



Global Network of Sex Work Projects
Promoting Health and Human Rights

GOOD PRACTICE IN

Sex Worker-Led HIV Programming



REGIONAL REPORT:

**Asia and
the Pacific**



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Good Practice in Sex Worker-Led HIV Programming in Asia and the Pacific

Introduction

This document summarises the process for conducting the documenting of good practices led by sex workers. Initiation, planning and delivery of work took place between June and December 2013. This documentation of good practices in HIV programming for sex workers includes access to treatment and other priority issues that need to be addressed in each region.

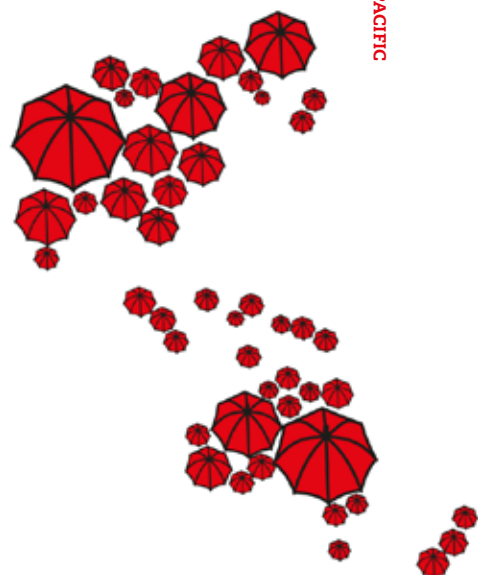
The consultation with sex workers, as part of inquiring and exchanging the views of the community, took place in Phnom Penh, Cambodia.

It was coordinated and monitored by Khartini Slamah. The overall purpose of the project is:

- 1 To support sex worker-led organisations so as to identify and document examples of good practice at regional level, and
- 2 To conduct regional consultation with sex worker-led organisations in identifying and documenting sex workers' access to treatment, including access to medicines and the impact of free trade agreements.

There are four case studies, based on country and produced by in-country consultants.

- ▮ **Thailand** – Zashnain Zainal
- ▮ **India** – Aarthi Pai
- ▮ **Malaysia** – Thilaga Sulathireh
- ▮ **Myanmar** – Tracey Tully



The process consisted of the following crucial steps:

- Advisory group was identified.
- Advisory group consulted on countries for case study and location of studies to be conducted.
- Consultants were hired with MOU signed.
- Template for case study was drafted and advisory working group was consulted before template was sent to consultants.
- Consultation was planned and conducted.

Acknowledgements

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CASE STUDY

1

THAILAND



Voluntary Counselling and Testing Clinic for Male and Female Sex Workers in Pattaya

Name of NGO consulted

SWING Foundation (Service Workers in Group)

Background

SWING Foundation, founded in 2004, is a community-based organisation that provides care and support for sex workers. Based in Bangkok, the organisation has 'branches' in Pattaya and Koh Samui. Activities consist of VCT, outreach, drop-in centre and awareness campaigns.

SWING also provides educational opportunities for sex workers, including English language classes and non-formal education as well as vocational training. It runs a drop-in centre at each location, where sex workers have a safe space and participate in safe sex awareness sessions and discussions about human rights. The drop-in centre at Pattaya also operates a VCT clinic where sex workers can come and receive information on STIs and HIV, voluntary testing and counselling. SWING works in collaboration with Sisters, a transgender-focused organisation, which assists transgender sex workers with VCT services.

STAFFING

- Full-time: 1 manager, 2 full-time counsellors
- Part-time staff: 2
- Volunteers: 4 outreach workers for male sex workers and 7 outreach workers for female sex workers.
- Special project VCT: 3 nurses from nearby Banglamung Hospital.

Rationale

Assessment of SWING's VCT protocol, challenges faced and strengths, to enable an understanding and replication of similar projects for sex workers.

Process

The government of Thailand has adopted a strategic approach on HIV/AIDS, and UNDP stated in 2004 that Thailand was one of the very first countries to achieve the sixth Millennium goal, to begin to reverse the spread of HIV/AIDS by 2015, well in advance of the target date. But in 2011, Thailand was among the 11 countries in the Asia Pacific that had the most people with HIV.

To date, it is challenging to assess the effectiveness and sustainability of the national intervention scope of Thailand's 76 provinces and over 66 million people.

Number of sex workers in Pattaya (estimate by outreach workers):

| FEMALE | MALE | NATIONALITY |
|--------|---------------|--|
| 3,000 | 3,000 | Thai |
| 20–25 | Not Available | Migrants (mainly from Laos and Cambodia) |

MEDICAL COST INFO

Every Thai national has access to 30-Baht (US\$0.97) medical consultations at government hospitals and clinics. Services and treatment are seen as 'free' or heavily subsidised. This system also covers HIV testing twice a year, and CD4 count testing twice a year. SWING does not support nor advocate for 'home testing' kits as they do not incorporate pre- or post-testing counselling and can be used inaccurately.

SWING'S VCT CLINIC

Opening Hours (4 times a week):

- ▮ Female: Thursday and Friday, 1–4pm
- ▮ Male: Tuesday and Wednesday, 5–8pm

New sex workers attended per month:

- ▮ Female: 30–35
- ▮ Male: 15

Repeat sex workers attended per month:

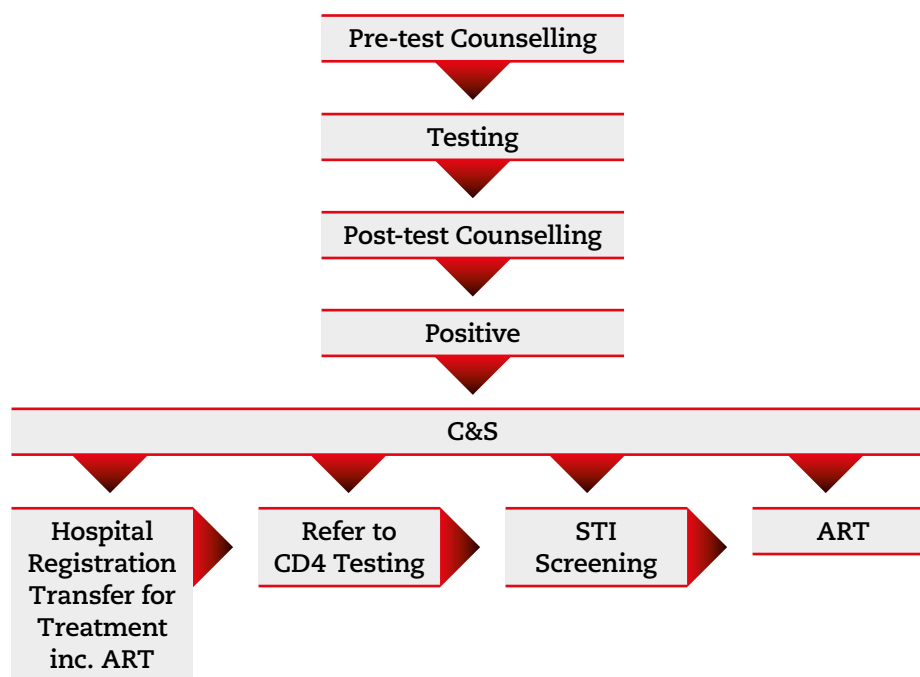
- ▮ Female: 10
- ▮ Male: 5–7

Test Duration:

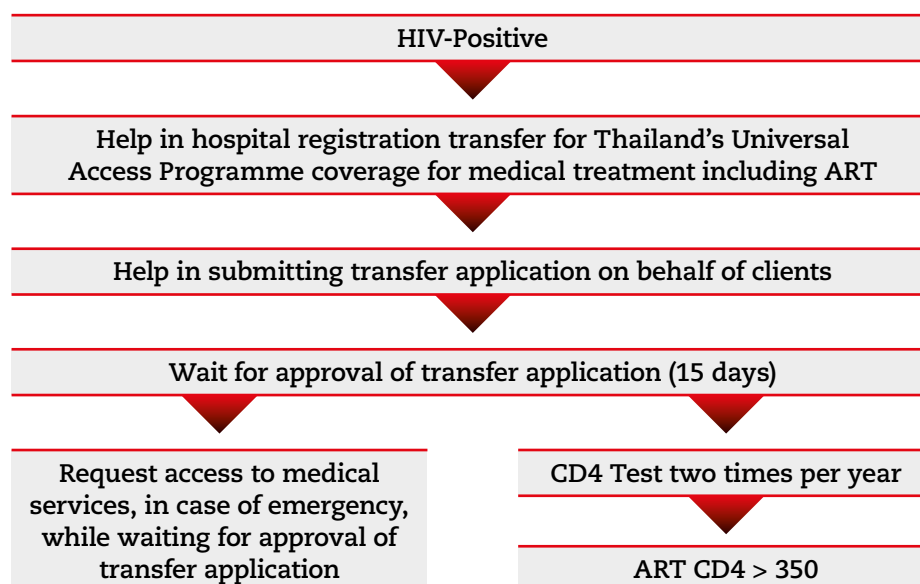
- ▮ HIV Rapid Test: 45 minutes – 1 hour
- ▮ CD4 count (hospital): 1 week



VCT Service at Drop-in Centre:



Facilitating access to ART for geographically displaced clients:



Resources Required

Funding source:

- ▮ Female: Global Fund
- ▮ Male: USAID

Finances and resources needed to improve:

- ▮ Equipment and safe sex supplies (condoms, lube, gloves, etc) for VCT clinic.
- ▮ Outreach activities (for mapping of sex worker groupings and covering wider area).
- ▮ Information, education and communication (IEC) materials and activities.
- ▮ Staff wages and volunteer allowances.
- ▮ Training and refresher course for counsellors (presently conducted once every three months).

Facilitating Factors

- ▮ There is an increase in knowledge of HIV and safe sex among sex workers.
- ▮ Good response from users of VCT services: free, private (based on an anonymously coded system) and personalised services (i.e. follow-up) from SWING. Private clinic charges are high, with estimated costs being 500 Baht (US\$16) per HIV test and 700 Baht (US\$22.50) for STI testing.
- ▮ Distance of SWING from:
 - 1 Government hospital: 15 kilometres
 - 2 Private clinic: none within 5 kilometres
- ▮ Pre- and Post-Testing Counselling: Mental health improvement and positive behavioural change.
- ▮ Outreach activities: “People are ready to come to the clinic because the outreach workers raise awareness and build the rapport” – Mr. Ton, VCT manager.

SWING Centre



► Attitudes towards SWING VCT services:

- 1 General public: satisfactory knowledge, but stereotyping persists (e.g. associating sex workers with contagious diseases).
- 2 Police: very supportive, good rapport, but roundups are conducted of 'freelancers' (sex workers at beaches). Possession of condoms is also used as evidence of trafficking.
- 3 District authority: Police, local municipal council and department of public health are supportive. Once every three months, SWING participates in a district-level meeting.
- 4 Ministry of Public Health: VCT does not undermine its work. SWING complements the national HIV/AIDS agenda in areas of intervention and care and support.
- 5 Sex industry in tourism: assists in developing the economy.

Challenges

- 1 How to make service users trust that the quality of SWING's service is the same as that of services offered by public health agencies. Service users view SWING "either as a community-based NGO or their friends, not [as] a physician or medical technician who has medical skills to offer testing."
- 2 How to ensure that service users who become HIV-positive stay in the care and treatment process continuously. Sex workers are afraid of losing their jobs if they are diagnosed as HIV-positive and their HIV status is disclosed. Therefore, those who become HIV-positive often refuse to receive any services for PLWHA.
- 3 How to help migrant sex workers from neighbouring countries who test positive for HIV get appropriate medical treatment (free of charge). Migrant sex workers are unlikely to obtain HIV testing if there are no welfare services offered should they test as positive.
- 4 SWING helps Thai male and transgender sex workers with their hospital registration transfers for Thailand's Universal Access Programme coverage so that they can get appropriate services if they become HIV-positive.
- 5 SWING coordinates with related groups, organisations and networks to provide ARV drugs to migrant sex workers who become HIV-positive.
- 6 SWING is now in the process of setting up a fund for procuring ARV drugs for sex workers together with their partners from the public sector in Pattaya.



Lessons Learned

- 1 Service users benefit from ART because of the availability of the clinic and services. Monitoring of service user adherence is carried out by clinic staff.
- 2 Mapping of sex workers in the district helps outreach workers reach out to the community. Information is regularly updated during (de) briefings.
- 3 A safe dossier system has been introduced in anticipation of an overload of service users. Service users files (similar to patient health files kept by doctors) enable the updating of information (such as CD4 count) and ensure appropriate services are delivered.
- 4 Outreach activities are the strength of the VCT clinic as they build rapport with the community and disseminate information and education.
- 5 Workshops are needed to increase sex workers' knowledge about VCT.
- 6 The telephone is an effective communication tool that supports the work of counsellors.
- 7 Risky behaviour of sex workers is monitored and attempts at reducing it are made by counsellors and outreach workers (usually on Wednesdays).
- 8 An anonymous (or coded) system is preferred by sex workers for testing.
- 9 More activities are needed for foreign sex workers.
- 10 Transportation costs from/to the clinic should be reimbursed. Female sex workers are given transport allowances (specific funding allocation).
- 11 Incentives for coming to VCT: t-shirts are given out for free.

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CASE STUDY

2

INDIA



Accessing Rights and Entitlements Through Collective Strategising and Advocacy

- ▮ This case study shares lessons learnt from the experiences of establishing a union

Name of NGO consulted

Karnataka Sex Workers Union

Background

- ▮ Trade union of sex workers of all genders in Karnataka, India.
- ▮ Established in May 2006, KSWU has been functioning formally since 18 July 2007.
- ▮ Applied for registration under the Trade Unions Act in January 2008 but is yet to be registered.
- ▮ KSWU is affiliated to the New Trade Union Initiative (NTUI), the national federation of independent trade unions.
- ▮ Union democratically run by sex workers and all the members and office bearers are sex workers.
- ▮ Headquarters is in Bangalore Rural District.
- ▮ Collective advocacy with state, police and health care services.

Rationale

In early 2001, members of SANGAMA, a collective working with gay people, visited an organisation working with sex workers in Kerala. This led to an early realisation of the need to establish a collective movement for sex workers which would advocate for their rights and highlight their complete alienation in policies, entitlements and government welfare programmes.

For example, in 2002, when sex workers were beaten and abused for purchasing a piece of land in Nippani, Karnataka, the newly emerging union members decided to join the protests with SANGRAM and VAMP, the collective of sex workers in Sangli, and met with the National Human Rights Commission and Chief Minister of Karnataka. Similarly, in 2004, when sex workers were evicted from their homes at Bainia beach by the state government of Goa, KSWU came together with the national network to voice their protest under the aegis of the Rainbow Planet, which was a broader platform set up to fight injustice against both sex workers and other groups marginalised due to their sexuality.

The strategies adopted towards achieving the objectives include:

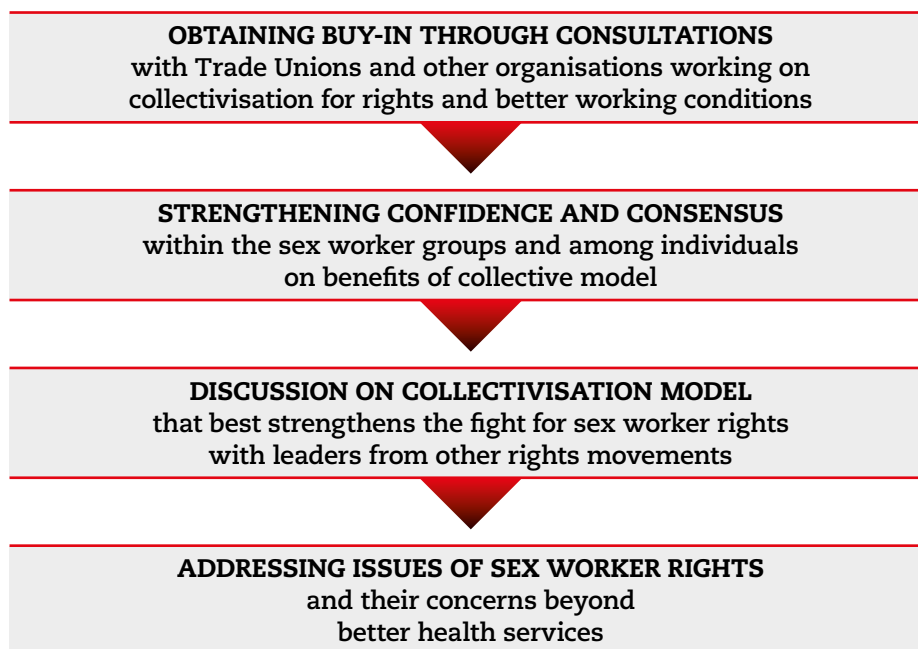
- ▮ Organising sex workers to secure fair treatment and humane conditions in their work and lives.
- ▮ Assisting in the resolution of sex workers' disputes in relation to their work.
- ▮ Providing support during sickness, unemployment, old age, accident and death.
- ▮ Providing access to legal assistance for matters arising out of their work and ensuring appropriate access to justice.
- ▮ Providing assistance for children of sex workers and their families with facilities for educational, cultural, social, political and economic development.
- ▮ Liaising with local government bodies to ensure access to welfare schemes and entitlements.

STRUCTURE

As per the by-laws, the union has an Executive Committee of 29 members, comprising 13 board members, 1 president, 2 vice-presidents, 1 general secretary, 6 joint secretaries, 5 organising secretaries and 1 treasurer.



Process



Two meetings strengthened the idea and gave thrust to the formation of the union. The first interaction in 2006 with representatives of the New Trade Union Initiative provided a great deal of clarity on unionising and addressing sex work issues through the union.

To strengthen awareness about the formation of the union, the first rally took place in May 2006 and the Karnataka Sex Workers Union was publicly launched. The rally went through hospital and park areas and known sex work hot spots in the heart of Bangalore city, areas where no rallies had taken place previously.

Resources Required

The union required at least one full-time staff member who could give dedicated time to the development of the union. They also needed semi-literate members who could monitor and maintain the membership data and other records.

Basic financial support was required for organising protests, public action programmes, crisis intervention and regular members' meetings. Support was also required to run crisis helplines and to circulate the helpline numbers through publications. The union also required money to attend national and international meetings like the NTUI, the National Network of Sex Workers (NNSW) and the Asia Pacific Network of Sex Workers (APNSW).

Facilitating Factors

TRADE UNION SUPPORT

- ▶ The New Trade Union Initiative (NTUI) is a federation and national consortium of unions from all over the country which are not affiliated to any political party. Its guiding principles gave direction to the union in realising its objectives.

CRISIS SUPPORT

- ▶ Strong and quick crisis intervention provided by the union created a deep trust among the members that 'there is someone to come to our rescue.'
- ▶ No CBO or NGO was doing crisis intervention in Karnataka for female sex workers. The HIV CBOs only focused on condom distribution and health care, but when a sex worker was in crisis, there was no one to help.
- ▶ Quick relief – the union provides relief or reaches the victims in about 30 minutes' time. It is able to reach out to victims and provide immediate relief as well as supporting them with legal assistance.
- ▶ Crisis teams are well spread-out and well trained to deal with the police, goondas and other elements.

COMMITTED COMMUNITY ACTIVISTS

The union had a long list of committed community activists who were able to provide full-time voluntary support in the initial years.

Challenges

- ▶ Attracting sex workers for membership, due to their spread-out nature. Retaining membership (there are 1400 members at present).
- ▶ Bringing sex workers together on a 'sex work is legitimate work' platform.
- ▶ Lack of proper finances.

Lessons learned

- ▶ The union is an independent organisation in the sense that it is not dependent on any project or any international or national funding agency. The union is not constrained by funding restrictions because it is an independent body.
- ▶ Usually with CBOs, funding is provided by an external agency and the leaders and members are not accountable to the community. But in the union, the members pay monthly fees and the leaders and other members are accountable and responsible for their actions and answerable to the people who pay those fees.



- ▶ The union is considered as a rights organisation primarily catering to the needs of sex workers in the course of their work. Funding for HIV prevention among 'high risk' populations was an opportunity. Sex workers were targeted as a group and for the first time they came together to avail themselves of services. However, the union made it possible for them to realise that their needs are not just HIV-related, but greater than that.
- ▶ One of the major impetuses for the creation of the union was the lack of recognition and dignity accorded to sex work. Union members said that their work was like any other dhanda (work) and they deserved dignity and respect as workers.
- ▶ Union members stressed that since there are hardly any areas earmarked in Karnataka for sex work (commonly referred to as red-light areas) most sex work takes place in very tenuous and unsafe circumstances.

Consultant's Recommendation

This model should be considered for countries where the CBOs are weak and unable to take on governments and donor organisations.

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CASE STUDY

3

MALAYSIA



Bridging the Gaps

Name of NGO consulted

Transgender Programme of PT Foundation

Background

PT Foundation is a community-based organisation situated in Kuala Lumpur that provides HIV and STI-related services to the most at-risk populations. It has four community-specific programmes: Positive Living programme, MSM programme, Female Sex Workers programme and the Transgender programme. In addition, it provides voluntary HIV testing and counselling at its centre.

The Transgender (TG) programme was established in 1992, and is now aided by the Ministry of Women, Community and Development. The programme is led by women, including transgender women, but not all of them are sex workers.

Aside from providing the abovementioned services, it also runs skills and knowledge-sharing workshops for all transgender people regardless of their backgrounds. Furthermore, the programme is actively involved in advocacy efforts, namely with government agencies working on HIV-related matters.

The programme has a drop-in centre (DIC) in the heart of the city, Chow Kit, that is open 5 days a week (Wednesday to Sunday) from 9am to 6pm. Clients can drop by to rest, do laundry, have a meal, seek referral services (legal and social services), collect condoms or Information, Education, Communication (IEC) materials, and attend the events that are organised at the DIC, such as free classes on flower arranging and make-up lessons. The DIC is located near the red light districts, and Chow Kit is home to many homeless sex workers and transgender people.

The TG programme sees about 10 service users every day at the DIC between the ages of 20 and 60 years old, of whom 7 are sex workers. Most of the service users are Malays, followed by Indians and Chinese. 3 or 4 are usually post-operative transgender women.

While the TG programme at PT Foundation is only physically limited to Kuala Lumpur, its ability to sustain its programme for 20 years has created a strong rapport with members of the community beyond its geographical constraints. Moreover, the TG programme's ability to adapt and creatively reach out to members of the community has stretched its network to all over the country. These efforts include usage of social media to reach out to members of the community, and organising and participating in community-organised events, such as beauty pageants. The networking skills possessed by the TG programme allow it to expand its work beyond the HIV/AIDS paradigm.

The managers of the TG programme and the female sex worker programme are both transgender, and involved in regional and global transgender and sex worker advocacy.

Rationale

The TG programme faces a two-pronged challenge from the government and the trans community itself. The TG programme's networking skills and ability to use creative methods to work through the cracks have made the programme relevant to the community. This case study will focus on the ability of the TG programme to work in a hostile environment, while bridging the gaps between the stakeholders and within the community.

While the programme is essentially a government-funded one, the state is a barrier in providing holistic services to the trans sex worker community. The Malaysian government has placed significant importance on combating HIV/AIDS and fulfilling the objectives of the Millennium Development Goals (MDG), UNGASS and Universal Access (UA) targets. However, the strategies and priorities set by the government are questionable. Its sole focus on achieving targets and numbers has blinded it to the fact that an environment is needed which enables members of the target group to seek services and encourage behavioural change. The government's shortsighted efforts to merely cure symptoms are evident with its recent funding cuts for HIV prevention through sexual transmission, which left many social workers from the community jobless.

Although on the surface the government seems to be committed to reducing HIV and related infections, the attitude and mentality of the government agencies of working in trenches is worrying and continues to be a barrier to providing holistic and friendly services to the transgender sex worker community. Sex workers are still vulnerable to arbitrary detention for carrying more than three condoms, as the number of condoms in possession corresponds to the level of promiscuity. The condoms that are distributed by the TG programme are funded and distributed by the Ministry of Health, which could easily initiate a dialogue to address this matter and reduce the threats faced by sex workers for practising safe sex. Government agencies, especially one such as the Ministry of Health, must take the lead in addressing the barriers they have put in place by suspending efforts around prevention of HIV/AIDS.

The Department of Islamic Development (JAKIM) is now a government stakeholder that is actively working on reducing the transmission of HIV/AIDS in Malaysia. As a religious policy-making department, it has initiated the 'Mukhayyam Programme: Employment Training Programmes for Most at Risk Populations', particularly for transgender Muslims, in an effort to remove trans people from sex work and subsequently reduce the transmission of HIV by economically empowering them. While the programme may seem to have noble intentions, it is very corrective in nature as the participants are also expected to undergo religious and spiritual lessons and boot-camp training. Interestingly, too, it still does not address the systemic problems that transgender people are subjected to, which are created by some of these stakeholders. As a policy-making agency, it would be far more sensible for JAKIM to at least review the laws and policies that blatantly pose barriers to promoting and protecting the rights of transgender people and sex workers, instead of developing economic empowerment for transgender people.

Members of the transgender community face double or triple persecution because of their gender identity, on top of the persecution that they face as sex workers. Sex work is criminalised in Malaysia. However, the sex work laws are never applied to trans sex workers as the laws only apply to women. Similarly, the rape laws do not apply to post-operative transgender women.

The political Islamisation of Malaysia in the late 80s has adversely affected the transgender community, and reduced the level of tolerance towards gender non-conformity. Discriminatory laws that penalise trans people still exist under both civil and sharia laws. As sex workers with increased visibility and vulnerability, Muslim transgender sex workers face arbitrary detention under the 'male person posing as a woman' sharia laws, regardless of status of transition. Additionally, transgender sex workers are subjected to arbitrary detention for public indecency under Section 21 of the Minor Offences Act.

Due to the political Islamisation, sex reassignment surgery (SRS) has been specifically banned for Muslim transgender people, leading to difficulties in changing details to correspond to reassigned gender for post-operative trans people. While the religious edict only applies to Muslims, the SRS services that were provided in a semi-government hospital prior to the ban were shut down for all transgender people. The additional structural discrimination and violence that the transgender community faces constitute another barrier to providing services to the community and advancing transgender advocacy.

The demonisation of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) individuals and advocacy by state agencies and actors and the media is another barrier faced by the TG programme in implementing its work. The hostility trickles down to family institutions and the wider community. Many transgender people leave their homes at a very young age, and typically do not have the opportunity to complete their education. On the flip side, this has taught transgender people to be resilient and independent, notes Nisha, programme manager of the TG programme.



The TG programme consistently continues networking and consultations with government agencies, even if they are not as forthcoming. The team feels it is still important to be involved in the conversations, to reduce the damage to the transgender community even if it is minuscule.

The social stigma and the structural discrimination and violence also create gaps within the transgender community. Therefore, while the TG programme addresses the larger gaps with the government agencies, it also has to bridge the gap between the transgender sex workers and the non-sex workers.

Process

MYNETRA – MALAYSIAN NETWORK OF TRANSGENDER PEOPLE

MyNETRA is a closed Facebook group that was started in 2010 by the TG programme to reach out and mobilise the community, and to share information within the transgender community. Currently, MyNETRA has over 2,000 members from all over Malaysia, and the group is exclusively for trans* people, although not all of them are active. It is a moderated organic space that allows discussions on diverse issues, and acts as a support group and news portal for the trans* community.

As an online platform, it overcomes physical and visibility-related barriers. MyNETRA facilitates conversations and interactions between members of the community regardless of their backgrounds. One of its most notable accomplishments is that it has encouraged the participation of transgender men in transgender advocacy, which was largely dominated by transgender women both on- and offline. In February 2012, MyNETRA held its first workshop for the transgender community that was attended by transgender women and transgender men. Following that, a retreat was organised with the participants of the workshop.

MyNETRA has been especially useful in managing the panic, fear and outrage experienced by the community in response to the media and state. A case in point is the media's creation of panic when it reported the decision of transgender women in Negeri Sembilan to file a judicial review of the 'cross-dressing' sharia law in Negeri Sembilan as a challenge to Islam. The TG programme used MyNETRA to manage the panic by providing accurate information regarding the challenge. MyNETRA also became the platform for providing support to the applicants and community in Negeri Sembilan.

The TG programme, prior to the funding cut, used to receive funding for networking and outreach to members of the community outside of the Klang Valley. MyNETRA somewhat fills that gap now. The TG programme gathers and disseminates information via Facebook.

MyNETRA is focused, but limited to these three aspects: community mobilisation, outreach, and networking. Nisha adds that MyNETRA has created opportunities for needs-specific online platforms.

In terms of security, it was a smart move to create a different brand or name for the group, as it shifts focus away from PT Foundation and its staff. MyNETRA is a clandestine group with no face.

NETWORKING AND COLLABORATION WITH OTHER NGOS AND GROUPS

The networking that the TG programme has carried out with various groups has helped its overall advocacy goals and mainstreaming of the transgender discourse.

Its collaboration with Seksualiti Merdeka, a sexuality rights festival, has allowed the programme to conduct three exclusively transgender community empowerment workshops, and to reinforce transgender issues and rights in the LGBTQ discourse. In December 2012, the TG programme was invited by Seksualiti Merdeka to conduct a community empowerment workshop in Sarawak. Over 15 participants attended the workshop, and some of them were contacted through MyNETRA.

Its collaboration and networking with the Legal Aid Centres, legal aid groups and lawyers has assisted the TG programme in providing comprehensive legal services to the transgender community. The TG programme is actively and closely involved in the sharia challenges of the 'men posing as women' laws in Negeri Sembilan and Malacca. The programme uses its resources to hold information sessions with clients and lawyers. It also uses MyNETRA to disseminate accurate and clear information and updates regarding the cases.

The TG programme is involved in the 'I AM YOU: be a Trans Ally' campaign that aims to highlight the issues faced by the transgender community. The video campaign covers key areas of issues faced by transgender people, including healthcare and employment, and addresses the intersection with sex work.

The TG programme's close collaboration with feminist groups has enabled issues to be mainstreamed in CEDAW and UPR.

Resources Required

- 1 Presence.** The TG programme's strong rapport with the community both on- and offline facilitated the growth of the network.
- 2 A diverse group of transgender people.** Fortunately for the transgender community in Malaysia, there are transgender people of many trades: graphic designers, writers, managers, business owners, caterers, performers and others who share a similar vision. Therefore, most of the time, the transgender community mobilises resources internally for its events and campaigns. This effectively cuts down financial cost.
- 3 Collaboration and network.** The TG programme's ability to network and collaborate with different groups has provided it with many opportunities to mainstream transgender issues, and reach out to a wider range of people.



Facilitating Factors

It has been reported that about 13.3 million people, or approximately 45.5 percent of Malaysians, are Facebook users. With such high usage of the platform, it was a 'no-brainer' to take the advocacy to cyberspace. Furthermore, Facebook has proven to be an effective advocacy tool.

Leadership within the TG programme is another facilitating factor to the success that it has achieved. The TG programme's forward thinking and multi-sectoral ability to go beyond its health paradigm and initiate collaborations with other groups are key to its achievements.

Lessons Learned

1 Capacity building on how to maximise social media

While the TG programme is good at using Facebook to mobilise and empower, the team lacks skills and knowledge of other social media and networks. It needs capacity-building training on maximising advocacy via social media.

Aside from that, the TG programme should also be equipped with online security strategies to ensure it is protected online.

2 Additional resources to manage the TG programme's online arm

The TG programme, without realising it, has created an online division of its programme through MyNETRA and the 'I AM YOU' campaign, among others. However, it does not have additional resources (human and financial) to manage its online advocacy. With a dedicated staff, the TG programme would be better able to manage its advocacy efforts.

3 The safe clinic model

Voluntary HIV testing and counselling is not attractive to the transgender community as there is still fear and stigma around taking the test. The safe clinic was a community clinic in Brickfields that provided comprehensive STI- and HIV-related services. In addition, the clinic also provided hormone replacement therapy (HRT) for transgender people, which attracted the community to the clinic. In order to make voluntary HIV testing appealing to the transgender community, clinics must provide additional services that are relevant and desired, like HRT. The clinic is no longer in operation.

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CASE STUDY

4

MYANMAR



AMA: The Transition from INGO to Independent National Network

Name of NGO consulted

AMA (National Network of Sex Workers) Myanmar

Background

The National Network of Sex Workers (NNSW), later more commonly known as AMA, was founded in 2007. Between 2008 and 2010, NNSW organised regular network meetings with the support of the Targeted Outreach Programme (TOP) centre. At this time, NNSW held its inaugural election during the female sex worker consultation which the TOP had organised. Sex worker participants attended from TOP centres across the country, as well as sex workers working for other CBOs and NGOs.

The NNSW received and continues to receive technical support from APNSW, Asia Catalyst and the Myanmar Health and Development Consortium (MHDC). Sex workers from INGOs, NGOs, CBOs and the community, from the major regions of Myanmar, all had a presence at the first election in Yangon.

The NNSW works for sex workers of all genders. The name 'AMA' was chosen as a strategic move to improve the chances of getting registered. It means 'big sister' in Burmese and is an acronym for the literal translation of 'sex worker' – Aye Mya Ayake – AMA.

The NNSW joined APNSW in 2009. In 2010 it became a member of the NSWP. The sex worker groups spread across the states and regions in Myanmar have been working in the field of HIV/AIDS and SRH at the TOP since 2009, with active support from PSI/TOP, UNFPA, UNAIDS, USAID and the Gates Foundation, and technical support from APNSW and the NSWP.

The process of setting up an independent sex worker-led network was facilitated by the Targeted Outreach Programme which is a programme of Population Services International (PSI). The governance structure was developed by network leaders, modelled on the APNSW structure. The idea was to include as diverse a range of sex workers as possible. The call for members invited sex workers from CBOs and NGOs that were known to work with sex workers. Most of these NGOs sent sex workers to the meetings.

Rationale

AMA has been chosen as a good practice case study because it was set up to become a self-determining, representative entity. It was a transformative process facilitated by TOP/PSI, supported by UNAIDS and UNFPA over several years, to set up a National Network of Sex Workers expressly to move from the INGO structure to an independent one.

Process

Most of the HIV programmes for sex workers are situated in urban areas, thus creating a gap in services in the rural areas. Sex workers in rural areas are unable to access services in urban areas. Stigma and discrimination against sex workers in Myanmar is very high. AMA is for sex workers, by sex workers, and includes transgender sex workers, which is entirely new as transgender sex workers are invisibilised in current HIV programming. The core funds for TOP come from USAID. Transgender persons are classified under MSM programming, so transgender issues are often subverted in favour of 'FSW' or 'MSM' programming.

Because of funding and the way the TOP had been conceived, male and transgender sex workers were only included in the MSM programme. This didn't meet their sex worker-specific HIV prevention needs. This motivated sex workers of all genders from around Myanmar, to form an organisation by sex workers for sex workers.

COMMUNITY MOBILISATION

In the first year of operation, AMA secured a grant from UNFPA to scale up HIV/STI and Reproductive Health (RH) services to sex workers. Activities include capacity building of Community Mobilisation Workers (CMWs), outreach activities, distribution of preventative commodities and local supplies for peer education; provision of referrals to the National AIDS Programme (NAP), INGOs and LNGOs for HIV pre- and post-test counselling, STI diagnosis and treatment; access to ART for HIV-positive sex workers; and monitoring and supervision of activities.

The following report on HIV/SRH activities covers the period from 1 May to 31 October:



- **Name:** Ensuring access to sexual and reproductive health and HIV prevention services for the most at-risk, key affected populations in Myanmar.
- **Location:** Yangon region (Latha, Kyee Myin Dine, Mingalar Taung Nyunt and Hlaing Tharyar)
- **Start-up Date:** 1 May 2013
- **Completion Date:** 31 December 2013

| | Number of beneficiaries and participants who receive health services | | |
|---|--|--|---------|
| | MALE | FEMALE | TOTAL |
| Capacity building | 1 | 8 | 9 |
| Number of people who receive free condom distribution | 64,178 | 1,128 | 65,306 |
| IEC distribution | 285 | 1,732 | 2,017 |
| Distribution of health education game cards for STI/HIV prevention | To entertainment centres | | 15 sets |
| Peer education | 325 | 1,850 | 2,175 |
| Number of people who received referral services for STI testing and treatment | 39 | 134 | 173 |
| Number of people who received referral services for HIV pre- and post-counselling and testing | 34 43 – Number of MSM who know their HIV status. One of them has tested positive for HIV. | 88 103 – Number of female sex workers who know their HIV status. Among them, 7 have tested positive. for HIV and 3 have received necessary medical check-ups for ART treatment. | 122 |
| Number of people who received referral services for SRH | 18 | 49 57 – Number of female sex workers who received family planning services. | 67 |

Among those sent for referral services for HIV pre- and post-test counselling, there were 3 HIV-positive cases. AMA CMWs provided referral services for their necessary medical checkups, CD4 testing and follow-ups for receiving ARV treatment.

Results

CAPACITY BUILDING

Due to initial delay in project implementation, some capacity-building activities were only conducted from the month of June onwards. Eight peer educators (7 female, 1 male) were trained in HIV and STI education, reproductive health information, basic counselling skills and using teaching aids and games. This was done in collaboration with the AMA sex workers network in four townships (Latha, Kyee Myin Dine, Mingalar Taung Nyunt and Hlaing Tharyar) in the Yangon region.

OUTREACH

Outreach activities were carried out in four townships. All peer educators trained are actively undertaking peer outreach education for HIV and STI testing and treatment, and sexual and reproductive health referral services.

DISTRIBUTION OF PREVENTATIVE COMMODITIES

Through the AMA sex workers network in the four townships, peer educators were able to distribute 64,178 male condoms and 1,128 female condoms. The project peer educators also distributed a total of 442 IEC materials on STI, HIV and PMTCT information through the AMA sex workers network.

PEER EDUCATION AND REFERRAL FOR SERVICES

Peer education training was conducted in 53 entertainment centres, including brothels, KTV karaoke bars, night clubs, guest houses and beauty parlours (for transgender women) and restaurants, and in the cruising places/streets frequented by sex workers in the four target townships. Peer educator training sessions were attended by both 'new' (those who had never attended any previous training) and 'old' sex workers (those who had attended previous peer training conducted by other INGOs, NGOs or NAP), as follows:

- ▮ Male and transgender sex workers: 11 new male and transgender sex workers, and 274 old male and transgender sex workers.
- ▮ Female sex workers: 118 new female sex workers and 1,614 old female sex workers.

The peer educators' team also provided referral services as follows:

- ▮ Referral for STI testing and treatment: Male and transgender (30), and female (96), with a total of 126.
- ▮ Referral for VCT services: Male and transgender (34), and female (88), with a total of 122; 3 tested HIV-positive and were given counselling and referral services.
- ▮ Referral for RH services: Male (18) and female (57) with a total of 75.

Resources Required

AMA was able to establish an office space with 4 full-time and 6 part-time staff.

In the first round of funding, AMA received a seed grant of 14,000 euros from the Red Umbrella Fund to set up the national network, to secure registration and to strengthen aspects of its governance structure. This included employment of a full-time coordinator. The grant expired in December 2013 and, under the current RUF guidelines, is not renewable.

Concurrently, the Association of Women in Development (AWID) awarded a number of one-off \$5,000 grants to grassroots organisations doing innovative work with women that had a specific focus on economic empowerment.

In January 2013, AMA was awarded one of these grants to pilot a project entitled 'Opening a Bank Account in Myanmar'. The banking system in Myanmar was still being established in 2013 and many people in Myanmar do not have bank accounts nor understand international finance management systems.

For a traditionally marginalised group like sex workers, the ability to open a bank account is not only a key tool of modern financing, but an affirmation of identity, a sort of reclamation of status in society. With the offer of setting up a service provision project at AMA, staff were quick to mobilise to recruit peer educators who could carry out the task of engaging sex workers in HIV prevention services as well as referral services for others and sex workers who are diagnosed HIV-positive.

Currently, AMA has a rented apartment close to the office which can accommodate sex workers who are diagnosed positive and must come to Yangon to be stabilised on ART. Staff members attend appointments with them and provide counselling and support throughout the entire process.

Facilitating Factors

Community cohesion is an important element of building a national network from the ground up. It is clear that without the benefit of already being a part of intricate networks of sex workers (both locally and internationally), health professionals, United Nations players, international development, feminists, and other key affected populations (in particular key affected women), AMA could not have become as strong as it has with very little funding in such a short time.

The success of AMA also rests upon sex workers' commitment to continual movement-building activity which involves a readiness to do more than merely engage in NGO activities. It requires an analysis of community building and subsequent mobilisation.



Challenges Overcome

The main challenge for AMA as a national network is to get funds to run as a network when only money for programming is available.

Recommendations

HIV programmes should integrate sex workers of all genders from the beginning. The best results are achieved when sex workers are involved at every level of decision making in that process.

In October 2013, the TOP held a country-wide consultation of sex workers. During that consultation, two informal feedback sessions were held, one with eight service users and one with eight AMA staff. There was a short workshop entitled 'How to write a case study' which was intended to be instructive and to provide some background on what was being sought for inclusion in the study.

Many comments were tendered by participants, but there were recurring themes.

RECURRING THEMES: FEEDBACK FROM WORKSHOP GROUP

- ▮ They prioritise community needs, and do not succumb to the orders of international NGOs.
- ▮ The sex workers utilise the network by fostering relationships with each other and building a movement.
- ▮ AMA provides referrals and builds confidence within the community, and they have realised that they have the expertise, they speak the language, and they know the issues. This is evidenced by the change in the government's attitude towards them. The government now engages with AMA and together they work on issues to do with HIV and sex work.
- ▮ Sex workers train other sex workers because they speak the same community language.
- ▮ Sex workers listen to each other.
- ▮ When sex workers are arrested, there is no support from family members, and they have no access to ART.
- ▮ INGOs include trans women in the MSM cluster, but trans women prefer to be part of the female sex worker group. This is where the discrimination happens.
- ▮ Sex workers mobilise other sex workers in ways that NGOs cannot.
- ▮ They try to be democratic.
- ▮ Sustainability of the project is important. They always reflect on what will happen when the funding runs out.
- ▮ Measurable advocacy outcomes. AMA staff identify strategic advocacy opportunities and use them to lobby for legal and health reforms for sex workers.

AMA Activities 2013

- 1 During the first six months of independent funding, AMA was able to support 15 sex workers who were in prison, of whom seven were living with HIV. They assisted incarcerated sex workers with access to ART; OI medication for eight sex worker inmates; and nutrition support for ten sex workers. In partnership with Myatter Innare (an emerging sex worker organisation), AMA helped imprisoned sex workers to establish contact with their families.
- 2 In the first half of 2013, AMA conducted a leadership, advocacy and empowerment training with participants from Yangon, Mandalay (Mandalay Empress), Pyay (Myatter Innare CBO) and new HIV-positive sex worker groups from Meikhtilar (Pan Pyo Thu Self Health Group – SHG). In total, 23 participants attended.
- 3 AMA conducted home-based care, nutrition support and nursing care for sex workers with HIV who ended up in hospital. The cities were Yangon, Mandalay, Pyay and Meikhtilar, totalling 81 people.
- 4 Securing independent funding from the RUF fund enabled AMA to develop a good relationship with local authorities at the township level, and with the National AIDS Programme. This strengthening of the relationship resulted in one AMA staff member from Pyay being offered a seat in the NAP compound.
- 5 Additionally, AMA (NNSW) set up an office in Yangon with 12 staff. AMA is fully sex worker-led, and this is a first in the history of the sex workers' rights movement in Myanmar. One member from Pyay (Myatter Innare) has been provided with office space at the NAP compound, and some Myatter Innare members secured part-time employment at NAP.
- 6 AMA was able to negotiate for three sex workers to be released from the police station after they had been arrested in their workplace. AMA has three lawyers who are sex workers as well as network members – two are from Yangon and one from Meikhtilar; two are female and one is male. The number of sex workers assisted is small, but the outcome was positive and is an example of how important it is for the community to advocate for its peers, who may currently not be involved in AMA activities such as HIV prevention, treatment, human rights, the right to health and so on.
- 7 The Red Umbrella Fund provided a small core grant and AMA subsequently secured a small grant from UNFPA to employ two supervisors and six community mobilisation workers to work on HIV/STI prevention and SRH. AWID also awarded a small grant for an economic empowerment project assisting sex workers to open bank accounts.



- 8 The process of registration has presented a number of challenges. Myanmar is a country in transition with the borders open and markets opening to international investors. There has been a lot of back and forth querying on the registration application. It may take longer than expected to obtain it, but AMA expects it will be able to secure registration.
- 9 AMA has translated CEDPA's training menu for leadership and advocacy into Burmese to utilise as a tool for training sex workers. They have also translated the briefing paper on the Global Fund New Funding Model compiled by APNSW. The briefing paper provides instructions to sex worker organisations on how to navigate the New Funding Model.
- 10 AMA staff took part in a consultation with regional representatives and community leaders from different states and divisions before submitting the registration.
- 11 In October, workshops were conducted with AMA staff that included project management, financial management and legal training for sex workers. 24 sex workers attended from different states and regions.
- 12 AMA will be holding a national election for the Myanmar National Network of Sex Workers in December 2013. Again, all sex worker groups throughout the country will be invited to join the network and to take part in the elections at that time.

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Recommendations

In accordance with the growing concerns of sex workers, a stronger advocacy network within the region is needed, where human rights are incorporated into the framework of internal mechanisms and advocacy materials are readily made available to decision-making components of the sex worker groups. A united voice, championing not just localised issues but inter-country issues, would strengthen the voice of the community. In this case, this would focus on the rights to non-discriminative health care and accountable public services to reduce cases of stigmatisation.

Funding sources and accessibility is a concern affecting all four case studies.



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