

# Sex Work and HIV in Namibia:

## Review of the literature and current programmes



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# PREFACE

**S**ex workers are recognized in Namibia as a key population at higher risk of HIV and yet to date, only limited and piece-meal information has been available regarding the size of the population, and the challenges they face in accessing health and other social and legal services. Furthermore, while a number of partners work on sex work and HIV in some manner, their efforts were not necessarily well known or coordinated. UNFPA and UNAIDS therefore initiated efforts to better understand the challenges sex workers face by carrying out a Literature Review and a Rapid assessment in five towns in Namibia (Katima Mulilo, Walvis Bay, Oshikango, Kalkrand and Windhoek), the findings of which are included in the respective reports.

The objective of this literature review was to consolidate all known information about sex work and HIV in Namibia and provide an objective knowledge base that can inform programming and advocacy efforts as well as further research. The review also includes a mapping which outlines all key partners working on HIV and sex work and their main focus. The Rapid Assessment revealed important information which sheds light on the barriers to health services that sex workers face. Efforts that are currently underway, including the Integrated Behavioural Surveillance Survey (IBBS) of

sex workers and men who have sex with men by the Ministry of Health and Social Services (MoHSS) and a Mapping Exercise by Society for Family Health (SFH) will complement this review and provide additional evidence to inform policy and programming.

UNFPA and UNAIDS are committed to supporting efforts to empower sex workers, protect their rights and address their health and HIV-related needs. In 2011, we saw a coming together of partners through the establishment of the African Sex Workers Alliance, the corresponding coalition and the national Technical Working Group on Key affected populations. These platforms provide opportunities for better coordination and inclusion of sex workers in programme development. They also serve to ensure the voice of sex workers is heard. The National Meeting on Sex work, HIV and Access to Health services which took place in November 2011 provided concrete recommendations for the way forward which are outlined in the Meeting Report.

Action has been initiated, now we must all work together to sustain the momentum and ensure targeted, evidence informed, and coordinated programming that makes a difference in the lives of sex workers.

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# BACKGROUND



Namibia's National Strategic Framework for HIV and AIDS 2010/11-2015/16 emphasises the importance of programmes aimed at most at risk populations, including sex workers. However, research aimed at understanding the realities faced by sex workers in Namibia and the effects of HIV on them, and HIV-related programming targeting sex workers, have been relatively limited to date.

In order to contribute to strengthening HIV programming with sex workers, UNFPA Namibia has obtained Programme Acceleration Funding (PAF) from UNAIDS. The purpose of this strategic funding is to *improve the reproductive and sexual rights of sex workers in Namibia*, through three specific outcomes:

1. Strengthened evidence base to guide a coordinated response for sex workers
2. Strengthened national network capacitated

- to represent sex workers in the national coordination mechanisms of the AIDS response
3. Increased awareness and advocacy around human rights and legal issues that pose barriers to key populations fully accessing services

These outcomes will be achieved by:

- Conducting a literature review on sex work in Namibia including a mapping of key stakeholders in relation to sex work.
- Conducting qualitative research focussed on health seeking behaviours and access to health, social and legal services for sex workers.
- Conducting a national workshop aimed at influencing practice on HIV programming for sex workers.

The current document incorporates the literature review and mapping of key stakeholders.

# METHODOLOGY



## *Literature review*

Two strategies were employed for the literature review. Firstly, literature was gathered from key informants working on HIV and sex work in Namibia. Bibliographies of identified literature were searched for additional material. Secondly, a broad search on the public health journal database Pubmed was conducted, using search terms “Namibia” plus “sex work\*”, “commercial sex” and “prostitut\*”.

The searches were restricted to items published after 2000. Items only reporting data or content already included through other items, or not including any new analyses of data already included, were excluded. Wherever possible, the original sources of data have been referred to in this review. Where original sources could not be obtained, this is clearly noted.

For items describing research, the quality of research and representativeness of findings were reviewed, and findings summarised according to different headings (e.g. characteristics of sex work in Namibia, sex work and HIV).

## *Mapping of key stakeholders*

Information on organisations involved in working with sex workers was gathered from the documents included in the literature review, and further updated during

interviews conducted with key informants during the week of 18-22 July 2011. The primary focus was on national-level actors, since it emerged that a more in-depth and detailed mapping of service providers was being planned by Society for Family Health at the time this review was conducted.

## *Definition of sex work applied in this review*

Although some of the identified literature posits sex work as being part of a continuum that includes transactional sex, there are fundamental differences between sex work and transactional sex, for instance in terms of the numbers of sex partners, and in the ways laws, law enforcement officers, health service providers and communities treat those involved. In addition, the issues that HIV prevention and treatment programmes for sex workers need to address are very different from those aimed at people involved in transactional sex. For these reasons this review focuses on sex work as defined by UNAIDS:

“...female, male and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating.” (1)

The identified literature generally approaches sex work according to this definition.

# RESULTS



## *Literature identified on sex work and HIV in Namibia*

Comparatively little research has been conducted on sex work and HIV in Namibia. Unlike many other African countries, Namibia has not conducted behavioural or biological surveillance with sex workers, and in common with many African countries, no study designed to estimate the numbers of sex workers has been conducted. Quantitative data on sex work and HIV provided in the identified literature emanates from a small number of sites, and in many cases does not provide enough information on the research methodology to allow an assessment of whether the data are representative of the country as a whole.

All of the included literature was identified through key informants and bibliographies; one additional article was identified through the Pubmed database. In total, 31 relevant documents were found, including 17 describing the results of primary research covering issues related to sex work in Namibia. Most of the available research has been conducted either in Katutura (a Windhoek township) or Walvis Bay (a major sea port and transport hub). None of the identified studies can be considered representative of Namibia or even of given towns; however the data do to an extent indicate the breadth of characteristics and sex work situations. A brief description of each of the documents reporting primary research is provided in Box 1.



### Box 1: Literature reporting results of primary research related to sex work in Namibia

The following documents describing primary research which includes information related to sex work were identified (in chronological order):

“Sex work in Namibia today”, chapter in *“Whose body is it?” Commercial sex work and the law in Namibia*, Legal Assistance Center 2002 (2). This chapter describes research conducted in 2001. A convenience sample of 148 sex workers participated in either interviews or focus group discussions. The majority (100) came from Windhoek, with the remainder coming from Swakopmund, Walvis Bay, Keetmanshoop, and Grootfontein. Two additional sites had been planned (Rundu and Oshakati), but no sex workers from these sites agreed to participate. Two clients of sex workers were interviewed, considerably fewer than planned. In addition 315 members of the public were interviewed by telephone regarding their attitudes to sex work. *Prostitution, HIV/AIDS and Human Rights: A case study on sex workers in the township of Katutura, Namibia* (3), a study based on interviews and discussions with 15 sex workers conducted in 2005.

*Help Wanted: sex workers in Namibia* (4) is a monograph published in 2008 based on interviews conducted in 2006 with 62 sex workers in Katutura, Windhoek. It focuses on the characteristics of the respondents.

The main source of behavioural HIV-related data from Namibia is the *Namibia demographic and health survey 2006-2007* (5). The key variable of interest in this national survey is the proportion of men reporting that they had paid for sex.

*Corridors of Mobility: Mobility and HIV vulnerability factors in four sites along transport corridors in Namibia* (6), conducted in 2006 using a qualitative approach and mapping techniques, focuses in sites with high concentrations of sex workers (Walvis Bay, Katima Mulilo, Rundu, and Oshikango), and characterises sex workers and clients in these sites as well as providing information on availability and use of health care services. Additional analyses based on this research are provided in *Ships, Trucks and Clubs: the Dynamics of HIV Risk Behaviour in Walvis Bay* (7) and *The Economics of Sex Work and its Implications for HIV for Sex Workers in Namibia* (8).

*Breaking a Public Health Silence: HIV Risk and Male-Male Sexual Practices in Windhoek Urban Area*, from 2006, describes the situation of five MSM/transgender sex workers, emphasising the fluidity of their sexual identities (9); data from this study is also described in a journal article *Dispelling “heterosexual African AIDS” in Namibia: Same-sex sexuality in the township of Katutura* (10).

*Prostitution in Windhoek, Namibia: An exploration of poverty* (11) is based on participant observation and questionnaires administered to 100 respondents, the majority from Windhoek and a small number in Oshakati and Oshikango, in 2007.

*Alcohol Consumption, Sexual partners and HIV transmission in Namibia* (12), part of the DHS qualitative research series published in 2008, deals with the relationship between alcohol use and sexual risk taking, and as such touches on the issue of alcohol use in sex work.

The *Prevention Initiative for Sexual Minorities Needs Assessment Report* conducted by the Rainbow Project in 2008 (13) and based on surveys with LGBTI respondents, provides some information on sex work among women who have sex with women and men who have sex with men.

*Rights not Rescue*, published in 2009, covers three southern African countries including Namibia (14). It focuses on the circumstances faced by sex workers, and in particular the impacts of punitive laws on the right to health.

*Beliefs and Attitudes toward Gender, Sexuality and Traditions among Namibian Youth*, a report by LaFont for the Legal Assistance Centre from 2010 of a survey with around 400 young people, which includes a discussion on young peoples’ attitudes toward the criminalisation of sex work (15).

The report *Mapping in Namibia* published in 2010 by ASWA (African Sex Workers Alliance) contains some original focus group research based on a small sample of male sex workers in Windhoek (16).

*An Exploratory Study of the Social Contexts, Practices and Risks of Men Who Sell Sex in Southern and Eastern Africa*, 2011 by Boyce and Isaacs which aims to develop a better understanding of differing and similar socio-cultural scenarios and personal life of sex workers in a number of countries including Namibia (17). The sample of male sex workers included is small and non-representative, and the authors stress that the findings are merely indicative of some of the situations faced by male sex workers.

*“I do what I have to do to survive”: An investigation into the perceptions, experiences and economic considerations of women engaged in sex work in Northern Namibia*, an article published in BMC Women’s Health Journal in 2011, investigates the experiences of a sample of ten sex workers in Oshakati (18). Of particular interest in this study is the discussion of HIV prevention strategies.



The remaining documents included in this review are secondary analyses (in particular as background for HIV strategic planning), and HIV strategy, policy and

programme documents relating to sex work. A brief description of each document is provided in Box 2. In addition, a number of relevant newspaper articles are referenced.

## Box 2: Literature reporting secondary analysis of research related to sex work in Namibia

The following documents describing secondary analysis of research, as well as HIV strategy, policy and programme documents were identified (in chronological order):

Various chapters in *"Whose body is it?" Commercial sex work and the law in Namibia*, Legal Assistance Center 2002 (2) outline the legal situation faced by sex workers in Namibia as well as legal challenges to criminalisation at the time the report was written.

A report from a Workshop on epidemiological projections from 2006, *Epidemiological projections, Demographic Impact, and Resource Allocation in Namibia* offers no additional insights on sex work since the projections were only based on available data (19).

The *Report of the first national HIV prevention consultation in Namibia*, published by the Ministry of Health and Social Services in 2008 (20), proposes a framework for interventions on sex work in relation to HIV.

Measure Evaluation's 2008 report *HIV/AIDS in Namibia: Behavioural and Contextual Factors Driving the Epidemic* (21) outlines hypotheses for the role of sex work in the national epidemic.

Namibia's *National Composite Policy Index (NCPI)* response from 2008 (22) provides basic information on the state of programming with sex workers.

Programme document from the Social Marketing Association from 2008 entitled *HIV Prevention among sex workers and clients, 2008-2009* (23) provides detailed descriptions of the strategic approach of the programme and limited information on programme coverage.

Legal Assistance Centre's *HIV/AIDS and the Law in Namibia* (24) published in 2009 provides an up to date summary of the legal situation in relation to sex work.

*Report of Namibia Triangulation Project: Synthesis of Data on The National HIV Prevention Effort and Trends in the Epidemic* published in 2010 (25) assesses whether HIV prevention programmes in Namibia are appropriately targeted and contains some recommendations on strengthening programmes with sex workers.

The *National Strategic Framework for HIV and AIDS 2010/11 – 2015/16* (26) is the principal strategic guidance for HIV programming in Namibia, and as such outlines the key outcomes to be achieved through programming with sex workers and other relevant populations, as well as defining key strategies.

Namibia's *UNGASS report* for the period 2008-2009 (27) provides limited information on programming with sex workers and the importance of resolving the gaps in this area.

*A Baseline Assessment of Human Trafficking in Namibia* (2009), by the Ministry of Gender Equality and Child Welfare (28), provides some additional analysis but no data on sex work.

*No Namibian should die of AIDS: Universal Access in Namibia: Scale up, Challenges and Way Forward*, published by the Ministry of Health and Social Services in 2011 (29), provides the most up to date information on the current programming situation for sex workers.

The Protocol for CDC's proposed first *Integrated Biological and Behavioural Surveillance Survey* (30) with sex workers in Namibia outlines plans for this important study, which is currently in planning stages.

UNAIDS Namibia's report on *Recommendations of Activities for Integration of Gender Equality in Namibia's HIV Response* (31) identifies a number of gender related issues and recommendations that are of relevance to HIV programming with sex workers.

## Sex work in Namibia

### Estimates of the numbers of sex workers

According to the available studies and analyses, sex work takes place all over Namibia, although it is most visible in border areas, on transport corridors, in the port of Walvis Bay and in the capital Windhoek. Consequently most of the studies that have been conducted focus on these areas, with the exception of one study conducted in Oshakati (18).

Although no methodical estimation of the extent of sex work in Namibia has been conducted, the literature provides some figures for the numbers of sex workers. Several reports state that a World Bank study estimated the number of sex workers in Namibia at 11,000, but no reference or date for this estimate is provided (26; 31). In 2002 the NGO Stand Together reported working with 910 women selling sex in Katutura Township in Windhoek over a three year period (2), and a news article published in 2006 reports that there are 1,200 members of Stand Together (32). Various sources (11; 20; 26) cite a figure of 1,240 sex workers in the Katutura Township. The sources reference this figure to a 2006 study conducted by the NGO Women's Action for Development (WAD); however, WAD state that they did not carry out a study, but that this figure also came from the NGO Stand Together.

A 2006 news report based on an interview with Stand Together corroborates the figure, and the same article cites the Legal Assistance Centre as saying that there are 20,000 sex workers in Namibia (33). Based on this figure, Kiremire in her 2007 study on sex work

in Windhoek suggests that the total number of sex workers in Windhoek could be up to 5,000, with a total of around 10,000 in the whole of Namibia (11). Fr Klein-Hitpass, the priest who coordinates Stand Together, is cited in a 2010 news article as saying that the number of sex workers in Windhoek is 3,400 (34).

The principle source of information on sex worker numbers appears to be the Stand Together project. However, because this project is focussed on one town, and the methodology used to generate the figures is not reported in any of the identified literature, these estimates cannot be assumed to accurately reflect the extent of sex work in Windhoek or Namibia. This information gap presents a particular challenge to attempts to achieve coverage of sex workers with high quality prevention programmes. The Integrated Behavioural and Biological Surveillance Study planned by CDC in 2010/2011 includes an enumeration exercise

and will help improve the estimates for numbers of sex workers (30). However, understanding the extent of sex work in Namibia is likely to be further complicated by the fact that all of the available studies show that a significant proportion of sex workers are nationals of other countries, and that there is a high level of mobility of sex workers within Namibia. Furthermore, numbers of people selling sex often fluctuate over the course of a year due to changes in demand, and so the period when estimations are carried out can significantly influence the findings.

### Socio-demographic characteristics of sex workers

As noted above, only a small number of non-

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representative studies have been conducted with sex workers. Nonetheless they reveal a diverse range of characteristics and experiences, as illustrated in this section. This diversity underlines the importance that programmes need to place on understanding the specificities of sex work in different parts of Namibia, and being tailored to each situation accordingly.

Although all of the identified studies state that the vast majority (at least 90%) of sex workers in Namibia are cis-women<sup>1</sup>, the numbers of male and transgendered sex workers is not insignificant, and most studies acknowledge their existence and include at least some male and transgendered sex workers in their samples. Two studies have focussed directly on male and transgender sex workers, albeit with small samples and restricted to Windhoek (10; 17).

Studies reporting age ranges for sex workers tend to report that over half of those included are aged between 19 and 30 years old, with a significant proportion (up to 20%) aged between 15-19 (7; 8; 11). One study reports the typical age of initiation of sex work at 16 (4). Another, conducted in 2001, states that sex worker respondents reported “regularly” seeing girls as young as 14-15 selling sex (2).

Three studies report educational attainment: two thirds of the sex workers interviewed in a 2007 study by Kiremire had achieved grade 9 (11), while over 80% in LAC’s 2001 study had secondary education (2); on the other hand the study conducted with 10 sex workers in Oshakati states that educational attainment is on the whole “low” (without defining this) (18). Consistently across studies, most sex workers described themselves as “single” and never married (2; 11; 18); however the majority (70-80%) also reported having dependents – either their own children or someone else’s, and described this caring role as a major part of the cost of living. (2; 3; 7). In all studies the majority of sex

workers were Namibian, but Zambian, Botswanan and Angolan sex workers were also visible. A small study with women who have sex with women and men who have sex with men suggests that selling sex appears to be common among gay, transgender and lesbian populations, with approximately a third reporting having received money for sex (13).

For many of the respondents in the different studies, sex work was their sole occupation – the proportion was 80% in one study (2) and as high as 94% in another (11); alternatively, study participants are described as having no other stable source of income (18). However, this may be related to the manner in which respondents were selected and may also reflect that those more permanently engaged in sex work are more likely to respond to surveys. Those who had had, or currently had other sources of income, described these other sources as low-paid and unstable (2).

As is the case in other countries, informants to the various studies identified different “categories” of sex workers, typically including “low-class” workers working on the streets, “local” sex workers working out of brothels and bars in some towns and “professionals” working more discretely (6). Other researchers use the terms “informal” and “commercial” to describe different types of sex work, the former being in theory opportunistic and less regular than the latter. However, the term “informal” is not clearly defined, since the sex workers described as “informal” in the Oshakati study (18) do not seem to differ greatly in their characteristics and modes of work from those described as “commercial” in other studies.

The available studies also point to very different sex work contexts in different locations, with communal living arrangements being more common in some areas than others, and with the characteristics of sex workers varying from place to place.

<sup>1</sup> Cis-women: individuals physically identified as having a female gender from birth; this term is used to differentiate them from transgender women. The differentiation can be important since transgender women often experience particular types of stigma and discrimination.

Most studies discuss the reasons why people engage in sex work. Although a broad range of hypotheses are advanced, for instance in relation to previous experience of abuse or previous involvement in transactional sex, they are difficult to interpret since there is no comparative data from people not involved in sex work. The most consistent themes, however, are: high levels of unemployment, and the fact that certain people (such as men who have sex with men, transgender people and certain categories of women) are stigmatised and discriminated against in access to work, and the existence of demand for paid sex. One of the biggest draws to sex work, not surprisingly, is that despite the disadvantages it provides incomes and opportunities that cannot be obtained in other ways.

**Minors in the sex industry**

The situation of minors involved in the sex industry cannot be considered in the same terms as sex work, since where minors are concerned it is by definition an exploitative situation. Although this issue is not explored in detail in the present literature review, a number of the identified references can provide further information and are provided for the benefit of readers who wish to investigate this area and develop the relevant child protection responses further.

The Legal Assistance Center’s 2002 report, “Whose Body Is It”, includes results of a survey with around 150 sex workers; some of the respondents were minors, and a third of the respondents reported regularly seeing minors selling sex (2). Other details of interest are the descriptions given by respondents of their childhood, suggesting that many of them had entered the sex industry when younger than 18 years of age. The same report references and summarises an earlier (1998) study on young people in the sex industry. A study on “corridors of mobility” commissioned by the IOM and published in 2007 discusses age ranges, stating that in most parts of Namibia sex workers are aged from 16-40 years old, while also pointing to reports of sex workers as young as 13 in Oshikango (6).

The Oshikango finding is of particular interest since the UNFPA-supported community assessments conducted by sex workers in October 2011 also found very young girls involved in the sex trade in Oshikango. Kiremire’s 2006 study, primarily with sex workers from Windhoek, reached 100 respondents, 21% of whom were aged 15-19. A 2008 study in Katutura with 62 sex workers included 8 under-18 year olds, with the youngest aged 12, and includes discussions of the pathways for young people entering sex work (4). Similarly, a small proportion of the respondents in the recently published study on Oshakati were aged 17 (18).

Additional information on minors involved in the sex industry is provided in the forthcoming report of the UNFPA-supported community assessments on sex work and HIV in Namibia, and in a study on young people and sexuality being completed by ASWA in late 2011. From the available data, sexual exploitation of minors appears to be prevalent throughout Namibia, with some indications – which require further corroboration – that this affects particularly young people in towns such as Oshikango. The situation of child sexual exploitation is one that the HIV response is not well equipped to deal with since there are issues of child protection and long term support for the victims which need to be dealt with.

**Different types of sex work**

There are a variety of different ways in which sex workers operate and find clients, including street working both in informal and affluent neighbourhoods, on highways, working from local drinking establishments and shebeens, in border and port areas, and working out of high-end clubs and hotels as well as being contacted by clients via cellphones and the internet. The extent of each mode of sex work is unknown since none of the studies are sufficiently representative to draw a conclusion. Although each of the locations that has been covered by studies harbours different modes of sex work, neighbourhood and bar-

based sex work appears to be particularly common on transport routes and in border areas, while studies in Windhoek identified many sex workers operating on highways.

Sex workers who find clients on highways and in public places often have sex outdoors, in the 'veld' or in dried river-beds (11). Some studies refer to brothel-based arrangements, with small-scale brothels often also being the place of accommodation of sex workers as well as being drinking venues to attract clients and providing rooms for sex workers working outside of the brothel. Small-scale brothels are reported as being a particular feature of sex work in Walvis Bay (7; 14). While one study in Windhoek states that intermediaries (which it calls "pimps") play a role in collecting and controlling income (11), all of the other descriptions of sex work in Namibia concur that there are few if any intermediaries or managers involved in the industry.

Levels of income among sex workers also vary considerably, not only according to the type of service offered but also according to the category of sex worker or client and also the time of the month (proximity to clients' pay days). One study emphasises that conditions are the most difficult in sites where the number of sex workers exceeds demand (8).

### Clients of sex workers

Many of the studies that include information on clients report that clients come from a wide range of social classes and nationalities. Foreign clients are common, particularly in border and transport areas. Foreign clients are often transiting through Namibia and are highly mobile, which poses challenges for reaching them with HIV information and services. LeBeau's study focussing on transit areas and mobile populations characterises clients in this way: "Local sex workers' clients are typically local or Russian fishermen in Walvis Bay; Angolan truck drivers in Oshikango; uniformed government officials and truck drivers in Katima Mulilo; and travelling businessmen

and uniformed government officials in Rundu" (6); the study participants in Oshakati, on the other hand, reported that most clients were men from the local community (18). The profiles of the clients of male and transgender sex workers appear to be similar to those of the "cis" women sex workers (17; 9). Many of the sources show that although most sex workers had several clients, these almost always included regular clients (2; 14; 18).

The Namibian Demographic and Health Survey conducted in 2006 asked men if they had paid for sex in the past year, and only 1.4% admitted to this, with considerable variation between regions (5). However, there are good reasons to assume that men underreport buying sex in surveys where they are being directly interviewed by another person, because there is a strong social desirability bias against admitting this. A small study in Benin showed that the proportions of men admitting to paying for sex are much higher when different, more anonymous survey techniques are used (35). Although most of the clients described by studies are male, there are indications that some women also pay for sex, from both male and female sex workers (13).

### HIV and health

None of the studies directly examined the health situation of sex workers, and there is no reliable information on the levels of HIV prevalence, STIs, or other health problems among sex workers. Many reports, and policy documents, cite a figure of around 70-75% HIV prevalence. The origin of this figure seems to be an estimate from the Stand Together project based on the test results for sex workers it supports. Because the same figure has been cited by the project many times since at least 2005, it may be accurate, but it only reflects the situation in Katutura. Nonetheless the 70% figure has been adopted as a national figure in documents such as the National Strategic Framework on HIV/AIDS (26). The director of another

<sup>2</sup> Personal communication, July 2011.

project working with sex workers in Katutura, King's Daughters, also estimates that about this proportion of sex workers are HIV positive<sup>2</sup>. Another study, also primarily in Windhoek, found that 70% of respondents reported having had an STI (11).

Health emerges as one of the principal concerns of sex workers, in each of the studies identified, with particular concern around HIV and STIs, and violence. In one study, over 90% of the sex workers interviewed had experienced violence (11); in another over 70% reported having experienced violence from an intimate partner (4). Indeed violence and other forms of physical abuse are a common theme emerging from all studies, and are in particular discussed at length in studies discussing male and transgender sex workers (17; 9).

Clients, other sex workers, and perhaps most commonly law enforcement officers are named as the main perpetrators. In one study, very few sex workers had heard of, let alone received trauma support, emergency contraception and post-exposure HIV prophylaxis in cases where they had been raped or assaulted (4). There are also suggestions that sex workers are more likely to be murdered (14). The study conducted with sex workers in Oshakati, in the context of an HIV prevention programme, suggests that by focussing on HIV the programme failed to focus on the health needs of primary concern to sex workers – for instance contraception (18).

Vulnerability to different health problems is compounded by problems in accessing services, notably stigma and discrimination from health care professionals, the excessive costs of obtaining services, and often the non-availability of drugs and trained staff (14; 6; 24; 3; 9). According to the National Strategic Framework, in a Katutura study 14% of sex workers reported ever having sought treatment for an STI (26). Mobility of sex workers often aggravates their problems in accessing health care and adhering to regimens – a concrete example is that to obtain free treatment on the grounds of poverty, a permanent address is required, and many sex workers cannot produce this (14). From anecdotal reports, the survival rate of HIV positive sex workers on ART appears to be very poor. The fact that abortion is illegal in Namibia also leads sex workers to put their health at risk by attempting to terminate pregnancies without the proper care.

Unfortunately, none of the studies discusses the extent to which sex workers obtain health care from private settings such as pharmacies and nurse consulting rooms, and this

should be investigated in the future.

#### **Factors that make sex workers vulnerable to HIV**

Vulnerability to HIV is determined by a broad range of factors, and not just by levels of knowledge about HIV. When sex workers live in very difficult environments, their ability to protect themselves by using condoms

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can be severely constrained. As with the other headings, the limited information make it difficult to draw general conclusions about what makes sex workers vulnerable to HIV. Nonetheless certain themes emerge consistently from the different studies reviewed. These include:

- While overall knowledge of HIV seems to be acceptable, specific knowledge about the importance of contraception, lubricant use and the risks associated with different types of sex have not been explored to date.
- Problems in negotiating condom use despite relatively good awareness of the importance of using condoms. Condom availability can be problematic, but negative attitudes of sex workers and clients to condom use are also a key factor and a major concern expressed by sex workers themselves (2; 3; 4). Critically, when law enforcement officers find sex workers carrying condoms they use this as evidence of wrongdoing, and can confiscate condoms or use this as a means of extorting sex or money (14; 16). This discourages sex workers from carrying condoms. According to many of the studies over half of sex workers reported occasionally not using condoms.
- Use of alcohol and other intoxicating substances, with particularly high rates of alcohol use reported among younger and poorer sex workers, as well as male sex workers (11; 16; 2; 18). Alcohol is recognised more generally as playing an important role in facilitating sexual risk taking among the general population in Namibia, and clients of sex workers are known to often be under the influence of alcohol (12).
- Violence emerges consistently as the major issue faced by sex workers, with direct consequences on their ability to protect themselves from HIV as this becomes something of a secondary priority.
- Attitudes toward sex workers from community members and health and social service providers are overwhelmingly negative. This was illustrated by a survey on community attitudes in 2002 during which most respondents called for further criminalisation of sex work (2), and is further manifested by the problems sex workers face in accessing health services, and other services such as stable housing, credit and banking, and access to education for the children of sex workers.
- The need to address broader factors affecting condom use such as the attitude of clients or indeed the economic autonomy of sex workers themselves, which, some authors suggest, might give them a stronger position from which to negotiate condom use.
- The limited amount of HIV-related programming directly reaching sex workers, and the legal situation and behavior of law enforcement in relation to sex workers, are also major factors that are discussed in more detail in subsequent sections.

### Law and law enforcement

Several reports discuss the legal situation faced by sex workers in Namibia. Although sex work is often described as “illegal”, it is more accurate to describe it as “criminalised” since the sale of sexual services is not itself illegal, but associated crimes such as soliciting and advertising for sex (by sex workers or by prospective clients), and living off immoral earnings are illegal. Attempts to challenge this situation as unconstitutional ultimately failed (8). Laws against homosexuality put male and transgender sex workers (generally considered by authorities to be “male”) in an additionally vulnerable situation (9; 24).

There is very little evidence that these laws are ever applied in court hearings, whether against sex workers,

their associates, or clients. However, the laws do not need to be applied in a judicial setting to have an impact on sex workers: their existence, and the power they give to law enforcement officers, in and of themselves have an effect on how sex workers operate. By all accounts, when law enforcement officers do threaten sex workers with legal proceedings, they often cite laws relating to loitering and public disorder, and immigration laws in the case of foreign sex workers (14).

It is clear from several sources that some of the behaviours of law enforcement officers have little to do with upholding the rule of law. The authors of the study “Rights not Rescue”, and other studies, found extensive evidence of abuse of sex workers by police officers, including confiscation of condoms, arbitrary detention, violence, rape, and extortion of money – none of which their profession entitles them to carry out (11; 14; 4; 2; 8). Transgender sex workers are often singled out for particular abuse and humiliation. Sex workers report that in this context they are fearful to work in public areas, and are often forced to seek protection from others or to work alone, in isolated places – which also puts them at risk.

In this context it is also not surprising that sex workers are reluctant to report violence, theft, and other problems to the authorities. Investigations reveal, for instance, that it is very rare that complaints made by sex workers in relation to interpersonal violence result in convictions (4; 14). Protection of the human rights of sex workers is therefore seriously compromised.

It is important to note that the relationships between sex workers and law enforcement officers are more positive in some contexts. Rights not Rescue, the report of the study which most focuses on the issue of police abuse, notes that brothels in Walvis Bay are largely tolerated, with no police raids being reported, and indeed with cooperation from the police to identify clients who have not paid or who have abused sex workers. The authors suggest that the higher average

incomes in Walvis Bay may help to foster solidarity between sex workers, which can improve negotiations with local authorities aimed at relaxing negative policies (14).

The Legal Assistance Centre, in a 2009 report on HIV and the Law in Namibia, further outlines the ways in which the current legal context and behaviour of law enforcement officers aggravates vulnerability to HIV and works against the human rights of sex workers (including male and transgender sex workers), and calls for moves to decriminalise sex work (24).

### Sex worker organising

Faced with poverty, stigmatisation, violence, and a general lack of respect for their human rights, sex workers in many countries have organised to respond collectively and to find ways of coping with the situation in the short term and changing it in the long term. The Rights not Rescue study in 2009 paid close attention to documenting the ways in which sex workers in different parts of Namibia have organised whether formally or informally (14). Some examples are also provided in the Legal Assistance Centre report from 2002 (2). As well as documenting the situation in Walvis Bay (see previous section), the report points out other examples of positive responses from sex workers, such as:

- collectively developing strategies to hide condoms so that the police do not confiscate them
- sharing tips on safe sex and dealing with difficult clients
- providing emotional and financial support to other sex workers
- collaborating and working together to increase safety
- paying security guards for help
- pooling money to create solidarity funds to help those who are ill or facing financial difficulties
- communal living and setting joint commitments to condom use

- support to report abuses to health care workers and police officers

Despite these positive examples, however, many sex workers participating in the different studies stated that they had no source of support to turn to in times of trouble. Moreover, as the Rights not Rescue report points out, sex worker organising can be risky and can also draw unwanted attention, whether from the authorities or from other sex workers; and when sex workers lack basic organisational skills it is difficult to develop robust, lasting systems.

### Summary

The available information related to sex work and HIV in Namibia is limited, and none of the studies can be considered to be nationally representative. However, it is clear that sex workers are severely affected by HIV and that they face many of the same challenges in relation to human rights and health that sex workers face in other countries in the region. Information on clients of sex workers is limited, although some programming has been conducted with mobile and migrant men, a large proportion of whom pay for sex. Sex work is clearly diverse, with different locations and regions featuring different characteristics, and it is quite possible that the limited studies conducted to date may have missed important profiles and situations, since they were generally based on small, convenience samples. This underlines the importance that programmes should place on understanding each context and on responding in a tailored way to the needs in each place.

### *Programming with sex workers*

#### Overview

All sources concur that programming specifically aimed at sex workers has been very limited to date. The programmes that do exist are focussed either on HIV or on support people to leave sex work.

In the area of HIV programming, the services that do exist are often fragmented with poor linkages between them. Many sex workers interviewed for the Rights not Rescue study reported that they did not know their HIV status, and that they do not have reliable access to condoms, let alone condom-safe lubricants (14). Work to develop peer-led HIV prevention, to improve the quality and acceptability of clinical services to sex workers, and to tackle violence, stigma and discrimination and defend human rights has been limited to date. It is also clear that most of the focus of HIV programming to date has been in Windhoek.

Programmes supporting people who wish to leave sex work have been developed, with two in particular in Katutura (Stand Together and King's Daughters) being identified. There is anecdotal evidence that they have helped some sex workers find alternative employment, although it is not known to what extent these efforts impact on overall levels of sex work. Although "rehabilitation" is the primary goal of these organisations they also provide advice and condoms to those who continue to sell sex.

The relative absence of programming to date is in part linked to the lack of priority that HIV strategies have traditionally given to most at risk populations.

**It is clear from several sources that some of the behaviours of law enforcement officers have little to do with upholding the rule of law**

This situation has evolved, with recent analyses emphasising the importance of sex workers even in a high HIV prevalence setting such as Namibia (20; 25; 21; 31), culminating in the recognition of the need for targeted, rights-based programming for sex workers in the National Strategic Framework 2010/11-2015/16 (26) and in the national plan for scaling up to achieve Universal Access to HIV Prevention, Treatment and Care (29). Forthcoming plans, supported with US government funding, to develop a stronger epidemiological surveillance system (30) and to scale up programmes for sex work (through a USAID bilateral programme) will be crucial in realising the commitments in the National Strategic Framework.

#### Actors involved in programming for sex workers

Although the response to sex work in Namibia has been limited to date, a number of actors are already active and are likely to continue to be as programming scales up. The list below briefly summarises these organisations and their roles:

**Society for Family Health**, formerly known as the Social Marketing Association of Namibia, has over 12 years of extensive experience implementing HIV prevention and care programs. The organisation has funding from the Global Fund was recently awarded a grant by USAID on Most at Risk Populations (MARPs) or key affected populations (KAP) which will target men who have sex with men (MSM), sex workers and their clients (truckers, miners and seafarers) in ten towns. Working through private and public sectors, the overall goal of the programme is to create an enabling environment to reduce HIV transmission through comprehensive HIV prevention services and linkages to care and treatment. At the time of this review, SFH was implementing start-up programme activities. The programme strategy represents a comprehensive, “combination prevention” approach, and the key to its success will be to develop strong collaboration with public and private health care providers including the Ministry of Health and Social Services, KAP led networks (including sex worker organisations), and other NGOs. More details are provided in Box 3 below.

#### Box 3: SFH Namibia programming with sex workers

The Society for Family Health (SFH) was recently awarded a three year grant for the implementation of a programme to Strengthen HIV Prevention among Most at Risk Populations (MARPs) in Namibia by the United States Agency for International Development (USAID). The programme will be implemented by a consortium of partners including Lesbian Gay Bisexual Transgender and Inter-Sex Namibia, Outright Namibia, Walvis Bay Corridor Group, Walvis Bay Multipurpose Centre, Institute for Capacity Development and the Legal Assistance Centre, under the coordination and management of SFH.

Working through private and public sectors, the overall goal is to create an enabling environment to reduce HIV transmission through comprehensive HIV prevention services and linkages to care and treatment for Men who have Sex with Men; Sex Workers and Clients of Sex Workers, i.e. truckers, seafarers and miners.

The programme will contribute to the achievement of the following National Strategic Framework for HIV and AIDS Response in Namibia (NSF) 2010/11 – 2015/16 outcomes:

- Outcome 13 – More sex workers use condoms
- Outcome 14 – More clients of sex workers use condoms
- Outcome 15 – More MSM use condoms when having sex with a male partner
- Outcome 16 – More MARPs have correct prevention knowledge

The program will also contribute to various NSF output results and achievement of priority actions that include the development of a package of prevention interventions that specifically target each population; and enhance training and sensitization for stigma reduction and improvement of care and support.

In addition, SFH is receiving financial support from the Global Fund to implement a project targeting sex workers with behaviour change interventions. SFH has developed a referral network, ensuring that sex workers, and their clients know where to go to access good quality and friendly services such as counselling and testing, and STI treatment. The project is implemented in Katima Mulilo, Oshikango, Windhoek, Keetmanshoop, Walvis Bay and Swakopmund.

**Ministry of Health and Social Services.** The Ministry houses the **Prevention Technical Advisory Committee**, which plays a key role coordinating prevention efforts and advocating for appropriate programming. The recently established Technical Working Group on key affected populations will take the lead in promoting and strengthening national HIV programmes with sex workers.

**Positive Vibes** is an organisation focussed on HIV communication and advocacy, and works in particular to amplify voice of marginalised groups, including sex workers, and as such is a partner in the forthcoming SFH programme.

**Outright Namibia** is focussed on lesbian, gay, bisexual and transgender populations, which includes reaching out to male and transgender sex workers. They collaborate closely with emerging sex worker organisations, particularly in relation to national efforts to remove punitive laws which negatively affect HIV programming and human rights.

**Rights not Rescue Trust** is one of two sex worker organisations, aimed at assembling sex worker voices in Namibia. The organisation is legally registered and has worked both on grassroots awareness raising and support for sex workers, social support for young people involved in the sex industry, and national advocacy envisaging law reform.

**C-Change** is primarily focussed on communications, and has been contracted by USAID to support SFH to develop a social and behavioural change communication strategy (SBCC) for the MARPs programme targeting MSM, sex workers and their clients.

**ARASA**, the AIDS and Rights Alliance for Southern Africa, is a partnership of 55 organisations with a

human rights focus and works across the Southern Africa Development Community. Its involvement in sex work issues in Namibia, is primarily related to supporting its partner, the Legal Assistance Centre and other stakeholders in creating an enabling policy and legal environment at the national level. ARASA also hosts the African Sex Worker Alliance (ASWA) coalition in Namibia, aiming to bring together the diverse voices of sex workers and their allies.

**The Red Umbrella** is a relatively new sex worker organisation which has also been involved in outreach and policy work, as well as some research on the situation faced by sex workers in Namibia. TRU is closely linked to the ASWA coalition.

**Namibian Planned Parenthood Association** is a member association of the International Planned Parenthood Federation. Although NAPPA clinics certainly serve sex workers they are not yet involved in any specific targeted programming. However, under the SFH programme it is anticipated that NAPPA will open additional facilities and strengthen capacity to provide services to sex work. NAPPA aims to improve integration of SRH and HIV services, as well as carrying out advocacy work, particularly aimed at influencing practice of health care workers and police, and social workers.

**King's Daughters** originally developed under the auspices of the Council of Churches of Namibia, aims to support women who wish to leave the sex industry through the provision of material support and assistance to find work and training. The organisation has worked with around 60 women since it started in 2006, and sees its work as complementary rather than contradictory to the other organisations involved in HIV programming with sex workers. King's Daughters also does some outreach and HIV prevention work.

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