person was assaulted. They therefore needed to find a way around the police and get the victims directly to the health care facilities (i.e. to get HIV tests, and care).
4. The distribution of condoms and lubricants are still a big challenge generally in Zimbabwe.
5. Black mail and extortion often happens as well with regards to threatening to tell others about their sexual identity, HIV status or line of work.

Hotspot Intervention Implementation

The intervention model uses peer-educator systems to implement the intervention which includes:

1. Condom and lube distribution (Female condoms were also being used and piloted, for those sex workers whose clients were not willing to use condoms)
2. Sensitisation (So far they have sensitised and built relationships with six hotspot owners turning them into protection agents. They sensitise the local LGBTI community and family and friends of MSM sex workers in order to create a supportive environment)
3. Safety and security training (e.g. alternating between the venues they use for meetings to avoid raids, and turning hotspots into safe spaces by making condoms and lubricants available. They also have about 20 members in security training)
4. Hotspot monitoring (There is a WhatsApp group with almost 200 members, they alert their peers when they hear of raids, the so called “gay speak”)

Hostile police and communities are still a major risk to implementers and beneficiaries during implementation phase. They often face violence and police raids. There is a need to manage risks in these relationships.

The intervention for and by MSM sex workers leads to stronger communities and allows for the building and use of relationships to strengthen rights. About 30 members attend fortnightly meetings. They build
relationships with other sex work communities and are given leadership, ownership and responsibility to grow their own sex worker community capacity.

They do still face other challenges which include limited funding and therefore limited human resources that are willing to do voluntary work; the non-involvement of MSM sex workers due to fear of discrimination and lack of remuneration also makes it difficult to implement the intervention in some cases.

Opportunities to explore

- Opening LGBTI friendly sexual and gender based violence clinics.
- Building relationships with religious leaders as vehicles of change at a broader level.
- Programme roll-out to other smaller hotspot centres across the country.

Discussion

The discussion was initiated by Jimoh introducing himself and his work as a peer educator.

Jimoh is a peer-educator in his community. He is a sex worker himself and sensitises other male sex workers, informs them of their rights and gives advice regarding HIV prevention. The major challenge he faces is the insecurity of the sites he visits.

The themes that came up during the discussion were:

Rivalry between female and male sex workers

Male sex workers tend to get paid more than the female sex workers (due to higher risks involved in anal sex). The female sex workers also believe that their clients are being taken from them by the male sex workers. An example of this may be that due to the laws in Zimbabwe - a man may chose a male sex worker (‘who can act and dress like a man’) over a female sex worker so that if he gets caught, he can say that the man is his cousin. Violence and rivalry between male and female sex workers is not uncommon and an intervention is needed in order for these two to co-exist together within the same environment as well.

Cultural Barriers

HIV funding has allowed GALZ to address cultural issues and prevention using the media in an attempt to influence public attitude and beliefs.

Lack of recourse for sexual assault

Sex workers cannot report rape because the Police will not acknowledge that one can get raped as a sex worker. They will make a mockery of the person/case and even call the media for the story to go public the next day.

Childhood trauma

There was a discussion around whether the majority of MSM and MSM sex workers were abused as children. It was made clear that there was no correlation between sexual/physical abuse/family background and being an MSM or MSM sex worker.
Reflection

It is essential to have community-led implementers and build the skills of sex workers so they can be drivers of their own change. It is also important to involve beneficiaries at all levels of programing. It is crucial to include hotspots into intervention programmes, and take the intervention TO the hotspots and engage with the communities THERE.

Male sex work is not new, however it has not been defined nor deemed a target group until recently. We need to take into consideration the spectrum of sex workers as they can have all kinds of identities and sexual orientations (i.e. heterosexual, homosexual, transgender, MSM, queer, etc.). Each person has their own necessities for information and support, for example, transgender sex workers need information regarding hormone treatment and the risks involved in hormone injections.

There is great diversity in the work environment, which spans from bars to the streets to virtual spaces. Many sex workers operate online nowadays, what methods are needed to reach these sex workers? In some ways, social media has made the work environment safer, easier and more cost effective to find clients and partners.

The importance of having more than one source of funding was expressed in order to allow for more flexibility and less dependency.

Although HIV is a major issue for male sex workers, there are other STI’s that should also be taken into consideration in the information and prevention of these diseases. HIV prevention is however a backdoor into conversations with ministries and the media, and we need to remember to take advantage of this and seek out more political engagement.

We must be aware of the language we use as many terms come from Western contexts and may be problematic when applied to African contexts.

Themes that were not discussed in this session, but also important to consider are the use of drugs and substance abuse; immigrant and refugee sex workers; and transactional (survival) sex. What are the needs of these people and what are the considerations when planning interventions for them?
2C - A Guide for South African Police Service Officers to the Rights of Sex Workers

Presented by Ishtar Lakhano, SWEAT, South Africa

Presentation

South African legal context

Sex work was criminalised in 1957; sex workers in 1958 and clients in 2007 (under the Sexual Offences Act). Sex work is very hard to prove as the law stipulates that they need to be caught in the act. As a result there is much police entrapment (i.e. police have sex with sex workers and then arrest them). To date, there are no known cases of a client being arrested. Typically sex workers are arrested for other offences such as loitering (which they may not actually be guilty of, such as loitering in own apartment) or they are charged for contravening the ‘Prostitution Act’ (which does not exist). Criminalisation of sex work is in opposition of the South African constitution and Bill of rights.

Police abuse of sex workers

Police brutality is widely experienced – 70% of sex workers have experienced unlawful arrest, bribery, and refusal by police to open cases. Police confiscate and destroy condoms and use them to justify arrest. In detention, sex workers are denied access to medication and legal counsel.

Working with the Police

We have a police sensitisation training manual designed to assist police officers to understand the law, Constitution and Bill of Rights (e.g. that they cannot arrest a sex worker for loitering or for being alone in a short skirt at night). We found that when sex workers’ rights were violated it had little to do with sex workers and more to do with police. The manual contains case studies, exercises, ways to debunk stigma, clarifies South African law, and the role of police in protecting sex workers. It was developed with police and sex workers.


Positive impacts

Sensitisation training provided an opportunity to discuss sex work and other gender issues with police (e.g. police were really confused about what a transgender person was); and clarify laws in greater detail (when police learn about the Bill of Rights they recognise that harassment of sex workers is a waste of time and money).

There is now a Standard Operating Procedure with the Department of Corrections in the Western Cape regarding treatment of transgender people in custody. But it remains challenging as the turnover of police is high, and as long as sex work is criminalised it gives police a reason to harass sex workers.

Negative impacts

There is some backlash when we open up sex workers into the training - the environment is very hostile; most police view sex work as immoral. When explaining laws to police, they come up with more sneaky ways to arrest sex workers, and peer educators can now be identified by police. Also, it can be hard to get the right officers in the room (e.g. Station commanders); some police have also been over-sensitised and think it is a waste of time, and others won’t get sensitised in a single workshop.
To sensitise or not to sensitise? Is this our job as civil society?

A lot of the problems are not exclusive to the Sexual Offences Act. Police should never assault or rape anyone or deny people any medication and should always wear their badges. Sensitisation is not effective on its own. There needs to be support on the ground for sex workers and abuse monitoring, but litigation takes years. We are encouraging vulnerable people to take it on and set a precedent, but this individual is being put through hell. How can we ask someone to take that on? We need alternate strategies.

We have also developed cards that spell out sex worker rights. This has worked well in some cases. Sometimes just taking it out is enough to deter a police office. However, in some cases sex workers are assaulted or abused even more when police see the card.

Figure 9 – Sex worker Rights Booklet

Discussion

Participants from a number of countries shared similar experiences of the pros and cons of police sensitisation described by Ishtar in South Africa.

There was general agreement that for police sensitisation to be effective, there needs to be high level buy-in. Ideally, sex workers rights should be included in national strategic plans and the formal training curriculum for police. A Zambian participant commented:

“This is a systemic problem. It won’t work if we just sensitise 2-3 police who move on. We need a more systemic training that reviews police training curriculum. In Zambia we dropped the police ‘force’ and changed it to police ‘service’ – this toned them down. They introduced community policing and victim support services. It was a whole system change. We need to look at the whole system and start engaging at the top and it will trickle down.”
There was some debate over the effectiveness of incentives for encouraging police engagement in trainings. In some cases certificates and per diems were necessary for attendance; however as one participant highlighted we need to think about incentives carefully – there is a risk that gains can be lost as soon as the funding and project ends. One suggestion was that training as part of a process towards promotion could be a permanent incentive embedded within the police system.

Identifying peer leaders who could act as champions for sex workers rights was also identified as an important strategy. Individual police officers can help push the agenda with other officers and police take it more seriously if it is led by a peer rather than an NGO.

Sex workers themselves were also seen as important leaders in sensitising police and lobbying the judiciary as no one knows the issues better than a sex worker. An example from a sex worker in Kenya demonstrated how effective this can be:

“We organise with police as sex workers, we testify to what they have done and explain we are mothers just trying to earn a living. We inform the police of other crimes to win their confidence. We call them when we have a problem. We even give them send-off parties so they hand us over to the new team coming in. If a sex worker has stolen we will hand them over to the police. We earn their trust for protection”

Issues of intersectionality between different KP groups and working together more effectively as civil society was also raised. It was noted that there are a number of commonalities between the experiences of Sex Workers, LGBTI, PWIDs, PLHIV and migrants in regards to dealing with police. It is more palatable for the police if we come together as civil society with one training manual that speaks to all issues. It is not always helpful to separate out KP groups as it can send mixed messages. We need more cohesion in our approach.

Other avenues for engagement were also explored during the discussion. SWEAT shared their experience with lobbying Ministers and Parliamentary Committees in South Africa. As Parliament is open in South Africa, SWEAT has a lobbying team that attends and utilises that forum to develop individual relationships with MPs. That way, when an issue comes up, those personal relationships are already in place. The importance for higher level advocacy was echoed by a number of participants and specific suggestions for alternate entry points were made, for example the HIV/AIDS tribunal in Kenya, which has a mandate to protect PLHIV.

There were also extensive discussions surrounding the practical design and methodology of sensitisation training, including the duration and focus. Ishtar commented on how ideally, training would be multi-day and repeated, but they often have to make do with what time they are given – “We make do with what we get. If they give us half a day we use that. If they give us space for follow up we use that. We get the details of interested police and follow up with them.”

The importance of building empathy for attitudinal change was discussed. Ishtar provided an example of a board game called cops and robbers that they want to start using with police, whereby players adopt a sex worker persona and have to make choices. It is designed to show how police criminalise condoms and how problematic that is, demonstrating how unfair the choices can be.

Patsy shared Positives Vibes’ extensive experience with attitudinal change – in particular highlighting the LILO KP methodology, which starts with the self, looking at values and attitudes and prejudice before looking at KPs. The workshop tries to activate empathy so people can connect. It was designed for LOs to sensitis staff but now LOs are using it with mixed groups – health professionals, religious groups and police. One of
the key learnings in rolling out LILO KP was the importance of a mixed facilitation team (KPs and non KPs) because they can push people at different levels:

“We try to disrupt people more than anything. We don’t go into health or legal aspects. We don’t expect them to get all the way to the top, just a little shift can make a big difference.”

Regardless of the approach taken, the discussion highlighted the need to support and protect sex workers that participate in trainings, or lobbying through psycho-social support, strong preparation and legal support.

**Reflection**

The session provided encouragement for us to engage with the system at different levels – to push for long term, systemic change by seeking high level buy-in and incorporation of human rights of sex workers and other key populations into national police curriculum. The parallels and intersections between different KP groups were highlighted, suggesting a need to coordinate and streamline sensitisation material to help combat ‘sensitisation fatigue’ amongst police officers.

A number of different strategies were proposed for utilising different entry points and identifying champions within the system, because that is where power lies. There was also an acknowledgement of the power in language, for example, the difference between a police force and a police service.

A number of examples of creative methodologies (such as the board game, LILO KP and the sex worker booklet), which drew on the experiences of police themselves to build empathy were highlighted as good practice for attitudinal change. The facilitation team was identified as an important component of the training. There needs to be different facilitators because they have different access/power and can push people differently.
3A - A community engagement model

Presented by Martin Silukena, SAT, Zambia

Presentation: Promising community engagement practice for increasing access to HIV prevention and SRHR services to female sex workers – a case of the emerging voices project in Chipata, Zambia

Background

In Zambia, sex work is criminalised and there is a HIV prevalence of 20% among female sex workers.

The Emerging Voices Project ran from 2012-2015 under the ARP. The project utilised a multi-sectoral; multi-disciplinary; community-based approach – coming together for a common cause. It aimed to increase access to HIV/SHRH services in the 18-24 year age range and was implemented by two IPs.

The project baseline identified a number of issues: stigma; access barriers; police harassment; gender based violence; non-payment by clients; STIs; inconsistencies in adherence and condom use; and lack of information.

The project was managed through a multi-stakeholder taskforce (made up of police, health representatives; Community Service Organisations; sex workers; Drug enforcement commission; local level National AIDS Council; bar owners; intermediary organisations; Ministry of Health; SAT Zambia), which met quarterly to regulate any emerging issues.

Outcomes

- Strengthened community systems – individuals and structures were better able to respond to issues.
- More organised female sex worker support network - able to mobilise quickly and respond to issues.
- Formation of safe spaces.
- Reduced harassment – police now accompany sex workers to safety if alone at night. Sex workers can lodge a complaint if client does not pay and police force them to pay.
- Female sex worker representation at district level.
- Sex workers involved in service delivery – trained to sit in health facilities which has helped reduced stigma. Queen mothers (mentors) are trained senior sex workers who develop information and are present in hubs and help younger sex workers to access information and refer them to health care facilities, etc.
- Establishment of a referral network – not just in the health sector, but other livelihood support.
- Enhanced accountability and reflection
- Increased access to services
- Sense of common purpose and ownership
- Greater efficiency and effectiveness
- Avoid duplication and competition – utilising and strengthening of existing structures.
- Greater sustainability though strengthened community system
- Local level advocacy - Changes at community level; education support; entrepreneurship support; peer networks, etc.

Limitations

- Mobility and literacy – lack of confidence inhibit involvement
Florence Milanzi (Peer Educator, Emerging Voices Project) commented that when there is an issue in the community, female sex workers always turn to each other first before seeking health care, so they support each other and go together to the clinic.

Discussion

Discussion questions and answers clustered around the following main topics:

Sustainability structures

The project was designed as a catalyst. Beforehand there were no sex worker organisations to work with, but through the project, there is now a small organisation that is emerging called ladies for change.

Health care providers were sensitised to the specific needs of sex workers and reminded that they are mandated to provide services to everyone including sex workers. As such, services for sex workers were integrated into existing services and improved retention to care.

Police engagement

Martin elaborated on how police sit on the taskforce and are educated on sex worker challenges. The police know the sex workers and will follow up when there is an issue. Clients are called to account for non-payment of services. Sex workers are trained in human rights, so that they know their rights and can report any issues. A specific platform for engagement between sex workers and police was established where sex workers could give testimonies about specific police officers if they had problems.

Sylvie reflected on the site visit she conducted where she observed how sex workers spoke with their hearts to law enforcement officers – this really moved them and got them involved.

Mobile sex workers

Sex worker mobility proved to be an ongoing challenge throughout the project.

Queen mothers

Queen mothers were trained and posted to clinics as volunteers to help fellow up with sex workers. Queen mothers also provide condoms, family planning, referrals to clinics, and adherence support.

There were some power dynamics between queen mothers and younger sex workers. Given the legal situation, this threatened to spoil some of the projects gains. We did a rapid assessment to understand issues on the ground and engaged stakeholders to define queen mother roles. Terms of reference were designed collectively to respond to concerns and a ‘think group’ established to see how we can mainstream these concerns.

Gender issues

The project sought to go beyond understanding gender differences to identify structures used to perpetrate gender inequality. As such, gender transformative community mapping was conducted to identify gender issues and the driving structures behind them.
HIV Prevalence

The national average is 13% but among KPs it is around 20% - in some areas it is as high as 28%. We are convinced the prevalence is much higher than current figures suggest but we have to work with the data that we have.

Income generation opportunities for sex workers

As part of the project, the International Labour Organisation partner provided entrepreneurial skills to help sex workers with business and loans. So far, 50 women have benefited. We also help with resources for transport to get medication.

Reflection

The presentation highlighted the innovation of the project which utilised a multi-sectoral; multi-disciplinary; and community-based approach. The project linked together a number of stakeholders and service providers from different sectors, and drew off the leadership of sex workers as peers and mentors to enable access to a range of services and improve sex worker safety and security.

However, there were a number of contentious issues that emerged during the course of the project, including how to deal with young people who sell sex and mobile sex workers. These remain difficult challenges.
**3B - Integration of HIV services with public health services**

*Presented by Lucille Konan, ANS-CI, Cote D'Ivoire*

**Presentation**

**Context of Ivory Coast**

The HIV epidemic in Ivory Coast is mixed in nature and widespread in the national population, with a 3.7% prevalence; and concentrated within key populations (18% in MSM and 11.4% in sex workers). Despite high prevalence in KPs, healthcare treatment of sex workers (and MSM) was provided in designated community health centres located in only two cities across the country (running costs limited their decentralisation).

In 2014, the IBBS survey showed that stigma led sex workers (and MSM) to turn to traditional medicine and self-medication to treat intimate conditions. To increase the geographical access of KPs to ARV (and other) treatments despite stigma, ANS-CI (Alliance Côte d'Ivoire) launched a prevention and healthcare service delivery project for sex workers (and MSM) in 17 locations in conjunction with public health facilities. The project was funded by the Global Fund in partnership with Heartland Alliance and the National AIDS control programme (NACP).

**Description of the intervention**

The project aimed to deliver a package of community-based interventions in the identified locations, and to facilitate the delivery of health services within public structures. A collaborative framework was signed with the NACP, regional health authorities and health centres involved. The skills of health practitioners and community actors was strengthened; testing services and community monitoring were provided by peer-educators. Night clinics located at sex work sites provide free prevention and HIV/STIs services.

Creating a conducive environment remains a challenge and requires ongoing advocacy aimed at administrative and health authorities (including healthcare practitioners). Decentralisation of treatments and their integration into the public healthcare system will lead to reduction of stigma towards KPs.

**Discussion**

**Night clinics**

The high mobility of sex workers requires innovative intervention strategies such as night clinics which build trust between prescription doctors and KPs - 29 night clinics were opened as part of the project, 123 sex workers received STI treatments, and 92 sex workers enrolled in ART. Distributing free STI kits, condoms and lubricants contributes to better service uptake. The night clinics are part of a broader multidisciplinary approach to offer specialised medical care for SWs to provide relief from the symptoms, pain, physical and mental stress. The goal is to improve quality of life for both clients and those surrounding them. Day clinic hours can be another roadblock to sex workers getting medical care, often sex workers do other work during the day, and will not prioritise going to a clinic.

**Ensuring continuity**

The service providers that have been trained were identified by the national health care authorities. The training was conducted in partnership with the authorities so responsibility of continuity is shared. Including health practitioners in all activities also ensures continuity. ANS-CI will start rolling out LILO in health care
facilities to sensitise health practitioners of the effects of stigma. Recommendation from Samuel (GALZ): When rolling out sensitisation programmes it is important that all the staff including ground staff (security guards, receptionists, etc.) are sensitised to ensure a welcoming experience.

Retention to care

The project uses identification codes for tracking and follow-up, however this is not in place yet within the national health system. The project also offers psycho-social support, legal support (e.g. in rape cases), financial support, etc.

Quality and satisfaction of services

There is no formal monitoring system in place, however they do conduct visits to monitor, to understand the challenges, observe how clients are being treated etc. Recommendation from Margret (CHAU): When it comes to the assessment of quality of services, we have used the peer educators themselves who move around as mystery clients, they go to another facility and assess how they interact with sex workers and pick up on issues that can be improved and adjusted in the work.

Relationships and trust

Once a trust relationship has been built, the sex workers tend to be more open to talking about their issues, nevertheless it is still difficult to monitor this highly mobile key population.

Service package includes:

- Sensitisation, information material, distribution of condoms and lubricants, medical support. There are still major challenges in persuading sex workers to use the tools available to them.

Traditional healing methods

ANS-CI works with traditional doctors that are recognised by the Ministry of Health in Ivory Coast. ANS-CI and the National Programme for the Advancement of Traditional Medicine, in collaboration with the health districts (where ANS-CI carries out its interventions), identified 25 traditional healers, one per health district. Traditional healers received a training course on behaviour change communication in the fight against HIV/STIs. They are able to talk about the importance of testing and refer to clinics for ART. For this process to achieve the expected results, it is critical to closely monitor and support traditional healers on the ground. It is important that sex workers are not discouraged about traditional healing, but rather be aware of how medical treatments can complement (or not) the traditional healing methods.

Reflection

- It is clear that trust relationships between health care providers and sex workers are key to creating a better environment overall and therefore also continuity and retention to care.
- ANS-CI’s work with traditional healers is an excellent example of how you can combine tradition and medicine, when healers are able to inform about HIV and refer to ART treatment.
- We have to remember to learn from each other. Clinique Confiance is but one good example of a model that have overcome many of the same challenges.
- It cannot be more severely emphasised that sex workers need to be involved in their own programming. “Nothing for us, without us!”
**3C - Decriminalization of sex work**

*Presented by Ousmane Diarra, ANCS, Senegal and Rasebitse Katlego, Sisonke, South Africa*

**Presentation – Prostitution Laws in Senegal: Criminalisation or decriminalisation**

In this presentation Ousmane, a lawyer in Senegal presented on the legal framework surrounding sex work in Senegal and how, in practice, even the ‘legal’ sex workers where made ‘criminal’ without committing any criminal offence.

**Context**

In Senegal, there are 45,000 PLHIV, of which three quarters are women and girls. In the general population, the HIV prevalence is 0.7%, compared to 18% for MSM and 18.5% for female sex workers. As such, KPs are now a priority for the PNLS (Programme National pour la Lutte contre le SIDA (the National Programme against AIDS).

In Senegal, the constitution recognises all human rights oriented treaties, principles of equality of men and women, right to health, etc. But the legal framework governing sex workers is antiquated and needs to change.

Inspired by French corpus of Laws, Senegal legalised sex work in 1966 for public health purposes: the law is called ‘Law on STI and prostitution’. Sex workers are obliged to register with the health register, providing all their details, otherwise they are arrested by the police, fined and imprisoned for a few months; if she has an STI, she has to get treatment and can be retained in special centres. She has to go for testing every 2 weeks.

Fortunately administration and health agents do not enforce this but it gives the police an exaggerated power over sex workers.

The police in Senegal are violent towards female sex workers, either ‘registered’ or illegal even though sex work is not criminalised, it cannot be practised legally – for example, you cannot solicit potential clients, you cannot make up or dress up as you want, you cannot work in a house otherwise it is pimping.

In brief, being registered does not make much difference if the law does not guarantee human rights for all. HIV has been controlled thanks to old French public health laws for the general population in Senegal but now is counterproductive in dealing with KPs. The ministry of health comes from a community health background but finds it difficult to change the law in a country where girls are sometimes not declared, not educated and women can be abandoned with their children to feed.

**Presentation – From the Pavement to Parliament: The decriminalisation movement and the first Sex Work Sector in Parliament in South Africa**

**Sex Work in South Africa**

There are between 130,000 and 180,000 sex workers in South Africa.

All aspects of sex work are criminalised under the Sexual Offences Act 1957. Criminalisation has been shown to:

- Drive sex work underground and away from services.
- Increase stigma and create obstacles to accessing health, justice and social programmes.
- Reduce sex workers’ power, rendering them vulnerable to violence, human rights violations and corruption at the hands of clients, the police and members of the public.

SWEAT is a national movement of sex workers, by sex workers, for sex workers. SWEAT’s advocacy activities for the decriminalisation of sex work include:

- Movement building (visibility and leadership of sex workers);
- Strategic litigation (with the Women’s Legal Centre);
- Media engagement (around responsible reporting);
- Direct action (awareness raising);
- Monitoring policy; and
- Lobbying decision makers (at local, provincial, national, regional and international levels).

Discussion

There was only time for a very short discussion following these presentations. During which, questions were raised about the opportunity to make decriminalisation a priority for LOs or sex workers, as it can be impeded in so many ways in practice.

Reflection

Each country’s context and laws are different and it is time that LOs and sex workers of each country examine if decriminalisation is a priority and if so, build a decriminalisation strategy adapted to their country. Conversations need to take place now.
4A – Sex work and the media

Presented by Felistus Motimedi, BONELA, Botswana

Presentation

Background

Sisonke Botswana works with sex workers and for sex workers. It is housed under BONELA because they have not been allowed to register. Sisonke (meaning ‘we are together’) wanted to use the same name as SISONKE in South Africa because they believed that they were working towards the same objectives and therefore adopted the same name.

Working with the media

It is important to engage with the media to inform government officials and citizens about issues and accountability, and by raising awareness it will help people make better choices. The communities are given a voice through the media. Human rights reflect and impact on a country’s development.

Importance working and creating relationships with Journalists and the Media

The media has the power to determine what is news and what is not; and what angle the story takes. This can raise awareness and shape how people perceive things.

How BONELA works with the media:

- Media Forums (press conferences, media releases and breakfast meetings)
- Press statements (headlines are crucial!)
- Radio, TV shows and interviews - sex workers to appear must be comfortable with what they do. They should be excellent PR persons and have undergone counselling.
- Adverts and jingles
- Invitation to our lobbying and advocacy events (court appearances and campaigns)
- Capacity development of media houses (mainstreaming human rights reporting - journalists don’t necessarily have any background in law or human rights)
- Bringing journalists into contact with people that can explain the lived realities of sex workers.

BONELA’s successes and recommendations:

- Building relationships with journalists has many advantages.
- Building knowledge – KNOW the issue (What is the common goal within the organisation? Is it decriminalisation of sex work, is it the health care issue?). Have an organisational position paper that should guide and standardise the opinion across sex worker representatives.
- Cultivating opportunity for news and being the ‘go-to organisation’.
- Sustaining interest: Create bold stories/headlines.

Challenges:

- Mix of health/human rights or “beat” reporters
- Access to information by CSOs and journalists
- “Juniorisation” of the newsroom (junior journalists are not considered important enough and stories become de-prioritised).
- Lack of knowledge or interest in the subject matter
- Editorial agendas - Many journalists are aligned with specific political parties or organisations.
- Shortening stories (which may lose the essence and may distort the information).

Lessons Learnt:

- Be well-prepared, confident when interviewing – sensitisise journalists prior to interview.
- You need to create a core team of PR officers if you do not have a communication officer. You need to have people that will maintain the same message no matter what the journalists ask.
- It is important to show the following in press statements, report and news releases:
  - WHO is affected?
  - WHAT is the issue?
  - WHERE is this happening?
  - WHEN did it happen or is it new?
  - WHY is this happening? (In Botswana the sexual violence act does not apply to sex workers)
  - HOW can this be fixed?

Discussion

- Social media is a major challenge and cannot be regulated. Therefore consistency in your message is crucial, in order not to confuse viewers/listener/readers.
- Media can either make you or brake you. If a piece is sensationalised, you ‘respond’ to it in a rival newspaper by buying space.
- BONELA chooses not to sue a newspaper on the grounds of untrue information. Rather, they call the editor and explain the repercussions of this article and that they must write an apology or alternatively, a new article is written and they must publish this in a newspaper.
- Creating agendas and shedding light on the issues: Safe space/drop-in centre: sex workers meet every week and can come here to off-load. They report their issues and this informs the agenda.
- Journalists don’t always send their interview questions before hand, it is therefore important to be prepared, know what message you want to get out, have gone through the necessary counselling and be available when they ask for an interview.
- Having a lawyer in-house is important if there is an issue with untrue information with journalist/editor sometimes the issue should be taken up between the lawyer and the paper editor/journalist.
- It is necessary to check the language used in all media releases.
- Sensitisation and correct knowledge around the issues and language used makes the journalists accountable to their stories.


Reflection

There are many important recommendations and implications for working with the media in this session, however the better prepared an organisation is to be the ‘go-to’ organisation for interviews on a specific theme the more consistent the messaging will be too. Make sure the organisation has a core team of communication officers (PR persons) who speak on the behalf of the organisation and the issue/target group. Make sure this person is a sex worker himself/herself, and has the correct knowledge around the issue and is able to keep the message consistent.
4B - LILO- A tool for Advocacy

*Presented by Patsy Church, Positive Vibes, South Africa*

**Presentation**

**What is LILO?**

LILO Stands for Looking In Looking Out and signifies Positive Vibes’ (PV) way of working – it starts with self and moves into issues in the outside world (understanding where my ideas come from) – then moves to dialogue and conscientisation (a process of shifting how you see the world) – then how you can use your voice to influence others – and ultimately social transformation.

**Figure 10 – Positive Vibes Methodology**

There are several different iterations of LILO. Patsy highlighted some of these:

**LILO Identity** – aims to move LGBTI to a positive self-concept – self efficacy leads to increased agency and better health outcomes.

**LILO Key Populations** has more of an advocacy approach. It was designed for LOs who want to do meaningful work with KPs but are still on the brink of understanding issues of stigma and prejudice. LILO KP has a much greater emphasis on: our values, beliefs and attitudes (where they come from e.g. culture, church and family); understanding stigma and discrimination (sharing stories, case studies and scenarios so that people can connect; building empathy of LGBTI and sex workers (standing in others’ shoes for a moment). The value of LILO KP is a more grounded and human understanding of KPs – beyond the statistics.

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*We ask people to identify where they are on the attitude scale from repulsion to acceptance and appreciation. There is always a shift. Our hopes are just for a shift. We are not aiming for everyone to reach the top levels of appreciation, just a small shift from where they were. It takes time and deep engagement before you can become a champion.*
**LILO Voice** - is for those who have already been through LILO Identity and for PLHIV. It includes the same process of Personalisation – Dialogue – Voice – Transformation; and focuses on story telling; power and resistance; understanding and changing systems (identifying where power lies); human rights and active citizens responsibilities; relational skills; HERO (hope, efficacy, resilience, optimism); planning for the future. It is aimed a very low level of community advocacy – to change attitudes within families and immediate circles of influence and build a groundswell of voice to fill the gap towards high level advocacy.

All of the LILO products are developed with deep consultation and co-design.

We have learnt that facilitator paring is very important. There needs to be an LGBTI or sex worker to help break down stigma but also needs a mainstream person who can push in a firmer way.

**Experiences of LILO KP for facilitators and participants:**

**Warren:** We ran LILO KP about 10 times in the last year. On two occasions with GALZ in Zimbabwe there were lots of pastors or religious leaders in the room. It supported people to drop the story they tell themselves and encounter people on a human level. There was a lot of excitement from religious leaders wanting to take that into leadership spaces. They could see how the religious principles could apply and started to shift from judgement to love.

**Lucile:** After patriating in LILO we organised another session for the staff of the Alliance Cote d’Ivoire, we also invited KPs/staff of KP organisations. The Board came with misconceptions and ideas about who KPs were so there were two sides but we saw the change in mentalities even before the workshop was finished. They had fear and misconceptions and they then understood much better and became closer to KPs. It created a bond and it’s a tool that we need to use.

**Massogui:** We had a similar experience in ANCS, we are going through a process to integrate human rights strategies into our strategic plan and have discussed with the steering committee how to strengthen work with KPs because they were reluctant. Two of our committee participated in the first LILO workshop. They fed back to the committee about the information they received. Then they all demanded a LILO workshop. It helped them understand the issues at stake. We now face huge demand from KP organisations and committees – they all want the training. We are receiving requests from Mali and Ghana and we are working to organise LILO workshops there. LILO in West Africa is a new way of thinking, seeing things and understanding them. We do stigma and KP work, but LILO opens up a way of doing things differently. It has really changed attitudes.

**Martin:** It really increased my knowledge of KPs and provided an opportunity to meaningfully engage with LGBTI organisations – previously we didn’t see the issues, the points of entry, now we do. We have had more engagement after the training and more appreciation of KPs. We have incorporated LILO into proposals and have a work plan to roll it out. We have benefited from the training. It changes the way you look at things. After the ToT, I went home and connected with a transgender man and we facilitated a LILO workshop with the board within a week.

**Discussion**

Discussion questions were broadly clustered around the following topics:

**Follow up**

LILO identity has a lot of follow up built in (after 6 months, 1 year etc). We have found huge improvements in the uptake of health services, and self-confidence. LILO KP is still fairly new – we have not yet conducted longevity research, although we do have anecdotal things.
Whilst the LILO workshop itself runs for a few days, it is never implemented as a standalone – it is part of a whole process of working with organisations over a number of years and links in with OD and other support.

*LILO can spark a change but building a relationship is what sustains that change.*

**Funding / sustainability**

We have provided some funds for replication but people are also starting to find other funds if they are passionate. We have found that LILO KP is a starting point to funding, and strengthens funding applications. Many LOs are building it into programs. By integrated LILO into Global Fund type grants, you have a more sellable proposal.

**Emotional Safety**

LILO can get very emotional, but emotional safety is built into the workshop design. There is an emotional rhythm to it - only certain points of the workshop are highly emotional, by design. We don't hold people in a heightened emotional state for the duration. We spend a lot of time training facilitators to ensure they understand this. The group itself also provides an emotional safety net. There is this remarkable thing that happens with groups. It is a healing environment. No amount of individual counselling can achieve the same healing as a group dynamic.

**KP terminology**

Ishtar expressed discomfort with KP terminology, asking how we break free from that so people don't have to foreground an identity.

The LILO workshop recognises multiple identities and tries to break them down - 'KP' is a biomedical label that is an opportunity to leverage funds. But LILO is about 'otherness'. The reality is that everyone has experienced some form of otherness. We try to expand that understanding of other and someone who is different. No one is forced to speak from a 'gay' or 'sex worker' position - sometimes we step in as facilitators to give others permission to take that space but we don't demand it.

**Preaching to the converted?**

Sometimes participants are already converted – they have existing relationships with KPs, which is how they got invited. But this helps to identify champions who can open doors. For example in Zimbabwe, where religious leaders have expressed interest in conducting a LILO training with their peers. This provides an entry point to an otherwise inaccessible group.

**Reflection**

The innovative power of LILO methodologies lies in its starting point – with the self. The workshops allow participants to connect on an emotional and empathetic level with their own experiences of ‘otherness’. The process does not expect everyone to become a champion overnight, but encourages small shifts in attitudes and behaviour which can have big impacts over a trajectory of time. LILO is always delivered as part of a broader package of support that includes leadership and organisation development. These factors have contributed to the success of the methodology and make for an attractive funding proposal. There are a number of products and adaptions that are still in the pipeline including incorporate of PWIDs into LILO KP and a version of LILO identity for sex workers.
4C - Win-win partnership for care and treatment

Presented by Lucille Konan, ANS-CI, Cote d'Ivoire

Presentation

Context

- Stigmatisation of key people in regular health care centres.
- High care costs and long waiting times
- Low access to care centres of the key population.
- Significant numbers recourse to traditional medicine

This situation led to a study co-implemented by Alliance Cote d’Ivoire and the PNPMT (Programme national de promotion de la Medecine Traditionnelle) in collaboration with the PNLS (Programme National de Lutte contre le Sida).

The case study have covered 10 localities in Cote d’Ivoire.

The goal of this case study is to involve the practitioners of traditional medicine and the modern medicine in a win-win partnership in the prevention and management of HIV and STIs among key populations.

The presentation focused on three major points:

The intervention process

The methodology consisted of:

- The identification of the involved practitioners (25).
- The training of the practitioners: during the 3-day training they have been trained in communication for behavioural change linked to the fight against STIs and HIV.
- The implementation the outreach activities with their peers on the prevention, management of STIs, and the reference of patients to conventional structures of medical care.
- The supervision of the process in order to ensure guidance and follow up.

Key outputs

There has been a high commitment from the health authorities and the practitioners of traditional medicine. In order to gain more efficiency, local associations of traditional medicine practitioners will be put in place.

Key learnings

- High need of a regular field monitoring and close coaching of practitioners
- Implication of local NGOs in the process
- Strengthen traditional health practitioners in the diagnosis of PLHIV
- Strengthen linkages between traditional and modern medicine
- Widening of the coverage area
Discussion

The discussion was mainly focused around the risks of having traditional practitioners acting as a reference in the response to HIV and using the training for their own purposes to try to capture more PLHIV without referencing them to modern medicine.

Another risk that can negatively impact the health of PLHIV is the mixing of traditional and modern medicine which do complement each other.

As far as discussions were progressing, it appears that considering the risks involved it requires a very close monitoring of the traditional practitioners to:

- ensure that they are sticking to their roles
- avoid miss-use of the training
- avoid mixing medicine that can be harmful

The necessity of involving the traditional practitioners in the process is clear since they are in most cases the first contact for health issues. However, we need to ensure a close follow up in order to mitigate identified risks.

Reflection

The traditional practitioners have a large influence in African society, especially when it comes to serious infections such as HIV. The continuum of care services is key in the response to the HIV. So, any components of the society which have been identified as groups that influence or impact on the response, needs to be included as a partner.
Thematic Synthesis

The Alliance Centre for Practice, based in Cape Town, convened a Synthesis Working Group, which met each evening, in order to reflect on content and identify themes emerging from the discussions, gaps, needs, opportunities and priorities relating to sex worker programming.

The Synthesis Group members were self-selected, and included:

- Margaret Elang, CHAU, Uganda
- Lambert Douat, ANS-CI, Cote d’Ivoire
- Julie Bridger, Alliance Secretariat
- Harold Witola, National ADIS Council (NAC, Zambia)
- Martin Silukena, SAT, Zambia
- Ross Reeves, Alliance Secretariat
- Felisitus Motimedi, BONELA, Botswana
- Humphrey Ndondo, Sexual Rights Centre (SRC), Zimbabwe
- Delia Weimers-Maasdorp, Positive Vibes, Namibia
- Blaise Mucominza, ABS, Burundi
- Henri Mukumbi, AMO, Congo
- Patsy Church, Positive Vibes, South Africa
- Samuel Matsikure, GALZ, Zimbabwe
- Warren Banks, KP Connect, Positive Vibes

The synthesis group was convened by Ricardo Walters, who on the final day of the LSE presented the key findings of the working group. Ricardo explained that this was not a summary exercise, but a listening exercise, with a view to identify the threads that link various sessions and the implications of these for the Alliance family. Rather than identify issues (of which there are thousands) or propose simplistic recommendations, the synthesis group imagined the process through a metaphor of a bridge that allows people to cross from one side to another, and reflected on the questions:

- What do we need to do to position ourselves better to take some steps forward?
- How do we need to adapt rather than work hard to change KP organisations?
- What are we hearing about gaps and tensions that we need to resolve within ourselves?
- How do we address these disconnections to close the gap?
- How do we adopt bridging behaviours to get better in our programming with KPs?
Bridging behaviours

Through these reflections, a number of bridging behaviours were identified by the group:

- Sex workers are the owners and ‘protagonists’ of the movement. It is not the role of LOs to drive this movement, rather they need to learn how to support sex workers.
- ‘Nothing for us without us’ – meaningful participation means having honest conversations to identify the points of intersection — we don’t necessarily all want to same thing but there are points of intersection where we can contribute and complement each other.
- What is the appropriate roles of allies? How to participate where we don’t lead? We need to respect the leadership in the movement and find more mature ways to accompany and support sex workers.
- The distinction was drawn between advocacy and programming, with sex worker leadership especially important in advocacy.
- As sex workers advocate for sex work as work, allies may be able to shelter them from too much conflation with the issue of young people who sell sex.
- Programming needs to be integrated and focus on holistic human development. Sex workers are not an isolated category. Programming should extend beyond a biomedical approach to HIV to include psycho-social support, self-efficacy, economic empowerment, literacy and leadership.

Adaptations

Several adaptations were also identified through the discussions:

- The need for honest reflection on conviction and motivation for the work — how long are we in this for? Are our motivations genuine or opportunistic reasons?
- We need to support KPs to become more rights literate so they can mature as individuals and organisations?
- The best work comes from authentic relationships and proximity – we cannot allow budgets, and programmes to separate us.
Reflection

Group members then complimented Ricardo’s presentation by reflecting on their experience of participation in the synthesis group:

Harold: It wasn’t a process of identifying the issues. Rather it challenged us to think of the underlying issues of why we are not effective and how do we narrow down the challenges. The process kept driving us to think beyond problems towards what we can do better. There is a lot we have neglected for too long.

Felis tus: I had to really listen to what was said and what was not said and to read between the lines. It was an emotional process. We had to leave our comfort zones and think about how we really can cross this bridge. We always want to blame the other person for the outcomes but we also need to take responsibility for stifling the movement or not having integrated holistic movements. We had a lot of A-ha moments and will take a lot going forward.

Humphrey: There were not many members from the sex worker community. Sex workers should take up the space you can decide not to own the process because you were not there. If it means staying another hour then we should. It’s important.

Julie: During the process, we tried to stay loyal to what was said by sex workers in terms of what they said they needed.

This synthesis will be pulled together into a complementary report that is not a prescription but an offering so we can work more effectively.
Country Group Insights and Intentions for Change

At the end of each day, participants met in their country groups to discuss and reflect on a number of questions emerging from the day, such as:

- How are you feeling at the end of the day?
- How have you been challenged by what you experienced today (in terms of previous ideas, assumptions and beliefs)?
- What was confirmed for you (in terms of ideas, assumptions and beliefs)?

This was reflected back to the group each morning.

Reflections after Day 1 (presented on the morning of day 2)

Participants provided positive feedback from their experience of the first day of the LSE, in terms of the quality of facilitation and structure of the day.

They also expressed a great deal of anticipation about what was still to come in the remaining days, based on their experience of the first day; and excitement about opportunities for learning and sharing.

“It gave us hope that this event will bear its fruit by the exchange of rich experiences which we have found.”

There was an acknowledgement of commonalities across countries (police harassment, lack of access to health services) and mutual respect and admiration for the work done by other organisations.

“We were able to learn what the Alliance partners are doing and borrow from each other the best practice but we also discovered that we all face similar challenges”

There was a sense of urgency expressed around the topic and a desire to do more, to achieve more.

Participants highlighted a number of gaps in knowledge and programming, especially around male sex workers and young people who sell sex, and a lack of clarity around language and definitions.

A recurring theme throughout the day was the need for meaningful participation and sex worker leadership.

“There are organisations that work for sex workers, but sex workers must organise themselves and unite”

Participants expressed a desire to incorporate new ideas into their programming and establish concrete ways to move forward and work together.

“I want to say to women sex workers we are coming to share and we want to have a space for a conversation and would like to leave with an agreement on how we can work together to have one voice”
Reflections after Day 2 (presented on the morning of day 3)

On the second day, participants began to highlight specific content and examples that stood out for them, for example the SWEAT booklet on sex worker rights in South Africa and the MSM stories from Zimbabwe.

Beyond content, what touched participants most on day two were the personal stories of sex workers themselves (shared during the Sex worker 101 and other sessions throughout the day).

“During the Plenary - The passion and truth from South America. It was very heartfelt and that is what I will retain.”

“It was wonderful to hear the experience of male sex workers and their unique needs – not just around HIV – but violence, stigma and to open the debate about body choices.”

“At a one on one level we can dig deeper and see the situation on the ground is very different [from the official discourse on AIDS and sex workers]… Thanks to sex workers for honesty and openness.”

This personalisation highlighted the need to move beyond a narrow focus on HIV towards a more holistic, human development approach to sex worker health and rights.

“We want people to ask whatever they want to know. Let’s not just talk about condoms. But how do I protect my feelings? How do my children feel? These are the questions people have but are afraid to ask.”

The importance of developing personal and organisational leadership was a recurring theme throughout the day.

“The questions of leadership and education emerged for me. We need to think about the people with the passion and how to support them regardless of whether they have formal education.”

In addition to the personal, participants also expressed appreciation of the practical focus on solutions and discussions around what works and what doesn’t (from the solutions exchange session and the network building plenary).

Reflections after Day 3 (presented on the morning of day 4)

The third day of the LSE saw consolidation of some of the knowledge gaps identified on the first day, but there were also some emerging questions, such as how can we better provide for the children of sex workers? What does solidarity mean in terms of being part of a movement?

There were some mixed feelings about day three as participants expressed frustration that there was not enough time to share (especially during the decriminalisation session which ran out of time for discussion). However, there was also positive feedback from the sex worker only meeting, which allowed sex workers from different continents to connect with each other and share ideas and opportunities (such as upcoming UN meetings).
Country group wrap up – Reflections on the whole LSE (presented on the morning of day 4)

Participants were asked to reflect on what were some of the most valuable learnings over the course of the whole event and share some intentions going forward.

Several specific cross-country/cross-programme learnings where highlighted, including:

- Zambia’s experience in working in partnership with Ministry of Health and the police
- BONELA’s experience in dealing with the media
- Latin America’s experience of movement building
- Link Up’s experience in working with young people who sell sex
- Senegal’s experience with PreP
- PV’s experience with LILO as an advocacy tool

The cross-continental learning was found to be very powerful; and the centrality of sex worker participants was critical to the success of the event.

Participants expressed excitement around the possibility of joint initiatives and the need for honest open conversations to move forward in a mutually agreeable way.

“*We learnt from other sex workers and their realities so we can transpose what we are doing in South America. We spoke with our comrades and can continue. Also learnt a lot from the young people*”

“*Excitement that it is possible to articulate and join initiatives from different continents... We need to take care of each other and have more meetings together with KPs at global level*”

“*As LOs we have to have honest conversations with sex worker organisations in terms of how best to support each other and let go for the sex worker movement to move forward*”

There was recognition that some countries are further along than others and that we need to support each other – to think beyond national borders and beyond HIV.

“*Please open your hearts and minds across country boundaries.*”

“*Eye opening to think beyond HIV like rights and violence*”

Several participants expressed a desire to replicate the event on a smaller (national) scale or larger (global) scale.
Participant Feedback

At the end of the event a feedback form was distributed to participants to understand their level of satisfaction with the event and identify any areas that worked particularly well or needed improvement.

The feedback form was completed by 44 participants (35 in English, 7 in French and 2 in Spanish).

Participant Satisfaction

Participants were asked to rate their level of satisfaction (using a five point scale from very satisfied to very unsatisfied) with:

- the workshop process as a whole (presentation, translation, coordination etc.); and
- the event content (range of topics, knowledge of presenters, relevance etc.)

The former received an average score of 4.36, while the latter received an average score of 4.39 as per the Figure 13 below.

Figure 13 – Level of participant satisfaction in the areas of process and content

Participant Expectations

Participants were asked to rate the extent to which they agree to a range of statements about the workshop (using a five point scale from strongly agree to strongly disagree), as follows:

- My expectations for the workshop were met;
- I feel as though I am able to/know how to access the support I need in order to take the next steps to explore further and/or implement new approaches to sex worker programming in-Country;
- Emerging themes were accurately and adequately captured and reflected back during the process.

The average score for each statement was 4.50; 4.39; and 4.34 respectively (Figure 14 below).
Ratings were marginally higher for Spanish and English speaking participants than French speaking participants.

Participants were also asked to provide in-depth individual feedback, as follows:

**Most valuable sessions**

The sessions that participants found most valuable were:

- Plenary on movement building
- Plenary on young people who sell sex
- Solutions exchange sessions
- Parallel sessions (as a whole)
- Sex worker 101 sessions

Although the Sex Worker 101 sessions were criticised by two participants on the grounds that it was 'not well placed in this space' and 'problematic', they were generally well received, with many participants identifying these as their favourite sessions, including sex workers themselves:

> "The most important I found is the one to one sessions of SW where I managed to inform my fellow women who are not SWs on the issues around sex work and changed their attitude."

> "I enjoyed Sex work 101 it made me open up and give a lot of understanding to other people who did not really understand MSM."

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Participants also highly valued:

- the programme design and broad range of topics / diversity of content
- diversity of participants – involved at all levels of the movement
- the facilitation and participatory, engaging, reflective style
- the synthesis process
- meeting peers /learning from other sex workers
- opportunity for regional engagement and sharing best practice across countries

“Having participants at all levels of the movement i.e. - sex workers, programmers, donor, peer eds. young people and clinicians. Also that the range of programming was so broad.”

“The opportunity to reflect regionally and across the continent on work that is being done & best practice.”

“Range of break-away session topics were very relevant and topical. The synthesis group is such a refreshing idea to reflecting on process.”

Ideas and insights

The most common ideas and insights gleaned from the event were around:

- Movement building / working in partnership – how to mobilise young sex workers; how to build a sense of community; need for the movement to be sex worker driven
- Working with young people who sell sex – how to package services for young people within the legal restrictions; need to develop child protection policies
- Sex workers owning our struggle and amplifying our voices
- Need for holistic/integrated programming – sex workers are more than just a ‘KP’ group for HIV services
- Decriminalisation – how to push for decriminalisation using court processes
- Utilising LILO for advocacy
- Working with traditional healers; integrating traditional and conventional medicine
- Importance of data collection and keeping
- Innovative work done by other organisations
- The role of communities in improving outcomes along the care continuum for sex workers
- Using the media

“When I get back home I will start mobilizing other young SW to build a strong movement for our voice to be heard collectively.”

“That it is essential to work holistically with KPs – they are not just about services – Especially important to focus on training, education and income generation.”

“We need to offer a holistic package and not only focus on HIV or ‘classic’ activities. We need to expand our horizons.”
**Intentions for change**

After participating in the event, participants identified a number of changes they intend to make their organisations, programmes and contexts.

- Explain the diversity of sex work(ers) to colleagues
- Improve our approach for peer education
- Actively involve young people who sell sex
- Build the capacity of sex workers
- Integrate work with stakeholders such as police
- Ensure work is led by sex workers
- Create safe spaces for MSM
- Share knowledge from LSE
- Strengthen community engagement
- Move beyond SRH & HIV to human rights
- Better communication and transparency
- Empowerment skills for sex workers
- Better collaboration
- Media engagement
- Focus more on trans women
- Participate more in regional /global forums
- Incorporate learning into proposal writing

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“To hammer home that sex workers need to lead programming and that focusing just on services is not good enough.”

“Seek opportunities to give sex workers a voice and develop their own capacity.”

“We are going to change our stances and we are going to put more focus on young trans women living with HIV and who sell sex.”

“Recognise the importance of playing a supporting role to sex worker organisations themselves.”

“To rethink the way we programme around KPs in general and how we involve the KP communities in planning, innovative implementation and M&E.”

“Want to develop appropriate interventions to improve the environment in which KPs work, enabling access to all services they require.”

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# Appendix 1 - Participant List

<table>
<thead>
<tr>
<th></th>
<th>Full Name</th>
<th>Organisation</th>
<th>Position</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Magatte Mbodj</td>
<td>ANCS</td>
<td>Executive Director</td>
<td><a href="mailto:magatte.mbodj@ancs.sn">magatte.mbodj@ancs.sn</a></td>
</tr>
<tr>
<td>2</td>
<td>Massogui Thiandou</td>
<td>ANCS</td>
<td>Director of the Alliance Centre Dakar</td>
<td><a href="mailto:mthiandou@ancs.sn">mthiandou@ancs.sn</a></td>
</tr>
<tr>
<td>3</td>
<td>Moustapha LO</td>
<td>Alliance Centre Dakar, Senegal</td>
<td>Marketing Manager</td>
<td><a href="mailto:moustapha.lo@ancs.sn">moustapha.lo@ancs.sn</a></td>
</tr>
<tr>
<td>4</td>
<td>Abdoulaye Hane</td>
<td>Bacteriological and virological laboratory CHU le Dantec</td>
<td>Project Manager / PREP Presenter</td>
<td><a href="mailto:ahane@orange.sn">ahane@orange.sn</a></td>
</tr>
<tr>
<td>5</td>
<td>Lala Maty Sow</td>
<td>AND SOPPEKU</td>
<td>Sex worker representative</td>
<td><a href="mailto:lalamatysow@yahoo.fr">lalamatysow@yahoo.fr</a></td>
</tr>
<tr>
<td>6</td>
<td>Mariema Soumare</td>
<td>Association AWA</td>
<td>Executive Director</td>
<td><a href="mailto:masoumare2000@gmail.com">masoumare2000@gmail.com</a></td>
</tr>
<tr>
<td>7</td>
<td>Ndeye Diallo</td>
<td>SIS AFRIC</td>
<td>Jurist and Project coordinator/Decriminalization of sex work presenter</td>
<td><a href="mailto:soukeyediallo@gmail.com">soukeyediallo@gmail.com</a></td>
</tr>
<tr>
<td>8</td>
<td>Catherine Simmons</td>
<td>KPC (Secretariat)</td>
<td>Grants Manager</td>
<td><a href="mailto:csimmons@aidsalliance.org">csimmons@aidsalliance.org</a></td>
</tr>
<tr>
<td>9</td>
<td>Julie Bridger</td>
<td>KPC (Secretariat)</td>
<td>Grant Assistant: Regional Programmes</td>
<td><a href="mailto:jbridger@aidsalliance.org">jbridger@aidsalliance.org</a></td>
</tr>
<tr>
<td>10</td>
<td>Francis Mangani</td>
<td>SIDA Embassy of Sweden</td>
<td>Regional Advisor</td>
<td><a href="mailto:francis.mangani@gov.se">francis.mangani@gov.se</a></td>
</tr>
<tr>
<td>11</td>
<td>Greg Munro</td>
<td>Secretariat</td>
<td>Head of TCU (SMT Member - also responsible for Centres and Hubs initiatives for Secretariat)</td>
<td><a href="mailto:gmunro@aidsalliance.org">gmunro@aidsalliance.org</a></td>
</tr>
<tr>
<td>12</td>
<td>Matteo Cassolato</td>
<td>Secretariat</td>
<td>Senior Technical Advisor</td>
<td><a href="mailto:mcassolato@aidsalliance.org">mcassolato@aidsalliance.org</a></td>
</tr>
<tr>
<td>13</td>
<td>Jane Coombes</td>
<td>Secretariat</td>
<td>Programme Impact (TREAT project)</td>
<td><a href="mailto:jcoombes@aidsalliance.org">jcoombes@aidsalliance.org</a></td>
</tr>
<tr>
<td>14</td>
<td>Alain Manouan</td>
<td>Secretariat</td>
<td>Regional Manager: Africa</td>
<td><a href="mailto:amanouan@aidsalliance.org">amanouan@aidsalliance.org</a></td>
</tr>
<tr>
<td>15</td>
<td>Ross Reeves</td>
<td>Secretariat</td>
<td></td>
<td><a href="mailto:reeves@aidsalliance.org">reeves@aidsalliance.org</a></td>
</tr>
<tr>
<td>16</td>
<td>Claire Mathonsi</td>
<td>Secretariat</td>
<td>Regional Representative Gender &amp; Gender Based Violence</td>
<td><a href="mailto:cmathonsi@aidsalliance.org">cmathonsi@aidsalliance.org</a></td>
</tr>
<tr>
<td>17</td>
<td>Lambert Douat</td>
<td>ANSCI, Ivory Coast</td>
<td></td>
<td><a href="mailto:lambert.doua@ansci.org">lambert.doua@ansci.org</a></td>
</tr>
<tr>
<td>18</td>
<td>Lucille Konan</td>
<td>ANSCI, Ivory Coast</td>
<td>Programmes Manager</td>
<td><a href="mailto:lkonan@ansci.org">lkonan@ansci.org</a></td>
</tr>
<tr>
<td>19</td>
<td>Felistus Motimedi</td>
<td>BONELA, Botswana</td>
<td>Programmes Manager</td>
<td><a href="mailto:felistusm@bonela.org">felistusm@bonela.org</a></td>
</tr>
<tr>
<td>20</td>
<td>Tosh Legoreng</td>
<td>SISONKE, Botswana</td>
<td>Director</td>
<td><a href="mailto:toshl@bonela.org">toshl@bonela.org</a></td>
</tr>
<tr>
<td>21</td>
<td>Martin Silukena</td>
<td>SAT Zambia</td>
<td>Senior Country Programme Officer</td>
<td><a href="mailto:martin@satzam.org.zm">martin@satzam.org.zm</a></td>
</tr>
<tr>
<td>22</td>
<td>Dr. Harold Witola</td>
<td>National AIDS Council (NAC), Zambia</td>
<td>Director, Programmes</td>
<td><a href="mailto:hwitola@nacsec.org.zm">hwitola@nacsec.org.zm</a></td>
</tr>
<tr>
<td>23</td>
<td>Florence Milanzi</td>
<td>Emerging Voices Project, Chipata, Zambia</td>
<td>Peer Educator</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>George Anthony</td>
<td>TACOSODE, Tanzania</td>
<td>Legal Practitioner &amp; Social worker</td>
<td><a href="mailto:ngolojunior@gmail.com">ngolojunior@gmail.com</a></td>
</tr>
<tr>
<td>25</td>
<td>Sophia Lugilae</td>
<td>WAFO (Warembo Forum), Tanzania</td>
<td>WAFO Executive Director</td>
<td><a href="mailto:waremboforum@yahoo.com">waremboforum@yahoo.com</a></td>
</tr>
<tr>
<td>26</td>
<td>Johanna Kehler</td>
<td>ALN, South Africa</td>
<td>Executive Director</td>
<td><a href="mailto:jkehler@icon.co.za">jkehler@icon.co.za</a></td>
</tr>
<tr>
<td>27</td>
<td>Maria Stacey</td>
<td>NACOSA, South Africa</td>
<td>Key Populations Manager</td>
<td><a href="mailto:maria@nacosa.org.za">maria@nacosa.org.za</a></td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Organization/Network</td>
<td>Role</td>
<td>Email</td>
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</tr>
<tr>
<td>28</td>
<td>Ishtar Lakhani</td>
<td>SWEAT, South Africa</td>
<td>Advocacy and Human Rights Defence Manager</td>
<td><a href="mailto:ishtarl@sweat.org.za">ishtarl@sweat.org.za</a></td>
</tr>
<tr>
<td>29</td>
<td>Katlego Rasebitse</td>
<td>SISONKE, South Africa</td>
<td></td>
<td><a href="mailto:pamelac@sweat.org.za">pamelac@sweat.org.za</a> <a href="mailto:Kholib@sweat.org.za">Kholib@sweat.org.za</a></td>
</tr>
<tr>
<td>30</td>
<td>Samuel Matsikure</td>
<td>GALZ, Zimbabwe</td>
<td>Programmes Manager</td>
<td><a href="mailto:progs@galz.co">progs@galz.co</a></td>
</tr>
<tr>
<td>31</td>
<td>Lawrence Phiri</td>
<td>GALZ, Zimbabwe</td>
<td>Sex Worker Coordinator</td>
<td><a href="mailto:phillawrence@gmail.com">phillawrence@gmail.com</a></td>
</tr>
<tr>
<td>32</td>
<td>Emelyne Munezero</td>
<td>ABS, Burundi</td>
<td>Responsable d’une organisation des Travailleuse de sexe de la region syd du pays. Elle est Pair Educateur. Elle pilote aussi une activité génératrice de revenu chez les Travailleuses de sexe de la region.</td>
<td><a href="mailto:munezeroemelyne7@gmail.com">munezeroemelyne7@gmail.com</a></td>
</tr>
<tr>
<td>33</td>
<td>Blaise Mucomwiza</td>
<td>ABS, Burundi</td>
<td>le charge de gestion des subventions et assistant aux Programmes</td>
<td><a href="mailto:mucoblaise@yahoo.fr">mucoblaise@yahoo.fr</a></td>
</tr>
<tr>
<td>34</td>
<td>Peninah Mwangi</td>
<td>Bar Hostess Empowerment &amp; Support Programme, Kenya</td>
<td></td>
<td><a href="mailto:peninah@bhesp.org">peninah@bhesp.org</a> <a href="mailto:kanco@kanco.org">kanco@kanco.org</a></td>
</tr>
<tr>
<td>35</td>
<td>Gorety Apondi</td>
<td>KANCO, Kenya</td>
<td>Development and Communication advisor</td>
<td><a href="mailto:gapondi@kanco.org">gapondi@kanco.org</a> <a href="mailto:kanco@kanco.org">kanco@kanco.org</a></td>
</tr>
<tr>
<td>36</td>
<td>Margret Elang</td>
<td>CHAU, Uganda</td>
<td>Programme Manager SHRH/HIV Integration</td>
<td><a href="mailto:melang@chau.ug">melang@chau.ug</a></td>
</tr>
<tr>
<td>37</td>
<td>Mary Namirembe</td>
<td>Most at Risk Populations Initiative (MARPI), Uganda</td>
<td>Representative</td>
<td><a href="mailto:namirembe.mary@yahoo.com">namirembe.mary@yahoo.com</a></td>
</tr>
<tr>
<td>38</td>
<td>Prossy Naguuja</td>
<td>Uganda Youth Development Network (UYDEL), Uganda</td>
<td>Representative</td>
<td><a href="mailto:nprossy1994@gmail.com">nprossy1994@gmail.com</a></td>
</tr>
<tr>
<td>39</td>
<td>Lee Mondry</td>
<td>Positive Vibes</td>
<td>Director of Programmes</td>
<td><a href="mailto:lee@positivevibes.org">lee@positivevibes.org</a></td>
</tr>
<tr>
<td>40</td>
<td>Delia Weimers-Maasdorp</td>
<td>Positive Vibes</td>
<td>Programme Manager KP Health</td>
<td><a href="mailto:delia@positivevibes.org">delia@positivevibes.org</a></td>
</tr>
<tr>
<td>41</td>
<td>Daughtie Ogutu</td>
<td>ASWA</td>
<td>Executive Director</td>
<td><a href="mailto:daughtie@aswaalliance.org">daughtie@aswaalliance.org</a></td>
</tr>
<tr>
<td>42</td>
<td>Denis Nzioka</td>
<td>ASWA</td>
<td>Membership and Communications Officer</td>
<td><a href="mailto:nzioka@aswaalliance.org">nzioka@aswaalliance.org</a></td>
</tr>
<tr>
<td>43</td>
<td>Charmaine Dube</td>
<td>Zimbabwe Sex Workers Alliance (ZIMSWA)</td>
<td></td>
<td><a href="mailto:dubecharmaine3@gmail.com">dubecharmaine3@gmail.com</a></td>
</tr>
<tr>
<td>44</td>
<td>Carolyne Kemuto</td>
<td>Survivors Busia/Kenya Sex Workers Alliance (KESWA), Kenya</td>
<td>Programmes Manager</td>
<td><a href="mailto:carole@survivors.or.ke">carole@survivors.or.ke</a></td>
</tr>
<tr>
<td>45</td>
<td>Jimoh Adesina</td>
<td>Blety, Ivory Coast</td>
<td>Representative</td>
<td><a href="mailto:jtety@yahoo.fr">jtety@yahoo.fr</a></td>
</tr>
<tr>
<td>46</td>
<td>Mukasa Hakim</td>
<td>Foundation for Transgender Women Living with HIV in Uganda</td>
<td>Executive Director</td>
<td><a href="mailto:badblack456@gmail.com">badblack456@gmail.com</a></td>
</tr>
<tr>
<td>47</td>
<td>Elena Eva Reynaga</td>
<td>RedTraSex</td>
<td></td>
<td><a href="mailto:secejecutiva@redtrasex.org">secejecutiva@redtrasex.org</a>; <a href="mailto:coordinacionproyectos@redtrasex.org">coordinacionproyectos@redtrasex.org</a></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Organization/Position</td>
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<tr>
<td>48</td>
<td>Maria Lucilia Esquivel</td>
<td>Partner of RedTraSex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Luis Menacho</td>
<td>Alliance Centre of Care Head of Research, Via Libre, Peru</td>
<td><a href="mailto:luchomenacho@gmail.com">luchomenacho@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Humphrey Ndondo</td>
<td>Sexual Rights Centre (SRC) – Zimbabwe</td>
<td><a href="mailto:humphrey.srcdirector@gmail.com">humphrey.srcdirector@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Flavian Rhode</td>
<td>Alliance Centre Cape Town</td>
<td><a href="mailto:flavian@positivevibes.org">flavian@positivevibes.org</a></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Ricardo Walters</td>
<td>Alliance Centre Cape Town</td>
<td><a href="mailto:outofphase@mweb.co.za">outofphase@mweb.co.za</a></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Georgina Caswell</td>
<td>Secretariat/Link-Up Regional Advisor (Africa): Link-Up</td>
<td><a href="mailto:gcaswell@aidsalliance.org">gcaswell@aidsalliance.org</a></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Henrimukumbimas</td>
<td>AMO Congo Executive Director</td>
<td><a href="mailto:henrimukumbimas@gmail.com">henrimukumbimas@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Melusi Mngometulu</td>
<td>CANGO Swaziland Representative</td>
<td><a href="mailto:mande@cango.org.sz">mande@cango.org.sz</a></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>Nomkhosi Mabizela</td>
<td>CANGO, Swaziland Sex Worker representative</td>
<td><a href="mailto:mabizelanomkhosi@gmail.com">mabizelanomkhosi@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Dianne Massawe</td>
<td>SWEAT Gauteng Provincial Manager</td>
<td><a href="mailto:diannem@sweat.org.za">diannem@sweat.org.za</a></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Munyaradzi Masunga</td>
<td>Sisonke Gauteng Provincial Coordinator</td>
<td><a href="mailto:munyaradzim@sweat.org.za">munyaradzim@sweat.org.za</a></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Clara Singende</td>
<td>Sisonke Member</td>
<td><a href="mailto:clarasingende@gmail.com">clarasingende@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>Andy Zulu</td>
<td>Sisonke Peer Educator</td>
<td><a href="mailto:andy.zulu47@gmail.com">andy.zulu47@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>Zibusiso Tshuma</td>
<td>Sisonke Peer Educator</td>
<td><a href="mailto:stshuma582@gmail.com">stshuma582@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>Shaun Bibi</td>
<td>Women’s Legal Centre Paralegal Representative</td>
<td><a href="mailto:Shaun@wlce.co.za">Shaun@wlce.co.za</a></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>John Beku</td>
<td>Regional Technical Support Hub for Eastern and Southern Africa Hub Manager</td>
<td><a href="mailto:jbeku@alliancehubesa.org">jbeku@alliancehubesa.org</a></td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>Carsten Norgaard</td>
<td>KPC Programme Manager</td>
<td><a href="mailto:carsten@positivevibes.org">carsten@positivevibes.org</a></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>Cecilia Horsten</td>
<td>KPC Programme Administrator</td>
<td><a href="mailto:cecilia@positivevibes.org">cecilia@positivevibes.org</a></td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>Pernille Madsen</td>
<td>KPC Programme Logistics</td>
<td><a href="mailto:pernille@positivevibes.org">pernille@positivevibes.org</a></td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>Sylvie Pawele</td>
<td>KPC Programme Advisor</td>
<td><a href="mailto:sylvie@positivevibes.org">sylvie@positivevibes.org</a></td>
<td></td>
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<tr>
<td>68</td>
<td>Warren Banks</td>
<td>KPC Programme Advisor</td>
<td><a href="mailto:warren@positivevibes.org">warren@positivevibes.org</a></td>
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<td>69</td>
<td>Katie McDonald</td>
<td>KPC Programme M&amp;E Officer</td>
<td><a href="mailto:katie@positivevibes.org">katie@positivevibes.org</a></td>
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<tr>
<td>70</td>
<td>Patsy Church</td>
<td>KPC Curriculum Developer</td>
<td><a href="mailto:patsy@positivevibes.org">patsy@positivevibes.org</a></td>
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<tr>
<td>71</td>
<td>Melinda Fantou</td>
<td>Interpreter</td>
<td><a href="mailto:melindafantoutranslations@gmail.com">melindafantoutranslations@gmail.com</a></td>
<td></td>
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<tr>
<td>72</td>
<td>Nathalie Heyndrickx</td>
<td>Interpreter</td>
<td><a href="mailto:Nathalie@language-solutions.co.za">Nathalie@language-solutions.co.za</a></td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>Jeanne Van Dyk</td>
<td>Interpreter</td>
<td><a href="mailto:jeannevandyk@gmail.com">jeannevandyk@gmail.com</a></td>
<td></td>
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<tr>
<td>74</td>
<td>Beatrice Boltz</td>
<td>Interpreter</td>
<td><a href="mailto:beaboltz@gmail.com">beaboltz@gmail.com</a></td>
<td></td>
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<tr>
<td>75</td>
<td>Clara Tilve</td>
<td>Interpreter</td>
<td><a href="mailto:clara.tilve@gmail.com">clara.tilve@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>76</td>
<td>Sylvia Pratten</td>
<td>Interpreter</td>
<td><a href="mailto:pratten@iafrica.com">pratten@iafrica.com</a></td>
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</tbody>
</table>

**Note:** Participants from Ethiopia were scheduled to attend the event, however were unable to get their visa’s due to stigma and discrimination.