



GOOD PRACTICE GUIDE

to integrated sex worker programming

Based on the Experiences of the
Red Umbrella Programme

The Red Umbrella Programme is a partnership programme, Funded by the Global Fund to Fight Aids, TB and Malaria through NACOSA. The Sex Workers Education & Advocacy Task force (SWEAT) led the Good Practice Workshop process that resulted in this Guide. Content was generated at the Good Practice Workshop by the organisations implementing the Red Umbrella Programme.

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This Guide is dedicated to sex workers across South Africa and their allies.

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**“Sex is the root of life
It opens one’s mind
And gives one a chance to get a job
Young and old do sex
Without sex you are taken as not part
of the world
Boys and girls, mothers and fathers
Let us do sex to enjoy our lives”**

*- Assaria Sungano, CPC, Mokopane
(shared at the Good Practice Workshop)*

1. INTRODUCTION

59.6%

of South African sex workers have HIV, one of the highest prevalence rates in the world.



“Imagine it is late at night. It is raining. You are standing on the street waiting for clients. Your kids are at home alone. You need money to feed them and send them to school. A client comes along, and is prepared to pay you double for ‘skin-to-skin’ sex. That is a very tough decision.”

- Quote from sex worker shared during the Good Practice Workshop

1.1 Sex Work in South Africa¹

Sex work is illegal in South Africa, exacerbating the marginalisation and stigma that women and men working in the industry endure. Sex workers face many hurdles, including severe and systematic abuse of power by security services, and violence from police, clients and intimate partners. Substance abuse and an increased risk of contracting HIV/AIDS and other STIs are two major health concerns. Compounding these challenges are the difficulties in accessing health care, legal resources, and social services.

1.1.1 Sex work and HIV/AIDS

Sex workers are classified as a ‘most-at-risk’ or ‘key’ population at risk for HIV infection.

A meta-analysis published in 2012 indicated that the HIV prevalence rate for South African sex workers is approximately 59.6% (Baral et al. 2012²). This is one of the highest prevalence rates in the world, and it is estimated that one in five new HIV infections are sex-work related (the current National Strategic Plan for HIV, TB and STIs, NSP 2012-2016).

A study conducted by SWEAT and Impact Consulting in 2012/3³ discovered that most sex workers support the idea of safe sex, but that the environment in which sex workers operate creates obstacles to practicing safe sex, and that sex workers are often subject to high rates of violence and rape.

Clients reportedly pay more money for unprotected sex, and often threaten or intimidate sex workers into having unprotected sex. Due to the fact that sex work is still illegal, sex workers don’t have much leverage when a client refuses to use condoms.

1 This section is adapted from the Building the Picture: National Sex Work Survey report, SWEAT and Impact Consulting, January 2013.

2 Baral, S. et al (2012), Burden of HIV among female sex workers in low-income and middle-income countries: A systematic review and meta-analysis. *Lancet Infectious Diseases* 12:538-49.

3 Building the Picture: National Sex Work Survey report, SWEAT and Impact Consulting, January 2013.

1.1.2 Experiences of violence

Findings from the sex worker survey⁴ demonstrated that a majority of sex workers experienced severe levels of violence during the 12 month period leading up to the research. 57% of all respondents reported violence at the hands of clients, while 55% of all respondents reported experiencing police violence. Police violence was more common for sex workers operating in the streets: as 66% of street sex workers reported police violence. Findings also demonstrated that experiences of abuse by clients increased when sex workers were based in bars and shebeens.

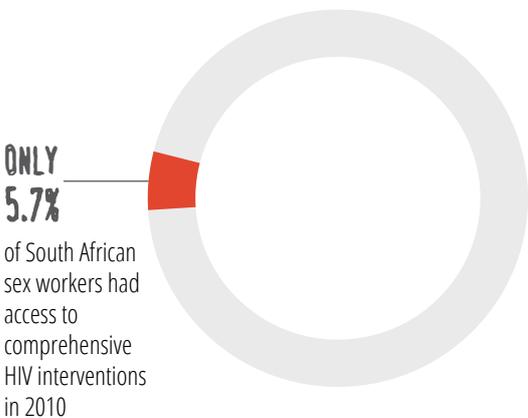
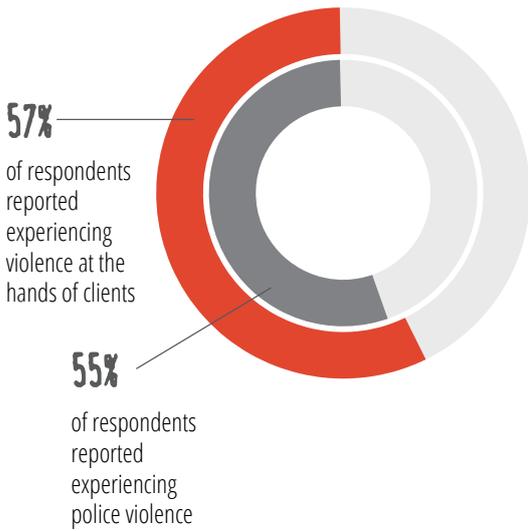
Police harass sex workers as a common practice, for example, arresting them and extorting fines and/or sex from them. Cases are reported in which police confiscate condoms and arrest sex workers after finding condoms in their bags. Such events make it dangerous for sex workers to carry condoms. As a result of police harassment and targeting of sex workers, individuals feel pressured to negotiate speedily with prospective clients. This increases the chances of ending up in dangerous situations. In addition, sex workers who are sexually assaulted are often turned away from police stations, being told that “sex workers can’t be raped”.

Other types of violence experienced by sex workers include intimate partner violence, violence at the hands of other sex workers, violence from pimps and managers and other perpetrators (reported by 29%, 17%, 8% and 19% of respondents, respectively).

1.1.3 Access to health resources

Only approximately 5% of South African sex workers had access to comprehensive HIV interventions in 2010⁵. Sex workers are continuously refused access to health care, including post-exposure prophylaxis to prevent contracting HIV in cases of rape. Compounding this issue is the fact that condoms are not always readily available across South Africa – and stigma, exposure and humiliation prevent sex workers from seeking out condoms or health care at health care centres. This highlights the urgent need to roll out effective and specialised HIV prevention, treatment, care and support on a large scale.

4 Results for Development Institute (2010), aids2031 Costs and Financing Working Group. The Long-Term Costs of HIV/AIDS in South Africa, Washington, DC.
5 Building the Picture: National Sex Worker Survey report, SWEAT and Impact Consulting, January 2013.



“Sex workers are human beings, and [should be able to] enjoy the same constitutional rights as any other citizen.”

- Quote from talk at municipality summit on TB and HIV in 2014

1.1.4 Stigma

The stigma that sex workers face is widespread. At a municipality summit on TB and HIV in 2014, the Acting Director of SWEAT found that the audience associated the title “sex worker” with “HIV and STIs”, “poverty” and “low morals”⁶. There is still much work to be done to spread the message that “Sex workers are human beings, and [should be able to] enjoy the same constitutional rights as any other citizen”. Further, that sex work should be recognised as work, and that decriminalisation of adult, consensual sex work is the legal model that would secure the best possible outcomes in combating HIV and protecting sex workers’ rights.

When the estimated HIV prevalence rate amongst sex workers was released, the media made assumptions that the high rate was due to sex workers’ ignorance regarding HIV and their recklessness with regard to their health. This merely demonstrates the deep-seated stigma that sex workers are up against. Research shows that the high rates are better accredited to decades of criminalisation, marginalisation, stigma, discrimination, gender inequalities, power imbalances, and human rights violations.

1.1.5 Sex worker programme needs

Although South Africa has the largest treatment programme in the world, with 2.8 million people on ART, the country is still experiencing the highest rate of new infections. Thus, prevention is still a key programmatic goal. Programmes need to focus on imparting information, on advising sex workers to use condoms and prophylaxis, and on empowering individuals so that they know their rights and so that they are able to stand up for these. It is impossible to tackle HIV prevention and treatment without addressing the issue of sex workers’ rights.

Much research and work is being done in areas of human rights, sex work, and HIV. However, much of these efforts are taking place in isolation. A more systematic approach is needed to adequately address the challenges. This requires tackling policy reform, gender-based violence, workplace safety, mobilisation of sex workers to speak out for their rights, skills development, training and **sensitisation** of health care workers and police, gender empowerment, as well as interventions to address stigma and discrimination.

6 beta.iol.co.za/news/time-to-decriminalise-prostitution-1815302



**"We are not selling our bodies.
Our bodies belong to us. We are
selling sex."**

*-Quote from a sex worker at the
Good Practice Workshop*

1.1.6 Strategies towards improvement

“Decriminalisation of sex work could have the largest effect on the course of the HIV epidemic, averting between 33 and 46 percent of incident infections over the next decade through combined effects on violence, police harassment, safer work environments, and HIV transmission pathways.”

- The Lancet, 2014

SWEAT and the Red Umbrella Programme believe that sex work must be recognised as work in order to protect sex workers’ human rights and labour rights, and in order to reduce sex workers’ risk of contracting HIV. Decriminalisation of sex work is recommended by international bodies such as the World Health Organisation, UNAIDS, the Commonwealth Heads of Government, and by the Commission for Gender Equality in South Africa and the South African National Aids Council (SANAC). There is also research that shows that “decriminalisation of sex work could have the largest effect on the course of the HIV epidemic, averting between 33 and 46 percent of incident infections over the next decade through combined effects on violence, police harassment, safer work environments, and HIV transmission pathways”⁷. In short, this means that decriminalisation is the single, simplest thing that governments can do to reduce the HIV risk among this population.

The South African government has come to realise that the risk of contracting HIV is not the same for all groups, and that those who are selling sex every day are at higher risk. Approximately six percent of new infections occur among sex workers and their clients⁸. Programmes therefore need to focus on decreasing illness and death, and on the prevention of new infections.

Strategies to ensure that “no sex worker die[s] from AIDS” (SANAC) include helping sex workers to:

- Gain access to HIV tests
- Gain access to treatment
- Adhere to treatment: 40% of people on treatment get lost in the system – less than 40% get viral load tests to make sure the treatment is working.

1.1.7 Challenges for sex work programming

A major limitation to sex work programming is the infamous US government “Anti-Prostitution Pledge”, which requires international recipients and sub-recipients of US funds to acknowledge that they are “opposed to the practices of prostitution and sex trafficking, because of the psychological and physical risks they pose for women, men and children”. Many HIV organisations in South Africa (and indeed many of the Red Umbrella programme partner organisations) receive funds from the US government, and campaigns like these place the Red Umbrella Programme at risk of not being able to fulfil its mandate.

A successful programme needs data and information so that it can adequately address relevant needs. It is a challenge to collect accurate data due to the sensitivity of the data and because sex work is mostly hidden.

7 Shannon et al, the Lancet, special edition on HIV and sex work published to coincide with the Melbourne International AIDS Conference, 2014.

8 SANAC speech by Dr. Fareed Abdullah, delivered 2014.

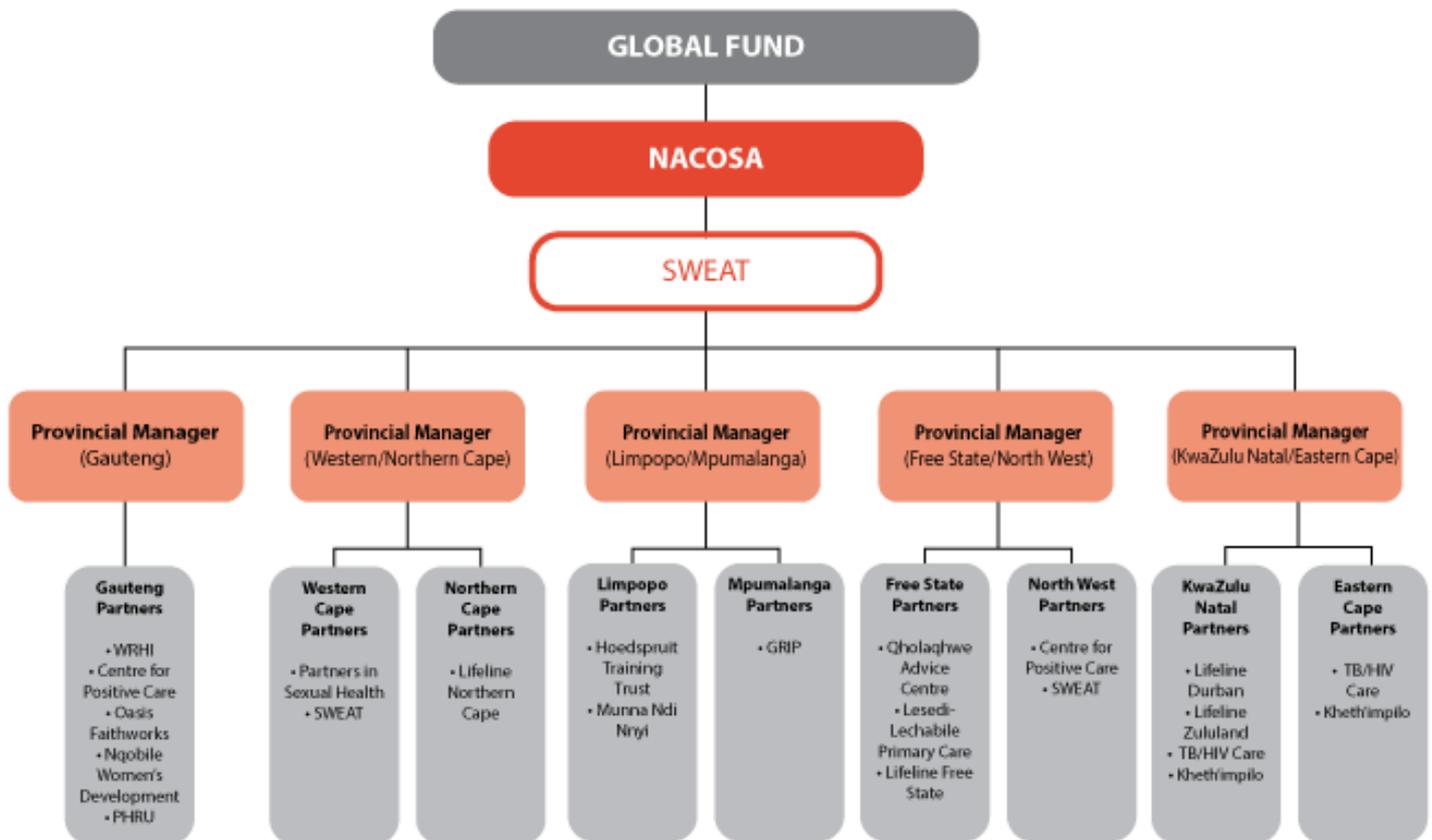


1.2 The Red Umbrella National Sex Worker Programme

In 1994 the Sex Worker Education and Advocacy Taskforce (SWEAT) was formed, linked to the Triangle GLBTI project. SWEAT received its first funding in 1996 – a Department of Health grant on safer sex. This funding was used to engage with sex workers in the Cape Town City Bowl about safer sex and, shortly thereafter, sex workers joined the small SWEAT team. SWEAT was formally registered as a non-profit organisation in 1997.

In 2010 SWEAT was asked to coordinate the roll-out of its programme on a national level, funded by the Global Fund to fight TB, HIV and Malaria, through NACOSA*.

In Phase II of the project, it was rapidly expanded to include 19 sub-recipients and 560 peer educators. It was then called the Red Umbrella Programme to acknowledge this network of implementors.



"NOW I AM A RESEARCHER" :

SEX WORKERS' INVOLVEMENT IN THE PLANNING, IMPLEMENTATION AND ANALYSIS OF STRATEGIC INFORMATION RESEARCH TO INFORM THE DEVELOPMENT OF AN UP-SCALED NATIONAL SEX WORKER PROGRAMME

Author: Maria Stacey | Sex Workers Education & Advocacy Taskforce, Sweat, Cape Town, South Africa

INTRODUCTION

Until recently, there was a lack of strategic information regarding sex workers in South Africa to inform HIV programming, despite suggested HIV prevalence rates of 59.6% (Baral et al., 2012). The South African Global AIDS Progress Report reported "no data" for the sex worker indicators until 2013.

SEX WORK IN SOUTH AFRICA

Sex work is fully criminalised in South Africa and is characterised by systematic violence, both from law enforcement and clients. Criminalisation exacerbates stigma, discrimination and marginalisation, which can be argued to be both structural drivers of HIV infection, and pose obstacles to reaching sex workers with HIV prevention, treatment and care.

SWEAT

Sex Worker Education and Advocacy Taskforce (SWEAT) is a community-based organisation which addresses the health and human rights of sex workers. SWEAT was founded in 1994 by a male sex worker and a clinical psychologist. In 2010, SWEAT became a sub-recipient of a Global Fund grant, responsible for coordinating a relatively modest national sex worker HIV prevention programme, at 8 sites around South Africa.

2010

TIMELINE

PHASE I

8 ORGANISATIONS



8 SITES

50 PEER EDUCATORS



2012

2013

2016

BEGINNING TO BUILD THE PICTURE: SOUTH AFRICAN NATIONAL SURVEY OF SEX WORKER KNOWLEDGE, EXPERIENCES AND BEHAVIOUR, 2012

- Funded by Global Fund
- Intended as an evaluation of Phase I: SA National Sex Worker Programme
- Opportunity used to fill gaps in country GARP report for sex worker data
- Sex worker peer educators train to administer mobile phone-based questionnaire to their peers
- Sex workers involved in planning field work to ensure representative sample of sex worker population reached
- 1136 questionnaires completed
- Results analysed by review team consisting of programme staff and sex workers
- Results used as a baseline for Phase II
- Follow up evaluation planned for 2016 will be able to assess impact of Phase II Sex Worker Programme



ESTIMATING THE SIZE OF THE SEX WORKER POPULATION IN SOUTH AFRICA, 2013

- Rapid Size Estimation intended for operational planning in anticipation of Phase II
- Study funded by SANAC, conducted by SWEAT and Impact Consulting
- Methodology a modified "Wisdom of the Crowds"
- 14 sites sampled, representative of different "categories of places"
- Results extrapolated for national and provincial estimates
- Sex workers from SWEAT and partners assisted with site selection.
- Team of one professional researcher and 3 trained sex worker field workers conducted the focus groups and enumeration at each site
- Technical review panel consisted of representatives from Sisonke Sex Workers Movement; National AIDS Council; research institutions; donor organisations and civil society partners
- Result = intermediate national estimate of 153 000 sex workers (female, male and transgender)



MAPPING STUDIES, 2013

- Funded by Global Fund
- Studies conducted in 33 sites across 6 of South Africa's 9 provinces
- Site sampling informed by Size Estimation Study
- Previously unserved sites
- Gathered qualitative data through focus group discussions and site visits
- Sex workers involved as group facilitators, field workers, local guides
- Assessed patterns of sex work; demographics of sex workers; human rights challenges: access to health care and other services
- Opportunity to validate or adjust estimates from Size Estimation Study
- Informed the selection of sites for Phase II

- SEX WORKERS CONSULTED AND INTEGRATED INTO (1) PLANNING (2) FIELDWORK (3) ANALYSIS AND INTERPRETATION
- INVOLVEMENT OF SEX WORKERS IMPACTED POSITIVELY ON (1) ACCESS TO SEX WORKERS (2) AUTHENTICITY AND RELIABILITY OF RESULTS

PHASE II

19 ORGANISATIONS



74 SITES

560 PEER EDUCATORS



56 SITE CO-ORDINATORS



110 PARALEGALS



40 HIV COUNSELLORS



FEEDBACK LOOP

USING DATA FOR CONTINUOUS QUALITY IMPROVEMENT

MONITORING & EVALUATION DATA

GOOD PRACTICE WORKSHOP

RESEARCH COLLABORATIONS

CONSULTATION WITH SEX WORK SECTOR



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SWEAT (2013) Mapping Study: Estimating the Size of the sex worker population in South Africa, 2013. Available at: www.sweat.org.za

credit: Maria Stacey



1.2.1 Objectives and activities of the Red Umbrella Programme

The aim of the programme is to prevent HIV and STIs amongst sex workers through a combination prevention approach and is founded on bio-behavioural interventions with sex workers. Interventions include:

- HIV counselling and testing
- Distribution of condoms and lubricants
- Referrals to relevant services (health, substance abuse and others)
- Safe sex and human rights education using peer educators and by distributing IEC materials
- Provision of paralegal services
- Conducting risk reduction workshops, counselling, training and other services.

In addition, the programme:

- **Sensitises and mobilises “gate-keepers”** to reduce the barriers to comprehensive HIV prevention services for sex workers.
- **Supports and enhances the SWEAT helpline** - a national response call centre - to offer emergency assistance and HIV psychosocial support for sex workers. The line is staffed and managed by trained sex worker counsellors and provides a 24 hour, toll-free, national counselling service for sex workers, or those with sex work concerns.
- **Supports and enhances the effectiveness of the SANAC Sex Work Sector** as a platform for collective engagement, mobilisation, advocacy and collaboration of stakeholders around sex worker priority issues – through Sex Work Sector conferences in 2014 and 2016 and this Good Practice Guide for sex worker programmes (including information about services, rights, and how to conduct ethical research).

1.2.2 Programme staffing

There are four provincial managers who cover the nine provinces. They are experienced, knowledgeable, and have well-established networks with sex workers, stakeholders in government, and civil society. Provincial managers work independently with minimal supervision.

Provincial managers have done an outstanding job of increasing the profile and the buy-in for the Red Umbrella Programme in these provinces and they are a resource which is used by SRs, sex workers and by Sisonke Sex Workers’ Movement members.



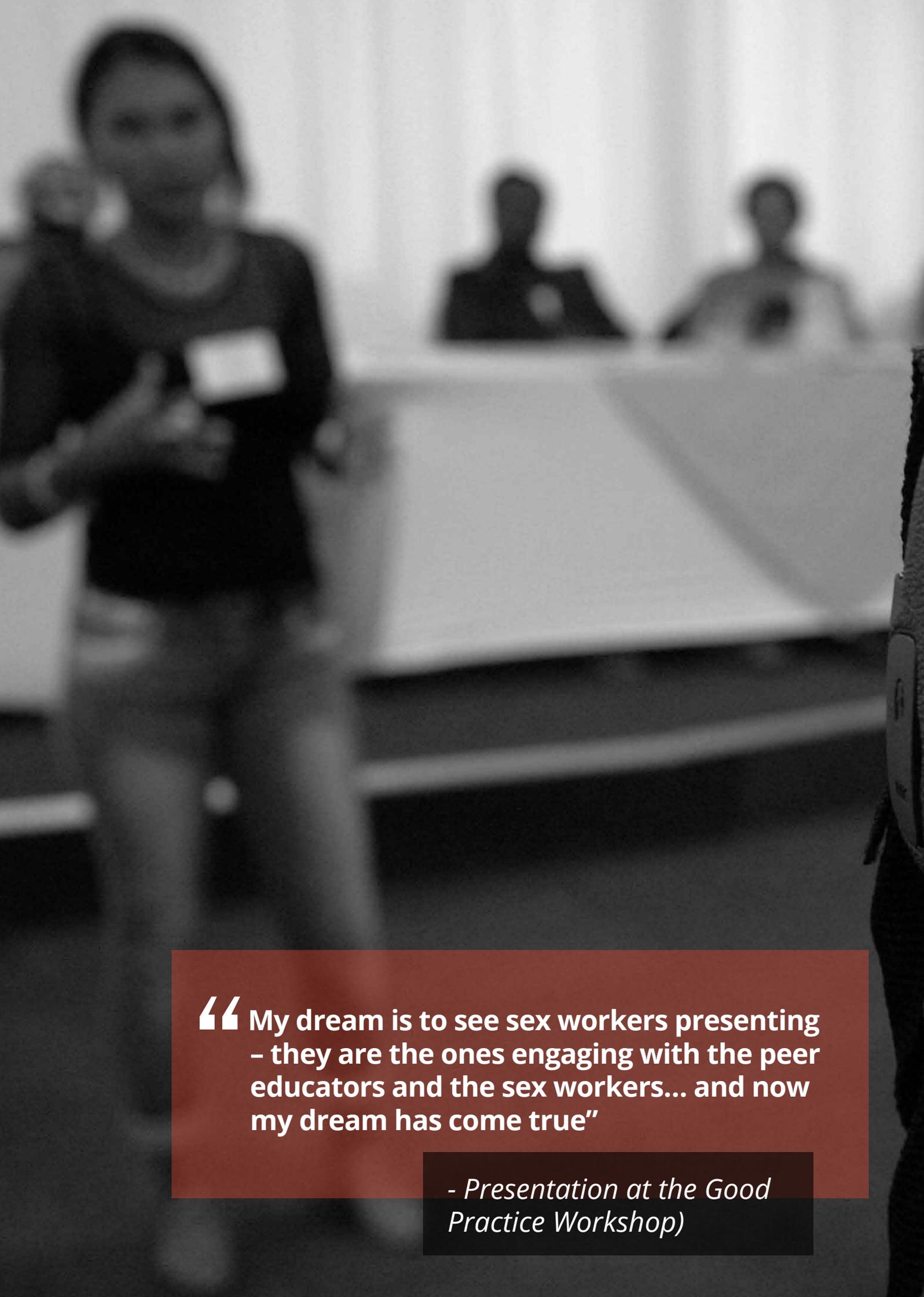
1.2.3 Keeping partner organisations connected

To provide the sense that partner organisations are part of a unified, integrated, national programme that adheres to best practice policy with regard to sex worker programmes, it is important to develop and share guidelines and tools. It is also vital for organisations to meet and share their challenges, and to create the opportunity to learn from one another. For example, on a provincial level, site coordinators can hold quarterly meetings and exchange learning through visits to each other's sites.

One way in which the Red Umbrella Programme achieved a sense of unity was by creating a programme identity and brand. The symbol of the red umbrella is appropriate because it acknowledges the human rights base of the programme, is internationally recognised as a symbol of sex workers rights, and also acknowledges the fact that the Phase II programme is an umbrella under which diverse organisations are represented. A logo was developed, which is included on all programme materials, including peer educator t-shirts and backpacks for outreach, the new Creative Space Manual, office signage, the condoms which NACOSA is procuring for the programme, and other IEC materials.



Red Umbrella uses a multi-pronged set of interventions to address sex worker response. Diagram adapted from the NSW Sex Worker Implementation Tool (SWIT), October, 2015.



**“ My dream is to see sex workers presenting
- they are the ones engaging with the peer
educators and the sex workers... and now
my dream has come true”**

*- Presentation at the Good
Practice Workshop)*



Important note: This guide has been prepared by using the material created and generated in the good practice workshop. Therefore, the guide documents and shares the lessons and successes of the implementing partners who were involved in the national sex worker programme scale-up. The majority of the data included in this guide has been generated by the partners.

1.3 Good practice workshop

The Red Umbrella Programme Best Practice Workshop was held in Johannesburg on 21 and 22 April 2015 to highlight, share and promote best practices in HIV programmes for sex workers in South Africa.

At that point, Phase II of the programme had been in place for 18 months, and the workshop enabled site coordinators to share lessons, successes, and innovations through short presentations on topics such as peer power, outreach, creative spaces, HIV and health, holistic support, human rights, community, and information.

The good practice workshop, which was led by the partners, is in itself an example of good practice. Its benefits are far-reaching and have enabled organisations to learn and share with peers, to strategise around new techniques and activities to enhance their programmes, to overcome fear and grow in confidence, and to network and build new relationships. Workshops also challenge organisations to shift their foci from programme hurdles to thinking about good practice. In addition, this workshop helped organisations to build capacity – for many, this was their first experience of preparing and delivering a presentation.



2. PRINCIPLES FOR RUNNING SEX WORK PROGRAMMES

sweat

Sex Workers Education & Advocacy Taskforce



Website: www.sweat.org.za | Tel: 011 75

24 hour helpline: 0800 60 60 60 | Please call 357 7632

A successful sex work programme should be founded on the following principles:

“Nothing about us without us”

In line with the principle of “nothing about us without us” (which is also the motto of Sisonke Sex Workers’ Movement), sex workers should be central to the development of sex worker programmes. This means that:

a) Sex work programmes should respond to sex workers’ experiences and programmes should be tailored to meet their expressed needs. While there are many issues that sex workers have in common, there are also local issues which are unique. Thus, outreach should be planned to accommodate local patterns (time and place) of sex work.

b) Sex workers should lead their own programmes. The development of the Avahan programme in India demonstrates that programmes went through phases of being run “for” sex workers, then “with” sex workers, and finally, “by” sex workers. In South Africa, programmes are mostly run “with” sex workers, however there are still a few partners needing assistance in the move from working “for” to working “with” sex workers. Once this has been achieved, the idea is for all partners to progress towards the goal of sex worker leadership.

“First a person, then a sex worker” – holistic support and services

It is vital for programmes to provide support to individuals as whole people, and not to treat clients merely as sex workers or as HIV positive people. Individuals should be acknowledged for their multifaceted entirety, and not simply for one or two aspects of who they are. Offering psychosocial services is a part of offering holistic services. An important aspect of this is to acknowledge individuals as mothers, daughters, women, men, gay, straight, transgendered, HIV positive, HIV negative, old and young etc. – to acknowledge all identities and aspects of the person.



“Working together we can do more” - partnerships

To run an effective sex work programme, it is important to form strategic partnerships. Areas for potential partnership and support include:

- **Legal advice and assistance**, and forming relationships with organisations and institutions to assist with this.
- **Partnerships to provide services to sex workers** and to sensitise drug and alcohol rehabilitation services to the needs of sex workers.
- **Partnerships for shared resources:** organisations wanting to reach sex workers may offer the programme access to a venue or mobile testing services – sharing resources to achieve a common goal is good practice.

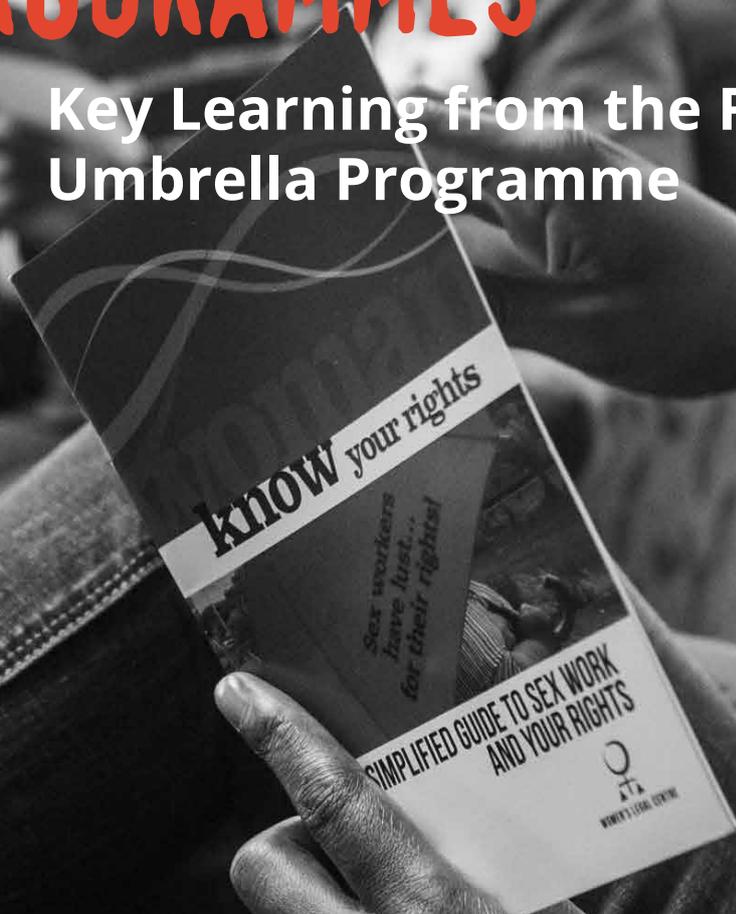
“Only rights can stop the wrongs” - rights and enabling environments

Human rights are the bedrock of working towards improvements for sex workers – this is demonstrated in practice by the Red Umbrella partner organisations, is validated by GFATM’s guidelines, and receives mention in an increasing body of research into structural interventions for HIV.

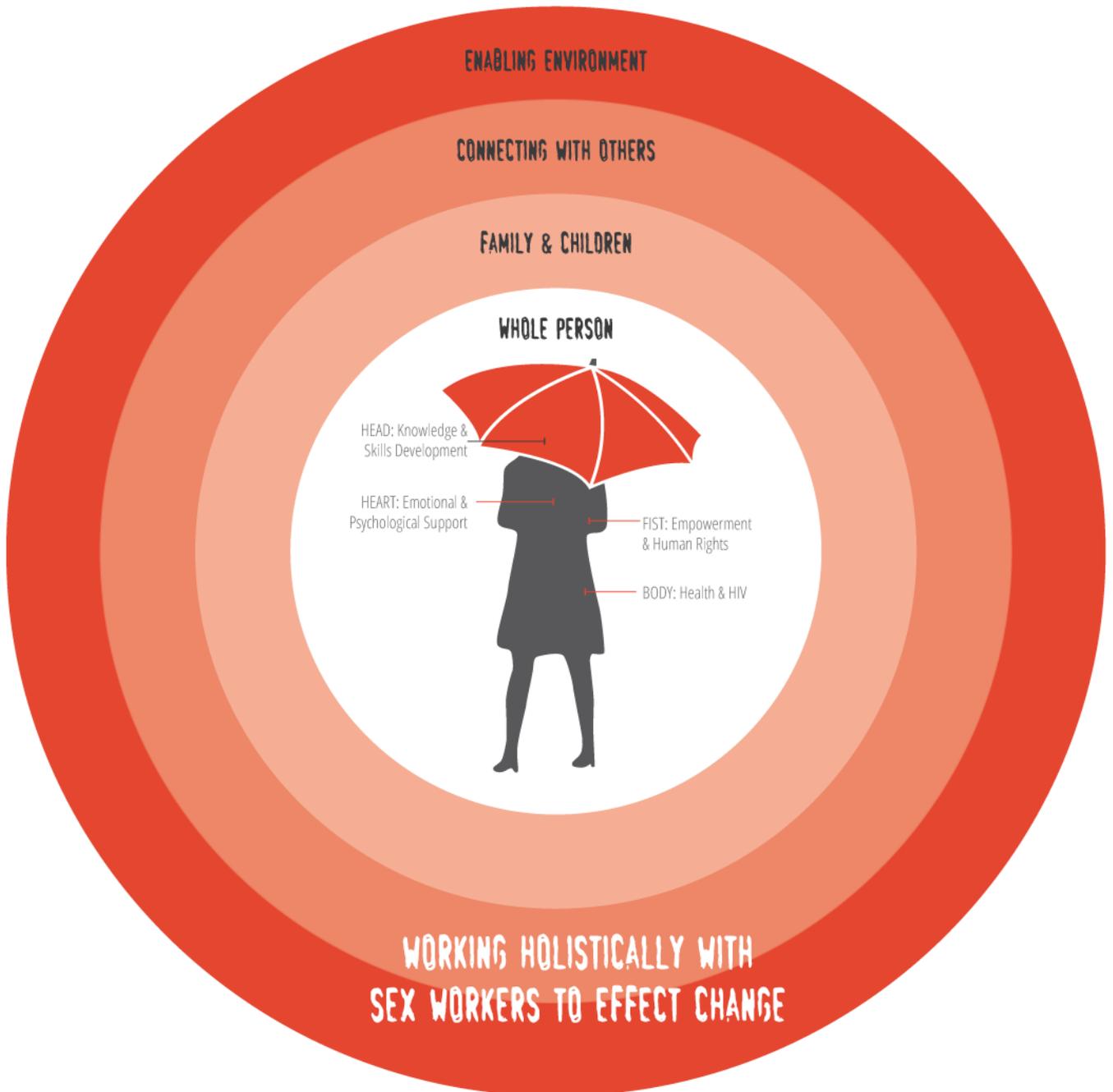
Phase II of the Red Umbrella Programme included activities such as the training of paralegals (termed human rights defenders) to support sex workers who are arrested, assist sex workers to lay charges against the police or clients, and to document and report cases etc.. It also included activities to strengthen the sex work sector. It is recommended that advocacy and movement building for human rights is included in sex work programmes from the start. Sufficient support for paralegal activities is an important component of any sex work programme and is enhanced by collaborating with existing, capacitated and sensitised legal partners.

3. IMPLEMENTING SEX WORK PROGRAMMES:

Key Learning from the Red
Umbrella Programme



A key lesson to take away from this guide is that sex workers have concerns not exclusively linked to HIV risk and that individuals need to be understood, acknowledged and treated in a holistic manner. As stated previously, challenges include gaining access to public health systems, including HIV services, family planning services and access to contraception. The general health of sex workers is at risk due to ingrained stigma when they seek any public health service.



3.2 Working With The Whole Person: Head, Heart, Body, and Spirit

3.2.1 The whole person: Knowledge and skills development

“My mother was a kitchen girl, my father was a kitchen boy. That is why I am a sex worker”.

This song, commonly sung by sex workers, is a powerful reference to the need for better access to opportunities and refers to the many structural barriers sex workers face.

Apart from the usual information about HIV prevention, health promotion and human rights, sex workers also have a need for general education to help empower them and to build their human capital. There have been some excellent examples of adult education that has been provided through the Red Umbrella Programme. These include:

- **Leadership** training courses to empower individuals with skills to be leaders in their communities, and to improve their self-esteem
- Modules on **substance abuse**, to provide information on drugs and addictions and on making better life choices
- Courses on **fatherhood**, to impart knowledge to couples and fathers on becoming better parents and partners

- **Skills development** workshops like bead-work, to improve financial stability, provide a creative outlet and learn skills to help improve living standards
- Training in **hairstyling** and starting a salon
- Training around **event planning** (partnerships were useful in this particular example as they offered learners the opportunity to interact with people from other industries).

The Red Umbrella Programme has also offered information sessions on sex education and avoiding teen pregnancies; has linked up with child-line and raises awareness of under-aged sex workers; taught sex workers who work in high crime areas how to stay safe from criminals; and has established links with the YMCA to provide access to drama and computer classes as well as gym memberships for minimal fees. In George, the programme has links with a local radio station, which airs talks on unemployment, substance abuse, family violence, child safety and motivational pieces by a sex worker, aiming to empower listeners through information.

“You are never [too] old to learn.”

We speak to sex workers at creative space, that they must find a safe space, for example in the CBD and not in an open field where you are vulnerable to crime.



3.2.2 The whole person: Emotional and psychological support

Sex workers have all the same needs as any other person and sex work programmes should aim to address all of these needs. Maslow's hierarchy of needs, applies to sex workers and can be used as a model for designing interventions for sex workers, as shown in the diagram.

All sex workers have basic needs – specifically at the physiological and security level. Some of the other needs that are specific to sex workers (that relate to this model), are the need to access police services as others do, to live free from stigma, to have a sense of belonging to their families and their communities and to be able to disclose their work to them.



Sex workers' hierarchy of needs (adapted from Maslow's hierarchy of needs)



Power in the collective: Savings clubs, stokvels and recreation

- A group of sex workers in Colesberg got together to do their nails and make-up. Although this was a relatively "superficial" exercise, the group members felt a huge impact because they were looking and feeling good. This experience led them to teach creative space participants how to do their hair, nails and make-up. The group also began to cook for the creative spaces events as a way of generating additional income and increasing their self-esteem.
- Sex worker clubs operate as follows: every month, each of the 10 club members contribute R500 so that at the end of the month one member receives a lump sum of R5000. Such clubs or investment societies are often referred to as stokvels. One of these clubs indicated plans to start a piggery project at the end of the year. Other clubs make provision for sex workers who are migrants and who do not have funeral policies by contributing R100 each month, to help colleagues save in order to afford decent funerals.
- In Nelspruit more than 37 sex workers got together to play netball – sport is recreation and a basic human need. Everyone played and enjoyed the day. Participants felt free from any need to identify as sex workers, they felt like they had a day off. It was a fun and relaxing experience for a group of people who generally live in very stressful environments. This positive experience has led to the idea of forming teams to play on an ongoing basis.

3.2.3 The whole person: Health and HIV

Although the core focus of programmes that work with sex workers is to reduce HIV, effective sex work programmes need to approach the treatment of sex workers and their health from a holistic perspective and to provide comprehensive and accessible health services. To truly have a positive impact on sex workers' health, a three-pronged approach is needed:

- i) The biomedical approach: HIV tests (to measure HTC, CD4, Viral Load), TB sputum collection, diagnosis and treatment, STI tests and treatment, Pap smears to screen for cervical cancer, ART, and reproductive health methods.
- ii) The behavioural approach: Sex workers are urged to be cognisant of using condoms correctly and consistently, to seek out health and other support services, to monitor their HIV viral suppression, to take ARTs consistently, and to engage in support networks and assist in educating others (mentoring). Other behaviours to be encouraged include help seeking in cases of abuse, violence, discrimination, and to make an effort towards working together.
- iii) The structural approach: Working towards more supportive laws, providing safe spaces, and friendly clinics, offering a wide range of support services, and mobilising services so as to bring these to sex workers and clients as well as partners and children of sex workers, would help to secure improvements in the health of all involved.

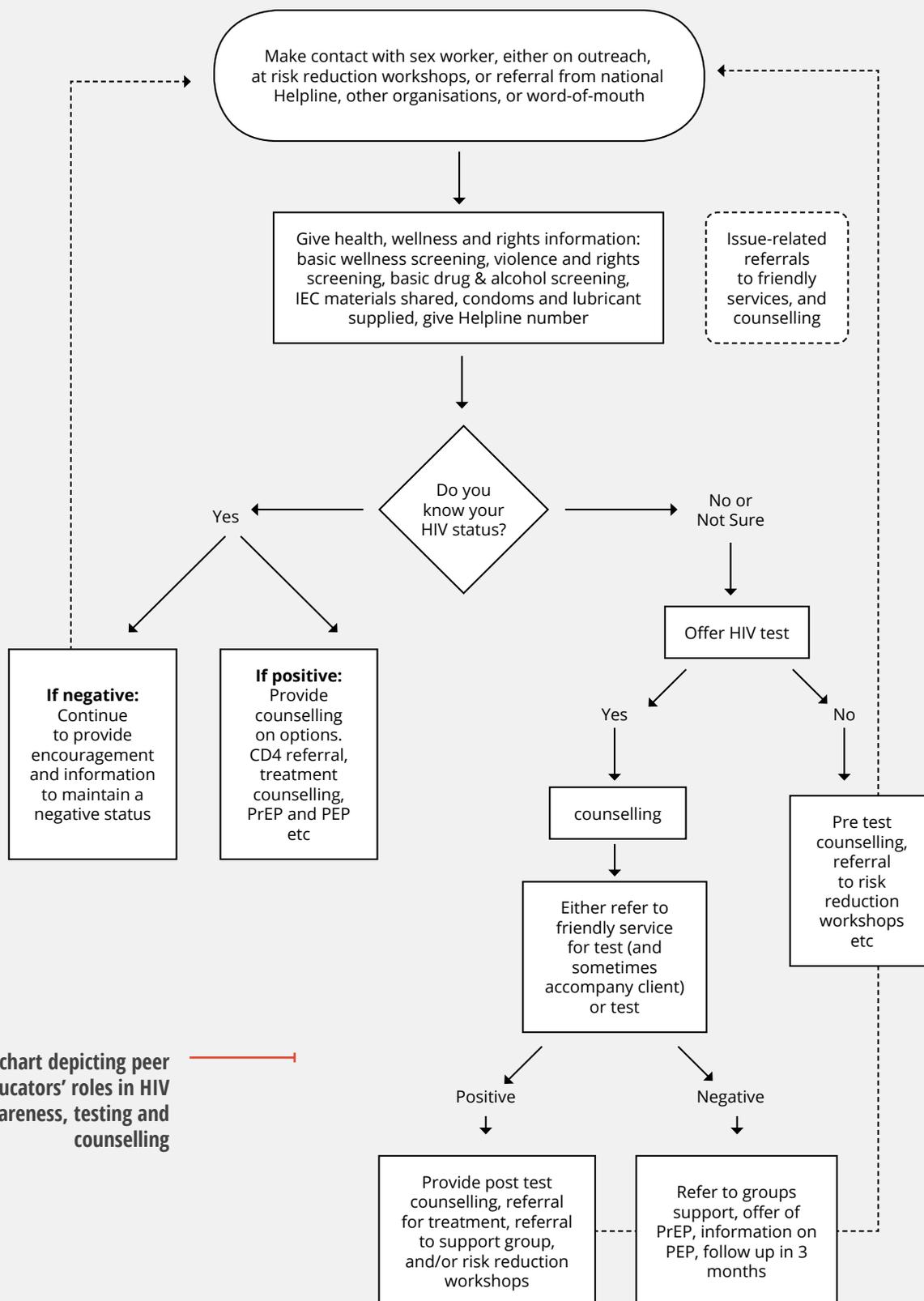
Peer Educators: Champions of Change

Peer educators - who are current and former sex workers - provide prevention services, including condom demonstrations, emphasising the importance of getting partners tested, and teaching how to reduce sexual risk. Sex workers are then referred to mobile clinics where they are encouraged to be tested every three months. Those testing positive are advised to have their CD4 counts checked immediately and should then be referred to the required care depending on this count (below or above 500). These patients need to be monitored frequently and need to receive regular reminders about keeping well and sticking with treatments (wellness programme for those above 500). All patients receiving a referral must be monitored by the referral team to ensure that the link to necessary care and treatment is successfully made. The monitoring of this process is vital and referral teams should log the success rate of these links. That is, whether a referred client was successfully referred to care within a three month period or whether they were lost to follow-up. Individuals who test negative must be encouraged to maintain a negative status.



Peer educators and HIV

Peer educators provide prevention services, including condom demonstrations, emphasising the importance of getting partners tested, and teaching how to reduce sexual risk. Sex workers are then referred to mobile clinics where they are encouraged to be tested every three months. Those testing positive are advised to have their CD4 counts checked immediately and are referred to the required care depending on the count. Patients are monitored frequently receive regular reminders about keeping well and sticking with treatments. The referral team monitors patients to ensure they are linked to necessary care and treatment, and log the successful referral of clients to care within three months or loss to follow-up. Individuals who test negative are encouraged to maintain a negative status.

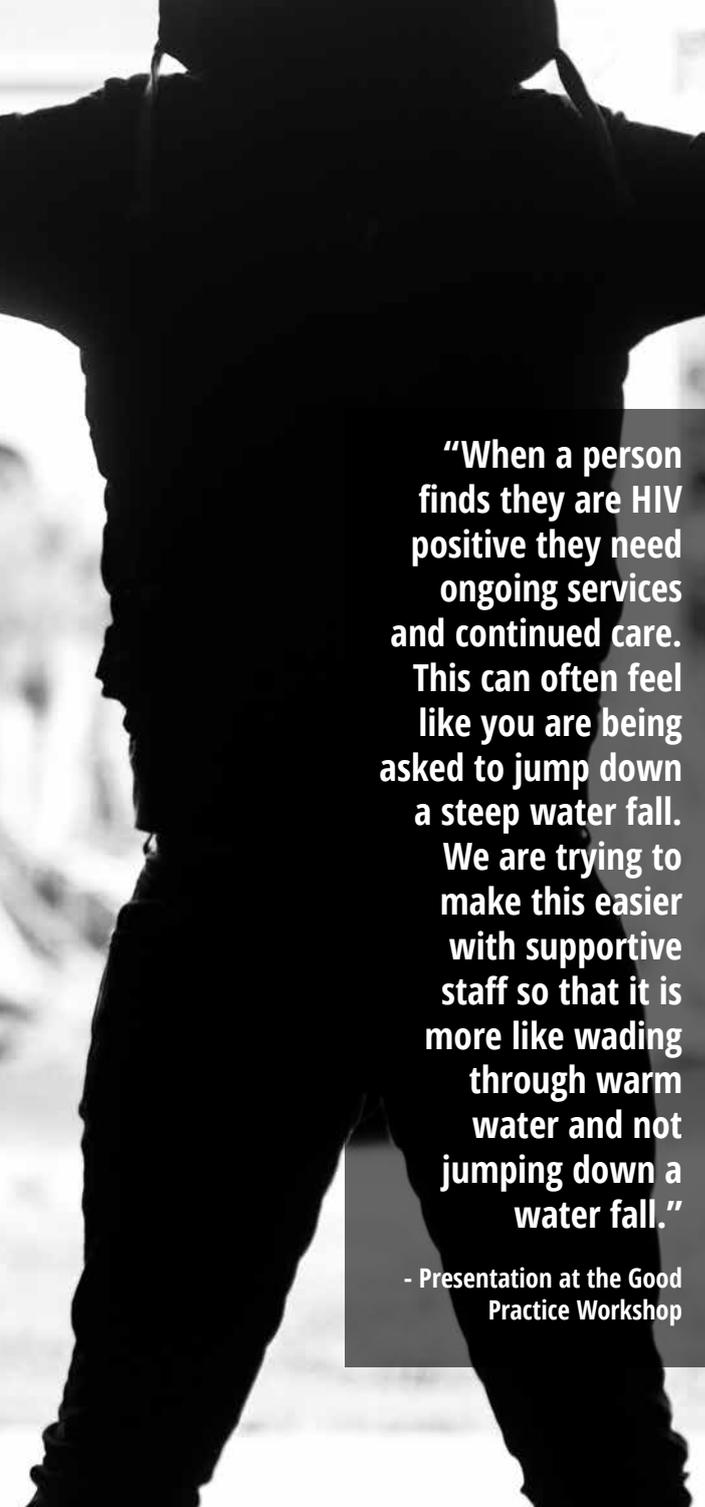


Flow chart depicting peer educators' roles in HIV awareness, testing and counselling

Persistence overcomes isolation and mistrust

Nombuso is a peer educator and Creative Space facilitator. One day during outreach, she and her co-facilitators encountered a lady in the streets. This individual was very difficult to engage with, and repeatedly refused any form of intervention despite the fact that she was obviously ill. After many attempts, the facilitators succeeded in getting through to her and managed to get her the necessary health services that she needed. A while later, the same woman became very ill and she was diagnosed with TB. Once again she refused to accept treatment and intervention. However, the team kept encouraging her and eventually managed to obtain a referral letter from the nurse to allow them permission to take her to hospital, receive her TB medication and take her ARV treatment. The peer educators and facilitators are now making efforts to re-unite this woman with her family.





“When a person finds they are HIV positive they need ongoing services and continued care. This can often feel like you are being asked to jump down a steep water fall. We are trying to make this easier with supportive staff so that it is more like wading through warm water and not jumping down a water fall.”

- Presentation at the Good Practice Workshop

Benefits of sex work programmes on health

Before getting involved in a programme, many sex workers are misinformed about the ways in which contraception should be used and are unaware about some sexual and reproductive health issues. During the Good Practice Workshop, it was reported that the health talks in Creative Spaces and outreach provided by sex work programmes appear to be having some impact, with decreases in STIs being seen in the sex worker community and lower pregnancy rates as condom-use increases. Sex workers also feel and look healthier and are reporting that they are more attractive to clients and are securing more work than before.

Major limitations in accessing health care

One of the biggest hurdles in accessing health care is the stigma that sex workers face. When somebody is diagnosed as HIV positive they require ongoing support and care. This can feel like a massive burden if individuals are forced to endure unfriendly staff at clinics. Programmes assist by offering supportive peer educators to accompany sex workers to clinics.

Another challenge for sex workers is the time it takes to get to clinics on a regular basis. Sex workers often have to put their work first. Mobile testing clinics help to reduce time and resources lost to testing. To provide the most convenient service for the sex worker community, areas should be mapped to identify necessary zones for the mobile service.

Innovation: Cervical Cancer Screening

In Limpopo, a “see-and-treat” approach to cervical cancer testing is used. If pre-cancer cells are found, they are treated during the same clinic visit with cryotherapy – a successful preventative measure, especially for populations that are hard to track down and bring back for subsequent visits. Feedback regarding the cervical cancer screening was positive, with sex workers and peer motivators thrilled to have been screened and offered lessons about cervical cancer. For most it was a first-time screening and individuals reported not having been aware of the fact that they are more at risk of getting cervical cancer as sex workers.

Deliwe, a 25-year-old sex worker from Phalaborwa expressed relief about being screened for cervical cancer and obtaining a negative result. She stated that she will be getting screened on an annual basis now that she knows that her risks of developing cervical cancer are high. She admitted to having felt uneasy prior to the screening, but was happy to report that the procedure wasn’t painful at all and that she felt a great sense of reassurance knowing that she is in the clear.

Developments towards accessible health care

Various methods to make health care more readily accessible to sex workers are promoted, through:

- Arranging for testing to be done in more accessible locations
- A 'see-and-treat' approach to cervical cancer testing
- Using Creative Space workshops to encourage HCT
- Teaching sex workers about female condoms
- Door-to-door counselling for HCT
- Accompaniment to clinics
- Peer educators accompanying sex workers who test positive for HIV to the clinic for support. "Hi sister, we are here for you"
- Peers raising funds if sex workers needs assistance
- Mobile wellness clinics going door-to-door offering HIV testing, and full clinic services to examine the full health status of each individual - some have a separate door into a counselling room and clinic
- Health and wellness services that are available 24 hours a day, with teams starting shifts at 20h00 and 01h00 to prevent patients having to wait in long queues for condoms or health enquiries; this caters for sex workers' working hours
- Providing special care to the children of sex workers and their mothers
- Support structures for those living with HIV and AIDS.

Prudence, a sex worker and peer motivator from Hoedspruit, also reported feeling happy that she was screened for cervical cancer. Although pre-cancerous cells were found during the screening, she is pleased that she is better informed. Although she was having health issues for two years, cervical cancer never even crossed her mind. She is relieved, knowing that the pre-cancerous cells were removed and that she will be with her children for longer.



Where there are no mobile clinics or specific wellness centres available, partnerships with the Department of Health (DOH) are essential. Ways in which the DOH could be involved in sex worker programming include:

- Risk reduction workshops with a representative from the DOH speaking about HIV/AIDS, STIs, pap smears and other health issues
- DOH assisting at clinics or providing a key population nurse and encouraging the acceptance of sex worker referral forms. Establishing good relationships with clinics and the Department of Health enables a friendlier climate for sex workers to gain access to these spaces, even without a referral form and without having to stand in long queues
- The programme can assist the DOH with record keeping and tracking of sex workers, to provide statistics using DOH indicators.

“A pimp had a successful business, he charged each and every sex worker R20 for each round and that pimp was also cooking traditional medicine in Makopane Park, and treating people with traditional medicine for STIs and HIV/ AIDS. He was invited to a meeting and to the Creative Space. The session began to teach about health. Sex workers now no longer receive treatment from the pimp, as they visit health clinics instead. That pimp is now no longer there as he no longer has any business.”

- Presentation at the
Good Practices Workshop



TIPS FROM THE MOUTH OF A PEER EDUCATOR

How to get a sex worker to go for an HIV test:

We tell them the importance of knowing their status and inform them what an HIV test is. We tell them why he/she should get tested, we make sure that they know that they are at risk. We tell them when and how they can get tested, and we make sure they know what types of HIV tests are available. We give guidelines on what to do when tested HIV positive.



How to deal with sex workers who know their status:

We motivate them to live a positive, healthy life; encourage them to accept their status; and we organise counselling and emotional support for sex workers with HIV/AIDS, and for their families. We provide home-based care and medical treatment for sex workers who are ill. We work closely with home based care workers. We organise talks and presentations from experts, and encourage them to go to hospitals for test results and medication.

How do we get sex workers to go on treatment:

We encourage her/him to go to a clinic for regular CD4 counts. We encourage them to join the ARV and Paediatrics adherence course/clubs. A peer educator acts as a support person to make sure the sex worker attends sessions.



What other kinds of care do sex workers living with HIV need?:

Good nutrition, safe water, psychosocial support and counselling, family, friends, peers and support groups, and a friendly and accepting service.

A tip for peers when assisting sex workers:

It is important to show that you are a peer - that you know what being a sex worker is like and that you don't have shame or feel embarrassed about anything.





3.2.4 The whole person: Empowerment and human rights

Fundamental to sex work programmes is the importance of teaching sex workers about their human rights, and empowering and supporting these individuals to exercise these rights. In line with the principle of “nothing about us without us”, any sex work programme should be committed to empowering sex workers and helping them to progress.

The SWEAT helpline: help is just a phone call away

Police abuse, domestic abuse, rape and a need for legal advice are some of the themes that have emerged from the Helpline. Sex workers can reach out to this resource when they have been arrested. The Helpline staff refer callers to relevant partner organisations to assist with specific needs – such as the Women’s Legal Centre to advise on court processes or organisations who are able to assist with food and accommodation. Police abuse is a common theme, as sex workers often feel too disempowered to defend themselves in these situations. Recognising that sex workers often do not have access to land-lines, the helpline also has a “please-call-me” service so that sex workers using cell phones can access the line at no cost to themselves.



Accessing Rights has far-reaching benefits

“Many sex workers in South Africa are originally from other countries. They [a group of sex workers] were staying in a hotel in Kuruman and being charged R400 per day. They asked me whether I would speak to the hotel owner. I encouraged them to apply for their legal papers so that they are able to obtain employment in South Africa. I organised for someone from Home Affairs to hold a presentation at a risk reduction workshop. He explained the necessary steps and process of applying for work permits. Some of the sex workers believed in that programme. They were able to secure legal day-time jobs which enabled them to move out of the hotel and afford rent – all because of the work permits.

Some sex workers have mentioned that they are better able to do sex work in South Africa than in their home countries – their identities are protected, they are not being abused by family and friends... But sex work is work! No legal documentation and no legal work is hard. These individuals didn’t think that they deserved help – but we all deserve help from stakeholders like Home Affairs and others! Sex workers view the Red Umbrella programme as an important programme. These sex workers trusted the programme. I am very proud of that trust.”

- Presentation at the Good Practice Workshop



Safe sex or no sex,
always cover your lover.

protected pleasure

REDUMBRELLA
PROGRAMME

for protected pleasure

USE A CONDOM &
WATER-BASED LUBE
for protected pleasure

NACOSOL
Sweat



Examples of empowering sex workers

Jordan

Jordan is a male sex worker who used to come to SWEAT when he lived in Cape Town. He relocated to Durban, but phoned SWEAT one day asking for advice. He wanted to start transitioning out of the industry, and was eager to develop new skills. SWEAT referred him to Lifeline Durban where he received counselling and was able to attend a skills development programme. Lifeline appointed him as a peer educator in 2012. Jordan is a very active networker, and is often vocal at meetings and conferences. Lifeline has just recently promoted him to site coordinator at one of their new sites.

Nosifundo

Nosifundo is originally from the Eastern Cape, but migrated to Johannesburg and worked as a sex worker in Hillbrow for several years. She joined WRHI as a peer educator, became a member of Sisonke Sex Worker Movement, and attended training workshops organised by SWEAT. When Red Umbrella partner Khethimpilo started up a new site in Grahamstown in the Eastern Cape, Nosifundo was appointed as site coordinator and was able to move back home to the Eastern Cape to be near her family and her children. She has also recently been nominated as the sex worker representative for the Provincial AIDS Council.

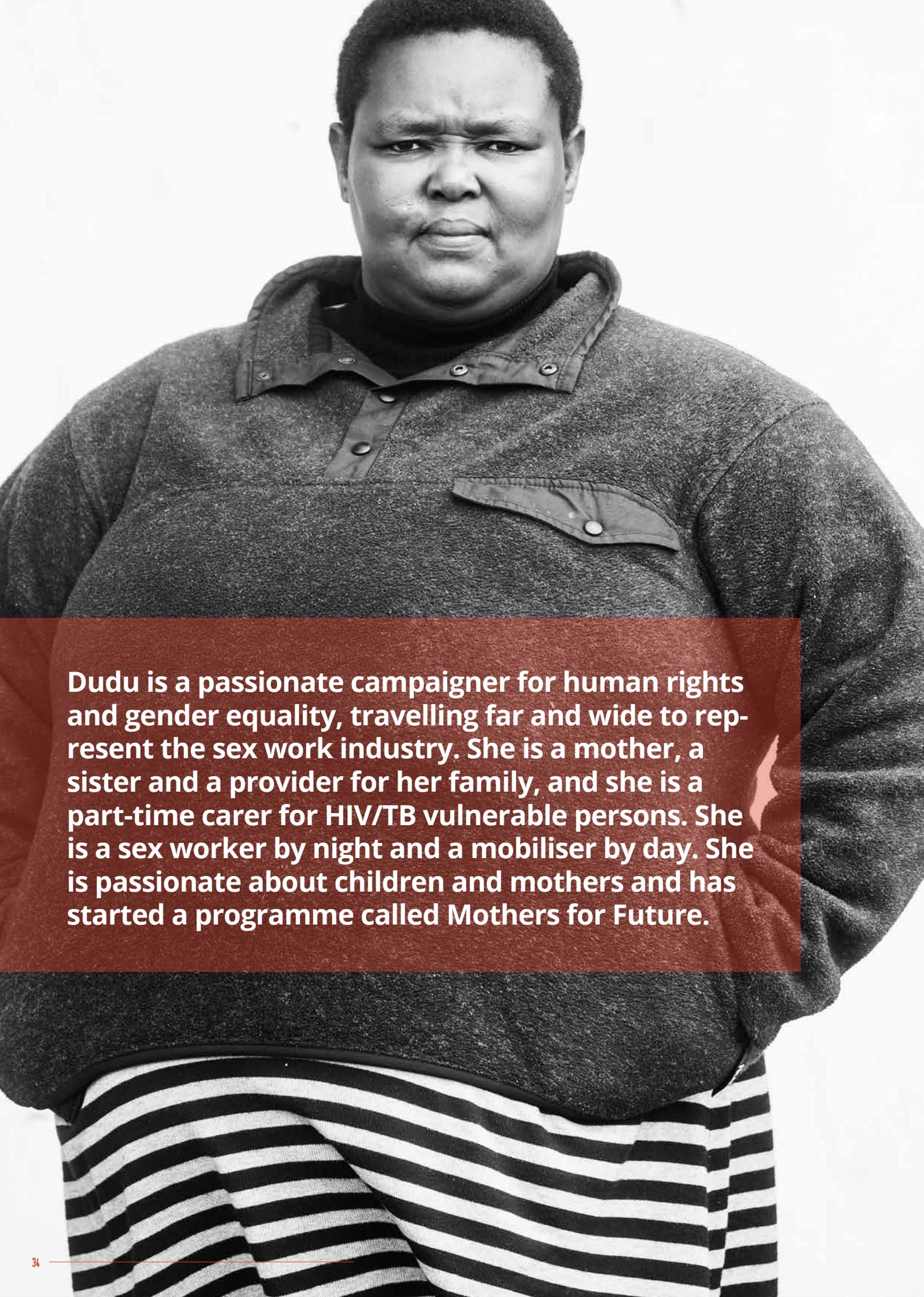
Gita

Gita is a transgender sex worker, who was appointed as a peer educator for SSR PSH in Beaufort West. Although Gita always felt like a female, she was introduced to the politics of gender during peer education training through SWEAT and started to better understand and identify herself as transgender. After attending a national story-telling workshop facilitated by SWEAT, she gave a presentation at the 2012 National Sex Worker Symposium in which she focused on sex work positive reflections and her entry into sex work. She received positive feedback for her story. Gita later resigned as a peer educator, moved to Cape Town, and returned to full-time sex work. She remained an active Sisonke member and has recently been appointed as site coordinator for Vredenburg in the Western Cape. Gita is also now a councillor in her town of Vredenburg!



“ I am going forward. A sex worker fits any where! What does a sex worker look like? I will be in parliament. We want things to happen. Our children will say our mothers were sex workers we are now lawyers!”

— Sex worker in Bushbuckridge



Dudu is a passionate campaigner for human rights and gender equality, travelling far and wide to represent the sex work industry. She is a mother, a sister and a provider for her family, and she is a part-time carer for HIV/TB vulnerable persons. She is a sex worker by night and a mobiliser by day. She is passionate about children and mothers and has started a programme called Mothers for Future.

Dudu's Story

*as told by Dr Gordon Isaacs at
the Good Practice Workshop*

Dudu was semi trafficked from KZN, and was working on the street when she came to SWEAT. She shared her trauma in the peer group without shame. Within a few months she witnessed the death of her partner in a hijacking. She released her pain with her peer group, and found that this sharing reduced her pain. This showed the power of peer support.

Dudu not only engaged with sex workers, but brought SWEAT into the worlds of under-served communities. She formed street committees with women breadwinners who were introduced to sex work. On one occasion, a Xhosa woman in traditional dress came to us. We were next to a cemetery, muddy, and sweaty. The grandmother wanted to be tested – she was in her 70s. Dudu asked 'why do you want to be tested?' The woman responded 'if I do this then my daughter and granddaughter will agree to be tested'.

Dudu's passion for lobbying and human rights saw her membership within Sisonke take shape. She paved the way for public debate, and her fearless voice soon led her to become a "face and voice" of sex work. Dudu led creative spaces in song, sharing narratives and stories.

Dudu was appointed to the lobbying and advocacy programme in Sisonke. She started to travel. She also began to champion issues of gender and GBV. She took t-shirts donning the slogan 'This is What a Sex Worker Looks Like' to Cosatu. One of the officials there took one look at the t-shirts and told her that they would not be accepted due to the fact that they had not been made in South Africa. Yet, by the end of the session, Dudu had managed to get them all to wear the t-shirts and listen to what she had to say about decriminalisation of sex work. She also worked with the ANC Women's League, spreading the message of decriminalisation.

Dudu is a passionate campaigner for human rights and gender equality, travelling far and wide to represent the sex work industry. She is a mother, a sister and a provider for her family, and she is a part-time carer for HIV/TB and vulnerable persons. She is a sex worker by night and mobiliser by day. She is passionate about children and mothers, and has started a programme called Mothers for Future.

Dudu was able to introduce topics of sex, sex work, and the sex work industry into cultural perspectives and rituals, and has organised for security companies to drive sex workers during early hours of the morning. She is fearless. She believes in sex work as work!!! She is compassionate. She expresses concern without undue restriction. She promotes participatory decision making, uses intuition, and encourages innovation. She is gender-sensitive, and engaging. She is strong, streetwise, and sensitive – she knows the community gatekeepers. She believes in peer educators as future leaders and shapers of opinions.

She is seen in parliament, on TV, in articles, and in newspapers. Dudu is involved at all levels of decision making - she sits with researchers, and is involved with local, regional and national HIV consultations. NOTHING ABOUT US WITHOUT US.

Dudu is now on the United Nations Women's Advisory Group. She works with the parliamentarian lobby group. She was nominated to SHARISA as a board member - reproductive health justice - lobbying for the voice of sex workers. She is a member of working group SA, the NSP for gender based violence. She is linked to Emory University Public Health Department (in America) involved in ongoing documentation and developing a curriculum with them for the Mothers for Future project which is about looking after the children of sex workers. Dudu's dream is for parenting facilities, and crèche services, as well as day facilities for sex workers' children.

“If we do not look after them, then who will? The fact that they are sex workers means that they are less likely to have access to services due to stigma and the fear that this instils.”

- Presentation at the Good Practice Workshop

3.3 Holistic Support: Family and Children

During the Good Practice Workshop, participants highlighted a key value: that everyone is worthy of being assisted in the programme. An effective sex worker programme should assist all sex workers and their dependents. Some examples of holistic support include:

- In Colesburg, a needs assessment showed that sex workers often live in extended households and are frequently responsible for the wellbeing of a child belonging to a sibling who had passed away. Many of these children qualify for foster care or child grants. The programme has been able to assist to have assessments done by a social worker and take these cases to SASSA to access these grants.
- In White River, a sex worker – the mother of a young boy and girl, who is addicted to glue – had been in an argument with her family about the wellbeing of her children. One day her mother, with whom they were living, decided to throw them out of her house. Support was received from the Red Umbrella programme - they assisted to get placement in a children’s welfare until the children were safely replaced with their grandmother. Their mother, the sex worker, has also been granted access to visit with her children.
- A sex worker’s mother sold her identity documents. The Red Umbrella programme was able to intervene, with assistance from Home Affairs.
- The Department of Social Development removed a two month old baby from his mother who was a sex worker and who was neglecting her child while she was working. The programme managed to get involved, and was able to organise for the child to be placed safely with his grandmother in Zimbabwe.

Sex workers caring for one another

“A peer educator established that one of our sex workers at the Bushbuckridge site was very ill. This lady was not aware of her HIV status until after she gave birth to two children, who were subsequently put on ARTs as they were also infected. The peer motivator told the sex worker about the sex work programme and recruited her to join a risk reduction workshop, to attend lessons, and to get tested for HIV/AIDS. She did not manage to attend the risk reduction workshop since she was very sick. I visited her and took her to the clinic with the help of a colleague.

At the clinic she was screened for cancer. She received a severe cancer diagnosis and was referred to the hospital where she was admitted for a week and then discharged. While very sick in hospital for a second time, two peer educators have been visiting her children to monitor that they are taking their treatments every day. It is painful because the children are HIV positive and they do not have their mother close by to look after them.

3.4 Connecting for Success in Sex Work Programmes

3.4.1 Connecting to each other: Using peers as programme staff

It has been shown that sex work programmes are most successful when they are undertaken using the principle of “nothing about us without us”. What this translates to in terms of actually running a programme is that sex workers should be recruited and trained to be peer educators, and opportunities should be made available to provide them with further skills and mentor them into positions of coordination and management.

Some practical ways to manifest the principle of “nothing about us without us”:

- **Peer educators should be sex workers themselves.** This means that organisations need to access, select, and recruit sex workers to become peer educators, and provide suitable working conditions for them. Peer education training emphasizes empowerment, collectivism and human rights.

- **Site coordinators should also be sex workers.** In some areas this is not possible as sex workers do not have the requisite leadership, literacy, language and administrative skills, especially in smaller towns where sex worker programming is still very new. In those cases, potential leaders can be identified from the pool of sex worker peer educators, and provided with additional training and capacity so that they are able to take on this role at a later stage. The advantages of appointing sex workers as coordinators are that these individuals are experienced in the sex work industry and therefore have unique insights and ideas. They are better able to relate to and respond to needs expressed by other sex workers.



The peer educators provide the children with soft porridge and their ARTs at school since they start lessons early – before there is time to take their medicine. They also encourage other peer educators to look after these children since they are not well and their mother is frequently in and out of hospital. In addition, peer motivators clean for the children, who are currently staying with their grandmother in her RDP house. This is how sex workers are caring for each other. The peer educators support the

sick sex worker and her children. I have a good relationship and can call the peer educator to ask her to check on the children. As a site coordinator I call the ill sex worker in the hospital to find out how she is. She told me that they want to remove her womb. ‘Will I be alive?’ she asked me. I motivated her and said “Yes, you are going to be alive”.”

- Presentation at the Good Practice Workshop

Recruiting peer educators

Peer educators are recruited from creative space workshops, through word of mouth, during outreach, creative space meetings, and other workshops. The Sisonke sex worker movement also helps with recruitment from their ranks and can SMS members about job opportunities. All peer educators should be interviewed and given formal contracts.

How many peer educators does a site need?

Mapping and zoning help site coordinators determine how many peer educators to recruit, depending on how many hotspots there are and how many hotspots each peer educator can facilitate.

- Map the sites to identify “hotspots” - where sex workers are located and how they are working (e.g. in the streets, in the bushes, in bars and brothels etc.)
- Zone sites to demarcate the areas where each peer educator will operate.

Training sex workers to become peer educators

To become a peer educator, sex workers need to receive comprehensive training. Topics include the following:

- HIV/AIDS - from prevention to testing, to treatment, to care
- Condom discussion and demonstration
- Adherence
- Basic rights
- Gender issues
- How to link and refer sex workers to services
- Management of client information and confidentiality
- Basic lay counselling
- Trauma containment
- Financial management
- Teamwork
- Communication skills.

More specialised training could include:

- Paralegal training (how to become a legal defender)
- Research protocols
- Male medical circumcision
- Management skills.



Characteristics of good peers and leaders

It is important that all peers have a passion for what they are doing. Team leaders should also understand the dynamics of being a sex worker. For example, most sex workers abuse alcohol and drugs and managers need to be able to deal with these issues in a manner that permits peers to feel supported and comfortable to open up about these issues.

- Presentation at the Good Practices Workshop



Managing, retaining and supporting peer educators

To use sex workers as programme staff, programmes can offer **flexible work** so that the sex workers can continue doing sex work. Many programmes address this by employing sex worker peer educators for four hours a day, four days a week.

It is highly recommended that peer educators wear an **identifying card and outfit** so that they are protected when working late at night, and so that police know who they are and that they have been appointed to be on the streets for a particular purpose. Peer educators should have **transport** or transport money ready for each outreach visit, have appropriate materials when they go out (including condoms and IEC materials), and have standardised tracking tools (e.g. attendance registers, time sheets, daily stats sheets, checklists, outreach report templates). Examples of tools can be found in the annexes.

It is important that peer educators are able to **connect** with one another well, as well as with a site coordinator or team leader who is able to relate to their issues and experiences and provide appropriate guidance and mentorship. Ideally, site coordinators should be or should previously have been sex workers.

Peer educators also need to be **supported** in their work. This kind of support can take the form of regular meetings between peers, regular meetings with their supervisor, job shadowing opportunities - as they learn new tasks - and mentoring.

A successful strategy that has been used in the Red Umbrella Programme, is to hold **pre-briefing and debriefing** sessions at sites that are situated in a contained area. This is a great way to engage with sex workers about how they feel prior to outreach, what their experiences were regarding how sessions were run, and to reflect on overall impressions. This provides a platform through which sex workers can explore their emotions and ensures that personal issues do not affect the outreach work and/or vice versa.

It is helpful when peer educators have diverse experiences, for example, good connections with gangsters; having been through the criminal system; experiences with drugs, etc.. These assist them to access sex workers safely.

Organisations running sex work programmes need to be **sensitised to sex work** and all staff need to be trained to eliminate stigma. Since the inception of the Red Umbrella programmes, partner organisations have noted that they have **mainstreamed Human Rights components into organisational planning** and that Human Rights is now a cross-cutting issue in organisations.

For areas/zones that are very spread out, using **volunteers/ambassadors** in the towns is an excellent way to reach more sex workers.

Volunteers: The Ambassador Programme



The SWEAT Paarl office has various sites, including set-ups in Touws River, Worcester, Wellington, Klapmuts and Paarl. The distances between towns are substantial and the office has faced challenges in reaching its targets regarding HCT. This is compounded by limited resources and the fact that the office is far away from the various sites. Creative Space meetings were not well attended due to the difficulties of organising a central meeting point and the prohibitive transport costs to attend. Limited resources and transport expenses also limited the number of Outreach sessions that could be conducted by peer educators.



To address this, the site coordinator in Paarl recruited volunteers at a Creative Space meeting, to go to farms that the organisation could not access and reach out to the sex workers there (who are often abused by the farmers). These sex workers work extremely long hours, and during the off-season they go to work on the town streets. Initially, five volunteers went to offer information and support to farm sex workers who are usually too scared to disclose themselves. A month later, there were 30 volunteers.



The volunteers, or “Ambassadors”, as they call themselves, meet on a weekly basis. They provide the following services to sex workers:

- Support, such as helping to visit sick colleagues at their homes, hospitals and shelters
- Education, such as teaching them the importance of adhering to medication, getting tested and using protection
- Empowerment, in the sense of assisting with human rights efforts and supporting one another.



Volunteers do similar work to peer educators, and receive a small stipend to contribute to their transport costs. The Ambassadors are clear that they are not getting involved to earn money. "The Ambassadors want to do this for free. They are helping their own colleagues. This Red Umbrella programme is very special to them. Ambassadors love what they are doing. They are the eyes and ears of the organisation...They agreed to do their work for free because they are so proud of Red Umbrella and to belong and to have the prestige of working with SWEAT, they feel special because the programme has helped them and they want to help their peers to defend their rights." While peer educators help sex workers by educating

them on health and human rights, and by handing out condoms, it is the Ambassadors who support the sex workers in the area in their daily survival. The Ambassadors go out of their way to provide this support.

The kind of support that the Ambassadors provide is illustrated by the story of Portia. This sex worker waits at a hotspot on the national road (in a rural setting) 19 kilometres from home, without resources or water. The volunteers travel all this way to visit her and take her water and cigarettes. To get back home after helping, they have to do some business to raise the transport money that they need.

"The Ambassadors want to do this for free. They are helping their own colleagues. This Red Umbrella programme is very special to them. Ambassadors love what they are doing. They are the eyes and ears of the organisation....They agreed to do their work for free because they are so proud of Red Umbrella and to belong and to have the prestige of working with SWEAT, they feel special because the programme has helped them and they want to help their peers to defend their rights."

- Quote from the Good Practices Workshop



3.4.2 Connecting through workshops: Creative spaces and support groups

Connecting sex workers with each other has proved to be an incredibly successful and necessary programme activity, with multiple benefits. There are two main ways to do this, namely through creative space workshops, and through peer support groups focused on specific needs.

Creative space workshops

Creative space is a regularly scheduled risk reduction workshop that is held for and by sex workers, providing a space to discuss work and working conditions (such as labour issues, human rights, defending oneself, being cognisant of healthcare and diet, HIV/AIDS, decriminalisation of sex workers etc.). The space is powerful because peer groups function as a support structure and individuals feel comfortable to share experiences with each other in the absence of shame. The process is somewhat of a catharsis for sex workers, because their burdens are shared and can be reflected on as lessons.

Creative space meetings are structured in such a way that sex workers are encouraged to share their stories and experiences, establish friendships and connections with one another, and learn how to tackle challenges and solve problems. One of the more creative ways in

which this is achieved is by developing and performing dramas that can later be used for advocacy purposes.

The creative space process:

- Enables sex workers to acknowledge positive and negative feelings, attitudes and beliefs
- Encourages connecting with role models to assist in making beneficial life choices
- Provides knowledge about how to access health services, getting tested for HIV, checking CD4 counts, monitoring viral loads, having TB and STI screenings, getting family planning and pap smears, ARVs, different regimens, the dangers of sharing treatment
- Connects sex workers with each other
- Provides helpful tips relating to negotiations with clients about condom-use, and how to correctly use male and female condoms, dental dams, and lubricants.

Sex workers are invited to leave their contact details after creative space meetings so that they can be contacted by a supportive organisation, and so that their safety and wellbeing can be monitored. Sex workers are also encouraged to become Sisonke members.



“Sex workers feel safe when they are in their own space, and can share experiences with people who understand them”.

- Presentation at the Good Practices Workshop

“We asked sex workers what they want. Some wanted to go back to school to study catering, or computers. As a result we linked up with adult education classes. Adult education has now also started in other provinces – the sex workers say [they] ‘are hungry for this.’”

- Presentation at the Good Practices Workshop

The experiential learning cycle tool helps participants reflect on experience and identify how a situation or future actions could be improved using the knowledge to actually make improvements.

- from [Multi-Stakeholder Partnerships](#)

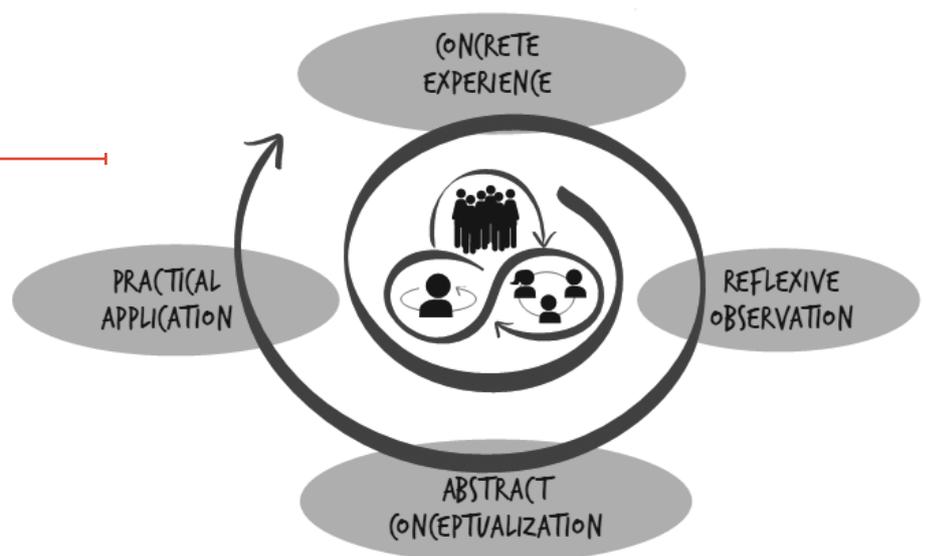
The qualities of a creative space

Creative spaces must apply an action learning framework - this framework acknowledges experiential learning and is respectful of each participant’s skills and teaching capacity. Action learning addresses real life problems, and also empowers people to reflect on solutions applied in an active way, learning by doing.

Action learning is also a good approach to collectively solve problems, and is easily used in workshop spaces. No matter what level of education each person has, there is always the potential to teach and learn.

It is difficult, especially if you have worked until late at night, and have not had experiences of formal learning, to sit and be ‘spoken at’ for hours. Rather, creative spaces must use the resources of each person in the space to make it interesting and engaging. It must address real-life issues, and start from where participants are at. So, using drama, role plays and techniques which get people moving and which applies skills that do not require writing or reading, is good practice. Even better, is to get participants to co-facilitate or present their input to the group, and to lead sessions or feedback.

Using these techniques for learning can make visible the power of each individual to change and to problem solve. It can also help put into context common problems and make this visible to a group – for instance, state violence through the use of police, or gender and relationships of power, or stigma and its origins.



Tip: Conducting a creative space meeting

To conduct a creative space meeting, partner organisations in all provinces have been using a manual that was developed by SWEAT, available at www.sweat.org.za. The manual can serve as a guide, but creative space organisers also come up with other topics depending on what contextual issues present in their areas.

Creative space workshops with the best results:

- Ensure participatory methods are applied, where the trainer speaks less than those attending the workshop
- Enables small group activities so that more people get to participate
- Uses action learning techniques that values what participants already know, and builds on this platform
- Engages participants to play a part in training
- Engages participants in setting their own learning goals and priorities
- Fully embraces diversity, and does not shy away from opening discussions on difficult subjects
- Embraces all languages – using participants as resources to ensure the content is understood and everyone has an opportunity to engage
- Makes use of innovative materials and tools – theatre performances, video and new media
- Does not make assumptions about participants' level of literacy or ability to engage with complex topics.

Peer support groups

A successful innovation in the programme has been the introduction of additional support groups to meet specific needs of various sex worker groups, for example transgender groups or HIV+ groups. Such support systems allow particular issues and challenges to be unpacked in greater detail. Creative space is a more general meeting space with a larger group of people, but it has been found that the smaller spaces allow more to be shared. Some specific themes that are discussed in smaller support groups include:

- Being newly diagnosed as HIV positive and ARV support
- Being and staying HIV negative
- Surviving rape
- Being a transgender woman
- Being a male sex worker
- Being a father/mother
- Substance and alcohol dependence
- Being a foreigner
- Being a feminist
- Lobbying and advocating for legal reform.

How creative spaces have helped sex workers:

"I LEARNT HOW TO IMPROVE MY SKILLS, AND HOW TO TEACH OTHERS ABOUT THE CONDOM, MOBILE CLINIC AND HOW TO TAKE CARE OF THEMSELVES."

"I LEARNT HOW TO DEAL WITH STRESS. I LEARNT ABOUT COPING MECHANISMS THAT PEOPLE USE WHEN THEY ARE STRESSED."

"I LEARNT THAT IT DOESN'T HELP TO BOTTLE UP YOUR FEELINGS, IT IS BETTER TO DEAL WITH IT. IT AFFECTS MY LIFE AND MY JOB AS A SEX WORKER"

"I LEARNT HOW TO TAKE CARE OF MYSELF AND LOOK AFTER MYSELF. I SEE MYSELF AS A BETTER PERSON NOW."

"LOVE YOURSELF BEFORE YOU LOVE SOMEONE ELSE AND MAKE SURE YOU ARE ALWAYS HAPPY."

"I FEEL COMFORTABLE AND HAPPY, BECAUSE I HAD TIME TO COUGH EVERYTHING OUT THAT WAS INSIDE OF ME, WHICH I COULD NOT PREVIOUSLY SHARE WITH ANYONE."

3.4.3 Connecting at work: Outreach

“We always faced challenges of reaching sex workers in clubs, pubs, and shebeens. What does a sex worker look like? How would we know if someone is a sex worker? We built relationships with owners and managers and they became our eyes and ears. An incentive we used was to give out flavoured condoms and pamphlets so that managers or owners could approach the ladies with information about the organisation so that they could ‘know if you need services, that you can call the help line or office’.

- Presentation at Good Practices Workshop

Example of a sex worker hotspot mapping exercise

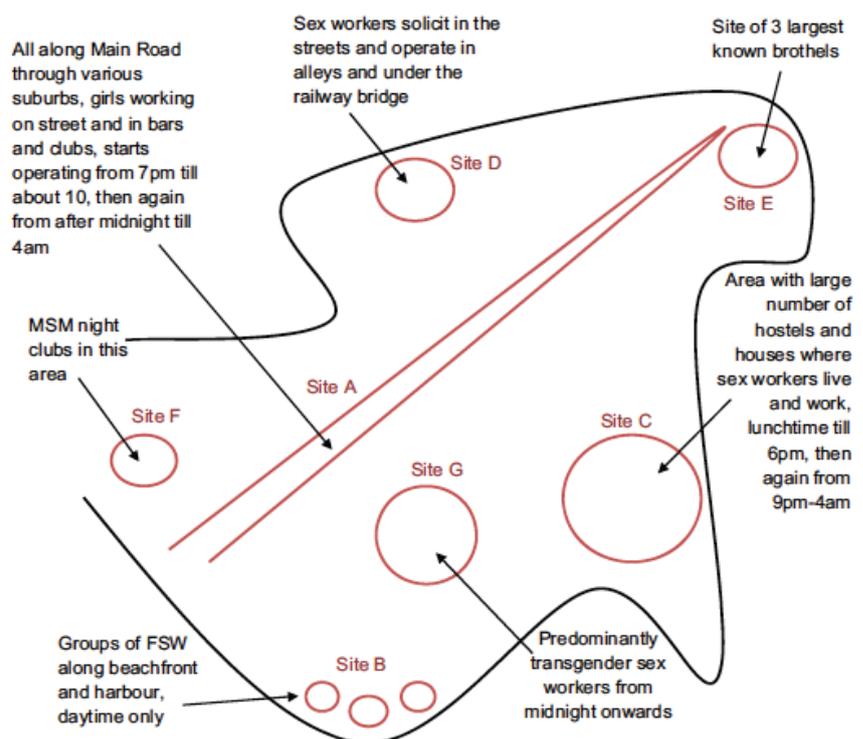
(From Konstant, et al, Jan 2015)

Working with sex workers means reaching out to them. Outreach can be done by going into sites and finding sex workers, and providing them with information, and inviting them into the sex worker community. Because of the marginalised, underground, clandestine nature of sex work in South Africa, communication needs to be tactical. Besides traditional IEC materials like brochures and posters, other effective methods to reach sex workers include a dedicated 24 hour Helpline and sending bulk SMSs to a database of sex workers’ contact numbers.

Steps in conducting outreach

Step 1: Conduct a mapping and zoning exercise of sites

To start, identify the “hotspots” where sex workers work, and visit them to obtain more information by talking to sex workers. This will aid in finding out where sex workers work (for example whether they are based in brothels, streets, bars, or shebeens etc..) and what time of day or night they work (for example at lunchtime, during work hours, just after work, at night). It is also helpful to find out if male and female and transgender sex workers work in specific areas. Sex workers can assist in identifying other hotspots. These newly identified hotspots can be zoned to determine which peer educators will work in which areas. This establishes a foundation from which to plan and coordinate effective outreach activities.



“To establish connections with sex workers: “I use my own time to sit under the tree with sex workers to explain who is Khaya – you come with a car and a mobile and they do not know who you are. You need to be vigilant and encouraging. We are sex workers helping other sex workers towards a better life.”

- Presentation at the Good Practices Workshop

Step 2: Build relationships

Experience shows that building relationships with sex workers and gate-keepers is vital to successful outreach. This includes connecting with managers in bars or shebeens, establishing links with pimps, and opening communication with drug-lords as well as owners or managers of brothels, so that easier identification of sex workers working in or on these sites is possible.

Building relationships with gate-keepers takes time, as trust needs to be earned. It is important to get the message across that making this connection benefits both parties.

Step 3: Outreach activities

A tip for gaining entry to hotspots is for peer educators to wear a uniform with identifying badges. This prevents peer educators and programme staff being misidentified as police. It is also advisable to prepare a “password” for some hard to reach places. For example in drug dens: “We say ‘RED’, they say ‘UMBRELLA’. Then they know it is us and it is safe”.

The kinds of activities incorporated in outreach include:

- Handing out condoms and lubricants and demonstrating correct condom use
- Distribution of IEC materials such as helpline contact numbers and referral services
- Invitations to sex workers to join creative space workshops
- Listening to challenges that sex workers face and assisting or guiding them, and then following up with them at a later stage.
- Conducting workshops on the spot
- Encouraging on-site HCT made available via a mobile van, especially for those women working in the bush or on the streets
- Encouraging male sex workers to have medical circumcisions
- Talking about rights, speaking about police operations and client violence.

It is sensible to conduct outreach during sex workers’ working hours. As many sex workers only work at night, organisations need to have night shift outreach teams for this purpose.



Working where there are pimps

“We work in downtown Rosettenville in dark places where there is no electricity and water. Rosettenville is owned by Nigerians – the sex workers work for them – they are very friendly to sex workers and to peer educators. Some female sex workers working in Rosettenville are controlled by pimps and live in Nigerian private houses. This group is usually hard to reach because they have someone constantly controlling how they work. The area is full of migrant and local sex workers. Sex workers use drugs like cocaine and dagga. In most cases, the Nigerians are their main partners. There are many reported cases of police harassment at this site.

Female sex workers do not access public health clinics because of judgemental attitudes from health care workers. Female sex workers in these sites sleep up to 14h00 because they work the whole night. They wake up to access out-reach services.

Strategic relationships are established with pimps by approaching them with a warm and friendly attitude; by offering them Choice condoms as a type of buy-in tactic; and by offering clinic services. In this process they also often allow female sex workers to access the clinic. In the past, this strategy has resulted in pimps offering transport to peer educators, to take them to other houses and show them more hot spots. Pimps acknowledge the work that is done by peer educators. They assist with recruitment and encourage female sex workers to get HIV, TB and STI screenings.”

Working with brothels and hotels

Brothels are dedicated locations where people pay for sex and can include saunas and massage parlours. The women working in brothels are contracted, and they pay a fee to stay and use the brothel premises. Some women purchase what is referred to as a sheriff’s card, which is a type of ‘work permit’ that is renewed on a quarterly basis or when women change brothels. As contracted workers, these women don’t receive any benefits.

Some hotels entertain more than 200 sex workers per day. These locations sometimes host strip shows and it is reported that at some sites sex workers are forced to strip. There are also more professional hotels, where sex workers are only allowed when accompanied by a client of high prestige.

While some brothels are relatively clean, others can be very unhygienic. Some are houses that were vandalised and hijacked. Most of these

locations are unlicensed, illegal, and sex workers based in bars or shebeens use toilets and sometimes simply go outdoors to conduct their business.

It is a bit safer to work from a brothel than in the streets. In some brothels, the owners abuse the sex workers. For example, they give sex workers condoms to use when they sleep with their clients and then don’t use protection when they themselves have sex with the sex workers. Police men and guards at brothels also sometimes abuse sex workers by demanding sexual favours without using protection.

It is reported that brothel and bar owners used to be afraid that the programme intended to steal their girls. The programme is at a point now where good connections and relationships have been established with these individuals, and the majority of brothel owners even help in organising workshops for the girls in the area.

In one area, a pimp forbade access to the team offering health services. Instead, peer educators recruited sex workers to access services in the next street. The relationship that was established worked out well, to the extent that the pimps call the Red Umbrella team leader, "Sis Manager"

It was reported during the Good Practice Workshop that girls are trafficked from countries like Lesotho, Zimbabwe and Mozambique, and an alarming number have been tricked or forced into this industry, having been recruited with the promise of getting them high profile jobs like being TV presenters, models and actresses.

Sex workers are often physically abused by clients because they refuse to have unprotected sex.

As a result, girls often give in, which increases their risk of HIV and STD infection. Some are deprived of freedom of speech and movement, and prevented from leaving the premises without supervision, and prohibited from talking to strangers. Women are forced to go out and look for clients even when they are unwilling, sick or if the weather conditions are not favourable.

- Presentation at the Good Practice Workshop



Stories of abuse at brothels

Sex workers face various severe challenges. Sex trafficking is one of these. Girls who are trafficked are put to work, and the money they earn through sex work is taken away from them by the owners. In some brothels some women receive a small portion of earnings. Other women are paid with drugs and food instead.

Some brothel owners sleep with the girls, infect them with HIV/AIDS or impregnate them. There have been cases where owners have removed these babies from their mothers and sent the girls back to the streets to carry on doing business. Some girls do not even know where their babies are or what they look like.

- Stories shared during the Good Practice Workshop



Hard to reach sex workers

Some sex workers are very difficult to reach, and peer educators have to walk very far to get to them.

- In areas of Mplumalanga, the peer educators need to cross a river to get to the hotspot. Sex workers who work from home are also hard-to-reach, as they are hidden.
- Male sex workers (MSM) often use internet or private telephones rather than working openly from the streets or in bars. Creating a database and SMS communication has worked well to access this group.
- Sex workers who work from drug dens are another difficult population to reach and require much encouragement and many visits before achieving anything. This is because they are often too high on drugs to work with on some visits.
- Transgender sex workers are also hard to reach. Having transgender peers significantly improves reach with these sex workers.

Keeping track of sex workers

Experience has proved that creating and continuously updating a database with sex workers' ID numbers, photographs, full names and addresses with informed consent is very useful, because it allows peer educators to keep track of those that are homeless, sick, or in desperate need of assistance. Partner organisations refer those individuals who do not have ID numbers to the help line to assist them in obtaining appropriate documentation. "Collecting this information gives the sex workers the feeling that someone cares, knows about our safety. Some give us their mothers' numbers, while saying don't tell my mum what I do. If a sex worker dies we know who she or he is." This information **must** be stored securely, and not shared.

3.4.4 Connecting to support: Telephone, SMS and the Helpline

SWEAT has a database of sex workers, and sends SMS messages, alerts and announcements to these contacts via a mobile phone bulk SMS service. SMSs always end with the Helpline numbers. This database is continuously growing and regularly updated.

The 24-hour, national toll-free Helpline was started during the 2010 World Cup and is staffed by trained sex worker counsellors. The Helpline receives calls on a range of issues from all over South Africa (see a sample of cases from the helpline call log below). The Helpline is advertised during outreach on stickers that peer educators distribute and stick onto phone booths, public toilets, night clubs, and lamp posts, and other places where sex workers might see them. Callers are counselled and, when appropriate, referred to partner organisation closest to them. A "please-call-me" service was added to the helpline to ensure sex workers using cell phones can call the helpline at no cost to themselves. The helpline counsellors are also sex workers.

Some examples of Helpline calls and actions taken

Phone call

Sex worker arrested at a massage parlour.

Sex worker was raped by a police officer.

Sex worker was reported to be very sick in hospital. Her condition is very bad: she is 7 months pregnant and has advanced breast cancer.

Sex worker was stabbed by a client.

Sex worker living on the streets called in – he is physically ill and in pain, has a CD4 count of around 368, realises he may need to start ARVs soon.

A sex worker who works at a brothel called in reporting unhealthy working conditions. The place is crowded with no windows in the room, no ventilation, nowhere to sit. Client reports back pain.

Sex workers reported that police came into their house with a cameraman and took pictures. The girls were told that they going to see themselves in the newspapers.

Sex worker called in to say that she realised, after doing business, that the client had taken out the condom prior to having sex.

Action Taken

✓ Referred to a paralegal in the area for immediate assistance (police bail application, etc.).

✓ Gave crisis counselling and called paralegal to follow up the case.

✓ SWEAT team went to visit her. Gave her full support and empathy, and will visit her again.

✓ Opened a case, referred to paralegal for ongoing support.

✓ Booked him in to see psychologist.

✓ The matter was referred for mediation with the owner and for outreach to visit the sex worker.

✓ Legal advice was given and a follow up scheduled.

✓ Counselling given about PEP, referred to the nearest appropriate clinic.

“Communities need to know all the facts and the details – beyond merely being sensitised to sex work. And there is a great need for such outcomes to be achieved. Factors like the anti-prostitution pledge function as constraints on progress in decriminalising sex work, but it is vital to persevere, to establish multi-disciplinary teams within communities, to build knowledge and capacity – to better challenge human rights violations, and stigmatisation.”

- Presentation at the Good Practice Workshop

3.5 Building Relationships with Sex Work Stakeholders: Engaging at a Higher Level

3.5.1 Working with communities

In order for sex workers to be able to use community resources effectively, it is essential that awareness is raised about sex worker issues, and community support is gathered. This can be accomplished by inviting relevant stakeholders to sex work programme events or by asking nurses and councillors to present on various topics, for example at Creative Space workshops. Programmes can also be run to increase community acknowledgement and understanding.

3.5.2 Partnerships with the public and civil sectors

Sex work programmes are able to be more effective if effective partnerships are formed with various stakeholders. The table on the next page shows some of the valuable areas for partnership and then lists potential partnership activities and examples.



Changing attitudes at clinics

A relationship was formed with the local clinic in the Randburg area to alert them to the fact that they needed to provide appropriate services to sex workers. The first step taken was to send a letter to the clinic – “sending a formal letter helped a great deal”. The clinic has slowly changed their attitude and now see sex workers as part of the community, and as people who are able to contribute just as well as anyone else.

“Our relationship with the clinic has benefited us as an organisation...The clinic was there for years, women working in taverns have been there for years. When I met [the clinic worker] five years ago, she would refer to sex workers as ‘those people’. After two years she called sex workers ‘prostitutes’. I was not yet happy, but continued with our conversations and a month ago she finally called them ‘sex workers’.”



DEPARTMENT
of HEALTH

Provincial Government of the Western Cape

NON-MEDICAL SITE

FREE SERVICES AVAILABLE:

- HIV Testing
- TB Screening & Testing
- Reproductive Health/Family Planning
- Counselling
- Social worker
- Blood pressure, Blood sugar and HIV Support
- Medical Male Circumcision Promotion
- Health Education/Promotion

We can assist you with any social problem

Areas for partnerships

Areas for partnership	Potential partnership activities and examples
<p>Strengthening sex worker access to health care</p>	<ul style="list-style-type: none"> • Work with local health facilities regarding procurement and supply chain management of commodities such as male and female condoms and lubricant, HIV test kits, and consumables such as lancets, swabs, gloves. Also for waste disposal of test kits and medical waste. • Invite Department of Health representatives and doctors and SANAC representatives to observe and/or give talks at sex worker meetings and gatherings (e.g. Risk Reduction workshops, creative space meetings). • Receive DOH condoms and IEC materials on different health issues such as sexual health and women reproductive health issues. • Arrange for DoH to be present at events and workshops like creative space meetings to provide HCT services on the spot. • Collaborate with public and non-profit health facilities to deliver targeted interventions to sex workers, for examples providing health services onsite during outreach using mobile clinics, offer special opening hours at clinics etc.. • Attend and present work and findings at DoH meetings, to keep them informed and able to respond to the needs of sex workers (also report on HCT work and provide statistics to the clinics). • Have referral mechanisms with NGOs who provide other health services, such as sexual and reproductive health and primary care services (e.g. Re-Act, CANSA for pap smears). • Involve peer educators in attending and giving input at AIDS council meetings, as well as share the meeting minutes with other peers who were not present. • Get involved in Health Calendar events (e.g. World AIDS day) that are organised by DOH and local NGOs, as well as regional health campaigns and awareness raising. • Get peer educators to give talks at local clinics.

FUTURE AIM: to set up a quarterly task team meeting/forum, which would include representatives from health care clinics and law enforcement who would deal with any cases that come up and act upon them.



Areas for partnership	Potential partnership activities and examples
Providing sex workers with access to social services	<ul style="list-style-type: none"> • A partnership with the Department of Social Development (as has been formed between the Red Umbrella Programme and DSD) can assist DSD to reach sex workers and provide them with social services, including services for sex workers children, social grants, and adult education services.
Strategic monitoring and evaluation to inform decision-making	<ul style="list-style-type: none"> • Sharing of M&E data gathered to inform other sex work programmes and partners, as well as to inform decision-making at national level.
Sharing information and resources	<ul style="list-style-type: none"> • Share the material from the ICAP and SWEAT training manuals: Sex Workers: A Sensitisation Manual for Health Care Workers, and the Integrated Key Populations Sensitisation Manual, found online at www.sweat.org.za to train health care workers about working with sex workers and other key populations. • Use materials developed by other NGOs and CSOs in outreach and during community and stakeholder outreach sessions. • Use spaces and venues from other NGOs or local municipality (and even brothels) to hold meetings and workshops, and to do HCT. • Refer sex workers to drug and alcohol centres, to GBV NGOs and to housing shelters. • Distributing condoms at hotels and brothels and taverns.
Protecting sex workers and their human rights	<ul style="list-style-type: none"> • Build relationships with the police and police forums – invite them to Creative Space meetings to listen to sex worker challenges, sensitise them to sex worker rights, aim to get a champion at the police office who will assist and protect sex workers. • Partner with organisations like the Women’s Legal Centre to assist sex workers to deal with cases of gender-based violence, police harassment and abuse.



3.6 Creating an Enabling Environment: Advocacy and Human Rights

To address human rights violations you need to be there physically and to respond quickly – at police stations and at the sites where the police are.

“We have seen a decline in unlawful arrests especially in Bethlehem, simply because police are aware of us and how radical we are in terms of human rights. Access to justice is improving in Bethelhem and Harrismith”

- Presentation at the Good Practice Workshop

The Red Umbrella programme’s long term goal is to achieve decriminalisation of sex work, to reduce human rights violations against sex workers. Alongside ongoing advocacy towards decriminalisation, it is vital that human rights violations are dealt with immediately, as they occur. Human rights violations usually occur at the hands of clients, police, community members, drug dealers and pimps. It is important that sex workers know their rights, and especially police and court processes when they get arrested.

The following are some strategies that partner organisations have found effective in creating a better environment for sex workers:

- Creating good connections with the SAPS, so that they protect rather than harass sex workers
- Creating sex worker teams for sex workers in unsafe areas so that someone knows where each person is when they leave with a client. Photos are taken of the client’s car registration so that sex workers are able to be identified and found in the case of abuse
- Continuous education on human rights with and for sex workers through a variety of platforms and human rights campaigns
- Training sex workers about legal procedures and having in-house paralegals
- Encouraging sex workers to join Sisonke. “Standing united as sex workers is important. It gets attention when united we can raise our voices”
- Partnerships with legal NGOs, legal aid and legal clinics to refer sex workers to ongoing legal support
- Recognise that rights also refer to accessing health, maintenance for children, safety and dignity.

Legal literacy

“Sex-worker training includes understanding the Bill of Rights and what it means to us as sex workers, understanding the law around sex work in South Africa, and what our town/area by-laws say about sex work. We learn about criminal procedure

when being charged and when opening a cases as well as investigating and follow up on cases. We learn about categorising legal matters and how the Criminal Justice system works.”

- Presentation at the Good Practice Workshop



Using Police Cards to reduce police harassment

“In Hazyview, we trained police “ambassadors” who educate other police about the human rights of sex workers. The station commander issued cards to all sex workers in Hazyview with his contact details on them, and told them to call him directly if we are abused. “We are equal to community members, we have equal human rights.”

- Presentation at the Good Practice Workshop



Quiet diplomacy versus radical advocacy

“At times it is important to be radical when fighting human rights violations, and at other times one must be quietly diplomatic and subtle, as visibility creates vulnerability. It is important to remember that we have both of these strategies at our disposal – one practice may work well in one area but not in another, one of us may work well with one strategy and the other with another. Some of us use firm and clear communication, while another “charms the pants off” the police, and both approaches may work. One must choose based on one’s context. One thing to bear in mind is that if you start with diplomacy, you can always upgrade to militancy.”

- Presentation at the Good Practice Workshop



A DANGEROUS PROFESSION

Female sex workers are **18 times** more likely to be murdered than other women.



- Sonke Gender Justice

3.6.1 Legal support: Taking up cases of human rights violations

Many of the legal cases that need taking up are to do with police abuse and rape. There are so many rapes that sex workers began to believe rape is part of sex work and something that they should just accept.

The programme receives information on human rights violations from many sources – the SWEAT help line, the media, people who come to the partners' offices, at creative space, as well as from partners such as Women's Legal Centre. Each case requires a specific response. Respect must be given to each individual – if they do not want to open a case it is their choice – if they want to open a case then the programme must be able to assist in giving them the best advice possible.

Legal support interventions include:

- Court monitoring: this is an effective tool – it is important to be inside and outside the court. It has been effective in helping courts to take sex workers more seriously, especially in terms of judgements being handed down
- Direct action - visible action against abuse
- Special outreach
- Community outreaches to problem areas
- Community mobilisation
- Media.

“We talk to an individual, or when a sex worker is murdered to her family. We ask the people involved if they want to take up a case, and we respect their wishes.”

- Presentation at the Good Practice Workshop

Working with a flawed justice system

“We are working with a criminal justice system that does not work for most people. We need to know and demand our rights. We have to document everything – police badge numbers, all details - so that you have a paper trail. Good legal partnerships and persistence are important. We need to know when to be patient and when to lose patience. Expectations have to be realistic because the system is so flawed. We have to be creative with what we have. We need a holistic approach. We need to continue to learn.”

- Presentation at the Good Practice Workshop





Examples of legal support provided to sex workers

- Kleintjie, a 19 year old, was stabbed to death. SWEAT worked towards building relationships with the police at specific police stations with the aim of getting these policemen to influence their peers. An effort was made to get the story into the media, and for people to light candles and stand at the spot where she was killed with red umbrellas.
- There is a case currently in court of a resident in Kenilworth who assaulted a domestic worker, and defended his actions by saying that he assaulted her because he was under the impression that she “was a prostitute”. SWEAT monitors this case, and did media work to challenge this stigma and the notion that it is acceptable to assault someone because they are a sex worker.
- In Bloemfontein, over the last few months, sex workers have faced severe harassment
 - being arrested without charges, only released after being forced to have sex with police officers, or after paying bribes. After receiving information on decriminalisation of sex work, these sex workers decided to confront the police. Three peer educators, the team leaders and supervisors met with the Colonel of that police station and laid a complaint on grounds of harassment, arrests and human rights violations. The campaign is being drawn out due to the Colonel’s unhelpfulness, but the sex workers are pursuing it.
- After the murder of a sex worker, a high profile artist was arrested for her murder. A well-known art auction house was quoted in the media saying insensitive things about the value of the accused’s artwork. Sisonke decided to protest outside the auction house’s business in Cape Town. They issued an apology.

Approaching Rights: Case Studies from the Field

Community interventions

“We cannot say that we had a 100% positive impact. But since the campaign there have been no arrests or cases of harassment. Instead, police have been supportive and have promised to assist in dealing with human rights violations of sex workers. We succeeded in humanising sex workers – sex workers are seen as human beings.”

- Presentation at the Good Practice Workshop regarding a public campaign against discrimination of sex workers.

“Initially community members [in the Free State town] did not want to be seen with sex workers. After deliberations they saw sex workers as community members. Some divulged that they were also sex workers. Some called us names. Some were under the impression that sex workers were marketing themselves publicly as part of the campaign – clients were regularly negotiated on the spot. Sex workers were disclosing that they were or are sex workers. Some viewed sex workers as decent people and encouraged us to fight for our rights. We cannot say that we had a 100% positive impact. But since the campaign there have been no arrests or cases of harassment. Instead, police have been supportive and have promised to assist in dealing with human rights violations of sex workers. We succeeded in humanising sex workers – sex workers are seen as human beings.”

Gangs and drug suppliers

Worcester: “When SWEAT started their work we did not get any girls. It was very difficult if you did not meet with the big boss. We sat down and thought ‘how are we going to recruit?’ We went to speak to the big boss to explain that we are wanting to educate girls on Human Rights and safe sex. He responded by saying that we would take his girls and then what would he do. We explained that this wasn’t our intent. In Touws River, Worcester, and Ceres, we had to turn to the big boss in each place. We entered the police station and spoke to the Colonel. He told us that we were the first organisation to enter Worcester wanting to speak to gangsters and that even the police were scared of these men. But too often girls come to police stations and are abused or ignored. That is not on. As from today we are working with police and gangsters. When we do our job on streets and when we do outreach we get escorted by the police – as the areas are dangerous. And the girls are able to take out our human rights book and the police say we will leave you alone because you are with SWEAT.”

Legal action against police

“We have done two court supports since the start of the program. One was on a counter charge case between a sex worker and police officer. The legal particulars involved included assault, profiling and unlawful arrest. The sex workers had been drinking in a local tavern and the policeman had seen her before and knew she was a sex worker. He followed her and asked her for money. She refused

A peer educator was working when she was taken to the bush where she was raped and beaten with a panga. She had bruises and sat for five hours at a police station before they opened a case.

- Presentation at the Good Practice Workshop

and so he said he would arrest her. She resisted as she knew her rights. He started knocking her around and she fought back. The sex worker was charged for assaulting a police officer. We mobilised and we went to court with our t-shirts. The magistrate asked if we could go to a private room to sort it out. They asked us to resolve the case out of court."

Dealing with rape

"In a rape and assault case, the accused being a client, the legal specifics involved included gender-based violence, rape, and exposure to HIV. A peer educator was working when she was taken to the bush where she was raped and beaten with a panga. She had bruises and sat for five hours at a police station before they opened a case. 'What is rape' they said, 'you go to the streets asking for it'. The station commander has now allocated a police officer and they are looking into this case."

Migrants and xenophobia

Near the Lesotho and Botswana borders, there are many foreigners and internationals who work in the mines and live in the area. Most of the sex workers in the area are migrants. The Red Umbrella Programme has worked hard in this area to change NGO perceptions of sex workers (who felt that sex workers are "useless, lazy, do not have rights, and spread HIV and AIDS"). The programme has also established relationships with the police. Previously "sex workers had to have R100 as bribe money or risk being locked up for five days." Now the police no longer harass them.

Accessing justice

In accessing justice SRs have been successful in the following examples:

- When ten sex workers were arrested, a trained paralegal together with the assistance of the Helpline ensured that they were released the same night
- A case where a client assaulted and robbed a sex worker was successfully taken to court at Newcastle. We continue with court support and follow-up. And we were able to alert all sex workers around the surrounding towns of this client
- In Ladysmith, paralegals have been able to use alternative methods such as negotiation and mediation in numerous cases to assist in matters where clients have refused to pay for services rendered
- Current investigations are ongoing in Dundee on reports of a sex worker who is allegedly working with gangsters and police officers to rob and rape other sex workers.

Conclusion



A handwritten signature in black ink, appearing to read 'Sally', followed by a horizontal line.

Sally Shackleton
SWEAT Director

This Good Practice Guide weaves together the experiences of 19 organisations and two years of implementation of the Red Umbrella Programme. SWEAT, through its role in the Red Umbrella programme and as a result of its own 20 year history of working with sex workers, is making the circle bigger – expanding learning and improving implementation.

The Good Practice Guide emphasises that a programme addressing the needs of sex workers can only be successful through the active participation and leadership of sex workers. It also stresses that programmes must consider sex workers as whole people, and not viewed through a narrow window of HIV only.

It encourages innovation and recognises that change can be sustained through the communities we work in.

It does not provide a one-size-fits-all framework, but rather offers a range of tools and strategies that can be applied to contexts full of challenges and difficulties.

Sex workers are on the front lines of many struggles – against poverty, HIV, violence and injustice – and they are often the first to fall when we fail to address social injustice.

The Red Umbrella Programme coordinates efforts to deliver quality, evidence informed services to sex workers through its 19 partners across South Africa. We hope that the lessons learned and highlighted in this Guide will assist others and contribute to sustained impact that improves the lives of sex workers in South Africa.



ANNEXES:

**Tools for Effective Sex
Worker Programming**

HCT REGISTER

ORGANISATION: _____ SITE: _____ YEAR&MONTH: _____

A. HCT Date	B. Town/ Suburb	C. First name	D. Last name	E. Year of birth <small>(or category)</small>	F. Gender	G. Referred HCT <small>(specify DoH / clinic/ NGO)</small>	Referral no.	H. HCT by org - specify if done by P = Peer educator, SN = Staff nurse/ counsellor; O = outsourced service provider.	Tick if test done at workshop	Comment: Or signature of CSW
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
Site coordinator / programme manager signature: _____										GRAND TOTAL: _____
Date: _____ <small>By signing you confirm that all source documents are available and verified</small>										
Number tested positive: _____					Referred for CD4/ARV: _____					Number referred for TB screening: _____
E. Year of birth category (select from a – g): [a-1960 – 1970]; [b-1971 – 1975]; [c-1976 – 1980]; [d-1981 – 1985]; [e-1986 – 1990]; [f-1991 – 1997]; [g-before 1960]										

RED UMBRELLA MONITORING AND EVALUATION PLAN

September 2014

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GENERAL GUIDING PRINCIPLES

Monitoring and Evaluation is a key component of Performance-based Funding. Through M&E, the programme results at all levels (impact, outcome, output, process and input) can be measured to provide the basis for accountability and informed decision-making at both programme and policy level.

One of NACOSA's contract conditions are that the Sub-Recipient (SR) must compile and submit a M&E plan. The M&E plan is an essential document for an SR as it describes how the M&E system should be run. It should be accompanied by an annual implementation plan which includes the planned M&E activities for each year including the strengthening measures to improve the M&E system identified through M&E system or Data quality assessments.

The M&E system should allow for data to be collected, processed and transformed into strategic information (SI), to allow for informed decision-making. On the basis of the Performance-based Funding principle (which guides the Global Fund M&E system), uses the information provided through the M&E systems to prove that money raised is invested to achieve the set goals, as well as to decide on continuation of funding for each grant.

SUBMISSION OF AN M&E PLAN

At the time a contract is signed with an SR, Nacosa requires the submission of an M&E plan that are valid for the grant period.

The format and structure of the M&E plan are discretionary, but the SR should ensure that the components outlined in the M&E plan guidelines are included.

M&E PLAN

1. INDICATOR DEFINITIONS AND MEASUREMENT

Indicator Protocol Reference Sheet Number: 3.1	
Name of Indicator:	Number and percentage from key populations (Sex Workers) who received an HIV test and know the result.
Result to Which Indicator Responds:	Prevention – Commercial Sex Workers
Level of Indicator:	Output
Description	
Definition:	Numerator: It includes the number of Commercial Sex Workers tested by peer educators or other staff of the SR who received their test results AND the number of Commercial Sex Workers referred for testing by a peer educator, who subsequently are tested at the facility referred to or another and know their result. Denominator: The total number of CSW reached through outreach by peer educators.
Unit of Measure:	Number of CSWs tested and received their results either by the SR or through a referral which is followed up and completed. Number of CSWs who receive a service during outreach. A peer educator has a caseload of 60 sex workers at specific locations. If a sex worker receives at least one service from a peer educator, they are counted. The sex workers reached are given a unique code to prevent duplications.
Disaggregated by:	Data should be reported to the Global Fund as a total and not separated by the number of females and number of males reached or ages. However this should not limit organisations whose policy requires that data should be disaggregated.
Justification and Management Utility:	This indicator provides a count of those people who have received their results. It is anticipated that knowledge of one's own status leads to appropriate behaviour change and access to services if necessary.
Plan for Data Acquisition	
Data Collection Method:	<p>Numerator: When CSW are tested by peer educators or other staff of the SR, consent forms and the HCT register are completed. The numbers tested as per the HCT registers is captured by the Site Coordinator into the SR monthly reporting tool. If referrals are made for testing, the peer educator completes the referral form in duplicate, referring the CSW to a facility or organisation which the SR developed a relationship with for referrals for testing. The CSW takes the referral form with them when they are tested. The completed referral form is placed in a box at the facility they are referred to. Site Coordinators collect the completed referrals slips from the boxes at the facility weekly; They then capture the number of completed referrals into the SR monthly reporting tool.</p> <p>Denominator: Peer educators complete outreach forms when conducting outreach. They note every CSW they provide a service to during outreach. The outreach forms are submitted to Site Coordinators weekly The Site Coordinator captures the outreach data onto the site outreach database (SOD). The minimum data needed to be captured is the funder, site and SR names, name of peer educators, names of CSW, dates of visits. The Site Coordinators then complete the SR monthly reporting spreadsheet providing the data for Number of CSW reached.</p>
Data Source:	Number of CSW tested by peer educator or other staff of SR – Consent Forms, HCT registers Number CSW referred for testing by a peer educator, who subsequently are tested at the facility referred to or another and know their result – referral books, completed referral slips, referral register. Number of CSW reached through outreach – Outreach Forms and Site Outreach Database
Frequency and Timing of Data Acquisition:	Daily, Monthly
Individual Responsible:	Counsellor, Program Manager, M&E Manager
Location of Data Storage:	Sub-recipients with management information systems will store data electronically in addition, paper based system will be used for backing up and archiving data.. Sub-recipients will also use excel spreadsheets and word documents to archive data.
SRs Responsible for Reporting:	Sex Worker SRs

Data Quality Issues and Mitigating Strategies
Known Data Limitations and Significance: The indicator does not consider the quality of service provision, which would require more in-depth evaluation efforts such as facility surveys. Caution is required in measurement and interpretation of this indicator during data entry i.e. the number of clients pre-test counselled should equate to the number of clients tested and to the number of clients who received their results. This indicator does not measure the quality of the services provided to the client up and including the post-test counselling. The indicator is cumulative but does not check for repeat tests. There will be CSWs that are tested more than once over the programme period.
Actions Taken or Planned to Address this Limitation: Careful programmatic monitoring and action planning of this measurement is required. Regular internal data quality audits are required to ensure that processes yield reliable data. Have clear quality assurance mechanisms in place.
Plan for Data Analysis, Review & Reporting
Data Analysis: For each indicator, actual performance data will be compared with past performance, planned or targeted performance or other relevant benchmarks.
Review of Data: Monthly
Reporting of Data: Monthly to PR and quarterly or half-yearly to the Global Fund as required
Data Feedback: Data will be reviewed and feedback would be provided monthly by the PR
Data Audience: PR/CCM

2. ROUTINE DATA COLLECTION

Indicator name	Data source	Frequency of data collection	Process (who completes it, who collects it, where is it stored, who verifies it?)
<i>Number and Percentage of SWs who received an HIV test and know the results.</i>	<i>Referral forms, consent forms, HCT register</i>	<i>Weekly</i>	
<i>Number of SW reached through outreach</i>	<i>Outreach forms, site database</i>	<i>Weekly</i>	
<i>Number and Global Fund condoms distributed</i>	<i>Stock sheet</i>	<i>Monthly, quarterly</i>	
<i>Number and percentage of IEC materials distributed</i>	<i>Outreach forms</i>	<i>Weekly</i>	
<i>Number of SWs attending Risk Reduction Workshops</i>	<i>Attendance registers, finance docs, narrative reports</i>	<i>Monthly</i>	

3. DATA MANAGEMENT

Please explain here what happens to the forms collected by the peer educators (outreach, risk reduction, HCT). What collects the data from peers? Who verifies that the data is correct? Who captures it? Who verifies that it has been captured correctly? Where is the data stored? Who has access to the data?. Who signs off the information?

4. PROGRAM REVIEW, EVALUATION, AND SURVEYS

How will ELHTA review the programme (e.g. the quality and relevance)?

5. DATA QUALITY ASSURANCE MECHANISMS AND RELATED SUPPORTIVE SUPERVISION

- Data quality assurance mechanisms and all related supportive supervision should follow the provided Sex Work Indicator Protocol Reference at all time
- All data entry must be correct on all forms during data collection
- All information must be checked by Peer Educator before submission and corrections be made thereto before submission deadline
- No data should be submitted for capturing if there is any information missing or incorrect, such should be rectified before capturing
- Submission deadlines should be met at all times unless otherwise. However, if it is due to circumstances beyond any control, a provision shall be made thereof
- Site Coordinators have the responsibility to re-check and verify all data before capturing it into the system
- All data quality assessment must be aligned with Nacosa principles and guidelines
- A checklist for data quality must be referred to at all times (as in **Annexure A**)

6. M&E COORDINATION

Explain who is responsible for M&E coordination from the peer level, to who enters the data onto the NACOSA report.

7. CAPACITY BUILDING

How is the capacity of the peers, site coordinators, M&E officer and programme staff developed? E.g. SWEAT and NACOSA training and support, other support

8. INFORMATION PRODUCTS, DISSEMINATION AND USE

What is going to be done with this information? Are you going to use it to plan programmes?

ANNEX A – Dimensions of data quality

Reliability	The data generated by a program's information system are based on protocols and procedures that do not change according to who is using them and when or how often they are used. The data are reliable because they are measured and collected consistently.
Accuracy (validity)	The Accuracy dimension refers to how well information in or derived from the database or registry reflects the reality it was designated to measure.
Timeliness	Timeliness refers primarily to how current or up-to-date the data are at the time of release, by measuring the gap between the end of the reference period to which the data pertain and the date on which the data becomes available to users.
Completeness	Completeness means that an information system from which the results are derived is appropriately inclusive.
Integrity	Integrity is when data generated by a program's information systems are protected from deliberate bias or manipulation for political or personal reasons

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
CBO	Community-Based Organisation
GFATM	Global Fund to Fight AIDS, TB and Malaria
GRIP	Greater Rape Intervention Programme
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MSM	Men who have Sex with Men
NACOSA	Networking HIV/AIDS Community of South Africa
NGO	Non-Governmental Organisation
PAC	Provincial AIDS Council
PEP	Post-Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHRU	Perinatal HIV Research Unit
PrEP	Pre-Exposure Prophylaxis
SANAC	South African National AIDS Council
STI	Sexually Transmitted Infection
SWEAT	Sex Workers Education and Advocacy Taskforce
TB	Tuberculosis
TG	Transgender
WHO	World Health Organisation
WRHI	Wits Reproductive Health and HIV Institute
WLC	Women's Legal Council

IMPLEMENTING PARTNERS

Centre for Positive Care
Hoedspruit Training Trust
Kheth'impilo
Lesedi - Lechabile Primary Care
Lifeline Durban
Lifeline Free State
Lifeline Northern Cape
Lifeline Zululand
Munna Ndi Nnyi
Oasis Faith Works
Partners in Sexual Health
Qholaqwe Advice Centre
Sisonke
TB / HIV Care Association
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