Hands Off!

A regional response to violence against sex workers in Southern Africa
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## General Information

| **Title of the programme** | Hands Off!  
A regional response to violence against sex workers in Southern Africa |
|----------------------------|--------------------------------------------------------------------|
| **Applicant Organization** | Aids Fonds  
[www.aidsfonds.nl](http://www.aidsfonds.nl) |
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| **Countries and region of implementation and partners** | Botswana: BONELA, Sisonke,  
Mozambique: Tiyane Vavasate  
Namibia: Voice of Hope Trust  
South Africa: SWEAT, Sisonke, Women’s Legal Centre  
Zimbabwe: Sexual Rights Centre  
Regional: ASWA, COC, North Star Alliance |
| **Total budget and requested amount** | Total requested € 4.407.436 |
| **Implementing period** | 4 years and 9 months  
1 November 2014 - 28 February 2015  
(Inception phase)  
1 March 2015- 1 January 2019  
(Implementing period)  
1 January – 1 July 2019  
(evaluation and closing of programme) |
Management summary

With the Hands Off! programme Aids Fonds aims to contribute to the reduction of violence against sex workers and reduce HIV infection as a result of violence in Southern Africa. The programme offers a comprehensive and joined-up approach to working with sex workers, police, law enforcement and service providers in Botswana, Mozambique, Namibia, South Africa and Zimbabwe to work on better living and working conditions for sex workers, to understand where their needs lay for law enforcement support and to work closely with police on positive attitude towards sex workers.

The programme aims to use Dutch expertise an intervention strategy for HIV prevention, violence prevention, linking with Dutch police force and to build the capacity of civil society organizations working on these issues. Sex workers are a marginalized group meaning that they are often severely stigmatized socially excluded and have limited access to other opportunities in their working life. Moreover, sex workers have diminished access to health care, increased risk of contracting HIV/STIs and are often among the poorest in society. Due to their position in society they are vulnerable to violence. Moreover, the laws in each country differ, sex work may by law be tolerated, in executing the law local authorities may take up other responsibilities. Also corruption, sexual acts for not be put in jail, are a daily matter of fact.

The programme Hands Off! – a regional response to violence against sex workers in Southern Africa offers a comprehensive approach to reduce violence and HIV infection amongst sex workers and to support victims of violence in five countries in the South African region. The programme aims to use police sensitization, rapid response methods and sex worker protection systems as intervention strategies. Also data gathering and litigation will be deployed to support violence victims. The programme has a strong capacity building component focusing on sex workers and sex worker-led organizations in the region. Research is carried out to obtain more knowledge on the effectiveness of the implemented intervention strategies. Also lobby and advocacy activities will be carried out on law reform and policies and practises involving sex workers.

The Dutch have a long and credible track record in tackling controversial issues, which positions them uniquely in the international civil society. Aids Fonds, in close collaboration with its local partners, represents extensive expertise on sex worker health, working with sex workers and effective advocacy on human rights.

Programme principles
Our vision is a society where sex workers are (sexually) healthy, have their human rights fully respected, and are in control of their livelihoods. To reach for this vision, the programme is designed according to the following principles:

- We adopt a pragmatic approach
- We adopt a holistic approach
- We ensure meaningful participation of sex workers
- We reject all forms of violence (including trafficking) or minors doing sex work
- We aim for quality before quantity in the provision of services
- We include psycho-social and health care support
- We use a multi-layer and community-based approach
- We believe that ‘out’ is not the only way ‘up’
This programme adopts the human rights principles of supporting people to make informed choices about their lives in an environment that empowers them to make such choices free from coercion, violence or fear. Hands Off! affirms the human rights to the liberty and security, recognizing each individual’s agency over her/his body and sexuality as well as each individual’s right not to be trafficked or held in slave-like conditions. It also asserts that all forms of involvement of children (<18 years) in sex work is regarded as sexual exploitation or abuse.

**Target Groups**

The programme’s primary target group is **female, male and transgender sex workers**, meaning those who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work varies between and within countries and communities. There are different forms of sex work: either it is more or less ‘formally’ organized or it is a type of ‘sexual economic exchange’. The programme also targets organizations of sex workers, or those supporting sex workers for capacity building. Additionally the Hands Off! programme includes awareness targets such as law enforcement officers, health workers and community leaders, and advocacy targets such as governments.

**Programme Objectives**

The overall objective of the programme is **to reduce violence against sex workers, reduce HIV transmission and to support victims of violence** in Botswana, Namibia, Mozambique, South Africa, and Zimbabwe and on a regional level. Violence is increasingly being recognized as an important risk factor contributing to the spread of HIV and sexually transmitted infections (STIs) worldwide. High rates of violence perpetrated against (female) sex workers have been consistently documented in developing countries. Sex workers exposed to violence were more likely to be infected with HIV and other STIs than those who did not report such experiences. Forced unprotected sexual encounters were described as the most likely cause for their heightened vulnerability to HIV. However, also violence by police and the ‘condoms as evidence’ approach in countries where sex work is illegal are increasing HIV infection. Also more subtle forms of violence, such as stigma and discrimination increase the risks of infection, especially when performed by health staff or social workers.

The programme aims to 1) **strengthen civil society** working on violence and sex work, which will enhance the sustainability of the programme 2) create and enable a **supportive environment** on local and national level, 3) strengthen and establish **community (sex-worker)-led responses towards violence**, 4) **strengthening the regional approach** on sex work and violence by linking & learning and lobby & advocacy at local, national and international level. The four clusters complement and strengthen each other and provide a comprehensive approach.

**Countries and partners**

The Hands Off! Programme will undertake a range of initiatives on a regional level and in five countries:

- **Botswana**: BONELA, Sisonke
- **Mozambique**: Tiyane Vavasate
- **Namibia**: Rights not Rescue Trust
- **South Africa**: SWEAT, Sisonke, Women’s Legal Centre (WLC)
- **Zimbabwe**: Sexual Rights Centre (SRC)
- **Regional**: ASWA, COC, North Star Alliance
Countries are selected on the bases of HIV prevalence rates, indicated levels of violence towards sex workers and problems associated with them, availability of partners with sufficient capacity to implement the programme and availability of established sex worker groups. Furthermore the composition consists of a combination of countries that have implemented successful violence reduction programmes, and countries that have not started these types of programmes, to increase the learning and sharing possibilities within the region. Partners are selected on the basis of their expertise, geographical reach and capacity. All partners vary in terms of the type of organization as well as in terms of organizational capacity and experience in working on violence. Mutual learning and knowledge sharing are the driving forces of the Hands Off! programme. Therefore various linkages between country partners and programmes will be made.

Indented results
- Regional police sensitization has been developed and field tested in cooperation with law enforcement, sex worker led groups and civil society specialized in developing trainings
- At least 500 police officers have been trained
- A baseline survey and a needs assessment have been conducted in five countries, of which the outcomes are guiding as in the future project implementation
- An emergency fund has been established and has supported fifty sex workers with para legal support and litigation
- At least eight (civil society) counterparts have increased capacity to implement programmes to reduce violence against sex workers
- At least five counterparts have had dialogues with national governments and international bodies on the improvement of human rights of sex workers
- The regional African sex worker network has increased capacity to provide technical assistance to membership organisations in Africa on reduction of violence programmes and community led rapid response systems
- At least four community-led rapid response systems have been established and work efficiently
- At least 1500 sex workers have been supported through community led rapid response systems
- In five countries data related to human rights violations and violence have been captured and systematised and in two countries in-depth research on the impact and efficiency of violence reduction systems for sex workers has been conducted
- At least two Tribal and indigenous justice systems are strengthened and able to work with issues related to human rights violations and violence cases against sex workers
- At least 4000 sex worker have increased knowledge on human rights and protection mechanisms
- At least ten public events have taken place to create awareness on human rights violence and violence towards sex workers.
- Three best practices on reduction of violence are studied and published
- At least 10 HIV testing/health services are linked to social protection services, and have established adequate referral and detection systems
- At least 10 HIV testing facilities have improved data collection systems.
- At least 4000 sex workers have received HIV testing and counselling

Budget
The total budget of the programme €4.407.436, - is for a programme of four years and nine months. The budget for the first year is €1.164.742, - which entails fifteen months. Budgets for year 2, 3 and 4 are respectively €1.073.398,-, €1.053.398, - and 1.010.898,-. The last six months in year 5 are used to round off the programme and ensure all final reporting an auditing, with a budget of €105.000,-. Aids Fonds has made sure that budgeted activities are complementary and that there is no overlap in spending.
Activities linked to objective 1 *Strengthening civil society working on violence and sex work* consist of 26% of the overall budget. Activities under objective 2 *Creating an enabling and supportive environment on local and national level* are 17% of the budget. Then 6% of the budget will go to objective 3 *Strengthening and establishing community (sex worker)-led responses towards violence*, and 5% will go to objective 4, where at *regional level the approach on sex work and violence will be strengthened*. In total 14% will go to the regional activities, through the regional conferences, the emergency fund, research and the regional technical assistance. An additional 15% will be reserved for capacity building. The coordination costs are 16%. 

**Budget per objective**

- **Capacity building**: 16,34%
- **Communication**: 5,88%
- **Coordination**: 16,90%
- **M&E**: 4,74%
- **Objective 1**: 14,97%
- **Objective 2**: 2,72%
- **Objective 3**: 2,72%
- **Objective 4**: 2,04%
- **Regional conference**: 2,72%
- **Regional emergency Fund**: 4,31%
- **Regional support**: 2,72%
- **Research**: 1,36%
- **Regional conference**: 2,04%
- **Regional emergency Fund**: 14,97%
- **Regional support**: 1,82%
1. The organisation

1.1 Introduction/background to the proposal

The current proposal was developed on invitation of the Dutch embassy in Pretoria responsible for the Regional programme. During ICASA in December 2013 it became evident that violence is one of the most eminent factors in contracting HIV. Within the region there is no large holistic programme that covers specifically this need. Some best practises on violence reduction in relation to HIV have been drafted but none have the scientific evidence needed for future sustainability. Within this programme we have the opportunity to kick start a variety of interventions in a holistic manner which will most likely lead to other donors showing interest. A concept note was developed in the beginning of 2014 and discussed with the Dutch Embassy in Pretoria, after a positive response this full proposal was drafted by Aids Fonds with it partners.

Aids Fonds requests funding for a four years and nine months for the programme, which includes a 4 month inception phase, 4 years of implementation and a couple of months to round off, handover and write up the evidence of the programme. The programme uses an integrated approach, since a holistic programme can have greater impact on violence against sex workers and the risk of HIV/AIDS. The proposal has defined a clear objective, as well as outcomes and activities (see annex 5) based on a comprehensive problem analysis.

Similar to earlier programmes like Bridging the Gaps (BtG) and Stepping Up, Stepping Out (SUSO I and SUSOII) – and building on that experience- Hands Off! Incorporates optimum flexibility. This will allow for an effective programme, but enables the organization to adjust the work or approach when needed, make maximum use of windows of opportunity and equally allows for scaling down or shifting focus when the situation requires.

Aids Fonds is committed to participatory methods to optimally include partners in (the designing phase of) the programme. The organization believes in avoiding a top-down approach. It aims to optimize ownership amongst Southern counterparts and believes in engaging sex-workers and organizations in the decision-making process to ensure the long-term success of the programme. For that reason the first part of the programme has been considered as the inception phase, during which all stakeholders will further designate the programme activities and outcomes within the current outline.

For this needs assessments will be conducted in all countries a joint regional workshop meeting will be held, during which partners can further detail the programme and establish agreed standards, practices and programmes to be implemented throughout the region. Also longer-term local support strategies and activities will be decided on. Consequently, programme partners have been asked to plan activities only for the first year of Hands Off!, based on the concept note and their expertise, mission and vision. (See annex 2 for the Annual Working Plans). During the regional meeting decisions for the final activities and outcomes will be made. All parties and Aids Fonds will lay the foundation for a strong regional and joint approach, characterized by –mutually developed- standards, practices and a sustainable programme, which will borne by all participants.

Aids Fonds aims for maximum transparency towards its donor during planning and implementation.
1.2 About Aids Fonds

1.2.1 Corporate information

Aids Fonds is part of the Stichting Aids Fonds – STOP AIDS NOW! – Soa Aids Nederland. The organization has much expertise in implementing big programmes on key populations, both contributing from their respective backgrounds and qualities. Aids Fonds finances scientific research provides prevention and treatment for vulnerable groups and fights for the rights of people with HIV on national and international level.

As an expertise centre Soa Aids Nederland aims to prevent sexually transmitted infections (STIs & HIV) and improve the quality of STI control in the Netherlands and abroad. The organization develops health education and prevention projects, produces general basic educational materials on Sit and safer sex, and offers practical support and tailor-made services to individuals and organizations. Also it advises on STI policy to the government other organizations on national, regional and international level, encourages social science, epidemiological and clinical research projects, and works in international partnerships on several projects.

In our newest strategy plan 2014-2017 named Setting Milestones we focuss on realising our vision: The end of AIDS in a world where all people affected by HIV and STI’s access prevention, treatment, care and support. Evidence on the effectiveness of interventions and ground-breaking medical developments have paved the way for reaching important milestones. In the coming years Aids Fonds can make lasting impact on HIV and STIs, both internationally and in the Netherlands. To a large extent, we know what needs to be done to turn the HIV epidemic around, also and specifically for key populations. For example we need to tackle barriers for people to lead sexually healthy lives, and violence has shown to play an important hampering effect among sex workers.

The sex worker programme of Aids Fonds has a long history of implementing projects, both nationally and internationally. The programme is specialized in supporting, monitoring and mentoring sex workers, their (supporting or self-led) organizations and service providers (law enforcement and health workers). As a result Aids Fonds has a successful track record of international work with and for sex workers. The organization advises on sex worker policies to national government and other organizations and is well connected with different sex worker networks across the globe. Furthermore the programme has a relationship with the Global Network of Sex Work Projects (NSWP) through Bridging the Gaps and the Stepping Up Stepping out programme, and with several multilateral organisations and is implementing partner of UNFPA providing technical assistance.

Quality assurance

Aids Fonds has implemented an extensive quality policy in line with the principles of the Central Bureau of Fundraising (CBF). The organization is ISO 9001 Partos certified (see annex 12), which means that Aids Fonds:

- has identified the greatest risks for the organization and ways to manage these risks
- has described its most important procedures
- has described and implemented learning cycles for continues learning
- involves its stakeholders in strategy-making, decision-making, implementation and evaluation

Staffing

In total 125 people (104 FTE) are employed by Stichting Aids Fonds- Stop Aids Now!- Soa Aids Nederland.

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The organization has:

Full time staff dedicated to delivering expertise on STI and HIV prevention
- Staff dedicated to programme support, monitoring and evaluation with technical expertise in the field of public health
- Staff dedicated to fund management with financial expertise
- Staff that works evidence driven and that links practical implementation to ongoing academic debates and best practices.

The gross salary of the staff members of the organization including that of the Executive Director is less than a Director General of the Dutch Government. For detailed salary information see ANNEX 10.

Quality of financial and administration systems
Aids Fonds has a profound Financial and Administrative system that is described in procedures. The organization has had organizational checks performed by KPMG, and since 2013 by PwC. For the MFSII application, the HIV/AIDS consortium (which had eleven partners) did an organizational check, performed by KPMG. According to the Ministry 'questions and answers’ published on the website (4 May 2011) this assessment together with the latest audited financial reports and management letters is sufficient to comply with criteria VI-5 from the subsidy framework.

Based on the KPMG report, the audits by PWC and the ISO PARTOS 9001 certification, the Lead Agency (Aids Fonds) concludes the following:

- Aids Fonds has a sound administrative and financial system of high quality
- Aids Fonds is efficient
- Aids Fonds have an adequate and transparent planning and control cycle
- Aids Fonds regularly issues technical and financial reports and demonstrates due attention to budget control. Audited financial statements for the previous years are available.
- Aids Fonds has a separate anti-corruption and sanctions policy, incorporated into different documents. Sanctions are included in contracts with local counterparts.
- Aids Fonds applies various internal codes on diversity, integrity, volunteers and stakeholders.
- Efficiency of the organization is managed with the aid of a broad range of indicators.
- An overview of management and administrative costs is given in the budget in Annex 3.
- The PM&E of the Aids Fonds is anchored in each organization. The organization pays attention to learning capacity; the access of peers and partners to lessons learnt is provided for in different ways. Aids Fonds pays attention to vertical accountability and the validity of data used. The organization deals with financial statements for projects in different ways. An auditor’s report is requested when a certain amount is exceeded or other specific arrangements are made, dependent on the nature of the project.

Quality insurance of implementing partners is more detailed described in paragraph 5.1 - 5.3. In short we have detailed monitoring systems, including the yearly regional partner meetings and the work plans and the midterm and annual narrative and financial report (including audits). We have developed a board and advisory groups (described in chapter 2) and have regularly contact through the weekly Skype sessions and yearly field visits. In case of misconduct or suspicion, Aids Fonds contractually has the right to investigate or instruct others to investigate the activities carried out by the partner.

Bankruptcy, lawsuits, corruption
Aids Fonds has no history of bankruptcy. Aids Fonds is not and has never been in any analogues situation arising from a similar procedure provided for international legislation or regulation.
There are no pending major lawsuits or litigations wherein Aids Fonds is one of the parties. There are no pending criminal or civil lawsuits against Aids Fonds. Aids Fonds has never been convicted of an offence concerning its professional conduct by a judgement which has the force or res judicata. Moreover, she has never been subject of a judgement, which has the force of res judicata of fraud, corruption or involvement in a criminal organization or any other illegal activity. The Stichting Aids Fonds –Stop Aids Now! – Soa Aids Nederland has an anti-corruption policy, which is incorporated in the document ‘integriteitsbeleid’

1.2.2 Track record Aids Fonds

For many years Aids Fonds has been working on HIV and human rights activities.

Aids Fonds relevant track record for this programme includes:

<table>
<thead>
<tr>
<th>Task and services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health education and prevention</td>
<td>Aids Fonds develops health education and prevention projects. The primary objective is to prevent sexually transmitted infections. One of the ways this is done is by promoting safer sex. Attention is also given to tracing infection at an early stage through testing, screening and partner notification.</td>
</tr>
<tr>
<td>Technical Support</td>
<td>Aids Fonds offers practical support and tailor made services to individuals and organizations involved in day-to-day STI control. This varies from training and presentations to ideas for projects and texts for booklets. Professionals in the field can also refer to the organization for individual advice, while experts are kept up to date with recent developments by Seks Soa Magazine, newsletters and the website. Furthermore, the foundation organizes courses and workshops to maintain the dialogue between all those involved in STI control and determine future courses of action.</td>
</tr>
<tr>
<td>Advice</td>
<td>Aids Fonds advises on STI policy to the government, in particular the Ministry of Health, Welfare and Sport, and to other organizations at a national, regional and international level including the European Union and UN Agencies.</td>
</tr>
<tr>
<td>Research</td>
<td>Aids Fonds encourages social science, epidemiological and clinical research projects in the field of STI control. It also conducts evaluative studies on the effects of its own activities and products.</td>
</tr>
<tr>
<td>International</td>
<td>In its role as a national organization, Aids Fonds keeps a close watch on international developments, which may be applicable in the Netherlands or may have consequences for the Dutch situation. It also works in international partnership on several projects. Aids Fonds hosts the Robert Carr Fund and is the lead agency of Bridging the Gaps programme.</td>
</tr>
</tbody>
</table>
**Bridging the Gaps (2011-2015)**

Aids Fonds is the lead agency of the Bridging the Gaps (BtG) programme, an international programme on health and rights for key populations in sixteen countries. Within the programme we work with more than 70 international and national NGO’s to achieve universal access to HIV/STI prevention, treatment, care and support for sex workers, LGBT people and people who use drugs. Through the BtG we gained experience with working with the police, and we have a focus on human rights violations. (http://www.hivgaps.org/)

**Robert Carr Fund**

Aids Fonds hosts the secretariat of the Robert Carr civil society Networks Fund (RCNF). RCNF supports international networks that address the needs and human rights of inadequately served populations. These are key and other populations that face a higher HIV risk, mortality and/or morbidity when compared to the general population. The International Steering Committee of the RCNF awarded $12 million over two years to 14 networks and consortia of networks working with women and men living with HIV, men who have sex with men, people who use drugs, sex workers and transgender people across the world. (http://www.robertcarrfund.org)

1.2.3 **Sex worker programme**

The sex worker programme of Aids Fonds formerly hosted under the brand Soa Aids NL has a long history of implementing projects, both nationally and internationally. The programme is specialized in supporting, monitoring and mentoring sex workers, their (supporting or self-led) organizations and service providers (law enforcement and health workers). As a result Aids Fonds has a **successful track record of international work with and for sex workers.** The organization advises on sex worker policies to national government and other organizations and is well connected with different sex worker networks across the globe. Furthermore the programme has a relationship with the Global Network of Sex Work Projects (NSWP) through Bridging the Gaps.

1.2.4 **Sex worker programme track record**

Aids Fonds has specialised knowledge on sex work in a global setting. **Next to 22 years of experience in the Netherlands the organization has worked over thirteen years in an international context** (in nineteen countries). Aids Fonds is implementing partner of UNFPA and support UNAIDS in Central Asia, Eastern Europe, Middle East and Northern Africa. The organization is well connected with sex worker-led organizations, regional and global networks of sex workers and UN/ multilateral organizations working for sex workers and minors engaged in sex work.

The sex work programme also provides technical assistance to national governments in relation to sex work laws and practises, especially in countries where sex work is a sensitive topic and mostly criminalised.

Aids Fonds is the lead agency for Bridging the Gaps and for the Robert Carr Fund – all focus on key populations, human rights issues, including internal knowledge sharing. The organization has a **diverse team of experts**, pragmatically driven without losing sight of the effectiveness of programmes with a specialised **focus on HIV/STI prevention programmes for key populations in the framework of human rights**.

The programme has expertise in the following fields:

- Development and implementation of innovative interventions
- Lobby and advocacy from a human rights perspective
- Professional advancement of sex workers in the area of health and attitude
Reaching sex workers and clients through the internet
Capacity building of sex worker- (led) organizations

The sex worker’s programme’s relevant track record for this programme includes:

UNFPA- specialized implementing partner MENA region (2007-2014)
In Central Europe, Northern Africa and the Middle East. Aids Fonds advised on the strategic development of work plans, conducted various trainings of all country staff members and organized large study tours with government officials. We have been an official partner of Y-Peer training and developed a specialized training on HIV & Sex Work which has been given over a period of four years (2007-2011). Trainings sometimes involved 20 different nationalities. In total over 180 young leaders have been trained to implement sex worker-friendly programmes amongst their communities.

UNFPA Russia- Strengthening national capacity of governmental and non-governmental organizations in provision of comprehensive services to sex workers (2008-2011)
A three-year project in Siberia, Irkutsk and Chelayabinsk. Functioning as an implementing partner together with the Red Cross Irkutsk-Siberia, we supported UNFPA to achieve better access to health services for sex workers. Silver Rose, a sex worker-led organization from St Peters burg was partner and co-trainer. Training was conducted for twenty health care professionals dealing with four topic trainings, focusing on motivational interviewing techniques, violence reduction, development of an adequate referral system, developing skills for material development. The sex work programme has given technical assistance follow up of the project to the UNFPA office. The programme created sex worker-friendly services. A total of 14.800 sex workers were reached and a national team of twelve leaders of sex worker communities was established. A referral system of sex worker-friendly services became operational. The initiative has been disseminated as best practise throughout Russia.

A Step Ahead Programme (1 June 2008 – 1 September 2011) (RS16853,DZO0108175)
A three-year programme to work on an integral approach to health and social care for sex workers and to lobby and advocate for further changes on restrictive sex work policies. Work included three round tables to influence policy makers, educational seminars for police officers, collecting data of when the rights of sex workers were abused and reporting it at national level, increased cooperation with lawyers, capacity building of medical staff through 16 health centres and uplifting the outreach to indoor sex work locations. 21 new indoor hotspots were identified and were given continuum of care. Within the aims of the MATRA programme, the A Step Ahead Programme contributed to a better cooperation between civil society and local government in addressing public health issues for sex workers. Furthermore, the positive portrayal of sex workers in the media has improved by involving media regularly at various events.

MOVE-Forward project (2009-2012 SUSO I)
A programme developed to support sex workers in their own careers and empower them economically in Macedonia, Uganda, Vietnam and Egypt. The pilot projects were developed based on needs assessments and baseline surveys. The sex work programme worked in close partnership with the NGOs whose capacity was built including support on technical matters like finance and report writing. The sex work programme of Aids Fonds implemented various trainings focusing on peer education, advocacy, outreach work and violence reduction. The sex work programme advised and guided all organizations in time as an advisory body and strategic partner. Linkages were made with many international organizations and donors, as well as the global network of sex work projects.

Seven local partner organizations in four countries reached over 4.000 sex workers and stakeholders.
Over 2.200 sex workers benefited from psycho-social support
Around 1.000 participants were trained in vocational and business skills; 46 of them received a micro credit loan to set up their own business
• Over 1,000 people took part in initiatives that helped improve sex workers’ social networks (examples: drop-in centres, childcare, social events and training for caregivers)
• Over 200 sex workers and stakeholders (including police and health care workers) took part in awareness raising training courses
• Over 100 sex workers were trained specifically in health and safety skills

**Bridging the Gaps (2011-2015)**

Next to being the lead agency of the Bridging the Gaps programme, an international programme on health and rights for key populations, the sex work programme is responsible for the implementation of the section of the programme that is focussing on sex workers in Vietnam and in countries along the trucker corridor in Eastern Africa. The focus is to achieve universal access to HIV/STI prevention, treatment, care and support for sex workers. Under Bridging the Gaps we trained police officers in Asia, through the support of the Dutch Police force, and we work on high-level advocacy to influence relevant policies to increase safety of sex workers. In the trucker corridor in East Africa we work with Northstar alliance, which will also be our partner in the South African Region under the Hands Off! programme.

**Stepping Up, Stepping Out II (2012-2015)**

SUSO II is an alliance between Aids Fonds and ICCO cooperation focussing on economic empowerment and career development opportunities for sex workers in eleven countries. Within the SUSO II programme there is close collaboration with sex worker-led organization and services providers. Strengthening the sustainable capacity of these organization and increasing the empowerment and improving the capability of sex workers to make informed choices in relation to their own lives, health and career development are important goals.

**Stepping Stones (2014-2015)**

This programme gives special attention to young people engaged in sex work, with a special focus on exploitation and human trafficking. The Stepping Stone is an extension of SUSO II and is based on this last objective of this programme. Stepping Stones offers a comprehensive and joined-up approach to working with exploited children and young people in sex work in sixteen countries, with a network of community based organizations, sex worker-led and youth organizations in four regions. The programme maps and researches the issue of minors in sex work and cares, protects, supports and empowers them. Stepping Stones also focuses on capacity building of the organizations working with minors, as well as lobby and advocacy activities.

**1.2.5 Activities**

Aids Fonds coordinates the overall programme and is responsible for the overall programme management. Based on input from Southern counterparts she will develop and M&E manual, financial manual and communications manual. Also the organization is responsible for setting up the Programme Team and Programme Board. Aids Fonds will monitor new publications on violence in sex work, share publications and disseminate best practices.

Next to the coordination, Aids Fonds establishes PHD- research on the effectiveness of the implemented intervention strategies to reduce violence against sex workers. Findings of this research are disseminated at national and international conferences. Of all the needs assessments Aids Fonds will execute a meta-analysis and publish a paper or report on the subject. The organization takes the lead in setting up regional partner meetings, and expert meetings (through Sharenet) for all Dutch NGOs focussing on this topic abs will intensify partnership with interagency working groups like WHO, UNFPA, UNAIDS and UNDP. She also attends public events on violence in sex work. Aids Fonds takes encourages cooperation and coordination between country partner and different stakeholders. Contribution is given to lobby and the defence of the rights of sex workers on national and international level. Aids Fonds will also be responsible for the development of the regional training
manuals in cooperation with its partners. The manuals will be field tested and distributed among the different countries. At last Aids Fonds will be responsible for the administration of the Emergency Fund jointly under the advice of the steering committee/advisory group. Most of the implementation on national level will take place through our partners.

1.3 Country partners

Aids Fonds’s counterparts in the global South include NGOs for marginalized groups, often sex worker-led, human rights organizations, lobby and advocacy groups, legal advice organizations, service providers and regional networks.

The initial selection of the partners is based on Aids Fonds’ analysis on the scale and the severity of the problem of violence towards sex workers, HIV prevalence rates and the partner’s capacity and expertise to work on this complex issue.

The country partners for this programme are mainly Aids Fonds’ existing partners. Some organizations have been added to diversify intervention methods, enhance geographical coverage and gather more data. Sex worker-led organizations Rights not Rescue Trust (Namibia) and Tiyane Vavasate (Mozambique) are new. They have been added to the programme to strengthen the sex worker community at regional level and will be thoroughly assessed at the inception phase. If these organisations do not have sufficient organisational capacity after the in-depth capacity assessment (which will take place in the inception phase) additional partner AIDS and Rights Alliance for Southern Africa (ARASA), will be taken on board to assist with the administration of the fund.

Also the South African counterparts are new (see the table below). They have been added to the programme because of their extensive experience with, and best practises in, addressing violence amongst sex workers in their country. By including them, other programme partners in the region will be able to learn and draw from their experience. Furthermore, the programme has looked at the immigration patterns of sex workers in the region. It has selected five countries between which sex workers often migrate along the trucker corridor, South Africa being one of them.

All partners vary in terms of the type of organization as well as in terms of organizational capacity and experience in working on violence. The regional approach facilitates mutual learning and knowledge sharing, linking small and weaker programmes to bigger, experienced programmes in other countries.

A significant proportion of this programme’s efforts will be directed towards organizational capacity building of the partners tailored particularly to their needs and priorities related to addressing violence. Detailed information on each partner, their experience and added value to the programme are elaborated in chapter four.

The partners mentioned in this proposal are part of the initial selection for the programme. The final partner selection will be completed during the regional workshop in the inception phase of Hands Off! and based on and in-depth organisational capacity scans of all partners, to mitigate risks in due course.

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<th>Partnerships per country</th>
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<td><strong>Country</strong></td>
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### 1.3.1 Capacity assessment

Because of the programme’s strong focus on strengthening civil society and considering the fact that the programme will work with fragile organizations that work in a complex and criminalised setting, the **baseline measurement will include a capacity assessment of the partners and regional partners involved in this programme.** In case of existing partners this will be done through an update of capacity assessments executed for SUSO II. For new partners, counterparts that have previously not been assessed or partners that are changing roles, a new capacity assessment will be executed. Based on that assessment individual capacity building milestones, the final inclusion and/or the need for additional organisations to assist with the administration of the funds will be determined.

### 1.4 Added value of Aids Fonds

Aids Fonds existing long term partnerships with sex worker-led organizations and relevant stakeholders around the globe through the Stepping Up, Stepping Out (SUSO) and Bridging the Gaps (BtG) programme.
In the Southern African region the organization has relevant partnerships with Sisonke (South Africa and Botswana), BONELA (Botswana), Sexual Rights Centre (Zimbabwe), North Star Alliance (several countries), ASWA (several countries) and COC (several countries). Many of these partners are already working on protection from violence and increasing human rights. Furthermore Aids Fonds has long-term experience with police sensitisation training.

Within the organization a comprehensive team, focused on all the different aspects related of sex work, will work jointly on the violence programme. **Team members possess very different sets of skills to administrator large funds that direct sensitive issues related to sex work.** They have extensive experience in related issues as well, such as providing technical support, assisting national government with the development of laws, legislations and policies focussing on sex work and developing trainings for law enforcement, health workers and sex workers themselves.

The **impact of the violence programme in Southern Africa will be enhanced, because of other programmes Aids Fonds implemented in the region.** Both the SUSO II- programme, as well as the Bridging the Gaps-projects will contribute to the impact of this programme. For example, under SUSO II the capacity of sex worker-led organization is being increased and sex workers are becoming more empowered. Bridging the Gaps trains service providers, such as North Star Alliance, on attitude to decrease stigma, discrimination and violence by health workers. Moreover, Aids Fonds has already developed several relevant trainings within different programmes that can be transferred into this new programme.

Aids Fonds has a broad network and experience with different models and response mechanisms to prevent violence towards sex workers. The team knows which protection mechanisms exist, what the best practices are and can draw from these different practices. Also they are familiar with reporting mechanism for Ministry of Foreign Affairs' (MoFA) and embassies.

Aids Fonds has many years of experience in dealing with HIV protection, prevention mechanisms and human rights marginalized groups. In our view human rights are central to effective national responses. **Human rights violation and a lack of support to human rights violation make marginalized groups, such as sex workers and other key population more vulnerable to HIV infection.** Violence is increasingly being recognized as important risk factors contributing to the spread of HIV and sexually transmitted infection (STI) worldwide High rates of violence perpetrated against female sex workers have been consistently documented in developing countries. Sex workers exposed to violence were more likely to be infected with HIV and other STI than those who did not report such experiences. Forced unprotected sexual encounters were described as the most likely cause for their heightened vulnerability to HIV, however also violence by police and the ‘condoms as evidence’ in countries where sex work is illegal are increasing HIV infection. Also more subtle forms of violence, such as stigma and discrimination increase the risks of infection, especially when performed by health staff or social workers.
2 Programme management

2.1 Programme Structure & Programme Management

The diagram below outlines the Hands Off! management structure. The structure enhances civil society involvement and efficiency, and ensures effective coordination.

2.1.1 Programme board

The main role of the programme board is the final oversight over the Hands Off! programme. The programme board shall appoint and install a programme team, which will be responsible for the realization of the programme plan, and the activities under the supervision and responsibility of the programme board. The programme board will act as a ‘critical friend’ for the programme team and will inform its members on changing global initiatives.

The executive director and the programme director of Aids Fonds will - jointly with two selected partners- form the board of the Hands Off! programme. The selection of the two implementing partners (one service provider and one sex worker led organisation) that take up the role in the board, will take place during the inception phase at the first regional conference. The partners will decide amongst each other who can best represent them on the board.

The board will be under the lead of Aids Fonds. Together the board and the programme team will participate in in two strategic meeting. The programme board will two times a year to decide on strategic direction of the programme and approve work plans, reports and budgets.

2.1.2 Programme team

The programme team is responsible for the implementation of the Hands off! programme. They will be responsible for maintaining good relations with the strategic partners, both in-country and at global
level. Team members will coordinate the implementation of the programme, including the Emergency Fund. The programme team will coordinate the development and updating of work plans, budgets, reporting and Monitoring & Evaluation (M&E). On a half yearly basis, the programme team reports to the programme board.

The programme board will establish the programme team, once the funds are secured. The team will consist of Aids Fonds staff members, ASWA staff members and the coordinator of the Emergency Fund. They operate under the lead of the programme manager of the sex work projects, who will be appointed as the programme co-ordinator.

The programme co-ordinator is chair of the programme team and responsible for the implementation of Hands Off! and all that coincides with this programme. Members of the programme team have close relations with the in-country work and the regional support activities. The will be advised by strategic partners, who have technical experience with violence reductions programmes and/or the region and the advisory board (consisting out of selected partners).

The programme team will have meetings at a six-week cycle. The ASWA and the Emergency Fund coordinator will call in through Skype. In the meetings common principles are set for report writing, M&E and research.

2.1.3 Emergency fund advisory Board
To ensure that decisions concerning emergency support can be made fast and efficiently, an Emergency Fund advisory Board is established. This advisory board provides advices on the genuineness of the emergency request. The aim is to respond within 24 hours to small requests up to 250,- Euro. Larger amounts will receive a response within three working days. There will be specific application forms to request funds from the emergency fund. The emergency funds when approved, will be disbursed to implementing partners, to guarantee correct financial administration and reporting but also to ensure that the sex worker in need will have access to the fund. The emergency fund advisory board will provide advice the programme team, and the final decision will be made by the programme manager.

The advisory board will consist of approximately six to eight people, representing all programme countries and types of implementing organizations. The implementing partners will select the board during the first regional meeting. A balanced mix of programme managers, lawyers and sex workers will take a seat in the board. They will provide guidance during the annual planning and will advise the decisions of the emergency fund.

2.1.4 Implementing Partners
On national level the programme will be implemented by ten national and regional partners. They are responsible for the design and planning of their own budget and programmes. These plans will be discussed during the annual planning phase with the programme team in order to ensure that the separate activities will contribute to a regional approach. Annually the programme board will decided on final approval of country plans and budgets. Staff members of the implementing partners can be selected for the programme board or the advisory board.

2.1.5 National support partners
The national support partners are the additional stakeholders that work closely with the implementing partners on country level. These can be other NGO’s that are partners of the primary implementing partner, but also service providers, groups of lawyers and/or other support organisations that are working on country level on the reduction of violence against sex workers.
3 Programme outline

This chapter outlines the programme planned. Its overall objective is:

*Reducing violence and HIV transmission caused through violence and supporting violence victims amongst sex workers in the Southern African region*

The main programme objectives are:

- Strengthening civil society working on violence and sex work
- Creating and enabling a supportive environment on local and national level
- Strengthening and establishing community-led responses towards violence
- Strengthening the regional approach on sex and violence

The four objectives will provide a comprehensive approach to tackle violence in the region. Detailed activities for the full programme will be finalized during a regional partner meeting in the inception phase. During this meeting partners will give input for their respective organizations and countries, and from there the organizations will build a comprehensive and coherent strategy and approach for the whole programme. This joint approach will maximise the effectiveness, ownership and the sustainability of the programme.

Aids Fonds is fully aware of the complexity of the sector and by times volatile contexts it works in and therefore has incorporated a maximum flexibility in the approach. Adjustments may need to be made during the programme, but will be done in close agreements with the Embassy.

3.1 Problem Analysis

Sex workers are frequently discriminated and stigmatized. They face rejection because how their work is viewed by society or they are marginalized in other ways for being women, transgender, migrant or a men having sex with other men. As a result they face high levels of violence and human-rights violations.

The World Health Organization (WHO) defines violence as:

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that results or has a likelihood of resulting in injury, death, sexual or physiological harm, mal-development or deprivation of liberty.”

Violence can be physical, sexual or emotional. **Sex workers rarely receive protection form the state.** They face violence ranging from verbal abuse, beatings, rape and humiliation, to being arrested for carrying condoms, being arbitrarily detained or publicly shamed.

It can be workplace violence by clients, pimps, co-workers or brothel managers. But violence can also occur at home or in hospitals. Violence in public space by the community, family members or health workers is very common and often related to social morals. Also state violence occurs by military, border guards, prison guards and most commonly from the police. **Violence from these different groups is often interlinked, with one source aggravating the other.**

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2 WHO, Addressing violence against sex workers
Violence can be one of the most important factors affecting the vulnerability of sex workers to HIV/AIDS. Violence stops sex workers accessing necessary information, support and services that help to protect them from HIV/AIDS. It also puts them in situations that make them more vulnerable to HIV/AIDS. Modelling estimates show that a reduction of almost 25% in HIV infections among sex workers may be achieved when physical or sexual violence is reduced.\(^4\)

Laws and policies, including ones that criminalize sex work, leave sex workers very vulnerable to sexual and physical abuse. Sex work is presently criminalized in most of the Southern African countries through by-laws and municipal statues. Criminalisation contributes to an environment in which violence against sex workers is tolerated. Lack of protection of street sex workers and those working in isolated places is generally the result of anti-prostitution laws and police policies. The criminalisation of sex work also means that sex workers work in unhealthy and unregulated conditions.

Programmes that promote and protect the rights of sex workers are rare or under resourced. Sex worker-led collectives are scarce in the Southern African region. The few that exist are under resourced and have low capacity. Most interventions in the region aim to ‘rehabilitate’ sex workers and to prevent HIV-transmissions in client contacts. Approaches that protect and promote the rights of sex workers are extremely rare. Experiences of men and trans sex workers are rarely recognized.

Police are often perpetrators of violence. Criminalization of sex work can provide cover for violence against sex workers by law enforcement. Police may specifically target sex workers to ‘punish’ them in the name of upholding social norms. Violence by law enforcement officers, compromises sex workers’ access police protection and justice. It causes a climate of impunity and may send a message that violence against sex workers is not merely acceptable, but also socially desirable.

Sex workers do not receive adequate protection from police and judiciary. Their complaints and reports of (sexual) violence are rarely taken seriously. Often police refuse to register a report made by a sex worker. Also sex workers are very hesitant to report violent incidents. Fear of violence or being prosecuted for engaging in sex work withholds them from seeking legal or police protection.

Violence threatens the health and wellbeing of sex workers. It makes them more vulnerable and increases the risk of STI and HIV infection. Injuries caused by physical violence can increase the likelihood of infection. And (threat of) violence may be used to coerce unpaid and unprotected sex or risky services, like anal sex. During detention, sex workers often get no access to (antiviral) medication or they are detained in bad conditions. Furthermore extreme incidents of violence can affect sex worker’s psychological health, especially in the absence of support systems.

Violence causes sex workers not to use or carry condoms. Persuasive violence forces sex workers to prioritize the immediate threat or fear of violence over efforts to insist on condom use with clients.\(^5\) Some sex workers choose not to carry condoms out of fear of fear police

\(^4\) WHO, Addressing violence against sex workers
harassment and detention. Police use condom possession as a justification for detention or arrest of suspected sex workers. Also police confiscate or destroy sex workers’ condoms. In various ways, these factors can contribute to sex workers’ vulnerability to HIV, putting their and their clients’ health at risk.

- **Lack of reliable data makes the provision of comprehensive violence reduction and HIV prevention challenging.** Data and information on human rights violations towards sex workers are often underestimated. Lack of systematic documentation of cases amongst this highly mobile target group challenges insight in the factual extent of the problem. Also many of the strategies to reduce violence against sex workers have not been formally researched and evaluated.⁶

The Lancet, one of the prestige academic articles, has dedicated a special edition, solely to issues related to HIV and Sex work. One of the main structural determinants that is influencing the HIV epidemic is violence. A systematic review globally the following elements are pointed out to have a positive association with non-condom use and negative association HIV infection. Psychical and sexual violence increase HIV infection and decrease condom use. Local policing practices where harassment, incarceration, bribing and confiscation of condoms take place also increases the change of HIV transmission and the correct use of condoms. Stigma and human rights violation is another important structural determinant.⁷

In the same Lancet edition also Decker et all (2014) provide evidence and estimates of the burden and the effect on HIV of human rights violation against sex workers by an overarching study reviewing 800 different studies. Within the different reviewed studies, it is indicated that the rates of homicide is 17 times that of the general public, 7-89% of sex workers indicated sexual violence and 5-100% indicated psychical violence. 4-75% arbitrary arrest and detention, while in 7-80% condoms were confiscated. At last impunity or the failure to investigate and report police threats and violence is reported by 39-100%, indicating the relevance to sensitise police officers.⁸

### 3.2 Target group and final beneficiaries

This programme in its core targets female, male and transgender sex workers, meaning those who receive money or goods in exchange for sexual services, either regularly or occasionally. They are the direct beneficiaries of this programme.

The programme also targets:

- **law enforcement officers, or police**, to decrease violence in sex work
- **health workers and service providers** who must ensure adequate response in cases of violence and must be free of stigma.
- **lawyers, community leaders and village heads** in order to litigate cases of violence
- **sex worker-led organizations or organizations that support sex workers**; crucial in advocating for, and implementing programmes to reduce violence against sex workers
- **(inter)national policy makers, national and local decision makers**, targeted in lobby and advocacy

**Beneficiaries**

Other groups, which are not directly targeted, but benefitting from the programme, include mostly family and community members.

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⁶ WHO, Addressing violence against sex workers
⁸ Decker, M. R. et all (2014). Human rights violations against sex workers; burden and effect on HIV.
3.3 Overall objective

This programme aims to reduce violence against sex workers and HIV transmission through violence and to support victims of violence in Botswana, Mozambique, Namibia, South Africa and Zimbabwe.

Hands Off! Empowers sex workers in order for them to enjoy safer working conditions and to reduce their vulnerability. Also it addresses stakeholders (like police officers, health workers and surrounding communities) to ensure a supportive environment without stigma and discrimination. Furthermore the programme provides mechanisms to ensure sex workers’ human rights in society. The programme is committed to strengthening civil society and sex workers in their response to violence.

3.4 Intended results

Four objectives have been identified that together form a comprehensive package contributing the overall objective.

<table>
<thead>
<tr>
<th>Programme objective</th>
<th>Main 4,5-year programme outcomes</th>
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<tbody>
<tr>
<td>A. Strengthening civil society working on violence and sex work</td>
<td>Needs of civil society related to sex work and violence are identified</td>
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<tr>
<td></td>
<td>Data on violence cases amongst sex workers are systemized</td>
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<td></td>
<td>Strengthened capacity to respond to violence related issues</td>
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<td>Strengthened psycho-social support for victims of violence amongst sex workers in</td>
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<tr>
<td>B. Creating an enabling and supportive environment on local and national level</td>
<td>A tribal tribune system in place to litigate cases of violence and human rights violations under sex workers</td>
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<td></td>
<td>Law enforcement officers (police, military and border patrol) are sensitized on violence amongst sex workers</td>
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<td></td>
<td>Sex workers are supported in court cases</td>
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<tr>
<td>C. Strengthening and establishing community (sex worker)-led responses towards violence and a reduction of HIV</td>
<td>(Sex worker) community-led rapid responses towards violence are strengthened, established and expanded</td>
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<td></td>
<td>Community-led warning response and evidence database is established</td>
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<td>Violence services and HIV services are linked and working comprehensively.</td>
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</table>
D. Strengthening the regional approach on sex work and violence

| Increased awareness amongst stakeholders and decision makers on policies and practices to decrease violence amongst sex workers |
| Strengthened networks and increased knowledge sharing amongst stakeholders, sex worker-led organizations and law-enforcement agencies |

See for more detailed information the log frame in Annex 5, the Annual Work Plans per partner in Annex 2 and the country descriptions and activities in chapter 4 hereafter.

3.5 Strategies

This programme is a comprehensive approach based on different intervention strategies. The deployment of these strategies varies per country, depending on the context and phase of the programme. The strategies are interlinked and will be implemented simultaneously in the different projects of the programme.

3.5.1 Police sensitization

'Another officer asked how a prostitute like me could be raped as I was used to all sizes. He told me in fact that man really spared me. He could have tested my ass too. He ended asking me if my ass was already opened. Never again I will go to report a case. I'd rather die’ — Female sex worker

The police have an important role in promoting, respecting and protecting human rights. Since the attitude and behaviour towards sex workers is often discriminative and stigmatizing, law enforcement officers can be positively influenced through a sensitivity training. These trainings are aimed at heightened sensitivity of officers towards the communities they work with. It focuses on the interaction between police and community and encourages awareness of dominant ideologies and taken-for-granted realities. Sensitivity training has become increasingly popular. A police sensitivity training in a sex work-specific context will ideally focus on **changing social attitudes among police officers against sex workers and to raise awareness on sex workers’ rights and needs**. During the training police officers become aware of their prejudices. They learn about discrimination, violence and raising awareness for the promotion and protection of sex workers. The training also focuses on how the police can interact and communicate with sex workers in a non-abusive and non-stigmatizing way. Sensitization workshops also build relationships between police and sex workers, which can minimize police harassment and violence. Sensitization and advocacy efforts may need to strike a balance between targeting frontline staff and targeting decision-makers (administrators and managers), as frontline staff may respond to pressure from decision-makers.

In the Hands Off! Programme existing training manuals by SWEAT, COC (BtG) and Aids Fonds (MATRA and BtG) will be combined and field-tested. Jointly with sex workers and police they will be adjusted and adapted to match the cultural setting. The Aids Fonds consortium will provide training. Eventually all NGOs will be trained to conduct their own sensitization training.

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9 Decker, M.R at all (2014). Human rights violations against sex workers: burden and effect on HIV.
3.5.2 Sex worker community-led rapid response

‘In our meta-analysis, community-empowerment-based responses to HIV in sex workers were consistently associated with significant reductions in HIV and STI’s, and increases in condom use.’

-Researcher on sex work-10

One of the main recommendation in the report by the World Health Organisation and other UN agencies involved of communities and led response is one key elements of effective programming.11 In community-led services, sex workers take the lead and deliver outreach or crisis support. The rapid (or so called crisis) response method enables a trained community team to immediately react to incidents of violence. They can provide sex workers with counselling, adequate psychosocial, medical and resource support and assist in revolving (violence) issues. The underlying success factor of this method is that it uses existing informal structures: networks that sex workers already use in response to violence. The idea is to strengthen these networks and to build capacity where needed to ultimately empower sex workers to support each other. As part of the response method, sex worker communities will be linked to lawyers, who can support negotiations with authorities and train communities on legal issues. Community led responses are very sustainable interventions, because the structures will continue to work after programmes have stopped. In the Southern African region sex worker-led Sisonke has been very successful in community-led response in reaction to violence. Globally Aids Fonds has experience with community-led rapid response, for example in Vietnam, where sex worker were trained how to respond upon arrest of fellow sex workers. This expertise will be used to inform other programmes in the region.

3.5.3 Protection systems

Community-led warning systems can prevent reoccurring violence by the same perpetrator. For effective warning systems sex workers are trained to capture information (plate numbers, digital pictures or even movies made with mobile phones) about violent clients and/or police officers. The information is gathered in a digital database to recognise violent clients and to build evidence. The database is owned by the sex worker community and shared trough their different networks. Within the programme possibilities will be assessed to build a mobile telephone app to support this system. As part of the programme sex workers are trained on how to respond upon arrest and made familiar with their rights. Separate elements of these protection systems are currently conducted in the Southern African region. However, no holistic programme has been implemented yet. On a global level HOPS in Macedonia has successfully carried out a holistic warning and evidence-based system. It has pushed for open dialogue with law enforcement officials, which reduced the number of violent incidents committed by police officers and improved police response when sex workers experienced violence.

3.5.4 Tribal or Indigenous justice systems

In many contemporary tribal communities, dual justice systems exist. Unlike systems based on ‘Western paradigm’, they are built around values, mores and norms of a tribe. In many countries various legal issues –often related to violence and crime- are solved on local community level with these so-called Indigenous justice systems. In Cambodia and Papua New Guinea for example these local justice systems have contributed to an efficient and effective settlement of many

violence cases targeting sex workers. Many individual sex workers prefer tribal justice systems above national legal systems. The comprehensive approach includes all affected people in the process and often perpetrator, community and victim agree upon the outcome of the process. The focus of the tribunals lies more on the victim’s and communal rights. Also the solution is merely practical: payment and no long complex paperwork are needed. It is important that community leaders and corrective officers have sufficient knowledge on issues related to human rights and sex work. This ensures that discrimination and stigma do not affect decision-making.

3.5.5 Litigation
The Hand Off! Programme aims to solve cases of violence at local community level. However there will be cases that cannot be solved at this level and need more support on national level through the legal system. Throughout the region a network of supportive lawyers or trained paralegals will be established who can help negotiate with legal and judicial authorities about incidents of violence. Jointly they will provide legal assistance to private court cases of sex workers. An emergency fund will be set up to financially support these legal cases on violence towards sex workers under federal law. The advantage of working with a regional network of supportive lawyers is to increase linking and learning on the topic. Next to legal support the regional group of pro deo lawyers will support the prevention of violence as well. They will assist national human rights groups and defenders by providing information on laws and rights in the five countries. Civil society on national level will use this information to develop educational material for sex workers.

3.5.6 Data gathering trough road wellness centres
Data and information about human rights violations towards sex workers are often underestimated, since sex worker do not report cases of violence to the police due to stigma and/or discrimination. Furthermore law enforcement officers are, next to clients, the main group of perpetrators of violence towards sex workers, which further hampers the possibility of sex workers to file charges. Through the road wellness centres (RWCs) of North Star Alliance that operate throughout the whole of Southern Africa, the programme will gather additional information about violence against sex workers. The road wellness centres operate with an existing regional database focussing on the health and medical determinants of sex work. This database will be extended with sections focussing on human rights violations and types of violence towards sex workers. This data will be linked the protection warning systems, described above. RWCs are key partners in fast spreading information about violent clients, due to their large geographical reach and their strong logistical connection throughout the region. Furthermore a researcher will be appointed to gain and share knowledge and insights on power structures that explain why sound national policies aimed at human rights improvements and violence reduction towards sex workers fail to receive results.

*I am positive, and at the hospital they don't treat us like humans. Some women have chosen to die without ARVs rather than go there, because if you are a sex worker and HIV-positive, you are in for it! They get angry at you if you are not using condoms, but we tell them: give us the skills to negotiate using a condom. We want these skills because we can see that like this we are dying slowly but surely.* -Sex worker

Through the road wellness centres a specific focus will be given to sensitize health workers to be free of stigma and discrimination towards sex workers.

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3.5.7 Research

Several methods and strategies have been developed to reduce violence against sex workers globally. Some of these strategies will be implemented in this programme as described. Through PHD research the impact and effect of these methods will be studied, next to causes and linkages between existing practises that keep violence against sex workers a problem. One of research questions will be how the sex worker community can be best empowered to reduce violence and violations of human rights.

Several research methodologies are common when evaluating HIV development programmes. Unfortunately many of the impact evaluations are not suitable for marginalised and highly mobile populations like sex workers. Therefore the research will deploy alternative, more in depth, impact measurements to provide more information. The research is planned to take place in cooperation with the implementing partners, VU University, the University of Amsterdam (UvA) and the Centre for International Development Issues Nijmegen (CIDIN), part of Radboud University Nijmegen. The research will be closely linked to the M&E framework and will start with a needs assessment in all the countries.

Additionally to this Hands Off! Proposal and violence a research proposal with the same topic has been handed in to the innovation grant on operational research by UKAID and ‘What works to prevent Violence’. This is a global programme administered by a consortium led by the Medical Research Council of South Africa, in partnership with the London School of Hygiene and Tropical Medicine and Social Development Direct, on behalf of DFID. Its aim is to build knowledge on what works to prevent violence against women. This spans knowledge on (i) primary prevention, strategies and programmes, (ii) interventions to strengthen women’s and girls’ resilience to violence, and (iii) specific response mechanisms that seek to prevent VAWG.

The DFID research proposal has been based in the Hands Off! proposal to the Dutch Embassy. Aids Fonds will not receive additional funds, but the Medical Research Council of South Africa and the London School of Hygiene and Tropical Medicine and Social Development will be directly linked to the Hands Off! programme to conduct operational research and collected evidence on what interventions and strategies work to reduce violence and HIV infections as a result of violence. The proposal has passed the pre-selection phase, and a full proposal to DFID will be handed in per 1 September.

3.5.8 Capacity strengthening

‘Most sex workers don’t know they have rights as citizens. They know their work is illegal, so they live in fear of the police, of clients, of everybody who passes on the streets. It means they cannot defend themselves of struggle for their rights’.

-sex worker -

Building human and social capital is essential to strengthening local partner organizations, and increasing the likelihood of project success. Effective capacity building benefits both the organization and local stakeholders. This programme will strengthen capacity on individual and organizational level. By strengthening the capacity of sex worker-led organizations to respond to violence. And by enhancing organizational and financial capacity of sex worker organizations.

13 Decker, M.R at all (2014). Human rights violations against sex workers: burden and effect on HIV.


3.5.9 Lobby and advocacy

*The government turned against us. They said we bring AIDS into the land*<sup>64</sup>

- Sex worker-

Lobby and advocacy activities are crucial to keep the wellbeing of sex workers on the national and international agenda. The programme targets local and international policymakers, governments and stakeholders, aiming at the development and implementation of effective policies, legislation, laws, including the necessary budget allocations. For this programme (bottom-up) lobby and advocacy activities will focus on **law reform and policies and practices to advance and improve conditions for sex workers and to reduce violence.**

3.6 Overview intervention strategies

Recognizing that demands and realities differ per country, the intervention strategies described above will be deployed where applicable. The table below shows the intervention strategies per country. Litigation, Research and Lobby and Advocacy strategies will take place on a regional level.

<table>
<thead>
<tr>
<th>Intervention strategy per country</th>
<th>South Africa</th>
<th>Namibia</th>
<th>Mozambique</th>
<th>Botswana</th>
<th>Zimbabwe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police sensitization</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Community-led rapid response</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Tribal and indigenous justice systems</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Litigation</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Data gathering</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Care and support for victims</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Capacity strengthening</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Lobby and advocacy</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

3.6.1 Levels of intervention

The Hands Off approach is derived from the determinants of health, originally developed by the World Health Organization (WHO), which indicate a number of factors that influence a person’s health on the individual level, as well as in the physical, social and economic environment. Aids Fonds has developed determinants that influence the reduction of Violence, human rights violation and HIV transmission through violence for sex workers on four levels: the individual level, the community level the social and economic system level and on the level of public opinion. Interventions regarding violence reduction for sex workers often address more than one of these levels in the different strategies.

Success entails working on all the different levels and focusing on the factors that decide sex workers’ career opportunities and limitations, their social position and health situation. All interventions will aim to increase sex workers’ self-confidence and ability to reduce and respond adequately to violence in his and her life such as the facilitation of community-led response and paralegal support. The interventions in Hands Off will be directed at all levels, improving individual sex workers’ skills and well-being, creating support from their direct community, providing access to relevant services and enabling an supportive political environment. In combination, all four levels form a holistic approach.
<table>
<thead>
<tr>
<th>Level</th>
<th>Hands Off! programme</th>
</tr>
</thead>
</table>
| Level 1: individual sex workers | Training on human rights for sex workers  
Interventions on this level address the individual sex worker, his or her well-being and skills. Interventions aim for example at building self-esteem, human rights trainings for sex workers and the skill building activities individual sex workers. |
| Level 2: community (clients, partners, pimps, managers, family and children) | Community led response systems  
A supportive environment is crucial for sex workers’ self-esteem and motivation. Interventions on this level involve creating and catalyzing possibilities for change in the community surrounding the sex worker. These include activities aimed at sex workers’ children; providing support by peer educators or caregivers; strengthening sex workers organizations, and providing training in areas prioritized by sex workers themselves. Awareness-raising activities focusing on the local community or brothel owners also fall into this category. |
| Level 3: social system, legal system and public health system | Access to (para) legal support  
This level addresses the broader social and legal system that a sex worker lives and operates in. Interventions at this level aim to provide access to, inter alia, justice, health, education and employment opportunities. |
| Level 4: politics and public opinion | Systematic media monitoring on Human rights violations of sex workers  
Public opinion is based on culture, norms, values and attitudes. Sex workers are subject to harsh discrimination and stigmatization by public opinion. Interventions on this level aim to change public opinion to focus on human rights for all citizens -including sex workers- and includes bottom-up advocacy to promote sex workers’ rights. |
3.7 Principles

A strong human rights ethic forms the core of the programme, which aims to implement a comprehensive, inclusive and efficient approach to working with sex workers. The programme will operate in compliance with the International Labour Organization’s HIV and AIDS recommendations and the UN Guidance Note on HIV and sex work.\textsuperscript{15}

- **We adopt a pragmatic approach**
  
  Experience taught us that a non-moralistic attitude towards sex work and sex workers is crucial to implement successful programmes. We will address sex workers’ strengths, not only the barriers they face, prioritize their needs and concerns and support sex worker-led initiatives and interventions. We will not oblige sex workers to withdraw from sex work before joining our programme as they will need to ensure their income. Our aim is not to ‘rescue’ sex workers, but to provide them with tools and information to empower themselves to make to the right decisions. We focus on the strengths of sex workers and we try to increase this strength.

- **We adopt a holistic approach**
  
  The field of sex work is complex, especially in situations where sex work is criminalized. Responding effectively to the needs of sex workers therefore necessarily includes many different players and stakeholders. The programme incorporates economic empowerment, psychosocial services, health services and promotion of sex workers rights and community-building of sex workers. To bring all these partners together in an effective working relationship, we have created a programme framework which links human rights, health, and poverty alleviation. Linking local partners with global advocacy further informs and supports a unified approach.

- **We ensure meaningful participation of sex workers in programming**
  
  We provide a rights-based approach to improve the human rights of sex workers based on the needs expressed by sex workers themselves. The programme will be guided by Dutch and local knowledge/expertise and includes sex workers in developing, implementing and evaluating career development programmes. This results in more sustainable changes in sex workers’ behaviour, because they are based on internal motivation.

- **We reject all forms of violence (including trafficking) or minors doing sex work**
  
  The involvement of minors in sex work (< 18 years of age), children or women being trafficked or exploited in other ways is a severe violations of human rights, and we will put in special effort to signal and report these cases to relevant partners (including NGOs and government).

- **We work on the principle of ‘Do no harm’**
  
  We ensure that sex workers are not harmed by participating in our programmes, which is especially important in countries where sex work is illegal or where conservative public opinions exist. Sex workers can participate anonymously in our programmes.

- **We adopt a right’s based approach**
  
  The ultimate reference and framework for our activities are the civil human rights of sex workers in all their facets including the right not to be discriminated on the basis of gender or sexual orientation, not to be forces into slavery or exploited, the right to free movement and sex workers’ social and economic rights including their health, and sexual and reproductive rights.

\textsuperscript{15} UNAIDS, UNAIDS Guidance note on HIV and sex work
• **We include psycho-social and health care support**
  Psycho-social and health care support are vital elements in supporting sex workers. Sex workers often do not have high self-esteem and confidence in their own abilities - both of which are prerequisites for change. Training psychosocial skills is critical for the emancipation of sex workers and for the success of developing vocational and business skills. This not only affects intergroup dynamics but also concerns addressing sex workers’ personal issues like (self) stigma. We also aim to provide health care support focusing on the link between HIV and SRHR. This includes sexual health risks, sexual choices and treatment, care and support.

• **We use a multi-layer and community-based approach**
  Interventions must not only target sex workers, but also their direct environment including access to social systems like health and education. Vocational skills will only make a sustainable difference if the environment in which sex workers operate allows them to change. Seeking and maintaining an alternative career involves not only alternative sources of income, but also changing social environments. A strong supportive social network enhances the chances for individuals’ success considerably. The programme supports shelter and drop-in centre programmes for sex workers, where these are not available.

• **We use a regional approach**
  Within the Hands Off! programme we follow a regional emphasis. This means that all activities on global and national will need to strengthen the regional response. Standalone activities on national level will not be conducted, be will be developed in cooperation with other countries. Counties will share and learn from each other, through the regional partner meeting and the shared strategies and manuals.
4 Projects per country

This chapter provides an overview of the projects and selected partners. During the joint meeting in November 2014 (inception phase) a final selection of partners, activities and countries will be made. In the attached Annex 2 the provisional work plans for the partners are laid out. In the attached annex 3 the overall budget.

4.1 Regional

4.1.1 Summary
People engaged in sex work in Southern African countries are often victims of high levels of violence, physical and sexual abuse. They rarely receive protection from the state. Programmes that promote and protect the rights of sex workers are rare or under resourced or focus on the ‘rehabilitation’ of sex workers. To reduce violence against sex workers the Hands Off! initiative will focus on a strengthened sex worker community in the region. Implementing partners will be ASWA, North Star Alliance and COC. Technical assistance will be provided to build rapid response capacity, as well as organizational and financial capacity. Existing manuals for police sensitization will be combined, adjusted and field-tested. Also the North Star Alliance database will be adjusted with a module for additional information on violence against sex workers. Regional research will be conducted to study the implemented intervention strategies.

4.1.2 Regional context
Sex workers in the Southern African region experience deep societal stigma and discrimination. This makes them more vulnerable to exploitation, HIV and STIs and affects their ability to advocate for their human rights.

People engaged in sex work in Southern African countries are often victims of high levels of violence, physical and sexual abuse. They rarely receive protection from the state. Studies on sex work in the region have highlighted the abuse that sex workers face at the hands of the police. Routine police abuse and harassment by law enforcement officials is often tolerated. Police detain sex workers through arbitrary arrests, subject sex workers to sexual abuse and bribe them to be released or not to taken into custody. Also they extort money and confiscate workers’ condoms. Migrant sex workers (often from Zimbabwe) face even more violence and abuse by law enforcement officials.

Southern African sex workers also experience sexual and physical abuse from clients. Absence of brothels and hotels causes them to operate in unsafe places (on the street, in bushes etc.), which makes them more vulnerable to violence. Sex workers are being beaten, left abandoned in remote areas or forced into unpaid or unsafe sex. There are also reports of gang rape and robbery.

Sex work is presently illegal in most of the Southern African countries. Often the act of selling sex in itself is not a crime (except in South Africa). However, sex work related activities in municipal by-laws such as soliciting, facilitating or living off the earnings of prostitution (including pimping and

18 Anneke Meerkotter, Criminal laws and KP in SADC: know your laws, Southern Africa Litigation Centre
brothel ownership) are illegal. The criminalization of these activities leaves sex workers vulnerable to sexual and physical abuse and increases their chance of HIV infection.

Stigma on sex workers also exists in hospitals, shelters for violence victims and health centres and discourages sex workers from seeking necessary support. Migrant sex workers are particularly excluded from health care due to xenophobia. Fear of violence, arrest and anti-immigration raids are a major barrier to accessing basic services, condoms and health care, which makes sex workers vulnerable to HIV and STI infections.

Sex worker collectives are scarce in the region. Sex workers are organizing informally for improved working and living conditions and undertake group actions to protect their rights. Most interventions in the region aim to rehabilitate sex workers and prevent HIV-transmission in client contacts. Programmes that promote and protect the right of sex workers are rare or under resourced or focus on the ‘rehabilitation’ of sex workers. Experiences of men and trans sex workers are rarely recognized.

4.1.3 Activities

Activities on a regional level in the first year:

On a regional level the Hands Off! programme will conduct needs assessments to identify what the sex worker community sees as priority subjects for the Hands Off! programme. The survey for the needs assessment will be developed with input from the partners during the first Regional Partner Meeting. Also accurate data will be collected and systemized on violence cases amongst sex workers to provide updated information and analysis. For this the regional database of North Star Alliance (now merely health and HIV/AIDS related) will be expanded with a reporting section for violence cases. Also a four-year PHD-research will be conducted on the different intervention models responding towards violence amongst sex workers.

Existing training manuals for police and health care sensitisation (by SWEAT, COC and Aids Fonds) will be adjusted to specific needs. Together with ASWA the manuals will be combined and adjusted jointly with sex workers and police to cultural specific situation of the countries, so that they can be used for sensitisation workshops in the region. The manual will be field-tested on efficiency in Namibia and Mozambique and adapted to other countries systematically trough intervention mapping technique. The Hands Off! initiative will focus on a strengthened sex worker community in the region. Local consultants will be hired for each country through ASWA to provide technical assistance to strengthen community-led response. ASWA will document best practices for non-violence in the region and share this information across the continent. A communication manual and lobby and advocacy strategy will be developed. Lastly, an emergency fund (managed by the ASWA, Aids Fonds and the Advisory Board) will be established to provide financial assistance for court cases, litigation and paralegal support.

For the extensive work plans, see Annex 2

4.1.4 African Sex Worker Alliance (ASWA)

VISION
To see a world where sex work is recognized as work in Africa, and where the health and human rights of all sex workers living and working in Africa are protected!
MISSION
To strengthen the voices, to empower and to advocate for and advance the health and human rights of female, male and transgender sex workers including those living with HIV and using drugs through networking, movement building, and the development of partnerships.

The African Sex Worker Alliance (ASWA) is the Pan African Alliance of sex worker-led groups. The organization aims to strengthen the voices of all African sex workers at national, regional and global level, defends the human rights of sex workers, advocates for the health and well-being of all sex workers living or working in Africa. ASWA employs partnership development, capacity building, advocacy, communication and resource mobilization both regionally and internationally.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Connected to many relevant stakeholders. As the regional network, connected to all the sex worker-led initiatives in Africa</td>
<td>• ASWA is not based in the South African region, therefore some travels to the region should be planned and national focal points need to be appointed.</td>
</tr>
<tr>
<td>• Overview of best practices and different models on programmes with and for sex workers</td>
<td>• The capacity of ASWA in terms of the balance between available staff and amount of activities is weak</td>
</tr>
<tr>
<td>• Global support through NSWP and connection with other regional networks and the sex worker academy in Kenya</td>
<td>• ASWA staff members are sometimes hard to be reached due to extensive travel</td>
</tr>
<tr>
<td>• Sex worker-led, so implementation of programme is directly linked to needs of sex workers.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Collect best practices on violence reduction in South African region and share among the rest of Africa or the world through NSWP</td>
<td>• The Hands Off! programme is only focussing on the South African region, while ASWA is focussing on the whole of Africa. Some member organizations might feel left behind</td>
</tr>
<tr>
<td>• Strengthen the capacity of the ASWA members in the selected five countries</td>
<td>• ASWA has been based in South Africa before, and might be caught up too much in this national context instead of focussing on all countries.</td>
</tr>
<tr>
<td>• Extra staff member for the ASWA secretariat</td>
<td></td>
</tr>
<tr>
<td>• ASWA will be able to monitor the impact and progress of the programme through direct linkages with the sex worker communities.</td>
<td></td>
</tr>
</tbody>
</table>

Relevant work and added value
ASWA has been collecting best practices in the African region on economic empowerment strategies for sex workers, with the Stepping Up, Stepping Out programme from Aids Fonds.
ASWA is developing the African sex worker academy in Kenya. The academy aims to strengthen the sex workers’ rights movement across Africa, through building the capacity of sex worker led organization. The academy was developed as collaboration between ASWA and APNSW, the regional sex worker networks, through local partners KESWA in Kenya and Ashodaya and VAMP in India.
4.1.5 North Star Alliance

MISSION
To provide mobile populations and related communities with sustainable access to high quality health services.

North Star Alliance brings health to hard-to-reach people across Africa in a “Blue Box”. The organization uses converted shipping containers (painted blue) to house clinics that deliver public health programmes for people with increased like truck drivers and sex workers, and primary health care to communities with limited or no access to medical health risks, services. In the Southern region NORTH STAR ALLIANCE has drop-in clinics in Botswana, South Africa, Mozambique, Swaziland and Zimbabwe.

Each drop-in clinic is run by well-trained clinical and outreach teams and supported by an electronic health passport system, which allows patients to access their health records at every clinic within our network. The daily data feed also helps the organization to maintain quality standards and monitor shifting disease patterns across entire regions.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focus of services is on target audience</td>
<td>• Long Term sustainability of (SADC) RWC’s.</td>
</tr>
<tr>
<td>• Good (trust) relationship between clinics and targeted clients</td>
<td>• No formal process in place in support of VASW (Recognition and Reporting / PEP). Incidents of violence are currently not reported on in our systems.</td>
</tr>
<tr>
<td>• Well-established network of RWC’s (clinics) to support and gather input for the outcomes.</td>
<td>• No official programme in place to facilitate dialogue between BCO’s and SW’s.</td>
</tr>
<tr>
<td>• Tried and trusted M&amp;E tool (COMETS) to capture the required info.</td>
<td>• Currently no direct contact with law enforcement / legal system (champions) to assist with cases of violence.</td>
</tr>
<tr>
<td>• Ability to alternate RWC’s within in the network should it be required.</td>
<td>• Lack of VASW IEC/ BCC material. Programmes not focussed on VASW</td>
</tr>
<tr>
<td>• Access to BCO’s and Law Enforcement through relationships with clinics (Site Coordinators)</td>
<td></td>
</tr>
<tr>
<td>• Strong relationships with Transport Operators in support of initiatives (FESARTA, RTOA ) and which enhance channels of communication and access to wider / regional audience</td>
<td></td>
</tr>
<tr>
<td>• Good brand awareness across the region and amongst clients.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Collaboration with other organizations</td>
<td>• The criminalization of sex worker activity, which is counterproductive to what we are trying.</td>
</tr>
<tr>
<td>• Identify and Develop relationships with champions and BCO to create awareness and sensitisation on the issues at hand.</td>
<td>• Perceptions and acceptance by BCO’s / LEO’s and Local Communities.</td>
</tr>
<tr>
<td>• Empowerment of sex workers and enabling structures to advise sex workers and their rights.</td>
<td>• Long Term sustainability of current RWC’s at some locations.</td>
</tr>
<tr>
<td>• Provide input to the (SADC) harmonisation of policies and practices across the region.</td>
<td>• Changing location of hot spots vs location of clinics.</td>
</tr>
<tr>
<td>• Gathering of data and information for the mapping of SW activity for research needs around VASW.</td>
<td>• More efficient border post crossings will see less layover = less activity</td>
</tr>
<tr>
<td></td>
<td>• Lack of co-operation from LEO’s and Border</td>
</tr>
</tbody>
</table>
### Relevant work and added value
Since 2006 North Star Alliance has been providing access to health care and treatment at clinics directed at target audiences (sex workers, LDTD and community) along the road, at border crossings, ports and at truck stops. The organization coordinates mainstream workshops for SADC, targeted at regional stakeholders like transport operators, customs, drivers, sex workers etc. Also North Star Alliance is engaged in Aids Fonds’ programme in support of Sex Worker empowerment and it sets out limited Behaviour Change Communication. The organization designed North Star’s Corridor Medical Transfer System (COMETS), a client health monitoring system. This database makes it possible for patients to access their personal healthcare information at any Roadside Wellness Centre in the network.

### 4.1.6 COC

**VISION**  
Equal rights, emancipation and social acceptance of lesbian, gay, bisexual and transgender people in the Netherlands and all over the world.

**MISSION**  
COC’s objectives are to promote social reforms in order thereby to integrate homosexuality and promoting personal empowerment by promoting awareness on the own personal and social situation with respect to gay and bisexual and gender roles.

COC Nederland is the Dutch LGBT movement and an international LGBT human rights organization. The organization has been advocating the rights of lesbian women, gay men, bisexuals and transgenders (LGBT’s) from 1946 on. It is the oldest existing LGBT organization globally. COC strives for the decriminalisation of sexual orientation and gender identity and for equal rights, emancipation and social acceptance of LGBT’s in the Netherlands and all over the world. In 2012 COC opened a small satellite office in Pretoria to oversee and support programmes in Southern and East Africa.

COC Nederland is part of Bridging the Gaps – health and rights for key populations. In collaboration with the Dutch Aids Foundation, AFEW, GNP+ and Mainline and financially supported by the Dutch Ministry of Foreign Office – this programme addresses the common challenges faced by sex workers, people who use drugs and lesbian, gay, bisexual and transgender people in terms of human right violations and accessing much needed HIV and health services.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
</table>
| • COC is an LGBT organization itself; we identify as a brother/sister organization of the LGBT organizations we work with.  
• COC works from an inside/out perspective. |
| • Other organizations may portray COC as negative Western influence, trying to corrupt traditional societies. COC is always careful in branding/positioning themselves; local LGBT organizations are and should be at the |
should not and cannot be forced on by outsiders

- A wide network of LGBT organizations in the region. Partners value the convening, networking and linking capacities of COC in the region.
- Strong focus on working evidence informed and plan based
- Constructive relationships with non-LGBT organizations in the region

Opportunities

- Increased capacity of the LGBT community in the region. They have become respectable partners to work. Mainstream organizations and state institutions are more open to work with them.
- Intensified collaboration between LGBT and sex worker organizations in several countries, because of quite similar stigma and discrimination. Some have developed joint interventions and advocacy.
- Developed an integrated manual on key populations for health care providers in SA, which is currently being implemented and tested for effectiveness. After testing trainings will be rolled out in collaboration with the national SA Department of Health and SANAC. Comparable processes are currently being developed in Swaziland and Botswana.
- COC has been engaging LGBT partners on working with law enforcement and has been enabling partners to use their current programme funding also to experiment with law enforcement sensitization. South African partners have developed a violence- and hate crimes programme.

COC has been collaborating with LGBT organizations in Southern and East Africa through three programmes: Bridging the Gaps, DiDiRI and Proudly Combined. The organization has supported LGBT organizations to increase their capacity. COC supports sensitization and knowledge building interventions for health care workers and the police. Also the organization promotes contacts with allies within law enforcement, who would warn LGBT activists on eminent raids and arrests. Pink in Blue- the LGBT support section of the Amsterdam police force- COC and local LGBT organizations have

forefront of the struggle.

- The struggles of sex workers and LGBT people do have a lot in common and a lot can be learned and accomplished by working together, however we do realise that sometimes interests might not be the same and that it might be disadvantageous to both or either of the key populations to lump causes together. Partners have experience in this process and open communication between sex worker and LGBT organizations has proved key.

Threats

- Establishing and building relationships between LGBT organizations and law enforcement is hindered by the fact that same sex sexual activity is illegal in most countries in Southern Africa. Political pressure or changes in management can lead to shut down or slowing down of change processes.
- Currently financial support for programmes supported by COC in the region only runs till mid and late 2015, for DiDiRI and Bridging the Gaps respectively.

Relevant work and added value

Like IPPF, DTHF, ICAP, UNAIDS, CDC, SAfAIDS, SADC and PSI.
been able to engage with local police forces on issues related to sexual orientation, gender identity, freedom of assembly, privacy and roles and responsibilities of law enforcement. This kind of exchange has not yet materialized in Southern Africa, but is planned for October 2014.

Additional strategic counterparts and roles
The organizations in the table below are counterparts of for the regional partners including Aids Fonds. They will assist the organization with data analysis and provide Behaviour Change Communication (BCC) material and training requirements.

<table>
<thead>
<tr>
<th>Counterpart organization</th>
<th>Goal</th>
<th>Role in Hands Off!</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTION change (Zimbabwe)</td>
<td>Address the need for providing information materials for children in the areas of education, health, development and environmental issues.</td>
<td>Providing training requirements</td>
</tr>
<tr>
<td>Wits Reproductive Health and HIV Institute (WRHI) (South Africa)</td>
<td>Research institution working in the fields of reproductive health, HIV, and broader arenas of infectious diseases.</td>
<td>Data analysis</td>
</tr>
<tr>
<td>HEARD (South Africa)</td>
<td>Brings together interdisciplinary teams to solve complex health problems. HEARD conducts a range of research – from pure to applied – seeking to support all those intent on designing interventions to reduce the HIV pandemic in all sectors in the SADC and east Africa region.</td>
<td>Data analysis</td>
</tr>
<tr>
<td>‘What Work to prevent violence programme’, 20</td>
<td>Its aim is to build knowledge on what works to prevent violence against women. This spans knowledge on (i) primary prevention, strategies and programmes, (ii) interventions to strengthen women’s and girls’ resilience to violence, and (iii) specific response mechanisms that seek to prevent VAWG.</td>
<td>Conduct operational research on the intervention in the Hands Off! programme.</td>
</tr>
</tbody>
</table>

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20 A consortium led by the Medical Research Council of South Africa, in partnership with the London School of Hygiene and Tropical Medicine and Social Development Direct, on behalf of DFID/UKAID
4.2 Botswana

4.2.1 Summary
Sex work in Botswana is criminalized by prohibiting activities associated with prostitution, such as solicitation, public indecency and living on the earnings of prostitution. Loitering is included in the Botswana penal code, which specific reference to sex workers. Sex workers in Botswana experience extensive amounts of abuse, including sexual violence and beatings. Implementing partners BONELA and Sisonke will train research assistants (selected sex workers) to assist in data gathering. Also research tools for data collection will be developed. Also existing community led response systems, led by sex workers, will be strengthened.

4.2.2 Country context
Botswana gained independence in 1966. With around two million inhabitants, it’s one of the most sparsely populated countries in the world. Botswana is led by the Botswana Democratic Party and has a mature democracy. Also it is one of the most stable economies in the continent. The country has known four decades of uninterrupted democratic leadership, progressive social policies and significant capital investment.21

Botswana has one of the best social protection systems in Africa, which provide protection to vulnerable populations. However, the government has been silent on sex workers. Despite being an upper middle-income country significant poverty remains, especially in rural areas. Unemployment is persistent at nearly 20% and income inequality in Botswana is among one of the highest in the world.22

Sex work
Sex work is widely spread in large cities (Francistown, Gaborone), in mining and border towns (Francistown) and along large roads and at truck stops. They often pick up clients in bars and other drinking spots. Women carry out sex work as a means for financial and personal autonomy.23 For many of them the work supplements the incomes of other jobs that do not provide enough money.

In Botswana sex work is criminalized by prohibiting activities associated with prostitution, such as solicitation, public indecency and living on the earnings of prostitution. Loitering is included in the Botswana penal code, which specific reference to sex workers.24 In the end of last year Botswana started targeting sex workers in a campaign to ‘curb the influx of sex workers and gays’. Local sex workers were detained and migrant sex workers were deported on the grounds of ‘disorderly and indecent’ behaviour.

Sex workers in the country are organizing informally around their own agendas. In Gaborone for example sex workers have engaged in-group activities (away from work) during which they can discuss violent clients or police.25 Also a Botswana chapter of Sisonke has been set up. Still, many sex workers experience stigmatization and carry out their activities under harsh conditions. Although cases of male and transgender sex workers have been reported, there is little data available.

21 ADB Botswana 2009-2013 country strategy paper
22 The World Bank Botswana Review
23 I-Tech HIV Needs Assessment of female sex workers in major towns, mining towns and along major roads in Botswana
24 Rights not rescue: a report on female, male and trans sex worker’s human rights in Botswana, Namibia and South Africa
25 Rights not rescue: a report on female, male and trans sex worker’s human rights in Botswana, Namibia and South Africa
Violence
Sex workers in Botswana experience extensive amounts of abuse, including sexual violence and beatings. They are raped, physically abused or violently forced into unsafe sex. There are reports of clients who abandon sex workers in isolated areas. Many of the sex workers have been raped and sexually assaulted by law enforcement officers. They steal or destroy condoms, unlawfully arrest sex workers or engage in bribery and physical violence. Police raids on local and migrant (particularly Zimbabwean) sex workers are carried out on a daily basis. Migrant sex workers and ‘border jumpers’ in border cities even face more violent abuses by border guards and police due to xenophobia. Also they are coerced into sex in exchange for visas. Sex workers cannot seek protection from the law, since sex work is illegal and since officers are often perpetrators themselves.

Health
The HIV epidemic in Botswana is severe with a prevalence of 23%. A survey conducted by the Ministry of Health among high risk populations in Botswana showed that female sex workers are most affected by HIV in the country with an estimated HIV prevalence of 61.9% and incidence of 12.5%. Although the impact of HIV is considerable, Botswana has an advanced and comprehensive programme for dealing with the disease. The country offers free ARV treatment for people living with HIV who cannot afford medication. Public health services however, are often hostile to sex workers. They experience various forms of stigma and discrimination, especially when disclosing their profession to health care workers. As a result, this keeps them from accessing HIV and STI testing and counselling aptly. Government clinics and hospitals limit the number of condoms per person and do not provide targeted distribution (lubricants, Information cards on HIV and STI prevention, gloves, male and female condoms).

Other relevant legislation
Botswana has ratified several international human rights treaties that are applicable on sex worker’s rights. However, national legislation is often contradictory to local legislation. The country’s Immigration Act prohibits sex workers or people who live or have lived on the earnings of prostitution from entering the country. Botswana criminalizes sex between same-sex male partners and denied the registration of the NGO Lesbians, Gays, Bisexuals of Botswana, because the organization was considered ‘unlawful’. The government completed drafting an anti-trafficking legislation, which is currently pending approval by the cabinet. Abortion is illegal in Botswana. Sex workers are unable to access abortion services, even in case of rape, and also face additional stigma when they seek medical assistance.

4.2.3 Activities
Activities by BONELA and Sisonke in the first year:

A baseline study and needs assessments in six districts will be conducted to identify what the sex worker community sees as priority subjects for the Hands Off! programme. For this capacity building of Sisonke’s outreach workers is needed. Research assistants (selected sex workers) will be trained on appropriate ethical research procedures to assist in data gathering. Also research tools for data collection will be developed. Furthermore, links with other parties that address the needs of sex workers within their beneficiaries will be made (LEGABIBO, Nkaikela and Men for health and gender justice) during monthly retainers. The existing community led response systems, led by sex workers will be strengthened. In Botswana the connection with the justice systems is relatively strong. In the first year an assessment will be done to what the impact will be to also train officer in the justice systems, next to training police officers.

For the extensive work plan, see Annex 2

4.2.4 Sisonke

VISION
Respect for human rights for all sex workers

MISSION
To contribute to an improved human rights status of all sex workers, by designing and implementing innovative, evidence-based and cost effective advocacy campaigns capable of influencing public policy and practice in the field of human rights.

Sisonke is the only organization run by sex workers, for sex workers, in Botswana and is hosted by BONELA (see below). Formed in 2010, Sisonke brought together twenty sex workers from South Africa and Botswana. The founding members of Sisonke aim to take responsibility for bringing about change within the sex worker community and stand up for their rights. Membership of Sisonke is made up of men and women from around Botswana. Currently a voluntary leadership team of seven sex workers heads Sisonke.

The organization reaches its goals through:

- Recruiting and training sex workers to strengthen the movement through local meetings that emphasize the rights of sex workers and providing resource information and contacts to industry workers
- Helping sex workers to set up SISONKE meetings. This includes the information on where to meet, how to run meetings, how to organise and how to work with other members
- Training SISONKE members to become leaders within the movement
- Fighting for the rights of sex workers by explaining what legal options and rights are available, and promoting safety among sex workers
- Improving the perception of sex workers within local communities, and instituting the recognition of sex work as work.

SWOT Analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sex worker-led organization</td>
<td>• Non-registration. The visibility of SISONKE impacts registration</td>
</tr>
<tr>
<td>• Community based (known beneficiary - sex workers)</td>
<td>• Lack of commitment from members</td>
</tr>
<tr>
<td>• Some resources already available - shared office, cash, people (HR)</td>
<td>• Insufficient human and financial resources</td>
</tr>
<tr>
<td>• Visibility</td>
<td></td>
</tr>
<tr>
<td>• BONELA- SISONKE partnership</td>
<td></td>
</tr>
<tr>
<td>• Skilled board in place</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Attracting donors / funding / partnerships</td>
<td>• Lack of consistent participation from the target</td>
</tr>
</tbody>
</table>
Relevant work and added value
Since its inception Sisonke has engaged sex workers at community level. The organization mobilises sex workers for outreaches, psychosocial support and clinical services at community level. Through community outreach (to sex worker’s clients as well) the organization has been giving information and (peer) education on HIV and STI prevention, health and Human Rights all together. Also Sisionke has engaged with service providers on issues affecting sex workers. Sisonke is also involved in packaging and distributing of HIV Prevention packages.

4.2.5 Botswana Network on Ethics, Law and HIV and AIDS (BONELA)

VISION
Making human rights a reality in the response to HIV and AIDS in Botswana

MISSION
To promote a just and inclusive environment that contributes to the quality of life for people affected by HIV/AIDS through advocacy, capacity building and building a network of individuals and organizations.

The Botswana Network on Ethics, Law and HIV and AIDS (BONELA) was established in 2002. The organization has positioned itself as a strong and highly recognized voice in the region that seeks to shine the light on human rights in the response to HIV/AIDS. BONELA is a network of concerned individuals, groups and organizations passionate about protection and promoting the rights of people affected and infected by HIV/AIDS. BONELA embraces the values aspired to by the nation as envisioned in the National Vision 2016. BONELA advocates for the integration of Botho (humanity) – as the main pillar of human rights – in the response to HIV/AIDS. With integrity and passion they are dedicated to create a just and enabling environment. BONELA is the only Botswana-based organization exclusively dedicated to addressing the realization of human rights to curtail vulnerability to HIV and AIDS. BONELA facilitates the realization of human rights for people affected by HIV and AIDS through monitoring human rights, raising awareness and strengthening partnerships.

SWOT Analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Functional Board representative of Network member for strategic decision making</td>
<td>• Not effectively involving its membership and partners,</td>
</tr>
<tr>
<td>• Locally and internationally reputable, Resilient and resilient in addressing current agenda</td>
<td>• Partially functional network model because of funding.</td>
</tr>
<tr>
<td></td>
<td>• Overly dependent on a small number of key</td>
</tr>
</tbody>
</table>

- To partner with the government group
- Sisonke not being registered
- Unavailability of donor funding
- Funding competition from already existing legal registered organizations
- Skilled personnel being poached or resigning to go elsewhere
• Creates strategic partnerships through working with national, and international stakeholders and partners
• Expert in advocacy for the infusion of human rights into the various responses to HIV/AIDS in Botswana and globally for all marginalised populations.
• Governance structures in place to guide vibrant advocacy campaigns as well as high appeal to donors currently.
• Very competent board
• Unqualified audit for the past 10 years.

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Being a pioneer of human rights advocacy in relation to HIV and AIDS in Botswana,</td>
<td>• BONELA has a monopoly of human rights and HIV and AIDS advocacy agenda putting the organization at risk of being called upon to advocate for every issue.</td>
</tr>
<tr>
<td>• The political, religious and cultural sensitivities of Batswana society provide grounds for human rights advocacy providing a myriad of issues to advocate for.</td>
<td>• The absence of an appropriate guiding legislative framework to deter human rights violations.</td>
</tr>
<tr>
<td>• Human rights are at the centre of a holistic HIV and AIDS response globally.</td>
<td>• The inconsistency of the functionality of the Ethics, Law and Human Rights Sector at the National AIDS Council (NAC) level.</td>
</tr>
<tr>
<td>• There is increased awareness of human rights issues and HIV/AIDS amongst the general public, thus making it easier for the organization to mobilize support.</td>
<td>• Funding opportunities are limited in Botswana in the face of the uncertainty of the current world economic recession as well as increased competition from international organizations that are duplicating the mandate of local NGOs to access funding.</td>
</tr>
<tr>
<td>• Source local funding through different strategies such as a twinning process.</td>
<td>• The Government of Botswana is also considering possible regulation of donor funding, thus placing the work and general sustainability of civil society under threat.</td>
</tr>
<tr>
<td>• Building capacity of marginalised organizations and other CBO’s,</td>
<td>• Placement of NGO council within a government ministry (MLHA)</td>
</tr>
<tr>
<td>• Forging partnerships beyond our borders</td>
<td>• Brain drain – poaching of employees/resignation for greener pastures.</td>
</tr>
</tbody>
</table>

Relevant work and added value

Over the last years BONELA has been a recognized civil society voice in the fight against the HIV and AIDS pandemic. The organization is working with the sex worker community in the area of capacity strengthening, community mobilization and outreach activities, like peer education, counseling and distribution of prevention packages (condoms, lubes and ICE). It strengthens the sex worker-led Sisonke to be a strong and well-governed organization. BONELA has offered clinical, legal and psychosocial support and a safe space for sex workers. The organization has extensive expertise in lobbying at policy level on issues affecting target groups and advocates for change with regards to
issues of violence and human rights abuses against sex workers, LGBT issues and the decriminalization of sex work. The organization has also engaged with law enforcement, traditional leaders and with health care workers for trainings on human rights and, LBGT and key populations.

4.2.6 Additional strategic counterparts and roles

The organizations in the table below are counterparts of BONELA and Sisonke. They will team up with the organizations during monthly meetings.

<table>
<thead>
<tr>
<th>Counterpart organization</th>
<th>Goal</th>
<th>Role in Hands Off!</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEGABIBO (Lesbians, gays and bisexuals of Botswana)</td>
<td>Facilitate the realization of human rights for LGBTI people in Botswana</td>
<td>Partner in monthly meeting</td>
</tr>
<tr>
<td>Men for Health and Gender Justice</td>
<td>Mobilize men and boys for active involvement in the promotion of health and gender equality for all</td>
<td>Partner in monthly meeting</td>
</tr>
</tbody>
</table>

4.3 Mozambique

4.3.1 Summary

In Mozambique sex work is not prohibited or permitted by law. Only prostitution by minors is explicitly illegal. As a result sex workers are not protected by legislation. A study among female sex workers in Mozambique, carried out in 2011, showed that sex workers experience severe physical and sexual assaults. They are beaten, taken advantage of by clients who will not pay, or arrested by police and handed over to criminals. Often they do not seek support form service providers. Implementing partner will be Tiyana Vavasate.

4.3.2 Country context

Mozambique, officially the Republic of Mozambique, has around 25.20 million inhabitants. After the country gained independence from Portugal in 1975, Mozambique underwent a sixteen-year armed conflict that ended in 1992. The country is led by Frente de Libertação de Moçambique (FRELIMO), which won the elections of 2009. The political environment in Mozambique is stable.

Mozambique has become one of Africa’s front line economies with large foreign investments in mining and natural gas development. Nonetheless, poverty is still widespread. The decrease in poverty during the post-conflict years has stagnated. More than half of the population lives below the poverty line. Trafficking children to exploit them as sex-workers and domestic workers in the region is a growing concern.

The country’s social protection system is underdeveloped and there is high prevalence of infectious diseases such as malaria and HIV/AIDS (prevalence rate of 11.1%). Over the last years Mozambique has extensively increased ART coverage. Despite these efforts, the majority of people in need of

28 WHO, workshop to scale up the implementation of collaborative TB/HIV activities in Africa
treatment lack access. Health infrastructures are practically non-existent in some areas, since the country’s large size exacerbates the lack of infrastructure. This primarily affects people in rural areas.

Mozambique is a source destination country for men, women, and children subjected to trafficking, where Mozambican (and often Chinese) young girls and women are being forced to work in migrant brothels of Johannesburg.

**Sex work**

Sex work is a common practice in the country. Estimates are that are some 30,000 sex workers in Mozambique with a total of 125,000 clients. Sex Work concentrates in peripheral and urban areas (Maputo, Beira, and Nampula) in tourist zones, at borders and at ‘sex stops’ along the Beira transport corridor (from Beira to Harare, including cities like Manica and Chimoio). Sex workers carry out their work in bars, hotels, barracas (small motels), streets, markets and brothels. Prostitution is prohibited by law. Failure to comply with this prohibition could result in a sentence of imprisonment up to one year and a fine in the amount as determined by the judge according to the offender’s income. There has been continued civil society advocacy for decriminalization. Sex workers have formally organized in Tiyane Vavasate to step up for their rights. Joao Kandiyane, Mozambique’s deputy Minister of Women’s Affairs and Social Welfare, called for urgent establishment of protective laws for sex workers. Despite these efforts, sex workers are still vulnerable and they work in harsh and unsafe conditions. Under the pretext of ‘defending the health system’ police have carried out riots (operation Broom since 2008) in which barracas and brothels were dismantled. Also migrant (particularly Zimbabwean) sex workers were deported. No data exists on the population size of male and transgender sex workers in Mozambique.

**Violence**

A study among female sex workers in Mozambique in 2011/2012 showed that sex workers in all the researched areas experienced physical and sexual assaults. In the six months preceding the study 6.4% of the sex workers in Maputo, 15.8% in Beira, and 18.5% in Nampula reported being physically assaulted. Sexual assault (being raped or forced to have sex) also occurred in all three urban areas: 4.2% of sex workers in Maputo, 11.6% in Beira, and 14.9% in Nampula were sexually assaulted in the six months preceding the survey. Sex workers were beaten, taken advantage of by clients who would not pay and arrested by police and handed over to criminals. Aggressors were often clients, unknown perpetrators, family member or relatives. A vast majority of the sex workers did not report the incident to the police. There is no data available regarding violence against male and trans sex workers.

**Other legislation**

Mozambique has ratified the Convention Against Trafficking in Human Beings. On national level, the Law on Preventing and Combating the Trafficking of People was enacted in 2008. It prohibits ‘recruiting or facilitating the exploitation of a person for purposes of prostitution’. There are no explicit laws against same-sex activities. In 2011 Minister of Justice declared during the UN Human Rights Council’s Universal Periodic Review that homosexuality is not an offence in Mozambique. However, no formal constitutional protections cover sexual orientation.

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29 COC, Baseline report Mozambique
31 FIDH, Women’s rights in Mozambique (2007)
32 Care 2, Mozambique gay rights groups wants explicit constitutional protection
Health
Mozambique suffers shortcomings in sexual and reproductive health. The National Strategic Plan for HIV and AIDS in Mozambique (Plano Estratégico Nacional de Resposta ao HIV e SIDA de Moçambique-PEN III) considers female sex workers a priority group for interventions to prevent HIV because of their increased vulnerability to HIV infection.

4.3.3 Activities
The country programme in Mozambique will be the smallest of the five programmes. The programme will be implemented by a small and relatively young sex worker led organisation, with the support of ARASA. The focus will primarily be to further implement the sensitization programme of law enforcement, that Tiyana Vavasate started in the previous years in cooperation with UNFPA. Secondly the capacity of Tiyana Vavasate as an organisation will be further built; based on the activities supported previous by the red Umbrella Fund. Aids Fonds and ARASA will be assisting them with programme management and data collection. At last a community led rapid response systems will be established, based on the practices in South Africa. The regional programme of North star (paragraph 4.1.4) and ASWA (paragraph 4.1.3) will also be implemented in Mozambique. Within Mozambique both regional organisations have a slightly bigger role, to ensure that there is sufficient capacity to implement the programme.

For the extensive work plan, see Annex 2

4.3.4 Tiyane Vavasate

VISION
An egalitarian society where there is respect for differences, freedom and human dignity

MISSION
Contribute to building a free, just and solidary society with guarantees of citizenship and human rights through the promotion of advocacy and social assistance for the welfare of all, in which no person is subjected to coercion and violence and discrimination on grounds of origin, race, religion, gender, sexual orientation and practices and other forms of prejudice.

Tiyane Vavasate is the Mozambican Association for the Defence of Women’s Rights of Vulnerable Mozambique. The organization is based in Maputo.

Relevant work and added value
Tiyane Vavassate is a sex worker-led organization and has worked with sex workers in the past years. They have been financially supported through ARASA on programmatic level with a focus on human rights issues. The red Umbrella Fund has supported Tiyane Vavassate with organizational capacity building, such as setting up an administration and finance department in 2013. Jointly with UNFPA country office in Mozambique they have developed and conducted trainings for law enforcement and health services to provide appropriate support in cases of human rights violation and to guarantee sex worker friendly services.
## SWOT Analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sex worker-led organisation</td>
<td>• Language wise, only non-English speaking participating country in proposal</td>
</tr>
<tr>
<td>• Linked to ASWA and NSWP</td>
<td>• Members with low level of education</td>
</tr>
<tr>
<td>• Strong n Lobby and advocacy (Ability to speak in public and in the media)</td>
<td>• Lack of members with technical and institutional skills</td>
</tr>
<tr>
<td>• Ability to mobilize human and financial resources</td>
<td></td>
</tr>
<tr>
<td>• Strong in strategizing programmes for sex workers</td>
<td></td>
</tr>
<tr>
<td>• Monitoring and supervision of activities</td>
<td></td>
</tr>
<tr>
<td>• Active members</td>
<td></td>
</tr>
</tbody>
</table>

### Opportunities

- Potential new partnerships under Hands Off! proposal
- Exchange activities and learn from other counties on Human rights and reduction of violence programmes
- Official recognition of the association during next coming years
- Working together with ARASA, if management of funds needs some assistance

### Threats

- Absence of regional office
- Absence of a bank account in the name of Tiyane Vavasate (Funds will need to go through ARASA)

## Additional strategic counterparts and roles

<table>
<thead>
<tr>
<th>Counterpart organization</th>
<th>Goal</th>
<th>Role in Hands Off!</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNFPA</td>
<td></td>
<td>• Provide outputs of previous experience in working with law enforcement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| ARASA                    | To promote a human rights approach to HIV/AIDS and TB in Southern Africa through capacity building and advocacy | • Technical support  
                          |                                                                     | • Assisting with administration                                  |
4.4 Namibia

4.4.1 Summary
The majority of sex workers in Namibia have experienced violence. The most commonly cited source of abuse and mistreatment were the police. Sex workers experience beatings or insults by the police while working and also get locked up and raped or forced to have unprotected sex. The programme targets law enforcement with sensitization strategies through implementing partner Rights not Rescue Trust. The newly developed manual by SWEAT, COC and ASWA will be field-tested in Namibia. Also focus will be on capacity strengthening of the sex worker-led organization Rights not Rescue Trust.

4.4.2 Country context
The Republic of Namibia gained independence from South Africa in 1990. The country has a population of around 2.1 million people and is constitutional multiparty democracy where free and fair elections are held regularly. Since its independence the South West Africa People’s Organization (SWAPO) dominated politics. Namibia is a lower middle-income country. Although the country achieved considerable reduction in poverty over the last years, it still persists amongst its inhabitants. Unemployment and inequality are still disturbingly high, especially in rural areas and among female-headed households. The unemployment rate was high at 27.4 % in 2012, with youth and unskilled people making up the bulk. Namibia remains off track in meeting its MDG goals on reducing infant, child and maternal mortality rates as well as combating HIV/AIDS and other communicable diseases.

Sex work
Sex work takes place all over Namibia. World Bank estimates suggest that there are approximately 11,000 sex workers in Namibia, of which 90% are women and 10% male or trans. A major proportion of sex workers are foreigners, and over half of sex workers are aged between 19 and 30 years old. They carry out their work on the streets, in the veld (bush), in bars, shebeens, but also at truck stops and hotels. In Walvis Bay (a harbour and tourist centre) smaller brothels exists for women, male and trans gender sex workers. Sex work is formally illegal in Namibia. Sex workers are criminalized by sections of the Combating of Immoral Practices Act (1980), which prohibits brothel keeping, soliciting for immoral purposes and procuring a woman to become a ‘prostitute or inmate of a brothel’ or living on the earnings of a sex worker. The act seems to be ‘protective legislation’ by targeting clients and brothel owners. However, some sections are used to punish sex workers for soliciting. Clients are almost never charged. Some regions of the country use by-laws concerning with loitering and soliciting to arrest sex workers. In Walvis Bay brothels are tolerated by law enforcement. As a result sex workers are hardly ever arrested. Sex worker-led rights groups have yet to emerge. Currently sex workers are expressing their needs through organizations like The Red Umbrella, Rights Not Rescue Trust, King’s Daughters and ASWA.

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34 Namibia Ministry of Health, National strategic framework for HIV and AIDS response in Namibia 2010/11-2014/16
35 UNFPA Namibia and USAIDS Namibia, Sex work, and HIV in Namibia: review of the literature and current programmes
36 UNFPA Namibia and USAIDS Namibia, Sex work, HIV and access to health services in Namibia. National meeting report and recommendations
Violence
The majority of sex workers face violence. A study by Kiremire shows that over 90% of the sex workers interviewed had experienced violence⁵⁷. Perpetrators are often clients. Sex workers are being beaten, raped, robbed or forced to perform sexual service and dropped in remote areas. Many are vulnerable as they operate in isolated locations. In Windhoek sex workers reported murders of colleagues along the high way.³⁸
The most commonly cited source of abuse and mistreatment were the police. Sex workers experience beatings or insults by the police while working and also get locked up and raped or forced to have unprotected sex. Trans sex workers often face significant police violence for being trans. Due to homophobia male sex workers are humiliated by law enforcement officers, who encourage other prisoners to harm them.

Other legislation
Botswana prohibits same sex activities, which further criminalizes male and trans sex workers. In May 2009, the government enacted The Prevention of Organized Crime Act (2004), which criminalizes all forms of trafficking. The government has yet to prosecute or convict a trafficking offender. The Immigration Control Act of 1993 bars entry to anyone who is deemed by the minister on account of standard or habits of life to be unsuited to the requirements on Namibia. This includes people who carry a contagious disease. In 1994 the government amended the definition of contagious disease, to prohibit people with HIV from entering the country.
In 2000 Namibia updated the law to recognize that rape can be admitted against women and men. Abortion is illegal in Namibia.

Health
The HIV prevalence rate amongst adults in Namibia was estimated at 13.4 percent in 2009. HIV disproportionately affects Sex workers. They are more vulnerable because of attitude and behaviour of authorities, service providers and the wider community. They have been identified as a priority population in the country’s National Strategic Framework for HIV and AIDS.³⁹ There is no reliable information on HIV prevalence, STIs, or other health problems. Many reports cite a figure of around 70-75%HIV prevalence.
Many sex workers experience difficulties in finding condoms. For sex workers it is difficult to access public health care: clinics are fragmented, too far away and they experience stigma and discrimination from health care and excessive costs to obtain service. As a result many sex workers prefer visiting traditional healers who are deemed more trustworthy and discrete.
Availability of treatments has been very limited. Sexual and reproductive health services are under resourced and limited. Public health services that target men who have sex with men are not available.

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⁵⁷ UNFPA Namibia and USAIDS Namibia, Sex work and HIV in Namibia: review of the literature and current programmes
³⁸ OSISA, Rights not rescue: a report on female, male and trans sex worker’s human rights in Botswana, Namibia and South Africa
³⁹ UNFPA Namibia and UNAIDS Namibia, Sex work and HIV in Namibia: review of the literature and current programmes
4.4.3 Activities

Activities for Rights not Rescue Trust in the first year:

Rights not Rescue Trust is a fairly new organization, therefore the focus of the programme mainly will be on capacity building. A needs assessment will be conducted to identify priorities for the programme. Together with the Legal Assistance Centre (LAC) data will be collected on cases of violence against sex workers. Also key sex worker towns will be identified in the regions to establish satellite offices. Technical assistance will be deployed to strengthen organizational and financial capacity. Also the outreach programme will be facilitated with referral mechanisms for health and counselling services or further necessary treatment. Paralegals and outreach workers will be trained to provide community-led violence response. Furthermore RnRT will set up a coalition with local NGOs and UN agencies for monthly meetings, advocate for human rights and will organize network meetings to strengthen community response towards violence against sex workers, including representatives from traditional authority, church and the community at large.

A pilot of the sensitisation workshops for law enforcement will be held in Namibia, based on the newly developed manual by SWEAT, COC and ASWA.

For the extensive work plan of RnRT, see Annex 2

4.4.4 Rights not Rescue Trust

MISSION
Promote health and safety of sex workers industry in Namibia in a way that it enables and affirms their occupational and human rights.

VISION
Elimination of HIV and other sexually transmissible infections in the sex work industry. A strong, healthy, resilient and empowered sex industry workforce in Namibia. Elimination of discrimination experience by those involved in the sex industry. A society that respects the link between health and social justice.

Rights not Rescue Trust (RnRT) is a leading agency in Namibia catering for male, female, Transgender and LGBTIQ sex workers at large. By lobbying and advocating for the decriminalization of sex work in Namibia the organization is committed to raising consciousness amongst sex workers and strengthen leadership and activism. We also fight against punitive laws that criminalize sex work and reduce the access to universal health, legal services and protection of sex workers.

SWOT analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leading sex workers-led organization in Namibia with members from all fourteen regions.</td>
<td>Current funding is only including one region, while members are in all fourteen regions.</td>
</tr>
<tr>
<td>Strong relationship with most of the media houses.</td>
<td>The organization does not have a website or hotline for sex workers.</td>
</tr>
<tr>
<td>Recognized on international bodies like the NSWP, ASWA, and ARASA.</td>
<td>Lack of funding to accommodate all satellite offices in the regions.</td>
</tr>
<tr>
<td></td>
<td>No income-generating project for</td>
</tr>
</tbody>
</table>
The organization is member of various umbrella body NGO’s in Namibia like: NANGOF and NANASO.

With the help of the Southern African Litigation Centre and the Legal Assistance Centre, the organization also challenged the City of Windhoek as well as the City Police on Municipal by-laws that was aimed to arrest both sellers and buyers of sex.

- No regional trainings for sex workers in remote areas on human rights and sexual reproductive health.
- No proper documentation of human right violations against sex workers.
- No rehabilitation services provided for under aged sex workers as current funding does not include them.

### Opportunities

- Partner with the Technical Working Group of the Ministry of Health and Social Services, National AIDS Executive Committee and the Key Population Technical Working Group.

### Threats

- Lack of proper co-operation and partnership with the lawmakers, police and town councils.
- No sustainable funding or income generating activities.
- Underpayment of staff and community facilitators.
- Due to lack of funding and transport/vehicle members in other regions feel neglected, as services are not available to them.

### Relevant work and added value

Rights not Rescue Trust works on peer and outreach education for sex workers and Men having sex with men (MSM). The organization has been raising awareness on HIV/AIDS, human rights and reproductive health amongst sex workers and MSM. The organization has been providing condom and lubricants promotion, distribution and demonstration. The organization refers to health, justice and psychosocial services. It has strong linkages with care, support and treatment using mapped health providers. Also lobbying and advocating through media on current issues faced by sex workers, mainly the decriminalisation of sex work in Namibia, is one of the activities of the trust.

### Additional strategic counterparts and roles

<table>
<thead>
<tr>
<th>Counterpart organization</th>
<th>Goal</th>
<th>Role in Hands Off!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voice Of Hope</td>
<td>Sex worker-led organization in the Erongo region that lobbies and advocates for the decriminalisation of sex work.</td>
<td>Mobilisation, Lobbying and Advocacy</td>
</tr>
</tbody>
</table>
Namibian Sex Workers Alliance (NAMSWA) | Coalition of sex worker organizations in Namibia. Aims to strengthen, empower and to advocate for and advance the Health and Human rights of sex workers including those living with HIV and using drugs through networking, movement building, and the development of partnerships.

- Partnership development
- Capacity building
- Advocacy
- Communication
- Resource mobilization

AIDS and Rights Alliance for Southern Africa (ARASA) | To promote a human rights approach to HIV/AIDS and TB in Southern Africa through capacity building and advocacy

- Technical support
- Assisting with administration

Legal Assistance Centre (LAC) | To protect the human rights of all Namibians. Its work is supervised by the Legal Assistance Trust, whose trustees include legal practitioners, other professionals and community leaders.

- Litigation
- Information and Advice
- Education and Training
- Research
- Law Reform and Advocacy

4.5 South Africa

4.5.1 Summary
South Africa’s constitution is known to be the most progressive in the world. Still, sex work in South Africa is illegal, although the topic is currently under consideration by the South African Law Commission. Sex work is widely spread, particularly in the large cities and in mining and border towns. Sex workers report poor treatment of clients and are vulnerable to physical and sexual abuse by police and border guards.

The community-led response programme for sex workers in South Africa is running successfully. Therefore the work of implementing partners Sisonke, SWEAT and WLC will be expanded and used as an example for other countries. Focus will be on developing and adjusting effective manuals to specific cultural needs of the region and the development of a database to document human rights violations amongst sex workers in the region. Also the capacity of Sisonke will be strengthened in order to let sex workers run the programme.

4.5.2 Country context
South Africa, currently led by the African National Congress (ANC), has undergone important social and political changes since the abandonment of Apartheid in 1994. The country knows years of steady growth and economic stability and is the largest economy of the continent. However, the distribution of wealth and income is very unequal. While poverty levels declined, inequality has increased and the gap between the haves and have-nots continues to grow.
Currently unemployment is more than 24% and almost half of the South Africans are living below the poverty line. Government corruption, persistent unemployment and a lack of service delivery have caused civil unrest and violent protests over the last years.

**Sex work**
South Africa’s constitution is known to be the most progressive in the world. Still, sex work in South Africa is illegal, although the topic is currently under consideration by the South African Law Commission. Sex work is widely spread, particularly in the large cities (Johannesburg, Pretoria and Cape Town) and in mining and border towns. Sex workers carry out their work in agencies or large-scale brothels (urban areas) or pick up clients on the street, bars and shebeens (local bars). They have organized themselves at national level to fight for their rights and protection. Still a large percentage of sex workers work under severe conditions: in unsafe neighbourhoods, on the streets and in constant danger being arrested by local authorities. In the country many migrants operate, among them many Zimbabwean and Mozambican sex workers. There are also reports of trafficked Chinese sex workers and of trans sex workers who came to South Africa for hormone treatments.

**Violence**
Sex workers are considered immoral and as a result they are often regarded as easy targets for harassment and violence. They are vulnerable to physical and sexual abuse. Sex workers in South Africa report poor treatment at the hands of clients with cases of physical abuse, threats with fire arms, (gang) rape, forced unsafe sex and refusal of payment. In the large-scale brothels in urban areas sex workers report violence by landlords, brothel managers and security is no exception. Sex workers are also vulnerable to physical and sexual abuse by police and border guards. Apart from unlawful arrests, bribery and arbitrary fines and detention, sex workers face beatings, sexual violence, rubber bullets and are bribed into sex in exchange of freedom. During the period September 2009 – June 2011, the Women’s Legal Centre interviewed sex workers in Cape Town, Johannesburg, Limpopo, Pretoria and Durban. Out of the 309 interviewees, 200 complained of police abuse. Gay men and transgender sex workers also suffer high levels of sexual violence. Migrant sex workers (often from Zimbabwe) face even more violence and abuse by law enforcement officials due to xenophobia.

**Other relevant legislation**
In July 2013 the government signed the Prevention and Combating of Trafficking in Persons Bill into law. The country also has very progressive labour legislation, which covers all people categorized as employees, including documented and undocumented migrant workers. The legislation presents opportunities for sex workers working under management, for example in brothels. However, the few attempts that have been were unsuccessful. Undocumented migrants can be arrested and deported under the Immigration Act. Recently the definition of rape has been broadened and includes male and spousal rape. South Africa is the only country in the region that prohibits discrimination based on sexual orientation. Also it is the fifth country in the world, and the first in Africa, to allow legal marriages between same-sex couples. Nevertheless, LGBT South Africans continue to face considerable challenges, including discrimination and social stigma. Also there are ongoing reports of violence against the LGBT community, especially against lesbians (who often experience corrective rape).

**Health**
Public health services are fragmented and difficult to access. Treatment for HIV and AIDS, family planning and pregnancy are often located in separate clinics. South Africa has one of the most severe HIV/Aids epidemics in the world: the country has a HIV prevalence of 17, 9% and the


\[\text{OSISA, Rights not rescue: a report on female, male and trans sex worker’s human rights in Botswana, Namibia and South Africa}\]
prevalence among sex workers is estimated between 44 and 69%. The link between the HIV virus and AIDS was long denied by President Thabo Mbeki. South Africa’s AIDS response 2007-2011 brought little progress to sex workers. However, the country’s new National Strategic Plan to combat HIV has recognized sex workers. South Africa offers ARVs to migrants for free.

4.5.3 Activities
The activities in South Africa for the first year:

SWEAT, Sisonke and Women’s Legal Centre have closely collaborating in the past years and will do so in Hands Off!. For this programme SWEAT and Sisonke will coordinate activities and manage training programmes. Direct contact with sex workers will be maintained through Sisonke. The Women’s Legal Centre will manage strategic litigation and legal support, participate in training programmes and deliver legal training.

Their best practise and expertise will be used to feed other country partners in the programme. The organizations will develop a centralised online case tracking and monitoring database to capture human rights violations for all partners involved in the programme. They will develop monitoring tools for sex worker human rights defenders and paralegals. SWEATs sensitization manual for police will be adjusted to culture specifics for implementation in the region. Furthermore the capacity of Sisonke will be strengthened to take over the (best practise) community led response activities in six districts.

For the extensive work plan, see Annex 2.

4.5.4 Sisonke South Africa

VISION
Respect for human rights for all sex workers

MISSION
To contribute to an improved human rights status of all sex workers, by designing and implementing innovative, evidence-based and cost effective advocacy campaigns capable of influencing public policy and practice in the field of human rights.

Sisonke is a movement of sex workers, by sex workers. It has offices in four provinces, based in partnership organizations, and its primary focus is on mobilising sex workers to speak out on issues of importance to them. Formed in 2010, Sisonke brought together twenty sex workers from South Africa and Botswana. The founding members of Sisonke aim to take responsibility for bringing about change within the sex worker community and stand up for their rights. Sisonke (isiZulu for ’we are all together) supports the call for decriminalising sex work over legislation for a variety of reasons. For Sisonke, decriminalization reduces the dangers involved in the profession of sex work.

Members are committed to reach the following goals through their unique approach:

- Recruiting and training sex workers to strengthen the movement through local meetings that emphasize the rights of sex workers and providing resource information and contacts to industry workers
- Helping sex workers to set up SISONKE meetings. This includes the information on where to meet, how to run meetings, how to organise and how to work with other members
- Training SISONKE members to become leaders within the movement

42 Richter, M., Chakuvinga, P., Being pimped out: how South Africa’s AIDS response fails sex workers.
43 Health 24.com Sex workers part of national HIV plan
Fighting for the rights of sex workers by explaining what legal options and rights are available, and promoting safety among sex workers
Improving the perception of sex workers within local communities, and instituting the recognition of sex work as work

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The only sex worker movement in South Africa, run by and for sex workers</td>
<td>• Funding for human rights related work is a challenge, most funding is for HIV/AIDS prevention only</td>
</tr>
<tr>
<td>• 11 years in experience of movement building such as mobilising, organising sex workers event, meeting, conference, workshops and trainings</td>
<td>• Lack of funding to implement and develop Sisonke activities in all provinces in SA</td>
</tr>
<tr>
<td>• Strong movement that promotes and protects the rights of sex workers in South Africa</td>
<td>• Lack of core funding to support staff training and development, as Sisonke works with sex workers who have not had educational opportunities</td>
</tr>
<tr>
<td>• Involvement of sex workers in all spaces, partnering with SWEAT it has created a platform of sex workers voices are heard at all levels</td>
<td>• Lack of support with legal partners in other provinces to defend sex workers in court</td>
</tr>
<tr>
<td>• Strong link in developing solidarity amongst sex workers</td>
<td>• Sisonke challenges and changes existing laws relating to sex work</td>
</tr>
<tr>
<td>• Sisonke ensures infrastructural capacity of Sisonke in all provinces</td>
<td>• Sisonke ensures infrastructural capacity of Sisonke in all provinces</td>
</tr>
<tr>
<td>• Sisonke is the gate keeper/ back bone of all affiliated organization in South Africa advocating and educating on their health and human rights</td>
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</tr>
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<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sisonke is represented at SANAC and is part of the Sex Work sector as sex workers</td>
<td>• Criminalisation of sex worker in South Africa, it reduces access and opportunity for sex workers to health and fair to justice</td>
</tr>
<tr>
<td>• Sisonke is part of CGE (Commission of Gender Equality) sex work hearings steering committee</td>
<td>• Anti- prostitution pledge reduces partnership building with partners</td>
</tr>
<tr>
<td>• The national sex work programme (Global Fund) has increased the access and opportunity for sex workers prevention in all aspect of health services</td>
<td>• Becoming an independent legal entity, whilst still in the learning process</td>
</tr>
<tr>
<td>• Sex workers being part and parcel of peer education programme through Global Fund and other allies of NACOSA, is the opportunity for the movement to be known well by sex workers in areas where Sisonke does not reach</td>
<td>• Pulling out of major donors/ funders</td>
</tr>
</tbody>
</table>

**Relevant work and added value**
Sisonke has peer educators that go on outreach to interact with sex workers, as well as to recruit for Sisonke membership. They mobilise sex workers to be part of the movement and call for adult
consensual sex workers. The organization conducts regular outreach, in order to mobilise, recruit, communicate and address legal situation experienced by sex worker on daily basis, as well to invite and educate sex workers and informed them of safe space (creative space). This is where sex workers can come together for education, empowerment and where they share experiences and knowledge. At the creative space they also create a voice of sex workers and discuss how to overcome challenges they face. Also Sisonke supports court cases amongst sex workers when needed and refer to legal partners and other services needed by sex workers available.

Sisonke has media liaison sex workers in five provinces, trained by SWEAT. Also Sisonke participates in all spaces when invited, to build partnership with other organizations, as well as networking, to create and enable voices of sex workers to be heard at all platforms. Paralegals are trained to assist to open cases, documentation of sex workers case and human rights violation. Also Sisonke provides training to sex workers as human rights defenders and lobbyists with support of SWEAT & Women’s legal Centre in order to be able to voice for their rights, as well as to advocate for these services.

4.5.5 Sex Worker’s Education and Advocacy Taskforce (SWEAT)

VISION
A legitimate and respected sex work industry where informed, empowered, safe sex workers are able to make choices about their working lives and career options.

MISSION
SWEAT is at the cutting edge of sex worker advocacy, human rights defence and mobilisation in Africa. SWEAT has determined the discussions on a legal adult sex work industry where sex work is acknowledged as work, and where sex workers have a strong voice, which informs and influences wider social debates.

The Sex Workers Education and Advocacy Taskforce (SWEAT) is a non-profit organization, based in Cape Town. The organization has been reaching sex workers nationally to engage in issues related to health and legal reform. In 2003 SWEAT supported the launch of Sisonke, a sex worker movement. In 2009 SWEAT initiated and co-hosted the first-ever African sex worker conference and established an African sex worker alliance.

SWEAT’s interventions are clustered around three central programmes. The outreach and development programme aims to empower sex workers with skills so as to enhance their capacity to speak on their own behalf, feel more confident to address human rights concerns and make informed choices, including the addressing of health and occupational concerns. The programme is focussed on interventions that address the immediate health and safety needs of sex workers as well as targeting sex workers collectively with in-depth workshops around safer sex, general health and life skills.

With the Advocacy and networking programme SWAET aims to give input to legislative reform processes on a national and local government level and challenge human rights violations. This programme strives to make optimum use of the media in order to raise public awareness and influence public and political attitudes towards sex work. The programme mobilises sex workers to take their cases forward in a collective manner in order to impact on changes to law.

The Research and knowledge management programme aims to address the need for a credible and useful research base that is in the interests of sex workers and improves the effectiveness of our interventions and support our work around health and human rights.
### SWOT analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Uniqueness: SWEAT is the only organization in South Africa focusing on sex workers</td>
<td>• Funding access: as a Global Fund to Fight TB, HIV and Malaria sub-recipient, we need to ensure we have more diverse funding sources.</td>
</tr>
<tr>
<td>• Experience: we have 20 years’ experience in practice</td>
<td>• Financing for monitoring and evaluation as well as finance administration is a challenge with very few donors offering core support.</td>
</tr>
<tr>
<td>• Strong Advocacy and human rights defence focus and experience</td>
<td>• We can do better to articulate our successes and contribute to knowledge on sex work programming, and SWEAT can strengthen its administrative and long term financial planning capacity</td>
</tr>
<tr>
<td>• Partnership with Sisonke and involvement of sex workers – SWEAT has sex workers represented at all levels in the organization, including board level, Our partnership with Sisonke ensures sex workers are partners in programmes</td>
<td>• Finding support for our human rights defence and advocacy programmes is a challenge as there are fewer donors with this focus</td>
</tr>
<tr>
<td>• We have strong links with sex workers through our peer education programmes and are therefore responsive and dynamic to the needs of sex workers</td>
<td></td>
</tr>
<tr>
<td>• National links and strategic partnerships – we partner with 17 organizations nationally who are implementing sex worker projects</td>
<td></td>
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<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• There is an increased focus on key populations in HIV programming – this is an opportunity to ensure an investment in sex work programming</td>
<td>• Continued criminalisation of sex work and the promotion of the ‘Swedish’ and rescue models endangers sex workers and impedes our ability to achieve goals of universal access to justice, rights and health for sex workers</td>
</tr>
<tr>
<td>• Global Fund has a new interest in human rights programming</td>
<td>• Scale up of our activities and the scope and size of our organization needs managing and requires a conscious effort to retain the depth of our interventions</td>
</tr>
<tr>
<td>• In South Africa, there is an expressed commitment to service delivery to sex workers in the National Plan for Sex Work programming, as well as the National Strategic Plan inclusion of specific commitments to sex work programming</td>
<td>• Police brutality and a culture of violence in the criminal justice system continues to alienate sex workers from any points of assistance</td>
</tr>
<tr>
<td>• The national sex work Programme scale up (Global Fund) has increased our national reach, and partnerships</td>
<td>• The over-burdened health care system impacts on our efforts to create a demand for services</td>
</tr>
<tr>
<td>• There is increased attention to programmes attempting structural interventions – this is an opportunity for all organization working to address sex workers’ access to justice and health</td>
<td>• The Anti-prostitution Pledge excludes organization like ours from US based funding – which means organizations with a biomedical response dominate service delivery with little focus on rights, sex worker leadership and advocacy. The result is that</td>
</tr>
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44 Life Line Durban; Life Line Kimberly; TB HIV Care Association; Centre for Positive Care, High Transmission Area Project; Khetimpilo; Peri-natal HIV Research Unit (PRHU); QholaQwe Legal Assistance Centre; GRIP; Nqobile Women; Partners in Sexual Health, Mosamaria AIDS Ministry; Lesedi-Lechabile primary Care; Hoesdpruit Training Trust; Oasis Faithworks; Munna Ndi Nyi?; WRHI with SWEAT.
these institutions refer to organization like ours for human rights defence services, for which SWEAT may not do not have donor support.

Relevant work and added value

In 2010 SWEAT instituted a national 24-hour toll free help line for sex workers. The help line is staffed by trained sex workers, and now also includes a please-call-me service for those using cell-phones. The help line offers counselling, human rights information and referrals. SWEAT has always used a peer education approach and has expanded its peer-led outreach. Thirteen full time peers lead outreach in Cape Town, and across the country there are 560 part-time peer educators based at SWEAT and seventeen partner organizations. SWEAT has provided training to these peer educators which take a rights-based approach.

SWEAT has had a long-standing partnership with the Women’s Legal Centre (WLC) (see the paragraph underneath). WLC employs and supervises four sex worker paralegals that attend outreach with SWEAT and run a legal clinic once a week at our offices. The organization further supports the Human rights defence project by supporting sex workers through the criminal justice system, and monitoring court cases where perpetrators of violence against sex workers are on trial. SWEAT goes with sex workers to court, hold protests, meet with prosecutors and monitor court proceedings for any miscarriages of justice.

SWEAT employs creative methodologies in its workshop spaces – the content of workshops is self-determined and they employ participatory methods to empower sex workers in a safe space for self-expression. They run support groups in similar ways.

A new project by SWEAT is Mothers for the future, with a focus on sex workers and their children. Mothering is a significant risk (being a mother is a risk factor for sex workers because of the pressure to earn money) and also a source of stigma (sex workers are considered ‘bad mothers’ just because of their livelihood choice, and not parenting). SWEAT started this project with a needs survey, and groups start soon in Cape Town.

The organization has run a strong advocacy project since their inception. Work includes media liaison and monitoring, documenting stories and training sex workers to use the media strategically, outreach to parliament and people in power, including appearing before parliamentary committees. The organization has made submissions in respect of a number of legislative processes, including the Anti-Trafficking in Persons Bill (now an Act) and the Women’s Empowerment and Gender Equality Bill. Advocacy also includes their work with the Ministry of Police to address police violence against sex workers and refusal to take charges from sex workers against clients, and our work with the South African National Aids Council in developing a national plan to address sex workers’ HIV, TB and STI burden (including reducing violence against sex workers).

SWEAT is a member of national networks and campaigns to end violence against women. It has been very important to ensure sex workers are included in efforts to address gender-based violence. Examples include the Shukumisa Campaign and the One-in-Nine campaign.

Additional strategic counterparts and roles

Sonke Gender Justice and the Commission for Gender Equality will support SWEAT to advocate for decriminalization of sex work, equality for sex workers and address police violence against sex workers.
### Counterpart organization

<table>
<thead>
<tr>
<th>Counterpart organization</th>
<th>Goal</th>
<th>Role in Hands Off!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sonke Gender Justice</td>
<td>Sonke works for gender equality</td>
<td>Sonke is a partner in SWEAT’s work to decriminalise sex work. They have participated in SWEAT’s media work, and have a strong voice and media presence in support of legal reform.</td>
</tr>
<tr>
<td>Commission for Gender Equality (CGE)</td>
<td>The CGE is a statutory body responsible for gender equality.</td>
<td>The CGE, as the body responsible for ensuring the constitutional guarantees of equality, is a partner in addressing violence against women and police violence against sex workers</td>
</tr>
</tbody>
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#### 4.5.6 Women’s Legal Centre (WLC)

**VISION**

Women in South Africa living free from violence in safe housing, free to own their own share of property, empowered to ensure their own reproductive health rights and able to work in a safe and equal environment.

**MISSION**

Fair access to resources – We will take up cases that ensure that on dissolution of partnerships, whether by death or separation, women receive a fair share of the assets of the partnership. This involves ensuring that all partnerships are legally recognised, irrespective of religion or custom.

The Women’s Legal Centre (WLC) is a non-profit, independently funded law centre, started by a group of lawyers. It seeks to achieve equality for women in South Africa. As access to justice is largely inaccessible to poor women, particularly black women, the WLC plays an important role in litigating in their interest and providing them with access to free legal advice.

The Centre has identified five strategic focus areas: violence against women; fair access to resources in relationships; access to land/housing; access to fair labour practices; and access to health care (particularly reproductive health care).

In order to fulfil its objectives, the WLC will (free of charge) engage in the following activities:

- Litigate cases, which advance women’s rights and are in the public interest, particularly constitutional cases
- Produce briefs to assist courts in constitutional cases, which concern women’s rights and gender equality.
- Provide women’s organizations with technical legal assistance in making submissions to parliament and other institutions.
Strategies to provide training and capacity building programmes for paralegals and women lawyers who wish to conduct constitutional litigation in regard to gender issues. We believe that there is a need to collaborate with women’s organizations in all our activities.

**SWOT analysis**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The WLC has been at the forefront of legal reform in relation to women’s equality since the Constitution came into effect, having won several precedent setting cases since its inception.</td>
<td>• Political climate;</td>
</tr>
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<td></td>
<td>• State of the courts;</td>
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<td></td>
<td>• Access to women;</td>
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<td></td>
<td>• And funding litigation</td>
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<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The establishment of the WLC JHB office is an opportunity for us to access more clients. It also expands on our national footprint.</td>
<td>• WLC needs financial support to expand on our activities so that they can be of greater impact. The organization needs to remain visible in the communities that they serve; hence require sufficient money for travel and litigation.</td>
</tr>
</tbody>
</table>

**Relevant work and added value**

Over the last three years the WLC has successfully represented clients or assisted the courts as a friend of the court in various cases representing women. A few examples:

• Making submissions in the Supreme Court of Appeal (SCA) on the extreme negative impact that the High Court judgment, which declared 29 sexual offences invalid, would have on women. SCA allowed WLC as amicus to introduce evidence on the number of convictions (Director of Public Prosecutions v Prins).

• Obtaining an order in the Equality Court that the assault of a lesbian woman is unfair discrimination on the grounds of gender and sexual orientation, in addition to criminal sanctions of the perpetrators (Louw).

• Defending the extension of this duty in relation to the vicarious liability of the state for police officers on stand-by duty who commit rapes (F v Minister of Safety and Security).

• Challenging the interpretation of an “employee” in the Labour Relations Act that prevented sex workers from obtaining the necessary labour protections in terms of the labour legislation and the Constitution (Kylie).

• Holding the state as employer liable for sexual harassment by successfully suing the metro police on behalf of a woman employee who was constructively dismissed after reporting sexual harassment, obtaining maximum compensation for client (Radebe).

• Making submissions on the gendered nature of sexual violence where the Constitutional Court found that existing provisions for the protection of child witnesses in sexual offences cases were not being adequately utilised and ordered the State to furnish a report on the implementation of existing witness protection measures to the Court (Mokoena).

• Damages claims against the Minister of Safety and Security on behalf of sex workers who were unlawfully arrested and wrongfully detained.

• Letters of complaint to the UN Special Rapporteur and the CGE, which sparked a national investigation to the human rights violations that sex workers experience.
4.6 Zimbabwe

4.6.1 Summary
In Zimbabwe violence against sex workers a common phenomenon. There are many reports of poor treatment of sex workers in the hands of clients. Research shows that sex workers in Zimbabwe often face harassment by law enforcement officers who bribe them, steal from them and assault them. The programme will target police through the Sexual Rights Centre (SCR) who will conduct sensitization training in partnership with CeSHHAR. Also the SCR will establish a sex worker led taskforce for rapid response, develop a psychosocial wellness programme and provide legal support.

4.6.2 Country context
Zimbabwe, officially the republic of Zimbabwe, has a population of approximately 12.7 million people. The country is currently led by ZANU-PF, the party that won the July 2013 elections. Zimbabwe is recovering from a decade of economic decline that was marked by economic instability and hyperinflation. As well as serious human rights violations that have resulted in repressive legislation, deterioration of services, targeting of women human rights defenders and marginalised groups. The crisis led to rising levels of poverty, unemployment and inequality. Although the country has experienced improved economic growth rates in the past years (5% in 2013)\(^{45}\), this has not translated to growth in productive employment and poverty reduction. A recent poverty report reveals that 72.3% of Zimbabweans are poor, with poverty being most prevalent in rural areas, where 84.3% of people are deemed poor.\(^{46}\) Currently unemployment is more than 70%.

Due to the economic crisis the national social protection system has become seriously eroded. However, some good progress has been seen in the delivery of social services over the last years. Zimbabwe has been able to make considerable progress on a number of Millennium Development Goals.\(^{47}\) The government has enacted effective policies to tackle the challenge of HIV and AIDS. The country was able to stabilize the spread of the virus with a 49% reduction in new cases, especially among young people. It is expected that Zimbabwe will reduce the prevalence of HIV and Aids to 9% by 2015. This is a very contentious statistic because some people have argued that the rates only dropped because the services were not available and people had died or had not accessed services. It was only recently that the Zimbabwe National Strategic Plan on HIV included sex workers and MSM

Sex work
In a country with such high unemployment then inevitably the informal sector thrives and as a result sex work is quite widespread. Estimates are that are more than 12,000 sex workers in Zimbabwe, both female, as male and transgender. They pick up clients in (hotel) bars, nightclubs, truck parks and on the streets.

Sex work is not specifically criminalized; however, sex workers are targeted under miscellaneous offences and local by-laws. Stigma and discrimination of the sex worker population remains very high and sex workers often do not disclose being a sex worker. In some cases carrying condoms as evidence of sex work is a justifiable reason for police to arrest and detain sex workers\(^{48}\). Disrespecting the illegal police ‘night curfew’ for women has also led to arrests in 2012.

\(^{45}\) ADB, 2013-2015 Zimbabwe Country Brief
\(^{46}\) The World Bank, Zimbabwe Report
\(^{47}\) UNDP, Zimbabwe 2012 Millennium Development Goals Progress Report
Criminal laws and resulting stigma prevent sex workers to organize themselves to protect their human rights. However, over the last years there are more organized movements of sex worker communities in some parts of the country.49

Zimbabwe is a source, transit and destination country for men, women and children trafficked for the purpose of forced labour and sexual exploitation; some are trafficked across the border to South Africa. Women and girls from Zimbabwean towns bordering South Africa, Mozambique, and Zambia are subjected to prostitution in brothels that cater to long-distance truck drivers on both sides of the borders.

Violence
Zimbabwe is a highly patriarchal and heteronormative society with men having the greatest influence and power in legal, economic, religious, political, family, cultural and other institutions. Women’s socially constructed position effectively limits their decision-making powers on sexual and reproductive matters and make violence against female sex workers a common phenomenon. There are many reports of poor treatment of sex workers in the hands of clients.50 They suffer torture, abuse, harassment and rape. Due to the illegal nature of sex work and same-sex activities, non-payment for services is also very common. Male and transgender sex workers are even more vulnerable to these practices.

Research by the SRC in 201351 reveals that sex workers are more likely to experience violence at the hands of the police rather than clients. The impact of this violence is that sex workers are unlikely to report, as the research demonstrated. Earlier research by the African Sex Worker Alliance in 2011 shows that sex workers in Zimbabwe often face harassment by law enforcement officers who bribe them, steal from them and assault them. The study shows very high rape incidences by (multiple) police officers. Also sex workers are dumped at night in remote areas, detained in cells with police dogs or tortured. Many sex workers have been detained and forced to engage in sexual activities with police officers to ensure their release. Charges of rape made by sex workers are often not taken seriously by the police and courts since sex workers are viewed as ‘unchaste’ and ‘untrustworthy’.

Other relevant legislation
The Criminal Law Act Chapter 9:23 criminalize wilful transmission of HIV. Among sex workers the fear of being sentenced in big. Those who deliberately transmit the virus will be sentenced up to twenty years in prison.

The Government of Zimbabwe does not fully comply with the minimum standards for the elimination of trafficking and is not making significant efforts to do so. Draft anti-trafficking legislation has not been finalized and passed yet. However, there is serious concern amongst sex workers that this legislation will be used as another tool to target them. Zimbabwean law criminalizes any act that is considered to be homosexual for both men and women. Legally, male rape does not exist in as a criminal offence in Zimbabwe.

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49 Maseko, S., Sex on trial: the moralization and criminalization of sexuality in Zimbabwe
50 Dube, R., She probably asked for it! A preliminary study into Zimbabwean perceptions of rape
4.6.3 Activities

SRC’s activities for the first year:

Together with CeSHHAR, the SCR will be taking a lead in police sensitization. CeSHHAR already has made in-roads in this strategy and are allied to government. Also SRC will use community led-response to build up on leadership building among sex workers. They will establish a sex worker-led taskforce for rapid response, build upon the advisory panel of sex workers that inform the SRC about challenges faced by sex workers in the broader sex work community. Also the SRC would like to strengthen elements of its litigation programme to reduce the magnitude of violence perpetrated against sex workers in Zimbabwe, in partnership with Abammeli. Lastly, the SCR will gather data on human rights violations through CeSHHAR’s countrywide health services focused on STI and HIV.

For the extensive work plan see Annex 2.

4.6.4 Sexual Rights Centre

VISION
All people are able to live out all of their human rights free of all forms of stigma, discrimination or violence and where society at large supports and celebrates sex and sexual diversity and where the law is responsive to human right’s needs.

MISSION
The Sexual Rights Centre (SRC) is a Zimbabwean non-profit organization which aims to influence the improvement of the sexual rights status of all people in Zimbabwe with a focus on the sexual rights of certain sexual rights minorities, including LGBTQI’s, sex workers, people living in closed institutions, young people and through action that empowers sexual rights holders, facilitates safe spaces for sexual rights expression and dialogue, educates and sensitisises the public, and advocates for changes in policy, practice and law.

SWOT analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dedicated and resilient staff compliment that has the capacity and enthusiasm to work with sex workers</td>
<td>• Monitoring and evaluation require strengthening</td>
</tr>
<tr>
<td>• Very rich evidence driven model of approach to programming, the organization has conducted substantial research with their various stakeholder groups to inform programming.</td>
<td>• A weak relationship with the police</td>
</tr>
<tr>
<td>• Support and trust of sex worker community</td>
<td>• A recent change in management has upset institutional memory</td>
</tr>
<tr>
<td>• Geographical location – located close to two of the major border posts and within accessible distance of two further border posts.</td>
<td></td>
</tr>
<tr>
<td>• Strong partnerships with Human Rights Lawyers in the country (Abammeli and ZLHR)</td>
<td></td>
</tr>
</tbody>
</table>
Relevant work and added value

The Sexual Rights Centre works to challenge and advocate for a human rights culture for sexual minorities in Zimbabwe using rights-based approaches and evidence-based strategies.

The SRC has previously explored issues violence perpetrated against sex workers in Bulawayo and the Victoria Falls. The piece of research exploring how policing practices use condoms as evidence of sex work and confiscation of condoms by police has been one of the popular work produced by the SRC. This work has enjoyed an international audience as it was presented in various fora including the International AIDS Conference held in Washington D.C, America in 2012 and the more recent International Conference on AIDS and STIs in Africa (ICASA), 2013.

A substantial amount of research using innovative methods including active involvement of sex workers in the research process have been employed by the SRC. The SRC also conducted a needs assessment under the Stepping Up, Stepping Out project to explore economic empowerment for Sex Workers. Above all, the SRC has a wealth of experience working with adult sex workers for the past six years.

SRC has engaged continually with health care service providers, counselling organizations and legal practitioners for the betterment of care for sex workers. The organization has continued with sustained interventions to build a sex worker-led movement for sex workers in Zimbabwe, challenging the laws governing sex work (decriminalisation campaign) and mentoring leaders in the sex work movements.

The SRC is the only organization in Bulawayo, Zimbabwe that offers sex workers with a platform to interrogate issues affecting sex work and giving sex workers a voice to be heard in making policies and interventions addressing sex workers.

**Additional strategic counterparts and roles**

Abamelli Human Rights Lawyers, CONTACT Family Counselling Centre and the Centre for Sexual Health will support SRC in the legal representation and counselling of sex workers who are survivors of violence. HIV AIDS Research Zimbabwe (CeSHHAR) will take the lead in the sensitization of police officers.

<table>
<thead>
<tr>
<th><strong>Opportunities</strong></th>
<th><strong>Threats</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• The SRC already runs a paralegal programme with a dedicated team of a legal officer and 4 paralegal officers housed within the organization.</td>
<td>• Political climate poses existential challenges for the SRC as an organization that also works with the LGBT community</td>
</tr>
<tr>
<td>• Very strong working relationships with a firm of human rights lawyers who offer legal support services for sex workers</td>
<td>• Economic climate is very austere to sex workers and sex workers are ever increasing risk of violence from police and clients</td>
</tr>
<tr>
<td>• Opportunities for linkages with countries bordering Zimbabwe to tackle violence against Zimbabwean sex workers who migrate for economic reasons</td>
<td></td>
</tr>
</tbody>
</table>

### Opportunities

- The SRC already runs a paralegal programme with a dedicated team of a legal officer and 4 paralegal officers housed within the organization.
- Very strong working relationships with a firm of human rights lawyers who offer legal support services for sex workers.
- Opportunities for linkages with countries bordering Zimbabwe to tackle violence against Zimbabwean sex workers who migrate for economic reasons.

### Threats

- Political climate poses existential challenges for the SRC as an organization that also works with the LGBT community.
- Economic climate is very austere to sex workers and sex workers are ever increasing risk of violence from police and clients.
<table>
<thead>
<tr>
<th>Counterpart organization</th>
<th>Goal</th>
<th>Role in Hands Off!</th>
</tr>
</thead>
</table>
| Abammeli Human Rights Lawyers | Promotes and protects the rights of students, trade unions, women’s groups, local communities and human rights defenders in Matabeleland and Midlands to enjoy their human rights and lead dignified lives | • Provide rapid response to distress calls by sex workers facing violence  
• Provide legal representation for sex workers  
• Rights literacy training for sex workers and paralegal staff within the SRC  
• Sensitization of fellow legal practitioners on issues pertaining violence against sex workers and the law |
| CONTACT Family Counselling Centre | Promotes self-determination and participation in decision making by offering family counselling services and counselling training to communities in Bulawayo and Matabeleland | • Provide a Counsellor for weekly psychosocial counselling clinic for survivors of violence  
• Provide crisis counselling for survivors of violence  
• Provide support to a support group of sex workers who are survivors of violence |
| Centre for Sexual Health and HIV AIDS Research Zimbabwe (CeSHHAR) | Supports development of evidence-based reproductive health and HIV programming and policy making in Zimbabwe through collaborative research, education, capacity building and community engagement. | • Provide linkages for sensitization of police officers  
• Spearhead sensitization trainings for the Police with support from SRC  
• Work on creating a database to capture information on violence perpetrated against sex workers seen at government health institutions |
5 Programme monitoring & evaluation, accountability and research

Collecting data at different levels is essential for any programme. Working on the reduction of violence as a HIV prevention strategy and reducing exploitation in sex work is a relatively new area. Therefore all work needs to be firmly rooted in evidence in order to disseminate the best practices and conditions for these at the end of the four and a half-year programme. Furthermore data collection is closely related to quality insurance, described shortly already in paragraph 1.2.1 and Chapter 2.

5.1 Research & Data collection

5.1.1 Baseline & Needs Assessment

The programme will employ two methods of data collection in Hands Off!, depending on whether partners are new partners for Aids Fonds, or are working under the SUSOII and/or BtG programmes. Responsibility for the country baselines and the needs assessment will rest with the country programmes, however development of the methodology and research tools will be done jointly under the lead of the programme, to ensure comparison. Each programme will start a needs assessment focussing specifically on issues related to violence and will develop a baseline at the beginning of the project.

Working from a rights-based perspective, the needs and strengths of those involved in the programme are assessed. Needs assessments provide vital input for the implementation of (new) in-country programmes. Sex workers will be involved in the design and execution of the needs assessment. A needs assessment is an intervention on its own and it guides sex workers in setting realistic goals for the violence and HIV projects. Moreover, involving sex workers in the planning and implementation of all steps in career development projects strongly increases their involvement and dedication. Needs assessments can be done on an individual base or in focus groups.

In all countries data at the start of the programme will be collected and will form the country baseline. The laws and policies concerning sex work change regularly. New data will be collected through the counterparts. The Hands Off! programme team, partner and with input from the counterparts, will coordinate the outline for the baseline research. The outcome of the data of the baseline research will also provide the programme with new indicators specific for each country, especially designed for the overall end evaluation of the programme.

5.1.2 Capacity assessment/Risk analysis of organizations

While working with new partners in new countries, a thorough capacity assessment and risk analysis of the partner organizations will be included. Current partners of Aids Fonds will be re-assessed. Strengthening (relatively small) civil society organizations is a major component in some countries of this programme. Based on that assessment, individual capacity building milestones will be determined. The approach will be tailor-made but based on Aids Fonds’ internal capacity scan. Indicators and values may differ from country to country.

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52 Final report MOVE project, pg 14: SUSO I
In circumstances where fraud, corruption or incompetence is uncovered, both Aids Fonds partners will consult with the Ministry of Foreign Affairs on what steps should be taken with the affected country programme. A separate partner risk analysis will take place.

5.1.3 Research component

Throughout the programme various research projects will be done at national and regional level. Jointly with the VU University, University of Amsterdam and the Centre for International Development (CIDIN) at the Radboud University in Nijmegen a long term study will conduct in the effectiveness and efficiency of community led approach among sex workers to reduce violence. Also the study will look at different impact measurement tools that are available and most efficient for studying these hard to reach groups.

Jointly with a consortium led by the Medical Research Council of South Africa, in partnership with the London School of Hygiene and Tropical Medicine and Social Development Direct, on behalf of DFID operational research might be conducted. The proposal currently is accepted through the first phase. These shorter studies will look into the effect of certain elements of our intervention as is described in the Theory of change model, to understand what are effective elements and how do these elements work in intervention in reducing gender based violence.

At last the needs assessments and the data collection of the cases of violence trough the partners in the Hands Off! programme will be standardised and analysed and will provide additional data that can be used for academic studies and publications. A human rights approach to this kind of information gathering is of paramount importance, both in terms of protecting the confidentiality and privacy of individuals who choose to share such information, but also the due care that is needed in connecting people to relevant support services.

5.2 Planning, monitoring and evaluation framework

The Planning, Monitoring & Evaluation (PME) system of the Hands Off! is of the utmost importance to ensure accountability, efficiency, transparency and to extract learning. Further features of the PME system are:

- It connects various levels of programme
- It demonstrates the results the programme to broader audiences, such as in-country stakeholders, domestic and international partners and the broader development aid community.
- It demonstrates the results and usefulness of the programme approach to funders.
- It is context-specific meaning that target group specific methods will be used. For sex workers this entails an emphasis on safe settings where confidentiality is guaranteed as well as the use of trusted peers to gather information.
- It renders insights and lessons for future planning
- It comes up with lessons to be shared with the outside world on this theme
The PME system is rooted in Outcome Mapping (OM), a participatory monitoring and evaluation methodology that seeks to understand the ways in which organisations contribute to changes in behaviour, relationships, activities and/or actions of the people, groups, and organisations with whom a programme works directly. The point of departure for the Outcome Mapping are the programme outcomes as specified in Chapter 3 & 4 and the findings of the country level Needs Assessments / Baseline Surveys.

The focus of Outcome Mapping is on people and organisations. The uniqueness of the methodology is its shift away from assessing the products of a programme to focus on changes in behaviours, relationships, actions, and/or activities of the people and organisations with whom a project works directly. OM is conducted in three stages. Design, Monitoring and Evaluation are linked, creating a full circle in terms of planning, following and measuring intended behavioural changes. The design can be adjusted based on Evaluation.

5.2.1 Outcome mapping

Planning
Overarching programme plans, Theory of Change model and Log Frame formulate strategies, objectives and anticipated results. This overarching plan and Log Frame are core documents related to planning throughout the funding period and specific country project plans and based on it. Before going into detailed log frames, partners clarify what their basic Theory of Change is, which will be done during the first partner meeting. During this first partner meeting also the indicators, and the more detailed work plans will be developed, based on the work plans handed in with this proposal. All partners will have an annual planning session where the indicators are translated into an annual work plan and progress on the milestones for the forthcoming year is set. The first planning cycle is conducted in the first 15 months of the programme; thereafter it will be done annually.

Monitoring
Monitoring is done according to indicators that will be jointly formulated based on the Theory of Change model. These indicators will be directly linked to the work plan activities templates (annex 2) and the log frame (annex 5). The baselines and needs assessments will be used as a starting point for the programme monitoring and evaluation system. All programme outputs will be gathered in an M&E report twice a year. The programme team will assess the timeliness and comprehensiveness of the M&E reports. The important role of M&E in achieving both high quality and cost efficiencies will be discussed with counterparts on an on-going basis. The programme team monitors the programme costs on a quarterly basis in relation to the achieved outcomes and outputs. If needed, adjustment to the budget or the activities will be done. M&E reports inform the annual planning cycle.

Monitoring takes also place through regular contact between Aids Fonds and the implementing partners. For example a two-weekly Skype session will take place, the regional partner meeting and the yearly field visits. (See paragraph 1.2.1)

5.2.2 Monitoring & Evaluation Process

Annual country evaluations
At country level annual evaluations are performed based on partner progress reports and according to the indicators included in the overall log frame. Joint extraction of learning, adjustments in activities

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for the next year based on progress on the indicators will be the main focus points of the annual evaluation meetings of these partner meetings.

**Midterm evaluation**
Halfway through the programme an external midterm evaluation will be done by an external party based on Terms of Reference. The midterm evaluation will be used to determine if achieved output is indeed contributing to outcome indicators, to extract learning and to adjust the programme plan for the second half of the programme period. The baseline surveys and needs assessments will serve as point of reference. Midterm evaluations are based on assessing relevance, effectiveness, sustainability, (cost) efficiency and management of the programme. The evaluation will also pay attention to anticipated changes in the environment.

**End evaluation**
At the end of the programme an external party will do the end evaluation based on Terms of Reference. The assignment concerns an independent and participatory evaluation. This implies that an external evaluator or evaluation team will design the evaluation process, including desk study, field research, data analysis and report writing and make sure that relevant stakeholders (partners, beneficiaries, services providers etc.) are included in the process. Similar to the midterm evaluation, the end evaluation will be assessing relevance, effectiveness, sustainability, (cost) efficiency and management of the programme. The evaluation will also pay attention to anticipated changes in the environment. The end evaluation will contain a final review of the milestones.

**Quality**
Programme evaluations will be guided by a Terms of Reference (ToR) and will be tendered. The evaluation team will be selected prior to the first partners meeting, so the indicators and the theory of change model will be jointly developed under the lead of the programme team. The evaluation will be involved right from the start, to ensure a participative evaluation and a more efficient evaluation, where feedback integrates back into the programme immediately. This ensures objectivity. Validity and reliability will be ensured by triangulation and external assessment of evaluation instruments to make sure that the evaluation measures what is intended to be measured. The programme will further use representative samples of beneficiaries and programme components. The programme evaluations will be useful because its results will not only be for reasons of accountability, but also to share lessons learnt and best practices. Thirdly, the evaluations will be used to inform future programming and sustainability of programme results.

### 5.3 Accountability

Accountability is an important principle Aids Fonds. Aids Fonds distinguishes three forms of accountability: upward, horizontal and downward accountability.

**UPWARD ACCOUNTABILITY**
- The reporting on M&E is towards a number of stakeholders:
- The embassy receives reports on outputs and outcomes as described in the overall log frame, the baseline and Theory of change model as well as financial reports
- (Local) stakeholders such as other embassies and local governments will receive synthesised country reports.
- The general public will be informed by publishing annual reports and information on the programme on websites of Aids Fonds
Horizontal accountability is supported at 3 levels. At country level where partners visit and review each other where applicable, at regional level where regional meetings will be used to exchange, at project level where the programme team unites all activities under one umbrella.

The programme board, as described in Chapter 2, will provide oversight and the advisory board ensures the programme stays connected to the needs of sex workers and country needs.

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The Hands Off! partners towards its counterparts.
The counterparts towards their beneficiaries.

In both instances the ‘beneficiaries’ perspective will be assessed at mid-term and at end of term evaluation. This can be done, for example, through beneficiaries’ satisfaction surveys. Assessment of the alliance as ‘service provider’ to counterparts is a part from aiming to establish a working culture of transparency explicitly assessed during midterm and end evaluations.

5.4 Linking expertise, Learning from each other

5.4.1 Added value of working together

All the partner and countries participating in this proposal have been carefully identified. Capacity and financial stability are one of the core selection criteria, but a special emphasis is also giving in the fact that participating partners should be able to learn from each other. The selection of countries differs in terms of progress on their work and in terms of violence reduction and HIV programming. For example the programmes in South Africa are very well developed and evolved, whereas programmes in Mozambique and Namibia for sex workers are still hard to find. Through the regional planning purposes, all programmes will be aligned and reinforce each other. Tools that will be developed, such as the training module for law enforcement and that database for case management, will be made available to all countries. The selection of partners also significantly differs for similar reasons. There are sex worker-led organisations, health service providers, lawyers and human rights defenders that jointly will contribute to the impact of the programme. In terms of capacity, the organisations also vary. Whereas some organizations still need assistance on administrative level, others run large scale multi country projects. Through a twinning method organizations will be linked to learn from each other when needed.

5.5 Communication

Embassy

Aids Fonds is responsible for the communication with the Embassy and the Ministry of Foreign Affairs concerning the programme and its proposal. Implementing partners can still communicate with the Embassy on all aspects of their work and on their specific work within the programme if so desired by the Embassy.

Awareness raising

To create awareness, public support and influencing policy decisions, a variety of material will be disseminated at country level as well as regional level. This can include short video or documentaries, radio programmes, photo material, position papers, factsheets, etc. Final decisions for national level
will be made at country level by implementing partners, whereas final decision on regional on lobby and advocacy messages will be done jointly with approval of the programme board.

**Advocacy**
Information relevant to sex workers’ human rights and health is not sufficiently accessible, particularly for those who do not read English. NSWP through ASWA will translate and distribute relevant information to its members and beyond. Through in-country programmes where no organised sex worker groups are available, the Hands Off! Partner will support NSWP and ASWA in distributing material. The advocacy messages in the Hands Off! programme will be developed jointly, but will be based on the input of ASWA and NSWP by their policy analysis, research and consultation with members. In turn, the Hands Off! partners will produce research and resources on policy and best practice, develop policy and programmatic guidance for policy makers and service providers, and ensure that all evidence, guidance and relevant information is disseminated to its members as well as broader civil society, UNAIDS and other key stakeholders.

### 5.6 Time Frame

The programme is divided into 4 phases. With these phases Hands Off! will complete all the programme activities during the funding period. The programme phases do not coincide with the reporting period.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Inception</th>
<th>Build up</th>
<th>Intensify and embed</th>
<th>Phase out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>1 October 2014 – 31 February 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 2</td>
<td>1 March 2015 – 31 December 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 3</td>
<td>1 January 2016 – 31 December 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 4</td>
<td>1 January 2019 – 31 June 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Upon approval, the reporting of the programme is divided in different phases, namely;
Year 1 = 15 months (October 2014 – December 2015)
Year 2 = 12 months (January 2016 - December 2016)
Year 3 = 12 months (January 2017 - December 2017)
Year 4 = 12 months (January 2018 – December 2018)
Year 5 = 6 months (January 2019 – June 2019)

**Inception Phase**
The complete Hands Off! programme will be a joint and participative exercise with all partners. During the **inception phase** in the first three months of the programme, using the theory of Change, jointly the complete log frame and the indicators will be established and selected during the **partner meeting**. During that phase also the final annual work plans and budgets will be agreed upon. Aids Fonds has chosen for a staged-approach to ensure that the actual activities and the indicator are logical connected and to ensure that the selected model and indicators are feasible to work with on country level. Additionally, since it is a regionally approach, by including an inception phase the programme makes sure that the activities and the work plans of all partners in the different countries are linked to increase cost/efficiency of the programme. During the inception phase the first data that will be relevant for the programme will be conducted. Firstly in all countries there will be a **needs assessment** among the sex workers and the development of the **baseline**.
Implementation phase
Implementation of the programme will take place in main years of the programme. The programme will be based on annual work plans and budget, which will be jointly developed by all partners during the partner meeting that will take place once a year. Reporting by implementing partners will be done based on the work plans per six months. The half-year progress reporting will be used internally to adjust and improve programmes, and will consist of a narrative and financial report. The annual reporting by implementing partners consists also out of a narrative and financial report, but will additionally include an (organizational) audit. The programme team will develop an annual report, to provide donors, stakeholders and partners with an update of the programme.

Next to reporting, there will also be monitoring field visits by the programme team. Each country will be visited once a year and travel will be done on the most efficient and cost-efficient way. The partner meeting that will be held yearly, will also provide the opportunity to look into the details and the progress of the programme in the different countries. Telephone conferences and/or Skype calls held will be held on a regularly basis.

Phasing out
The last six months will be reserved for the partners to conduct the audit, to write the last reports and compile all relevant data into publications and best practices. During this last phase, partners will not receive funds anymore to implement the programme, but will only be supported with the audit costs and the salary for one programme officer for the months during which the project will be closed.
6 Risk analysis and risk mitigation

The programme’s area of work inhibits a significant level of risk. **Local partners are often experienced and well equipped to deal with the circumstances in which they operate.** Nevertheless Aids Fonds will emphasise the need for up to date and comprehensive risk analysis and risk mitigation strategies/ thinking through risk scenarios, adapted for their local working environment. Staff security is a priority management issue for Aids Fonds and the organization will impress this on their partners as well.

The table below provides an overview of the key risks and risk mitigation strategies deployed.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner’s work in countries can be hampered due to escalation in a volatile political situation. International staff may be refused entry to the country due to political situation (this has happened in SUSO II in Zimbabwe, for example).</td>
<td>Maintain up to date situation analysis through partners and relevant external bodies such as Dutch Embassies. Partners (advised to) develop security analysis and security regulations and adhere to them</td>
</tr>
<tr>
<td>Some countries do not allow foreign donors to support human rights issues, including those related to sex work.</td>
<td>Use of diplomatic wording and phrasing in public documents and in meetings with officials Transfer funds through alternative channels</td>
</tr>
<tr>
<td>Low capacity of organization</td>
<td>Conduct a capacity assessment of the organization and regional partners involved in this programme. Invest in (organizational and financial) capacity strengthening of the organization. Connect the organization with weaker capacity to a strong, experienced local counterpart.</td>
</tr>
<tr>
<td>Police is often perpetrator of violence</td>
<td>Sensitize police officers through workshops and advocacy. Gain support at senior level in the police hierarchy to get sustainable support from police lower down.</td>
</tr>
<tr>
<td>Some NGO’s have bad working relationships with the police</td>
<td>Regular meetings with police as well as with high-level government officials who are responsible for law enforcement.</td>
</tr>
<tr>
<td>Due to illegal nature of sex work in some countries, local NGOs cannot legally register. This may hamper operational management (for example opening bank an account)</td>
<td>Connect the sex worker-led organization to a registered local counterpart. Transfer funds through alternative channels.</td>
</tr>
<tr>
<td>Unwillingness of sex worker organizations to work with North Star Alliance</td>
<td>All partners will develop the work plans jointly to ensure they agree with the planned activities and strategies.</td>
</tr>
<tr>
<td>Lack of implementation, coordination and linkages on regional level</td>
<td>We have monthly contacts with all partners through Skype/teleconference sessions, and Aids Fonds will have a yearly meeting with all partners to ensure that all activities fit the regional approach and are aligned. All partners will be visited on a yearly basis during monitoring visits. These visits can be planned or unexpected. Furthermore Aids Fonds will have the mid-term evaluation to guide</td>
</tr>
</tbody>
</table>
7 Budget and efficiency

7.1 Overview of the budget

The budget for the Hands Off! programme is based on the overall activity framework. It shows how expenditure is subdivided over the results and outcome level, on country level, and on Aids Fonds’ level (see also annex 3 for more detailed overviews).

Please note that the budget of 4 years and 9 months in accordance with work plans is divided as follows:

- Year 1: 15 months (October 2014 - December 2015)
- Year 2: 12 months (January 2016 – December 2016)
- Year 3: 12 months (January 2017 – December 2017)
- Year 4: 12 months (January 2018 – December 2018)
- Year 5: 6 months (January 2019 – December 2019)

The tables below provide an overview of budget distribution per partner and country.

Budget per country:

<table>
<thead>
<tr>
<th>Country</th>
<th>Overall budget</th>
<th>Budget year 1</th>
<th>Budget year 2</th>
<th>Budget year 3</th>
<th>Budget year 4</th>
<th>Budget year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>423.576</td>
<td>100.177</td>
<td>126.133</td>
<td>96.133</td>
<td>96.133</td>
<td>5.000</td>
</tr>
<tr>
<td>Global</td>
<td>910.000</td>
<td>195.000</td>
<td>165.000</td>
<td>24.5000</td>
<td>245.000</td>
<td>60.000</td>
</tr>
<tr>
<td>Mozambique</td>
<td>145.000</td>
<td>27.500</td>
<td>57.500</td>
<td>27.500</td>
<td>27.500</td>
<td>5.000</td>
</tr>
<tr>
<td>Namibia</td>
<td>179.900</td>
<td>69.975</td>
<td>34.975</td>
<td>34.975</td>
<td>34.975</td>
<td>5.000</td>
</tr>
<tr>
<td>Regional</td>
<td>1.882.000</td>
<td>56.1600</td>
<td>46.4300</td>
<td>424.300</td>
<td>411.800</td>
<td>20.000</td>
</tr>
<tr>
<td>South Africa</td>
<td>410.360</td>
<td>99.090</td>
<td>92.090</td>
<td>122.090</td>
<td>92.090</td>
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</tr>
<tr>
<td>Zimbabwe</td>
<td>456.600</td>
<td>111.400</td>
<td>133.400</td>
<td>103.400</td>
<td>103.400</td>
<td>5.000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4.407.436</strong></td>
<td><strong>1.164.742</strong></td>
<td><strong>1.073.398</strong></td>
<td><strong>1.053.398</strong></td>
<td><strong>1.010.898</strong></td>
<td><strong>105.000</strong></td>
</tr>
</tbody>
</table>

Budget per organization:

<table>
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<tr>
<th>Organization</th>
<th>Overall budget</th>
<th>Budget year 1</th>
<th>Budget year 2</th>
<th>Budget year 3</th>
<th>Budget year 4</th>
<th>Budget year 5</th>
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<tbody>
<tr>
<td>Aids Fonds</td>
<td>1.800.000</td>
<td>455.000</td>
<td>365.000</td>
<td>445.000</td>
<td>460.000</td>
<td>75.000</td>
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<tr>
<td>ASWA</td>
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<tr>
<td>BONELA</td>
<td>393.576</td>
<td>100.177</td>
<td>96.133</td>
<td>96.133</td>
<td>96.133</td>
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<tr>
<td>COC</td>
<td>332.800</td>
<td>117.800</td>
<td>157.500</td>
<td>57.500</td>
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<tr>
<td>Northstar</td>
<td>569.200</td>
<td>153.800</td>
<td>136.800</td>
<td>136.800</td>
<td>136.800</td>
<td>5.000</td>
</tr>
<tr>
<td>Rights Not Rescue</td>
<td>149.900</td>
<td>39.975</td>
<td>34.975</td>
<td>34.975</td>
<td>34.975</td>
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</tr>
<tr>
<td>Trust</td>
<td>426.600</td>
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<td>5.000</td>
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<tr>
<td>SWEAT</td>
<td>380.360</td>
<td>99.090</td>
<td>92.090</td>
<td>92.090</td>
<td>92.090</td>
<td>5.000</td>
</tr>
<tr>
<td>Tiyane Vavassate</td>
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<td>27.500</td>
<td>27.500</td>
<td>27.500</td>
<td>5.000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4.407.436</strong></td>
<td><strong>1.164.742</strong></td>
<td><strong>1.073.398</strong></td>
<td><strong>1.053.398</strong></td>
<td><strong>1.010.898</strong></td>
<td><strong>105.000</strong></td>
</tr>
</tbody>
</table>
The funds will be transferred to implementing partners on a quarterly bases trough cash flow request. These requests will be granted if earlier funds are spent and the narrative and financial reports have been approved. Each six months a narrative and financial report will be provided by all implementing partners to the programme team. These reports are directly linked to the annual work plans. The half-year reports will be used internally for monitoring purposes, while the end-of-the-year reports including the audits will also be shared with donors and public.

In addition to the financial overview on outcome level, the budget also contains two extra categories: Programme Coordination - which is directly attributable to the programme- and Monitoring and Evaluation costs, which are calculated respectively 16.34% and 4.31% of the total budget for 4 and half years and the end evaluation in the fifth year. Under the monitoring and evaluation costs the payments for external experts who will conduct the mid- and end term evaluations. The programme coordination costs contain the salary of a programme officer and one technical advisor on human rights including the technical backstopping of the smaller sex worker led organisations, that need relatively more support than (international) NGOs and service providers due to limited capacity. Aids Fonds is also directly involved with some of the implementation and some of these costs are covered under the coordination costs as well.

7.2 Liquidity prognosis

The table below shows the liquidity prognosis for the programme. A more detailed prognosis per objective is summarised in annex 04.

<table>
<thead>
<tr>
<th>Liquidity Forecast</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 1: 11/2014- 06/2015</td>
<td>783.360 Euro</td>
</tr>
<tr>
<td>Period 2: 06-12/2015</td>
<td>381.382 Euro</td>
</tr>
<tr>
<td>Period 3: 01-06/2016</td>
<td>551.699 Euro</td>
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<tr>
<td>Period 4: 06/12/2016</td>
<td>521.699 Euro</td>
</tr>
<tr>
<td>Period 5: 01-06/2017</td>
<td>521.699 Euro</td>
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<tr>
<td>Period 6: 06-12/2017</td>
<td>471.699 Euro</td>
</tr>
<tr>
<td>Period 7: 01-06/2018</td>
<td>560.449 Euro</td>
</tr>
<tr>
<td>Period 8: 06/12/2018</td>
<td>450.449 Euro</td>
</tr>
<tr>
<td>Period 9: 01-06/2019</td>
<td>105.000 Euro</td>
</tr>
<tr>
<td>Total</td>
<td>4.407.436 Euro</td>
</tr>
</tbody>
</table>

7.3 Measures that ensure efficiency of the budget

Aids Fonds has strict policies on travel expenditures. Travelling is limited and regular contacts will be maintained using e-mail, Skype or video conferencing. Where possible programme visits will be combined with SUSO II and Stepping Stones. Aids Fonds has organizational-level policies related to travelling and purchasing to ensure cost effectiveness.

**Overhead costs**

The percentage for overhead (costs related to finances, internal monitoring, human resources, ICT, housing, managing director and office management) is 20% of salary cost of the staff working at Aids Fonds, with a total of approximately 198.000 Euro, which is and 4.49% % total of the budget. For the coordination of the programme 16.34% of the total budget is used, including the overhead costs. This is an average percentage in accordance with internal policy. The M&E costs for the overall programme are limited to 4.31% of the total budget.
8 References


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9 Annexes

Annex 1: Abbreviations
Annex 2: Work plans per country
Annex 3: Budget
Annex 4: Liquidity Forecast
Annex 5: Theory of Change model and Log frame
Annex 6: Overview contact details per partner
Annex 7: Annual report of the last three years
Annex 8: Financial report of the last 3 years
Annex 9: Audit certificate and management letter
Annex 10: Compensation and salary scales
Annex 11: Registration and statute organisation
Annex 12: ISO 9001 Partos certification/quality insurance