BREAKING THE BARRIER;

MEETING SEX WORKER NEEDS IN HUMANITARIAN AND LOW-RESOURCE SETTINGS

BACKGROUND

Sex work in humanitarian and low-resource settings has become increasingly visible over the past few years. Yet, women and girls who engage in it remain neglected and underserved despite significant unmet health and protection needs. Female sex workers (FSWs) are exposed to high rates of gender-based violence (GBV), unintended pregnancies, unsafe abortions, HIV/STIs, as well as other risk-taking behavior and negative coping mechanisms. As sex work is often criminalized, laws and policies offer little protection, and sex workers face additional barriers accessing critical health and psychosocial services as well as alternative income generating opportunities.

In Turkana County, Kenya, the International Rescue Committee (IRC) has seen an increase in women and girls engaging in sex work as a direct consequence of food insecurity, poverty and lack of resources caused by drought in the region. 2.6 million people are food insecure, and the area has seen a 5-fold increase in food prices, conflict around watering points, loss of livestock, and an increase in malnutrition and infectious diseases. Ongoing natural disasters in the region have resulted in girls as young as 12, moving from rural to urban areas to engage in commercial sex work.

In 2011, the IRC introduced a targeted approach to increase access to health and psychosocial services for FSWs in Turkana County and established a specialized 'wellness center' within the district hospital. Using a peer-leader approach, selected peer FSW leaders were trained in linking FSWs to care through established networks. Peer leaders also took on the role of addressing risk-taking behavior, providing support and referring colleagues for health services. By integrating efforts with the IRC's health, protection and livelihoods programs, FSWs gained access to targeted HIV and reproductive health preventive and curative services, referrals for case management and psychosocial support and alternative livelihoods programs.

EVALUATION

To address the gap in evidence and contribute to best practices for meeting the needs of FSWs in humanitarian and low-resource settings, the IRC carried out an evaluation of this targeted approach in Turkana County in 2017. The aim was to explore the drivers of sex work, how best to address the needs of FSWs, and improve health and safety outcomes in low-resource disaster prone settings.

FSWs between the ages of 16 and 49 enrolled in the IRC's targeted program and living in Lodwar, the capital of Turkana County, and surrounding communities participated in the study. Two methodological qualitative approaches were used to collect qualitative data: individual in-depth interviews and focus group discussions. Six peer leader FSWs were individually interviewed to explore their personal experiences with GBV, perceptions of risk-taking, help-seeking behavior and factors contributing to the decision to engage in sex work. In addition, seven focus group discussions with 59 FSWs were conducted to learn about the

risks sex workers face, assess the support group approach in terms of perceived safety and network and identify other existing needs. Routine quantitative monitoring and evaluation data between 2011 and 2017 was also used to inform the quantitative aspect of the study.

KEY FINDINGS

1. The IRC is reaching and retaining nearly half of all FSWs with targeted programming

There are an estimated 720 FSWs in Lodwar town and surrounding areas. However, supported by traditional patriarchal societal norms, transactional sex is a common practice in Turkana and, for many girls, the line between sex for goods, survival sex and commercial sex work is blurred. Since the project started in 2014, the IRC has enrolled 48 percent (348/720) of FSWs in the project, 8 percent of whom are minors. The retention rate for women and girls enrolled in the project is 72 percent.

2. Unmet basic needs contribute to women and girls engaging in sex work

For FSWs in Lodwar, sex work is mostly driven by unmet basic needs such as lack of housing, food, and clothing. Most FSWs interviewed are the sole providers of their household, often supporting older family members and younger siblings, including their educational costs. These responsibilities play an essential role in their motivation for engaging in sex work. While many FSWs also engage in alternative income generating activities, such as selling firewood, producing alcohol, selling bread and/or washing clothes, they reported that limited job opportunities made them turn to sex work as their main source of income.

3. FSWs experience a range of health risks largely attributed to engaging in unprotected sex with clients

The major health risks FSWs face are sexually transmitted infections (STIs), including HIV. FSWs reported meeting clients in pubs and then bringing them home, renting rooms, or following the clients to their homes. According to FSWs, the consumption of high levels of alcohol in pubs leads them to take more risks and lower their ability to effectively engage in condom negotiation. As a result, while the national HIV prevalence in Kenya is 5.7 percent, 35 percent (120/348) of the women and girls enrolled in the project were HIV positive. During the three years the project has been running, only two girls have sero-converted to HIV. In addition to STIs, FSWs highlight sexual and physical violence and denial of payment as major risks in dealing with clients. In some cases, clients withhold payment and/or refuse to pay FSWs for their services. Harassment and physical violence perpetrated by clients, as well as other men and women in the community, is a daily struggle among FSWs.

'Bodaboda [motorbike] riders are worse than the others …sometimes they take me to the bush where I hear only the sound of the birds. So since I don't know what to do, I just accept him and he does whatever he wants'

Female sex worker, 20 years

'I feel ashamed. When my daughter visits another family, they will abuse her and call her a prostitute. That's stresses me' *Peer-lead sex worker, 29 years*

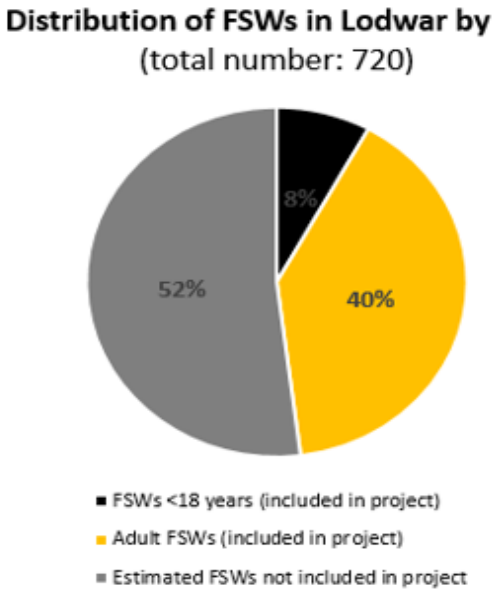
4. Targeted programming helps address FSW needs, though more is needed

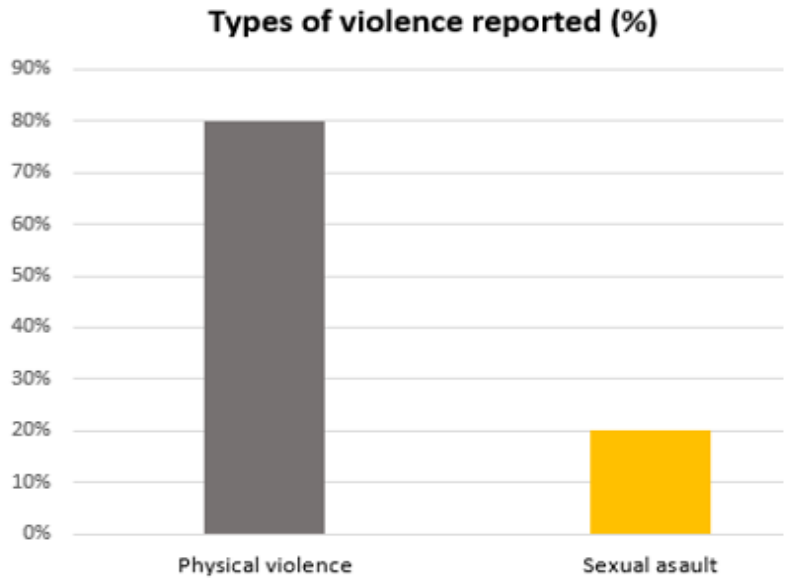
FSWs highly appreciate the services offered at the IRC's wellness center, including condoms, family planning services, HIV treatment, STI testing/treatment, health/safety education, and psychosocial support for GBV survivors. Participants find that wellness center staff are supportive and FSWs feel safe and respected by the staff. However, FSWs did share that having and knowing how to properly use condoms did not always result in safer sex as some clients do not want to use condoms and will pay more for unprotected sex.

'When I came here [Wellness center] I was educated on how to use the condom. But a condom doesn't help because sometimes when I go to town, the gang men take me by force. So condoms will not protect anything at that time'. *Female sex worker, 16 years*

While there is a desperate need for more support, FSW peer leaders generally feel respected and supported by the groups they lead, and then feel that members share problems, find solutions, and depend on each other for support. Challenges reported include dealing with substance abuse and handling conflicts with FSWs outside of the group.

FSWs offered suggestions of other useful services and activities, including assistance with income generating activities as well as providing food and supplies. Other FSWs mentioned that the





center should offer sanitary pads and food rations for FSWs who undergo HIV treatment. They noted that, while material and food supplies improve their immediate situation, these items alone would not have a meaningful impact on their futures.

The groups voiced that support towards owning and operating small businesses, such as a supermarket or a small shop, would substantially improve their livelihoods. Many expressed interest in selling vegetables, clothes, or food items such as fish and chips. One FSW stated that having a business would help her earn respect from the community and enable her to pay her children's school fees.

'If I can have a business, I think I will change. Even the baby that I have, if I can have money to pay for school fees I will be relieved. I am wondering if God can change me so that I can have a good life'. *Sex worker, 25 years*

RECOMMENDATIONS

- **Establish centers that target female sex workers with programming that meets their specific needs.** This study found that integrating centers into an existing secondary health facility is ideal and facilitates access and reduces stigma. Best practice also demonstrates that FSW centers should be placed in urban or high density areas in low-resource or humanitarian settings as displacement and humanitarian crises often lead to high prevalence of survival sex among particularly vulnerable women and girls.
- **Engage staff who are committed and trained specialists, with favorable attitudes towards FSWs.** Providing quality services that are confidential, non-judgmental and non-stigmatizing is crucial to the success of any project serving FSWs, especially in low-resource or humanitarian settings. At a minimum, programs targeting FSWs should ensure providers are trained in case management, clinical care for GBV survivors, and most importantly fully understand the sociocultural norms that leads to exploitation of women and girls.
- **Consider using the evaluated peer leader approach.** Establishing groups based on age and geographical area of work led by elected peer leaders is an efficient way to reach vulnerable FSWs and ensure timely care and a supportive network. In addition, programs should provide ongoing mentoring and coaching for all peer leaders to continue building their skills as facilitators and offer support in mitigating secondary trauma and/or handling complicated cases.
- **Prioritize a multi-sectoral approach to meet FSWs' multiple needs.** Free health care and case management will improve the health status and well-being of FSWs, but it alone cannot address the multiple needs faced by FSWs. Adding livelihoods programming will provide an alternative income for those who want to reduce or leave sex work and thereby address one of the root causes for sex work.
- **Reinforce collaboration with local authorities such as police and military.** FSWs often experience violence and abuse from authorities who are meant to protect them. Making sure trusted officials are available when needed is essential for their safety.

CONCLUSION

Based on the evaluation findings and experiences from the FSW projects, the IRC strongly believes that programs targeting FSWs are an effective way for health and protection services to reach a particularly vulnerable population and improve their health and safety outcomes in humanitarian and low-resource settings. Furthermore, follow-up rates for HIV positive FSWs and very low rates of HIV sero-conversion among FSWs enrolled in the project demonstrate the success of the wellness center from a public point of view and the need for more similar programming.

The International Rescue Committee (IRC) responds to the world's worst humanitarian crises and helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and gain control of their future.

The IRC responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers lifesaving care and life changing assistance to refugees forced to flee from war, persecution or natural disaster. At work today in over 40 countries and 22 U.S. cities, we restore safety, dignity and hope to millions who are uprooted and struggling to endure. For more than 20 years, the IRC has been breaking down barriers that prevent survivors from disclosing violence and seeking services. We continue to work in areas characterized by insecurity, displacement and a collapse of health services. The IRC is providing clinical care for gender-based violence in 19 countries and psychosocial and women's empowerment support in 26 countries.

For more information about IRC's approach to special programming around FSWs and key populations, please contact sanni.bundgaard@rescue.org.

New York
122 East 42nd Street
New York, NY 10168-1289
USA

Nairobi
Galana Plaza, 4th Floor
Galana Road, Kilimani
Nairobi, Kenya

INTERNATIONAL
RESCUE
COMMITTEE

Photo credits: S. Bundgaard (front/back) and K. Ryan (middle)/IRC 2017